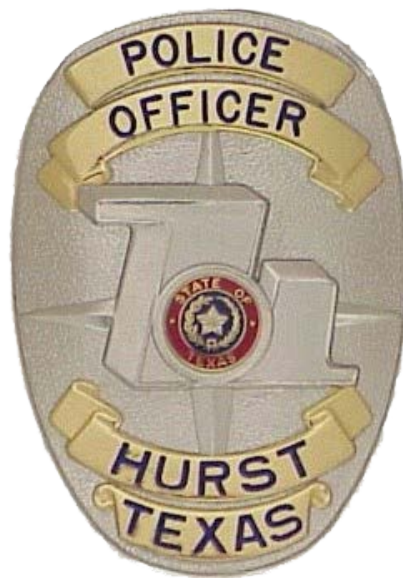


Name: \_\_\_\_\_

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

\_\_\_\_\_

# SWORN PERSONAL HISTORY STATEMENT



## **The Hurst Police Department** *Professional Standards Unit*

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**Phone: 817-788-7164**

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**Hurst Police Department**  
825 Thousand Oaks Drive  
Hurst, TX 76054

# Instructions

## **Read these instructions carefully before proceeding**

These instructions are provided as a guide to assist you in properly completing your Personal History Statement (PHS). It is essential that all information be accurate. This information will be used to conduct a background investigation that will determine your eligibility for employment.

1. THE PHS MUST BE COMPLETED BY THE APPLICANT. Your PHS, and any additional explanation pages, should be typed or printed legibly in BLACK ink. Do NOT print double-sided. Documents submitted in pencil will be returned as unacceptable.
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.
4. **You** are responsible for obtaining correct information (addresses, email accounts, and telephone numbers, etc.) You must supply all requested information to complete your PHS. If you are not sure of an address, check it by personal verification. All requested information must be supplied by you; the Police Department will not be responsible for acquiring information. However, do not guess at information. If you do not know an answer and you do not know where/how to find it, indicate that on the form.
5. As you complete your PHS, carefully consider each question. It is imperative that you answer each question accurately and thoroughly. Certain responses will prompt you for additional information and you will be required to “explain.” When an explanation is requested, a detailed explanation is required for each instance, no matter how insignificant the event was or how long ago it may have occurred. All responses should be attached in one separate document with the explanations in the same order as addressed in the PHS. You must print your name at the top of each page and you must sign at the bottom of each page. Each response must reference the appropriate section of the Personal History Statement and question number before continuing your answer. (Example: Arrest/Detention, #5: followed by your detailed explanation).
6. An accurate and complete Personal History Statement will expedite your background investigation. You will have ample opportunity to explain any issues that are addressed. Intent to deceive, falsify, mislead, or withhold information will result in disqualification.
7. It is your responsibility to have the Personal Inquiry Waiver Form (page 3), Confidential Information Agreement Form (page 4), and the Certification Page (page 49) notarized.
8. Please bring your completed Personal History Statement booklet to the Civil Service Exam.
9. Do not submit this document electronically.
10. If you make it to the polygraph portion of the hiring process, this booklet will be used for the examiner to develop questions that will be used to determine if you have been completely and totally truthful in this booklet. Do not falsify, lie, misrepresent, leave out or neglect to mention any information about your background no matter how insignificant you believe it is. You are not expected to be perfect, but you are expected to be honest. **Be completely open and truthful with all your responses.**

**Personal Inquiry Waiver Form**  
**Authority to Release Information**



**TO WHOM IT MAY CONCERN:**

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

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

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

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

Telephone Number: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Sworn and subscribed before me, Notary Public, in and for the State of \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Printed Name

\_\_\_\_\_  
Notary Signature

(SEAL)

My Commission expires: \_\_\_\_\_

# Confidential Information Agreement Form

In order to determine your qualifications for this sworn Civil Service position, it will be necessary to conduct a comprehensive background investigation. To a great extent, an employment offer will depend upon an assessment of confidential information obtained from your interview, polygraph examination, psychological evaluation, driving history, credit report, and other confidential documents. In addition, confidential information will be sought from previous employers and other persons with whom you have been associated. Applicants will not have access to the above-named information, nor have access to the identities of persons interviewed. Your signature below will serve as your waiver of any right to access this information under State and Federal Law.

I understand a credit/consumer check will be conducted as part of my application for employment with the Hurst Police Department. This document authorizes the Hurst Police Department to obtain credit information from any source, including but not limited to consumer-reporting agencies. This consent extends to any medical information that might be included in the credit/consumer report. I understand the Hurst Police Department may take adverse action, denying my application for employment, as a result of the information contained in my credit/consumer report.

By signing this form, I authorize the Hurst Police Department to check my credit/consumer report for employment purposes, and I have received a summary of my rights under the Fair Credit Reporting Act.

If you are rejected for cause, one or more of the fourteen (14) reasons for rejection as listed in Section 143.023 of the Local Civil Service Government Code, said cause will be noted in written notification of rejection to you. Your rejection notification will also reflect whether the reason(s) for your non-acceptance is of a temporary reconcilable nature, or one of permanence.

This agreement is not to be in conflict with State Civil Service Rules, and such Rules shall be the governing policy as long as the Civil Service Rules are in effect.

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

\_\_\_\_\_  
Applicant Name (Print)

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

\_\_\_\_\_  
Date

Sworn and subscribed before me, Notary Public, in and for the State of \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Printed Notary Name

\_\_\_\_\_  
Notary Signature

(Seal)

My Commission expires: \_\_\_\_\_

# Personal History Statement

*The information provided in this section is used for identification purposes.*

State your true and legal name: \_\_\_\_\_  
First, Middle, Last

Other Names Used: \_\_\_\_\_

Maiden Name: \_\_\_\_\_

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

City, State and Zip: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_ Work Number: \_\_\_\_\_

Primary Email: \_\_\_\_\_

Any Additional Emails (include active and inactive accounts): \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ Other Phone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex:  Male  Female Ethnicity:  Hispanic  Non-Hispanic

Race:  White  Black/African American  Asian  American Indian/Alaska Native  
 Native Hawaiian/Other Pacific Islander  Two or More Races

Social Security Number: \_\_\_\_\_ U.S. Citizen:  Yes  No

Place of Birth (include city, county and state): \_\_\_\_\_

Drivers License (include number, state of issue and expiration): \_\_\_\_\_

Concealed Handgun License (include number, state of issue and expiration): \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Identifying Marks: \_\_\_\_\_

SCARS – describe: \_\_\_\_\_

TATOOS – description & location: \_\_\_\_\_

Name by which you prefer to be addressed: \_\_\_\_\_

Do you have a social networking site?  Yes  No

List all social networking sites you use: \_\_\_\_\_

# Employment History

Beginning with your present or most recent job, list all jobs you have had, including all part time, temporary, seasonal or volunteer/intern positions. Attach additional pages if necessary. **If you have been terminated or asked to resign, are not eligible for re-hire, or received any type of disciplinary action, explain in detail these circumstances.**

If you need additional pages than those provided in the PHS, print additional pages and insert them in the proper section of the PHS. Ensure you include ALL jobs you have ever held.

Check Appropriate Job Description(s):  Full  Part  Temp  Seasonal  Volunteer  Intern

1. Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Supervisor Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Eligible for Rehire?  Yes  No

May we contact your current employer?  Yes  No If no, explain: \_\_\_\_\_

Employment Began On: \_\_\_\_\_ Ended On: \_\_\_\_\_

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

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

Did you receive Job Performance Evaluations?  Yes  No

Reason for Leaving:  Resignation  Termination  Lay-Off

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

Was Notice Given?  Yes  No What Type?  Verbal  Written

If Notice Given, How Much? (If less than 2 weeks, please explain):  
\_\_\_\_\_  
\_\_\_\_\_

List At Least One Co-Worker: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

If more room is needed for explanations, please use a separate sheet.

# Employment History

Check Appropriate Job Description(s):  Full  Part  Temp  Seasonal  Volunteer  Intern

2. Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Supervisor Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Eligible for Rehire?  Yes  No

Employment Began On: \_\_\_\_\_ Ended On: \_\_\_\_\_

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

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

Did you receive Job Performance Evaluations?  Yes  No

Reason for Leaving:  Resignation  Termination  Lay-Off

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

Was Notice Given?  Yes  No What Type?  Verbal  Written

If Notice Given, How Much? (If less than 2 weeks, please explain):

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

List At Least One Co-Worker: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

If more room is needed for explanations, please use a separate sheet.

# Employment History

Check Appropriate Job Description(s):  Full  Part  Temp  Seasonal  Volunteer  Intern

3. Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Supervisor Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Eligible for Rehire?  Yes  No

Employment Began On: \_\_\_\_\_ Ended On: \_\_\_\_\_

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

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

Did you receive Job Performance Evaluations?  Yes  No

Reason for Leaving:  Resignation  Termination  Lay-Off

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

Was Notice Given?  Yes  No What Type?  Verbal  Written

If Notice Given, How Much? (If less than 2 weeks, please explain):

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

List At Least One Co-Worker: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

If more room is needed for explanations, please use a separate sheet.



# Employment History

Check Appropriate Job Description(s):  Full  Part  Temp  Seasonal  Volunteer  Intern

4. Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Supervisor Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Eligible for Rehire?  Yes  No

Employment Began On: \_\_\_\_\_ Ended On: \_\_\_\_\_

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

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

Did you receive Job Performance Evaluations?  Yes  No

Reason for Leaving:  Resignation  Termination  Lay-Off

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

Was Notice Given?  Yes  No What Type?  Verbal  Written

If Notice Given, How Much? (If less than 2 weeks, please explain):

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

List At Least One Co-Worker: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

If more room is needed for explanations, please use a separate sheet.

# Employment History

Check Appropriate Job Description(s):  Full  Part  Temp  Seasonal  Volunteer  Intern

5. Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Supervisor Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Eligible for Rehire?  Yes  No

Employment Began On: \_\_\_\_\_ Ended On: \_\_\_\_\_

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

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

Did you receive Job Performance Evaluations?  Yes  No

Reason for Leaving:  Resignation  Termination  Lay-Off

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

Was Notice Given?  Yes  No What Type?  Verbal  Written

If Notice Given, How Much? (If less than 2 weeks, please explain):

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

List At Least One Co-Worker: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

If more room is needed for explanations, please use a separate sheet.

# Employment History

Check Appropriate Job Description(s):  Full  Part  Temp  Seasonal  Volunteer  Intern

6. Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Supervisor Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Eligible for Rehire?  Yes  No

Employment Began On: \_\_\_\_\_ Ended On: \_\_\_\_\_

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

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

Did you receive Job Performance Evaluations?  Yes  No

Reason for Leaving:  Resignation  Termination  Lay-Off

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

Was Notice Given?  Yes  No What Type?  Verbal  Written

If Notice Given, How Much? (If less than 2 weeks, please explain):

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

List At Least One Co-Worker: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

If more room is needed for explanations, please use a separate sheet.

# Employment History

Check Appropriate Job Description(s):  Full  Part  Temp  Seasonal  Volunteer  Intern

7. Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Supervisor Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Eligible for Rehire?  Yes  No

Employment Began On: \_\_\_\_\_ Ended On: \_\_\_\_\_

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

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

Did you receive Job Performance Evaluations?  Yes  No

Reason for Leaving:  Resignation  Termination  Lay-Off

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

Was Notice Given?  Yes  No What Type?  Verbal  Written

If Notice Given, How Much? (If less than 2 weeks, please explain):

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

List At Least One Co-Worker: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

If more room is needed for explanations, please use a separate sheet.

# Employment History

Check Appropriate Job Description(s):  Full  Part  Temp  Seasonal  Volunteer  Intern

8. Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Supervisor Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Eligible for Rehire?  Yes  No

Employment Began On: \_\_\_\_\_ Ended On: \_\_\_\_\_

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

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

Did you receive Job Performance Evaluations?  Yes  No

Reason for Leaving:  Resignation  Termination  Lay-Off

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

Was Notice Given?  Yes  No What Type?  Verbal  Written

If Notice Given, How Much? (If less than 2 weeks, please explain):

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

List At Least One Co-Worker: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

If more room is needed for explanations, please use a separate sheet.

# Employment History

**IF YOU ANSWER YES TO ANY QUESTION IN THIS SECTION, EXPLAIN.**

1. Did you intentionally omit any of your jobs on this Personal History Statement?.....  Yes  No
2. Do you, on average, miss as much as one day of work per month?.....  Yes  No
3. Have you ever used sick leave without actually being sick?.....  Yes  No
4. Have you ever been late or tardy to work for any reason? .....  Yes  No
5. In a normal work month, how many times are you late or tardy to work? \_\_\_\_\_
6. Number of days missed from work during the past year: \_\_\_\_\_

Note: For the purposes of this Personal History Statement, termination includes being fired, discharged, dismissed, released, let go and other similar terms; disciplinary action includes being reprimanded, counseled (verbally or in writing), or otherwise put on notice to improve your conduct or performance in the workplace.

7. Have you, regardless of whether the matter is or was appealed, regardless of whether the matter is part of your official record, regardless of whether you believe or think that it might not still be in your file:
  - a. Ever been terminated from employment for any reason? .....  Yes  No
  - b. Ever resigned in lieu of termination (after being told your employer intended to terminate you)?  Yes  No
  - c. Ever resigned in lieu of disciplinary action (after being told your employer intended to take disciplinary action against you)? .....  Yes  No
  - d. Ever quit because you suspected you were going to be terminated or disciplined? ...  Yes  No

List all disciplinary action you have EVER received on any job:

e. \_\_\_\_\_

Check this box if you have NEVER been fired or asked to resign from a job.

8. If you have been terminated, asked to resign from any job, or received discipline on any job complete the following information for each:

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

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

Date of Employment: \_\_\_\_\_ thru: \_\_\_\_\_

Reason for Dismissal or Disciplinary Action: \_\_\_\_\_

9. While at work and/or during work hours, have you ever:
  - a. Slept? (If not caused by a medical condition recognized by the Americans with Disabilities Act).....  Yes  No
  - b. Been involved in any sexual act? .....  Yes  No
  - c. Consumed alcohol? .....  Yes  No
  - d. Been involved in an act of masturbation? .....  Yes  No

10. Were you ever involved in a physical/verbal altercation with a supervisor, co-worker, or customer? .....  Yes  No
11. Have you ever been accused of sexual harassment or discrimination (such as racial bias, sexual orientation harassment, etc.) by a co-worker, superior, subordinate or customer?....  Yes  No
12. Have you ever sold, released, or given away legally confidential information?.....  Yes  No
13. Has your work performance ever been affected by your use of alcohol or drugs?.....  Yes  No  
 When: \_\_\_\_\_ Name of Employer: \_\_\_\_\_
14. 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: \_\_\_\_\_
15. Have you ever claimed that you worked more hours than you actually worked? .....  Yes  No
16. Have you ever violated a company policy, knowing that you were doing so? .....  Yes  No
17. Have you ever claimed to have been injured or disabled when you were not? .....  Yes  No
18. Have you ever had the knowledge that another employee was stealing or being dishonest and not acted upon it? .....  Yes  No

## Periods of Unemployment

1. If you have never held employment, explain why:

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

From: (Month/Year)	To: (Month/Year)	Length	Reason

# Marital and Family History

**Check your current status:**

Single     Engaged     Married     Divorced     Widowed

*If you are Engaged:*

Name of Fiancée: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

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

Email: \_\_\_\_\_

*If you are Married or Separated:*

Spouse's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Date Married: \_\_\_\_\_

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

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

Email: \_\_\_\_\_

*If you are Divorced:*

Former Spouse's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Date Married: \_\_\_\_\_ Date Divorced: \_\_\_\_\_

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

*If you are Widowed:*

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

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



# Family Information

LIST IMMEDIATE FAMILY MEMBERS (including those related by marriage). IF DECEASED, INDICATE THE YEAR OF DEATH. (Step/Natural/In-Laws, Mother, Father, Brother, Sisters).

<b>1. Name &amp; Relation</b>			DOB		
Home Address		City		State	Zip
Home Phone	Cell	Work Phone	Email		
<b>2. Name &amp; Relation</b>			DOB		
Home Address		City		State	Zip
Home Phone	Cell	Work Phone	Email		
<b>3. Name &amp; Relation</b>			DOB		
Home Address		City		State	Zip
Home Phone	Cell	Work Phone	Email		
<b>4. Name &amp; Relation</b>			DOB		
Home Address		City		State	Zip
Home Phone	Cell	Work Phone	Email		
<b>5. Name &amp; Relation</b>			DOB		
Home Address		City		State	Zip
Home Phone	Cell	Work Phone	Email		

<b>6.Name &amp; Relation</b>			DOB		
Home Address		City		State	Zip
Home Phone	Cell	Work Phone	Email		
<b>7.Name &amp; Relation</b>			DOB		
Home Address		City		State	Zip
Home Phone	Cell	Work Phone	Email		
<b>8.Name &amp; Relation</b>			DOB		
Home Address		City		State	Zip
Home Phone	Cell	Work Phone	Email		
<b>9.Name &amp; Relation</b>			DOB		
Home Address		City		State	Zip
Home Phone	Cell	Work Phone	Email		
<b>10. Name &amp; Relation</b>			DOB		
Home Address		City		State	Zip
Home Phone	Cell	Work Phone	Email		

LIST ALL CHILDREN RELATED TO YOU OR YOUR SPOUSE (Natural/Step/Adopted/Foster):

<b>1. Name</b>		Custodial parent or guardian (If other than you.)			
<input type="checkbox"/> Male <input type="checkbox"/> Female	Address		City	State	Zip
DOB	Contact Number		Email		
<b>2. Name</b>		Custodial parent or guardian (If other than you.)			
<input type="checkbox"/> Male <input type="checkbox"/> Female	Address		City	State	Zip
DOB	Contact Number		Email		
<b>3. Name</b>		Custodial parent or guardian (If other than you.)			
<input type="checkbox"/> Male <input type="checkbox"/> Female	Address		City	State	Zip
DOB	Contact Number		Email		
<b>4. Name</b>		Custodial parent or guardian (If other than you.)			
<input type="checkbox"/> Male <input type="checkbox"/> Female	Address		City	State	Zip
DOB	Contact Number		Email		
<b>5. Name</b>		Custodial parent or guardian (If other than you.)			
<input type="checkbox"/> Male <input type="checkbox"/> Female	Address		City	State	Zip
DOB	Contact Number		Email		

If you need more spaces, please list them on additional pages.

# Residences

List all residences during the last ten years or since age 17. Provide complete addresses (include markers such as Street, Drive, East, West, etc. and unit or apartment number). Do not use PO Boxes. If the residence is a military base, identify name of base in 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 question number and page this refers to:

<b>1. Current Address</b>			City	State	Zip
From	To	If renting; property manager, rent collector or owner		Contact Number	
Address of property mgr., rent collector, owner		City / State / Zip		Email	
<input type="checkbox"/> NA	Names of those with whom you live.				
Reason for moving					
<b>2. Former Address</b>			City	State	Zip
From	To	If renting; property manager, rent collector or owner		Contact Number	
Address of property mgr., rent collector, owner		City / State / Zip		Email	
<input type="checkbox"/> NA	Names and current address of those with whom you lived.				
Reason for moving					
<b>3. Former Address</b>			City	State	Zip
From	To	If renting; property manager, rent collector or owner		Contact Number	
Address of property mgr., rent collector, owner		City / State / Zip		Email	
<input type="checkbox"/> NA	Names and current address of those with whom you lived.				
Reason for moving					

<b>4. Former Address</b>			City	State	Zip
From	To	If renting; property manager, rent collector or owner		Contact Number	
Address of property mgr., rent collector, owner		City / State / Zip		Email	
<input type="checkbox"/> NA	Names and current address of those with whom you lived.				
Reason for moving					
<b>5. Former Address</b>			City	State	Zip
From	To	If renting; property manager, rent collector or owner		Contact Number	
Address of property mgr., rent collector, owner		City / State / Zip		Email	
<input type="checkbox"/> NA	Names and current address of those with whom you lived.				
Reason for moving					
<b>6. Former Address</b>			City	State	Zip
From	To	If renting; property manager, rent collector or owner		Contact Number	
Address of property mgr., rent collector, owner		City / State / Zip		Email	
<input type="checkbox"/> NA	Names and current address of those with whom you lived.				
Reason for moving					
<b>7. Former Address</b>			City	State	Zip
From	To	If renting; property manager, rent collector or owner		Contact Number	
Address of property mgr., rent collector, owner		City / State / Zip		Email	
<input type="checkbox"/> NA	Names and current address of those with whom you lived.				
Reason for moving					

# Personal, Credit and Marital Information

**IF YOU ANSWER YES TO ANY QUESTION IN THIS SECTION, EXPLAIN.**

1. Have you intentionally left any relatives' names out of this booklet? .....  Yes  No  
If yes, explain: \_\_\_\_\_
2. Are you paying alimony? .....  Yes  No
3. Have you ever been order to court for non-payment of alimony or child support? .....  Yes  No  
If yes, explain: \_\_\_\_\_
4. Are you in arrears or behind on any required payments to your former spouse or children? .....  Yes  No  
If yes, explain: \_\_\_\_\_
5. Have you ever been ordered into court for nonpayment of alimony or child support?  Yes  No  
If yes, explain: \_\_\_\_\_
6. Have you been married to more than one person at a time? .....  Yes  No  
If yes, explain: \_\_\_\_\_
7. Has any member of your family, including step, natural, or in-laws, been arrested, charged or convicted of a crime other than Class C Misdemeanor traffic violations?  Yes  No  
If yes, explain: \_\_\_\_\_
8. Have you ever been turned over to a collection agency for failing to pay a bill? .....  Yes  No  
If yes, explain: \_\_\_\_\_
9. Have you ever filed for bankruptcy? .....  Yes  No  
If yes, list date filed and date discharged: \_\_\_\_\_
10. Have you ever been sued or involved in a lawsuit? .....  Yes  No  
If yes, explain: \_\_\_\_\_
11. Do you have any suits or claims pending against any city, state, or federal institution? .....  Yes  No  
If yes, explain: \_\_\_\_\_
12. Do you owe more money per month than you make per month? .....  Yes  No
13. Do you have any credit issues that have not been addressed? .....  Yes  No  
If yes, explain: \_\_\_\_\_
14. Since the age of 17, have you ever been evicted from a residence? .....  Yes  No  
If yes, explain: \_\_\_\_\_
15. Do you have income other than from your salary or wages?.....  Yes  No

If yes, explain: \_\_\_\_\_

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

If yes, explain: \_\_\_\_\_

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

If yes, explain: \_\_\_\_\_

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

If yes, explain: \_\_\_\_\_

19. Have you ever been the subject of an emergency protective, restraining, or stay-away order? .....  Yes  No

If yes, explain: \_\_\_\_\_

20. Have you ever fraudulently received welfare, unemployment compensation, or other state or federal assistance? .....  Yes  No

If yes, explain: \_\_\_\_\_

21. Have you ever filed a false insurance or workers' compensation claim? .....  Yes  No

If yes, explain: \_\_\_\_\_

# Military History

1. Have you met the registration requirements for selective service?.....  Yes  No  
 N/A Female Applicant

2. Have you ever been in the military service?.....  Yes  No

If yes, what branch: \_\_\_\_\_ Highest Rank: \_\_\_\_\_

Induction: \_\_\_\_\_ Position Held: \_\_\_\_\_

**IF YOU ANSWER YES TO ANY QUESTION IN THE SECTION BELOW, EXPLAIN ON SEPARATE SHEET.**

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

4. Have you ever been AWOL?.....  Yes  No

5. Have you ever been the subject of a military investigation?.....  Yes  No

6. Were you ever disciplined under UCMJ (e.g. Article 15, Capt. Mast, Page 11, N.J.P., Letter of Comment, Letter of Counsel, etc.)?.....  Yes  No

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

Charge \_\_\_\_\_ Date \_\_\_\_\_ Results \_\_\_\_\_

Charge \_\_\_\_\_ Date \_\_\_\_\_ Results \_\_\_\_\_

8. Were you ever reduced in rank?.....  Yes  No

9. Were you ever confined to the brig or guardhouse?.....  Yes  No

10. Were you ever awarded a security clearance?.....  Yes  No

11. Have you ever violated a government security clearance?.....  Yes  No

12. Did you ever have an accident while in the military that was not reported?.....  Yes  No

13. Are you eligible for reenlistment?.....  Yes  No

14. Do you have any current military obligations?.....  Yes  No

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

16. Are you:  Active  Standby  Inactive  IRR

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

17. Were you discharged prior to the end of your tour of duty?.....  Yes  No

18. Type of Discharge:  Honorable  General  Other than Honorable  Bad Conduct  Dishonorable

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



# Educational Information

List all high schools, colleges, technological or trade schools you have ever attended regardless of whether you graduated and/or completed the prescribed curriculum. You will be required to furnish transcripts to support all of your educational claims.

If you are listing colleges/universities, and you did not graduate, indicate the number of credit hours you have earned. If you attended a technological or trade school, indicate your course of study and also note if you were awarded a diploma or certificate.

Check highest grade completed:       High School Diploma       GED  
 College:       Some College       Associate's       Bachelor's       Master's       Ph.D.

Name of School & Location	Dates Attended (From – To)	Credit Hours Earned & GPA	Degree/Major

**IF YOU ANSWER YES TO ANY QUESTION IN THE SECTION BELOW, EXPLAIN.**

1. Have you ever been expelled from any school you have attended? .....  Yes       No
2. Have you ever been placed on academic probation? .....  Yes       No

If yes, name of school: \_\_\_\_\_

3. Have you been involved in any community activities? .....  Yes       No

List all: \_\_\_\_\_

4. Have you received any awards, commendations or special recognition? List all:  
 \_\_\_\_\_  
 \_\_\_\_\_

5. Have you ever attended a Basic Licensing Course?  Yes       No

If yes, provide the PID you were assigned: \_\_\_\_\_

Academy Name: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

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

Name of Training Coordinator: \_\_\_\_\_ Contact Number: \_\_\_\_\_

- Did you Graduate? .....  Yes       No

# Applications with Law Enforcement Agencies

If you have applied with other law enforcement agencies for any position (including all city, county, state and federal agencies and any position such as officer, detention officer, dispatcher, etc.), please complete the following. Do not fail to list any, regardless of the status of your application. *(Add additional page if needed)*

Check this box if you have **NEVER** applied with another law enforcement agency.

Check this box if you have ever been a paid or unpaid police informant.

1. Name of Agency		Position Applied For		Date Applied
Address: Street		City		State Zip
Background Investigators Name (if known)	Contact Number	Ext	Email	
Check each step in the process that you completed, and your status:				
<b>Steps:</b> <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical agility <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background				
<input type="checkbox"/> Chief's oral <input type="checkbox"/> Conditional job offer <input type="checkbox"/> Psychological Examination Date_____				
<input type="checkbox"/> Medical Date:_____				
<b>Status:</b> <input type="checkbox"/> Hired <input type="checkbox"/> On List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified				

2. Name of Agency		Position Applied For		Date Applied
Address: Street		City		State Zip
Background Investigators Name (if known)	Contact Number	Ext	Email	
Check each step in the process that you completed, and your status:				
<b>Steps:</b> <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical agility <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background				
<input type="checkbox"/> Chief's oral <input type="checkbox"/> Conditional job offer <input type="checkbox"/> Psychological Examination Date_____				
<input type="checkbox"/> Medical Date:_____				
<b>Status:</b> <input type="checkbox"/> Hired <input type="checkbox"/> On List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified				

# Applications with Law Enforcement Agencies

3. Name of Agency		Position Applied For		Date Applied	
Address: Street		City		State	Zip
Background Investigators Name (if known)		Contact Number Ext	Email		
<p>Check each step in the process that you completed, and your status:</p> <p><b>Steps:</b>   <input type="checkbox"/> Application   <input type="checkbox"/> Written   <input type="checkbox"/> Physical agility   <input type="checkbox"/> Oral   <input type="checkbox"/> Polygraph/CVSA   <input type="checkbox"/> Background  <input type="checkbox"/> Chief's oral   <input type="checkbox"/> Conditional job offer   <input type="checkbox"/> Psychological Examination Date _____  <input type="checkbox"/> Medical Date: _____</p> <p><b>Status:</b>   <input type="checkbox"/> Hired   <input type="checkbox"/> On List   <input type="checkbox"/> Withdrawn   <input type="checkbox"/> Disqualified</p>					

4. Name of Agency		Position Applied For		Date Applied	
Address: Street		City		State	Zip
Background Investigators Name (if known)		Contact Number Ext	Email		
<p>Check each step in the process that you completed, and your status:</p> <p><b>Steps:</b>   <input type="checkbox"/> Application   <input type="checkbox"/> Written   <input type="checkbox"/> Physical agility   <input type="checkbox"/> Oral   <input type="checkbox"/> Polygraph/CVSA   <input type="checkbox"/> Background  <input type="checkbox"/> Chief's oral   <input type="checkbox"/> Conditional job offer   <input type="checkbox"/> Psychological Examination Date _____  <input type="checkbox"/> Medical Date: _____</p> <p><b>Status:</b>   <input type="checkbox"/> Hired   <input type="checkbox"/> On List   <input type="checkbox"/> Withdrawn   <input type="checkbox"/> Disqualified</p>					

# Applications with Law Enforcement Agencies

5. Name of Agency		Position Applied For		Date Applied
Address: Street		City		State
Background Investigators Name (if known)		Contact Number Ext	Email	
<p>Check each step in the process that you completed, and your status:</p> <p><b>Steps:</b>   <input type="checkbox"/> Application   <input type="checkbox"/> Written   <input type="checkbox"/> Physical agility   <input type="checkbox"/> Oral   <input type="checkbox"/> Polygraph/CVSA   <input type="checkbox"/> Background  <input type="checkbox"/> Chief's oral   <input type="checkbox"/> Conditional job offer   <input type="checkbox"/> Psychological Examination Date _____  <input type="checkbox"/> Medical Date: _____</p> <p><b>Status:</b>   <input type="checkbox"/> Hired   <input type="checkbox"/> On List   <input type="checkbox"/> Withdrawn   <input type="checkbox"/> Disqualified</p>				

6. Name of Agency		Position Applied For		Date Applied
Address: Street		City		State
Background Investigators Name (if known)		Contact Number Ext	Email	
<p>Check each step in the process that you completed, and your status:</p> <p><b>Steps:</b>   <input type="checkbox"/> Application   <input type="checkbox"/> Written   <input type="checkbox"/> Physical agility   <input type="checkbox"/> Oral   <input type="checkbox"/> Polygraph/CVSA   <input type="checkbox"/> Background  <input type="checkbox"/> Chief's oral   <input type="checkbox"/> Conditional job offer   <input type="checkbox"/> Psychological Examination Date _____  <input type="checkbox"/> Medical Date: _____</p> <p><b>Status:</b>   <input type="checkbox"/> Hired   <input type="checkbox"/> On List   <input type="checkbox"/> Withdrawn   <input type="checkbox"/> Disqualified</p>				

# Applications with Law Enforcement Agencies

7. Name of Agency		Position Applied For		Date Applied
Address: Street		City		State
				Zip
Background Investigators Name (if known)	Contact Number Ext	Email		
<p>Check each step in the process that you completed, and your status:</p> <p><b>Steps:</b>   <input type="checkbox"/> Application   <input type="checkbox"/> Written   <input type="checkbox"/> Physical agility   <input type="checkbox"/> Oral   <input type="checkbox"/> Polygraph/CVSA   <input type="checkbox"/> Background  <input type="checkbox"/> Chief's oral   <input type="checkbox"/> Conditional job offer   <input type="checkbox"/> Psychological Examination Date _____  <input type="checkbox"/> Medical Date: _____</p> <p><b>Status:</b>   <input type="checkbox"/> Hired   <input type="checkbox"/> On List   <input type="checkbox"/> Withdrawn   <input type="checkbox"/> Disqualified</p>				

8. Name of Agency		Position Applied For		Date Applied
Address: Street		City		State
				Zip
Background Investigators Name (if known)	Contact Number Ext	Email		
<p>Check each step in the process that you completed, and your status:</p> <p><b>Steps:</b>   <input type="checkbox"/> Application   <input type="checkbox"/> Written   <input type="checkbox"/> Physical agility   <input type="checkbox"/> Oral   <input type="checkbox"/> Polygraph/CVSA   <input type="checkbox"/> Background  <input type="checkbox"/> Chief's oral   <input type="checkbox"/> Conditional job offer   <input type="checkbox"/> Psychological Examination Date _____  <input type="checkbox"/> Medical Date: _____</p> <p><b>Status:</b>   <input type="checkbox"/> Hired   <input type="checkbox"/> On List   <input type="checkbox"/> Withdrawn   <input type="checkbox"/> Disqualified</p>				

If more spaces are needed, please list them on additional sheets.

# Arrest /Detention

**IF YOU ANSWER YES TO ANY QUESTION IN THIS SECTION, EXPLAIN.**

**Explanations in this section must include the date, charge, police agency/city or locality, and penalty.**

1. Have you ever been arrested by the police, regardless of the final disposition? .....  Yes  No
2. Have you been charged/filed-on with an offense regardless of the disposition? .....  Yes  No
3. Have you ever been questioned or detained by the police as part of any police investigation? .....  Yes  No
4. Have you ever lied to a police employee when being questioned about any type of criminal activity .....  Yes  No
5. Have you ever been present during the commission of a crime? .....  Yes  No
6. Have you ever been summoned into court for a criminal offense? .....  Yes  No
7. Have you ever been the subject of a Protective Order? .....  Yes  No
8. Have you ever collected unemployment or welfare benefits (including food stamps) when you were not entitled to them, or received an "overpayment" which you were required to repay? .....  Yes  No

# Driving Record

**IF YOU ANSWER YES TO ANY QUESTION IN THIS SECTION EXPLAIN.**

1. Do you possess a valid driver's license? .....  Yes  No  
 If no, explain: \_\_\_\_\_
2. Have you ever had a driver's license suspended? .....  Yes  No
3. Have you ever knowingly driven a motor vehicle after your driver's license was suspended, or after it had been revoked? .....  Yes  No
4. Do you have a valid driver's license in more than one state? .....  Yes  No  
 If yes, State(s) and license number(s): \_\_\_\_\_
5. Have you ever applied for a driver's license using a fictitious name? .....  Yes  No
6. Have you ever been involved in a hit-and-run accident? .....  Yes  No
7. Have you ever failed to appear in court for a traffic citation? .....  Yes  No
8. Have you ever failed to pay a parking citation? .....  Yes  No
9. What Company carries your automobile insurance policy? \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Policy Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_
10. List all Vehicles you own, possess, and/or that are registered to you:

Year	<u>Make</u>	<u>Color</u>	<u>Model and Body Style</u>	<u>License Number</u> <u>(Include State)</u>

11. List ALL traffic accidents from the past three years in which you have been involved as the driver regardless of whether the accident was reported or placed on your record.

Date	Location	Police Report		Your Fault		Drinking		Drug Use	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

12. List ALL traffic citations you have received in the past three (3) years.

Date Received	Type of Violation	Issuing Agency	Disposition



# Theft from Employers/Integrity

**IF YOU ANSWER YES TO ANY QUESTION IN THIS SECTION, EXPLAIN.**

Many people have taken things from a place where they worked, which they did not have permission to take. The items may have been cash, merchandise, or property. You may have simply borrowed one of these items and forgotten to return it, gave merchandise to another person, or padded your expense account. You will have ample opportunity to explain these issues prior to the polygraph examination.

Although these incidents may be minor in nature, your honesty in this area may directly reflect your character in the work environment. Therefore, the Hurst Police Department is interested in any incidents of theft or misappropriations from an employer that you may have committed or in which you may have been involved.

1. Have you taken any money from a place of employment (no matter the amount)? .....  Yes  No
2. Have you taken any equipment, tools, merchandise or supplies from a place of employment? .....  Yes  No

If you answered yes to either of the questions above, list items/amounts below.

ITEM(S) TAKEN	VALUE	DATE	EMPLOYER

- Check this box if you are still in possession of any of the above listed items.
- Check this box if you have **NEVER** taken anything from an employer.

**Before going to the next section, be sure you have not failed to list ANY theft from an employer that you may have committed.**

# Criminal Activity

## IF YOU ANSWER YES TO ANY QUESTION IN THIS SECTION, EXPLAIN.

You are applying for a position that requires the trust of the citizens. Consequently, the Hurst Police Department is interested in your participation in, or commission of any criminal activity. We realize it would be a rarity for any applicant to answer “no” to all of these questions, so we place a high degree of value on a person’s honesty and integrity in answering the following questions truthfully. If you have committed or participated in any of the acts listed you must check the box indicating participation in the act. Obviously, there are some acts of criminal behavior that may preclude your selection for employment; nonetheless, you must admit those acts to successfully complete the polygraph examination. Prior to your polygraph examination, you will be given ample opportunity to explain your participation in these acts.

Again, be sure to acknowledge participation, commission, arrest, conviction, or questioning for any of the following acts.

1. Any act of unlawfully taking the life of another person? .....  Yes  No
2. Any act of unlawfully abducting another person? .....  Yes  No
3. Any sexual act after you were seventeen (17) with another person who was less than fifteen (15) year of age? .....  Yes  No  
*(This includes: sexual intercourse, oral sex, anal sex, or touching the genitals, breasts, or anus of another person)*
4. Any act, as an adult, of exposing your anus or genitals in public to arouse sexually or gratify yourself or another person? .....  Yes  No
5. Any act, as an adult, of assault by physically striking another person, stranger, family members, or others? .....  Yes  No
6. Any act, as an adult, of cruelty to any creature or animal which results in harm, injury, or death other than legally licensed sport, hunting or fishing? .....  Yes  No
7. Any act of rape or sexual assault, either by force, threats, or injury? .....  Yes  No
8. Any act of Family Violence resulting in a court conviction? .....  Yes  No
9. Any act involving hurting, harming, or attempting to hurt or harm another person using a firearm, knife, club, or any other deadly weapon? .....  Yes  No
10. Any act involving hurting, harming, abusing, striking or injuring any person under the age of fifteen (15) years? .....  Yes  No
11. Being married to two or more people at the same time? .....  Yes  No
12. Any incestuous act of knowingly inflicting sexual contact or sexual penetration to include sexual intercourse, oral sexual intercourse, or anal sexual intercourse with your natural child, stepchild, or child by adoption; natural grandchild, step-grandchild, or grandchild by adoption; sister, stepsister, brother, stepbrother, niece, nephew, or other family member?.....  Yes  No
13. Any act involving taking or keeping a child under eighteen (18) years of age out of the state in which the child resides, in violation or a judgment order of a court disposing of the child’s custody? .....  Yes  No
14. As an adult, any act involving computer internet searches or chat rooms where sexually oriented material or messaging was viewed or performed involving an individual who identified themselves as a juvenile? (under 17 years of age) .....  Yes  No

15. Any act of causing, planning, or starting, or attempting to start, a fire or an explosion to damage or destroy a building, habitation, or vehicle belonging to another person, or a building, habitation, vehicle, or property belonging to you which was insured? .....  Yes  No
16. Any act, as an adult, involving the intentional damage or destruction of any property, belonging to another person? .....  Yes  No
17. Any act involving the use of a firearm, knife, club, deadly weapon, physical force, threats, or intimidation in order to steal or take property belonging to another person?  Yes  No
18. Any act involving breaking into a building, habitation, or any portion of a habitation or building in order to take or steal cash, property, or merchandise, or with the intent of committing any other criminal act? .....  Yes  No
19. Any act, as an adult, involving breaking into a coin-operated device in order to steal property, merchandise, cash or to obtain services? .....  Yes  No
20. Any act, as an adult, involving breaking into or entering a vehicle of any kind, in order to steal any cash, property or merchandise? .....  Yes  No
21. Any act, as an adult, involving entering or remaining on the property of another, knowing that you did not have permission of the owner to do so? .....  Yes  No
22. Any act, as an adult, which unlawfully deprives an individual of property, cash or merchandise through appropriation, theft, false pretext, theft from a person, shoplifting, swindling, passing a worthless check, embezzlement, extortion, changing price tags, receiving stolen property, unlawfully receiving a service without paying for it or stealing vehicle accessories, walking a check, or any form of theft – including making a false claim to an insurance company? (This does not include previously mentioned thefts from employers) .....  Yes  No
23. Any act involving forgery of any writing, document, signature, money, any legal document, license, contract, credit card, check security agreement, will deed, or any deed or trust with the intention to defraud or harm any person or business? .....  Yes  No
24. Any act involving stealing a credit card, presenting a credit card to obtain property or services fraudulently, using a credit card without the consent of the person to whom the card was issued, using an expired credit card, using a fictitious credit card or number, using a stolen credit card, any involvement in the manufacture of counterfeit credit cards, buying a credit card, selling a credit card, forging a signature on a credit card receipt or in any way attempting to commit theft or steal from anyone using a credit card? .....  Yes  No
25. Any act involving theft of a vehicle, using of a vehicle without the owner’s consent or joyriding in a stolen vehicle? .....  Yes  No
26. Any act involving bribing or attempting to bribe any government officer or employee? .....  Yes  No
27. Any act involving telling any lie, falsehood or misrepresentation of any act while under oath or on a sworn or notarized document? .....  Yes  No
28. Have you ever falsely identified yourself as anyone other than your true identity on any document, including any government document? .....  Yes  No
29. Have you ever allowed anyone to use your identification as his/her own? .....  Yes  No
30. Any act, as an adult, related to filing a false report to any peace officer or law enforcement employee? .....  Yes  No
31. Any act involving impersonating a peace officer, police officer, or law enforcement official? .....  Yes  No

32. Any act, as an adult, of impersonating a government official? .....  Yes  No
33. Any act involving resisting or interfering with any peace officer in making any arrest or detention of any person, including yourself? .....  Yes  No
34. Any act of fleeing from a peace officer, in a motor vehicle or by foot, who is attempting to arrest, detain or question you or another? .....  Yes  No
35. Any act, as an adult, involving the production, sale, distribution, promotion or possession with intent to sell any picture, magazine, film, device, tape, book or any other items which depicts any patently offensive sexual acts, including any form of copulation, masturbation, excretory functions, sadism, masochism or lewd exhibition?.....  Yes  No
36. Any act, as an adult, involving engaging in any sexual act, including intercourse, oral intercourse or sexual contact with the genitals, breasts or anus of another person in return for cash, property, merchandise or anything of value?.....  Yes  No
37. Any act involving the receipt of compensation or anything of value for any act of prostitution committed by any person, or forcing any person by threat or physical force to commit an act of prostitution?.....  Yes  No
38. Any act involving the unlawful possession of any explosive device, machine gun, sawed-off shotgun or rifle, armor piercing ammunition or silencer? .....  Yes  No
39. Any unlawful act, as an adult, of carrying a pistol, illegal knife, illegally altered weapon, incendiary device or other illegal weapons? .....  Yes  No
40. Any act, as an adult, or participation in the promotion of gambling, maintaining or involvement in a gambling place, or the possession of a gambling device, equipment or paraphernalia, excluding dice or cards? .....  Yes  No
41. Any act involving any participation in any criminal enterprise or organized activity which seeks to further murder, arson, robbery, burglary, theft, kidnapping, aggravated assault, forgery, gambling, prostitution, promotion or distribution of drugs, promotion or sale of obscene materials or other criminal act?.....  Yes  No
42. Any act of participation or act that resulted in you being in possession of, receiving, buying or selling any property that was stolen or that you had reason to believe was stolen?.....  Yes  No
43. Have you ever failed to file or filed a fraudulent income tax return or statement? .....  Yes  No
44. Have you ever converted government property to your own use or sold it? .....  Yes  No
45. Have you ever failed to pay any local, state, or federal taxes? .....  Yes  No
46. Have you ever been indicted by a grand jury? .....  Yes  No
47. Have you ever been sentenced or confined in a city, county, state, or federal penal institution or institution for criminally insane? .....  Yes  No
48. Do you currently live, reside, or associate with any relatives, friends, or personal contacts involved in any criminal activity? .....  Yes  No
49. Have you ever stolen or taken part in a theft of state, city, or commercial utilities? (i.e., water, gas, electric, cable television, etc.) .....  Yes  No
50. Have you, or any member of your family (spouse's family), ever been a member of, or associated with:
- a. any criminal organization .....  Yes  No

- b. any association that has as its purpose the overthrow of the federal government ....  Yes  No
  - c. any street gang or paramilitary organization .....  Yes  No
  - d. any group that advocates racial or sexual discrimination .....  Yes  No
  - e. any terrorist cell or organization .....  Yes  No
51. Have you ever intentionally viewed, transported or received any pornographic material that depicts a child younger than 18 years of age, engaging in sexual conduct? .....  Yes  No
  52. As an adult, have you ever accessed a computer, computer software, computer system, or computer network without the effective consent of the owner? .....  Yes  No
  53. Have you ever participated in any type of fraud or theft using a computer? .....  Yes  No
  54. As an adult, have you ever intentionally or knowingly provided false or misleading information to obtain property or credit for yourself or another?.....  Yes  No
  55. Have you committed an act of window peeping? .....  Yes  No
  56. Have you ever used a computer, the internet or other electronic device to purposefully stalk, harass, threaten or intimidate someone? .....  Yes  No
  57. Have you ever attempted to contact another on a computer, mobile phone, or app to have a sexual meeting or encounter? .....  Yes  No
  58. Have you ever taken part in an act of civil disobedience? .....  Yes  No
  59. Have you ever been a paid or unpaid police informant? .....  Yes  No
  60. As an adult, have you taken, or been a party to, any theft involving any property valued at \$100.00 or greater, in the past ten years? .....  Yes  No

If you answered yes, the explanation must include the date, location, and value of the item(s) taken for each incident.

61. Check the box if you have ever received:
  - Probation or Community Supervision
  - Deferred Adjudication
  - Final Conviction
  - Jail or Prison

**BEFORE CONTINUING ON, BE SURE THAT YOU HAVE LISTED ALL AREAS OF CRIMINAL BEHAVIOR IN WHICH YOU HAD INVOLVEMENT.**

# Criminal Activity – Illegal Drugs/Sales

**IF YOU ANSWER YES TO ANY QUESTION IN THIS SECTION, EXPLAIN.**

Participation in the sale of illegal drugs is common in our society. For the purposes of employment, the Hurst Police Department treats the sale of each illegal drug differently. In all cases, the Department is concerned with the illegal sale of drugs to another person (with or without profit to you); delivery of illegal drugs to another person; transporting illegal drugs to be sold; trading illegal drugs for anything of value; manufacturing illegal drugs; the cultivation of illegal drugs for anything of value; manufacturing illegal drug plants or in any other way being involved in a transaction involving illegal drugs.

1. Have you ever been involved in the sale or delivery of any controlled substance or illegal drug(s) with or without a profit to you? .....  Yes  No  
 If yes, explain your *involvement* in detail. \_\_\_\_\_

2. Have you ever transported any illegal drugs across a state or United States border? .....  Yes  No  
 3. Have you ever transported any illegal drug as a favor to someone else, or helped in any manner to deliver any illegal drug(s)? .....  Yes  No  
 4. Have you ever participated in the manufacture of any illegal drug(s) .....  Yes  No  
 If yes, explain your *involvement* in detail. \_\_\_\_\_

5. Have you ever cultivated or grown any illegal drug or substance? .....  Yes  No

In the space provided below, please list the type and amount of illegal drug sold, transported, manufactured and/or grown; your age at the time, and the number of times you committed these acts.

Type of Drug	Amount of Drug	Age	Number of Times
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**BEFORE CONTINUING, BE SURE THAT YOU HAVE LISTED ALL ILLEGAL DRUG SALES IN WHICH YOU HAD INVOLVEMENT.**

# Criminal Activity – Illegal Drugs/Possession

## **IF YOU ANSWER YES TO ANY QUESTION IN THIS SECTION, EXPLAIN.**

It is important the Department be aware of your past and current illegal drug usage. As a peace officer you may be called to testify as a witness in a criminal prosecution of an individual charged with illegal drug usage and the defense could ask about your personal drug usage in an effort to attack or impeach your credibility.

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

Identify exactly when you used a drug. You will be given an opportunity to explain the first date that you used each drug and the last time you used each drug.

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

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

On the following page explain your usage of each of the drugs mentioned; the first time (year) you used the drug, the last time (month and year) you used the drug, the maximum number of times you used the drug, and how you used the drug\*. If you never used the particular drug, then check the appropriate “NEVER” area.

\* **Regardless of whether or not the drug had any effect.**

# Criminal Activity – Illegal Drugs/Possession

DRUG	FIRST TIME USED	LAST TIME USED	MAXIMUM TIMES USED	HOW USED	IF NEVER, CHECK HERE
PCP					
Angel Dust					
THC					
Marijuana, Hashish					
LSD, Acid,					
Peyote					
Mescaline					
Heroin, opium					
Cocaine, crack, rock					
Quaaludes					
Downers					
Tranquilizers					
Amphetamines, Meth, Methamphetamines /Speed/Crank					
Biphetamine					
Ecstasy/XTC/Ice					
Ketamine /Special K					
GHB					
Preludin					
Dilaudid					
Talwin/PBZ					
Inhalants (glue/paint)					
Mushrooms, Psilocybin, sherns,					
Designer Drugs					
Anabolic Steroids					
Rohypnol (date rape drug)					
Clickums/Xanbars/Xanax					



1. List any additional drug(s) you have used not listed on previous page: \_\_\_\_\_

***Before continuing, think carefully to insure that you have not forgotten to list any illegal drug usage which you can recall.***

- 2. Would you have a problem arresting a friend or family member for a drug violation if you were a police officer? .....  Yes  No
- 3. Have you ever used a prescription medication(s) without a valid prescription? .....  Yes  No
- 4. Have you ever used a prescription medication(s) prescribed to another person? .....  Yes  No
- 5. Have you ever lied to a doctor about symptoms in order to get a prescription? .....  Yes  No
- 6. Do you associate or reside with individuals who use illegal drugs and/or abuse medication? .....  Yes  No
- 7. Have you ever attempted and/or succeeded in 'getting high' with products such as paint, glue, gasoline, nitrous oxide, etc.? .....  Yes  No
- 8. Have you ever caused another person to ingest, drink or otherwise consume an illegal substance without their knowledge? .....  Yes  No
- 9. Have you ever been present when someone else was buying, selling or using drugs? ..  Yes  No

# Criminal Activity – Alcohol

## IF YOU ANSWER YES TO ANY QUESTION IN THIS SECTION, EXPLAIN.

The legal definition of intoxication is: Not having the normal use of mental or physical faculties by reason of the introduction of alcohol, a controlled substance, a drug, a dangerous drug, a combination of two or more of those substances, or any other substance into the body or having an alcohol concentration of 0.08 or more.

1. Have you provided alcohol to a minor (*under the age of 21*)? .....  Yes  No

2. List the number of times in the past five years you have been intoxicated in public.

Number of times: \_\_\_\_\_

For each incident above, please explain the circumstances in detail and include the following information:

Date and location: \_\_\_\_\_

Type of drinks (*i.e. beer, wine, liquor*): \_\_\_\_\_

Number and size of drinks: \_\_\_\_\_

Time frame of your drinking: \_\_\_\_\_

Your estimated weight when you were intoxicated in public: \_\_\_\_\_

3. Have you ever operated a motor vehicle with an open container? .....  Yes  No

If yes, explain: \_\_\_\_\_

4. Have you ever operated a vehicle while under the influence of alcohol or drugs? .....  Yes  No

5. How many times in the last five years have you operated any motor vehicle while intoxicated?

Number of times: \_\_\_\_\_

For each incident above, please explain the circumstances in detail and include the following information:

Date and location: \_\_\_\_\_

Type of drinks (*i.e. beer, wine, liquor*): \_\_\_\_\_

Number and size of drinks: \_\_\_\_\_

Time frame of your drinking: \_\_\_\_\_

Your estimated weight when you were intoxicated in public: \_\_\_\_\_

6. As an adult, have you ever been convicted of DWI or DUI? .....  Yes  No

If yes, provide a detailed explanation: \_\_\_\_\_

\_\_\_\_\_

# Prior Law Enforcement Service

**IF YOU ANSWER YES TO ANY QUESTION IN THIS SECTION, EXPLAIN.**

- Check this box if you **NEVER** served in a position as a sworn or commissioned law enforcement officer, peace officer, sheriff's deputy, or state or federal agent, commissioned reserve officer, detention officer or any other position charged and sworn to uphold the law, including security guard, bouncer or any other security duty. If you check this box, go to the next section of the booklet.
- Check this box if you have prior law enforcement service or security officer service, and please complete the following questions. These questions deal only with your employment as a law enforcement officer or security officer.
1. While employed as a law enforcement officer or security guard, did you ever commit a felony or misdemeanor which would have been punishable by incarceration?.....  Yes  No
  2. While employed as a law enforcement officer or security guard, have you ever abused a prisoner or violated a prisoner's civil rights?.....  Yes  No
  3. Have you ever been terminated or asked to resign from a position as a law enforcement or security officer as a result of an internal investigation or allegation of misconduct? .....  Yes  No
  4. While employed as a law enforcement officer or security guard, have you ever used any illegal drug or illegally obtained drug?.....  Yes  No
  5. While employed as a law enforcement officer or security guard, have you ever confiscated a prisoner's property and made use of it?.....  Yes  No
  6. While employed as a law enforcement officer or security guard, have you ever received any disciplinary action?.....  Yes  No
  7. Have you ever been formally investigated for misconduct?.....  Yes  No
  8. While employed as a law enforcement officer or security guard, have you ever received a suspension or any written or verbal reprimands?.....  Yes  No
  9. While employed as a law enforcement officer or security guard, have you ever falsified anything in a police report? .....  Yes  No
  10. While employed as a law enforcement officer or security guard, have you ever used excessive or unnecessary force?.....  Yes  No
  11. While employed as a law enforcement officer or security guard, have you ever perjured yourself or given false testimony?.....  Yes  No
  12. While employed as a law enforcement officer or security guard, have you ever:
    - a. Slept on duty?.....  Yes  No
    - b. Been involved in any sexual act on duty? .....  Yes  No
    - c. Been involved in an act of masturbation on duty? .....  Yes  No
    - d. Consumed alcohol on duty? .....  Yes  No
  13. Have you ever been sued in your capacity as a peace officer in state or federal court?.....  Yes  No
  14. Have you ever used any position of authority to abuse or mistreat anyone?.....  Yes  No
  15. Have you ever been placed on a "Brady" or other type of disclosure list used to notify a prosecuting authority of potential impeachment evidence? .....  Yes  No

# Personal References

List six (6) persons that can provide current information about you; do not list relatives, past/present employers, or acquaintances involved in law enforcement.

1. Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Address: \_\_\_\_\_ Years Known: \_\_\_\_\_  
Home/ Cell Phone#: \_\_\_\_\_ Work Phone #: \_\_\_\_\_  
EMAIL: \_\_\_\_\_ Relationship: \_\_\_\_\_
  
2. Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Address: \_\_\_\_\_ Years Known: \_\_\_\_\_  
Home/ Cell Phone#: \_\_\_\_\_ Work Phone #: \_\_\_\_\_  
EMAIL: \_\_\_\_\_ Relationship: \_\_\_\_\_
  
3. Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Address: \_\_\_\_\_ Years Known: \_\_\_\_\_  
Home/ Cell Phone#: \_\_\_\_\_ Work Phone #: \_\_\_\_\_  
EMAIL: \_\_\_\_\_ Relationship: \_\_\_\_\_
  
4. Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Address: \_\_\_\_\_ Years Known: \_\_\_\_\_  
Home/ Cell Phone#: \_\_\_\_\_ Work Phone #: \_\_\_\_\_  
EMAIL: \_\_\_\_\_ Relationship: \_\_\_\_\_
  
5. Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Address: \_\_\_\_\_ Years Known: \_\_\_\_\_  
Home/ Cell Phone#: \_\_\_\_\_ Work Phone #: \_\_\_\_\_  
EMAIL: \_\_\_\_\_ Relationship: \_\_\_\_\_
  
6. Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Address: \_\_\_\_\_ Years Known: \_\_\_\_\_  
Home/ Cell Phone#: \_\_\_\_\_ Work Phone #: \_\_\_\_\_  
EMAIL: \_\_\_\_\_ Relationship: \_\_\_\_\_

List any references who are members of law enforcement agencies.

1. Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Address: \_\_\_\_\_ Years Known: \_\_\_\_\_  
Home/ Cell Phone#: \_\_\_\_\_ Work Phone #: \_\_\_\_\_  
EMAIL: \_\_\_\_\_ Relationship: \_\_\_\_\_
  
2. Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Address: \_\_\_\_\_ Years Known: \_\_\_\_\_  
Home/ Cell Phone#: \_\_\_\_\_ Work Phone #: \_\_\_\_\_  
EMAIL: \_\_\_\_\_ Relationship: \_\_\_\_\_
  
3. Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Address: \_\_\_\_\_ Years Known: \_\_\_\_\_  
Home/ Cell Phone#: \_\_\_\_\_ Work Phone #: \_\_\_\_\_  
EMAIL: \_\_\_\_\_ Relationship: \_\_\_\_\_

# Hobbies and Sports

Name of Sport	Duration	Level of Proficiency

# Memberships in Groups/Associations/Clubs

Official Name of Organization	Type: Social, Fraternal, Professional, etc.	Office(s) Held	Dates of Membership	
			From	To

# Nepotism

1. Do you or your spouse have a relative currently employed with the Hurst Police Department? .....  Yes  No  
 If "Yes", provide Name, Relationship, and Position with the Department: \_\_\_\_\_  
 \_\_\_\_\_
  
2. Do you or your spouse have a relative currently employed with the City of Hurst? .....  Yes  No  
 If "Yes", provide Name, Relationship, and Position with the Department: \_\_\_\_\_  
 \_\_\_\_\_
  
3. Police work requires working irregular hours, i.e. evening and night times, weekends, holidays, etc. Please indicate if this would be an issue: .....  Yes  No  
 If "Yes", explain: \_\_\_\_\_

# Integrity

**Before you answer the following questions, we would like to inform you that each word of your answers will be evaluated. Take your time and think before you answer.**

1. Are there any incidents in your life, not mentioned previously herein, which may reflect upon your suitability to perform the duties which you may be called upon to undertake?

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2. Have you deliberately falsified any information in this booklet?

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3. Have you intentionally left any information out of this booklet?

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4. How do you feel now that you have completed this questionnaire?

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5. Should we believe your answers to the questions on the previous pages?

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6. What will you say if it is later determined that you lied, misrepresented, or withheld significant information on this questionnaire?

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7. Did you ever discuss or consider the possibility of lying, misrepresenting, or withholding significant information on this questionnaire?

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# Certification Page

## Please Read

Could you take a human life as a police officer? .....  Yes  No

You have now completed the Personal History Statement and polygraph pretest booklet. You should stop for a moment and think about your answers to insure that you have accurately portrayed all of the information that was requested. Should you now recall any information that was requested which you did not place in the booklet, go back and make the correction.

I HEREBY CERTIFY THAT THERE ARE NO WILLFUL MISREPRESENTATIONS, OMISSIONS, OR FALSIFICATIONS IN THIS BOOKLET. I AM FULLY AWARE THAT ANY SUCH MISREPRESENTATIONS, OMISSIONS, OR FALSIFICATIONS WILL BE GROUNDS FOR IMMEDIATE PERMANENT REJECTION OF MY APPLICATION, OR IF CURRENTLY EMPLOYED WITH THE DEPARTMENT, TERMINATION OF SAID EMPLOYMENT.

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

\_\_\_\_\_  
Date

Sworn and subscribed before me, Notary Public, in and for the State of \_\_\_\_\_, this the \_\_\_\_\_ day  
of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Printed Notary Name

\_\_\_\_\_  
Notary Signature

(Seal)

My Commission expires: \_\_\_\_\_

(Seal)

**Do not submit this document *electronically* to the Police Department. It contains waivers and agreement forms that must be submitted in the original format and be notarized and signed.**

**Print this document (single-sided print only) and bring the completed packet with you to the Civil Service Examination.**

# FOR YOUR RECORDS. DO NOT TURN IN

Para información en español, visite [www.ftc.gov/credit](http://www.ftc.gov/credit) o escriba a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, DC 20580.

## A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. For more information, including information about additional rights, go to [www.ftc.gov/credit](http://www.ftc.gov/credit) or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, DC 20580.

**- You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address and phone number of the agency that provided the information.

**- You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:

- A person has taken adverse action against you because of information in your credit report;
- You are the victim of identify theft and place a fraud alert in your file;
- Your file contains inaccurate information as a result of fraud;
- You are on public assistance;
- You are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.ftc.gov/credit](http://www.ftc.gov/credit) for additional information.

**- You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

**- You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See [www.ftc.gov/credit](http://www.ftc.gov/credit) for an explanation of dispute procedures.

**- Consumer reporting agencies must correct or delete inaccurate, incomplete or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

**- Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

**- Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need - usually to consider an application with a creditor, insurer, employer,

landlord, or other business. The FCRA specifies those with a valid need for access.

**- You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.ftc.gov/credit](http://www.ftc.gov/credit).

**- You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.

**- You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

**- Identify theft victims and active duty military personnel have additional rights.** For more information, visit [www.ftc.gov/credit](http://www.ftc.gov/credit).

**States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:**

TYPE OF BUSINESS:	CONTACT:
Consumer reporting agencies, creditors and others not listed below	<b>Federal Trade Commission: Consumer Response Center - FCRA</b> Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	<b>Office of the Comptroller of the Currency</b> Compliance Management Mail Stop 6-6 Washington, DC 20219 1-800-613-6743
Federal Reserve System member banks (except national banks and federal branches/agencies of foreign banks)	<b>Federal Reserve Board</b> Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	<b>Office of Thrift Supervision</b> Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	<b>National Credit Union Administration</b> 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	<b>Federal Deposit Insurance Corporation</b> Consumer Response Center 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	<b>Department of Transportation</b> Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act of 1921	<b>Department of Agriculture</b> Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051