

Police Officer

PERSONAL HISTORY STATEMENT

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**Applicant Name**

**LIVE OAK POLICE DEPARTMENT  
PERSONAL HISTORY STATEMENT**

.....@j Y'CU\_ Police Department  
Personal History Statement

**READ THESE INSTRUCTIONS CAREFULLY**

These instructions are provided as a guide to assist you in properly completing the PERSONAL HISTORY STATEMENT. The Personal History Statement and supporting documents are necessary to conduct your background investigation. It is essential that the information be accurate in all respects. It will be used as the basis for a background investigation that will determine your eligibility for employment.

1. The Personal History Statement must be printed legibly in **black ink** or **typed** by you.
2. All questions must be answered completely and to the best of your ability. If a question does not apply to you, enter "N/A" or "Not Applicable" in the space provided.
3. Do not use "Liquid Paper", "Correction Tape" or any other substance to "white out" errors. Draw one line through the error and write the correction above or next to the error. Avoid errors by reading the directions carefully before making entries on the form. Be sure your information is correct and in proper sequence before you begin.
4. You are responsible for obtaining correct names, addresses and telephone numbers. If you are not sure of an address or telephone number, check it by personal verification. The internet may be a source for obtaining information. **If you do not provide the necessary phone numbers, your application may be disqualified.**
5. Do not write on the back of any page. If there is insufficient space on the form, attach extra sheets. Be sure to reference the relevant section and question on the extra sheet(s).
6. Upon completing the Personal History Statement, re-check each section to ensure that all information requested has been provided and is accurate.
7. Initial each page indicating the information is accurate and complete.

**Your failure to properly complete this document may result in disqualification of your application. Any deliberate omissions or falsifications of information may result in disqualification; or, if you have been appointed, may disqualify you from continued employment.**

The City of Live Oak is an Equal Opportunity Employer and is firmly committed to treating employees and applicants for employment according to their experience, talent, and qualifications for the job, without regard to race, creed, color, national origin, sex, age [if at least age forty (40)] or disability (if otherwise qualified to do the job).

**For Police Department Use Only**

Applicant: \_\_\_\_\_

Position: \_\_\_\_\_

Date PHS Received: \_\_\_\_\_

PHS Received by: \_\_\_\_\_

Background Investigator: \_\_\_\_\_

**LIVE OAK POLICE DEPARTMENT  
PERSONAL HISTORY STATEMENT**

**SECTION 1: PERSONAL**

1. YOUR FULL NAME (INCLUDING SURNAME SUFFIX)			
LAST	FIRST	MIDDLE	
2. OTHER NAMES, INCLUDING MAIDEN NAMES OR NICKNAMES, YOU HAVE USED OR BEEN KNOWN BY			
3. ADDRESS WHERE YOU CURRENTLY RESIDE			
STREET		APT / UNIT	
CITY		STATE	ZIP
4. MAILING ADDRESS, IF DIFFERENT FROM ABOVE			
5. CONTACT NUMBERS			
HOME ( )	WORK ( )	EXT	OTHER ( ) <input type="checkbox"/> CELL <input type="checkbox"/> FAX <input type="checkbox"/> PAGER
6. EMAIL ADDRESS			
HOME		BUSINESS	
7. If you were born outside of the United States, are you a U.S. citizen? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No If no, are you a resident alien who is eligible and has applied for U.S. citizenship? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No			
8. BIRTH PLACE – CITY / COUNTY / STATE / COUNTRY			9. BIRTHDATE
			10. SOCIAL SECURITY NUMBER - -
11. DRIVER'S LICENSE		12. PHYSICAL DESCRIPTION	
NO.	STATE	EXP	HEIGHT      WEIGHT

**SECTION 2: RELATIVES AND REFERENCES**

13. 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 more space is needed, continue your response on page 27.

<input type="checkbox"/> N/A	<b>A. Father</b>			
NAME		HOME ADDRESS		STATE      ZIP
HOME PHONE ( )		WORK ADDRESS		STATE      ZIP
WORK PHONE ( )		CELL PHONE ( )	EMAIL	

<input type="checkbox"/> N/A	<b>B. Step-father</b>			
NAME		HOME ADDRESS		STATE      ZIP
HOME PHONE ( )		WORK ADDRESS		STATE      ZIP
WORK PHONE ( )		CELL PHONE ( )	EMAIL	

<input type="checkbox"/> N/A	<b>C. Mother</b>			
NAME		HOME ADDRESS		STATE      ZIP
HOME PHONE ( )		WORK ADDRESS		STATE      ZIP
WORK PHONE ( )		CELL PHONE ( )	EMAIL	

**LIVE OAK POLICE DEPARTMENT  
PERSONAL HISTORY STATEMENT**

**SECTION 2: RELATIVES AND REFERENCES** *continued*

13. IMMEDIATE FAMILY *continued*

<input type="checkbox"/> N/A <b>D. Step-mother</b>			
NAME		HOME ADDRESS	
		STATE	ZIP
HOME PHONE ( )	WORK ADDRESS		
	STATE	ZIP	
WORK PHONE ( )	CELL PHONE ( )	EMAIL	

<input type="checkbox"/> N/A <b>E. Spouse</b>			
NAME		HOME ADDRESS	
		STATE	ZIP
HOME PHONE ( )	WORK ADDRESS		
	STATE	ZIP	
WORK PHONE ( )	CELL PHONE ( )	EMAIL	
YEARS OF MARRIAGE	Is there, or has there been, a protective order in effect for this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No		

<input type="checkbox"/> N/A <b>F. Father-in-law</b>			
NAME		HOME ADDRESS	
		STATE	ZIP
HOME PHONE ( )	WORK ADDRESS		
	STATE	ZIP	
WORK PHONE ( )	CELL PHONE ( )	EMAIL	

<input type="checkbox"/> N/A <b>G. Mother-in-law</b>			
NAME		HOME ADDRESS	
		STATE	ZIP
HOME PHONE ( )	WORK ADDRESS		
	STATE	ZIP	
WORK PHONE ( )	CELL PHONE ( )	EMAIL	

<input type="checkbox"/> N/A <b>H. Former Spouse(s)</b>			
1) NAME		HOME ADDRESS	
		STATE	ZIP
HOME PHONE ( )	WORK ADDRESS		
	STATE	ZIP	
WORK PHONE ( )	CELL PHONE ( )	EMAIL	
YEAR OF DISSOLUTION	Is there, or has there been, a protective order in effect for this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No		

2) NAME		HOME ADDRESS	
		STATE	ZIP
HOME PHONE ( )	WORK ADDRESS		
	STATE	ZIP	
WORK PHONE ( )	CELL PHONE ( )	EMAIL	
YEAR OF DISSOLUTION	Is there, or has there been, a protective order in effect for this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No		

**LIVE OAK POLICE DEPARTMENT  
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**SECTION 2: RELATIVES AND REFERENCES** *continued*  
13. IMMEDIATE FAMILY *continued*

N/A **I. Brothers and Sisters** – list all living siblings, including half-siblings, step-siblings, foster siblings, etc.

1) NAME		HOME ADDRESS		STATE	ZIP
<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> UNDER AGE 18	HOME PHONE ( )	WORK ADDRESS		STATE	ZIP
	WORK PHONE ( )	CELL PHONE ( )	EMAIL		
2) NAME		HOME ADDRESS		STATE	ZIP
<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> UNDER AGE 18	HOME PHONE ( )	WORK ADDRESS		STATE	ZIP
	WORK PHONE ( )	CELL PHONE ( )	EMAIL		
3) NAME		HOME ADDRESS		STATE	ZIP
<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> UNDER AGE 18	HOME PHONE ( )	WORK ADDRESS		STATE	ZIP
	WORK PHONE ( )	CELL PHONE ( )	EMAIL		
4) NAME		HOME ADDRESS		STATE	ZIP
<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> UNDER AGE 18	HOME PHONE ( )	WORK ADDRESS		STATE	ZIP
	WORK PHONE ( )	CELL PHONE ( )	EMAIL		
5) NAME		HOME ADDRESS		STATE	ZIP
<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> UNDER AGE 18	HOME PHONE ( )	WORK ADDRESS		STATE	ZIP
	WORK PHONE ( )	CELL PHONE ( )	EMAIL		
6) NAME		HOME ADDRESS		STATE	ZIP
<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> UNDER AGE 18	HOME PHONE ( )	WORK ADDRESS		STATE	ZIP
	WORK PHONE ( )	CELL PHONE ( )	EMAIL		

N/A **J. 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.

1) NAME		CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)	
<input type="checkbox"/> M <input type="checkbox"/> F	CHILD'S AGE	ADDRESS	
		STATE	ZIP
		CONTACT NUMBER ( )	EMAIL
2) NAME		CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)	
<input type="checkbox"/> M <input type="checkbox"/> F	CHILD'S AGE	ADDRESS	
		STATE	ZIP
		CONTACT NUMBER ( )	EMAIL

**LIVE OAK POLICE DEPARTMENT  
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**SECTION 2: RELATIVES AND REFERENCES** *continued*  
13. IMMEDIATE FAMILY (CHILDREN) *continued*

3) NAME		CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)	
<input type="checkbox"/> M	CHILD'S AGE	ADDRESS	
<input type="checkbox"/> F		STATE	ZIP
CONTACT NUMBER ( )		EMAIL	

4) NAME		CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)	
<input type="checkbox"/> M	CHILD'S AGE	ADDRESS	
<input type="checkbox"/> F		STATE	ZIP
CONTACT NUMBER ( )		EMAIL	

5) NAME		CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)	
<input type="checkbox"/> M	CHILD'S AGE	ADDRESS	
<input type="checkbox"/> F		STATE	ZIP
CONTACT NUMBER ( )		EMAIL	

6) NAME		CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)	
<input type="checkbox"/> M	CHILD'S AGE	ADDRESS	
<input type="checkbox"/> F		STATE	ZIP
CONTACT NUMBER ( )		EMAIL	

14. 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. Include current or former law enforcement personnel.

A) NAME		HOME ADDRESS		STATE	ZIP
HOME PHONE ( )		WORK ADDRESS			
WORK PHONE ( )		CELL PHONE ( )	EMAIL		
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)				HOW LONG HAVE YOU KNOWN THIS PERSON?	

B) NAME		HOME ADDRESS		STATE	ZIP
HOME PHONE ( )		WORK ADDRESS			
WORK PHONE ( )		CELL PHONE ( )	EMAIL		
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)				HOW LONG HAVE YOU KNOWN THIS PERSON?	

C) NAME		HOME ADDRESS		STATE	ZIP
HOME PHONE ( )		WORK ADDRESS			
WORK PHONE ( )		CELL PHONE ( )	EMAIL		
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)				HOW LONG HAVE YOU KNOWN THIS PERSON?	

**LIVE POLICE DEPARTMENT  
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**SECTION 2: RELATIVES AND REFERENCES (Section 14. References) *continued***

D) NAME		HOME ADDRESS		STATE	ZIP
HOME PHONE ( )		WORK ADDRESS		STATE	ZIP
WORK PHONE ( )		CELL PHONE ( )	EMAIL		
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)				HOW LONG HAVE YOU KNOWN THIS PERSON?	

E) NAME		HOME ADDRESS		STATE	ZIP
HOME PHONE ( )		WORK ADDRESS		STATE	ZIP
WORK PHONE ( )		CELL PHONE ( )	EMAIL		
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)				HOW LONG HAVE YOU KNOWN THIS PERSON?	

F) NAME		HOME ADDRESS		STATE	ZIP
HOME PHONE ( )		WORK ADDRESS		STATE	ZIP
WORK PHONE ( )		CELL PHONE ( )	EMAIL		
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)				HOW LONG HAVE YOU KNOWN THIS PERSON?	

G) NAME		HOME ADDRESS		STATE	ZIP
HOME PHONE ( )		WORK ADDRESS		STATE	ZIP
WORK PHONE ( )		CELL PHONE ( )	EMAIL		
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)				HOW LONG HAVE YOU KNOWN THIS PERSON?	

H) NAME		HOME ADDRESS		STATE	ZIP
HOME PHONE ( )		WORK ADDRESS		STATE	ZIP
WORK PHONE ( )		CELL PHONE ( )	EMAIL		
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)				HOW LONG HAVE YOU KNOWN THIS PERSON?	

I) NAME		HOME ADDRESS		STATE	ZIP
HOME PHONE ( )		WORK ADDRESS		STATE	ZIP
WORK PHONE ( )		CELL PHONE ( )	EMAIL		
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)				HOW LONG HAVE YOU KNOWN THIS PERSON?	

J) NAME		HOME ADDRESS		STATE	ZIP
HOME PHONE ( )		WORK ADDRESS		STATE	ZIP
WORK PHONE ( )		CELL PHONE ( )	EMAIL		
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)				HOW LONG HAVE YOU KNOWN THIS PERSON?	

**LIVE OAK POLICE DEPARTMENT  
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**SECTION 3: EDUCATION**

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

15. Check all that are applicable:     High School Diploma from an accredited U.S. institution     GED     Accredited College Degree

**16. List high schools attended:**

A) NAME		FROM	TO	DID YOU GRADUATE? <input type="checkbox"/> Yes <input type="checkbox"/> No
CITY		STATE		
B) NAME		FROM	TO	DID YOU GRADUATE? <input type="checkbox"/> Yes <input type="checkbox"/> No
CITY		STATE		

**17. List all colleges or universities attended:**

A) NAME	FROM	TO	TOTAL HOURS EARNED	TYPE OF DEGREE EARNED
CITY	STATE			
B) NAME	FROM	TO	TOTAL HOURS EARNED	TYPE OF DEGREE EARNED
CITY	STATE			
C) NAME	FROM	TO	TOTAL HOURS EARNED	TYPE OF DEGREE EARNED
CITY	STATE			

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

A) NAME	FROM	TO	DID YOU COMPLETE THE COURSE? <input type="checkbox"/> Yes <input type="checkbox"/> No
TYPE OF SCHOOL OR TRAINING	CITY	STATE	
B) NAME	FROM	TO	DID YOU COMPLETE THE COURSE? <input type="checkbox"/> Yes <input type="checkbox"/> No
TYPE OF SCHOOL OR TRAINING	CITY	STATE	
C) NAME	FROM	TO	DID YOU COMPLETE THE COURSE? <input type="checkbox"/> Yes <input type="checkbox"/> No
TYPE OF SCHOOL OR TRAINING	CITY	STATE	

19. Have you ever attended a Basic Law Enforcement / Police Academy?.....  Yes     No  
If yes, provide the following information:

A) ACADEMY NAME	FROM	TO	DID YOU GRADUATE? <input type="checkbox"/> Y <input type="checkbox"/> N
LOCATION (CITY, STATE)	NAME OF TRAINING OFFICER / ACADEMY COORDINATOR	CONTACT NUMBER (    )	
B) ACADEMY NAME	FROM	TO	DID YOU GRADUATE? <input type="checkbox"/> Y <input type="checkbox"/> N
LOCATION (CITY, STATE)	NAME OF TRAINING OFFICER / ACADEMY COORDINATOR	CONTACT NUMBER (    )	



**LIVE OAK POLICE DEPARTMENT  
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**SECTION 3: EDUCATION** *continued*

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

If yes, describe in detail below. Starting with high school, list any and all 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: RESIDENCE**

21. LIST OF RESIDENCES

- List ALL residences in the past 10 years, beginning with the present. 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 name of base in address, nearest city, state and zip code. DO NOT LIST military barracks mates unless you shared individual quarters.
- If more space is needed continue on page 27.

A) ADDRESS WHERE YOU NOW LIVE				APT / UNIT	FROM	TO
						<b>Present</b>
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER			
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER				APT / UNIT	CONTACT NUMBER ( )	
CITY	STATE	ZIP	EMAIL (PROPERTY OWNER, RENT COLLECTOR, OR OWNER)			
Names of those with whom you live:						

B) FORMER ADDRESS				APT / UNIT	FROM	TO
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER			
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER				APT / UNIT	CONTACT NUMBER ( )	
CITY	STATE	ZIP	EMAIL (PROPERTY OWNER, RENT COLLECTOR, OR OWNER)			
Names of those with whom you lived:						
Reason for moving:						

C) FORMER ADDRESS				APT / UNIT	FROM	TO
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER			
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER				APT / UNIT	CONTACT NUMBER ( )	
CITY	STATE	ZIP	EMAIL (PROPERTY OWNER, RENT COLLECTOR, OR OWNER)			
Names of those with whom you lived:						
Reason for moving:						

**LIVE OAK POLICE DEPARTMENT  
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**SECTION 4: RESIDENCE *continued***

21. LIST OF RESIDENCES *continued*

D) FORMER ADDRESS				APT / UNIT	FROM	TO
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER			
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER				APT / UNIT	CONTACT NUMBER ( )	
CITY	STATE	ZIP	EMAIL (PROPERTY OWNER, RENT COLLECTOR, OR OWNER)			
Names of those with whom you lived:						
Reason for moving:						
E) FORMER ADDRESS				APT / UNIT	FROM	TO
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER			
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER				APT / UNIT	CONTACT NUMBER ( )	
CITY	STATE	ZIP	EMAIL (PROPERTY OWNER, RENT COLLECTOR, OR OWNER)			
Names of those with whom you lived:						
Reason for moving:						
F) FORMER ADDRESS				APT / UNIT	FROM	TO
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER			
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER				APT / UNIT	CONTACT NUMBER ( )	
CITY	STATE	ZIP	EMAIL (PROPERTY OWNER, RENT COLLECTOR, OR OWNER)			
Names of those with whom you lived:						
Reason for moving:						
G) FORMER ADDRESS				APT / UNIT	FROM	TO
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER			
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER				APT / UNIT	CONTACT NUMBER ( )	
CITY	STATE	ZIP	EMAIL (PROPERTY OWNER, RENT COLLECTOR, OR OWNER)			
Names of those with whom you lived:						
Reason for moving:						



**LIVE OAK POLICE DEPARTMENT  
PERSONAL HISTORY STATEMENT**

**SECTION 5: EMPLOYMENT AND EXPERIENCE**

25. JOB EXPERIENCE

- List **ALL** jobs you have had, including part-time, temporary, self-employment and volunteer, in the past 10 years. (Begin with your most current. If more space is needed continue your response on page 27.)
- If you have military experience, including reserve duty, enter your military base, assignments, or unit of assignment.
- List **ALL** periods of unemployment in excess of 30 days.

A) NAME OF EMPLOYER OR MILITARY UNIT				FROM	TO
STREET ADDRESS OR BASE			SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER ( )	SALARY	
JOB TITLE			EMAIL (SUPERVISOR)		
DUTIES / ASSIGNMENTS				<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)		2)		REASON FOR WANTING TO LEAVE	
Would there be a problem if we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, explain:			

B) PERIOD OF UNEMPLOYMENT				FROM	TO
Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other					

C) NAME OF EMPLOYER OR MILITARY UNIT				FROM	TO
STREET ADDRESS OR BASE			SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER ( )	EXT	
JOB TITLE			EMAIL (SUPERVISOR)		
DUTIES / ASSIGNMENTS				<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)		2)		REASON FOR LEAVING	

D) PERIOD OF UNEMPLOYMENT				FROM	TO
Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other					

E) NAME OF EMPLOYER OR MILITARY UNIT				FROM	TO
STREET ADDRESS OR BASE			SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER ( )	EXT	
JOB TITLE			EMAIL (SUPERVISOR)		
DUTIES / ASSIGNMENTS				<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)		2)		REASON FOR LEAVING	

**LIVE OAK POLICE DEPARTMENT  
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**SECTION 5: EXPERIENCE AND EMPLOYMENT** *continued*  
25. JOB EXPERIENCE *continued*

F) PERIOD OF UNEMPLOYMENT Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other	FROM	TO
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G) NAME OF EMPLOYER OR MILITARY UNIT				FROM	TO
STREET ADDRESS OR BASE			SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER (   )	EXT	
JOB TITLE			EMAIL (SUPERVISOR)		
DUTIES / ASSIGNMENTS				<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)		2)		REASON FOR LEAVING	

H) PERIOD OF UNEMPLOYMENT Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other	FROM	TO
--	------	----

I) NAME OF EMPLOYER OR MILITARY UNIT				FROM	TO
STREET ADDRESS OR BASE			SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER (   )	EXT	
JOB TITLE			EMAIL (SUPERVISOR)		
DUTIES / ASSIGNMENTS				<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)		2)		REASON FOR LEAVING	

J) PERIOD OF UNEMPLOYMENT Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other	FROM	TO
--	------	----

K) NAME OF EMPLOYER OR MILITARY UNIT				FROM	TO
STREET ADDRESS OR BASE			SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER (   )	EXT	
JOB TITLE			EMAIL (SUPERVISOR)		
DUTIES / ASSIGNMENTS				<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)		2)		REASON FOR LEAVING	

L) PERIOD OF UNEMPLOYMENT Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other	FROM	TO
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**SECTION 5: EXPERIENCE AND EMPLOYMENT** *continued*

25. JOB EXPERIENCE *continued*

M) NAME OF EMPLOYER OR MILITARY UNIT				FROM	TO
STREET ADDRESS OR BASE			SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER ( )	EXT	
JOB TITLE			EMAIL (SUPERVISOR)		
DUTIES / ASSIGNMENTS				<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)		2)		REASON FOR LEAVING	

N) PERIOD OF UNEMPLOYMENT				FROM	TO
Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other					

O) NAME OF EMPLOYER OR MILITARY UNIT				FROM	TO
STREET ADDRESS OR BASE			SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER ( )	EXT	
JOB TITLE			EMAIL (SUPERVISOR)		
DUTIES / ASSIGNMENTS				<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)		2)		REASON FOR LEAVING	

P) PERIOD OF UNEMPLOYMENT				FROM	TO
Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other					

Q) NAME OF EMPLOYER OR MILITARY UNIT				FROM	TO
STREET ADDRESS OR BASE			SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER ( )	EXT	
JOB TITLE			EMAIL (SUPERVISOR)		
DUTIES / ASSIGNMENTS				<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)		2)		REASON FOR LEAVING	

26. Have you ever been disciplined at work? (This includes written warnings, formal letters of counseling, reprimands, suspensions, reductions in pay, reassignments or demotions) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
27. Have ever you ever been fired, released from probation, or asked to resign from any place of employment? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
28. Have you ever been involved in a physical/verbal altercation with a supervisor, co-worker, or customer? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**LIVE OAK POLICE DEPARTMENT  
PERSONAL HISTORY STATEMENT**

**SECTION 5: EXPERIENCE AND EMPLOYMENT** *continued*

29. Have you ever quit without giving required notice? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
30. Have you ever resigned or quit to avoid being discharged, terminated or fired? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
31. Have you ever been accused of discrimination (such as sexual harassment, racial bias, etc.) by a co-worker, superior, subordinate or customer? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
32. Were you ever the subject of a written complaint at work? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
33. Have you ever been counseled at work due to lateness or absences? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
34. Have you ever received an unsatisfactory performance review? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
35. Have you ever sold, released, or given away legally confidential information? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
36. Have you ever called in sick when you were neither sick nor caring for a sick family member? ..... If yes, how many sick days have you used in the past five years which were not due to illness?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you answered yes to any of **Questions 26–36**, explain (include when, where and circumstances; indicate corresponding number.):

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37. In the past three years, have you missed days or been late to work due to drug or alcohol consumption? ..... If yes, how often?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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38. Has your work performance ever been affected by your use of alcohol or drugs? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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	WHEN?	NAME OF EMPLOYER
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39. In the past three years, have you been warned by an employer about your drinking or drug habits and their impact on your performance? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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	WHEN?	NAME OF EMPLOYER
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40. Have you <b>ever</b> applied to any other law enforcement agency (city, county, state or federal)?.....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<ul style="list-style-type: none"> <li>If yes, list EVERY agency you have applied to, starting with the most recent (give complete and accurate addresses).</li> <li><b>All agencies MUST be listed regardless of the outcome or current status. Check all boxes that apply for each agency.</b></li> <li>If more space is needed, continue your response on page 27.</li> </ul>		

A) NAME OF AGENCY	DATE APPLIED
-------------------	--------------

STREET ADDRESS	BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)	
CITY	STATE	ZIP
POSITION APPLIED FOR		CONTACT NUMBER ( )
		EXT
		EMAIL (BACKGROUND INVESTIGATOR)

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

STEPS:  Application  Physical agility  Oral  Background  Chief's oral  Conditional job offer withdrawn

STATUS:  Hired  On List  Withdrawn  Disqualified

**LIVE OAK POLICE DEPARTMENT  
PERSONAL HISTORY STATEMENT**

**SECTION 5: EXPERIENCE AND EMPLOYMENT *continued***

40. Have you **ever** applied to any other law enforcement agency... *continued*

B) NAME OF AGENCY				DATE APPLIED	
STREET ADDRESS			BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)		
CITY	STATE	ZIP	CONTACT NUMBER (    )	EXT	
POSITION APPLIED FOR			EMAIL (BACKGROUND INVESTIGATOR)		
Check each step in the process that you completed, and your status:					
STEPS: <input type="checkbox"/> Application <input type="checkbox"/> Physical agility <input type="checkbox"/> Oral <input type="checkbox"/> Background <input type="checkbox"/> Chief's oral <input type="checkbox"/> Conditional job offer withdrawn					
STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified					

C) NAME OF AGENCY				DATE APPLIED	
STREET ADDRESS			BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)		
CITY	STATE	ZIP	CONTACT NUMBER (    )	EXT	
POSITION APPLIED FOR			EMAIL (BACKGROUND INVESTIGATOR)		
Check each step in the process that you completed, and your status:					
STEPS: <input type="checkbox"/> Application <input type="checkbox"/> Physical agility <input type="checkbox"/> Oral <input type="checkbox"/> Background <input type="checkbox"/> Chief's oral <input type="checkbox"/> Conditional job offer withdrawn					
STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified					

**SECTION 6: MILITARY EXPERIENCE**

41. Are you required to register for the Selective Service? .....  Yes    No  
 If yes, have you registered? .....  Yes    No  
 If no, explain:

42. BRANCH OF SERVICE	43. DATES OF SERVICE From                      To
44. TYPE OF DISCHARGE: <input type="checkbox"/> Entry Level <input type="checkbox"/> Honorable <input type="checkbox"/> General <input type="checkbox"/> OTH (Other than Honorable) <input type="checkbox"/> Bad Conduct <input type="checkbox"/> Dishonorable Re-entry Code (1-4) if applicable – <i>refer to your DD-214</i> :	
45. Are you currently participating in one of the following? <input type="checkbox"/> Military Reserve <input type="checkbox"/> National Guard    If checked, date obligation ends:	
46. Have you ever been the subject of any judicial or non-judicial disciplinary action (such as, court martial, captain's mast, office hours, company punishment)? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	
47. Were you ever denied a security clearance, or had a clearance revoked, suspended or downgraded? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	

If you answered yes to **Questions 46 and/or 47**, explain (include dates and circumstances)

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**LIVE OAK POLICE DEPARTMENT  
PERSONAL HISTORY STATEMENT**

**SECTION 7: LAW ENFORCEMENT EXPERIENCE**

48. Are you currently a licensed peace officer? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what state?
49. Have you ever been employed as a peace officer? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No
50. Have you ever worked as a Reserve Police Officer? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what state?
51. Have you ever served as a Military Police Officer? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No
52. Have you ever been employed as a jailer or corrections officer in either an adult or a juvenile facility? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what state?
53. Have you ever taken part in a law enforcement internship program? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what agencies and dates?
54. Have you ever taken part in a law enforcement explorer program? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what explorer post and dates?
55. Has your peace officer's certification or license ever been revoked or suspended? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered yes to **Questions 55**, explain (include dates and circumstances)

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**LIVE OAK POLICE DEPARTMENT  
PERSONAL HISTORY STATEMENT**

**SECTION 8: FINANCIAL**

- 56. Have you ever filed for or declared bankruptcy (Chapter 7, 11 or 13)? .....  Yes     No
- 57. Have any of your bills ever been turned over to a collection agency? .....  Yes     No
- 58. Have you ever had purchased goods repossessed? .....  Yes     No
- 59. Have your wages ever been garnished? .....  Yes     No
- 60. Have you ever been delinquent on income or other tax payments? .....  Yes     No
- 61. Have you ever failed to file income tax or cheated/lie on an income tax form? .....  Yes     No
- 62. Have you ever had an employment bond refused? .....  Yes     No
- 63. Have you ever avoided paying any lawful debt by moving away? .....  Yes     No
- 64. Have you ever defaulted on (failed to pay) a loan? .....  Yes     No
- 65. Have you ever borrowed money to pay for a gambling debt? .....  Yes     No  
    If yes, do you currently have any outstanding debts as a result of gambling? .....  Yes     No
- 66. Have you ever spent money for illegal purposes (e.g., illegal drugs, prostitution, purchase of fraudulent documents, etc.)? .....  Yes     No
- 67. Have you ever failed to make or been late on a court-ordered payment (e.g., child support, alimony, restitution, etc.)? .....  Yes     No
- 68. Have you written three or more bad checks in a one-year period? .....  Yes     No

If you answered yes to any of **Questions 56–68**, explain (include when, where, and why; indicate corresponding number):

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**LIVE OAK POLICE DEPARTMENT  
PERSONAL HISTORY STATEMENT**

**SECTION 9: LEGAL**

**Disclosure of Arrests and Convictions**

As an applicant for a **police officer position**, you are required to disclose any of the following information, *even if the records were sealed, expunged, dismissed or pardoned*:

- ALL detentions or arrests, whether they resulted in a conviction or not
- ALL investigations and/or convictions
- ALL diversion programs that were not successfully completed

If more space is needed, continue on page 27.

69. **Either as an adult or a juvenile, have you EVER been questioned, investigated, detained, interrogated, 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.

A) APPROX DATE	ARRESTING OR DETAINING AGENCY
CHARGE	DISPOSITION OR PENALTY
B) APPROX DATE	ARRESTING OR DETAINING AGENCY
CHARGE	DISPOSITION OR PENALTY
C) APPROX DATE	ARRESTING OR DETAINING AGENCY
CHARGE	DISPOSITION OR PENALTY
D) APPROX DATE	ARRESTING OR DETAINING AGENCY
CHARGE	DISPOSITION OR PENALTY

70. Have you ever been placed on court ordered community supervision or probation as an adult? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
71. Were you ever required to appear before a juvenile court for an act which would have been a crime if committed as an adult? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
72. Have you ever been a party in a civil lawsuit (e.g., small claims actions, dissolutions, child custody, paternity, support, etc.)? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
73. Have the police ever been called to your residence for any reason? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
74. Have you or your spouse/partner ever been referred to Child Protective Services? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**LIVE OAK POLICE DEPARTMENT  
PERSONAL HISTORY STATEMENT**

**SECTION 9: LEGAL** *continued*

75. Have you ever been the subject of an emergency protective order/restraining order? .....  Yes  No
76. 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
77. Have you ever fraudulently received welfare, unemployment compensation, worker's compensation, or other state or federal assistance? .....  Yes  No
78. Have you ever filed a false insurance claim or worker's compensation claim? .....  Yes  No

If you answered yes to any of **Questions 70–78**, explain (include court case or document, dates, and circumstances; indicate corresponding number):

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79. Have you **ever** engaged in any of the activities listed below for illicit drugs/narcotics or illegal substances, including marijuana?

- Sold  Purchased  Cultivated  
 Manufactured  Furnished  Carried or held for another

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

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LIVE OAK POLICE DEPARTMENT  
PERSONAL HISTORY STATEMENT

SECTION 9: LEGAL *continued*

Questions 80 and 81 ask about your current and past recreational drug use. This covers the use of any drug not prescribed to you by a licensed physician, including the unauthorized use of prescription drugs or over-the-counter drugs. Your answers should include, but not be limited to, your use of any of the following drugs:

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

80. Within the past six months, have you used any drug(s) as indicated above? .....  Yes  No

If yes, give details, including drug(s) used, number of times, over what time period(s), and circumstances:

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81. Prior to the past six months (check all that apply):

- I have never used any drug recreationally.
- I have tried or used one or more drugs, but only under limited circumstances (for example, experimentation, at parties, concerts, special events, etc.).

If checked, give details including drug(s) used, estimated number of times, over what time period(s), and circumstances.

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- I used drugs on a regular basis (from one to several times a week or more).

If checked, ONLY indicate the time period(s) of drug use. DO NOT include the drug(s) used or frequency of use.

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**LIVE OAK POLICE DEPARTMENT  
PERSONAL HISTORY STATEMENT**

**SECTION 10: MOTOR VEHICLE OPERATION**

82. CURRENT DRIVER'S LICENSE NUMBER	STATE OF ISSUE	EXPIRATION DATE	NAME UNDER WHICH LICENSE WAS GRANTED
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83. LIST OTHER STATES WHERE YOU HAVE BEEN LICENSED TO OPERATE A MOTOR VEHICLE:

State of issue	Type of license	Name under which license was granted and license number, if known

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

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

A) TYPE OF COVERAGE		VEHICLE MAKE	YEAR	VEHICLE LICENSE
INSURANCE COMPANY		POLICY NUMBER		EXPIRES
ADDRESS				CONTACT NUMBER ( )
B) TYPE OF COVERAGE		VEHICLE MAKE	YEAR	VEHICLE LICENSE
INSURANCE COMPANY		POLICY NUMBER		EXPIRES
ADDRESS				CONTACT NUMBER ( )
C) TYPE OF COVERAGE		VEHICLE MAKE	YEAR	VEHICLE LICENSE
INSURANCE COMPANY		POLICY NUMBER		EXPIRES
ADDRESS				CONTACT NUMBER ( )
D) TYPE OF COVERAGE		VEHICLE MAKE	YEAR	VEHICLE LICENSE
INSURANCE COMPANY		POLICY NUMBER		EXPIRES
ADDRESS				CONTACT NUMBER ( )

**LIVE OAK POLICE DEPARTMENT  
PERSONAL HISTORY STATEMENT**

**SECTION 10: MOTOR VEHICLE OPERATION** *continued*

86. List all traffic citations. If additional space is needed, use page 27:

A) NATURE OF VIOLATION		LOCATION (CITY, STATE)
	DATE VIOLATION OCCURRED Month      Year	ACTION TAKEN <input type="checkbox"/> Not Guilty <input type="checkbox"/> Paid Fine <input type="checkbox"/> Deferred Adjudication <input type="checkbox"/> Defensive Driving <input type="checkbox"/> Dismissed
B) NATURE OF VIOLATION		LOCATION (CITY, STATE)
	DATE VIOLATION OCCURRED Month      Year	ACTION TAKEN <input type="checkbox"/> Not Guilty <input type="checkbox"/> Paid Fine <input type="checkbox"/> Deferred Adjudication <input type="checkbox"/> Defensive Driving <input type="checkbox"/> Dismissed
C) NATURE OF VIOLATION		LOCATION (CITY, STATE)
	DATE VIOLATION OCCURRED Month      Year	ACTION TAKEN <input type="checkbox"/> Not Guilty <input type="checkbox"/> Paid Fine <input type="checkbox"/> Deferred Adjudication <input type="checkbox"/> Defensive Driving <input type="checkbox"/> Dismissed

D) Has a traffic citation ever resulted in a warrant or caused your driver's license to be suspended or non-renewable due to the following? (Check all that apply)

Failed to appear     Failed to comply with judgment     Failed to pay the required fine or fee

If checked, explain circumstances:

87. Have you been involved as the driver in a motor vehicle crash?.....  Yes     No  
If yes, give details.

A) DATE	LOCATION	
POLICE REPORT <input type="checkbox"/> YES <input type="checkbox"/> NO	LAW ENFORCEMENT AGENCY	<input type="checkbox"/> INJURY <input type="checkbox"/> NON-INJURY
B) DATE	LOCATION	
POLICE REPORT <input type="checkbox"/> YES <input type="checkbox"/> NO	LAW ENFORCEMENT AGENCY	<input type="checkbox"/> INJURY <input type="checkbox"/> NON-INJURY
C) DATE	LOCATION	
POLICE REPORT <input type="checkbox"/> YES <input type="checkbox"/> NO	LAW ENFORCEMENT AGENCY	<input type="checkbox"/> INJURY <input type="checkbox"/> NON-INJURY

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

IF YES, GIVE REASON

DATE Month      Year	LOCATION (CITY, STATE)
-------------------------	------------------------

89. Have you ever been refused automobile liability insurance or has your policy ever been cancelled? .....  Yes     No

IF YES, GIVE REASON

	INSURANCE COMPANY
DATE Month      Year	ADDRESS

**LIVE OAK POLICE DEPARTMENT  
PERSONAL HISTORY STATEMENT**

**SECTION 10: MOTOR VEHICLE OPERATION** *continued*

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

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**SECTION 11: OTHER TOPICS**

90. Have you ever been refused a permit to carry a concealed weapon?.....  Yes  No
91. Are you now, 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
92. 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? **\*See below**.....  Yes  No
93. Have any immediate family members (father, mother, brothers, sisters, spouse, children) been investigated or convicted of anything other than a traffic violation in the last 5 years? .....  Yes  No
94. Do you have family members who are council members or employees of the City of Live Oak? .....  Yes  No

If you answered yes to any of **Questions 90–94**, give details including dates and circumstances; indicate corresponding number.

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**\*List location, description and meaning of ALL tattoos on your body, regardless of your answer to Question 92.**

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**LIVE OAK POLICE DEPARTMENT  
PERSONAL HISTORY STATEMENT**

**SECTION 13: CERTIFICATION**

I hereby certify that I have completed and initialed each page of this personal history statement and any supplemental page(s) attached, and that there are **no misrepresentations, falsifications, or intentional omissions** in the foregoing statements and answers. **ALL** entries in this personal history statement are true, complete, and correct. I agree and consent in advance to being rejected for employment and understand that if hired, I may be discharged, if any of the information provided contains any misrepresentations, falsifications, or if any material information has been omitted in my application process. I further certify that I have personally written/typed this personal history statement and that I have solely filled out this application without aid or assistance from any person or persons.

I further agree that if my personal history statement is not accepted or if I am not hired, that the City of Live Oak and the Live Oak Police Department will not discuss with me the reason for me not being selected or hired. If the issue is of a temporary nature, I will be notified that I am eligible to re-apply.

SIGNATURE IN FULL

DATE



**LIVE OAK POLICE DEPARTMENT  
POLICE OFFICER APPLICANT**

**REQUIRED DOCUMENTATION**

The following is a list of documents required to be submitted with your Personal History Statement. All documents or copies of documents must be submitted on 8 ½" X 11" paper, not larger or smaller. If several small items are copied on one page, place them so that they all appear upright on the page when copied. All documentation will be submitted with your Personal History Statement by the established deadline. If a document does not apply to you then write "N/A" for Not Applicable. These documents and information are necessary to conduct your background investigation.

**Required material not provided with the PERSONAL HISTORY STATEMENT may result in disqualification.**

➤ Initial each entry to indicate the document is attached, if applicable.

- \_\_\_\_\_ Copy of Texas Driver's License
- \_\_\_\_\_ Copy of Social Security Card
- \_\_\_\_\_ Copy of TCOLE License (if applicable)
- \_\_\_\_\_ Original / certified copy of High School Diploma or G.E.D. Certificate
- \_\_\_\_\_ Original / certified copy of Certificate of Live Birth
- \_\_\_\_\_ Original / certified copy of Naturalization Papers (if applicable)
- \_\_\_\_\_ College Diploma(s) (if applicable)
- \_\_\_\_\_ Sealed original / certified College Transcripts (if applicable)
- \_\_\_\_\_ Military Discharge Papers, DD214 (if applicable)
- \_\_\_\_\_ Copy of Divorce Decree(s) (if applicable)
- \_\_\_\_\_ Current automobile insurance card
- \_\_\_\_\_ Copy of TCOLE and law-enforcement related training certificates
- \_\_\_\_\_ Resume (optional)
- \_\_\_\_\_ Letters of recommendation (optional)
- \_\_\_\_\_ "Required Document Checklist"
- \_\_\_\_\_ "Importance of Honesty Statement"
- \_\_\_\_\_ "Authorization for Release of Personal Information"
- \_\_\_\_\_ "TCOLE Employment Termination History Release"
- \_\_\_\_\_ "Fair Credit Reporting Act Disclosure and Consent Statement"

**LIVE OAK POLICE DEPARTMENT  
APPLICANT INFORMATION PACKET**

IMPORTANCE OF HONESTY STATEMENT

The Live Oak Police Department is seeking applicants who demonstrate certain characteristics. Honesty is the most important characteristic that you must demonstrate. It is extremely important that you are completely honest in all of your answers. The importance of honesty from the time of application, completion of all documents and questionnaires, as well as during all interviews cannot be overemphasized. Failure to respond to any question truthfully, whether orally or in writing, will result in disqualification. Many applicants have been disqualified for dishonesty. While filling out documents you are cautioned to take your time, to be thorough, and to be specific in all your answers. If you have any doubt in your mind concerning a particular question, the answer is "Yes", include it. If you are unsure whether to include certain information, the answer is "Yes", include it.

You may think that something you have done will disqualify you from further consideration, it may or may not. What will certainly disqualify you is lying or distorting the truth. For example, an arrest (either when you were a juvenile or as an adult) may or may not disqualify you; however, lying about that arrest will disqualify you from further consideration. You may have been fired from a job that, by itself, may or may not disqualify you; however, lying about it will disqualify you from further consideration. The use of drugs, including marijuana, may or may not disqualify you; however, lying about it will disqualify you from further consideration.

**I have read and understand the contents of this statement.**

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

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SWORN TO AND SIGNED BEFORE ME, ON THIS THE \_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_.

(NOTARY SEAL)

\_\_\_\_\_  
SIGNATURE OF NOTARY PUBLIC

**LIVE OAK POLICE DEPARTMENT  
APPLICANT INFORMATION PACKET**



**CITY OF LIVE OAK, POLICE DEPARTMENT  
AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION**

Public Officer or Employees declared by law to be Peace Officers shall "Be of good moral character, as determined by a thorough background investigation."

As a candidate for a position with the City of Live Oak, I am required to furnish information for use in determining my qualifications. For this purpose, I authorize release of any and all information you may have concerning me, including but not limited to, information of a confidential or privileged nature, or any data or materials that have been sealed or agreed to be withheld pursuant to any prior agreement or court proceeding involving disciplinary matters.

I hereby acknowledge that I have been advised that the records or information contained therein may be considered confidential and therefore subject to discovery or disclosure only by court order. By signing this authorization I hereby waive any and all rights to have any record or records or information contained therein discovered or disclosed only by a court order and hereby authorize the disclosure of all records to which, as an employee, the undersigned would have or did have access.

I hereby release, discharge, and exonerate the agency, their agents, representatives and/or any person furnishing information, from liability arising out of the furnishing and/or inspection of records and/or other truthful, even though potentially embarrassing, information about me.

It is further understood, acknowledged, and agreed to, that any information secured pursuant to this statutorily required background investigation, which would negatively reflect on my fitness for duty, will be forwarded to my current law enforcement employer. This release shall be binding on my legal representatives, heirs, and assigns.

\_\_\_\_\_  
Applicant's Printed Name (include maiden name)

\_\_\_\_\_  
Applicant's Social Security #

\_\_\_\_\_  
Applicant's Signature (including maiden name)

\_\_\_\_\_  
Applicant's Phone Number

\_\_\_\_\_  
Applicant's Address

\_\_\_\_\_  
Applicant's City, State, and ZIP Code

SWORN TO AND SIGNED BEFORE ME, ON THIS THE \_\_\_\_ DAY OF \_\_\_\_\_, 20 \_\_\_\_.

(NOTARY SEAL)

\_\_\_\_\_  
SIGNATURE OF NOTARY PUBLIC

\_\_\_\_\_  
PRINTED NAME OF NOTARY PUBLIC

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

**LIVE OAK POLICE DEPARTMENT  
APPLICANT INFORMATION PACKET**



**CITY OF LIVE OAK, POLICE DEPARTMENT  
AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION**

TO WHOM IT MAY CONCERN:

I hereby authorize the **LIVE OAK 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, disciplinary records, medical records, and credit records

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

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

\_\_\_\_\_  
Applicant's Printed Name (include maiden name)

\_\_\_\_\_  
Applicant's Social Security #

\_\_\_\_\_  
Applicant's Signature (including maiden name)

\_\_\_\_\_  
Applicant's Phone Number

\_\_\_\_\_  
Applicant's Address

\_\_\_\_\_  
Applicant's City, State, and ZIP Code

SWORN TO AND SIGNED BEFORE ME, ON THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_.

(NOTARY SEAL)

\_\_\_\_\_  
SIGNATURE OF NOTARY PUBLIC

\_\_\_\_\_  
PRINTED NAME OF NOTARY PUBLIC

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

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

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every "consumer reporting agency" (CRA). Most CRAs are credit bureaus that gather and sell information about you – such as if you pay your bills on time or have filed bankruptcy – to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. 1681-1681u, at the Federal Trade Commission's web site (<http://www.ftc.gov>). The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

- **You must be told if information in your file has been used against you.** Anyone who uses information from a CRA to take action against you – such as denying an application for credit, insurance, or employment – must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.
- **You can find out what is in your file.** At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if the person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.
- **You can dispute inaccurate information with the CRA.** If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs – to which it has provided the data – of any error.) The CRA must give you a written report of the investigation, and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.
- **Inaccurate information must be corrected or deleted.** A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified. If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address, and phone number of the information source.
- **You can dispute inaccurate items with the source of the information.** If you tell anyone – such as a creditor who reports to a CRA – that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, it may not continue to report the information, if it is, in fact, an error.
- **Outdated information may not be reported.** In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.
- **Access to your file is limited.** A CRA may provide information about you only to people with a need recognized by the FCRA – usually to consider an application with a creditor, insurer, employer, landlord, or other business.



**LIVE OAK POLICE DEPARTMENT  
 APPLICANT INFORMATION PACKET**

A Summary of Your Rights Under the Fair Credit Reporting Act (continued)

- **Your consent is required for reports that are provided to employers, or reports that contain medical information.** A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.
- **You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers.** Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA from provided for this purpose, you must be taken off the lists indefinitely.
- **You may seek damages from violators.** If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

The FCRA gives several different federal agencies authority to enforce the FCRA:

FOR QUESTIONS OR CONCERNS REGARDING:	PLEASE CONTACT:
CRAs, creditors and others not listed	Federal Trade Commission Consumer Response Center – FCRA Washington, D.C. 20580 202-326-3761
National Banks, federal branches/agencies of foreign banks (word “National” or initials “N.A.” appear in or after bank’s name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, D.C. 20219 800-613-6743
Federal Reserve System members banks (except national banks, and federal branches/ agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, D.C. 20551 202-452-3693
Savings associations and federally chartered savings banks (word “Federal” or initials “F.S.B.” appear in federal institution’s name)	Office of Thrift Supervision Consumer Programs Washington, D.C. 20552 800-842-6929
Federal credit unions (word “Federal credit union” appear in institution’s name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-518-6360
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Division of Compliance & Consumer Affairs Washington, D.C. 20429 800-934-FDIC
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, D.C. 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator-GIPSA Washington, D.C. 20450 202-720-7051

**LIVE OAK POLICE DEPARTMENT  
APPLICANT INFORMATION PACKET**

**FAIR CREDIT REPORTING ACT  
Disclosure and Consent Statement**

**DISCLOSURE BY CITY OF LIVE OAK**

The Fair Credit Reporting Act requires that we disclose to you that we may obtain a consumer or investigative consumer report from a consumer reporting agency as part of our background investigation to determine your eligibility for employment and, after your initial employment, your eligibility for other positions. The investigation may include information about your criminal background and will be obtained solely for employment purposes. Before taking any adverse action based on the report, we will provide you a copy of the report and a description of your rights as a consumer under the Fair Credit Reporting Act.

**CONSENT BY APPLICANT**

I understand that upon written request to City of Live Oak, I will be informed whether an investigative consumer report was requested, and given full information as to the nature and scope of this investigation. I understand that an investigative consumer report is a report in which information concerning my character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with neighbors, friends, or associates with whom I am acquainted.

I hereby authorize City of Live Oak to obtain a consumer report or an investigative consumer report on me as part of a pre-employment background screening process. If I am offered employment, I further authorize City of Live Oak to obtain additional consumer or investigative consumer reports on me for employment purposes at any time during my employment.

By my signature below, I also acknowledge that I have received a summary of my rights under the federal Fair Credit Reporting Act.

Name (Print): \_\_\_\_\_

Signature: \_\_\_\_\_

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

\_\_\_\_\_

SWORN TO AND SIGNED BEFORE ME, ON THIS THE \_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_.

(NOTARY SEAL)

\_\_\_\_\_  
SIGNATURE OF NOTARY PUBLIC