

**WISE COUNTY SHERIFF'S DEPARTMENT
APPLICATION FOR EMPLOYMENT AND
PERSONAL HISTORY STATEMENT**



NAME: _____

POSITION(S) APPLIED FOR: DEPUTY COMMUNICATIONS OFFICER
 JAILER OTHER (Specify) _____

DATE OF ISSUANCE: _____
(This application must be returned within 14 days of issuance)

DATE OF RETURN: _____

IN CASE OF DELAY PLEASE CONTACT THE WISE COUNTY SHERIFF'S DEPARTMENT AT 940-627-5971.

WISE COUNTY SHERIFF'S DEPARTMENT
200 ROOK RAMSEY DRIVE
DECATUR, TEXAS 76234



Wise County Sheriff's Department

Sheriff David Walker

200 Rook Ramsey Drive
Decatur, Texas 76234

(940) 627-5971

Fax (940) 627-3797

The Wise County Sheriff's Department, in an effort to increase the professionalism and to strive for excellence, has incorporated a new pre-employment program into the personnel system. The new pre-employment criterion requires entry level testing and background investigations.

This packet is the Personal History Statement and also serves as an application. The applicant will then be notified of qualification and of the next testing date for the position(s) qualified.

When the applicant has successfully completed and passed the entry-level testing, he or she will be placed on an eligibility list based on their test scores.

Upon successful completion of these two phases of the pre-employment process, an oral interview will be conducted. Based upon the cumulative results, a final eligibility list will be determined. Upon employment, the new employee must pass a drug screen test, a physical examination, and a psychological examination as required by law. A polygraph may be required for certain positions.

The Wise County Sheriff's Department would like to reiterate its goal to bring efficient and effective law enforcement to Wise County, to increase the community's pride in the department and to promote professionalism and integrity within the department.

Sincerely,

David Walker
Sheriff, Wise County

Safe and Sound

IMPORTANT
READ THESE INSTRUCTIONS CAREFULLY
CAREFULLY

These instructions are provided as a guide to assist you in properly completing your Personal History Statement. ***It is essential that the information be correct and complete!***

Your personal history statement will be used as the basis for a background investigation that will determine your eligibility for the position(s) for which you have applied.

1. Your Personal History Statement should be **hand printed** legibly in black ink.
2. Answer all questions completely. If a question does not apply to you, enter "N/A" in the space provided.
3. Avoid errors by reading the directions carefully before making any entries on the form. Be sure your information is correct *and in sequence* before you begin.
4. You are responsible for obtaining correct addresses (including zip codes). If you are not sure of an address, check it by personal verification. Your local library may have a directory service or copies of the required directories. Include the area code for all phone numbers listed.
5. If there is insufficient space on the Personal History Statement form, attach extra sheets. Be sure to reference the relevant section and question before continuing your answers.
6. **Pages 25-31 must be signed before a Notary prior to return.**

Your failure to properly and thoroughly complete this document will result in the rejection of your application. Deliberate omissions or a deliberate misstatement of required information is grounds for rejection.

In addition to the Personal History Statement, you are required to submit:

- ✂✂ An official high school transcript and a copy of your diploma or GED, if applicable.
- ✂✂ An official college transcript and a copy of any certifications or diploma, if applicable.
- ✂✂ Copies of any and all divorce and/or civil papers, if applicable.
- ✂✂ Copy of Military Form DD214 (Discharge), if applicable.
- ✂✂ Copy of birth certificate.
- ✂✂ Letters of recommendation, if applicable.
- ✂✂ Copies of any TCLEOSE or TDH training certificates or licenses
- ✂✂ Recent color photograph (minimum 2" x 3")

If you have any questions concerning the required documentation or the instructions, please call the Sheriff's Department, Personnel, at 940-627-5971.

An Equal Opportunity Employer

PERSONAL IDENTIFICATION

NAME _____
Last First Middle

Other Names used (Maiden, Adoption, Nicknames, etc).

HOME ADDRESS _____
Number Street City State Zip

PHONES: _____
Home Pager

Cellular Other

DATE OF BIRTH: _____ RACE: _____ SEX: _____

SOCIAL SECURITY NUMBER: _____ U.S. CITIZEN? YES NO

PLACE OF BIRTH: _____
City County State

DRIVER'S LICENSE: _____
Number Class Issuing State Expiration

HEIGHT: _____ WEIGHT: _____ EYE COLOR: _____ HAIR COLOR: _____

IDENTIFYING MARKS (List all scars, marks, or tattoos)

NAME BY WHICH YOU PREFER TO BE ADDRESSED: _____

EDUCATIONAL HISTORY

List all High Schools, Colleges, Technological or Trade Schools you have ever attended, regardless of whether or not you graduated and/or completed the prescribed course of study.

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

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

NAME OF TYPE OF SCHOOL (List City and State)	DATES ATTENDED		DEGREE, DIPLOMA, AND/OR CREDIT HOURS EARNED
	From	To	

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

If YES, List School, dates expelled, and reason: _____

Have you ever been placed on Academic Probation? Yes No

If YES, List School, dates of probation, and reason: _____

PERIODS OF UNEMPLOYMENT

List any periods of unemployment and reasons since graduating from High School (a period of unemployment is any time that you did not have a job).

From (Month and Year)	To (Month and Year)	Length of Unemployment	Reason for being Unemployed

If you were a full-time student and held only seasonal employment during school breaks, indicate your beginning and ending school dates. Indicate under “Reason” that you were a full-time student. Do not give a length of time for unemployment in the “Work History” section. List only jobs that you worked.

LAW ENFORCEMENT APPLICATIONS

Have you ever made application to this or any other law enforcement agency? Yes No

If YES, list:

Name of Agency	Type of Position	Date of Application	Status of Application
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

DRIVING RECORD

How many moving violation citations have you received since you began driving? _____

How many moving violation citations have you received in the past three years? _____

Have you ever driven a motor vehicle without a valid driver's license for that vehicle? Yes No

Have you ever driven a motor vehicle with the past three years without valid insurance? Yes No

Have you ever had your driver's license suspended? Yes No

If YES: Date of suspension: _____ Date suspension lifted: _____
Month Day Year Month Day Year

Type of suspension: _____

Have you ever:

had your driver's license placed on probation for receiving an excessive number of moving violations?
 Yes No

had a hearing for probation or suspension? Yes No

been placed on assigned risk for insurance? Yes No

had your insurance revoked due to the number of traffic citations you have received? Yes No

knowingly driven a motor vehicle after your driver's license was suspended or after it had been
revoked? Yes No

Do you have a valid driver's license issued in more than one state? Yes No

If YES, list State: _____

Have you ever been denied a driver's license for any reason? Yes No

Have you ever had to appear before a medical advisory board? Yes No

How many motor vehicle accidents have you been involved in as a driver? _____

Have you ever had any reason to believe that you might have a problem with depth perception or other
visual impairment? Yes No

Have you ever been involved in an accident when you were driving and then left the scene without
identifying yourself? Yes No

Have you ever struck an unattended vehicle when you were driving and then left the scene without
identifying yourself? Yes No

Have you ever been involved in an accident when you were driving after you had been drinking any
type of alcoholic beverage? Yes No

With what company do you carry Automobile Liability Insurance? _____

Company Address: _____
Number and Street or Mailing Address City State Zip

Policy Number: _____ Effective Date: _____

DRUG USE

Drug use covers all descriptive terms used to describe the ingestion, in any form, of any of the listed types of drugs into a person's system.

DRUG NAME	USED	Number of Times in Life	Approximate date of last use	Form Used
MARIJUANA	<input type="checkbox"/> Yes <input type="checkbox"/> No			
HASHISH	<input type="checkbox"/> Yes <input type="checkbox"/> Prescription <input type="checkbox"/> No			
AMPHETAMINES (SPEED)	<input type="checkbox"/> Yes <input type="checkbox"/> Prescription <input type="checkbox"/> No			
COCAINE	<input type="checkbox"/> Yes <input type="checkbox"/> Prescription <input type="checkbox"/> No			
LSD	<input type="checkbox"/> Yes <input type="checkbox"/> No			
PCP	<input type="checkbox"/> Yes <input type="checkbox"/> No			
PEYOTE	<input type="checkbox"/> Yes <input type="checkbox"/> No			
MUSHROOMS	<input type="checkbox"/> Yes <input type="checkbox"/> No			
QUAALUDES	<input type="checkbox"/> Yes <input type="checkbox"/> Prescription <input type="checkbox"/> No			
TRANQUILIZERS	<input type="checkbox"/> Yes <input type="checkbox"/> Prescription <input type="checkbox"/> No			
BARBITURATES	<input type="checkbox"/> Yes <input type="checkbox"/> Prescription <input type="checkbox"/> No			
HEROIN	<input type="checkbox"/> Yes <input type="checkbox"/> No			
STEROIDS	<input type="checkbox"/> Yes <input type="checkbox"/> Prescription <input type="checkbox"/> No			
ANY "DESIGNER DRUGS"	<input type="checkbox"/> Yes <input type="checkbox"/> No			
INHALANTS (Glue, paint, etc).	<input type="checkbox"/> Yes <input type="checkbox"/> No			

Have you ever had a drug injection that was not prescribed legally by a physician? Yes No

Have you ever sold, furnished, or bought marijuana, drugs, or a controlled substance? Yes No

If YES, explain:

Date of birth of former spouse: _____

Address of former spouse: _____
Number Street City State Zip

Home Phone: _____ Business Phone: _____

Date divorce decree issued: _____

Court and State where issued: _____

*If you have been divorced more than once, list those on a separate sheet of paper.

If you are widowed:

Date of marriage: _____

Name of former spouse: _____

Date of birth of former spouse: _____

Date of death: _____

Have you ever been married to more than one person at one time? Yes No

If you currently share a residence with any person(s) other than family member(s), list:

1.	_____	_____	_____
	Full name of person	Date of birth	Relationship
	_____		_____
	Occupation/Work Phone Number		Length of time lived together

2.	_____	_____	_____
	Full name of person	Date of birth	Relationship
	_____		_____
	Occupation/Work Phone Number		Length of time lived together

3.	_____	_____	_____
	Full name of person	Date of birth	Relationship
	_____		_____
	Occupation/Work Phone Number		Length of time lived together

4.	_____	_____	_____
	Full name of person	Date of birth	Relationship
	_____		_____
	Occupation/Work Phone Number		Length of time lived together

RESIDENCES

List all residences where you have lived during the past ten (10) years, beginning with your present address. List date by month and year. Attach additional pages, if necessary. Include apartment complex names and the office telephone numbers.

From _____ to _____ Length of residency (years/months) _____

Address: _____
Number Street City State Zip

Name of Apartment Complex: _____ Phone: _____

From _____ to _____ Length of residency (years/months) _____

Address: _____
Number Street City State Zip

Name of Apartment Complex: _____ Phone: _____

From _____ to _____ Length of residency (years/months) _____

Address: _____
Number Street City State Zip

Name of Apartment Complex: _____ Phone: _____

From _____ to _____ Length of residency (years/months) _____

Address: _____
Number Street City State Zip

Name of Apartment Complex: _____ Phone: _____

From _____ to _____ Length of residency (years/months) _____

Address: _____
Number Street City State Zip

Name of Apartment Complex: _____ Phone: _____

From _____ to _____ Length of residency (years/months) _____

Address: _____
Number Street City State Zip

Name of Apartment Complex: _____ Phone: _____

PERSONAL DECLARATIONS

If it becomes necessary to take a human life in the course of your duties, would you have any religious convictions or other beliefs that would preclude or prevent you from doing so? Yes No

If YES, explain:

Do you have any religious or other beliefs that would prevent you from fully performing your duties at any time, including weekends? Yes No

If YES, explain:

Do you know of anything that would disqualify you from being deputized or prevent you from discharging the official duties of a Deputy Sheriff, County Jailer, or Communications Officer?

Yes No

If YES, explain:

Have you ever abused any prescription medications? Yes No

If YES, explain:

PERSONAL DECLARATIONS, continued

Have you ever been, in any form or fashion, involved in the manufacture, sale, or distribution of an illegal drug? Yes No

If YES, explain:

Have you ever lied to a physician in order to obtain a pain medication, tranquilizer, or prescription drug? Yes No

If YES, explain:

Do others you know, such as friends or family, use illegal drugs in your presence? Yes No

If YES, explain:

Do you use alcoholic beverages? Yes No

If YES, describe amount, type, and frequency:

Have you ever abused over the counter medications, such as cough medications or Nyquil?

Yes No If YES, explain:

Do you use tobacco products? Yes No

If YES, describe amount, type, and frequency:

PERSONAL REFERENCES

List five (5) persons who know you well enough to provide current information about you. Do not list relatives or past or present employers.

1	Name	Occupation
	Home Address	Years Known
	Home Phone	Work Phone
	Describe your Relationship with this person	
2	Name	Occupation
	Home Address	Years Known
	Home Phone	Work Phone
	Describe your Relationship with this person	
3	Name	Occupation
	Home Address	Years Known
	Home Phone	Work Phone
	Describe your Relationship with this person	
4	Name	Occupation
	Home Address	Years Known
	Home Phone	Work Phone
	Describe your Relationship with this person	
5	Name	Occupation
	Home Address	Years Known
	Home Phone	Work Phone
	Describe your Relationship with this person	

FINANCIAL HISTORY

What is your present gross yearly salary or wage? \$_____

What is your spouse's present gross yearly salary or wage? \$_____

Spouse's Employer: _____ Title: _____

Business Address: _____ Phone: _____

List any income, from any other source other than you and your spouse's principal occupation:

Source	Frequency	Amount
--------	-----------	--------

Source	Frequency	Amount
--------	-----------	--------

Source	Frequency	Amount
--------	-----------	--------

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

Do you own any bonds, government or otherwise? Yes No Value: \$_____

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

Savings Account? Yes No Balance: \$_____

Bank or institution name: _____

Account number: _____

Checking Account? Yes No Balance: \$_____

Bank or institution name: _____

Account number: _____

MISCELLANEOUS

Are you prevented from lawfully becoming employed in the United States because of Visa or Immigration Status? Yes No (Proof of citizenship and/or work eligibility required upon employment)

Earliest date you would be available for work: _____

Are you on a lay-off and subject to recall? Yes No

Can you travel if the job requires it? Yes No

Summarize special skills and qualifications acquired from employment, hobbies, or other experience.

Indicate languages you speak, read, and or write and classify your skill:

	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

List professional, trade, business, or civic activities and offices held. You may exclude memberships that would reveal sex, race, religion, national origin, age, ancestry, handicap, or other protected status.

Special Employment Notice to Disabled Veterans, Vietnam Era Veterans, and Individuals with Physical or Mental Handicaps

Government contractors are subject to 38 USC 2012 of the Vietnam Era Veterans Readjustment Act of 1974 which requires that they take affirmative action to employ and advance in employment **qualified** disabled veterans of the Vietnam Era, and Section 503 of the Rehabilitation Act of 1973, as amended, which requires government contractors to take affirmative action to employ and advance in employment **qualified** handicapped individuals.

If you are a disabled veteran, or have a physical or mental handicap, you are invited to volunteer this information which will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect your consideration for employment.

If you wish to be identified, please sign below:

Handicapped Individual

Disabled Veteran

Vietnam Era Veteran

Signed: _____

EMPLOYMENT AGREEMENT

As a condition of employment, I agree to conform to all rules, regulations, and/or the Wise County Sheriff’s Department Policy Manual promulgated by the Wise County Sheriff’s Department, the Wise County Sheriff and/or his or her designees, and acknowledge that these rules, regulations, and/or the Wise County Sheriff’s Department Policy Manual may be changed, interpreted, withdrawn, or added to by the Wise County Sheriff or his designee(s) at any time at the Wise County Sheriff’s sole option and without any prior notice to me. I further acknowledge that my employment may be terminated and any offer of employment, or my acceptance of an employment offer, if such is to occur, may be withdrawn with or without cause, and with or without prior notice, at any time, at the option of the Wise County Sheriff or myself and that any agreement to the contrary is invalid unless it is in writing and signed by the Wise County Sheriff.

I understand that any offer of employment by the Wise County Sheriff is contingent on me providing consent to the administration of, and the results of, any urinalysis, physical exam, psychological exam, or other recognized procedure including polygraph examination and that I may be required to undergo additional alcohol and/or drug screening, psychological exam or other recognized procedural testing, polygraph examination, or counseling during the course of my employment.

I HAVE READ AND FULLY UNDERSTAND AND AGREE TO THE ABOVE EMPLOYEE AGREEMENT WITHOUT ANY RESERVATIONS WHATSOEVER.

Signature of Applicant

Date

POLICY DISCLAIMER

Wise County Sheriff retains the right to add to, subtract from, or otherwise modify any part of this policy as deemed necessary without providing advance notice or cause. Interpretations of the terms and provisions contained in this policy are reserved to the Wise County Sheriff. Any agreement with regard to this or any other policy is invalid unless it is in writing and signed by the Wise County Sheriff.

STATE OF TEXAS §

COUNTY OF WISE §

Before me personally appeared _____ who says he executed the above instrument of his own free will and accord with full knowledge and agreement to the purpose thereof.

SWORN AND SUBSCRIBED BEFORE ME this the _____ day of _____, _____.

Notary Public

SEAL

Wise County Sheriff’s Department
Personal History Statement

CONFIDENTIAL INFORMATION AGREEMENT

A thorough investigation will be conducted to determine your qualifications for the position applied for. To a great extent your employment will depend on information obtained in confidential interviews with persons with whom you have been associated. Information will be obtained through interviews, polygraph examinations, psychological evaluations, credit reports, and documents of a confidential nature. Applicants will not have access to such information; furthermore, since the information is confidential, the department does not reveal the reason(s) of rejection for those applicants who are not accepted.

If the reason(s) for your non-acceptance is of a temporary nature whereby you could be accepted at a later date, you will be so notified.

Signature of Applicant

Date

STATE OF TEXAS §

COUNTY OF WISE §

Before me personally appeared _____ who says he executed the above instrument of his own free will and accord with full knowledge and agreement to the purpose thereof.

SWORN AND SUBSCRIBED BEFORE ME this the _____ day of _____, _____.

Notary Public

SEAL

EMPLOYMENT POLICY

I understand that if I fail to successfully complete my minimum three month probation period or if I terminate my employment with the Wise County Sheriff's Department at any time and for any reason before completing one full year of service, that I will be responsible for the cost of any equipment and/or uniforms issued to me as well as the expense of any psychological and physical examinations.

Signature of Applicant

Date

STATE OF TEXAS §

COUNTY OF WISE §

Before me personally appeared _____ who says he executed the above instrument of his own free will and accord with full knowledge and agreement to the purpose thereof.

SWORN AND SUBSCRIBED BEFORE ME this the _____ day of _____, _____.

Notary Public

SEAL

FREEDOM OF INFORMATION ACT

Under the Freedom of Information Act, names, addresses, and telephone numbers of employees of the County may be released upon written request of any person, unless the employee has specifically requested the information not be made public.

I, _____, DO DO NOT want personal employment information released under the Freedom of Information Act.

Signature

Date

PHOTOGRAPH

Please attach a recent color photograph, minimum 2" x 3"

