



## Waller County Sheriff's Office

### Employment Application and Personal History

This Personal History and other requested information and/or documentation must be completed and returned to the person named by the date and time indicated below. Failure to do so can result in the rejection of the application.

Person: \_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_\_

#### Position Desired

- Deputy
- Detention Officer/Jailer
- Dispatcher
- Clerical
- Cook

We prefer this packet be returned in person. However, the packet, and all supporting documentation, may be mailed to the person noted above at this address:

*Waller County Sheriff's Office*

100 Sheriff R. Glenn Smith Dr.

Hempstead, TX

77445

# Application Personal History Statement

## Read the Following Instruction Carefully Before Proceeding

These instructions are provided as a guide to assist you in properly completing your Personal History Statement. It is essential that the information be accurate in all aspects. It will be used as a basis for a background investigation that will determine your eligibility for employment. The manner in which this form is completed is as important as the information provided. The ability to understand and follow these instructions will be examined.

- 1) Your Personal History Statement should be printed legibly in black ink or typed. Answer all questions to the best of your ability. Do not allow anyone else to complete this form for you.
- 2) If a question is not applicable to you, enter N/A in the space provided. Upon completion there should be no blank spaces.
- 3) You are responsible for obtaining correct addresses and phone numbers. If you are unsure of an address or phone number, check it by personal verification.
- 4) Should the space provided on the form be insufficient, you may attach extra sheets to the Personal History Statement. Reference the relevant information by section name before continuing your answers.
- 5) Deliberate omissions or falsifications may result in disqualification. Answers such as “will explain...” are not acceptable.
- 6) If your personal information changes after the time you submit your Personal History Statement, it is your responsibility to update the information by contacting the person listed on the cover page of this packet.
- 7) In addition to this Personal History Statement, you are required to submit copies of the following documentation:

<input type="checkbox"/> High School Diploma/GED Certification	<input type="checkbox"/> Texas Driver License
<input type="checkbox"/> College Transcripts	<input type="checkbox"/> Social Security Card
<input type="checkbox"/> Police Academy Diploma	<input type="checkbox"/> Birth Certificate
<input type="checkbox"/> Any TCLEOSE License/Certificates	<input type="checkbox"/> Proof of Current Liability Insurance
<input type="checkbox"/> Military Status: Form DD214 or other documentation stating your Military Status.	

<b>Age:</b>	For police officer applicants – at least 21 years of age on the date of employment. Any non-police applicants must be at least 18 years of age on the date of employment. There are not maximum age requirements.
<b>Physical Condition:</b>	Police officer applicants must be examined by a licensed physician and be declared in writing to the physical sound and free from any defect, which may adversely affect the performance of the duty of a peace officer. Additionally, eyesight must be correctable to 20/20 and the applicant must have normal hearing. Non-police applicants fall under the same requirements as police officer applicants.
<b>Psychological Evaluation:</b>	Police officer applicants must be examined by a licensed psychologist or psychiatrist and be declared in writing to be in satisfactory psychological and emotional health to be a peace officer. All certified police officers are required to complete an exam prior to employment.
<b>Education:</b>	All applicants must have a high school diploma, G.E.D. Certificate or transcript stating you have completed at least twelve (12) semester hours of college credit.
<b>Residency:</b>	Only citizens of the United States may apply for jobs requiring a TCOLE license. Applicants must be able to demonstrate proof of citizenship.
<b>Texas Driver License:</b>	Applicants must hold a current and valid Class A, B or C Texas driver license.
<b>Military:</b>	If a military veteran, the applicant must have an honorable discharge. A general discharge under honorable conditions may be considered on case by case bases. While in the military, applicants must not have been convicted of an offense, the facts of which would have been a felony, family violence, or crime of moral turpitude.
<b>Oral Interview:</b>	Personnel of the Waller County Sheriff's Office will interview all candidates who meet qualifications.
<b>Past Employment:</b>	Past employment history, including the number of jobs and reasons for leaving as well as employment references, etc. will be considered. An unfavorable record may be ground for rejection.
<b>Background Investigation:</b>	A thorough background investigation is conducted on each applicant. Evidence of good moral character and reputation is mandatory. Evidence of any of the following can result in rejection: <ol style="list-style-type: none"> <li>1. Conviction of a felony offense, or Class A misdemeanor after March 1, 2001;</li> <li>2. Conviction of a misdemeanor offense – grade of Class B or equivalent – within the past 10 years;</li> <li>3. Conviction of any offense involving family violence;</li> <li>4. Conviction of any offense involving Moral Turpitude;</li> <li>5. Being on probation or parole for a criminal offense;</li> <li>6. Being under an indictment for/or awaiting trial;</li> <li>7. A record of excessive traffic convictions or collisions;</li> <li>8. An unfavorable drug use history;</li> <li>9. Execution of any time of a confession to a felony offense, such confession being admissible as evidence against the person in any criminal proceeding in any state or federal court;</li> <li>10. Revocation of previous Peace Officer License by the Texas Commission on Law Enforcement (TCOLE);</li> <li>11. Being involved in any current, unsettled litigation may result in rejection or suspension of your application;</li> <li>12. A military discharge under less than honorable conditions;</li> <li>13. A history of bad credit or failure to meet financial obligations;</li> <li>14. Evidence of mental or emotional instability;</li> <li>15. Membership in a subversive or extremist organization; and/or</li> <li>16. Any false statement, fraud, or deception in your application.</li> </ol>

**Qualification:**

Before you begin to fill out this personal history statement, please ensure that you meet the following requirements. You must meet **ALL** six of these requirements to qualify for licensure as a peace officer or jailer in Texas.

- Initial:  I am a citizen of the United States of America.
- I have earned a high school diploma or a GED.
- I have never been convicted, pled guilty (nolo contendere), nor have I been on court-ordered community service/probation or deferred adjudication for a Class A misdemeanor or felony.
- During the last ten (10) years, I have not been convicted, pled guilty (nolo contendere), been on community service/probation or deferred adjudication for a Class B misdemeanor in this state, other state, or while serving in the military.
- I have never been convicted of any offense involving family violence.
- I have never had a military court martial that resulted in a dishonorable or bad conduct discharge.

**Assignment:**

Applicants must be willing to accept any assignment or shift within the Waller County Sheriff Office, including nights, weekends and holidays.

**Certification:**

Police officer applicants must be eligible for licensing by the Texas Commission on Law Enforcement (TCOLE).

**DISQUALIFICATION:**

There are a very few **automatic** bases for rejection. Even issues of prior misconduct, employment terminations, and arrests are usually not, in and of themselves, automatically disqualifying. However, **deliberate misstatements or omissions** can and often will result in our application being rejected, regardless of the nature or reason for the misstatement/omissions. In fact, the number one reason individuals “fail” background investigations is because they deliberately withhold or misrepresent job-relevant information from their prospective employer.

This personal history statement is a governmental document. Be truthful, as there are criminal consequences for lying on a governmental document.

**If you do not meet any of the above listed requirements for the position in which you are seeking, please do not apply.**

## Applicant Identification

**Information Provided in this Section is Used for Identification Purposes Only**

Last Name:	First Name:	Middle Name:	Maiden Name:	Suffix:	
Nicknames or Other Names You Have Used or Known As:					
Physical Home Address:			City:	State:	Zip Code:
Mailing Address (if different from above):			City:	State:	Zip Code:
Home Phone:		Work Phone:		Cell Phone:	
Pager:		Alternate Contact Number:		Email Address:	
Place of Birth (City, County, State or Country if Outside of the United States)			Date of Birth:		Social Security Number:
Texas Driver License Number:		Texas Identification Card Number:		PID Number:	
Other States in which you have held a Driver's License, Identification Card or Law Enforcement Commission (Include Numbers):					
Height:	Weight:	Eye Color:	Hair Color:		
Scars, Marks, and Tattoos (Include Location and Description):					

Do you have a social networking, instant messaging, or other internet-based profile(s)? This would include Facebook, Twitter, My Space, etc. If yes, provide screen name(s) and service provider(s):

Name:	Provider:	Name:	Provider:
Name:	Provider:	Name:	Provider:
Name:	Provider:	Name:	Provider:
Name:	Provider:	Name:	Provider:

Please list **ALL** email addresses:


Do **ANY** of your friends or relatives (other than your spouse) work for the Waller County Sheriff Office:

Yes     No

If yes, state name, relationship and location/department:

Name	Location/Department	Relationship

## Educational Information

### High School Information

Name of School	City and State	Attended From	Attended To	Graduated
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

### Trade, Vocational, Business Schools

Name of School	City and State	Attended From	Attended To	Course of Study	Certificate or Diploma
					<input type="checkbox"/> Certificate <input type="checkbox"/> Diploma <input type="checkbox"/> Other
					<input type="checkbox"/> Certificate <input type="checkbox"/> Diploma <input type="checkbox"/> Other
					<input type="checkbox"/> Certificate <input type="checkbox"/> Diploma <input type="checkbox"/> Other
					<input type="checkbox"/> Certificate <input type="checkbox"/> Diploma <input type="checkbox"/> Other
					<input type="checkbox"/> Certificate <input type="checkbox"/> Diploma <input type="checkbox"/> Other

### College Information

Name of School	City and State	Attended From	Attended To	Total Hours	Major/ Minor	Degree Received

Have you ever been suspended from any high school, college, university, business, trade or vocational school? If yes, explain:  Yes  No


**Special Qualifications and/or Skills**

List any other special skill(s) or qualification(s) you may possess. List any special licenses you hold such as pilot, radio operator, scuba, concealed handgun, etc.

Licensing Authority	Original Date of Issuance	Expiration Date	Description

**Foreign Language Skills**

If you are fluent in a foreign language, indicate in each, your degree of fluency (E-excellent, G-good or F-Fair)

Language:	Language:	Language:	Language:	Language:
<input type="checkbox"/> Read <input type="checkbox"/> E <input type="checkbox"/> G <input type="checkbox"/> F	<input type="checkbox"/> Read <input type="checkbox"/> E <input type="checkbox"/> G <input type="checkbox"/> F	<input type="checkbox"/> Read <input type="checkbox"/> E <input type="checkbox"/> G <input type="checkbox"/> F	<input type="checkbox"/> Read <input type="checkbox"/> E <input type="checkbox"/> G <input type="checkbox"/> F	<input type="checkbox"/> Read <input type="checkbox"/> E <input type="checkbox"/> G <input type="checkbox"/> F
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<input type="checkbox"/> Speak <input type="checkbox"/> E <input type="checkbox"/> G <input type="checkbox"/> F	<input type="checkbox"/> Speak <input type="checkbox"/> E <input type="checkbox"/> G <input type="checkbox"/> F	<input type="checkbox"/> Speak <input type="checkbox"/> E <input type="checkbox"/> G <input type="checkbox"/> F	<input type="checkbox"/> Speak <input type="checkbox"/> E <input type="checkbox"/> G <input type="checkbox"/> F	<input type="checkbox"/> Speak <input type="checkbox"/> E <input type="checkbox"/> G <input type="checkbox"/> F

## Employment History

Beginning with your current or most recent job, list all employment, including part-time, temporary, seasonal and volunteer employment. Include all periods of unemployment. List date by month and year. Failure to list any jobs may terminate your application. If needed, attach extra copies of this sheet.

Start Date:	End Date:	Company Name:	
Start Salary:	End Salary:	Company Address:	
Company Phone Number (Include Area Code) (        )		Immediate Supervisor's Name:	Co-Worker's Name:
Your Job Title:		Reason for Leaving:	
Duties Included:			

Start Date:	End Date:	Company Name:	
Start Salary:	End Salary:	Company Address:	
Company Phone Number (Include Area Code) (        )		Immediate Supervisor's Name:	Co-Worker's Name:
Your Job Title:		Reason for Leaving:	
Duties Included:			

Start Date:	End Date:	Company Name:	
Start Salary:	End Salary:	Company Address:	
Company Phone Number (Include Area Code) (        )		Immediate Supervisor's Name:	Co-Worker's Name:
Your Job Title:		Reason for Leaving:	
Duties Included:			

Start Date:	End Date:	Company Name:	
Start Salary:	End Salary:	Company Address:	
Company Phone Number (Include Area Code) (        )		Immediate Supervisor's Name:	Co-Worker's Name:
Your Job Title:		Reason for Leaving:	
Duties Included:			



### Military History

Did you serve in any branch of the military, reserve, or National Guard.  Yes  No If, you did not serve in the military, continue to the next section.

Branch of Service:		Beginning Date of Service:	Ending Date of Service:
Unit Designation:		Job Title:	
Military Service Number:	Highest Rank Held:	Rank at Discharge:	
Type of Discharge:	Last Duty Station:		

Are you actively serving in a Reserve Unit (including State Military Forces).  Yes  No If, you are not serving in Reserve Unit (including State Military Forces), continue to the next section.

Branch of Service:		Beginning Date of Service:	Ending Date of Service:
Unit Designation:		Job Title:	
Current Rank Held:	Highest Rank Held:	Rank at Discharge:	
Type of Discharge:	Last Duty Station:		

Have you ever been subject to court martial or any other disciplinary proceeding under the Uniform Code of Military Justice? (Including non-judicial Captain's mast, etc.) If, "Yes," provide date(s), charge(s), military court(s) or authority(ies) and outcome(s)

Were you ever disciplined while in the Military:  Yes  No

List all disciplinary actions, including Court Martial, Captain's Masts, Company Punishments, Office Hours, etc.

Date	Agency	Charge	Age at Time	Disposition (Be Specific)

Are you currently:  Active Reserve  In-Active Reserve  National Guard

If you received a discharge other than honorable, give complete details: (If needed, attach addition page.)


You must include a copy of your DD-214 or documentation stating your current status in the Military with this Personal History Statement.

**Arrest, Detention & Litigation History**

Have you **ever** been arrested or detained by any law enforcement agency for any reason other than traffic violations or have you ever been summoned into court? For purposes of this section, being summoned into court as a result of your duties as a licensed police officer or as a juror, does not apply.  Yes  No

Date	Offense Charge	Law Enforcement Agency, City and State	Disposition of Case

**Traffic Record**

Personal Automobile Insurance Information

Name of Insurance Company	Policy Number
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Has your driver's license or privilege to drive ever been suspended, denied or revoked?  Yes  No

(If yes, give complete detail)

Date	Location	Reason

## References

List four (4) persons who know you well enough to provide current information about you. Do not list relatives, former employers, supervisors or anyone listed previously in this statement. Include people that you see regularly in social settings and not friends of your parents.

Name (Last, first and middle):		Home Phone:	Length of Time Known:
Address:		City and State:	Zip Code:
Employer's Name:		Employer's Phone:	Work Hours:
Employer's Address:		City and State:	Zip Code:

Name (Last, first and middle):		Home Phone:	Length of Time Known:
Address:		City and State:	Zip Code:
Employer's Name:		Employer's Phone:	Work Hours:
Employer's Address:		City and State:	Zip Code:

Name (Last, first and middle):		Home Phone:	Length of Time Known:
Address:		City and State:	Zip Code:
Employer's Name:		Employer's Phone:	Work Hours:
Employer's Address:		City and State:	Zip Code:

Name (Last, first and middle):		Home Phone:	Length of Time Known:
Address:		City and State:	Zip Code:
Employer's Name:		Employer's Phone:	Work Hours:
Employer's Address:		City and State:	Zip Code:

**Agreement**

I hereby certify there are no willful misrepresentations or falsifications in the foregoing statements and answers to any questions. I am fully aware any such willful misrepresentations, omissions or falsifications may be grounds for immediate rejection or termination of employment. I understand information gathered during the background investigation is confidential. I freely waive any right or privileges I may have to view, copy or in any way obtain information from the Waller County Sheriff Office in reference to and in response to my application for employment.

I also, certify any person or persons and governmental entity or entities who may furnish such information concerning me shall not be held accountable for giving this information; I hereby release, indemnify and hold harmless said person or persons and governmental entity or entities from any and all liability which may be incurred as a result for furnishing such information. I also, release and hold harmless the Waller County from any claim or demand related to the Waller County obtaining and/or considering any such information.

I also, authorize the release of my name and full disclosure of all records concerning myself to verify past and future employment with other law enforcement agencies.\

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Sworn to and Subscribed before me on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

(Notary Seal)

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Printed/Typed Name of Notary

\_\_\_\_\_  
Expiration Date of Notary's Commission

# Waller County Sheriff Office

## AUTHORITY TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I hereby authorize the \_\_\_\_\_ and its authorized representatives bearing this release, or a copy thereof, within one year of its date, to obtain any information in your files pertaining to my employment, military, credit, education or medical records, including not limited to academic, achievement, attendance, athletic, personal history, and disciplinary records, medical records, and credit records.

I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for official use. Consent is granted to all parties to furnish such information, as described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, as custodian of such records, and any school, college, university, or other educational institution, hospital, or other repository of medical records, credit bureau, lending institution, consumer reporting agency, or retail business establishment including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or attempt to comply with it.

I am furnishing my Social Security Account Number on a voluntary basis with the understanding such is not required by any law or regulation. I have been advised that all parties will utilize this number only to facilitate the location of employment, military, credit, and educational records concerning me in connection with this application. Should there be any question as to the validity of this release, you may contact me as indicated below:

Applicant's Printed Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Applicant's Notarized Signature: \_\_\_\_\_

Sworn to and signed before me, on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, in and for Waller County, in the State of Texas.

Signature of Notary Public: \_\_\_\_\_

NOTARY SEAL

Printed Name of Notary Public: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

# Annual Credit Report Request Form

You have the right to get a free copy of your credit file disclosure, commonly called a credit report, once every 12 months, from each of the nationwide consumer credit reporting companies, Equifax, Experian and TransUnion.

For instant access to your free credit report, visit [www.annualcreditreport.com](http://www.annualcreditreport.com).

For more information on obtaining your free credit report, visit [www.annualcreditreport.com](http://www.annualcreditreport.com) or call 877-322-8228.

Use this form if you prefer to write to request your credit report from any, or all, of the nationwide consumer credit reporting companies. The following information is required to process your request. **Omission of any information may delay your request.**

Once complete, fold (do not staple or tape), place into a #10 envelope, affix required postage and mail to:

Annual Credit Report Request Service P.O. Box 105281 Atlanta, GA 30348-5281.

Please use a Black or Blue Pen and write your responses in PRINTED CAPITAL LETTERS without touching the sides of the boxes like the examples listed below:

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

0 1 2 3 4 5 6 7 8 9

Social Security Number:

Date of Birth:

Grid for Social Security Number: [ ][ ][ ] - [ ][ ] - [ ][ ][ ][ ][ ]

Grid for Date of Birth: [ ][ ] / [ ][ ] / [ ][ ][ ][ ]

Month Day Year

Fold Here

Fold Here

Grid for First Name and M.I.

First Name

M.I.

Grid for Last Name and suffix

Last Name

JR, SR, III, etc.

Current Mailing Address:

Grid for House Number and Street Name

House Number

Street Name

Grid for Apartment Number / Private Mailbox

Apartment Number / Private Mailbox

Grid for Puerto Rico Urbanization Name

For Puerto Rico Only: Print Urbanization Name

Grid for City, State, and Zip Code

City

State

Zip Code

Previous Mailing Address (complete only if at current mailing address for less than two years):

Grid for Previous Mailing Address House Number and Street Name

House Number

Street Name

Fold Here

Fold Here

Grid for Previous Mailing Address Apartment Number / Private Mailbox

Apartment Number / Private Mailbox

Grid for Previous Mailing Address Puerto Rico Urbanization Name

For Puerto Rico Only: Print Urbanization Name

Grid for Previous Mailing Address City, State, and Zip Code

City

State

Zip Code

Shade Circle Like This → ●

Not Like This → ○

I want a credit report from (shade each that you would like to receive):

- Equifax
- Experian
- TransUnion

○ Shade here if, for security reasons, you want your credit report to include no more than the last four digits of your Social Security Number.



If additional information is needed to process your request, the consumer credit reporting company will contact you by mail.

Your request will be processed within 15 days of receipt and then mailed to you.

