

# Comprehensive Background Investigation Statement

## Public Safety Communicator



NAME \_\_\_\_\_

DATE ISSUED \_\_\_\_\_

COMPLETE AND RETURN BY \_\_\_\_\_

**Personal History Statement Instructions**

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

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

1. Your application must be printed legibly in **BLACK INK** by the applicant or typed. Answer all questions truthfully and accurately.
2. If a question is not applicable to you, enter **N/A** in the space provided.
3. Avoid errors by reading the directions carefully before making any entries on the form. Be sure your information is accurate and in proper sequence before you begin.
4. You are responsible for obtaining correct and full addresses. If you are not sure of an address, personally verify before making that entry on this history statement. Errors will not be viewed favorably. **ALL ADDRESSES MUST BE COMPLETE WITH ZIP CODES.**
5. If you need additional space for your answers, attach an additional sheet or sheets as needed. Be sure to indicate what question number and page this refers to.
6. An accurate and complete form will help expedite your investigation. **Omissions or falsifications** will result in **disqualification**.
7. You are responsible for furnishing any changes and/or updating your application as needed, such as address changes or telephone changes in writing.
8. Any candidate submitting an incomplete application **WILL NOT BE CONSIDERED FOR EMPLOYMENT.** Your application **will be evaluated on completeness and neatness.**
9. **All documents requested must be submitted with the application** (photocopies are acceptable in most cases). Required documents vary according to the position being sought and the history of the applicant. Hiring agency please check off documents required- modify list as necessary
  - Completed Personal History Statement
  - Copy of your Social Security card.
  - Original certified copy of your birth certificate. (No photo copy)
  - Copy of your High School diploma or GED certificate.
  - Copy of your DD-214 if applicable.
  - Original certified copy of your Naturalization papers, if applicable. (No photo copy)

10. When submitting the completed documents, please place them in a sealed envelope marked Personal and Confidential

**Applicant Qualification Section**

Before you begin to fill out this personal history statement, please ensure that you meet the following requirements. You must meet all five of these requirements to qualify for licensure as a Telcommunicator.

Initial: \_\_\_\_\_ I am a citizen of the United States of America.

\_\_\_\_\_ I have earned a high school diploma or a GED.

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

\_\_\_\_\_ During the last ten (10) years, I have not been convicted, plead guilty (nolo contendere), been on community service/probation or deferred adjudication for a Class B misdemeanor in this state, other state, or while serving in the military.

\_\_\_\_\_ I have never had a military court martial that resulted in a dishonorable or bad conduct discharge.

**DISQUALIFICATION**

There are very few automatic basis for rejection. Even issues of prior misconduct, employee terminations, and arrests are usually not, in and of themselves, automatically disqualifying. However, deliberate misstatements or omissions can and often will result in your application being rejected, regardless of the nature or reason for the misstatements/omissions. In fact, the number one reason individuals “fail” background investigations is because they deliberately withhold or misrepresent job-relevant information from their prospective employer.

**APPLICANT IDENTIFICATION**

INFORMATION PROVIDED IN THIS SECTION IS USED FOR IDENTIFICATION PURPOSES ONLY.

Last Name	First	Middle	Maiden
Street Address		Apt. No.	
City		State & Zip Code	
Mailing Address (if different from residence)		State & Zip Code	
Home Telephone No.	Work Telephone No.	Cellular No.	
		Pager No.	
Date of Birth	Social Security No.	Drivers License No. & State	

Have you ever been known or gone by any other name (excluding nick-names)? If yes, give details.

\_\_\_\_\_

\_\_\_\_\_

Place of Birth (City, County, State, Country) \_\_\_\_\_

Are you a U.S. Citizen by Birth? \_\_\_\_\_ Are you a Naturalized Citizen? \_\_\_\_\_

**MARITAL & FAMILY HISTORY**

Single \_\_\_\_\_ Married \_\_\_\_\_ Engaged \_\_\_\_\_ Co-habiting \_\_\_\_\_

Spouse's/Co-habitant's name (include maiden name) \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Date of Marriage \_\_\_\_\_

Employer(s) \_\_\_\_\_

Employer & Address \_\_\_\_\_

Home Telephone No. \_\_\_\_\_ Work Telephone No. \_\_\_\_\_

Roommate(s)(do not include parents or cohabitants) \_\_\_\_\_

Date(s) of birth \_\_\_\_\_

Identify children related to you or your spouse (Natural, Step-Children, Adopted, or Foster Children)

Relation	Name	Date of Birth	Address

Identify relatives in the following order: Father, Mother (include maiden name), step-parents (if any), brothers and sisters.

Relationship	Name	Complete Address	Phone Number	DOB

**RESIDENCES**

Identify all residences where you have lived in the last 10 years, **beginning with the most recent, including your present address.** List date by month/year. **Include military assignments. (No TDY's)**

From	To	Address	City	State & Zip code


**PERSONAL REFERENCES**

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

Name \_\_\_\_\_ Years known \_\_\_\_\_

Address \_\_\_\_\_

Home Telephone \_\_\_\_\_ Alternate Telephone \_\_\_\_\_

Nature of Relationship \_\_\_\_\_

Name \_\_\_\_\_ Years known \_\_\_\_\_

Address \_\_\_\_\_

Home Telephone \_\_\_\_\_ Alternate Telephone \_\_\_\_\_

Nature of Relationship \_\_\_\_\_

Name \_\_\_\_\_ Years known \_\_\_\_\_

Address \_\_\_\_\_

Home Telephone \_\_\_\_\_ Alternate Telephone \_\_\_\_\_

Nature of Relationship \_\_\_\_\_

Name \_\_\_\_\_ Years known \_\_\_\_\_

Address \_\_\_\_\_

Home Telephone \_\_\_\_\_ Alternate Telephone \_\_\_\_\_

Nature of Relationship \_\_\_\_\_

Name \_\_\_\_\_ Years known \_\_\_\_\_

Address \_\_\_\_\_

Home Telephone \_\_\_\_\_ Alternate Telephone \_\_\_\_\_

Nature of Relationship \_\_\_\_\_

Identify below any employees of the Texas Commission on Law Enforcement with whom you are acquainted:

_____	_____
_____	_____
_____	_____
_____	_____

**TRAFFIC RECORD**

Identify all vehicles that you currently own or operate:

Year	Make	Model	Color	License Plate No.	Owner

Please list your current automobile insurance carrier: \_\_\_\_\_ Expires: \_\_\_\_\_

Have you ever possessed a driver's license issued by any state other than Texas? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, give details below:

Driver's License No. \_\_\_\_\_ State \_\_\_\_\_ Date issued \_\_\_\_\_

Driver's License No. \_\_\_\_\_ State \_\_\_\_\_ Date issued \_\_\_\_\_

Identify all motor vehicle accidents you have been involved in during the last 10 years.

Date	Location	Police Report: Yes/No
Cause of Accident (e.g., ran red light, failed to control speed)		
Date	Location	Police Report: Yes /No
Cause of Accident (e.g., ran red light, failed to control speed)		

Identify all traffic citations you have received within the last 10 years, excluding parking tickets:

Month/Year	Violation	City & State	Disposition (e.g., defensive driving, dismissed)

**ARRESTS, DETENTIONS, AND LITIGATION**

Have you **ever** been arrested or detained by law enforcement?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, complete the following table:

Agency	Offense	Date	Location	Outcome

Have you ever been in, affiliated with, or been around any street gang, car club, party crew, or tagging crew?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain in full detail: \_\_\_\_\_

**FAMILY AND RELATIVE’S ARRESTS**

Have members of your immediate family or close relatives ever been arrested?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, complete the following table:

Agency	Offense	Date/Location	Relationship	Outcome



Have members of your immediate family or close relatives ever been in, affiliated with, or been around any street gang, car club, party crew, or tagging crew?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain in full detail: \_\_\_\_\_

**FINANCIAL HISTORY**

Your current net monthly income \_\_\_\_\_ Spouse's current net monthly income \_\_\_\_\_

Source	Amount	Frequency
_____	_____	_____
_____	_____	_____
_____	_____	_____

**CREDIT INFORMATION**

Have you **ever** filed bankruptcy personally or on behalf of a business? Yes \_\_\_\_\_ No \_\_\_\_\_

If "Yes" to above, indicate type \_\_\_\_\_

Have you **ever** had any personal or real property repossessed or foreclosed? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you **ever** failed to pay Federal, state, or other taxes? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you **ever** failed to file a tax return, when required by law? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you **ever** had a lien placed against your property for failing to pay taxes or other debts? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you **ever** defaulted on any type of loan? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you **ever** been delinquent on court-imposed alimony or child support payments? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you currently more than sixty (60) days delinquent on any debts? Yes \_\_\_\_\_ No \_\_\_\_\_

**EMPLOYMENT HISTORY**

Beginning with your present or most recent job, list all employment since the age of seventeen (17). Include full-time, part-time, temporary, seasonal, military assignments, or unpaid internships, plus all periods of unemployment.

**If you are currently employed, may we contact your present employer?** Yes \_\_\_\_\_ No \_\_\_\_\_

1. Employer \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_

Telephone No. \_\_\_\_\_

Job Title \_\_\_\_\_ Beginning and Ending Salary \_\_\_\_\_ / \_\_\_\_\_

Work Schedule \_\_\_\_\_

Name of supervisor \_\_\_\_\_ Supervisor contact information \_\_\_\_\_

Name of a co-worker \_\_\_\_\_ Co-worker contact information \_\_\_\_\_

Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Identify any disciplinary actions you received: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_

**Was there an unemployment period between previous employment and the one listed above? \_\_\_\_ Yes \_\_\_\_ No**

**If yes, provide dates and explain:** \_\_\_\_\_  
\_\_\_\_\_

2. Employer \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_

Telephone No. \_\_\_\_\_

Job Title \_\_\_\_\_ Beginning and Ending Salary \_\_\_\_\_ / \_\_\_\_\_

Work Schedule \_\_\_\_\_

Name of supervisor \_\_\_\_\_ Supervisor contact information \_\_\_\_\_

Name of a co-worker \_\_\_\_\_ Co-worker contact information \_\_\_\_\_

Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Identify any disciplinary actions you received: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_

Was there an unemployment period between previous employment and the one listed above? \_\_\_\_ Yes \_\_\_\_ No

If yes, provide dates and explain: \_\_\_\_\_  
\_\_\_\_\_

3. Employer \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_

Telephone No. \_\_\_\_\_

Job Title \_\_\_\_\_ Beginning and Ending Salary \_\_\_\_\_ / \_\_\_\_\_

Work Schedule \_\_\_\_\_

Name of supervisor \_\_\_\_\_ Supervisor contact information \_\_\_\_\_

Name of a co-worker \_\_\_\_\_ Co-worker contact information \_\_\_\_\_

Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Identify any disciplinary actions you received: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_

Was there an unemployment period between previous employment and the one listed above? \_\_\_\_ Yes \_\_\_\_ No

If yes, provide dates and explain: \_\_\_\_\_

\_\_\_\_\_

4. Employer \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_

Telephone No. \_\_\_\_\_

Job Title \_\_\_\_\_ Beginning and Ending Salary \_\_\_\_\_ / \_\_\_\_\_

Work Schedule \_\_\_\_\_

Name of supervisor \_\_\_\_\_ Supervisor contact information \_\_\_\_\_

Name of a co-worker \_\_\_\_\_ Co-worker contact information \_\_\_\_\_

Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Identify any disciplinary actions you received: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_

Was there an unemployment period between previous employment and the one listed above? \_\_\_\_ Yes \_\_\_\_ No

If yes, provide dates and explain: \_\_\_\_\_

\_\_\_\_\_

5. Employer \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_

Telephone No. \_\_\_\_\_

Job Title \_\_\_\_\_ Beginning and Ending Salary \_\_\_\_\_ / \_\_\_\_\_

Work Schedule \_\_\_\_\_

Name of supervisor \_\_\_\_\_ Supervisor contact information \_\_\_\_\_

Name of a co-worker \_\_\_\_\_ Co-worker contact information \_\_\_\_\_

Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Identify any disciplinary actions you received: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_

Was there an unemployment period between previous employment and the one listed above? \_\_\_\_ Yes \_\_\_\_ No

If yes, provide dates and explain: \_\_\_\_\_

\_\_\_\_\_

6. Employer \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_

Telephone No. \_\_\_\_\_

Job Title \_\_\_\_\_ Beginning and Ending Salary \_\_\_\_\_ / \_\_\_\_\_

Work Schedule \_\_\_\_\_

Name of supervisor \_\_\_\_\_ Supervisor contact information \_\_\_\_\_

Name of a co-worker \_\_\_\_\_ Co-worker contact information \_\_\_\_\_

Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Identify any disciplinary actions you received: \_\_\_\_\_

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Reason for Leaving: \_\_\_\_\_

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Was there an unemployment period between previous employment and the one listed above? \_\_\_\_ Yes \_\_\_\_ No

If yes, provide dates and explain: \_\_\_\_\_

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Please attach additional sheets as necessary. Be sure to follow the same format.

**EDUCATIONAL HISTORY**

High School(s) attended	Address	Dates attended From-To	Graduated Yes/No

Do you have a G.E.D. Certificate? \_\_\_\_\_

Identify all colleges, universities, or technical schools you have attended:

Name	City & State	Dates attended	Hours completed	Major	Degree & Date

**MILITARY OBLIGATION**

Have you ever served in the U.S. Armed Forces or State Military Forces? Yes \_\_\_\_\_ No \_\_\_\_\_

Served from \_\_\_\_\_ to \_\_\_\_\_ Highest Rank held \_\_\_\_\_  
Date Date

Branch of Service \_\_\_\_\_ Unit \_\_\_\_\_

Job Title(s) (e.g., Rifleman, Security) \_\_\_\_\_

Type of discharge \_\_\_\_\_ Last Duty Station: \_\_\_\_\_

Are you actively serving in a Reserve Unit (including State Military Forces)? Yes \_\_\_\_\_ No \_\_\_\_\_

Serving from \_\_\_\_\_ to \_\_\_\_\_ Current Rank held \_\_\_\_\_  
Date Date

Branch of Service \_\_\_\_\_ Unit \_\_\_\_\_

Job Title(s) (e.g., Rifleman, Security) \_\_\_\_\_

Have you **ever** been subject to court martial or any other disciplinary proceeding under the Uniform Code of Military Justice? (Include non-judicial, Captain's mast, etc.) If "Yes," provide date(s), charge(s), military court(s) or authority(ies), and outcome(s).

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

**SPECIAL QUALIFICATIONS & SKILLS**

Identify any special licenses you hold (e.g., pilot, radio operator): \_\_\_\_\_

If you know a foreign language, indicate your fluency in each block below (excellent, good, fair)

Language	Understanding	Speaking	Reading	Writing

**MEMBERSHIP IN ORGANIZATIONS (PAST AND PRESENT)**

Name & Address	Type (e.g., social, fraternal, professional)	From	To

**PERSONAL DECLARATIONS**

Do you consume alcoholic beverages? Yes \_\_\_\_\_ No \_\_\_\_\_ If "Yes", how often? \_\_\_\_\_

Have you **ever** used marijuana or hashish? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, when last used? \_\_\_\_\_

Have you **ever** used any illegal drug (including a performance-enhancing steroid) not prescribed by a physician?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes how often \_\_\_\_\_ When last used \_\_\_\_\_

Provide explanation: \_\_\_\_\_

Have you **ever** sold or furnished controlled substances or prescription drugs to anyone? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, give details: \_\_\_\_\_

\_\_\_\_\_

Are there any incidents in your life, or details not mentioned herein, which may influence this department's evaluation of your suitability for employment?

If yes, explain:

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

Identify any additional information you think should be considered in your application for the position you are seeking, and/or any further explanation of answers to previous questions:

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



I hereby certify that there are no misrepresentations, omissions, or falsifications in the foregoing statements and answers to the above questions. I fully understand that any misrepresentation, omission, or falsification may deem me permanently unsuitable, or if hired, may lead to the termination my employment.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

Before me personally appeared \_\_\_\_\_ who stated this document and its intent was explained to him/her that he/she has full knowledge of its purpose and that he/she executed this instrument of his/her free will and accord.

Sworn to and subscribed before me on this \_\_ day of \_\_\_\_\_, \_\_\_\_\_

SEAL or STAMP

\_\_\_\_\_  
Signature of Notary  
My Commission Expires: \_\_\_\_\_

## WAIVER AND AUTHORIZATION FOR RELEASE OF INFORMATION

To Whom It May Concern:

**I authorize** you to furnish any El Paso Police Department (EPPD) background investigator, or other duly accredited representative of the EPPD conducting my background investigation, any information relating to my activities from individuals, schools, residential management agents, employers, criminal justice agencies, credit bureaus, consumer reporting agencies, collection agencies, retail business establishments, or other source of information. This information may include, but is not limited to, my academic, residential, achievement, performance, attendance, disciplinary, employment history, criminal history record information, financial and credit information, and military service records, or any background investigation information that was obtained as a result of my application for employment including information reference my polygraph examination.

Information of a confidential or privileged nature may be included. You reply will be used to assist the police department in determining my qualifications and fitness for the position I am seeking with the Department. This includes individuals identified by the EPPD representative, who might have information about my suitability for employment.

**I further authorize** you to release arrests, detentions, field citations, field interview cards, officer's records, jail/custody booking records, traffic citations and traffic accident information, district attorney records, court records and reports, probation and parole reports and records, laboratory reports and results, and any other criminal justice records, reports, or information source. This inquiry is in compliance with the applicable state code and local ordinances.

**I have read and understand** my rights under Title 5, United States Code, Section 552A, the Privacy Act of 1994, and waive those rights with the understanding that information furnished will be used by the El Paso Police Department in conjunction with employment procedures. I understand that information obtained by the El Paso Police Department may be made accessible to other law enforcement agencies if a proper waiver is provided. I understand that I am waiving any right I may have to this information and it will not be released to me or any private citizen under any circumstance. If however, the El Paso Police Department discovers that I am involved in any felonies, the Department is obligated by law, to report this information to the proper jurisdiction. This waiver and release applies to information covered by Title 5 as well as information not covered by that statute.

I hereby release the El Paso Police Department, you, your organization, and your office's agents and employees, and others from any liability or damage which may result from furnishing the information requested, including any liability pursuant to any state or local code or ordinance, or any similar laws.

**COPIES OF THIS AUTHORIZATION THAT SHOW MY SIGNITURE ARE AS VALID AS THE ORIGINAL RELEASE SIGNED BY ME. THIS AUTHORIZATION IS VALID FOR TWO (2) YEARS FROM THE DATE SIGNED OR UPON TERMINATION OF MY AFFILIATION WITH EPPD.**

Signature (Sign in ink)	Full Name (Type or Print Legibly)	Date of Birth	Social Security #
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Other Names Used	Date signed
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Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

(SEAL) My commission expires _____	Notary Public
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