



Job Title:	Police Sergeant	Wage/Hour Status:	Non Exempt
Reports To:	Chief of Police	Pay Grade:	Police Pay Group
Dept. /School:	Police Department	Date Revised:	12/14/2016

Primary Purpose:

Provide first line supervision to police field, investigative, and training operations, and personally perform field, investigative, and administrative duties. Responsible for supervision of personnel and the administrative duties for an assigned unit, in addition to performing the full range of duties of a police officer. Maintain and enforce municipal, county, and state ordinances and laws as well as policies, directives, and standards of the district.

Qualifications:**Education/Certification:**

Degree preferred
Texas Police Officer License with an Advanced Certificate issued by the Texas Commission on Law Enforcement (TCOLE)
Valid Texas driver's license

Special Knowledge/Skills:

Knowledge of overall operations of a police department
Knowledge of criminal investigation, police report writing, criminal law, and computer skills
Training in subduing offenders, including use of firearms and handcuffs
Bondable as required by Texas Education Code 37.081(h) Strong communication, public relations and interpersonal skills
Ability to quickly analyze situations and adopt effective course of action
Knowledge of writing clear and concise reports
Demonstrate keen power of observation and memory
Ability to work well with youth and adults

Experience:

Must have 3 years law enforcement experience with impeccable performance record

Major Responsibilities and Duties:**Law Enforcement:**

1. Ensure enforcement of all laws including municipal ordinance, county ordinances, and state laws within board policy and the jurisdiction of the district.

2. Investigate criminal activities that occur within the jurisdiction of the district or support other agencies conducting investigation.
3. Use sound judgment and work with a minimum of supervision.
4. Gather, assemble, analyze, evaluate and use facts and evidence; deal effectively with simultaneous activities. Quickly analyze situations and adopt effective courses of action.

Department Management:

5. Supervise personnel and administrative duties for an assigned unit, section and/or team including the coordination of equipment, staffing and management of the section budget.
6. Assist in supervising and evaluating performance of all police officers and civilian staff in the implementation of and adherence to all departmental rules and regulations.
7. Work cooperatively with other staff to develop and implement proactive security programs, gang management plans, and other safety programs.
8. May be assigned to an administrative area or to command shift personnel during a specific watch to direct duties and activities associated with law enforcement.
9. Be aware of recent court rulings pertaining to police activity and ensure compliance of district police officers to minimize liability.

Safety:

10. Assist in developing procedures for the safe handling and use of firearms.
11. Administer first aid.
12. Follows procedures of criminal law with particular reference to the apprehension of juvenile's, arrest and custody of persons and juvenile's committing misdemeanors and felonies.
13. Knowledge of rules of evidence pertaining to the search and seizure and the preservation of evidence in traffic and criminal cases.
14. Effectively communicate with and elicit information from upset and irate citizens.

Personnel Management:

15. Assist in the supervision and scheduling of police officers and staff assigned.
16. Make sound recommendations relative to personnel selection, placement, transfer, retention, and dismissal.

Administration:

17. Maintain property room for storage of weapons, contraband, etc., confiscated on and off district property.
18. Ensure that department operations are cost effective and funds are well managed.
19. Compile budgets and cost estimates based on documented department needs.
20. Recommend policies to improve the department.
21. Compile, maintain, and file all reports, records, and other documents required.
22. Other duties as assigned.

Supervisory Responsibilities:

Supervise police officers and civilian staff.

Equipment Used:

District vehicles, firearms, handcuffs, alarm systems, security equipment, personal computer, printer, calculator, copier, fax machine.

Working Conditions:**Mental Demands/Physical Demands/Environmental Factors:**

Strenuous walking, standing, and climbing; ability to operate a motor vehicle; specific hearing and visual requirements; ability to control sudden violent or extreme physical acts of others and exhibit rapid mental and muscular coordination simultaneously. May be subject to adverse and hazardous working conditions, including violent and armed confrontations. Work outdoors in varying climate conditions; drive in different areas of district at odd hours; on call 24 hours a day.

NOTE: The foregoing statements describe the general purpose and responsibilities assigned to this job and are not an exhaustive list of all responsibilities, duties, or skills that may be required.

MANSFIELD ISD POLICE DEPARTMENT



APPLICANT'S PERSONAL HISTORY

STATEMENT PERSONAL HISTORY STATEMENT

Name:

Returned On (Date):

I am applying for:

Peace Officer

PID #:

Telecommunicator

PID #:

Civilian Employment

Personal History Statement Instructions

Employees are exposed to confidential and law enforcement sensitive information. A thorough background investigation is required to properly evaluate the suitability of applicants for employment with the agency. Although it is an achievement to reach the background phase of the hiring process, this is still a competitive process and does not, in any way, guaranty selection.

These instructions are provided as a guide to assist you in properly completing your Personal History Statement. It is essential that the information is accurate in all respects, so please read all instructions carefully before proceeding. The Personal History Statement will be used as a basis for a background investigation that will determine your eligibility for becoming an employee.

1. Your application must be printed legibly in **BLACK INK** by the applicant or typed. Answer all questions truthfully and accurately.
2. If a question is not applicable to you, enter **N/A** in the space provided.
3. Avoid errors by reading the directions carefully before making any entries on the form. Be sure your information is accurate and in proper sequence before you begin.
4. You are responsible for obtaining correct and full addresses. If you are not sure of an address, personally verify before making that entry on this history statement. Errors will not be viewed favorably. **ALL ADDRESSES MUST BE COMPLETE WITH ZIP CODES.**
5. If you need additional space for your answers, attach additional sheets as needed. Be sure to indicate what question number and page this refers to.
6. An accurate and complete form will help expedite your investigation. Omissions or falsifications will result in disqualification.
7. You are responsible for furnishing any changes and/or updating your application as needed, such as address changes or telephone changes in writing.
8. Any candidate submitting an incomplete application **WILL NOT BE CONSIDERED FOR EMPLOYMENT.** Your application will be evaluated on completeness and neatness.
9. **All documents requested must be submitted with the application** (photocopies are acceptable in most cases). *Required documents vary according to the position being sought and the history of the applicant. Hiring agency please check off documents required– modify list as necessary.*

Completed Personal History Statement

Copy of your Social Security card

Original certified copy of your birth certificate (no photo copy)

Copy of your valid Texas driver license or a copy of another State's driver license (applicant must possess a valid Texas driver license prior to being offered employment)

Copy of your High School diploma or GED certificate or an honorable discharge from the armed forces of the United States after at least twenty-four months of active service

Sealed original certified copy of your college transcript (no photo copy)

Photocopy of your college diploma

Copy of your Peace Officer Certificate from your police academy (Peace Officer Applicants Only)

Copy of your Texas peace officer license & all training certificates awarded to you (Peace Officer Applicants Only)

Copy of your DD-214 and/or other military discharge documents (if applicable)

Original certified copy of your Naturalization papers, if applicable (no photo copy)

Copy of current proof of automobile liability insurance

Copy of a TCOLE approved Firearms Qualifications within the last 12 months

10. If you have questions, please contact your assigned background investigator.
11. When submitting the completed documents, please place them in a sealed envelope marked 'Personal and Confidential' to your assigned background investigator.

Instructions to the Applicant

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

I am a citizen of the United States of America.

I have earned a high school diploma, a GED, or an honorable discharge from the armed services of the United States after at least two (2) years of active service.

I have never been convicted, plead guilty (nolo contendere), nor have I been on court-ordered community service/probation, or deferred adjudication for a Class A misdemeanor or a felony.

During the last ten (10) years, I have not been convicted, plead 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 had a military court martial that resulted in a dishonorable or other discharge based on misconduct which bars future military service.

DISQUALIFICATIONS

There are very few automatic bases for rejection. Even issues of prior misconduct, employee terminations, and arrests are usually not, in and of themselves, automatically disqualifying. However, deliberate misstatements or omissions can and often will result in your application being rejected, regardless of the nature or reason for the misstatements/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.

Once you begin:

- Type or neatly print, in ink, responses to all items and questions. If a question does not apply to you, write “N/A” (not applicable) in the space provided for your response. If you cannot obtain or remember certain information, indicate so in your response.
- If you need additional space for your answers, attach additional sheets as needed. Be sure to indicate which section, question number, and page this refers to.
- Be as complete, honest, and specific as possible in your responses.

Disclosure of Medically Related Information

In accordance with the U.S. Americans with Disabilities Act, at this stage of the hiring process, applicants are not expected or required to reveal any medical or other disability-related information about themselves in response to questions on this form, or to any other inquiry made prior to receiving a conditional offer of employment.

SECTION 1: PERSONAL

Last Name: First Name: Middle Name: Suffix:

Other Names, including nicknames, you have used or been known by:

Maiden: SSN #: Date of Birth:

Driver License #: State: Exp:

Street Address, (Apt/Unit):

City: State: Zip Code:

Mailing Address (if different than above):

City: State: Zip Code:

Home Phone #: Cell: Work (Ext.):

Fax: Other Phone #(s):

List ALL Email Addresses:

Place of Birth (City, County, State, Country):

Physical Description:

Height: Weight: Hair Color: Eye Color:

Have you ever attended a basic licensing course? Yes No

If yes, provide the PID you were assigned:

A. Academy Name: From: To:

Location (City, State):

Name Training Coordinator: Contact Number:

Did you graduate? Yes No

B. Academy Name: From: To:

Location (City, State):

Name Training Coordinator: Contact Number:

Did you graduate? Yes No

Have you **ever** applied to any other law enforcement agency in the last ten years (city, county, state or federal)?

Yes No

- If yes, list ALL agencies you have applied to, starting with the most recent (give complete and accurate addresses).
- All agencies MUST be listed regardless of the outcome or current status. Check all boxes that apply for each agency.
- If you need additional space for your answers, attach additional sheets as needed. Be sure to indicate what section number and page this refers to.

A. Name of Agency:

Position Applied For:

Date Applied:

Address:

City:

State:

Zip:

Background Investigator's Name (if known):

Contact Number, (ext):

Email:

Check each step in the process that you completed, and your status:

Steps:	Application	Written	Physical agility	Oral	Polygraph/CVSA	Background
	Conditional job offer		Psychological examination	Date:	Medical	Date:
Status:	Hired	On List	Withdrawn	Disqualified		

B. Name of Agency:

Position Applied For:

Date Applied:

Address:

City:

State:

Zip:

Background Investigator's Name (if known):

Contact Number, (ext):

Email:

Check each step in the process that you completed, and your status:

Steps:	Application	Written	Physical agility	Oral	Polygraph/CVSA	Background
	Conditional job offer		Psychological examination	Date:	Medical	Date:
Status:	Hired	On List	Withdrawn	Disqualified		

C. Name of Agency:

Position Applied For:

Date Applied:

Address:

City:

State:

Zip:

Background Investigator's Name (if known):

Contact Number, (ext):

Email:

Check each step in the process that you completed, and your status:

Steps:	Application	Written	Physical agility	Oral	Polygraph/CVSA	Background
	Conditional job offer		Psychological examination	Date:	Medical	Date:
Status:	Hired	On List	Withdrawn	Disqualified		

SECTION 2: RELATIVES AND REFERENCES

IMMEDIATE FAMILY

- Provide all applicable information in the spaces below.
- Mark "N/A" if a category is not applicable or if the individual is deceased.

If you need additional space for your answers, attach additional sheets as needed. Be sure to indicate what section number and page this refers.

N/A	A. Father's Name:	D.O.B.:
Home Address:		
City:	State:	Zip:
Work Address:		
City:	State:	Zip:
Home Phone:	Cell Phone:	Work Phone:
Email:		

N/A	B. Step-Father's Name:	D.O.B.:
Home Address:		
City:	State:	Zip:
Work Address:		
City:	State:	Zip:
Home Phone:	Cell Phone:	Work Phone:
Email:		

N/A	C. Mother's Name:	D.O.B.:
Home Address:		
City:	State:	Zip:
Work Address:		
City:	State:	Zip:
Home Phone:	Cell Phone:	Work Phone:
Email:		

N/A	D. Step-Mother's Name:	D.O.B.:
Home Address:		
City:	State:	Zip:
Work Address:		
City:	State:	Zip:
Home Phone:	Cell Phone:	Work Phone:
Email:		

N/A **E. Spouse/Registered Domestic Partner's Name:**

D.O.B.:

Home Address:

City: State: Zip:

Work Address:

City: State: Zip:

Home Phone: Cell Phone: Work Phone:

Email: Years of Marriage:

Is there, or has there been, a restraining or stay-away order in effect for this individual? Yes No

N/A **F. Father-in-Law's Name:**

D.O.B.:

Home Address:

City: State: Zip:

Work Address:

City: State: Zip:

Home Phone: Cell Phone: Work Phone:

Email:

N/A **G. Mother-in-Law's Name:**

D.O.B.:

Home Address:

City: State: Zip:

Work Address:

City: State: Zip:

Home Phone: Cell Phone: Work Phone:

Email:

N/A **H. Former Spouse/Cohabitant's Name(s):**

D.O.B.: Male Female

Home Address:

City: State: Zip:

Work Address:

City: State: Zip:

Home Phone: Cell Phone: Work Phone:

Email: Years of Dissolution:

Is there, or has there been, a restraining or stay-away order in effect for this individual? Yes No

N/A I. Former Spouse/Cohabitant's Name(s):

D.O.B.: Male Female

Home Address:

City: State: Zip:

Work Address:

City: State: Zip:

Home Phone: Cell Phone: Work Phone:

Email: Years of Dissolution:

Is there, or has there been, a restraining or stay-away order in effect for this individual? Yes No

J. BROTHERS AND SISTERS: List all living siblings, including half-siblings, foster siblings, etc.

N/A 1. Name:

D.O.B.: Male Female

Home Address:

City: State: Zip:

Work Address:

City: State: Zip:

Home Phone: Cell Phone: Work Phone:

Email:

N/A 2. Name:

D.O.B.: Male Female

Home Address:

City: State: Zip:

Work Address:

City: State: Zip:

Home Phone: Cell Phone: Work Phone:

Email:

N/A 3. Name:

D.O.B.: Male Female

Home Address:

City: State: Zip:

Work Address:

City: State: Zip:

Home Phone: Cell Phone: Work Phone:

Email:

N/A 4. Name:

D.O.B.: Male Female

Home Address:

City: State: Zip:

Work Address:

City: State: Zip:

Home Phone: Cell Phone: Work Phone:

Email:

N/A 5. Name:

D.O.B.: Male Female

Home Address:

City: State: Zip:

Work Address:

City: State: Zip:

Home Phone: Cell Phone: Work Phone:

Email:

N/A 6. Name:

D.O.B.: Male Female

Home Address:

City: State: Zip:

Work Address:

City: State: Zip:

Home Phone: Cell Phone: Work Phone:

Email:

K. CHILDREN: List all of your living children, including natural, adopted, step, and/or foster care. Include any other children who reside with you. Provide the name and contact information of the custodial parent or guardian, if other than you

N/A 1. Name: Male Female

D.O.B.: Custodial parent or guardian (if other than you):

Address:

City: State: Zip:

Contact Number: Email:

N/A	2. Name:	Male	Female
D.O.B.:		Custodial parent or guardian (if other than you):	
Address:			
City:	State:	Zip:	
Contact Number:	Email:		
N/A	3. Name:	Male	Female
D.O.B.:		Custodial parent or guardian (if other than you):	
Address:			
City:	State:	Zip:	
Contact Number:	Email:		
N/A	4. Name:	Male	Female
D.O.B.:		Custodial parent or guardian (if other than you):	
Address:			
City:	State:	Zip:	
Contact Number:	Email:		
N/A	5. Name:	Male	Female
D.O.B.:		Custodial parent or guardian (if other than you):	
Address:			
City:	State:	Zip:	
Contact Number:	Email:		
N/A	6. Name:	Male	Female
D.O.B.:		Custodial parent or guardian (if other than you):	
Address:			
City:	State:	Zip:	
Contact Number:	Email:		

L. REFERENCES: List 7-10 people who know you well, such as social and family friends, co-workers, military acquaintances. Do not include relatives, employers, or housemates, or other individuals listed elsewhere.

1. Name:	Address:		
City:	State:	Zip:	
Company/Work Address:			
City:	State:	Zip:	
Home Phone:	Work Phone:	Cell Phone:	Email:
How do you know this person (friend, teacher, family, co-worker)?			
How long have you known this person?			

2. Name: Address:
City: State: Zip:
Company/Work Address:
City: State: Zip:
Home Phone: Work Phone: Cell Phone: Email:
How do you know this person (friend, teacher, family, co-worker)?
How long have you known this person?

3. Name: Address:
City: State: Zip:
Company/Work Address:
City: State: Zip:
Home Phone: Work Phone: Cell Phone: Email:
How do you know this person (friend, teacher, family, co-worker)?
How long have you known this person?

4. Name: Address:
City: State: Zip:
Company/Work Address:
City: State: Zip:
Home Phone: Work Phone: Cell Phone: Email:
How do you know this person (friend, teacher, family, co-worker)?
How long have you known this person?

5. Name: Address:
City: State: Zip:
Company/Work Address:
City: State: Zip:
Home Phone: Work Phone: Cell Phone: Email:
How do you know this person (friend, teacher, family, co-worker)?
How long have you known this person?

6. Name: Address:

City: State: Zip:

Company/Work Address:

City: State: Zip:

Home Phone: Work Phone: Cell Phone: Email:

How do you know this person (friend, teacher, family, co-worker)?

How long have you known this person?

7. Name: Address:

City: State: Zip:

Company/Work Address:

City: State: Zip:

Home Phone: Work Phone: Cell Phone: Email:

How do you know this person (friend, teacher, family, co-worker)?

How long have you known this person?

8. Name: Address:

City: State: Zip:

Company/Work Address:

City: State: Zip:

Home Phone: Work Phone: Cell Phone: Email:

How do you know this person (friend, teacher, family, co-worker)?

How long have you known this person?

SECTION 3: EDUCATION

NOTE: You will be required to furnish transcripts or other proof to support all of your educational claims.

Check applicable: High School Diploma GED Discharge documents from armed services with 2 years active duty

List high schools attended or where you obtained your GED:

1. Name: City: State:

From: To: Did you graduate? Yes No

2. Name: City: State:

From: To: Did you graduate? Yes No

List all colleges or universities attended:

1. Name: City: State:

From: To: Type of Degree Earned: Total Units Earned:

2. Name: City: State:

From: To: Type of Degree Earned: Total Units Earned:

3. Name:	City:	State:
From:	To:	Type of Degree Earned:
Total Units Earned:		

List any trade, vocational, or business schools/institutes attended:

1. Name:	From:	To:
Type of school or training:	City:	State:
Did you complete the course?	Yes	No
2. Name:	From:	To:
Type of school or training:	City:	State:
Did you complete the course?	Yes	No
3. Name:	From:	To:
Type of school or training:	City:	State:
Did you complete the course?	Yes	No

Have you ever been placed on academic discipline, suspended, or expelled from any high school, college/university, business, or trade school? Yes No

If yes, describe in detail below. Starting with high school, list any disciplinary actions received in any school or educational institution. Include when the disciplinary action(s) occurred, name of school(s), and explanation of circumstances.

SECTION 4: RESIDENCES

LIST OF RESIDENCES

- List all residences during the last ten years or since age 17. Provide complete addresses (include markers such as Street, Drive, Road, East, West, etc., and unit or apartment number). Do not use P.O. Boxes.
- If the residence is a military base, identify the name of the base in the address, nearest city, state, and zip code. DO NOT LIST military barracks mates, unless you shared individual quarters.
- If you need additional space for your answers, attach additional sheets as needed. Be sure to indicate what section number and page this refers to.

1. Current Residence Address:

City:	State:	Zip:
If renting; property manager, rent collector, or owner:		Contact Number:
Address of property mgr., rent collector, or owner:		Email:
City:	State:	Zip:
From:	To:	
N/A Name(s) of those with whom you live:		

2. Former Address:

City:	State:	Zip:
If renting; property manager, rent collector, or owner:		Contact Number:
Address of property mgr., rent collector, or owner:		Email:
City:	State:	Zip:
From:	To:	
N/A Name(s) of those with whom you live:		

Reason for moving:

3. Former Address:

City:	State:	Zip:
If renting; property manager, rent collector, or owner:		Contact Number:
Address of property mgr., rent collector, or owner:		Email:
City:	State:	Zip:
From:	To:	
N/A Name(s) of those with whom you live:		

Reason for moving:

4. Former Address:

City: State: Zip:

If renting; property manager, rent collector, or owner: Contact Number:

Address of property mgr., rent collector, or owner: Email:

City: State: Zip:

From: To:

N/A Name(s) of those with whom you live:

Reason for moving:

5. Former Address:

City: State: Zip:

If renting; property manager, rent collector, or owner: Contact Number:

Address of property mgr., rent collector, or owner: Email:

City: State: Zip:

From: To:

N/A Name(s) of those with whom you live:

Reason for moving:

6. Former Address:

City: State: Zip:

If renting; property manager, rent collector, or owner: Contact Number:

Address of property mgr., rent collector, or owner: Email:

City: State: Zip:

From: To:

N/A Name(s) of those with whom you live:

Reason for moving:

7. Former Address:

City: State: Zip:

If renting; property manager, rent collector, or owner: Contact Number:

Address of property mgr., rent collector, or owner: Email:

City: State: Zip:

From: To:

N/A Name(s) of those with whom you live:

Reason for moving:

Provide contact information for all housemates listed in the above entries for Section 4 that you have resided with during the past 10 years, or since the age of 17. DO NOT list anyone for whom you have already provided contact information. If you need additional space for your answers, attach additional sheets as needed. Be sure to indicate what section number and page this refers to.

1. Housemate Name: Contact Number: Email:
Current Street Address:
City: State: Zip:
Nature of relationship (friend, relative, landlord, housemate only):

2. Housemate Name: Contact Number: Email:
Current Street Address:
City: State: Zip:
Nature of relationship (friend, relative, landlord, housemate only):

3. Housemate Name: Contact Number: Email:
Current Street Address:
City: State: Zip:
Nature of relationship (friend, relative, landlord, housemate only):

4. Housemate Name: Contact Number: Email:
Current Street Address:
City: State: Zip:
Nature of relationship (friend, relative, landlord, housemate only):

5. Housemate Name: Contact Number: Email:
Current Street Address:
City: State: Zip:
Nature of relationship (friend, relative, landlord, housemate only):

6. Housemate Name: Contact Number: Email:
Current Street Address:
City: State: Zip:
Nature of relationship (friend, relative, landlord, housemate only):

Have you ever been evicted or asked to leave a residence? Yes No

Have you ever left a residence owing rent? Yes No

If you answered "Yes" to either of the two questions above, explain (include when, where, and circumstances):

SECTION 5: EXPERIENCE AND EMPLOYMENT

JOB EXPERIENCE

- Have you EVER served as a Peace Officer, Jailer, or Telecommunicator in another state OR another country? Yes No
If YES, list below.
- List ALL jobs you have had in the last ten years, including part-time, temporary, self-employment, and volunteer. (Begin with your most current. If more space is needed, continue your response on the additional space page at the end of the Personal History Statement).
- If you have military experience, including reserve duty, enter your military base, assignments, or unit of assignment. Include ALL military services.
- List ALL periods of unemployment in excess of 30 days.

1. Name of Employer or Military Unit: From: To:

Address or Base:

City: State: Zip:

Supervisor: Contact Number: Email:

Job Title: Reason for Leaving:

Duties/Assignments:

Full-Time Part-Time Temporary Self-Employed Unemployed

Names of Co-Worker(s) and their Phone Number(s):

Would there be a problem if we contact your current employer? Yes No

If yes, explain:

2. Period of Unemployment

From: To:

Check if applicable: Student Between jobs Leave of absence Travel Other

3. Name of Employer or Military Unit:

From:

To:

Address or Base:

City:

State:

Zip:

Supervisor:

Contact Number:

Email:

Job Title:

Reason for Leaving:

Duties/Assignments:

Full-Time

Part-Time

Temporary

Self-Employed

Unemployed

Names of Co-Worker(s) and their Phone Number(s):

4. Period of Unemployment

From:

To:

Check if applicable:

Student

Between jobs

Leave of absence

Travel

Other

5. Name of Employer or Military Unit:

From:

To:

Address or Base:

City:

State:

Zip:

Supervisor:

Contact Number:

Email:

Job Title:

Reason for Leaving:

Duties/Assignments:

Full-Time

Part-Time

Temporary

Self-Employed

Unemployed

Names of Co-Worker(s) and their Phone Number(s):

6. Period of Unemployment

From:

To:

Check if applicable:

Student

Between jobs

Leave of absence

Travel

Other

7. Name of Employer or Military Unit:

From:

To:

Address or Base:

City:

State:

Zip:

Supervisor:

Contact Number:

Email:

Job Title:

Reason for Leaving:

Duties/Assignments:

Full-Time

Part-Time

Temporary

Self-Employed

Unemployed

Names of Co-Worker(s) and their Phone Number(s):

8. Period of Unemployment

From:

To:

Check if applicable:

Student

Between jobs

Leave of absence

Travel

Other

9. Name of Employer or Military Unit:

From:

To:

Address or Base:

City:

State:

Zip:

Supervisor:

Contact Number:

Email:

Job Title:

Reason for Leaving:

Duties/Assignments:

Full-Time

Part-Time

Temporary

Self-Employed

Unemployed

Names of Co-Worker(s) and their Phone Number(s):

10. Period of Unemployment

From:

To:

Check if applicable:

Student

Between jobs

Leave of absence

Travel

Other

11. Name of Employer or Military Unit:

From:

To:

Address or Base:

City:

State:

Zip:

Supervisor:

Contact Number:

Email:

Job Title:

Reason for Leaving:

Duties/Assignments:

Full-Time

Part-Time

Temporary

Self-Employed

Unemployed

Names of Co-Worker(s) and their Phone Number(s):

12. Period of Unemployment

From:

To:

Check if applicable:

Student

Between jobs

Leave of absence

Travel

Other

13. Name of Employer or Military Unit:

From:

To:

Address or Base:

City:

State:

Zip:

Supervisor:

Contact Number:

Email:

Job Title:

Reason for Leaving:

Duties/Assignments:

Full-Time

Part-Time

Temporary

Self-Employed

Unemployed

Names of Co-Worker(s) and their Phone Number(s):

14. Period of Unemployment

From:

To:

Check if applicable:

Student

Between jobs

Leave of absence

Travel

Other

15. Name of Employer or Military Unit:

From:

To:

Address or Base:

City:

State:

Zip:

Supervisor:

Contact Number:

Email:

Job Title:

Reason for Leaving:

Duties/Assignments:

Full-Time

Part-Time

Temporary

Self-Employed

Unemployed

Names of Co-Worker(s) and their Phone Number(s):

16. Period of Unemployment

From:

To:

Check if applicable:

Student

Between jobs

Leave of absence

Travel

Other

17. Name of Employer or Military Unit:

From:

To:

Address or Base:

City:

State:

Zip:

Supervisor:

Contact Number:

Email:

Job Title:

Reason for Leaving:

Duties/Assignments:

Full-Time

Part-Time

Temporary

Self-Employed

Unemployed

Names of Co-Worker(s) and their Phone Number(s):

18. Have you ever been disciplined at work? (This includes written warnings, formal letters of reprimands, suspensions, reductions in pay, reassignments, or demotions). Yes No

19. Have you ever been fired, released from probation, or asked to resign from any place of employment? Yes No

20. Were you ever involved in a physical/verbal altercation with a supervisor, co-worker, or customer? Yes No

21. Have you ever resigned without giving two weeks-notice? Yes No

22. Have you ever resigned in lieu of termination? Yes No

23. Have you ever been accused of discrimination (such as sexual harassment, racial bias, sexual orientation harassment, etc.) by a co-worker, superior, subordinate, and/or customer? Yes No

24. Were you ever the subject of a written complaint at work? Yes No
25. Have you ever been counseled at work due to lateness or absences? Yes No
26. Did you ever receive an unsatisfactory performance review? Yes No
27. Have you ever sold, released, or given away legally confidential information? Yes No
28. Have you ever called in sick when you were neither sick nor caring for a sick family member? Yes No

If yes, how many sick days have you used in the past five years which were not due to illness?

If you answered "Yes" to any of Questions 18 – 28 (at the bottom of the previous page and above), explain (include when, where, and circumstances; indicate the corresponding question number):

Has your work performance ever been affected by your use of alcohol or drugs? Yes No

When? Name of Employer:

In the past ten years, have you been warned by an employer about your drinking or drug habits and their impact on your performance? Yes No

When? Name of Employer:

SECTION 6: MILITARY EXPERIENCE

(Complete for all branches of the military served. Add pages if necessary).

1. Are you required to register for the Selective Service? Yes No

2. If yes, have you registered? Yes No

If no, explain:

Branch of Service: Dates Served From: To:

Type of Discharge: Entry Level Honorable General Other than Honorable

Re-entry Code (1 – 4) if applicable; *refer to your DD-214*:

3. Are you currently participating in one of the following? Military Reserve National Guard

If checked, date obligation ends:

4. Have you ever been the subject of any judicial or non-judiciary disciplinary action (such as, court martial, captain's mast, office hours, company punishment)? Yes No

5. Were you ever denied a security clearance, or had a clearance revoked, suspended or downgraded, either military or any other federal, state, or municipal clearance? Yes No

If you answered "Yes" to either of the last two questions (questions 4 and 5), explain. Include dates and circumstances.

SECTION 7: FINANCIAL

INCOME AND EXPENSES:

For each of the following questions, fill in the amounts to the nearest dollar.

1. From your employer(s), what is your monthly income?

2. Do you have income other than from your salary or wages? Yes No

If yes, fill in amount: per month Explain:

3. Approximately how much do you spend each month? (Estimate your monthly living expenses, include housing, utilities, credit cards or other loan payments, food, gas and car maintenance, entertainment, etc., as well as any other obligations you may have).

4. Have you ever filed for or declared bankruptcy (Chapter 7, 11 or 13)? Yes No

5. Have any of your bills ever been turned over to a collection agency? Yes No

6. Have you ever had purchased goods repossessed? Yes No

7. Have your wages ever been garnished? Yes No

8. Have you ever been delinquent on income or other tax payments? Yes No

9. Have you ever failed to file income tax or cheated/lied on an income tax form? Yes No

10. Have you ever had an employment bond refused? Yes No

11. Have you ever avoided paying any lawful debt by moving away? Yes No

12. Have you ever defaulted on a loan, including a student loan? Yes No

13a. Have you ever borrowed money to pay for a gambling debt? Yes No

13b. If "Yes," do you currently have any outstanding debts as a result of gambling? Yes No

14. Have you ever spent money for illegal purposes (e.g., illegal drugs, prostitution, purchase fraudulent documents, etc.)?
Yes No

15. Have you ever failed to make or been late on a court-ordered payment e.g., child support, alimony, restitution, etc.)?
Yes No

16. Have you written three or more bad checks in a one-year period? Yes No

17. Are you in arrears on court-ordered child support? Yes No

If you answered “Yes” to any of Questions 4 – 17 (on the previous page and above), explain. Include when, where, and why and indicate the corresponding question number:

SECTION 8: LEGAL

Disclosure of Citations, Arrests, and Convictions:

This section requires you to report detentions, arrest, and convictions, including diversion programs and, in some cases, offenses that may have been pardoned. As a licensed applicant, you are required to disclose this information, unless specifically exempted by state or federal law.

- ALL detentions or arrests, whether they resulted in a conviction or not
- ALL convictions
- ALL diversion programs
- ALL citations, excluding traffic tickets (may have been detained and/or received a Class C for disorderly conduct, prostitution, assault, etc., without actual arrest)

If you need additional space for your answers, attach additional sheets as needed. Be sure to indicate what section, question number, and page it refers.

Have you EVER been detained for investigation, held on suspicion, questioned, fingerprinted, arrested, indicted, criminally charged, or convicted of any misdemeanor or felony offense in this state or in any other legal jurisdiction (including offenses punishable under the Uniform Code of Military Justice)? Yes No

If yes, explain each incident:

1. Approximate Date: Arresting or detaining agency:

Charge:

Disposition or Penalty:

2. Approximate Date: Arresting or detaining agency:

Charge:

Disposition or Penalty:

3. Approximate Date: Arresting or detaining agency:

Charge:

Disposition of Penalty:

4. Approximate Date: Arresting or detaining agency:

Charge:

Disposition or Penalty:

5. Have you ever been placed on court probation as an adult? Yes No
6. Have you ever been convicted of any charge that would prevent you from legally possessing a firearm or ammunition?
Yes No
7. Were you ever required to appear before a juvenile court for an act which would have been a crime, if committed as an adult? Yes No
8. Have you ever been a party in a civil lawsuit (e.g., small claims actions, dissolutions, child custody, paternity, support, etc.)?
Yes No
9. Have the police ever been called to your home for any reason? Yes No
10. Have you or your spouse/partner ever been referred to Child Protective Services? Yes No
11. Have you ever been the subject of an emergency protective, restraining, or stay-away order? Yes No
12. Have you settled any civil suit in which you, your insurance company, or anyone else on your behalf was required to make payment to the other party? Yes No
13. Have you ever fraudulently received welfare, unemployment compensation, compensation, or other state or federal assistance? Yes No
14. Have you ever filed a false insurance or workers' compensation claim? Yes No

If you answered "Yes" to any of Questions 5 – 14 (above), explain. Include court case or document, dates, and circumstances. Indicate the corresponding question number:

Undetected Acts – Part 1

Within the past **seven** years **OR** at any time after you were first employed in law enforcement, have you ever committed any of the following misdemeanors?

15. Annoying/obscene phone calls Yes No
16. Assault (use of force or violence upon another) Yes No
17. Assault on a family member (use of force or violence upon a family member) Yes No
18. Brandishing a weapon (any type of weapon) Yes No
19. Carrying a concealed weapon without a permit Yes No
20. Contributing to the delinquency of a minor Yes No
21. Defrauding an innkeeper (not paying for food or room at a hotel/motel) Yes No
22. Driving under the influence of alcohol and/or drugs Yes No

- | | | |
|--|-----|----|
| 23. Drunk in public (being so intoxicated in a public place that you're not able to care for yourself) | Yes | No |
| 24. Hit and run collision (no injuries) | Yes | No |
| 25. Hunting or fishing without a license | Yes | No |
| 26. Illegal gambling | Yes | No |
| 27. Impersonating a peace officer | Yes | No |
| 28. Indecent exposure (including flashing or mooning) | Yes | No |
| 29. Joyriding (using a car or other vehicle without owner's permission) | Yes | No |

Undetected Acts – Part 1

At any time in your life, have you **ever** committed any of the following?

- | | | |
|---|-----|----|
| 30. Arson (intentionally destroying property by setting a fire) | Yes | No |
| 31. Assault with a deadly weapon | Yes | No |
| 32. Theft of a vehicle and/or vehicle parts | Yes | No |
| 33. Burglary (entering a structure or vehicle to commit theft or other crime) | Yes | No |
| 34. Child molestation (performing unlawful acts with a child) | Yes | No |
| 35. Accessing, producing, or possessing child pornography | Yes | No |
| 36. Injury to a child, elderly, and/or disabled | Yes | No |
| 37. Embezzlement (theft of money or other valuables entrusted to you) | Yes | No |
| 38. Felony drunk driving (involving injuries) | Yes | No |
| 39. Forcible rape or other act of unlawful intercourse/sexual activity | Yes | No |
| 40. Forgery (falsifying any type of document, check certificate, license, currency, etc.) | Yes | No |
| 41. Hit and run (with injuries) | Yes | No |
| 42. Hate crime | Yes | No |
| 43. Insurance fraud | Yes | No |
| 44. Theft (value of over \$500 and/or any firearm) | Yes | No |
| 45. Murder, homicide, or attempted murder | Yes | No |
| 46. Perjury (lying under oath) | Yes | No |
| 47. Possession of an explosive/destructive device | Yes | No |
| 48. Robbery (theft from another person using a weapon, force, or fear) | Yes | No |
| 49. Stalking | Yes | No |
| 50. Blackmail or extortion | Yes | No |
| 51. Any other act amounting to a felony | Yes | No |

If you answered “**YES**” to **any** of the Questions 15 – 51 (on the previous two pages), fully explain circumstances, including dates, names of individuals involved, and resolution. Indicate the corresponding question number for each explanation.

Questions about your current and past recreational drug use. This covers the use of **any** drug, including the unauthorized use of prescription drugs. Your answers should include, **but not limited to**, your use of any of the following drugs.

Amphetamines/Methamphetamine Uppers, Speed, Crank, etc.	Heroin/Opium
Barbiturates (Downers)	Marijuana
Cocaine/Crack Cocaine	Mescaline
Designer Drugs (Ecstasy, Synthetic Heroin, etc.)	Morphine
GHB (Date Rape Drug)	PCP/Angel Dust
Glue	Quaaludes
Hallucinogens (Peyote, LSD, Mushrooms)	Steroids
Hashish/Hashish Oil	Tetrahydrocannabinol (THC)

52. Within the past three years, have you used any non-prescribed drug(s) as indicated above or unauthorized prescription drugs? Yes No

If yes, give details, including drug(s) used and circumstances:

53. Prior to the past three years (check all that apply):

I have never used any drug recreationally.

I have tried or used one or more drugs listed above, but only under limited circumstances (for example: experimentation, at parties, concerts, special events, etc.).

If you have, give details including drug(s) used, most recent date used, and circumstances:

List your current liability insurance on your vehicle(s):

4. Type of Coverage: Insured Bonded Cash Deposit

Vehicle Make/Model: Year: Vehicle License:

Insurance Company: Policy Number: Expires:

Address:

City: State: Zip: Contact Number:

5. Type of Coverage: Insured Bonded Cash Deposit

Vehicle Make/Model: Year: Vehicle License:

Insurance Company: Policy Number: Expires:

Address:

City: State: Zip: Contact Number:

6. Type of Coverage: Insured Bonded Cash Deposit

Vehicle Make/Model: Year: Vehicle License:

Insurance Company: Policy Number: Expires:

Address:

City: State: Zip: Contact Number:

7. Type of Coverage: Insured Bonded Cash Deposit

Vehicle Make/Model: Year: Vehicle License:

Insurance Company: Policy Number: Expires:

Address:

City: State: Zip: Contact Number:

List all traffic citations, excluding parking citations, that you have received within the past seven years:

8. Nature of Violation:

Location (Street, City, State, Zip):

Date Violation Occurred: Action Taken: Not Guilty Fined Traffic School Dismissed

9. Nature of Violation:

Location (Street, City, State, Zip):

Date Violation Occurred: Action Taken: Not Guilty Fined Traffic School Dismissed

10. Nature of Violation:

Location (Street, City, State, Zip):

Date Violation Occurred: Action Taken: Not Guilty Fined Traffic School Dismissed

Has a traffic citation ever resulted in a warrant or caused your driver's license to be withheld due to any of the following? (Check all that apply).

Failed to appear Failed to complete traffic school Failed to pay the required fine

If checked, explain circumstances:

Have you been involved as the driver in a motor vehicle accident within the past seven years? Yes No

If yes, give details:

11. Date: Location (Street, City, State, Zip):

Police Report? Yes No Injury or Non-Injury? Injury Non-Injury

Law Enforcement Agency:

12. Date: Location (Street, City, State, Zip):

Police Report? Yes No Injury or Non-Injury? Injury Non-Injury

Law Enforcement Agency:

13. Date: Location (Street, City, State, Zip):

Police Report? Yes No Injury or Non-Injury? Injury Non-Injury

Law Enforcement Agency:

14. Date: Location (Street, City, State, Zip):

Police Report? Yes No Injury or Non-Injury? Injury Non-Injury

Law Enforcement Agency:

SECTION 10: SOCIAL MEDIA SITES

Have you ever had a social media site (i.e. Facebook, My Space, Instagram, Snapchat etc.)? Yes No

List all social media sites, blogs, and/or websites you have created. Provide the website URL and your username.

SECTION 11: ADDITIONAL SPACE

- Duplicate this page as needed to include additional information that does not fit elsewhere on this form (e.g., additional family members, schools, residences, employers, explanations to questions, etc.).
- Identify the corresponding section, question number, and specific item being referenced.

SECTION 12: CERTIFICATION

I hereby certify that I have personally completed and initialed each page of this form and any supplemental page(s) attached, and that all statements made are true and complete to the best of my knowledge and belief. I understand that any misstatement of material fact may subject me to disqualification; or, if I have been appointed, may disqualify me from continued employment.

Signature of Applicant

Date

Sworn to and subscribed before me, this the _____ day of _____, _____.

Notary public in and for, State of _____.

My commission expires: _____ / _____ / _____.

Printed Name of Notary

Signature of Notary

Notary Seal or Stamp:

AGREEMENT OF CONFIDENTIALITY

This document must be signed in the presence of a Notary Public.

I, _____ having filed an application for employment with the Mansfield ISD Police Department, hereby acknowledge that I understand that in conjunction with the processing of said application, a very thorough and comprehensive background investigation will be conducted in order to determine my qualifications for acceptance by the Mansfield ISD Police.

I further understand that the said investigation will be confidential in its nature and the said investigation will be designed to thoroughly and completely explore my personal background.

I also understand that certain information will be obtained during confidential interviews with persons with whom I have been associated. Therefore, I understand that the information obtained pursuant to said investigation will be kept in confidence and will be utilized only by authorized staff members of the Mansfield ISD in ascertaining my suitability for employment by the Mansfield ISD Police Department.

I further acknowledge that the contents of the background investigation cannot and will not be divulged to me, even upon rejection of my application.

I have read and understand the foregoing and hereby agree to comply with the provisions thereof as they may affect me. I further agree to release the Mansfield Independent School District, its employees, officers, agents, servants, and/or attorneys from any liabilities, damages, and all claims or causes of action of any kind which may arise from my filing this application for employment with the Mansfield ISD Police Department.

State of Texas, County of Tarrant

Before me, the undersigned authority, on this day personally appeared the person whose signature is affixed upon the line designated "Applicant", and upon his/her oath states that he/she is an applicant for employment with the Mansfield ISD Police and that he/she has executed the foregoing document voluntarily and knowingly for the purpose therein set out.

X _____

Applicant Signature

Sworn to and subscribed before me on the _____ day of _____ year _____.

Notary Public in and for the State of Texas, County of Tarrant

My commission expires: _____

Authorization for the Release of Personal Information

This document must be signed in the presence of a Notary Public

I _____ do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the Mansfield ISD Police Department, whether the said records are public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions, financial or credit institutions, including records of loans, the records of commercial or retail credit agencies (including credit reports and/or ratings); and other financial statements and records wherever filed, employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me, the results of any internal affairs investigations and the records of recollections of attorneys at law, or of other counsel whether representing me or another person in any case, either criminal or civil in which I presently have, or had interest.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part, upon release authorization will be considered in determining my suitability for employment by the Mansfield ISD Police department. I also certify any person(s) who may furnish such information; and I do hereby release, indemnify and hold harmless any individual furnishing such personal information to the Mansfield ISD Police Department and/or the Mansfield Independent School District, its employees, officers, agents, servants, and/or attorneys of and from any and all claims and causes of action of any kind.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

State of Texas, County of Tarrant

Before me, the undersigned authority, on this day personally appeared the person whose signature is affixed upon the line designated "Applicant", and upon his/her oath states that he/she is an applicant for employment with the Mansfield ISD Police and that he/she has executed the foregoing document voluntarily and knowingly for the purpose therein set out.

X _____

Applicant Signature

Sworn to and subscribed before me on the _____ day of _____ year _____.

_____ Notary Public in and for the State of Texas, County of Tarrant

My commission expires: _____