

**NACOGDOCHES POLICE DEPARTMENT
DISPATCHER
APPLICATION**

APPLICANT: _____ **DATE:** _____

PLEASE ATTACH COPIES OF THE BELOW LISTED DOCUMENTS. THIS INFORMATION MUST ACCOMPANY THE PERSONAL HISTORY STATEMENT PRIOR TO PROCESSING.

1. Birth Certificate.
2. Proof of Citizenship.
3. Copy of all certificates of training if applicable.
4. Copy of highest certificate issued by TCLEOSE if applicable.
5. Copy of High School Diploma/GED or College transcript if applicable.
6. Copy of marriage license if applicable.
7. Copy of DD-214 if applicable.
8. Copy of divorce decree if applicable.

INSTRUCTIONS

READ THESE INSTRUCTIONS CAREFULLY _

BEFORE PROCEEDING

These instructions are provided as a guide to assist you in properly completing your Personal History Statement. 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. Your Personal History Statement should be printed legibly in ink. Answer all questions to the best of your ability.
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 correct and in proper sequence before you begin.
4. You are responsible for obtaining correct addresses. If you are not sure of an address, check it by personal verification. Your local library may have a directory service or copies of local phone directories.
5. If there is insufficient space on the form for you to include all information required, attach extra sheets to the Personal History Statement. Be sure to reference the relevant section and question number before continuing your answer.
6. An accurate and complete form will help expedite your investigation. On the other hand, deliberate omissions or falsifications may result in disqualification.

PERSONAL HISTORY STATEMENT

A. **APPLICANT IDENTIFICATION** - Information provided in this section is used for identification purposes only.

1. NAME

LAST FIRST MIDDLE

2. ADDRESS

NUMBER STREET

CITY STATE ZIP CODE

3. TELEPHONE NUMBER

4. DATE OF BIRTH

MONTH DAY YEAR

5. NICKNAME(S), MAIDEN NAME, OR OTHER NAMES BY WHICH YOU HAVE BEEN KNOWN

6. SOCIAL SECURITY NUMBER

7. PLACE OF BIRTH

CITY COUNTY STATE

8. ARE YOU A U.S. CITIZEN YES NO

9. DRIVER'S LICENSE NUMBER

STATE OF ISSUE

10. HEIGHT

11. WEIGHT

12. COLOR OF EYES

13. COLOR OF HAIR

14. SCARS, TATOOS, OR OTHER DISTINGUISHING MARKS

- B. **RESIDENCE** .List all addresses where you have lived during the past 10 years, beginning with present address. List date by month and year. Attach extra page if necessary.

FROM	TO	ADDRESS
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- C. **WORK HISTORY** Beginning with your present or most recent job, list all employment since the age of 16, including part-time, temporary or seasonal employment. Include all periods of unemployment. Attach extra pages if necessary.

1. From _____ To _____ Employer _____

Address _____

Phone Number _____ Job Title _____

Duties _____

Supervisor _____

Name of Co-Worker _____

Reason for Leaving _____

2. From _____ To _____ Employer _____
Address _____
Phone Number _____ Job Title _____
Duties _____

Supervisor _____
Name of Co-Worker _____
Reason for Leaving _____

3. From _____ To _____ Employer _____
Address _____
Phone Number _____ Job Title _____
Duties _____

Supervisor _____
Name of Co-Worker _____
Reason for Leaving _____

4. From _____ To _____ Employer _____
Address _____
Phone Number _____ Job Title _____
Duties _____

Supervisor _____
Name of Co-Worker _____

Reason for Leaving _____

5. From _____ To _____ Employer _____
Address _____
Phone Number _____ Job Title _____
Duties _____

Supervisor _____
Name of Co-Worker _____
Reason for Leaving _____
6. From _____ To _____ Employer _____
Address _____
Phone Number _____ Job Title _____
Duties _____

Supervisor _____
Name of Co-Worker _____
Reason for Leaving _____
7. From _____ To _____ Employer _____
Address _____
Phone Number _____ Job Title _____
Duties _____

Supervisor _____
Name of Co-Worker _____
Reason for Leaving _____

D. MILITARY RECORD

1. Have you served in the U.S. Armed Forces? Yes _____ No _____
2. Date of Service: From _____ To _____ Branch of Service _____
Unit Designation _____
Military Service Number _____ Highest Rank Held _____
Type of Discharge _____
3. Were you ever disciplined while in the military service (include court-martial, captain's masts, company punishment, etc.)? Yes _____ No _____

CHARGE DISPOSITION	AGENCY	DATE	AGE AT THE TIME

If you received a discharge other than honorable, give complete details.

E. EDUCATIONAL HISTORY

1. HIGH SCHOOL ATTENDED	CITY & STATE	DATES ATTENDED FROM	TO	GRADUATED YES NO

2. COLLEGE OR UNIVERSITY ATTENDED _____
CITY/STATE OF UNIVERSITY _____
DATES ATTENDED (from) _____ (to) _____

DEGREE RECEIVED: _____

3. COLLEGE OR UNIVERSITY ATTENDED _____

CITY/STATE OF UNIVERSITY _____

DATES ATTENDED (from) _____ (to) _____

DEGREE RECEIVED: _____

4. List other schools attended (trade, vocational, business, etc.). Give name and address of school, dates attended, course of study, certificate, and any other pertinent information.

F. SPECIAL QUALIFICATIONS AND SKILLS

1. List any special licenses you hold (such as pilot, radio operator, scuba, etc.), showing licensing authority, original date of issue, and date of expiration.

2. ~~List any specialize machinery or equipment which you can operate.~~

3. If you are fluent in a foreign language, indicate in each area your degree of fluency (excellent, good, fair).

LANGUAGE READING SPEAKING UNDERSTANDING WRITING

4. List any other special skills or qualifications you may possess.

G. ARRESTS, DETENTIONS, AND LITIGATION

1. Have you ever been arrested, detained by police or summoned into court? _____ Yes _____ No

If yes, complete the following.

CHARGES	CITY & STATE	DATE OF CASE ARREST	DISPOSITION
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2. ~~Have you ever been involved as a party in civic litigation? _____ Yes _____ No~~

If yes, give details. _____

H. TRAFFIC RECORD

1. Has your driver's license ever been suspended or revoked? _____ Yes _____ No

If yes, give date, location and reasons. _____

2. ~~With what company do you carry auto insurance?~~ _____

3. List to the best of your memory all traffic citations you have received, including parking tickets.

MONTH & YEAR CHARGE CITY & STATE DISPOSITION

4. Describe in a brief narrative any traffic accidents in which you have been involved, giving approximate dates and locations.

I. MARITAL AND FAMILY HISTORY

1. Are you? Single
 Engaged
 Married
 Separated
 Divorced
 Widowed

2. If engaged:
Name of fiance _____

Address _____

Phone _____

3. If married:
Date _____
City & State _____
Spouse's name (wife's maiden name) _____

4. If ever separated, divorced or widowed:
Date of marriage _____

City and State _____

Spouse's name (Wife's maiden name) _____

Present address & Phone _____

Separated, Divorced or
Annulled (Which State) _____

Date of Order or Decree _____

Court & State Where
Issued _____

5. List all children related to you or your spouse
(Natural, step-children, adopted & foster children)

NAME	RELATION OF BIRTH	DATE OF BIRTH	ADDRESS	SUPPORTED BY WHOM
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

6. List all other dependents.

NAME	ADDRESS	RELATION
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_____	_____	_____
_____	_____	_____

7. List other relatives in the following order: Father, mother, (include maiden name), brothers, & sisters. If deceased, so indicate.

NAME	ADDRESS	PHONE #	RELATION	AGE
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

J. **REFERENCES** .List five persons who know you well enough to provide current information about you. Do not list relatives or former employers.

Name: _____ Address: _____
Residence Phone _____ Business Phone _____
Years known _____

Name: _____ Address: _____
Residence Phone _____ Business Phone _____
Years known _____

Name: _____ Address: _____
Residence Phone _____ Business Phone _____
Years known _____

Name: _____ Address: _____
Residence Phone _____ Business Phone _____
Years known _____

Name: _____ Address: _____
Residence Phone _____ Business Phone _____
Years known _____

K. MEMBERSHIP IN ORGANIZATIONS (PAST AND/OR PRESENT)

NAME & ADDRESS	TYPE (SOCIAL, FRATERNAL PROFESSIONAL, ETC.)	FROM	TO

L. PERSONAL DECLARATIONS

1. Describe in your own words the frequency and extent of your use of intoxicating liquors.

2. Have you ever used marijuana or any other drug not prescribed by your physician? _____ Yes _____ No

If yes, what were the circumstances? _____

3. ~~Have you ever sold or furnished drugs or narcotics to anyone?~~ _____ Yes _____ No If yes, explain. _____

4. Do you have any religious or other beliefs which would prevent you from fully performing the duties of a dispatcher, including working on weekends, evening or night shifts. _____ Yes _____ No If yes, explain.

5. Have you ever made application for employment with this or any other law enforcement or related agency?

_____ Yes _____ No If so, give agency, date(s), and status of application. _____

6. ~~Are there any incidents in your life or details not mentioned herein which may influence this department's evaluation of your suitability for employment as a Dispatcher?~~ Yes No If so, explain.

I hereby certify that there are no willful misrepresentations, omissions, or falsifications in the foregoing statements and answers to questions. I am fully aware that any such willful misrepresentations, omissions, or falsifications may be grounds for immediate rejection or termination of employment.

Signature of Applicant

Date

AUTHORIZATION TO RELEASE INFORMATION

TO: _____

I hereby request and authorize you to furnish the Police Department with any and all information they may request concerning my work record, educational history, military record, criminal record, and general reputation. This authorization is specifically intended to include any and all information of a confidential or privileged nature as well as photocopies of such documents, if requested. The information will be used for the purpose of determining my eligibility for employment as dispatcher.

I hereby release you and your organization from any liability which may or could result from furnishing the information requested above or from any subsequent use of such information in determining my qualifications to serve as a dispatcher.

Applicant's Signature

Date

Address

City & State

Witness

Date

Title