

Arlington Police Department

Applicant Personal History Statement



Full Name _____

Address _____

Telephone _____

Primary Email _____

Date Completed _____

I am applying for:

- Police Officer
- Detention Officer
- Professional Staff Employment / Intern

PERSONAL HISTORY STATEMENT INSTRUCTIONS

Arlington Police Department 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. This document is designed to aid background investigators in selection of those best qualified to continue forward in the hiring process. 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 the position for which you are applying.

1. This document must be typed or printed legibly in BLACK INK by you. 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, email addresses, and phone numbers. If you are not sure of an address, personally verify before making that entry on this history statement. Errors will not be viewed favorably. ALL ADDRESSES MUST BE COMPLETE WITH ZIP CODES.
5. If you need additional space for your answers, attach additional sheets as needed. Be sure to indicate what question number and page it is referring to.
6. An accurate and complete PHS will help expedite your background. Omissions or falsifications will result in **disqualification**.
7. You are responsible for furnishing any changes and/or updating your PHS as needed. Changes in address, phone number, email address, employment, citations, arrests, or loss of interest in the position, need to be sent in email to an investigator.
8. Any candidate submitting an incomplete PHS **WILL NOT BE CONSIDERED FOR EMPLOYMENT**. Your PHS will be evaluated on completeness and neatness.

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 an Arlington Police Officer.

I am a citizen of the United States of America. (Police Applicant Only)

I have:

College degree **OR**

four years of active-duty military experience with an honorable discharge **OR**

60 hours of college credits with 4 continuous years serving as either an APD Police Service Assistant or APD Detention Officer. (Police Applicant Only)

I have never had a military court martial that resulted in a dishonorable or other discharge based on misconduct which bars future military service. (Police Applicant Only)

I have never been convicted, pled guilty (nolo contendere), nor have I been on court-ordered community service/probation, or deferred adjudication for a Class A misdemeanor or a felony in this state, other state, or while serving in the military. (All Applicants)

During the last ten (10) years, I have not been convicted, pled 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. (All Applicants)

DISQUALIFICATIONS

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

This personal history statement is a governmental document. Be truthful, as there are criminal consequences for lying on a governmental document.

DISCLOSURE OF MEDICALLY RELATED INFORMATION

In accordance with the U.S. Americans with Disabilities Act, at this stage of the hiring process, applicants are not expected or required to reveal any medical or other disability-related information about themselves in response to questions on this form, or to any other inquiry made prior to receiving a conditional offer of employment.

All police and detention officer positions, as well as certain professional staff positions, require work hours during the evening, overnight, weekends, and holidays. Are there any problems working this type of schedule?

Yes No

If Yes, please explain:

The City of Arlington is an Equal Opportunity Employer

SECTION 1: PERSONAL

1. Last Name		First	Middle		Suffix
2. Other name, including nicknames you have used or been known by					
3. Street Address (include Apt/ Unit #)			City	State	Zip Code
4. Mailing Address if Different from Above					
5. Home Phone		Work Phone		Cell Phone	
6. Email Addresses:					
7. Birthplace (City / County / State / Country)			8. Date of Birth		9. Social Security Number
10. Driver's License #	State	Expiration	11. Height	Weight	Hair Color
12. List Scars / Marks / Tattoos, including location on body					

The information provided above is used for statistical data only. This information will not be used in consideration of your application for employment.

Yes	No	13. Do you have a relative (by blood or marriage) employed by the City of Arlington? If YES, provide the name of the person(s), how you are related, and the department they work in.			
		Name	Relationship	City Department	
		Name	Relationship	City Department	

How did you hear about us?

SECTION 2: EDUCATION

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

14. List High Schools Attended or where you obtained your GED.

A. Name		City	State
From	To	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	
B. Name		City	State
From	To	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	

15. List all colleges or universities attended:

A. Name		City	State
From	To	Degree Received Yes No	Type of Degree Earned (ex. AA, AS, BA, BS, Masters)
Major		Degree Date	GPA
B. Name		City	State
From	To	Degree Received Yes No	Type of Degree Earned (ex. AA, AS, BA, BS, Masters)
Major		Degree Date	GPA
C. Name		City	State
From	To	Degree Received Yes No	Type of Degree Earned (ex. AA, AS, BA, BS, Masters)
Major		Degree Date	GPA

16. 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

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

If yes, describe in detail below. Starting with high school, list 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.

18. Have you ever attended a basic peace officer licensing course? Yes No
If yes, provide the PID # you were assigned: _____

A. Academy Name	From	To	Did you Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No
Location (City / State)	Name of Training Coordinator		Contact Number
B. Academy Name	From	To	Did you Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No
Location (City / State)	Name of Training Coordinator		Contact Number

SECTION 3: MARITAL AND FAMILY HISTORY

19. IMMEDIATE FAMILY

- Provide all applicable information in the spaces below.
- If you need additional space for your answers, attach additional sheets as needed. Be sure to indicate what question number and page this refers to.

<input type="checkbox"/> NA	A. Spouse / Domestic Partner / Significant Other / Fiancé		Age	
Home Address		City	State	Zip
Home Phone	Cell Phone	Email		
Date of Marriage	County and State where Married			

<input type="checkbox"/> NA	B. Former Spouse / Former Domestic Partner / Former Fiancé		Age	
Home Address		City	State	Zip
Home Phone	Cell Phone	Email		
Date of Marriage	Date of Divorce	Is there, or has there been a restraining or stay-away order in effect for this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No		

C. Father's Name		Age		
Home Address		City	State	Zip
Home Phone	Cell Phone	Email		

D. Mother's Name		Age		
Home Address		City	State	Zip
Home Phone	Cell Phone	Email		

<input type="checkbox"/> NA	E. Father-In-Law Name	Age		
Home Address		City	State	Zip
Home Phone	Cell Phone	Email		

<input type="checkbox"/> NA	F. Mother-In-Law Name	Age		
Home Address		City	State	Zip
Home Phone	Cell Phone	Email		

<input type="checkbox"/> NA	G. Stepfather's Name	Age		
Home Address		City	State	Zip
Home Phone	Cell Phone	Email		

<input type="checkbox"/> NA	H. Stepmother's Name	Age		
Home Address		City	State	Zip
Home Phone	Cell Phone	Email		

<input type="checkbox"/> NA	I. Brothers and Sisters: List all siblings, including half-siblings, foster siblings, stepsiblings, etc.			
1. Name		Age	Relationship	
Home Address		City	State	Zip
Cell Phone		Email		

2. Name		Age	Relationship	
Home Address		City	State	Zip
Cell Phone		Email		

3. Name		Age	Relationship
Home Address	City	State	Zip
Cell Phone	Email		

4. Name		Age	Relationship
Home Address	City	State	Zip
Cell Phone	Email		

5. Name		Age	Relationship
Home Address	City	State	Zip
Cell Phone	Email		

6. Name		Age	Relationship
Home Address	City	State	Zip
Cell Phone	Email		

7. Name		Age	Relationship
Home Address	City	State	Zip
Cell Phone	Email		

8. Name		Age	Relationship
Home Address	City	State	Zip
Cell Phone	Email		

<input type="checkbox"/> N A	J. CHILDREN List all 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. Child's Name	Age	Custodial Parent or Guardian (If other than you)
2. Child's Name	Age	Custodial Parent or Guardian (If other than you)
3. Child's Name	Age	Custodial Parent or Guardian (If other than you)
4. Child's Name	Age	Custodial Parent or Guardian (If other than you)
5. Child's Name	Age	Custodial Parent or Guardian (If other than you)
6. Child's Name	Age	Custodial Parent or Guardian (If other than you)
7. Child's Name	Age	Custodial Parent or Guardian (If other than you)
8. Child's Name	Age	Custodial Parent or Guardian (If other than you)

SECTION 4: RESIDENCE HISTORY

20. LIST OF RESIDENCES

- List all residences during the **last 10 years**. Begin with the most current. 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 you need additional space for your answers, attach additional sheets as needed. Be sure to indicate what question number and page this refers to.

A. Current Residence

From	To	Address	City	State	Zip

B. Former Residence

From	To	Address	City	State	Zip
Reason for moving					

C. Former Residence

From	To	Address	City	State	Zip
Reason for moving					

D. Former Residence

From	To	Address	City	State	Zip
Reason for moving					

E. Former Residence

From	To	Address	City	State	Zip
Reason for moving					

F. Former Residence

From	To	Address	City	State	Zip
Reason for moving					

G. Former Residence

From	To	Address	City	State	Zip
Reason for moving					

H. Former Residence					
From	To	Address	City	State	Zip
Reason for moving					

Yes	No	NA	Have you ever been evicted or asked to move from any place where you have lived?
Yes	No	NA	Have you ever been late paying rent?
Yes	No	NA	Have you ever broken a lease agreement?

If yes to any of the above, please explain:

21. Provide contact information for all housemates listed in Question 20 with whom you have resided during the past 10 years. DO NOT list anyone for whom you have already provided contact information. If you need additional space for your answers, attach additional sheets as needed. Be sure to indicate what question number and page this refers to.

<input type="checkbox"/> NA	A. Name	Contact Number			
Current Street Address		City	State	Zip	
Nature of relationship		Email			

<input type="checkbox"/> NA	B. Name	Contact Number			
Current Street Address		City	State	Zip	
Nature of relationship		Email			

<input type="checkbox"/> NA	C. Name	Contact Number			
Current Street Address		City	State	Zip	
Nature of relationship		Email			

SECTION 5: PERSONAL REFERENCES

22. REFERENCES			
List 5-7 people who know you well, such as social friends, co-workers, military acquaintances. Do not include relatives, employers, housemates, or other individuals listed elsewhere.			
A. Name		Cell Phone	
Address	City	State	Zip
Email Address:			
How do you know this person/relationship?		How long have you known this person?	
B. Name		Cell Phone	
Address	City	State	Zip
Email Address:			
How do you know this person/relationship?		How long have you known this person?	
C. Name		Cell Phone	
Address	City	State	Zip
Email Address:			
How do you know this person/relationship?		How long have you known this person?	
D. Name		Cell Phone	
Address	City	State	Zip
Email Address:			
How do you know this person/relationship?		How long have you known this person?	

E. Name		Cell Phone	
Address	City	State	Zip
Email Address:			
How do you know this person/relationship?		How long have you known this person?	

F. Name		Cell Phone	
Address	City	State	Zip
Email Address:			
How do you know this person/relationship?		How long have you known this person?	

G. Name		Cell Phone	
Address	City	State	Zip
Email Address:			
How do you know this person/relationship?		How long have you known this person?	

23. JOB EXPERIENCE

- List ALL jobs you have had in the last **TEN YEARS**, including part-time, temporary, self-employment and internship.
- Begin with your most current. If you need more space, use a separate sheet of paperwork.
- List ALL periods of unemployment exceeding 30 days.

From	To	Name of Current Employer		
	Present			
Address		City	State	Zip
<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	<input type="checkbox"/> Temporary	<input type="checkbox"/> Self-Employed	<input type="checkbox"/> Internship
Job Title		Duties / Assignments		
Supervisor		Contact Number	Email	
Reason for Leaving				
Yes	No	Would there be a problem if we contacted your current employer?		
Yes	No	Are you eligible for rehire from this employer? If NO, explain:		
Yes	No	Have you been disciplined by this employer? (This includes reprimands, suspensions, reductions in pay, reassignments, demotions, verbal counseling, or verbal warning) If YES, explain:		

From	To	Period of Unemployment	Check if Applicable	
<input type="checkbox"/> Between Jobs	<input type="checkbox"/> Leave of Absence	<input type="checkbox"/> Student	<input type="checkbox"/> Travel	<input type="checkbox"/> Other

From	To	Name of Previous Employer		
Address		City	State	Zip
<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	<input type="checkbox"/> Temporary	<input type="checkbox"/> Self-Employed	<input type="checkbox"/> Internship
Job Title		Duties / Assignments		
Supervisor		Contact Number	Email	
Reason for Leaving				
Yes	No	Are you eligible for rehire from this employer? If NO, explain:		
Yes	No	Have you been disciplined by this employer? (This includes reprimands, suspensions, reductions in pay, reassignments, demotions, verbal counseling, or verbal warning) If YES, explain:		

From	To	Period of Unemployment	Check if Applicable		
<input type="checkbox"/> Between Jobs	<input type="checkbox"/> Leave of Absence	<input type="checkbox"/> Student	<input type="checkbox"/> Travel	<input type="checkbox"/> Other	

From	To	Name of Previous Employer			
Address		City	State	Zip	
<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	<input type="checkbox"/> Temporary	<input type="checkbox"/> Self-Employed	<input type="checkbox"/> Internship	
Job Title		Duties / Assignments			
Supervisor		Contact Number	Email		
Reason for Leaving					
Yes	No	Are you eligible for rehire from this employer? If NO, explain:			
Yes	No	Have you been disciplined by this employer? (This includes reprimands, suspensions, reductions in pay, reassignments, demotions, verbal counseling, or verbal warning) If YES, explain:			

From	To	Period of Unemployment	Check if Applicable		
<input type="checkbox"/> Between Jobs	<input type="checkbox"/> Leave of Absence	<input type="checkbox"/> Student	<input type="checkbox"/> Travel	<input type="checkbox"/> Other	

From	To	Name of Previous Employer			
Address		City	State	Zip	
<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	<input type="checkbox"/> Temporary	<input type="checkbox"/> Self-Employed	<input type="checkbox"/> Internship	
Job Title		Duties / Assignments			
Supervisor		Contact Number	Email		
Reason for Leaving					
Yes	No	Are you eligible for rehire from this employer? If NO, explain:			
Yes	No	Have you been disciplined by this employer? (This includes reprimands, suspensions, reductions in pay, reassignments, demotions, verbal counseling, or verbal warning) If YES, explain:			

From	To	Period of Unemployment	Check if Applicable		
<input type="checkbox"/> Between Jobs	<input type="checkbox"/> Leave of Absence	<input type="checkbox"/> Student	<input type="checkbox"/> Travel	<input type="checkbox"/> Other	

From	To	Name of Previous Employer			
Address		City	State	Zip	
<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	<input type="checkbox"/> Temporary	<input type="checkbox"/> Self-Employed	<input type="checkbox"/> Internship	
Job Title		Duties / Assignments			
Supervisor		Contact Number	Email		
Reason for Leaving					
Yes	No	Are you eligible for rehire from this employer? If NO, explain:			
Yes	No	Have you been disciplined by this employer? (This includes reprimands, suspensions, reductions in pay, reassignments, demotions, verbal counseling, or verbal warning) If YES, explain:			

From	To	Period of Unemployment	Check if Applicable		
<input type="checkbox"/> Between Jobs	<input type="checkbox"/> Leave of Absence	<input type="checkbox"/> Student	<input type="checkbox"/> Travel	<input type="checkbox"/> Other	

From	To	Name of Previous Employer			
Address		City	State	Zip	
<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	<input type="checkbox"/> Temporary	<input type="checkbox"/> Self-Employed	<input type="checkbox"/> Internship	
Job Title		Duties / Assignments			
Supervisor		Contact Number	Email		
Reason for Leaving					
Yes	No	Are you eligible for rehire from this employer? If NO, explain:			
Yes	No	Have you been disciplined by this employer? (This includes reprimands, suspensions, reductions in pay, reassignments, demotions, verbal counseling, or verbal warning) If YES, explain:			

SECTION 6: EMPLOYMENT HISTORY

Yes	No	24. Have you ever resigned from a job in lieu of termination?
If YES, explain:		
Yes	No	25. Have you ever been asked to resign from a job?
If YES, explain:		
Yes	No	26. Have you ever been released from probation from a job?
If YES, explain:		
Yes	No	27. Have you ever been fired from a job?
If YES, explain:		
Yes	No	28. Have you ever filed a complaint against an employer?
If YES, explain:		
Yes	No	29. Have you ever stolen from an employer? How many times? _____
If YES, explain why/what:		
Yes	No	30. Have you ever taken part in a theft with another employee?
If YES, explain:		
Yes	No	31. Have you ever called in sick to work when you were neither sick or caring for sick family member? How many times? _____
If YES, explain:		
Yes	No	32. Have you ever failed to report to work without notifying a supervisor?
If YES, explain:		
Yes	No	33. Have you ever quit a job without giving a two-week notice?
If YES, explain:		
Yes	No	34. Have you ever had knowledge that another employee was stealing or being dishonest and not acted upon it?
If YES, explain:		
Yes	No	35. Have you ever knowingly violated a company policy?
If YES, explain:		

Yes	No	36. Do you get along with co-workers?
If NO, explain:		
Yes	No	37. Have you ever consumed alcoholic beverages at work or during work breaks / lunch?
If YES, explain:		
Yes	No	38. Were you ever involved in a physical / verbal altercation with a supervisor, co-worker, or customer?
If YES, explain:		
Yes	No	39. Have you ever been accused of discrimination (such as sexual harassment, racial bias, sexual orientation harassment, etc.) by a co-worker, superior, subordinate, and/or customer?
If YES, explain:		
Yes	No	40. Have you ever been counseled at work due to lateness or absences?
If YES, explain:		
Yes	No	41. Did you ever receive an unsatisfactory performance review?
If YES, explain:		
Yes	No	42. Has your work performance ever been affected by your use of alcohol or drugs?
If YES, explain:		
Yes	No	43. In the past ten years, have you been warned by an employer about your drinking or drug habits and their impact on your performance?
If YES, explain:		
Yes	No	44. Have you ever committed any sexual act on the job?
If YES, explain:		
Yes	No	45. Have you ever masturbated at work?
If YES, explain:		

SECTION 7: MILITARY EXPERIENCE

Yes	No	46. Are you required to register for the Selective Service? If so, did you? Yes No			
Yes	No	47. Have you been rejected from any branch of the military?			
Yes	No	48. Have you served in the military? If Yes, answer questions 49 – 56.			
49. Branch of Service		MOS		From	To
50. Type of Discharge:		<input type="checkbox"/> Entry Level	<input type="checkbox"/> Honorable	<input type="checkbox"/> General	<input type="checkbox"/> Other than Honorable
51. Branch of Service		MOS		From	To
52. Type of Discharge:		<input type="checkbox"/> Entry Level	<input type="checkbox"/> Honorable	<input type="checkbox"/> General	<input type="checkbox"/> Other than Honorable
53. Are you currently participating in one of the following? <input type="checkbox"/> Military Reserve <input type="checkbox"/> National Guard				If checked, date obligation ends:	
Yes	No	54. 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)?			
Yes	No	55. Were you ever denied a security clearance, or had a clearance revoked, suspended or downgraded, either military or any other federal, state, or municipal clearance?			
56. If you answered YES to questions 54 and or 55, explain (include dates and circumstances).					

SECTION 8: FINANCIAL

Police Applicants Only - Other Applicants Pick Up at Section 9

Yes	No	57. Have you ever filed bankruptcy personally or on behalf of a business? (Chapter 7,11,13)
If YES, explain:		
Yes	No	58. Have you ever had any personal or real property repossessed or foreclosed?
If YES, explain:		
Yes	No	59. Have you ever failed to pay federal, state, or other taxes?
If YES, explain:		
Yes	No	60. Have you ever failed to file a tax return when required by law?
If YES, explain:		
Yes	No	61. Have you ever had a lien placed against your property for failing to pay taxes or other debts?
If YES, explain:		
Yes	No	62. Have you ever defaulted on any type of loan, including student loans?
If YES, explain:		
Yes	No	63. Have you ever had any credit account suspended, charged off, or cancelled for failure to pay?
If YES, explain:		
Yes	No	64. Have you ever written a check that was later returned for non-sufficient funds (NSF)?
If YES, explain:		
Yes	No	65. Have you ever been delinquent on court-imposed alimony or child support payments?
If YES, explain:		
Yes	No	66. Are you in arrears on court ordered child support?
If YES, explain:		
Yes	No	67. Are you currently more than sixty (60) days delinquent on any debts?
If YES, explain:		
Yes	No	68. Have you had your wages garnished?
If YES, explain:		

SECTION 9: MOTOR VEHICLE OPERATION / DRIVING HISTORY

74. DRIVER'S LICENSE

Provide information regarding your current and all previous driver's licenses that you have been issued.

A. Current Driver's License #		State Issued	Expiration Date	Name under which license was granted	
B. Address listed on driver's license			City	State	Zip
Yes	No	C. Is the address listed on your driver's license current?			
If NO, explain:					
Yes	No	D. Have you ever been denied a driver's license?			
If YES, explain:					
Yes	No	E. Has your license ever been suspended or revoked?			
If YES, explain:					
F. List ALL states where you have been issued a driver's license					
Driver's License Number		Issuing State		Date Issued	
Driver's License Number		Issuing State		Date Issued	
Driver's License Number		Issuing State		Date Issued	

75. DRIVING HISTORY

Provide information regarding your driving history.

Yes	No	A. Have you ever driven when you knew your license was suspended or revoked?
If YES, explain:		

76. TRAFFIC CITATIONS

List ALL traffic citations, including parking citations and warnings, you have received within the past 7 years.

A. Nature of Violation		Location of Violation (City, State)			
Date Violation Occurred	Action Taken				
	<input type="checkbox"/> Not Guilty	<input type="checkbox"/> Fined/ Guilty	<input type="checkbox"/> Driving Safety Course	<input type="checkbox"/> Dismissed	<input type="checkbox"/> Deferred Adjudication
B. Nature of Violation		Location of Violation (City, State)			
Date Violation Occurred	Action Taken				
	<input type="checkbox"/> Not Guilty	<input type="checkbox"/> Fined/ Guilty	<input type="checkbox"/> Driving Safety Course	<input type="checkbox"/> Dismissed	<input type="checkbox"/> Deferred Adjudication
C. Nature of Violation		Location of Violation (City, State)			
Date Violation Occurred	Action Taken				
	<input type="checkbox"/> Not Guilty	<input type="checkbox"/> Fined/ Guilty	<input type="checkbox"/> Driving Safety Course	<input type="checkbox"/> Dismissed	<input type="checkbox"/> Deferred Adjudication
D. Nature of Violation		Location of Violation (City, State)			
Date Violation Occurred	Action Taken				
	<input type="checkbox"/> Not Guilty	<input type="checkbox"/> Fined/ Guilty	<input type="checkbox"/> Driving Safety Course	<input type="checkbox"/> Dismissed	<input type="checkbox"/> Deferred Adjudication

Yes	No	E. Do you have any unpaid parking or traffic citations at this time?
If YES, explain:		
F. Has a traffic citation ever resulted in a warrant or caused your driver's license to be withheld due to the following? (Check all that apply)		
<input type="checkbox"/> Failed to Appear	<input type="checkbox"/> Failed to complete driving safety course	<input type="checkbox"/> Failed to pay the required fine
If checked, explain:		

Yes	No	77. TRAFFIC ACCIDENTS	
Have you, as the DRIVER of a motor vehicle, been in an accident within the past 7 years? If YES, list below.			
A. Date		Location (City, State)	
Police Report taken <input type="checkbox"/> Yes <input type="checkbox"/> No		Law Enforcement Agency	<input type="checkbox"/> Injury <input type="checkbox"/> No Injury
B. Date		Location (City, State)	
Police Report taken <input type="checkbox"/> Yes <input type="checkbox"/> No		Law Enforcement Agency	<input type="checkbox"/> Injury <input type="checkbox"/> No Injury
C. Date		Location (City, State)	
Police Report taken <input type="checkbox"/> Yes <input type="checkbox"/> No		Law Enforcement Agency	<input type="checkbox"/> Injury <input type="checkbox"/> No Injury
D. Date		Location (City, State)	
Police Report taken <input type="checkbox"/> Yes <input type="checkbox"/> No		Law Enforcement Agency	<input type="checkbox"/> Injury <input type="checkbox"/> No Injury
Yes	No	E. Have you ever committed a hit and run accident, regardless of the severity of damage?	
If YES, explain the circumstances in detail, including approximate date and location.			
Yes	No	F. Have you ever been involved in an accident while you were under the influence of alcohol or drugs?	
If YES, explain the circumstances in detail, including approximate date and location.			
Yes	No	78. Have you ever driven a vehicle / boat while under the influence of an alcoholic beverage?	
If YES, How many times? _____ Last Time? _____			
Yes	No	79. Have you ever driven a vehicle / boat while you were under the influence of an illegal drug, narcotic, or controlled substance (legal or not)?	
If YES, How many times? _____ Last Time? _____			
Yes	No	80. Have you ever driven a vehicle without auto insurance, as required by law?	
If YES, explain:			
Date		Location (Street, City, State)	
Yes	No	81. Have you ever been refused automobile liability insurance, a bond, or had a policy cancelled?	
If YES, explain:		Insurance Company	
Date		Location (City, State)	

SECTION 10: LEGAL

DETENTIONS, ARRESTS, CONVICTIONS

This section requires you to report detentions, arrests, and convictions, including diversion programs and in some cases, offenses that may have been pardoned. As an applicant, you are required to disclose this information, unless specifically exempted by state or federal law.

- ALL detentions or arrests (whether they resulted in a conviction or not.)
- ALL convictions (including citations, theft, disorderly conduct, drug paraphernalia, etc.)
- ALL diversion programs (pretrial diversion, deferred adjudication, etc.)

If you need additional space for your answers, attach additional sheets as needed. Be sure to indicate what question number and page this refers to.

Yes	No	82. Have you EVER been detained for investigation, held on suspicion, questioned, fingerprinted, arrested, indicted, criminally charged, or convicted of any misdemeanor or felony offense. (Including offenses punishable under the Uniform Code of Military Justice)?
-----	----	--

If YES, answer the following questions for each incident.

A. Approximate Date	Law Enforcement Agency
Offense / Charge:	
Disposition or Penalty:	
B. Approximate Date	Law Enforcement Agency
Offense / Charge:	
Disposition or Penalty:	
C. Approximate Date	Law Enforcement Agency
Offense / Charge:	
Disposition or Penalty:	

Yes	No	83. Have you ever been placed on court ordered probation as an adult (17 and older)?
If YES, explain:		

Yes	No	84. Were you ever required to appear before a juvenile court for an act which would have been a crime if committed as an adult?
If YES, explain:		

Yes	No	85. Have you ever been a party in a civil lawsuit (e.g., small claims actions, dissolutions, child custody, paternity, support, etc.)?
If YES, explain:		

Yes	No	86. 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?
If YES, explain:		

Yes	No	87. Do you anticipate being sued or named in any type of lawsuit or proceeding?
If YES, explain:		

Yes	No	88. Have you ever been the subject of an emergency protective, restraining or stay-away order?
If YES, explain:		
Yes	No	89. As an adult (17 and older) have you ever committed an act of family violence?
If YES, explain:		
Yes	No	90. As an adult (17 and older) have you assaulted another person?
If YES, explain:		
Yes	No	91. Have you ever been considered or named a suspect in a criminal investigation or criminal offense?
If YES, explain:		
Yes	No	92. Other than a traffic stop, have you ever been contacted by a law enforcement officer?
If YES, explain:		
Yes	No	93. Have the police ever been called to your home for ANY reason?
If YES, explain:		
Yes	No	94. Have you or your spouse/partner ever been referred to Child Protective Services?
If YES, explain:		
Yes	No	95. Have you ever fraudulently received welfare, unemployment compensation, compensation, or other state or federal assistance?
If YES, explain:		
Yes	No	96. Have you ever filed a false insurance or workers' compensation claim?
If YES, explain:		

SECTION 11: UNDETECTED ACTS

97. Have you EVER been involved in any way in any of the following?						
Yes	No	Murder		Yes	No	Kidnapping
Yes	No	False Imprisonment		Yes	No	Robbery
Yes	No	Burglary		Yes	No	Riot
Yes	No	Criminal Mischief		Yes	No	Organized Criminal Activity/ Gang
Yes	No	Disorderly Conduct		Yes	No	Fighting in Public
Yes	No	Theft		Yes	No	Theft of a Motor Vehicle
Yes	No	Robbery		Yes	No	Terroristic Threat
If yes to any section of question 97, explain:						

98. Have you EVER committed any of the following acts?					
Yes	No	Injury to a child			
Yes	No	Injury to an elderly person			
Yes	No	Abuse of Corpse			
Yes	No	Cruelty to animals			
Yes	No	Harassment			
Yes	No	Public Intoxication (In a public place and not able to care for yourself)			
Yes	No	Intoxicated Assault			
Yes	No	Unlawful Carry Weapon			
Yes	No	Perjury			
Yes	No	Forgery (Falsifying any type of document, license, etc.)			
Yes	No	Credit Card Abuse			
Yes	No	Indecent Exposure (Flashing or mooning)			
Yes	No	Public Lewdness (Sexual act in a public place)			
Yes	No	Urinating in Public			
Yes	No	Masturbation in a public place or in public view			
Yes	No	Any sexual act with a human corpse			
Yes	No	Sexual Assault			
Yes	No	Sexual contact with a sleeping, drugged or unconscious person			
Yes	No	Sexual act with a child (person under the age of 17)			
Yes	No	Non-consensual sexual act with a person that had a mental or physical handicap			
Yes	No	Solicitation of prostitution (sex for money or item of value)			

Yes	No	Prostitution
Yes	No	Window Peeping (Voyeurism)
Yes	No	Illegal gambling
Yes	No	Impersonating a peace officer
If yes to any section of question 98, explain:		

99. Indicate by selecting YES or NO if you have ILLEGALLY possessed, used, transported, manufactured, or sold any item below.		
Yes	No	Illegal firearm, knife or weapon
Yes	No	Automatic Weapon
Yes	No	Explosive Weapon
Yes	No	Illegal Club
Yes	No	Illegal Ammunition
Yes	No	Chemical Weapons
Yes	No	Hoax Bomb / Components of Explosive Device
Yes	No	Firearm Silencer
Yes	No	Short Barreled Firearm
If yes to any section of question 99, explain:		

100. Indicate by selecting YES or NO to the questions listed below.		
Yes	No	Have you ever assaulted (struck, pushed, or hit) anyone, including a family member, roommate or partner?
Yes	No	Have you ever been the victim of any type of assault, including an assault by a family member or non-family member?
Yes	No	Have you ever violated a court ordered protective order?
Yes	No	Have you ever run from or attempted to elude a police officer either on foot or in a vehicle?
Yes	No	Have you ever taken a "joy ride" in a stolen vehicle?
Yes	No	Have you ever used a vehicle without the permission of the owner?
Yes	No	Have you ever illegally entered onto or into the property, house, or building of another when you did not have permission to do so?
Yes	No	Have you ever entered a house or a building with the intent of hurting someone or stealing any property?
Yes	No	Have you ever entered a vehicle (not your own) and taken anything out of it without the permission of the owner?
Yes	No	Have you ever taken anything from a store without paying? (No matter what your age).

Yes	No	Have you ever failed to scan items at self checkout?
Yes	No	Have you ever used a credit card without the owner's permission?
Yes	No	Have you ever forged any checks or prescriptions?
Yes	No	Have you ever bought anything that you suspected was stolen?
Yes	No	Do you currently possess any property that you believe may have been stolen?
Yes	No	Have you ever received any money or item of value from a person as a gift to thank you for your protection?
Yes	No	Have you ever requested, suggested or received money or anything of value from a person as a gift to thank you for your protection or for not harassing or hurting them?
Yes	No	Have you ever been present when someone committed a crime?
Yes	No	Have you ever committed any criminal act that went undetected by any law enforcement entity?
Yes	No	Do you have any personal contacts, family or friends that are involved in any criminal activities now?
Yes	No	Have you ever or are you currently friends with anyone that is a felon?
Yes	No	Have you ever lived with a felon?
Yes	No	Have you ever viewed, purchased, possessed, manufactured or distributed child pornography?
Yes	No	Have you ever owned, operated or participated in the operation of a "website" that depicted child pornography, nudity and/or sexual acts?
Yes	No	Have you ever illegally gained access to a computer that you were not authorized to enter?
Yes	No	Without the permission of the owner, have you ever used the password of another person to gain access to a secure computer, website or other electronic device?
Yes	No	Have you ever set any item, regardless of value or ownership, on fire for personal reasons, profit, revenge, self-gratification, pleasure or fun?
Yes	No	Have you ever purchased, sold or furnished any alcoholic beverage to a person that you knew to be under 21 years of age?
Yes	No	Are you or have you ever been a member or associate of a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, or disability?
Yes	No	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?
If yes to any section of question 100, explain:		

SECTION 12: DRUG OFFENSES

This section covers usage of any controlled substance, dangerous drug, inhalant, or marijuana. Usage is the introduction of a substance into your body through experimentation, snorting, smoking, ingestion, injection, huffing, tasting, trying or any other means. This includes in food or gummy form.

NOTE: This includes usage in states and territories where marijuana is legal.

The below list is intended as a general reference and is not a comprehensive listing of all controlled substances and drugs.

Amphetamines / Methamphetamine (Uppers, Speed, Crank, etc.)	Heroin / Opium
Adderall	Hydrocodone
Barbiturates (Downers)	Marijuana
Cocaine / Crack Cocaine	Mescaline
Codeine	Morphine
Designer Drugs (Ecstasy, LSD, etc.)	PCP / Angel Dust
GHB (Date Rape Drug)	Quaaludes
Glue	Steroids
Hallucinogens (Peyote, LSD, Mushrooms)	Tetrahydrocannabinol (THC)
Hashish / Hashish Oil	

Yes	No	101. Have you ever used any recreational drug(s) or any prescription drug(s) not prescribed to you? If YES , give details, including which drug(s) used, the date(s), number of times and the circumstances.		
		Drug Used	How Many Times	Date(s) Last Used
Circumstances:				
		Drug Used	How Many Times	Date(s) Last Used
Circumstances:				
		Drug Used	How Many Times	Date(s) Last Used
Circumstances:				

102. Have you ever engaged in any of the activities listed below for drugs, narcotics or illegal substances, including marijuana? <input type="checkbox"/> Sold <input type="checkbox"/> Manufactured <input type="checkbox"/> Purchased <input type="checkbox"/> Furnished <input type="checkbox"/> Cultivated <input type="checkbox"/> Carried or held for another					
For any item(s) checked above, give details including drug(s) involved, over what time period(s), and circumstances.					
		Drug	Date(s)		
Circumstances:					
		Drug	Date(s)		
Circumstances:					
		Drug	Date(s)		
Circumstances:					

SECTION 13: OTHER LAW ENFORCEMENT APPLICATIONS

Yes	No	103. Have you ever applied to any other law enforcement agency (city, county, state or federal)?
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If **Yes**, list ALL agencies you have applied to, starting with the most recent (give complete and accurate addresses).

All agencies **MUST** be listed regardless of the outcome or current status. Check all boxes that apply for each agency.

If you need additional space for your answers, attach additional sheets as needed. Be sure to indicate what section number and page this refers to.

A. Name of Agency		Position Applied for	Date Applied	
Address		City	State	Zip
Background Investigator (If Known)	Contact #	Email		

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

<input type="checkbox"/> Application	<input type="checkbox"/> Written Exam	<input type="checkbox"/> Physical Agility	<input type="checkbox"/> Oral Board	<input type="checkbox"/> Polygraph	<input type="checkbox"/> Background
<input type="checkbox"/> Chief's Oral Board	<input type="checkbox"/> Conditional Job Offer	<input type="checkbox"/> Psychological Examination	<input type="checkbox"/> Medical Examination		
Status:	<input type="checkbox"/> Hired	<input type="checkbox"/> On Hiring List	<input type="checkbox"/> Withdrawn	<input type="checkbox"/> Disqualified	

B. Name of Agency		Position Applied for	Date Applied	
Address		City	State	Zip
Background Investigator (If Known)	Contact #	Email		

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

<input type="checkbox"/> Application	<input type="checkbox"/> Written Exam	<input type="checkbox"/> Physical Agility	<input type="checkbox"/> Oral Board	<input type="checkbox"/> Polygraph	<input type="checkbox"/> Background
<input type="checkbox"/> Chief's Oral Board	<input type="checkbox"/> Conditional Job Offer	<input type="checkbox"/> Psychological Examination	<input type="checkbox"/> Medical Examination		
Status:	<input type="checkbox"/> Hired	<input type="checkbox"/> On Hiring List	<input type="checkbox"/> Withdrawn	<input type="checkbox"/> Disqualified	

C. Name of Agency		Position Applied for	Date Applied	
Address		City	State	Zip
Background Investigator (If Known)	Contact #	Email		

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

<input type="checkbox"/> Application	<input type="checkbox"/> Written Exam	<input type="checkbox"/> Physical Agility	<input type="checkbox"/> Oral Board	<input type="checkbox"/> Polygraph	<input type="checkbox"/> Background
<input type="checkbox"/> Chief's Oral Board	<input type="checkbox"/> Conditional Job Offer	<input type="checkbox"/> Psychological Examination	<input type="checkbox"/> Medical Examination		
Status:	<input type="checkbox"/> Hired	<input type="checkbox"/> On Hiring List	<input type="checkbox"/> Withdrawn	<input type="checkbox"/> Disqualified	

D. Name of Agency		Position Applied for		Date Applied	
Address			City	State	Zip
Background Investigator (If Known)		Contact #	Email		
Check each step in the process that you completed, and the status					
<input type="checkbox"/> Application	<input type="checkbox"/> Written Exam	<input type="checkbox"/> Physical Agility	<input type="checkbox"/> Oral Board	<input type="checkbox"/> Polygraph	<input type="checkbox"/> Background
<input type="checkbox"/> Chief's Oral Board	<input type="checkbox"/> Conditional Job Offer	<input type="checkbox"/> Psychological Examination		<input type="checkbox"/> Medical Examination	
Status:	<input type="checkbox"/> Hired	<input type="checkbox"/> On Hiring List	<input type="checkbox"/> Withdrawn	<input type="checkbox"/> Disqualified	

E. Name of Agency		Position Applied for		Date Applied	
Address			City	State	Zip
Background Investigator (If Known)		Contact #	Email		
Check each step in the process that you completed, and the status					
<input type="checkbox"/> Application	<input type="checkbox"/> Written Exam	<input type="checkbox"/> Physical Agility	<input type="checkbox"/> Oral Board	<input type="checkbox"/> Polygraph	<input type="checkbox"/> Background
<input type="checkbox"/> Chief's Oral Board	<input type="checkbox"/> Conditional Job Offer	<input type="checkbox"/> Psychological Examination		<input type="checkbox"/> Medical Examination	
Status:	<input type="checkbox"/> Hired	<input type="checkbox"/> On Hiring List	<input type="checkbox"/> Withdrawn	<input type="checkbox"/> Disqualified	

SECTION 14: ADDITIONAL INFORMATION TALLENTS/ SKILLS/ ACHIEVEMENTS

Yes	No	104. Have you ever had a social media site (i.e. Facebook, TikTok, Instagram, Snapchat etc.)?
103. List all social media sites, blogs, and/or websites you have created. Provide the website URL and your username.		

1. School Activities/ Hobbies (clubs, sports, etc)

--

2. Positions of Leadership (indicate position/organization/dates held)

--

3. Community Activities (include participation dates)

--

4. Awards, Commendations, or Items of Special Recognition (list date received)

--

5. List any foreign languages you speak fluently.

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SECTION 15: ADDITIONAL SPACE

- Duplicate this page as needed to include additional information that does not fit elsewhere on this form (e.g., additional family members, schools, residences, employers, explanations to questions, etc.).
- Identify the corresponding section, question number, and specific item being referenced.

CERTIFICATION STATEMENT

I certify that there are NO MISREPRESENTATIONS, FALSIFICATIONS OR OMISSIONS in the foregoing statements and answers. All entries 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.

I further agree that if I fail any portion of the hiring process or I am not hired, that the City of Arlington and the Arlington 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.

NAME (PLEASE PRINT: _____

SIGNATURE: _____ DATE: _____

DISCLAIMER: By typing your name above, you are signing this document electronically. You agree that your electronic signature is the legal equivalent of your manual signature on this document.