

# **PERSONAL HISTORY STATEMENT**



## **McAllen Police Department Training Unit**

**2800 Oxford Avenue  
McAllen, TX 78504  
(956) 681-2130**

# **INSTRUCTIONS**

## **READ ALL INSTRUCTIONS CAREFULLY BEFORE PROCEEDING**

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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 respects. It will be used for a background investigation associated with your application for employment.

1. Please type, print or write carefully on your Personal History Statement.
2. Answer all questions to the best of your ability.
3. If a question is not applicable to you, enter N/A in the space provided.
4. Avoid errors by reading all directions carefully before making any entries on the form.
5. Be sure your information is correct and in proper sequence before you begin.
6. You are responsible for obtaining correct addresses. Your local library may have a directory service or copies of local phone directories, including city zip codes and telephone numbers.
7. If there is insufficient space on the form for you to include all information required, attach extra sheets to the Personal History Statement. Be sure to reference the relevant section and question number before continuing with your answer.
8. An accurate and complete form will help expedite your investigation.
9. Omissions or falsifications may disqualify your candidacy.
10. You must fully comply with request for documents on Document Checklist.

## CONFIDENTIAL INFORMATION AGREEMENT FORM

In order to evaluate your application for a vacant position, it will be necessary to conduct a comprehensive background investigation. A McAllen Police Department employment offer may depend upon your eligibility for a beginning position, your physical fitness assessment results where applicable, an assessment of confidential information obtained from your application and your personal history background statement, the results of your interviews and/or background investigation, your ability to meet requirements for certification as required, and other confidential documents. Confidential information will be sought from previous employers and other persons with whom you have been associated.

I have read the above statement and fully understand its meaning and agree with its provisions.

Sworn to and subscribed before me, a peace officer while engaged in the performance of my duties and under the authority of Chapter 602.002. Texas Government Code, on this the \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

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AFFIANT

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Name of Peace Officer & I.D. No. (printed)

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Peace Officer in and for the City of McAllen,  
Hidalgo County, Texas

# MCALLEN POLICE DEPARTMENT CONTRADICTORY INFORMATION AND NOTIFICATION DISCLOSURE

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The Training Unit must be notified immediately of any change in the information reported in your Personal History Statement. Examples include but not limited to traffic tickets, accidents, financial situation, employment, residency, involvement in civil suit, and involvement in a criminal investigation, association with any type of drug or criminal behavior or any drug usage. The examples listed above are not all inclusive. If you have any questions regarding this area contact the Training Unit. Failure to notify the Training Unit of any pertinent changes will be considered a form of dishonesty.

## Applicant Declarations

I understand that honesty is an essential characteristic of McAllen Police Department employees.

I promise to be totally honest throughout the application process.

I understand that dishonesty at any step of the selection process may disqualify my candidacy.

I understand that contradictory statements made at different steps in the application process will be viewed as an indication that one or more of my statements have been dishonest, and therefore may disqualify my candidacy.

I understand that contradictory information or failure to notify the Training Unit of any changes may disqualify my candidacy.

Sworn to and subscribed before me, a peace officer while engaged in the performance of my duties and under the authority of Chapter 602.002. Texas Government Code, on this the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
AFFIANT

\_\_\_\_\_  
Name of Peace Officer & I.D. No. (printed)

\_\_\_\_\_  
Peace Officer in and for the City of McAllen,  
Hidalgo County, Texas

# MCALLEN POLICE DEPARTMENT APPLICANT ADVISORY STATEMENT

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The McAllen Police Department requires that honesty be an essential characteristic of its department personnel.

The McAllen Police Department requires applicants to be totally honest throughout the selection process. Dishonesty, at any step of the selection process may disqualify your candidacy. With this understanding please be advised of the following:

- We do not expect applicants to be perfect.
- We will work with the applicant to accurately reflect information associated with issues that may arise from your past.
- We will not accept dishonesty.
- Please advise us of everything up front.
- If you are unsure of any question asked of you during your application process, ask Training Unit personnel to assist you to avoid any misunderstanding.

You are informed that this step is only the first step in a lengthy application process. Your answers today will be compared to information gathered from many sources. Any contradictions will be viewed negatively. Please take your time today and answer all questions completely.

Sworn to and subscribed before me, a peace officer while engaged in the performance of my duties and under the authority of Chapter 602.002, Texas Government Code, on this the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
AFFIANT

\_\_\_\_\_  
Name of Peace Officer & I.D. No. (printed)

\_\_\_\_\_  
Peace Officer in and for the City of McAllen,  
Hidalgo County, Texas

**MCALLEN POLICE DEPARTMENT  
PERSONAL HISTORY STATEMENT**

**YOU ARE HEREBY INFORMED THAT THE CORRECTNESS OF ALL STATEMENTS MADE HEREIN WILL BE INVESTIGATED.**

**INSTRUCTIONS:** Answer all questions completely. If a question is not applicable write "N/A". Write "Unknown" only if you do not know the answer and cannot obtain the answer from personal records. Attach extra sheets for details on any question or questions for which you do not have sufficient room.

**TYPE, PRINT OR WRITE CAREFULLY.**

**Position applied for:** \_\_\_\_\_

Full Name: \_\_\_\_\_  
(First) (Middle) (Last)

Social Security #: \_\_\_\_\_ Drivers License: \_\_\_\_\_ State: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eyes: \_\_\_\_\_ Hair: \_\_\_\_\_ Scars: \_\_\_\_\_

Other distinguishing features: \_\_\_\_\_

Present Address: \_\_\_\_\_  
(Street & Number) (City) (State) (Zip)

Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Nickname: \_\_\_\_\_ What other names have you used? \_\_\_\_\_

Under what circumstances have you ever used these names? \_\_\_\_\_

How long did you use other names: \_\_\_\_\_ If a legal change, give particulars \_\_\_\_\_

\_\_\_\_\_  
(Where?) (By what authority?)

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
(City) (State) (Country)

Present Citizenship: \_\_\_\_\_ By Birth? \_\_\_\_\_ By marriage? \_\_\_\_\_  
(Country)

By Naturalization – Cert. No.: \_\_\_\_\_ issued \_\_\_\_\_ by \_\_\_\_\_  
(Date) (Court)

At: \_\_\_\_\_  
(City) (State)



## EMPLOYMENT HISTORY

CIRCLE APPROPRIATE JOB DESCRIPTION(S):    FULL       PART       TEMPORARY       SEASONAL

Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_  
  Street #                                  City                                  State                                  Zip

Employer's Telephone Number: \_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Employment began on: \_\_\_\_-\_\_\_\_-\_\_\_\_ ended on: \_\_\_\_-\_\_\_\_-\_\_\_\_ = Total Time \_\_\_\_\_

Position(s) held with organization: \_\_\_\_\_

Title: \_\_\_\_\_ Salary/Hourly Rate: \_\_\_\_\_

Duties/Responsibilities: \_\_\_\_\_  
\_\_\_\_\_

Time in position: \_\_\_\_\_

Did you receive Job Performance Evaluations?    Yes       No

Did you ever receive a Written or Oral Reprimand?    Yes       No

If "Yes", explain: \_\_\_\_\_

Name of Final Supervisor: \_\_\_\_\_ Eligible for Re-Hire?    Yes       No

Reason for leaving: \_\_\_\_\_  
\_\_\_\_\_

Was notice given?    Yes       No    If "Yes", how many days? \_\_\_\_\_



## EMPLOYMENT HISTORY

CIRCLE APPROPRIATE JOB DESCRIPTION(S): FULL PART TEMPORARY SEASONAL

Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_  
  Street #                            City  State  Zip

Employer's Telephone Number: \_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Employment began on: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ ended on: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ = Total Time \_\_\_\_\_

Position(s) held with organization: \_\_\_\_\_

Title: \_\_\_\_\_ Salary/Hourly Rate: \_\_\_\_\_

Duties/Responsibilities: \_\_\_\_\_  
\_\_\_\_\_

Time in position: \_\_\_\_\_

Did you receive Job Performance Evaluations? Yes No

Did you ever receive a Written or Oral Reprimand? Yes No

If "Yes", explain: \_\_\_\_\_

Name of Final Supervisor: \_\_\_\_\_ Eligible for Re-Hire? Yes No

Reason for leaving: \_\_\_\_\_  
\_\_\_\_\_

Was notice given? Yes No If "Yes", how many days? \_\_\_\_\_

## EMPLOYMENT HISTORY

CIRCLE APPROPRIATE JOB DESCRIPTION(S):    FULL       PART       TEMPORARY       SEASONAL

Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_  
  Street #    City    State    Zip

Employer's Telephone Number: \_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Employment began on: \_\_\_\_ - \_\_\_\_ - \_\_\_\_    ended on: \_\_\_\_ - \_\_\_\_ - \_\_\_\_    = Total Time \_\_\_\_\_

Position(s) held with organization: \_\_\_\_\_

Title: \_\_\_\_\_ Salary/Hourly Rate: \_\_\_\_\_

Duties/Responsibilities: \_\_\_\_\_  
\_\_\_\_\_

Time in position: \_\_\_\_\_

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CIRCLE APPROPRIATE JOB DESCRIPTION(S):    FULL       PART       TEMPORARY       SEASONAL

Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_  
                                    Street #                      City                      State                      Zip

Employer's Telephone Number: \_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Employment began on: \_\_\_\_ - \_\_\_\_ - \_\_\_\_    ended on: \_\_\_\_ - \_\_\_\_ - \_\_\_\_    = Total Time \_\_\_\_\_

Position(s) held with organization: \_\_\_\_\_

Title: \_\_\_\_\_    Salary/Hourly Rate: \_\_\_\_\_

Duties/Responsibilities: \_\_\_\_\_

Time in position: \_\_\_\_\_

Did you receive Job Performance Evaluations?    Yes    No

Did you ever receive a Written or Oral Reprimand?    Yes    No

If "Yes", explain: \_\_\_\_\_

Name of Final Supervisor: \_\_\_\_\_    Eligible for Re-Hire?    Yes    No

Reason for leaving: \_\_\_\_\_

Was notice given?    Yes    No    If "Yes", how many days? \_\_\_\_\_

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CIRCLE APPROPRIATE JOB DESCRIPTION(S):    FULL       PART       TEMPORARY       SEASONAL

Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_  
   Street #     City     State     Zip

Employer's Telephone Number: \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Employment began on: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ ended on: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ = Total Time \_\_\_\_\_

Position(s) held with organization: \_\_\_\_\_

Title: \_\_\_\_\_ Salary/Hourly Rate: \_\_\_\_\_

Duties/Responsibilities: \_\_\_\_\_

Time in position: \_\_\_\_\_

Did you receive Job Performance Evaluations?    Yes    No

Did you ever receive a Written or Oral Reprimand?    Yes    No

If "Yes", explain: \_\_\_\_\_

Name of Final Supervisor: \_\_\_\_\_ Eligible for Re-Hire?    Yes    No

Reason for leaving: \_\_\_\_\_

Was notice given?    Yes    No    If "Yes", how many days? \_\_\_\_\_

## EMPLOYMENT HISTORY

CIRCLE APPROPRIATE JOB DESCRIPTION(S):    FULL      PART      TEMPORARY      SEASONAL

Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_  
Street #                      City                      State                      Zip

Employer's Telephone Number: \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Employment began on: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ ended on: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ = Total Time \_\_\_\_\_

Position(s) held with organization: \_\_\_\_\_

Title: \_\_\_\_\_ Salary/Hourly Rate: \_\_\_\_\_

Duties/Responsibilities: \_\_\_\_\_  
 \_\_\_\_\_

Time in position: \_\_\_\_\_

Did you receive Job Performance Evaluations?    Yes    No

Did you ever receive a Written or Oral Reprimand?    Yes    No

If "Yes", explain: \_\_\_\_\_

Name of Final Supervisor: \_\_\_\_\_ Eligible for Re-Hire?    Yes    No

Reason for leaving: \_\_\_\_\_  
 \_\_\_\_\_

Was notice given?    Yes    No    If "Yes", how many days? \_\_\_\_\_

## PERIODS OF UNEMPLOYMENT

Record of any period of unemployment since graduation from High School (a period of unemployment is any time you did not have a job). If you were a full-time college student and held only seasonal employment during school breaks, indicate your beginning and ending school dates and list the seasonal jobs in the **Employment History** section of this packet.

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FROM: (MONTH/YEAR)	TO: (MONTH/YEAR)	LENGTH	REASON

Number of days missed from work during the past year (other than holidays and vacation days):





i. Did you ever accept any bribes? \_\_\_\_\_

1.) How many times? \_\_\_\_\_

2.) What type of bribes (money, services, etc.)? \_\_\_\_\_

3.) Value? \_\_\_\_\_

4.) What were they for? \_\_\_\_\_

j. Did you ever fail to turn in found, confiscated, or prisoner's property? \_\_\_\_\_

1.) How many times? \_\_\_\_\_

2.) What? \_\_\_\_\_

k. Have you ever used, experimented with, or tried any illegal drug or substance while employed as a police officer? \_\_\_\_\_

1.) If yes, complete the following:

**NAMES OF DRUG  
OR SUBSTANCE**

**LAST TIME  
(On Duty) (Off Duty)**

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

2.) Comments: \_\_\_\_\_

\_\_\_\_\_

2. Did you ever engage in any misconduct that went undetected? \_\_\_\_\_

1.) How many times? \_\_\_\_\_

2.) What? \_\_\_\_\_

3.) When? \_\_\_\_\_

3. How have you prepared yourself to be a McAllen Police Officer?  
\_\_\_\_\_  
\_\_\_\_\_

4. Why is becoming a police officer important to you?  
\_\_\_\_\_  
\_\_\_\_\_

**End of questions for applicants with prior Law Enforcement Agency  
Experience.**

## MILITARY SERVICE

Have you ever been rejected by any branch of the Armed Forces?      Yes      No

Have you ever been a member of any branch of the U.S Armed Forces?      Yes      No

If Yes, Branch of Service: \_\_\_\_\_ Highest Rank: \_\_\_\_\_

Induction: \_\_\_\_/\_\_\_\_/\_\_\_\_ Discharge: \_\_\_\_/\_\_\_\_/\_\_\_\_

Type/Discharge: \_\_\_\_\_

Awards: (Type and Date awarded)

\_\_\_\_\_  
\_\_\_\_\_

Special Schools/Training: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

While in the military service, were you ever arrested for an offense which resulted in a trial by Deck Court or Summary, Special or General court-martial?      Yes      No

If "Yes", give date, place, law enforcing authority or type of Court or court-martial; charge and action taken for each incident.

Charge: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Results: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Last duty station and name of Commanding Officer: \_\_\_\_\_

\_\_\_\_\_

While in the military service, were you ever disciplined or reprimanded (Article 15, etc.)? If "Yes", explain why:

\_\_\_\_\_  
\_\_\_\_\_

Are you currently a member of a U.S Reserve or National State Guard Organization? \_\_\_\_\_

Branch of Service: \_\_\_\_\_ Grade and Service #: \_\_\_\_\_

Are you:      Active      Standby      Inactive

Organizations/Station/Unit and Location: \_\_\_\_\_

## EDUCATIONAL HISTORY

List all high schools, colleges, technological or trade schools you have ever attended regardless of whether you graduated and/or completed the prescribed curriculum.

If you listed colleges/universities, and you did not graduate, indicate the correct number of credit hours you are credited with.

If you attended a technological or trade school, indicate your course of study and also note if you were awarded a diploma or certificate.

NAME & TYPE OF SCHOOL LOCATION (CITY & STATE)	<u>DATES ATTENDED</u> FROM:                      TO:		DEGREE AND/OR CREDIT HOURS EARNED

Have you ever been expelled from any school you have attended?                      Yes      No

If "Yes", School: \_\_\_\_\_ Date: \_\_\_\_\_

Reason: \_\_\_\_\_

Have you ever been placed on academic probation?                      Yes      No

If "Yes", School: \_\_\_\_\_ Date: \_\_\_\_\_

Reason: \_\_\_\_\_

\_\_\_\_\_

# ADDITIONAL EDUCATION AND PERSONAL INFORMATION

## EDUCATION (Circle Highest Grade Completed)

**High School:** 9<sup>th</sup> 10<sup>th</sup> 11<sup>th</sup> 12<sup>th</sup>      **College:** Fresh. Soph. Jr. Sr.

### SCHOOL ACTIVITIES: CLUBS/SPORTS/ETC.

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### POSITIONS OF LEADERSHIP: (INDICATE POSITION/ORGANIZATION/DATES HELD)

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### COMMUNITY ACTIVITIES:

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### AWARDS/COMMENDATIONS OR SPECIAL RECOGNITION:

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## **ARREST/DETENTION**

1. Have you ever been arrested by police?      Yes      No      If "Yes", explain each incident.

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2. Have you ever been placed on Court-order community supervision or probation for any criminal offense? If "Yes", list dates, Court rendering judgment, and arrest information.

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3. Have you ever been summoned into court for a criminal offense?      Yes      No      If "Yes", explain each incident.

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4. Have you ever committed a serious crime?      Yes      No      If "Yes", explain each incident.

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5. Have you ever shoplifted merchandise?      Yes      No      If "Yes", explain incident.

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6. Have you ever committed an assault involving family violence?      Yes      No      If "Yes", explain each incident.

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## **LITIGATION**

Have you ever been involved in any type of law suit?      Yes      No

Were you sued?      Yes      No

Have you ever filed bankruptcy?      Yes      No

Has anyone ever threatened to take you to court for non-payment of a bill? Explain:

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## THEFTS AND DISHONESTY

1. Have you ever committed, been accused of, or detained for any of the following offenses as an adult or a juvenile?  
Please answer Yes or No in each area.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2. Have you ever engaged in any illegal activity that went undetected? \_\_\_\_\_

3. List below any and all cash and/or items that you have ever stolen. This includes any individual, employment, business, store, etc.

ITEM	QUANTITY	WHEN (MONTH/YEAR)	VALUE	FROM WHOM
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

4. Have you ever changed price tags?    Yes    No                      If “Yes”, complete the below for each incident:

ITEM	QUANTITY	WHEN (MONTH/YEAR)	VALUE	FROM WHOM
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

5. What in your opinion is the worst thing that you have ever done? \_\_\_\_\_  
 \_\_\_\_\_

## DRIVING RECORD

Do you have a valid driver's license? \_\_\_\_\_ If "No", Why not? \_\_\_\_\_

How many moving citations have you received since you began driving? \_\_\_\_\_

How many moving citations have you received in the past three years? \_\_\_\_\_

Have you ever had your driver's license suspended? \_\_\_\_\_ If "Yes":

**Date of Suspension**

**Type of Suspension**

**Date Lifted**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ / \_\_\_\_\_/\_\_\_\_\_ / \_\_\_\_\_

Have you ever had your driver's license placed on probation for receiving an excessive number of traffic violations?

\_\_\_\_\_

Have you ever had a hearing for Probation/Suspension of your driver's license? \_\_\_\_\_

Have you ever been classified as a high risk for vehicle insurance? \_\_\_\_\_

Have you ever had your insurance revoked due to the number of traffic citations you have received? \_\_\_\_\_

Have you ever knowingly driven a motor vehicle after driver's license was suspended, or after it had been revoked?

\_\_\_\_\_

Do you have a valid driver's license in more than one state? If "Yes", list the state(s) and drivers license number(s).

\_\_\_\_\_

\_\_\_\_\_

Have you ever been denied a driver's license for any reason? \_\_\_\_\_

In how many motor vehicle accidents have you been involved as a driver? \_\_\_\_\_

Have you ever been involved in a hit-and-run accident? \_\_\_\_\_

\_\_\_\_\_

Have you ever been involved in an accident, as the driver, after you have been drinking an alcoholic beverage?

\_\_\_\_\_

What company carries your automobile insurance policy? \_\_\_\_\_

Company Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Policy Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**LIST OF ALL TRAFFIC CITATIONS YOU HAVE RECEIVED (LIFETIME)**

<b>DATE RECEIVED</b>	<b>TYPE OF VIOLATION</b>	<b>ISSUING AGENCY</b>	<b>DISPOSITION</b>

**LIST ALL MOTOR VEHICLE ACCIDENTS YOU HAVE BEEN INVOLVED IN AS A DRIVER (LIFETIME)**

<b>DATE</b>	<b>LOCATION</b>	<b>BRIEF DESCRIPTION</b>



## MARITAL AND FAMILY HISTORY

Check your current status.

Single _____	Engaged _____	Married _____	Separated _____	Divorced _____	Widowed _____
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**If you are engaged:**

Name of Fiancé: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

Telephone # Home: \_\_\_\_\_

Work: \_\_\_\_\_

**If you are Married or Separated:**

Spouse's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

Telephone # Home: \_\_\_\_\_

Work: \_\_\_\_\_

**If you are Divorced:**

Former Spouse's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

Telephone # Home: \_\_\_\_\_

Work: \_\_\_\_\_

Date Divorce Decree Issued: \_\_\_\_\_

Court and Stated where Divorce Decree Issued: \_\_\_\_\_

**If you are Widowed:**

Spouse's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of Death: \_\_\_\_\_

## **FAMILY STATUS AND SEX**

1. How many times have you been married? \_\_\_\_\_

2. Current status? \_\_\_\_\_

3. If not married, do you have a boyfriend/girlfriend? \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Address: \_\_\_\_\_

4. If ever divorced, number of times? \_\_\_\_\_

a. Who has custody of the children?  
\_\_\_\_\_

5. Are you paying child support? \_\_\_\_\_

a. Ever delinquent on payment? \_\_\_\_\_ How many times? \_\_\_\_\_

b. How far behind at present? \_\_\_\_\_

c. Why? \_\_\_\_\_

6. As an adult, have you ever committed any **unlawful** sexual act for which you might be blackmailed or which could be an embarrassment to this department? (Excluding activities between you and your spouse).

Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**LIST ALL YOUR CHILDREN (YOURS OR YOUR SPOUSE’S, including Natural/Step/Adopted/Foster):**

**CHILD’S FULL NAME      BIRTH DATE      RELATIONSHIP      COMPLETE ADDRESS**


**LIST OTHER FAMILY MEMBER (Including those related by marriage). IF DECEASED, INDICATE THE YEAR OF DEATH. (Step/Natural/In-Laws, Mother, Father, Brothers, Sisters).**

**NAME      BIRTH DATE      RELATIONSHIP      OCCUPATION      COMPLETE ADDRESS**


**IF YOU CURRENTLY RESIDE WITH ANY PERSON(S) OTHER THAN FAMILY MEMBERS, LIST:**

NAME	BIRTH DATE	OCCUPATION/WORK	LENGTH OF TIME TOGETHER

**FINANCIAL HISTORY**

What is your present salary or wages? \_\_\_\_\_ (Yearly-Gross)  
 What is your spouse's present salary or wages? \_\_\_\_\_ (Yearly-Gross)  
 Spouse's Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_  
 Spouse's Business Address: \_\_\_\_\_  
 Spouse's Business Phone #: \_\_\_\_ (\_\_\_\_) \_\_\_\_\_ Ext: \_\_\_\_\_  
 Hours/Day/Worked: \_\_\_\_\_

**LIST ANY OTHER INCOME FROM ANY OTHER SOURCE, OTHER THAN YOUR PRINCIPAL OCCUPATION (EXCLUDING YOUR SPOUSE'S INCOME).**

SOURCE	AMOUNT	FREQUENCY
	\$	
	\$	
	\$	

Do you own any real estate?    Yes    No    Value \$ \_\_\_\_\_

Location: \_\_\_\_\_

Do you own any bonds, Government or other?    Yes    No    Value \$ \_\_\_\_\_

Do you own any corporate stock?    Yes    No    Value \$ \_\_\_\_\_

Savings Account Number: \_\_\_\_\_    Current Balance \$ \_\_\_\_\_

Bank/Address: \_\_\_\_\_

Checking Account Number: \_\_\_\_\_    Current Balance \$ \_\_\_\_\_

Bank/Address: \_\_\_\_\_



## CRIMINAL ACTIVITY – ILLEGAL DRUGS/POSSESSION

It is important that the Department be aware of your past and current illegal drug usage

Let's discuss what we mean by drug usage. By usage we mean the ingestion of drugs into your system. Ingestion is defined as, but not limited to; snort, sniff, inject (needle), smoke, puff, toke, oral (by pill, tab, tasting, or mixed with food or drink), or absorbed into the body by any means. Each separate instance of usage, regardless of quantity consumed, constitutes "one time used".

We are also interested in identifying exactly when you used a drug. You will be given an opportunity to explain the first date that you used each drug, and the last time you used each drug.

You must also explain how you used the drug. If the drug was smoked, snorted, injected, eaten or used in any other manner, you must explain how it was used.

When asked to give the maximum number of times that you used the drug, you must give the **ABSOLUTE MAXIMUM NUMBER OF TIMES YOU USED THE DRUG**. For instance, if you have snorted cocaine six times, and you state that you used cocaine five times, you will be deceptive. Likewise, if you are not sure how many times you used a drug, such as marijuana, then stated the absolute maximum number of times you could have used the drug.

On the following chart, explain if you have used each of the drugs mentioned, the first time (year) you used the drug, the last time (month and year) you used the drug, the maximum number of times you used the drug, and how you used the drug.

If you have never used the particular drug, then check the appropriate **NEVER** area.

Please list only drugs not prescribed to you that you have used. Prescription drugs of another person's, even though legally prescribed, that you used should be listed.

<b>DRUG</b>	<b>FIRST TIME USED</b>	<b>LAST TIME USED</b>	<b>MAXIMUM TIMES USED</b>	<b>HOW USED</b>	<b>NEVER</b>
<b>Marijuana</b>					
<b>PCP</b>					
<b>Angel Dust</b>					
<b>LSD</b>					
<b>Peyote</b>					
<b>Mescaline</b>					
<b>Heroin</b>					
<b>Cocaine</b>					
<b>Quaaludes</b>					
<b>Downers</b>					
<b>Tranquilizers</b>					
<b>Amphetamines/ Methamphetamines/ Speed/Crank</b>					
<b>Biphetamine</b>					
<b>Ecstasy/XTC Ice</b>					
<b>Preludin</b>					
<b>Dilaudid</b>					
<b>Talwin/PBZ</b>					
<b>Inhalants (glue/paint)</b>					
<b>Mushrooms (Psilocybin)</b>					
<b>Others</b>					
<b>Designer Drugs</b>					
<b>Anabolic Steroids</b>					
<b>Rohypnol (date rape drugs)</b>					

1. As an adult, have you used the following drugs in the past 5 years?  
 Marijuana            Yes ( )        No ( )  
 Hashish                Yes ( )        No ( )  
 Cocaine                Yes ( )        No ( )
  
  2. Have you ever had marijuana or illegal drugs in your possession:        Yes ( )    No ( )
  
  3. Have you ever used illegal drugs at work?        Yes ( )    No ( )
  
  4. Would you arrest a friend or family member for a drug violation if you were a police officer?  
 Yes ( )    No ( )
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Have you ever sold or furnished any controlled substance or illegal drug?        Yes    No

Which substance did you furnish, sell, or buy? \_\_\_\_\_

When was the last time you sold, furnished or bought? \_\_\_\_\_

Have you abused any prescribed medication within the past five years?        Yes    No

Type: \_\_\_\_\_

How did you abuse the medication? \_\_\_\_\_

Have you ever been involved in the manufacturing of an illegal drug?    Yes    No

Type: \_\_\_\_\_

Describe your involvement: \_\_\_\_\_

Have you ever lied to a doctor about symptoms in order to get a prescription, such as Valium or a pain killer?

Yes    No    Explain: \_\_\_\_\_

Do you associate with individuals who use illegal drugs, and/or abuse medications?        Yes    No

Explain: \_\_\_\_\_

Have you ever attempted and/or succeeded in “getting high” with products such as paint, glue, gasoline, nitrous, oxide, etc.,? \_\_\_\_\_



## DRINKING HABITS

1. Do you drink alcoholic beverages or liquor?    Yes    No
2. What do you usually drink?    Beer \_\_\_\_\_    Wine \_\_\_\_\_    Liquor \_\_\_\_\_
3. Do you frequent any particular lounges, clubs, or taverns?
  - a. Names and locations? \_\_\_\_\_  
\_\_\_\_\_
  - b. How often do you go there? \_\_\_\_\_  
\_\_\_\_\_
4. When were you last intoxicated? \_\_\_\_\_  
\_\_\_\_\_
5. When were you last tipsy? \_\_\_\_\_  
\_\_\_\_\_

## PERSONAL REFERENCES

List five (5) persons that can provide current information about you; **Do not list relatives.**

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_ Years Known: \_\_\_\_\_

Home Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Describe your relationship with this person: \_\_\_\_\_

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Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_ Years Known: \_\_\_\_\_

Home Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Describe your relationship with this person: \_\_\_\_\_

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Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_ Years Known: \_\_\_\_\_

Home Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Describe your relationship with this person: \_\_\_\_\_

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Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_ Years Known: \_\_\_\_\_

Home Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Describe your relationship with this person: \_\_\_\_\_

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Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_ Years Known: \_\_\_\_\_

Home Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Describe your relationship with this person: \_\_\_\_\_

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## MEMBERSHIPS IN GROUPS/ASSOCIATIONS/CLUBS

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OFFICIAL NAME OF ORGANIZATION	TYPE: SOCIAL, FRATERNAL PROFESSIONAL, ETC.	OFFICE(S) HELD	DATES OF MEMBERSHIP	
			FROM	TO

## HOBBIES AND SPORTS

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NAME OF SPORT	DURATION	LEVEL OF PROFICIENCY

Are there any incidents in your life, not mentioned previously herein, which may reflect upon your suitability to perform the duties which you may be called upon to undertake, or which might require additional explanation?

\_\_\_\_\_

\_\_\_\_\_

Do you or your spouse have a relative currently employed with the City of McAllen or the McAllen Police Department?    Yes    No    If "Yes", provide Name, Relationship, and Position with City: \_\_\_\_\_

Have you made an application for employment for any position with this, or any other law enforcement agency?

Yes    No    If "Yes", complete the following section.

NAME OF AGENCY	DATE	STATUS OF APPLICATION

APPLICANT CERTIFICATION

I certify that the foregoing answers are true and correct to the best of my knowledge and belief, and I agree that any misstatement or omission as to a material fact will constitute grounds for disqualification of my candidacy or rejection of my application.

I hereby grant authorization to the City of McAllen Police Department to contact any person or organization for information and/or documents to verify the validity of any previous statement regarding my previous employment, character, physical condition and conduct.

In consideration of processing my application and information furnished by my former employers or other person designated herein, I hereby release and hold harmless from any and all liability of whatsoever nature any and all of such persons or entities so furnishing or processing any information about me.

Sworn to and subscribed before me, a peace officer while engaged in the performance of my duties and under the authority of Chapter 602.002. Texas Government Code, on this the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
AFFIANT

\_\_\_\_\_  
Name of Peace Officer & I.D. No. (printed)

\_\_\_\_\_  
Peace Officer in and for the City of McAllen,  
Hidalgo County, Texas

# CHECKLIST OF DOCUMENTS THAT MUST ACCOMPANY YOUR APPLICATION

Driver's License Class \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Verified by: \_\_\_\_\_

Birth Certificate (Hospital Birth Certificate not acceptable) Verified by: \_\_\_\_\_

Certificate of Naturalization (Unlawful to copy) Verified by: \_\_\_\_\_

Permanent Resident Alien Card # \_\_\_\_\_ Verified by: \_\_\_\_\_

Social Security Card (If a card is not available, must present a letter of renewal from the Social Security Administration Office). Verified by: \_\_\_\_\_

High School Diploma AND Official Transcripts OR GED certificate (Unofficial copies are not acceptable. If the school will not issue an official transcript to student, have them mail the transcript direct to our office). Verified by: \_\_\_\_\_

College or University Diploma AND Official Transcripts OR GED certificate (Unofficial copies are not acceptable. If the school will not issue an official transcript to student, have them mail the transcript direct to our office). Verified by: \_\_\_\_\_

Certified Marriage Certificate (If not available, can obtain a certified copy with the county in which married. Note: Must also provide certificates of previous marriages). Verified by: \_\_\_\_\_

Dissolution of Marriage Papers (Divorce Decree), (If not available, can obtain a certified copy with the county in which divorce was granted). Note: Must also provide divorce papers of previous marriages). Verified by: \_\_\_\_\_

\*\*\*Military Discharge Papers (DD214) OR Selective Service Card (If Selective Service Card is not available, call (847) 688-2576 or (847) 688-6888 to receive your number and request a new card. Until receipt of your card, provide your number in the space below. Verified by: \_\_\_\_\_

Selective Service #: \_\_\_\_\_

Date of Registration: \_\_\_\_\_

Other (Specify) \_\_\_\_\_ Verified by: \_\_\_\_\_  
\_\_\_\_ Copy Attached

Other (Specify) \_\_\_\_\_ Verified by: \_\_\_\_\_  
\_\_\_\_ Copy Attached

Other (Specify) \_\_\_\_\_ Verified by: \_\_\_\_\_  
\_\_\_\_ Copy Attached

\*\*\*For police officer applicants, an additional five (5) points shall be added to the examination on grade of an applicant who served in the United States Armed Forces, received an HONORABLE Discharge and made a passing grade on the civil service examination.

NOTE: IF MAILING APPLICATION, MUST submit copies of documents listed above. Original documents must be presented at our office at the state of the Physical Fitness Assessment for verification. If submitting application in person, must provide all original documents listed above for verification. (We will make copies for our files and return originals to you).