



# Memo

**To:** Applicants to the **2024/25 Basic Peace Officer Course**

**From:** Janna Atkins, Criminal Justice Training Coordinator

**Subject:** Application Paperwork

**Date:** August 2024

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Thank you for your interest in the **2024/25 Basic Peace Officer licensing academy**. Our records indicate that you have either turned in a pre-enrollment form or have requested an application packet.

This year we will be providing two academies – both class locations will be in Abilene, TX.

The **evening** class is scheduled to begin on **November 18, 2024**. The evening academy classes are 6:00 p.m. to 10:00 p.m. Monday – Friday and 8:00 a.m. to 5:00 p.m. on Saturdays. End date will be **June 2025**

The **day** class is scheduled to begin on **January 13, 2025**. The day academy classes are 8:00 a.m. to 5:00 p.m. Monday – Friday. End date will be **June 2025**

The application process is the same for either academy you choose. You will find enclosed the necessary paperwork to begin the application process.

**Please note:** There are specific deadlines for turning in all paperwork. Indicate which academy you are interested in – day or evening – on the front of the application.

Each section of the application packet has an instruction sheet that will tell you how to proceed with the necessary paperwork. **ALL** required paperwork needs to be addressed. Please feel free to contact our office at (325)672-1197 if you have questions regarding the application process.

We are looking forward to meeting you soon.

JAA

Enclosures

# **APPLICANT PAPERWORK**

# APPLICATION DIRECTIONS

## TO THE APPLICANT:

In your packet, you will find two groups of forms. The first group of forms pertains to your *FAST Fingerprinting and Personal History Statement*. The second group pertains to your *Background Investigation Sponsorship Paperwork and Letter for Admission*. It is strongly suggested to complete the steps in order.

1. **FINGERPRINT SUBMISSION:** You are required to submit your fingerprints for a criminal history check through *Fingerprint Applicant Services of Texas (FAST)*. Any prior submissions of fingerprints are not acceptable. **This MUST be completed before contacting the sponsoring agency (Step #3).** The instruction for submission is included in this packet. After your fingerprints are submitted, you **must** provide a COPY OF RECEIPT to your sponsoring agency before they can submit the "Letter for Admission".
2. **PERSONAL HISTORY STATEMENT (PHS):** All applicants must complete and return the original PHS to the academy office by the application deadline either in person or by mail to:  
  
West Central Texas Law Enforcement Academy, 3650 Loop 322, Abilene, TX. 79602.  
  
Please follow all instructions on the PHS carefully. **IT IS NOT THE RESPONSIBILITY OF THE SPONSORING AGENCY TO TURN THIS IN. The PHS needs to be filled out in its entirety prior to contacting your sponsoring agency (Step #3).** Your sponsoring agency may request a copy of your PHS. If you are in need of a notary, the WCTLEA office can provide the service.
3. **BACKGROUND INVESTIGATION AND LETTER FOR ADMISSION (SPONSORSHIP):** All applicants must have a sponsorship/background investigation done if not currently employed/licensed by an agency. The sponsoring agency paperwork is included separately. You must contact the agency and make an appointment to meet in person with the agency. Please bring **completed** paperwork from Step #1, #2, #4 – 6 (if applicable)

The "Letter for Admission" (sponsorship) is only a background investigation, and IN NO WAY OBLIGATES THE DEPARTMENT TO THE APPLICANT. The letter must be signed by the AGENCY ADMINISTRATOR and returned to our office by the deadline. IT IS THE APPLICANT'S RESPONSIBILITY TO SEE THAT THE LETTER FOR ADMISSION IS RETURNED TO OUR OFFICE BY SPONSORING AGENCY NO LATER THAN THE APPLICATION DEADLINE. If you do not have an agency to do the "Letter for Admission" for you, you may contact one of the following agencies\*:

### ABILENE AREA:

- Sweetwater Police Department, contact Chief Sheridan (325)236-6686
- Nolan County Sheriff's Department in Sweetwater, contact Chief Deputy McDonald (325)235-5471.
- Breckenridge Police Department, contact Chief Johnson (254)559-2211
- Eastland Police Department, contact Captain Wilson (254)629-1700
- Eastland County Sheriff Office, contact Sheriff Wager or Chief Deputy Simcik (254)629-1774 option #7
- Stephens County Sheriff Office, contact Sheriff Roach (254)559-2481
- Merkel Police Department, contact Chief Conklin, (325)928-4766, Ext. #110; (325)899-7700

### BROWNWOOD AREA:

- Brownwood Police Department, contact Asst. Chief Fuller (325)646-2525
- Early Police Department, contact Chief Mercer (325)646-5322

\* The sponsoring agency may require a processing fee for the background investigation.

4. **DD-214:** All applicants who have served in the military must submit a copy of their DD-214 (Copy 4) along with the *Personal History Statement*. The DD-214 **MUST** show the applicant's characterization of service.

If applicant desires to obtain G.I. Bill benefits for this academy, applicant must also submit a copy of Military Transcripts AND Certificate of Eligibility by the first day of the academy.

5. **HIGH SCHOOL TRANSCRIPT:** Each applicant MUST submit a certified transcript from the school stating that you did graduate and the date of graduation.
6. **GED:** All applicants who have passed a general education development (GED) test must submit a copy of this certificate or if no high school graduation/GED, proof of an honorable discharge from the armed forces of the United States after at least 24 months of active duty service.
7. **DRIVER'S LICENSE RECORD:** All applicants MUST submit a certified copy of their driver's license record. All applicants that possess a Texas Driver's license can access a certified copy from the Texas Department of Public Safety website: <https://txapps.texas.gov/tolapp/txldr/cdr/TXDPSLicenseeManager>. Follow directions to "Request a driver record". A certified copy is the TYPE 3A request. Applicant is responsible for the current required fee. Academy staff can assist with this process if internet access and/or printer is unavailable. If currently licensed out of state, applicant MUST submit a certified copy from respective state.
8. **READING COMPREHENSION TESTING:** All applicants must take and pass the current approved reading comprehension test to be eligible for entry into the basic Academy. This test can be administered by WCTLEA staff. Contact our office at (325)672-1197 to schedule. If you have already taken an approved reading comprehension test through college/university (i.e. Accuplacer; TSI) you will need to contact academy staff. A copy of this form showing your score must be included with your *PHS*.

After completing steps #1-8, the completed application packet **MUST** be postmarked **OR** turned into the office **no later than 5:00 p.m. OCTOBER 3, 2024**. It is the applicant's responsibility to assure that application packet is received by the deadline. The packet will be considered incomplete if all steps have NOT been completed.

Once your completed *Letter for Admission* and *Personal History Statement* are received from your sponsoring agency, you will be notified of the date and time of your appointment with the Oral Interview Board.

Tuition is due no later than the first day of class and is **NON-REFUNDABLE AFTER THE FIRST DAY OF CLASS**. Tuition for this Basic Peace Officer licensing academy is \$2,100. The Law Enforcement Academy does not offer financial aid for tuition. Additional fees for uniforms and ammunition will also be required by the first day of class. However, if you are experiencing a hardship with the additional fees, please contact academy staff. Current additional fee total is \$650.00 but may change before the start of the academy based on academy costs.

The West Central Texas Regional Law Enforcement Academy is currently a qualified school under various G.I. Bills (see step #4). Please contact our office as soon as possible for more information on the qualification process. However, tuition must be paid up front and will be reimbursed if you are qualified by the Veterans Affairs.

**ALL APPLICATION PAPERWORK IS DUE TO THE ACADEMY NO LATER THAN OCTOBER 3, 2024.**

If you have questions regarding the application process, you may contact any of the following:

Janna Atkins, C.J. Manager:	(325)672-1197, Option #2
Irene Laurance, C.J. Planner:	(325)672-1197, Option #1
Adriana Munoz, 9-1-1 Training Coordinator:	(325)672-8544, Ext. #122
Law Enforcement Academy Fax:	(325)676-9541

# PAPERWORK CHECKLIST FOR APPLICANT

\_\_\_\_\_ *Applicant Name*

\_\_\_\_\_ Age

\_\_\_\_\_ Personal History Statement

\_\_\_\_\_ Certified Birth Certificate

\_\_\_\_\_ Certified Driver's License Record

\_\_\_\_\_ Reading Comprehension Test \_\_\_\_\_ Score. Type of test: \_\_\_\_\_

\_\_\_\_\_ Certified High School Transcript or GED

\_\_\_\_\_ College Transcript (if applicable)

\_\_\_\_\_ DD-214 Showing Discharge Status

\_\_\_\_\_ Military Certificate of Eligibility (if applying for G.I. bill Benefits)

\_\_\_\_\_ Military Transcript (if applying for G.I. Bill benefits)

\_\_\_\_\_ Letter for Admission\*    Sponsoring LE Agency \_\_\_\_\_

\_\_\_\_\_ Statement Regarding Criminal History\*

\_\_\_\_\_ Authorization to Release Information\*

\*Sponsoring Agency doing the background investigation should send the above paperwork directly to the Academy.

**PLEASE NOTE:** If you are a current employee and future or current TCOLE Licensee of sponsoring agency, you will only need to submit the completed Personal History Statement.

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## FINGER PRINT INSTRUCTION FORM

### TEXAS COMMISSION ON LAW ENFORCEMENT (TCOLE/Service Code 11G4J8)

1. Schedule an appointment to be electronically fingerprinted by MorphoTrust USA at one of their IdentoGo enrollment centers.
  - Internet based scheduling is the quickest and most convenient way to obtain a fingerprint appointment.
    - a. **You may begin the process by visiting this link: <https://identogo.com>**
    - b. Enter zip code to find nearest location
    - c. Click – the nearest location for you and then “Schedule Appointment”
    - d. Click – digital fingerprinting
    - e. Enter Service Code: **11G4J8**
    - f. Schedule your appointment accordingly.
    - g. Academy Number: **LE- 511457**
  - If you prefer to schedule over the telephone, you must:
    - a. Have your Service Code ready (**11G4J8**), then call **888.467.2080**;
    - b. MorphoTrust will prompt you for the Service Code (**11G4J8**);
    - c. Schedule your appointment accordingly.
2. Arrive at your scheduled appointment with your photo identification and fee (\$39.75).
  - If you plan on bringing a form of identification other than a valid (unexpired) TX Driver License, please refer to the Department of Public Safety’s acceptable document types here:  
<http://www.l1enrollment.com/state/forms/tx/55fc619a7f7aa.doc>
  - MorphoTrust accepts Visa/MasterCard/Discover/American Express, business checks, money orders and coupon codes (employer accounts) at the time of service.
  - Please note that personal checks and cash are **not accepted**.
3. Your fingerprints will be submitted electronically to DPS and the FBI. You will not receive a printed fingerprint card.
4. At the conclusion of your appointment, the MorphoTrust enrollment agent will provide you with an IdentoGo receipt stating that you were fingerprinted.
  - Do not throw away the receipt;
  - You may check status on your submission by clicking on this link:  
<https://uenroll.identogo.com/servicecode/11G4J8> and then;
  - Click “**Check Status**”

Fingerprints provided for this application shall be used to check criminal history records of the Texas Department of Public Safety and the Federal Bureau of Investigation, in accordance with applicable statutes.

TEXAS COMMISSION ON LAW ENFORCEMENT

TCOLE

AGENCY NAME: West Central TX Reg. Law Enforcement Academy

APPLICANT'S PERSONAL HISTORY STATEMENT

PERSONAL HISTORY STATEMENT FOR TEXAS

Name:

Date Issued: 8/1/2024

Complete and Return By: 10/3/2024

I am applying for:

Evening Academy

Day Academy

Do you have a TCOLE license?

PID #

## Personal History Statement Instructions

Prospective law enforcement employees are exposed to confidential and law enforcement sensitive information. A thorough background investigation is required to properly evaluate the suitability of applicants for acceptance in a law enforcement licensing academy.

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 attending the academy.

1. Your application must be printed legibly in BLUE 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 ACCEPTANCE TO ACADEMY. Your application will be evaluated on completeness and neatness.
9. All documents requested must be submitted with the application (photocopies are acceptable as noted). *Required documents vary according to the history of the applicant.*

- 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)
- Certified copy of your High School transcript 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)
- 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



## 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 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 application 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.

<input type="checkbox"/> N/A	<b>A. Father's Name:</b>		<b>D.O.B.:</b>	
Home Address:				
City:		State:		Zip:
Work Address:				
City:		State:		Zip:
Home Phone:		Cell Phone:		Work Phone:
Email:				

<input type="checkbox"/> N/A	<b>B. Step-Father's Name:</b>		<b>D.O.B.:</b>	
Home Address:				
City:		State:		Zip:
Work Address:				
City:		State:		Zip:
Home Phone:		Cell Phone:		Work Phone:
Email:				

<input type="checkbox"/> N/A	<b>C. Mother's Name:</b>		<b>D.O.B.:</b>	
Home Address:				
City:		State:		Zip:
Work Address:				
City:		State:		Zip:
Home Phone:		Cell Phone:		Work Phone:
Email:				

<input type="checkbox"/> N/A	<b>D. Step-Mother's Name:</b>		<b>D.O.B.:</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: [ ]

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/lie 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:

Have you ever engaged in any of the activities listed below for drugs, narcotics, or illegal substances – including marijuana?

Sold  Manufactured  Purchased  Furnished  Cultivated  Carried or held for another

If you checked any of the items above, give details including drug(s) involved, over what time period(s), and circumstances:

**SECTION 9: MOTOR VEHICLE OPERATION**

Current Driver License #:  State of Issue:  Expiration Date:

Full name under which license was granted:

List other states where you have been licensed to operate a motor vehicle:

1.  N/A State of Issue:  Type of License:  License Number:

Name under which license was granted:

2.  N/A State of Issue:  Type of License:  License Number:

Name under which license was granted:

3.  N/A State of Issue:  Type of License:  License Number:

Name under which license was granted:

Have you ever been refused a driver's license by any state?  Yes  No

If yes, explain (include when, where, and circumstances):

Has your driver's license ever been suspended or revoked?  Yes  No

If yes, explain (include when, where, 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:

Have you ever driven a vehicle without auto insurance, as required by law?  Yes  No

If yes, give reason:

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

Have you ever been refused automobile liability insurance, or a bond, or had a policy cancelled?  Yes  No

If yes, give reason:

Insurance Company:  Date:

Location (Street, City, State, Zip):

Use this space for additional information you would like to include regarding your driving record.

15. Are you or have you ever been, a member or associate of a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, or disability?  Yes  No

16. Do you have, or have you ever had, a tattoo signifying membership in, or affiliation with, a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, or disability?  Yes  No

17. Since the age of 17, have you ever been involved in an anger-provoked physical fight, confrontation, or other violent act?  Yes  No

18. Have you ever hit or physically overpowered a spouse, romantic partner, or family members?  Yes  No

If you answered "YES" to **any** of the questions 15 – 18 (above), give details, dates, and circumstances. Indicate the corresponding question number.

**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 11: ADDITIONAL SPACE CONTINUED**

- 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:

# **AGENCY SPONSORSHIP PAPERWORK**

## DIRECTIONS FOR SPONSORING AGENCY

### TO THE DEPARTMENT ADMINISTRATOR:

- If the applicant **IS** a current employee **and** future or current licensee, **only** the following forms need to be completed:
- Declaration of Licensing Course Enrollment Eligibility (TCOLE Form enclosed)
  - Law Enforcement Agency Audit Checklist (TCOLE form enclosed)
  - Applicant will need these two above forms to turn in with their completed WCTLEA PHS (enclosed)
- If the applicant **IS NOT** a current employee and/or future or current licensee, the following paperwork needs to be addressed:
- ***Letter for Admission*** form - The purpose of this letter is to subject the applicant to a thorough, comprehensive background investigation to determine if the applicant is suitable for appointment as a Peace officer. The ***Letter for Admission*** in no way obligates your agency to the applicant.
  - The ***Letter for Admission*** must be signed by the department administrator or official designee **ONLY**. ***Letters for Admission*** signed by any person other than the department administrator or official designee cannot be accepted. This is for the protection of the individual department administrator.
  - A copy of receipt from the Fingerprint Application Services of Texas (FAST) **must** be attached to the ***Letter for Admission***. Applicant has been instructed to **submit** to fingerprints ***prior*** to meeting with sponsoring agency. Applicants will receive a receipt from ***FAST*** after submitting their fingerprints. It is the applicant's responsibility to provide the **COPY OF RECEIPT**, and it must be attached to the ***Letter for Admission***.
  - ***Disclosure of Personal Knowledge*** form. This form and any accompanying ***statement regarding any personal knowledge of the applicant's criminal history*** **must** be completed and submitted with the ***Letter of Admission***. This may be done by simply filling out and signing stating that the administrator either does or does not have personal knowledge of the applicant's criminal history.
- All background paperwork should be sent **DIRECTLY** to our office and **should not be returned to the applicant**.
- An "***Authorization to Release Information***" form is included in the sponsorship packet. The original should be sent to our office and a copy should be maintained for your files. **The applicant must sign the release form before any information is sent to our office.**
- All paperwork must be in our office **NO LATER THAN, October 3, 2024**, otherwise the applicant cannot be considered for admission into the **Basic Peace Officer Licensing Course**. A ***Checklist*** is enclosed for your convenience.
- If you have any question concerning the letter of admission/sponsorship, please contact the WCTLEA staff at (325)671-1197.

## CHECKLIST FOR SPONSORING AGENCY / BACKGROUND INVESTIGATOR

\_\_\_\_\_  
*Applicant Name*

- Civilian
- Jailer\*
- Telecommunicator\*

### Background Investigation Paperwork that must be submitted to the Academy:

- Letter for Admission
- Disclosure of Personal Knowledge - Regarding Criminal History
- Completed Authorization to Release Information
- Copy of F.A.S.T Receipt

**\*If applicant IS a current employee and future or current TCOLE licensee, you ARE NOT required to submit any of the above documents.**

**However**, you must submit a copy of the applicant's completed:

- ***Declaration of Licensing Course Enrollment Eligibility, AND***
- ***Law Enforcement Agency Audit Checklist***

**Please contact the Academy for details.**

The agency doing the applicant's background investigation should send the above paperwork **directly** to the academy, when complete. Please do not give it back to applicant to turn in. If there is an issue with returning it by deadline, please contact WCTLEA staff.



## WEST CENTRAL TEXAS LAW ENFORCEMENT ACADEMY LETTER FOR ADMISSION

I attest that \_\_\_\_\_, applicant for admission to the Basic Peace Officer Course: *Applicant's Name*

- \_\_\_\_\_ 1. Will attain his/her 20<sup>th</sup> birthday before the first day of class, or:
- \*has received credit for at least 60 semester hours of study from an accredited college or university and attained his/her 18<sup>th</sup> birthday, or
  - \*has completed at least 2 years of active military service with an honorable discharge from the armed forces of the United States, and attained his/her 18<sup>th</sup> birthday, or
  - \*has received an associate degree from an accredited college or university, and has attained his/her 18<sup>th</sup> birthday.
- \_\_\_\_\_ 2. Has graduated from high school or passed a GED test indicating high school graduation or an honorable discharge from the armed forces of the United States after at least 24 months of active duty service;
- \_\_\_\_\_ 3. Is a U.S. citizen;
- \_\_\_\_\_ 4. Has been fingerprinted (FAST) and has been subjected to a search of local, state and U.S. national records and fingerprint files to disclose any criminal record;
- \_\_\_\_\_ 5. Is not currently charged with any criminal offense for which conviction would be a bar to licensure. (PLEASE ATTACH LIST OF AGENCIES CHECKED)
- \_\_\_\_\_ 6. Has not ever been on court-ordered community supervision; deferred adjudication; or probation for any criminal offense above the grade of Class B misdemeanor or a Class B misdemeanor within the last 10 years from the date of the court order.
- \_\_\_\_\_ 7. Has not ever been convicted of an offense above the grade of a Class B misdemeanor or a Class B misdemeanor within the last 10 years.
- \_\_\_\_\_ 8. Has never been convicted of any family violence offense;
- \_\_\_\_\_ 9. Is not prohibited by state or federal law from operating a motor vehicle;
- \_\_\_\_\_ 10. Is not prohibited by state or federal law from possessing firearms or ammunition;
- \_\_\_\_\_ 12. Has not had a dishonorable discharge from the military.

I attest that this applicant has been subjected to a thorough, comprehensive background investigation, has been interviewed, and has been found to be suitable for appointment as a peace officer.

\_\_\_\_\_  
*Signature of Department Administrator*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
Name of Department or Agency

THIS LETTER OF ADMISSION IN NO WAY OBLIGATES THE SPONSORING AGENCY TO THE APPLICANT.



**Disclosure of Personal Knowledge  
Of Criminal History and Documentation  
Of Submission of FAST Fingerprints**

**This form to be completed and signed by Department Administrator  
conducting background investigation.\***

Date \_\_\_\_\_

To: West Central Texas Law Enforcement Academy  
3650 Loop 322  
Abilene, TX 79602

Re: \_\_\_\_\_  
*Applicant's Full Name*                      *Applicant's Social Security #*                      *Date of Birth*

Date Fingerprints submitted to F.A.S.T.: \_\_\_\_\_  
(Copy of receipt attached)

To whom it may Concern:

I attest that the above-named individual has presented a valid F.A.S.T. receipt (attach copy). I have completed a background check on the above individual.

**Check One:**

\_\_\_\_\_ I have personal knowledge that this individual does have a criminal history.

\_\_\_\_\_ I have personal knowledge that this individual does not have a criminal history.

\_\_\_\_\_  
*Signature of Department Administrator*                      *Title*

\_\_\_\_\_  
*Agency*

\_\_\_\_\_  
*Date*

\*This form to be submitted to the Academy along with Letter for Admission.

Fill out the two attached forms  
**ONLY** if the applicant is your  
employee/licensee.

Thank you.





# TEXAS COMMISSION ON LAW ENFORCEMENT

## Law Enforcement Agency Audit Checklist

Employee:		PID:
New Licensee	180 Days or Less Break in Service	More Than 180 Day Break in Service
<input type="checkbox"/> Personal History Statement (PHS) <input type="checkbox"/> F-5R (filled out, signed & dated) <input type="checkbox"/> National Decertification Index (NDI) <input type="checkbox"/> BCF (Required for appts on or after 1/1/22) <input type="checkbox"/> L-2 (drug screen/medical exam for PO's & Jailers. Drug screen only for telecommunicators.) <input type="checkbox"/> L-3 (psychological evaluation) <input type="checkbox"/> DPS/FBI Fingerprint Return* <input type="checkbox"/> Proof of Citizenship <input type="checkbox"/> Proof of Education <input type="checkbox"/> Military Discharge (DD-214) <input type="checkbox"/> Certified Copy of Court Disposition** <input type="checkbox"/> Official record of annual firearms qualification within the last 12 months. (Applies to Peace Officers only) <input type="checkbox"/> L-1 / L1-T (sign & notarize pages 1 & 2. Don't submit until <u>ALL</u> the required documents listed above are in place)	<input type="checkbox"/> Personal History Statement (PHS) <input type="checkbox"/> F-5R (filled out, signed & dated) <input type="checkbox"/> National Decertification Index (NDI) <input type="checkbox"/> BCF (Required on or after 1/1/22) <input type="checkbox"/> CCH (TCIC-NCIC) <input type="checkbox"/> Military Discharge (DD-214) <input type="checkbox"/> Certified copy of court disposition** <input type="checkbox"/> Official record of annual firearms qualification within the last 12 months. (For peace officers only) <input type="checkbox"/> L-1 / L1-T (sign & notarize pages 1 & 2. Don't submit until <u>ALL</u> the required documents listed above are in place)	<input type="checkbox"/> Personal History Statement (PHS) <input type="checkbox"/> F-5R (filled out, signed & dated) <input type="checkbox"/> National Decertification Index (NDI) <input type="checkbox"/> BCF (Required for appts on or after 1/1/22) <input type="checkbox"/> L-2 (drug screen - required for <u>all</u> licensees) <input type="checkbox"/> L-3 (psychological evaluation) <input type="checkbox"/> CCH (TCIC-NCIC) <input type="checkbox"/> DPS/FBI Fingerprint Return* <input type="checkbox"/> Military Discharge (DD-214) <input type="checkbox"/> Certified Copy of Court Disposition** <input type="checkbox"/> Official record of annual firearms qualification within the last 12 months. (Applies to Peace Officers only) <input type="checkbox"/> L-1 / L1-T (sign & notarize pages 1 & 2. Don't submit until <u>ALL</u> the required documents listed above are in place)

All documentation must be in place prior to submitting the L-1 form. Failure to properly complete and document all pre-appointment requirements listed above is a violation of state law punishable by fine (up to \$1,000 per day, per violation) and/or imprisonment (see TOC 1701.507 and 553).

The BCF form must be electronically submitted and approved BEFORE an L-1 form is entered in TCLEDDS. Otherwise, the L-1 form will be rejected.

\*Fingerprint check requests should be submitted through F.A.S.T. for faster and more secure service, but DPS will still accept a 10-print card by mail. Use of a Live Scan fingerprinting system requires preapproval from Texas DPS. To set up a F.A.S.T. account, contact DPS at 512-424-2365, choose option 6. To validate your agency's Live Scan contact DPS at [livescan@dps.texas.gov](mailto:livescan@dps.texas.gov).

\*\*A certified court disposition is required for any criminal charge listed on a CCH including class B misdemeanors and above, or any class C misdemeanor arrest, charge, indictment, or ticket stemming from a family violence incident.

ALL AUDITABLE DOCUMENTS SHOULD BE KEPT TOGETHER IN A SECURE BUT EASILY ACCESSIBLE FOLDER SEPARATE FROM PERSONNEL FILES OR OTHER UNRELATED DOCUMENTS. THE FILE MUST BE RETAINED FOR A MINIMUM OF FIVE (5) YEARS AFTER TERMINATION OF APPOINTMENT. FOR MORE INFORMATION, CONTACT YOUR REGIONAL TCOLE FIELD AGENT.