



Permian Basin Regional Planning Commission

P.O. BOX 60660 • 2910 LAFORCE BOULEVARD • MIDLAND, TEXAS 79711-0660 • (432) 563-1061 • FAX (432) 563-1728

VIRGINIA BELEW
Executive Director

Memo

To: Applicants to the **111th Basic Peace Officer Academy (BPOC)**

From: Dana Hill, Criminal Justice Training Director

Subject: **Application Paperwork**

Date: November 17, 2022

Thank you for your interest in the **111th Basic Peace Officer Academy (BPOC)**. The **BPOC** is scheduled to begin on **January 30th**. Attached you will find the necessary paperwork to begin the application process. If you would like an application packet mailed to you, please contact our office at the number below. **Please note that there are specific deadlines for turning in all paperwork. For this class the deadline is: Friday, January 20, 2023.**

Each section of the application has an instruction sheet that will tell you how to proceed with the necessary paperwork. Please feel free to contact our office at **(432) 685-4712** if you have questions regarding the application process.

We are looking forward to meeting you soon.

DH

Enclosures

Permian Basin Law Enforcement Academy (PBLEA)

PAPERWORK CHECKLIST FOR APPLICANT

Applicant Name

_____ Age

Civilian Jailer - PID# _____

*Circle only if Commissioned

_____ Personal History Statement

_____ TCOLE Certificate of Eligibility – Rule 217.1

_____ Letter for Admission*

_____ Statement Regarding Criminal History*

_____ Authorization to Release Information*

_____ DD-214 Showing Discharge Status

_____ TSI Assessment Computer Test _____ Score

_____ Certified High School Transcript or GED

_____ College Transcript and/or Military Transcript (if applicable)

_____ Certified Birth Certificate

_____ Certified Driver's License Record

_____ Liability Waiver

*The Agency doing the background investigation should send the above paperwork directly to the Academy.

**APPLICANT
PAPERWORK**

TO THE APPLICANT - DIRECTIONS

In your packet, you will find two groups of forms. The first group of forms pertains to your *Background Investigation Paperwork and Letter for Admission* (sponsorship). The second is your *Personal History Statement*. Specific instructions for each group of forms follow:

1. **PERSONAL HISTORY STATEMENT:** Each applicant must complete and return the *Personal History Statement* no later than January 20, 2023. Any *Personal History Statement* received after that time for any reason will not be considered. **The *Personal History Statement*, when completed, should be mailed to Janelle Edwards c/o PBRPC – POB 60660 – Midland Texas 79711-60660.** The forms may also be emailed to jedwards@pblea.org if necessary. It is the applicant's responsibility to assure that this paperwork is received by the deadline. Please follow all instructions on the *Personal History Statement* carefully. **IT IS NOT THE RESPONSIBILITY OF THE SPONSORING AGENCY TO TURN THIS IN.** This *Personal History Statement* needs to be filled out prior to contacting your sponsoring agency if your being sponsored (#3).
2. **FINGERPRINT SUBMISSION:** You are required to submit your fingerprints for a criminal history check through *Fingerprint Applicant Services of Texas (FAST)*. **This MUST be completed before contacting the sponsoring agency if you have a sponsor (#3).** The instruction for submission is included in this packet entitled “*FAST Fingerprint Instruction Form*”. If you are unable to schedule your fingerprint appointment online, you may call 1-888-467-2080. The fingerprint fee can be paid online with a credit card or onsite with a business check or money order. **NO CASH OR PERSONAL CHECKS ARE ACCEPTED.** Current locations for FAST offices in this region are Big Spring. The website lists additional offices. After your fingerprints are submitted, you must provide a COPY OF RECEIPT to your sponsoring agency before they can submit the “Letter of Admission”.
3. **BACKGROUND INVESTIGATION AND LETTER FOR ADMISSION (SPONSORSHIP):** Each applicant must have a completed “*Letter for Admission*”. The “*Letter for Admission*” (sponsorship) is only a background investigation, and **IN NO WAY OBLIGATES THE DEPARTMENT TO THE APPLICANT.** The letter must be signed by the AGENCY ADMINISTRATOR, and returned to our office no later than 5 p.m., January 20, 2023. **IT IS THE APPLICANT'S RESPONSIBILITY TO SEE THAT THE LETTER FOR ADMISSION IS RETURNED TO OUR OFFICE NO LATER THAN JANUARY 20, 2023.** If you do not have an agency to do the “*Letter for Admission*” for you, you may contact an agency in your area:

* The agency may require a processing fee for the background investigation.
4. **DD-214:** All applicants who have served in the military must submit a copy of their DD-214 (Copy 4), along with *Personal History Statement*. The DD-214 **MUST** show the applicant's characterization of service. The *Personal History Statement* will be considered incomplete without these documents.
5. **HIGH SCHOOL TRANSCRIPT:** Each applicant **MUST** submit a certified transcript from the school stating that you did graduate and the date of graduation. The *Personal History Statement* will be considered incomplete without these documents.
6. **GED:** All applicants who have passed a general education development (GED) test must submit a copy of this certificate or proof of an honorable discharge from the armed forces of the United States after at least 24 months of active-duty service. The *Personal History Statement* will be considered incomplete without these documents.
7. **DRIVER'S LICENSE RECORD:** All applicants **MUST** submit a certified copy of their driver's license record. All applicants that possess a Texas Driver's license can access a certified copy from the Texas Department of Public Safety website: <https://www.dps.texas.gov/driverlicense/>. Applicant is responsible for any current required fee. Academy staff can assist with this process if internet access is unavailable. If currently licensed out of state, applicant **MUST** submit a certified copy from respective state. The *Personal History Statement* will be considered incomplete without this document.
8. **TSI ASSESSMENT TEST:-** All applicants must take and pass an approved reading comprehension test in order to be eligible for entry into the Academy. Applicants who are currently employed by a law enforcement agency and who were required to pass a reading comprehension test as a condition of employment, are exempt from this requirement, *but must provide documentation reflecting a passing score.*

All other applicants must take and pass the TSI Assessment Test. Students must take the reading comprehension component of the test only. **This test is available at the Permian Basin Adult Literacy Center – Alba Austin - aaustin@pbalc.org** – located at 1709 W. Wall Street – Office # (432) 682-9693, - Ext. 201. **Identify yourself as an applicant to the Basic Peace Officer Course at the Permian Basin Law Enforcement Academy.** The applicant must complete a Pre-assessment activity prior to taking the test. The applicant is responsible for the cost of the test. Upon completion, you will be given a *Test Referral Form*, which will reflect your score. Passing score is 351 or higher. A copy of this form showing your score must be included with your *Personal History Statement*. If you have already completed the TSI or other acceptable reading comprehension test, please contact our office for clarification. The *Personal History Statement* will be considered incomplete without this document.

9. **(L-2) LICENSE MEDICAL CONDITION:** All applicants must complete a medical health exam and drug screen from the Academy designated physician. If you are a **self-sponsored applicant**, you will have to have a physical done by a licensed Physician, PA, or Registered Nurse. Please submit completed (L-2) with your packet.
10. **(L-3) LICENSE PSYCHOLOGICAL AND EMOTIONAL HEALTH DECLARATION:** All sponsored applicants must complete a psychological mental state exam from the Academy designated psychologist. You must contact the office of Dr. David Koch @ 432-684-8113 to schedule an exam. Please submit completed (L-3) with your packet.
11. Once your completed *Letter For Admission* and *Personal History Statement* are received, you will be notified of the date and time of your appointment with the Oral Interview Board.
12. Tuition Deposit (BPOC) of \$1000 is due **no later than the first day of class and is NON-REFUNDABLE AFTER THE FIRST DAY OF CLASS.** **Tuition for this Basic Peace Officer Course (BPOC) – is \$2,500.** **The Law Enforcement Academy does not provide financial aid for tuition.** Additional fees for vehicles and ammunition will be required by the end of the second week of either academy location.
13. The Permian Basin Law Enforcement Academy is currently a qualified school under various G.I. Bills. Please contact our office as soon as possible for more information on the qualification process.
14. The Basic Peace Officer Classes are held from 8 am to 5 pm, Monday- Friday, and may vary with specific courses. Attendance to classes daily is required in order to complete the course.
15. **ALL ENTRY PAPERWORK IS DUE TO THE ACADEMY NO LATER THAN:**
FRIDAY, JANUARY 20, 2023.

If you have questions regarding the application process, you may contact any of the following:

Janelle Edwards, Training Coordinator: (432) 685-4712

Texas Commission on Law Enforcement (TCOLE) Certificate of Eligibility Rule §217.1 Basic Licensing Enrollment Standards.

(a) In order for an individual to enroll in any basic licensing course the provider must have on file documentation that the individual meets eligibility for licensure and:

- (1) a high school diploma;
- (2) a high school equivalency certificate; or
- (3) for the basic peace officer training course, an honorable discharge from the armed forces of the United States after at least 24 months of active duty service;

(b) The commission shall issue a license to an applicant who meets the following standards:

- (1) age requirement:
 - (A) for peace officers and public security officers, is 21 years of age; or 18 years of age if the applicant has received:
 - (i) an Associate's degree; or 60 semester hours of credit from an accredited college or university; or
 - (ii) has received an honorable discharge from the armed forces of the United States after at least two years of active service;
 - (B) for jailers and telecommunicators is 18 years of age;
- (2) minimum educational requirements:
 - (A) has passed a general educational development (GED) test indicating high school graduation level; or
 - (B) holds a high school diploma;
- (3) is fingerprinted and is subjected to a search of local, state and U.S. national records and fingerprint files to disclose any criminal record;
- (4) has never been on court-ordered community supervision or probation for any criminal offense above the grade of Class B misdemeanor or a Class B misdemeanor within the last ten years from the date of the court order;
- (5) is not currently charged with any criminal offense for which conviction would be a bar to licensure;
- (6) has never been convicted of an offense above the grade of a Class B misdemeanor or a Class B misdemeanor within the last ten years;
- (7) has never been convicted or placed on community supervision in any court of an offense involving family violence as defined under Chapter 71, Texas Family Code;
- (8) for peace officers, is not prohibited by state or federal law from operating a motor vehicle;
- (9) for peace officers, is not prohibited by state or federal law from possessing firearms or ammunition;
- (10) has been subjected to a background investigation;
- (11) examined by a physician, selected by the appointing, or employing agency, who is licensed by the Texas Medical Board. The physician must be familiar with the duties appropriate to the type of license sought and appointment to be made. The appointee must be declared by that professional, on a form prescribed by the commission, within 180 days before the date of appointment by the agency to be:

- (A) physically sound and free from any defect which may adversely affect the performance of duty appropriate to the type of license sought;
 - (B) show no trace of drug dependency or illegal drug use after a blood test or other medical test; and
 - (C) for the purpose of meeting the requirements for initial licensure, an individual's satisfactory medical exam that is conducted as a requirement of a basic licensing course may remain valid for 180 days from the individual's date of graduation from that academy, if accepted by the appointing agency;
- (12) examined by a psychologist, selected by the appointing, employing agency, or the academy, who is licensed by the Texas State Board of Examiners of Psychologists. This examination may also be conducted by a psychiatrist licensed by the Texas Medical Board. The psychologist or psychiatrist must be familiar with the duties appropriate to the type of license sought. The individual must be declared by that professional, on a form prescribed by the commission, to be in satisfactory psychological and emotional health to serve as the type of officer for which the license is sought. The examination must be conducted pursuant to professionally recognized standards and methods. The examination process must consist of a review of a job description for the position sought; review of any personal history statements; review of any background documents; at least two instruments, one which measures personality traits and one which measures psychopathology; and a face-to-face interview conducted after the instruments have been scored. The appointee must be declared by that professional, on a form prescribed by the commission, within 180 days before the date of the appointment by the agency;
- (A) the commission may allow for exceptional circumstances where a licensed physician performs the evaluation of psychological and emotional health. This requires the appointing agency to request in writing and receive approval from the commission, prior to the evaluation being completed; or
 - (B) the examination may be conducted by qualified persons identified by Texas Occupations Code §501.004. This requires the appointing agency to request in writing and receive approval from the commission, prior to the evaluation being completed; and
 - (C) for the purpose of meeting the requirements for initial licensure, an individual's satisfactory psychological exam that is conducted as a requirement of a basic licensing course may remain valid for 180 days from the individual's date of graduation from that academy, if accepted by the appointing agency;
- (13) has never received a dishonorable or other discharge based on misconduct which bars future military service;
- (14) has not had a commission license denied by final order or revoked;
- (15) is not currently on suspension, or does not have a surrender of license currently in effect;
- (16) meets the minimum training standards and passes the commission licensing examination for each license sought;
- (17) is a U.S. citizen.
- (c) For the purposes of this section, the commission will construe any court-ordered community supervision, probation or conviction for a criminal offense to be its closest equivalent under the Texas Penal Code classification of offenses if the offense arose from:
- (1) another penal provision of Texas law; or
 - (2) a penal provision of any other state, federal, military, or foreign jurisdiction.
- (d) A classification of an offense as a felony at the time of conviction will never be changed because Texas law has changed or because the offense would not be a felony under current Texas laws.

- (e) A person must meet the training and examination requirements:
- (1) training for the peace officer license consists of:
 - (A) the current basic peace officer course(s);
 - (B) a commission recognized, POST developed, basic law enforcement training course, to include:
 - (i) out of state licensure or certification; and
 - (ii) submission of the current eligibility application and fee; or
 - (C) a commission approved academic alternative program, taken through a licensed academic alternative provider and at least an associate degree.
 - (2) training for the jailer license consists of the current basic county corrections course(s) or training recognized under Texas Occupations Code §1701.310;
 - (3) training for the public security officer license consists of the current basic peace officer course(s);
 - (4) training for telecommunicator license consists of telecommunicator course; and
 - (5) passing any examination required for the license sought while the exam approval remains valid.
- (f) The commission may issue a provisional license, consistent with Texas Occupations Code §1701.311, to an agency for a person to be appointed by that agency. An agency must submit all required applications currently prescribed by the commission and all required fees before the individual is appointed. Upon the approval of the application, the commission will issue a provisional license. A provisional license is issued in the name of the applicant; however, it is issued to and shall remain in the possession of the agency. Such a license may neither be transferred by the applicant to another agency, nor transferred by the agency to another applicant. A provisional license may not be reissued and expires:
- (1) 12 months from the original appointment date;
 - (2) on leaving the appointing agency; or
 - (3) on failure to comply with the terms stipulated in the provisional license approval.
- (g) The commission may issue a temporary jailer license, consistent with Texas Occupations Code §1701.310. An agency must submit all required applications currently prescribed by the commission and all required fees before the individual is appointed. Upon the approval of the application, the commission will issue a temporary jailer license. A temporary jailer license expires:
- (1) 12 months from the original appointment date; or
 - (2) on completion of training and passing of the jailer licensing examination. On expiration of a temporary license, a person is not eligible for a new temporary jailer license for one year.
- (h) The commission may issue a temporary telecommunicator license, consistent with Texas Occupations Code §1701.405. An agency must submit all required applications currently prescribed by the commission and all required fees before the individual is appointed. Upon the approval of the application, the commission will issue a temporary telecommunicator license. A temporary telecommunicator license expires;
- (1) 12 months from the original appointment date; or
 - (2) On completion of training and passing of the telecommunicator licensing examination. On expiration of a temporary license, a person is not eligible for a new temporary telecommunicator license for one year.

- (i) A person who fails to comply with the standards set forth in this section shall not accept the issuance of a license and shall not accept any appointment. If an application for licensure is found to be false or untrue, it is subject to cancellation or recall.
- (j) The effective date of this section is May 1, 2018.

I hereby authorize the Permian Basin Law Enforcement Academy to request that the Texas Commission of Law Enforcement obtain a TCIC/NCIC (Texas Department of Public Safety and/or the Federal Bureau of investigation) criminal history check, the purpose of determining my qualification, as attested to on this form, to enroll in the Basic Peace Officer Course. I further authorize the commission to inform the Permian Basin Law Enforcement Academy of my qualification status on the record check.

I, the applicant, am fully aware that this application is a government document and under penalties of perjury, I declare the foregoing information to be true and correct.

Signature of Applicant

Date



FINGERPRINT INSTRUCTION FORM TEXAS COMMISSION ON LAW ENFORCEMENT (TCOLE/Service Code 11G4J8)

1. Schedule an appointment to be electronically fingerprinted by MorphoTrust USA at one of their Identogo enrollment centers.
 - Internet based scheduling is the quickest and most convenient way to obtain a fingerprint appointment.
 - a. **You may begin the process now by simply clicking on this link:**
<https://identogo.com>
 - b. Click – Texas
 - c. On-line scheduling
 - d. Service Code: **11G4J8**
 - e. Schedule your appointment accordingly.
 - f. Academy Number: **LE-511458**
 - If you prefer to schedule over the telephone, you must:
 - a. Have your Service Code ready (**11G4J8**), then call **888.467.2080**;
 - b. MorphoTrust will prompt you for the Service Code (**11G4J8**);
 - c. Schedule your appointment accordingly.
2. Arrive at your scheduled appointment with your photo identification and fee (\$39.75).
 - If you plan on bringing a form of identification other than a valid (unexpired) TX Driver License, please refer to the Department of Public Safety's acceptable document types here:
<http://www.tn enrollment.com/state/forms/tx/55fc619a7f7aa.doc>
 - MorphoTrust accepts Visa/MasterCard/Discover/American Express, business checks, money orders and coupon codes (employer accounts) at the time of service.
 - Please note that personal checks and cash are **not accepted**.
3. Your fingerprints will be submitted electronically to DPS and the FBI. You will not receive a printed fingerprint card.
4. At the conclusion of your appointment, the MorphoTrust enrollment agent will provide you with an Identogo receipt stating that you were fingerprinted.
 - ***Do not throw away the receipt – a copy needs to be given to your sponsoring agency.***
 - You may check status on your submission by clicking on this link:
<https://uenroll.identogo.com/servicecode/11G4J8> and then;
 - Click “**Check Status**”

Fingerprints provided for this application shall be used to check criminal history records of the Texas Department of Public Safety and the Federal Bureau of Investigation, in accordance with applicable statutes.

PERMIAN BASIN LAW ENFORCEMENT ACADEMY

APPLICANT'S PERSONAL HISTORY STATEMENT

Name: _____

Date Issued: _____

Complete and Return by:

FRIDAY, JANUARY 20, 2023

I am applying for: (Check all that apply)

_____ Basic Peace Officer Academy

_____ Basic Correctional Officer Academy

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 licensing academy.

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 a cadet for the licensing academy.

1. Your application must be printed legibly in BLUE 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 additional 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 ACADEMY. 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).

- Completed Personal History Statement
- Copy of your Social Security card.
- Original certified copy of your birth certificate. (No photocopy)
- Copy of your valid Texas driver license or a copy of another State's driver license.

- Sealed certified copy of your High School transcript or GED certificate or an honorable discharge from the armed forces of the United States after at least twenty-four months of active service.
- Copy of your DD-214 if applicable. Must possess an honorable discharge.
- Copy of your college transcript, if applicable

Instructions to the Applicant

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 peace officer, jailer or telecommunicator in Texas.

- I am a citizen of the United States of America.
- I have earned a high school diploma, a GED or an honorable discharge from the armed services of the United States after at least two years active service.
- 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 other discharge based on misconduct which bars future military service.

DISQUALIFICATIONS

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.

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

Once you begin:

- Type or neatly print, in ink, responses to all items and questions. If a question does not apply to you, write “N/A” (not applicable) in the space provided for your response. If you cannot obtain or remember certain information, indicate so in your response.
- 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

Be as complete, honest and specific as possible in your responses.

SECTION 1: PERSONAL

| | | | | |
|--|------|--------------------------|--------|----------------------|
| 1. Last Name | | First | MI | Suffix |
| 2. Other Names, including nicknames, you have used or been known by. | | | | |
| 3. Street Address, (Apt, Unit) | | City | State | Zip |
| 4. Address if different from above. | | | | |
| 5. Phone #. Home | Cell | Work | Ext. | Fax |
| 6. Email: Home | | Business | | Other |
| 7. Birthplace (City / County / State / Country) | | | 8. DOB | 9. Social Security # |
| 10. Driver License # | | 11. Physical description | | |
| State: | Exp: | HT. | WT. | Hair Color |
| | | | | Eye Color |

| | | | |
|---|------------------------------|----|---|
| 12. Have you ever attended a basic licensing course? <input type="checkbox"/> Yes <input type="checkbox"/> 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 |

13. Have you **ever applied to any other law enforcement agency in the last ten years (city, county, state or federal)?** Yes No

- 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 question number and page this refers to.

| | | | | |
|---|--------------------|----------------------|-------|--------------|
| A. Name of Agency | | Position Applied For | | Date Applied |
| Address Street | | City | State | Zip |
| Background Investigators Name (if know) | Contact Number Ext | Email | | |

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

Steps: Application Written Physical Agility Oral Polygraph/CVSA Background Chief's oral
 Conditional job offer Psychological Examination Date _____ Medical Date: _____

Status: Hired On List Withdrawn Disqualified

| | | | | |
|--|--------------------|----------------------|-------|--------------|
| B. Name of Agency | | Position Applied For | | Date Applied |
| Address Street | | City | State | Zip |
| Background Investigators Name (if known) | Contact Number Ext | Email | | |

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

Steps: Application Written Physical Agility Oral Polygraph/CVSA Background Chief's oral
 Conditional job offer Psychological Examination Date _____ Medical Date: _____

Status: Hired On List Withdrawn Disqualified

| | | | | |
|--|--------------------|----------------------|-------|--------------|
| C. Name of Agency | | Position Applied For | | Date Applied |
| Address Street | | City | State | Zip |
| Background Investigators Name (if known) | Contact Number Ext | Email | | |

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

Steps: Application Written Physical Agility Oral Polygraph/CVSA Background Chief's oral
 Conditional job offer Psychological Examination Date _____ Medical Date: _____

Status: Hired On List Withdrawn Disqualified

SECTION 2: RELATIVES AND REFERENCES

14. IMMEDIATE FAMILY

- Provide all applicable information in the spaces below.
- Mark "N/A" if a category is not applicable or if the individual is deceased.
- If 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. Father Name | | DOB | |
| Home Address | | City | State | Zip |
| Work Address | | City | State | Zip |
| Home Phone | Cell | Work Phone | Email | |

| | | | | |
|-----------------------------|--------------------|------------|-------|-----|
| <input type="checkbox"/> NA | B. Stepfather Name | | DOB | |
| Home Address | | City | State | Zip |
| Work Address | | City | State | Zip |
| Home Phone | Cell | Work Phone | Email | |

| | | | | |
|-----------------------------|----------------|------------|-------|-----|
| <input type="checkbox"/> NA | C. Mother Name | | DOB | |
| Home Address | | City | State | Zip |
| Work Address | | City | State | Zip |
| Home Phone | Cell | Work Phone | Email | |

| | | | | |
|-----------------------------|--------------------|------------|-------|-----|
| <input type="checkbox"/> NA | D. Stepmother Name | | DOB | |
| Home Address | | City | State | Zip |
| Work Address | | City | State | Zip |
| Home Phone | Cell | Work Phone | Email | |

| | | | | | |
|-----------------------------|---|------------|-------|-------|-----|
| <input type="checkbox"/> NA | E. Spouse / Registered Domestic Partner | | | DOB | |
| Home Address | | City | | State | Zip |
| Work Address | | City | | State | Zip |
| Home Phone | Cell | Work Phone | Email | | |
| Years of Marriage | 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 | | | | |

| | | | | | |
|-----------------------------|-----------------------|------------|-------|-------|-----|
| <input type="checkbox"/> NA | F. Father-in-Law Name | | | DOB | |
| Home Address | | City | | State | Zip |
| Work Address | | City | | State | Zip |
| Home Phone | Cell | Work Phone | Email | | |

| | | | | | |
|-----------------------------|-----------------------|------------|-------|-------|-----|
| <input type="checkbox"/> NA | G. Mother-in-Law Name | | | DOB | |
| Home Address | | City | | State | Zip |
| Work Address | | City | | State | Zip |
| Home Phone | Cell | Work Phone | Email | | |

| | | | | |
|-----------------------------|---|------------|-------|--|
| <input type="checkbox"/> NA | H. Former Spouse(s) Cohabitant | 1. Name | DOB | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Home Address | | City | | State Zip |
| Work Address | | City | | State Zip |
| Home Phone | Cell | Work Phone | Email | |
| Year of Dissolution | 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 | | | |

| | | | | |
|-----------------------------|---|------------|-------|--|
| <input type="checkbox"/> NA | I. Former Spouse(s) Cohabitant | 2. Name | DOB | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Home Address | | City | State | Zip |
| Work Address | | City | State | Zip |
| Home Phone | Cell | Work Phone | Email | |
| Year of Dissolution | 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 | | | |

| | | | | |
|------------------------------|---|-------|-------|---|
| <input type="checkbox"/> N A | J. Brothers and Sisters: List all living siblings, including half-siblings, foster siblings, etc. | | | |
| 1. Name | | | DOB | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Home Address | | City | State | Zip |
| Work Address | | City | State | Zip |
| Cell | | Email | | |

| | | | | |
|--------------|--|-------|-------|---|
| 2. Name | | | DOB | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Home Address | | City | State | Zip |
| Work Address | | City | State | Zip |
| Cell | | Email | | |

| | | | | |
|--------------|--|-------|-------|---|
| 3. Name | | | DOB | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Home Address | | City | State | Zip |
| Work Address | | City | State | Zip |
| Cell | | Email | | |

| | | | | | |
|--------------|------|-------|-----|---------|---|
| 4. Name | | | | DOB | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Home Address | City | State | Zip | Phone # | |
| Work Address | City | State | Zip | Phone # | |
| Cell | | Email | | | |

| | | | | | |
|--------------|------|-------|-----|---------|---|
| 5. Name | | | | DOB | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Home Address | City | State | Zip | Phone # | |
| Work Address | City | State | Zip | Phone # | |
| Cell | | Email | | | |

| | | | | | |
|--------------|------|-------|-----|---------|---|
| 6. Name | | | | DOB | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Home Address | City | State | Zip | Phone # | |
| Work Address | City | State | Zip | Phone # | |
| Cell | | Email | | | |

| | | | | | |
|--|--|---|-------|-----|--|
| <input type="checkbox"/> N A | K. CHILDREN List all of your living children, including natural, adopted, step, and/or foster care. Include any other children who reside with you. Provide the name and contact information of the custodial parent or guardian, if other than you. | | | | |
| 1. Name | | Custodial parent or guardian (If other than you.) | | | |
| <input type="checkbox"/> Male <input type="checkbox"/> Female | Address | City | State | Zip | |
| DOB | Contact Number | Email | | | |

| | | | | | |
|--|----------------|---|-------|-----|--|
| 2. Name | | Custodial parent or guardian (If other than you.) | | | |
| <input type="checkbox"/> Male <input type="checkbox"/> Female | Address | City | State | Zip | |
| DOB | Contact Number | Email | | | |

| | | | | | |
|--|----------------|---|-------|-------|-----|
| 3. Name | | Custodial parent or guardian (If other than you.) | | | |
| <input type="checkbox"/> Male <input type="checkbox"/> Female | Address | | City | State | Zip |
| DOB | Contact Number | | Email | | |

| | | | | | |
|--|----------------|---|-------|-------|-----|
| 4. Name | | Custodial parent or guardian (If other than you.) | | | |
| <input type="checkbox"/> Male <input type="checkbox"/> Female | Address | | City | State | Zip |
| DOB | Contact Number | | Email | | |

| | | | | | |
|--|----------------|---|-------|-------|-----|
| 5. Name | | Custodial parent or guardian (If other than you.) | | | |
| <input type="checkbox"/> Male <input type="checkbox"/> Female | Address | | City | State | Zip |
| DOB | Contact Number | | Email | | |

| | | | | | |
|--|----------------|---|-------|-------|-----|
| 6. Name | | Custodial parent or guardian (If other than you.) | | | |
| <input type="checkbox"/> Male <input type="checkbox"/> Female | Address | | City | State | Zip |
| DOB | Contact Number | | Email | | |

| | | | | | |
|--|--|------------|--|------|--------------------------------------|
| 15. REFERENCES | | | | | |
| List 7–10 people who know you well, such as social and family friends, co-workers, military acquaintances. Do not include relatives, employers or housemates, or other individuals listed elsewhere. | | | | | |
| A. Name | | Address | | City | State Zip |
| Company / Work address | | | | City | State Zip |
| Home Phone | | Work Phone | | Cell | Email |
| How do you know this person? (friend, teacher, family, co-worker) | | | | | How long have you known this person? |

| | | | | | | | |
|---|--|------------|--|------|--|--------------------------------------|-----|
| B. Name | | Address | | City | | State | Zip |
| Company / Work address | | | | City | | State | Zip |
| Home Phone | | Work Phone | | Cell | | Email | |
| How do you know this person? (friend, teacher, family, co-worker) | | | | | | How long have you known this person? | |

| | | | | | | | |
|---|--|------------|--|------|--|-------------------------------------|-----|
| C. Name | | Address | | City | | State | Zip |
| Company / Work address | | | | City | | State | Zip |
| Home Phone | | Work Phone | | Cell | | Email | |
| How do you know this person? (friend, teacher, family, co-worker) | | | | | | How long have you known this person | |

| | | | | | | | |
|---|--|------------|--|------|--|--------------------------------------|-----|
| D. Name | | Address | | City | | State | Zip |
| Company / Work address | | | | City | | State | Zip |
| Home Phone | | Work Phone | | Cell | | Email | |
| How do you know this person? (friend, teacher, family, co-worker) | | | | | | How long have you known this person? | |

| | | | | | | | |
|---|--|------------|--|------|--|--------------------------------------|-----|
| E. Name | | Address | | City | | State | Zip |
| Company / Work address | | | | City | | State | Zip |
| Home Phone | | Work Phone | | Cell | | Email | |
| How do you know this person? (friend, teacher, family, co-worker) | | | | | | How long have you known this person? | |

| | | | | |
|---|------------|------|--------------------------------------|-----|
| F. Name | Address | City | State | Zip |
| Company / Work address | | City | State | Zip |
| Home Phone | Work Phone | Cell | Email | |
| How do you know this person? (friend, teacher, family, co-worker) | | | How long have you known this person? | |

| | | | | |
|---|------------|------|--------------------------------------|-----|
| G. Name | Address | City | State | Zip |
| Company / Work address | | City | State | Zip |
| Home Phone | Work Phone | Cell | Email | |
| How do you know this person? (friend, teacher, family, co-worker) | | | How long have you known this person? | |

SECTION 3: EDUCATION

| | | | | |
|---|----|--|-------|--|
| NOTE: You will be required to furnish transcripts or other proof to support all of your educational claims. | | | | |
| 16. Check applicable: <input type="checkbox"/> High School Diploma <input type="checkbox"/> GED <input type="checkbox"/> Discharge documents from armed services with 2 years active duty | | | | |
| 17. 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 | | |

| | | | | |
|--|----|-----------------------|--------------------|--|
| 18 List all colleges or universities attended: | | | | |
| A. Name | | City | State | |
| From | To | Type of Degree Earned | Total Units Earned | |

| | | | |
|----------|----|-----------------------|--------------------|
| B.. Name | | City | State |
| From | To | Type of Degree Earned | Total Units Earned |

| | | | |
|---------|----|-----------------------|--------------------|
| C. Name | | City | State |
| From | To | Type of Degree Earned | Total Units Earned |

| | | | |
|--|------|------|--|
| 19. List any trade, vocational, or business schools / institutes attended. | | | |
| A. Name | From | To | Did you complete the course? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Type of school or training | | City | State |
| B. Name | From | To | Did you complete the course? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Type of school or training | | City | State |
| C. Name | From | To | Did you complete the course? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Type of school or training | | City | State |

SECTION 3: EDUCATION *continued.*

| |
|--|
| 20. Have you ever been placed on academic discipline, suspended or expelled from any high school, college/university, business or trade school? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, describe in detail below. Starting with high school, list any and all disciplinary actions received in any school or educational institution. Include when the disciplinary action(s) occurred, name of school(s), and explanation of circumstances. |

SECTION 4: RESIDENCE

21. LIST OF RESIDENCES

- List all residences during the last ten years or since age 17. 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 Street | | City | | State | Zip |
| From | To | If renting; property manager, rent collector or owner | | | Contact Number |
| Address of property mgr., rent collector, owner | | City / State / Zip | | Email | |
| <input type="checkbox"/> NA | Names of those with whom you live | | | | |

| | | | | | |
|---|-------------------------------------|---|--|-------|----------------|
| B. Former Address | | City | | State | Zip |
| From | To | If renting; property manager, rent collector or owner | | | Contact Number |
| Address of property mgr., rent collector, owner | | City / State / Zip | | Email | |
| <input type="checkbox"/> NA | Names of those with whom you lived. | | | | |
| Reason for moving | | | | | |

| | | | | | |
|---|-------------------------------------|---|--|-------|----------------|
| C. Former Address | | City | | State | Zip |
| From | To | If renting; property manager, rent collector or owner | | | Contact Number |
| Address of property mgr., rent collector, owner | | City / State / Zip | | Email | |
| <input type="checkbox"/> NA | Names of those with whom you lived. | | | | |
| Reason for moving | | | | | |

| | | | | |
|---|-------------------------------------|---|-------|----------------|
| D. Former Address | | City | State | Zip |
| From | To | If renting; property manager, rent collector or owner | | Contact Number |
| Address of property mgr., rent collector, owner | | City / State / Zip | | Email |
| <input type="checkbox"/> NA | Names of those with whom you lived. | | | |
| Reason for moving | | | | |

| | | | | |
|---|-------------------------------------|---|-------|----------------|
| E. Former Address | | City | State | Zip |
| From | To | If renting; property manager, rent collector or owner | | Contact Number |
| Address of property mgr., rent collector, owner | | City / State / Zip | | Email |
| <input type="checkbox"/> NA | Names of those with whom you lived. | | | |
| Reason for moving | | | | |

| | | | | |
|---|-------------------------------------|---|-------|----------------|
| F. Former Address | | City | State | Zip |
| From | To | If renting; property manager, rent collector or owner | | Contact Number |
| Address of property mgr., rent collector, owner | | City / State / Zip | | Email |
| <input type="checkbox"/> NA | Names of those with whom you lived. | | | |
| Reason for moving | | | | |

| | | | | |
|---|-------------------------------------|---|-------|----------------|
| G. Former Address | | City | State | Zip |
| From | To | If renting; property manager, rent collector or owner | | Contact Number |
| Address of property mgr., rent collector, owner | | City / State / Zip | | Email |
| <input type="checkbox"/> NA | Names of those with whom you lived. | | | |
| Reason for moving | | | | |

22. Provide contact information for all housemates listed in Question 21 with whom you have resided during the past 10 years, or since the age of 17. 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.

| | | | |
|---|------|----------------|-----|
| A. Name | | Contact Number | |
| Current Address Street | City | State | Zip |
| Nature of relationship (friend, relative, landlord, housemate only) | | Email | |

| | | | |
|---|------|----------------|-----|
| B. Name | | Contact Number | |
| Street | City | State | Zip |
| Nature of relationship (friend, relative, landlord, housemate only) | | Email | |

| | | | |
|---|------|----------------|-----|
| C. Name | | Contact Number | |
| Street | City | State | Zip |
| Nature of relationship (friend, relative, landlord, housemate only) | | Email | |

| | | | |
|---|------|----------------|-----|
| D. Name | | Contact Number | |
| Street | City | State | Zip |
| Nature of relationship (friend, relative, landlord, housemate only) | | Email | |

| | | | |
|---|------|----------------|-----|
| E. Name | | Contact Number | |
| Street | City | State | Zip |
| Nature of relationship (friend, relative, landlord, housemate only) | | Email | |

| | | | |
|---|------|----------------|-----|
| F. Name | | Contact Number | |
| Street | City | State | Zip |
| Nature of relationship (friend, relative, landlord, housemate only) | | Email | |

| | | |
|---|------------------------------|-----------------------------|
| 23. Have you ever been evicted or asked to leave a residence? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 24. Have you ever left a residence owing rent? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If you answered yes to Questions 23 and / or 24 explain (include when, where and circumstances).

SECTION 5: EXPERIENCE AND EMPLOYMENT

25. JOB EXPERIENCE

- List ALL jobs you have had in the last ten years, including part-time, temporary, self-employment and volunteer. (Begin with your most current. If more space is needed, continue your response on page 33.)
- If you have military experience, including reserve duty, enter your military base, assignments, or unit of assignment.
- List ALL periods of unemployment in excess of 30 days.

| | | | |
|--|-------------------------|--|-----|
| A. Name of employer or military unit. | | From | To |
| Address or Base | City | State | Zip |
| Supervisor | Contact Number Ext. | Email | |
| Job Title | Reason for leaving | | |
| Duties /Assignments | | <input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer | |
| Names of co-workers | Co-workers Phone Number | | |
| Would there be a problem if we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, explain. | | |

| | | | |
|--|--|------|----|
| B. PERIOD OF UNEMPLOYMENT | | From | To |
| Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other | | | |

| | | | | |
|---------------------------------------|-------------------------|--|------|----|
| C. Name of employer or military unit. | | | From | To |
| Address or Base | City | State | Zip | |
| Supervisor | Contact Number Ext. | Email | | |
| Job Title | Reason for leaving | | | |
| Duties /Assignments | | <input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer | | |
| Names of co-workers | Co-workers Phone Number | | | |

| | | | | |
|--|--|--|------|----|
| D. PERIOD OF UNEMPLOYMENT | | | From | To |
| Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other | | | | |

| | | | | |
|---------------------------------------|-------------------------|--|------|----|
| E. Name of employer or military unit. | | | From | To |
| Address or Base | City | State | Zip | |
| Supervisor | Contact Number Ext. | Email | | |
| Job Title | Reason for leaving | | | |
| Duties /Assignments | | <input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer | | |
| Names of co-workers | Co-workers Phone Number | | | |

| | | | | |
|--|--|--|------|----|
| F. PERIOD OF UNEMPLOYMENT | | | From | To |
| Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other | | | | |

| | | | | |
|---------------------------------------|--|-------------------------|--|-----|
| G. Name of employer or military unit. | | | From | To |
| Address or Base | | City | State | Zip |
| Supervisor | | Contact Number Ext. | Email | |
| Job Title | | Reason for leaving | | |
| Duties /Assignments | | | <input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer | |
| Names of co-workers | | Co-workers Phone Number | | |

| | | | | | |
|--|--|--|--|------|----|
| H. PERIOD OF UNEMPLOYMENT | | | | From | To |
| Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel | | | | | |
| <input type="checkbox"/> Other | | | | | |

| | | | | |
|---------------------------------------|--|-------------------------|--|-----|
| I. Name of employer or military unit. | | | From | To |
| Address or Base | | City | State | Zip |
| Supervisor | | Contact Number Ext. | Email | |
| Job Title | | Reason for leaving | | |
| Duties /Assignments | | | <input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer | |
| Names of co-workers | | Co-workers Phone Number | | |

| | | | | | |
|--|--|--|--|------|----|
| J. PERIOD OF UNEMPLOYMENT | | | | From | To |
| Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel | | | | | |
| <input type="checkbox"/> Other | | | | | |

| | | | | |
|---------------------------------------|--|-------------------------|--|-------|
| K. Name of employer or military unit. | | | From | To |
| Address or Base | | City | | State |
| Supervisor | | Contact Number Ext. | Email | |
| Job Title | | Reason for leaving | | |
| Duties /Assignments | | | <input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer | |
| Names of co-workers | | Co-workers Phone Number | | |

| | | | | | |
|--|--|--|--|------|----|
| L. PERIOD OF UNEMPLOYMENT | | | | From | To |
| Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel | | | | | |
| <input type="checkbox"/> Other | | | | | |

| | | | | |
|---------------------------------------|--|-------------------------|--|-------|
| M. Name of employer or military unit. | | | From | To |
| Address or Base | | City | | State |
| Supervisor | | Contact Number Ext. | Email | |
| Job Title | | Reason for leaving | | |
| Duties /Assignments | | | <input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer | |
| Names of co-workers | | Co-workers Phone Number | | |

| | | | | | |
|--|--|--|--|------|----|
| N. PERIOD OF UNEMPLOYMENT | | | | From | To |
| Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel | | | | | |
| <input type="checkbox"/> Other | | | | | |

| | | | | |
|---------------------------------------|--|-------------------------|--|-----|
| O. Name of employer or military unit. | | | From | To |
| Address or Base | | City | State | Zip |
| Supervisor | | Contact Number Ext. | Email | |
| Job Title | | Reason for leaving | | |
| Duties /Assignments | | | <input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer | |
| Names of co-workers | | Co-workers Phone Number | | |

| | | | | | |
|--|--|--|--|------|----|
| P. PERIOD OF UNEMPLOYMENT | | | | From | To |
| Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel | | | | | |
| <input type="checkbox"/> Other | | | | | |

| | | | | |
|---------------------------------------|--|-------------------------|--|-----|
| Q. Name of employer or military unit. | | | From | To |
| Address or Base | | City | State | Zip |
| Supervisor | | Contact Number Ext. | Email | |
| Job Title | | Reason for leaving | | |
| Duties /Assignments | | | <input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer | |
| Names of co-workers | | Co-workers Phone Number | | |

| | |
|---|--|
| 26. Have you ever been disciplined at work? (This includes written warnings, formal letters of reprimands, suspensions, reductions in pay, reassignments or demotions?) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 27. Have ever you ever been fired, released from probation, or asked to resign from any place of employment? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 28. Were you ever involved in a physical/verbal altercation with a supervisor, co-worker, or customer? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 29. Have you ever resigned without giving two weeks-notice? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 30. Have you ever resigned in lieu of termination? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 31. Have you ever been accused of discrimination (such as sexual harassment, racial bias, sexual orientation harassment, etc.) by a co-worker, superior, subordinate or customer? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | |
|--|--|
| 32. Were you ever the subject of a written complaint at work? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 33. Have you ever been counseled at work due to lateness or absences | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 34. Did you ever receive an unsatisfactory performance review? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 35. Have you ever sold, released, or given away legally confidential information? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 36. Have you ever called in sick when you were neither sick nor caring for a sick family member? If yes, how many sick days have you used in the past five years which were not due to illness? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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

| | |
|--|------------------|
| 38. Has your work performance ever been affected by your use of alcohol or drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| When? | Name of Employer |
| 39. In the past ten years, have you been warned by an employer about your drinking or drug habits and their impact on your performance? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| When? | Name of Employer |

SECTION 6: MILITARY EXPERIENCE

| | | |
|--|-------------------------|-----------------------------------|
| 40. Are you required to register for the Selective Service <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, have you registered <input type="checkbox"/> Yes <input type="checkbox"/> No If no explain: _____ | | |
| 41. Branch of Service | Date of Service From | To: |
| 42. Type of Discharge <input type="checkbox"/> Entry Level <input type="checkbox"/> Honorable <input type="checkbox"/> General <input type="checkbox"/> Other than Honorable Re-entry Code (1-4) if applicable; <i>refer to your DD-214</i> | | |
| 43. Are you currently participating in one of the following? <input type="checkbox"/> Military Reserve <input type="checkbox"/> National Guard | | If checked, date obligation ends: |
| 44. Have you ever been the subject of any judicial or non-judicial disciplinary action (such as, court martial, captain's mast, office hours, company punishment)? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 45. 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? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

If you answered YES to questions 44 and or 45, Explain (Include dates and circumstances)

SECTION 7 FINANCIAL

46. INCOME AND EXPENSES

For each of the following questions fill in the amounts to the nearest dollar

A. From your employer(s), what is your take home monthly income? \$ _____

B. Do you have income other than from your salary or wages? Yes No

If yes, fill in amount: \$ _____ per month Explain: _____

C. Approximately how much do you spend each month? \$ _____

Estimate your monthly living expenses, include housing, utilities, credit cards or other loan payments, food, gas and car maintenance, entertainment, etc. as well as any other obligations you may have.

| | |
|---|--|
| 47. Have you ever filed for or declared bankruptcy (Chapter 7, 11 or 13) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 48. Have any of your bills ever been turned over to a collection agency? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 49. Have you ever had purchased goods repossessed? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 50. Have your wages ever been garnished? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 51. Have you ever been delinquent on income or other tax payments? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 52. Have you ever failed to file income tax or cheated/lie on an income tax form | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 53. Have you ever had an employment bond refused? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 54. Have you ever avoided paying any lawful debt by moving away? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 55. Have you ever defaulted on a loan, including a student loan? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 56. Have you ever borrowed money to pay for a gambling debt? If yes, do you currently have any outstanding debts as a result of gambling | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 57. Have you ever spent money for illegal purposes (e.g., illegal drugs, prostitution, purchase fraudulent documents, etc.)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 58. Have you ever failed to make or been late on a court-ordered payment e.g., child support, alimony, restitution, etc.)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 59. Have you written three or more bad checks in a one-year period? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 60. Are you in arrears on court ordered child support? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

If you answered YES to questions 47-60, indicate question number. Explain (include, when where and why).

SECTION 8: LEGAL

Disclosure of Arrests and Convictions

This section requires you to report detentions, arrest and convictions, including diversion programs and in some cases, offenses that may have been pardoned. As a peace officer 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
- ALL diversion programs

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.

61. Have you EVER been detained for investigation, held on suspicion, questioned, fingerprinted, arrested, indicted, criminally charged, or convicted of any misdemeanor or felony offense in this state or in any other legal jurisdiction (including offenses punishable under the Uniform Code of Military Justice)? Yes No

| | |
|--------------------------------|-------------------------------|
| If yes, explain each incident. | |
| A. Approximate Date | Arresting or detaining agency |
| Charge | |
| Disposition or Penalty | |

| | |
|------------------------|-------------------------------|
| B. Approximate Date | Arresting or detaining agency |
| Charge | |
| Disposition or Penalty | |

| | |
|------------------------|-------------------------------|
| C. Approximate Date | Arresting or detaining agency |
| Charge | |
| Disposition or Penalty | |

| | |
|------------------------|-------------------------------|
| D. Approximate Date | Arresting or detaining agency |
| Charge | |
| Disposition or Penalty | |

| | |
|--|--|
| 62. Have you ever been placed on court probation as an adult? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 63. Were you ever required to appear before a juvenile court for an act which would have been a crime if committed as an adult? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 64. Have you ever been a party in a civil lawsuit (e.g., small claims actions, dissolutions, child custody, paternity, support, etc.)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 65. Have the police ever been called to your home for any reason? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 66. Have you or your spouse/partner ever been referred to Child Protective Services? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 67. Have you ever been the subject of an emergency protective, restraining or stay-away order? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 68. 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? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 69. Have you ever fraudulently received welfare, unemployment compensation, compensation or other state or federal assistance? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 70. Have you ever filed a false insurance or workers' compensation claim? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

If you answered yes to any of Questions 62–70, explain (include court case or document, dates, and circumstances; indicate corresponding number):

71. UNDETECTED ACTS – PART 1
 Within the past **seven** years **OR** at any time after you were first employed in law enforcement, have you ever committed any of the following misdemeanors?

| | |
|--|--|
| A. Annoying / obscene phone calls | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| B. Assault (use of force or violence upon another) | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | |
|--|--|
| C. Assault (use of force or violence upon a family member) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| D. Brandishing a weapon (any type of weapon) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| E. Carrying a concealed weapon without a permit | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| F. Contributing to the delinquency of a minor | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| G. Defrauding an innkeeper (not paying for food or room at a hotel/motel) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| H. Driving under the influence of alcohol and/or drugs | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| I. Drunk in public (being so intoxicated in a public place that you're not able to care for yourself) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| J. Hit and run collision (no injuries) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| K. Hunting or fishing without a license. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| L. Illegal gambling | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| M. Impersonating a peace officer | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| N. Indecent exposure (including flashing or mooning) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| O. Joyriding (using a car or other vehicle without owner's permission) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 72. UNDETECTED ACTS - PART 2 At any time in your life have you ever committed any of the following? | |
| A. Arson (intentionally destroying property by setting a fire) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| B. Assault with a deadly weapon | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| C. Theft of a vehicle and / or vehicle parts | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| D. Burglary (entering a structure or vehicle to commit theft or other crime) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| E. Child molestation (performing unlawful acts with a child) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| F. Accessing, producing, or possessing child pornography | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| G. Injury to a child/elderly/or disabled | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| H. Embezzlement (theft of money or other valuables entrusted to you) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| I. Felony drunk driving (involving injuries) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| J. Forcible rape or other act of unlawful intercourse / sexual activity | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| K. Forgery (falsifying any type of document, check certificate, license, currency, etc.) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| L. Hit and run (with injuries) | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | |
|---|--|
| M. Hate crime | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| N. Insurance fraud | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| O. Theft (value of over \$500, or any firearm) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| P. Murder, homicide, or attempted murder | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Q. Perjury (lying under oath) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| R. Possession of an explosive / destructive device | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| S. Robbery (theft from another person using a weapon, force, or fear) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| T. Stalking | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| U. Blackmail or extortion | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| V. Any other act amounting to a felony | <input type="checkbox"/> Yes <input type="checkbox"/> No |

If you answered yes to **any** item(s) in **section 72** fully explain circumstances, including dates(s), names of individuals involved and resolution. Indicate the corresponding letter (72-A etc.) for each explanation.

Questions about your current and past recreational drug use. This covers the use of **any** drug, including the unauthorized use of prescription drugs. Your answers should include, **but not limited to**, your use of any of the following drugs.

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

73. Within the past three years, have you used any non-prescribed drug(s) as indicated above or unauthorized prescription drugs? Yes No
 If yes, give details, including drug(s) used and circumstances:

74. Prior to the past three years (check all that apply):

I have never used any drug recreationally.

I have tried or used one or more drugs listed above, but only under limited circumstances (for example, experimentation, at parties, concerts, special events, etc.).
 If checked, give details including drug(s) used, most recent date used, and circumstances.

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

Sold Manufactured Purchased Furnished Cultivated Carried or held for another

Any items check above, give details including drug(s) involved, over what time period(s) and circumstances.

SECTION 9: MOTOR VEHICLE OPERATION

| | | | |
|------------------------------|----------------|-----------------|--------------------------------------|
| 76. Current Driver License # | State of Issue | Expiration date | Name under which license was granted |
| | | | |

77. List other states where you have been licensed to operate a motor vehicle.

| State of issue | Type of license | Name under which license was granted and license number |
|----------------|-----------------|---|
| | | |
| | | |
| | | |

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

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

| | |
|---|--|
| 79. Has your driver's license ever been suspended or revoked? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, explain (include when, where and circumstances): | |

| | | | | | |
|--|------|---------------|-----|----------------|-----------------|
| 80. List your current liability insurance on your vehicle(s) | | | | | |
| A. Type of Coverage | | Vehicle Make | | Year | Vehicle License |
| <input type="checkbox"/> Insured <input type="checkbox"/> Bonded <input type="checkbox"/> Cash Deposit | | | | | |
| Insurance Company | | Policy number | | Expires | |
| Address | City | State | Zip | Contact Number | |
| B. Type of Coverage | | Vehicle Make | | Year | Vehicle License |
| <input type="checkbox"/> Insured <input type="checkbox"/> Bonded <input type="checkbox"/> Cash Deposit | | | | | |
| Insurance Company | | Policy Number | | Expires | |
| Address | City | State | Zip | Contact Number | |
| C. Type of Coverage | | Vehicle Make | | Year | Vehicle License |
| <input type="checkbox"/> Insured <input type="checkbox"/> Bonded <input type="checkbox"/> Cash Deposit | | | | | |
| Insurance Company | | Policy Number | | Expires | |
| Address | City | State | Zip | Contact Number | |
| D. Type of Coverage | | Vehicle Make | | Year | Vehicle License |
| <input type="checkbox"/> Insured <input type="checkbox"/> Bonded <input type="checkbox"/> Cash Deposit | | | | | |
| Insurance Company | | Policy Number | | Expires | |
| Address | City | State | Zip | Contact Number | |

| | |
|---|---|
| 81. List all traffic citations, excluding parking citations, you have received within the past seven years: | |
| A. Nature of Violation | Location Street, City, State, Zip |
| Date Violation Occurred | Action Taken |
| | <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed |

| | | |
|--|---|-----------------------------------|
| B. Nature of Violation | | Location Street, City, State, Zip |
| Date Violation Occurred | Action Taken <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed | |
| C. Nature of Violation | | Location Street, City, State, Zip |
| Date Violation Occurred | Action Taken <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed | |
| D. 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 traffic school <input type="checkbox"/> Failed to pay the required fine | | |
| If checked, explain circumstances: | | |

| | | |
|---|-------------------------------------|---|
| 82. Have you been involved as the driver in a motor vehicle accident within the past seven years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give details. | | |
| A. Date | Location (Street, City, State, Zip) | |
| Police Report <input type="checkbox"/> Yes <input type="checkbox"/> No | Law Enforcement Agency | <input type="checkbox"/> Injury <input type="checkbox"/> Non-Injury |
| A. Date | Location (Street, City, State, Zip) | |
| Police Report <input type="checkbox"/> Yes <input type="checkbox"/> No | Law Enforcement Agency | <input type="checkbox"/> Injury <input type="checkbox"/> Non-Injury |
| A. Date | Location (Street, City, State, Zip) | |
| Police Report <input type="checkbox"/> Yes <input type="checkbox"/> No | Law Enforcement Agency | <input type="checkbox"/> Injury <input type="checkbox"/> Non-Injury |

| | | |
|--|-----------------------------------|-------------------|
| 83. Have you ever driven a vehicle without auto insurance, as required by law? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give reason | | |
| Date | Location Street, City, State, Zip | |
| 84. Have you ever been refused automobile liability insurance or a bond, or had policy cancelled? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give reason: | | |
| | | Insurance Company |
| Date | Location Street, City, State, Zip | |

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

86. Are you now, or have you ever been, a member or associate of a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, or disability? Yes No

87. 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 Yes No

88. Since the age of 17, have you ever been involved in an anger-provoked physical fight, confrontation or other violent act? Yes No

89. Have you ever hit or physically overpowered a spouse, romantic partner or family members? Yes No

If you answered yes to any of **Questions 86-89**, give details dates and circumstances; indicate corresponding number.

SECTION 11: SOCIAL MEDIA SITES

90. Have you ever had a social media site (i.e. Facebook, My Space, etc.)? Yes No

91. List all social media sites, blogs or websites you have created. (Provide website URL and your username)

SECTION 12: CERTIFICATION

92.. I hereby certify that I have personally completed and initialed each page of this form and any supplemental page(s) attached, and that all statements made are true and complete to the best of my knowledge and belief. I understand that any misstatement of material fact may subject me to disqualification; or, if I have been appointed, may disqualify me from continued employment.

| | | |
|--|---------------------------|------------------------------|
| Signature of Applicant _____ | | Date _____ |
| Sworn to and subscribed before me, this the _____ day of _____ | | |
| Notary public in and for, State of _____ | | |
| My commission expires ____ / ____ / ____ | | Printed Name of Notary _____ |
| Notary Seal or Stamp | Signature of Notary _____ | |

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 question and specific item being referenced.

**BACKGROUND
INVESTIGATION
PAPERWORK**

DIRECTIONS TO AGENCY COMPLETING BACKGROUND INVESTIGATION

TO THE DEPARTMENT ADMINISTRATOR COMPLETING THE LETTER FOR ADMISSION/ SPONSORSHIP:

- * The purpose of the *Letter for Admission* is to subject the applicant to a thorough, comprehensive background investigation to determine if the applicant is suitable for appointment as a Peace officer. The *Letter for Admission* in no way obligates the sponsoring agency to the applicant.
- * The *Letter for Admission* must be signed by the **Department Administrator ONLY**. *Letters for Admission* signed by any person other than the department administrator cannot be accepted. This is for the protection of the individual department administrator.
- * A COPY OF RECEIPT from the Fingerprint Application Services of Texas (FAST) **must** be attached to the *Letter for Admission*.
- * As required by TCOLE, all applicants are now required to submit fingerprints through the *Fingerprint Applicant Services of Texas (FAST)* in order to apply for the academy. Therefore, as the sponsoring agency, you **DO NOT** need to submit inked cards to DPS. However, you will need to require that the applicant provide you with a **COPY OF RECEIPT** showing that the applicant has completed the fingerprint check through *FAST*. Applicants will receive a receipt from *FAST* after submitting their fingerprints. **THE APPLICANT MUST PRESENT THIS COPY TO YOU IN ORDER FOR YOU TO SIGN THE "LETTER FOR ADMISSION"**. It is the applicant's responsibility to provide the **COPY OF RECEIPT**, and it must be attached to the "LETTER FOR ADMISSION".
- * A statement regarding *any personal knowledge of the applicant's criminal history* **must** be attached to the letter of sponsorship. This may be done by simply filling out and signing the enclosed letter stating that the administrator either does or does not have personal knowledge of the applicant's criminal history.
- * **The *Letter for Admission* and all other background paperwork should be sent DIRECTLY to our office, and should not be returned to the applicant.**
- * An "Authorization to Release Information" form is included in the sponsorship packet. The original should be sent to our office and a copy should be maintained for your files. **The applicant must sign the release form before any information is sent to our office.**
- * The *Letter for Admission* and all other background paperwork must be in our office **NO LATER THAN, JANUARY 20, 2023**, otherwise the applicant cannot be considered for admission into the Basic Peace Officer Course. A *Checklist* is enclosed for your convenience.
- * If you have any question concerning the letter for admission/sponsorship, please contact one of the following:

Janelle Edwards, Training Coordinator (432)-685-4712

jedwards@pblea.org

PAPERWORK CHECKLIST FOR BACKGROUND INVESTIGATOR

Applicant Name

Civilian

Jailer*

Background Investigation Paperwork that must be submitted to the Academy:

Letter for Admission

Statement Regarding Criminal History (Disclosure) *

Completed Authorization to Release Information *

Copy of F.A.S.T Receipt

DD-214 Showing Military Discharge Status (if applicable) *

*If an individual is **currently** a TCOLE license holder, **and is employed by your agency**, you may submit a copy of the individual's **current license** in lieu of the above paperwork. However, individual will need to have fingerprints taken through the FAST system. **Please contact the Academy for details.**

The agency doing the applicant's background investigation should send the above paperwork **directly** to the academy, when complete. Please do not give it back to applicant to turn in. If there is an issue with returning it by deadline, please contact academy staff.

PERMIAN BASIN LAW ENFORCEMENT ACADEMY

LETTER FOR ADMISSION TO THE BASIC PEACE OFFICER LAW ENFORCEMENT ACADEMY

I attest that _____, applicant for admission to the Basic Peace Officer Course: *Applicant's Name*

- _____ 1. Will attain his or her 20th birthday before the first day of class, or:
*has received credit for at least 60 semester hours of study from an accredited college or university and attained his/her 18th birthday, or
*has completed at least 2 years of active military service with an honorable discharge from the armed forces of the United States, and attained his/her 18th birthday, or
*has received an associate degree from an accredited college or university, and has attained his/her 18th birthday.
- _____ 2. Has graduated from high school or passed a GED test indicating high school graduation or an honorable discharge from the armed forces of the United States after at least 24 months of active duty service;
- _____ 3. Is a U.S. citizen;
- _____ 4. Has been fingerprinted (FAST) and has been subjected to a search of local, state and U.S. national records and fingerprint files to disclose any criminal record;
- _____ 5. Is not currently charged with any criminal offense for which conviction would be a bar to licensure. (PLEASE ATTACH LIST OF AGENCIES CHECKED)
- _____ 6. Has not ever been on court-ordered community supervision or probation for any criminal offense above the grade of Class B misdemeanor or a Class B misdemeanor within the last 10 years from the date of the court order: *Please see exceptions listed on Page 2.
- _____ 7. Has not ever been convicted of an offense above the grade of a Class B misdemeanor or a Class B misdemeanor within the last 10 years; *Please see attached exceptions listed on Page 2.
- _____ 8. Has never been convicted of any family violence offense;
- _____ 9. Is not prohibited by state or federal law from operating a motor vehicle;
- _____ 10. Is not prohibited by state or federal law from possessing firearms or ammunition;
- _____ 11. Has not had a dishonorable or bad conduct discharge;
- _____ 12. Has not had a commission (TCOLE) license denied by final order or revoked;
- _____ 13. Is not currently on suspension or does not have a voluntary surrender of license (TCOLE) currently in effect;

I attest that this applicant has been subjected to a thorough, comprehensive background investigation, has been interviewed, and has been found to be suitable for appointment as a peace officer.

Signature of Department Administrator

Date

Name of Department or Agency

THIS LETTER OF SPONSORSHIP IN NO WAY OBLIGATES THE SPONSORING AGENCY TO THE APPLICANT.

Item 6 & 7:

Texas Commission on Law Enforcement Statutes and Rules *Section 211.30 Chief Administrator Responsibilities for Class A and B Waivers states: A chief administrator may request the executive director that an individual be considered for a waiver of either the enrollment or initial licensure requirements regarding an otherwise disqualifying Class A or B misdemeanor conviction or deferred adjudication. An individual is eligible for one waiver request. This request must be submitted at least 45 days prior to a regularly scheduled commission meeting.

(b) A chief administrator is eligible to apply for a waiver five years after the date of conviction or placement on community supervision.

The PBLEA will consider each application under this section on a case-by-case basis and is in no way obligated to enroll any individual under this section, even though the individual may have written approval from TCOLE. Consideration and acceptance into the Basic Peace Officer course for an individual under this section is a matter at the sole discretion of the PBLEA Director, with approval from the Oral Interview Committee

For more information, please see *Section 211.30 Chief Administrator Responsibilities for Class A and B Waivers* of the TCOLE rules and regulations, as amended effective June 1, 2014.





Permian Basin Regional Planning Commission

P.O. BOX 60660 • 2910 LAFORCE BOULEVARD • MIDLAND, TEXAS 79711-0660 • (432) 563-1061 • FAX (432) 563-1728

VIRGNIA BELEW
Executive Director

PERMIAN BASIN LAW ENFORCEMENT ACADEMY

**Disclosure of Personal Knowledge
of Criminal History and Documentation of
Submission of Fingerprint Card to DPS**

**This form to be completed and signed by Department Administrator
conducting background investigation. ***

Date: _____

To: Permian Basin Law Enforcement Academy
3600 N. Garfield – Midland College
Technology Center Annex – Room 198A
Midland, TX 79705

Re: _____
Applicant's Full Name *Applicant's Social Security#* *Date of Birth*

Date Fingerprints submitted to F.A.S.T.: _____
(Copy of receipt attached)

To whom it may Concern:

I attest that the above-named individual has presented a valid F.A.S.T. receipt (attach copy). I have completed a background check on the above individual.

Check One:

_____ I have personal knowledge that this individual **does** have a criminal history.

_____ I have personal knowledge that this individual does not have a criminal history.

Signature of Department Administrator

Title

Agency

Date

*This form to be submitted to the Academy along with Letter for Admission.

AUTHORIZATION TO RELEASE INFORMATION

I, _____, do hereby authorize
(Applicant 's Name)

_____ to release confidential information
(Name of agency doing background investigation)

concerning me to the Permian Basin Law Enforcement Academy Advisory Committee Oral Interview Board for the purpose of determining whether I meet the standards for admission as set forth by the Permian Basin Academy Training Advisory Committee, to the Permian Basin Law Enforcement Academy, and the following information is to be released:

1. Any and all information included in the background investigation done by the sponsoring agency, including, but not limited to, statements regarding any personal knowledge of my criminal history and/or traffic record.
2. Any records of criminal arrests, detentions, and/or litigations contained in any official files.
3. Any confession(s) executed by me to any felony offense, such confession being admissible as evidence against me in any criminal proceeding in any state or federal court.
4. Any and all information pertaining to and including my DD-214, or other applicable military discharge papers.
5. Any and all other information that the sponsoring agency deems necessary to be released for the purpose of determining if I meet the minimum requirements for admission into the PBLEA.

I, _____, do hereby release both the Permian
(Applicant 's name)

Basin Law Enforcement Academy, and/or its designee, and

_____ from any liability whatsoever.
(Name of Sponsoring Agency)

Date: _____

Signature of applicant

Signature of witness