



Combine Police



Department



Combine Police Department



APPLICATION FOR COMBINE POLICE OFFICER

I have been issued a Personnel History Statement in this application packet and understand the following:

- The Personal History Statement must be complete.
- Blanks must be filled in and answered completely.
- Addresses must have City, State, and zip codes.
- All telephone numbers must have an area code to be complete.
- Certain documents must be notarized before being turned in.
- This process may take several weeks and I agree not to bother the department to check on the status of my background investigation.
- If an area does not pertain to me, I will place a N/A in the blank provided.
- If I fail to complete and / or meet the above stated requirements, my application will not be considered.

Date _____ Signature _____

Print your name _____

Subscribed and sworn before me this _____ day of _____, 20__.

Notary Public
My commission expires _____



Combine Police Department



Every applicant for employment for Combine Police Department must be processed through the hiring procedure the same way. The hiring procedure consists of the following phases:

Complete Combine Police Department application:

- Take written examination
- Complete background packet
- Interview with the oral review board

Once you complete all the above phases you may be given a conditional offer of employment by the Combine Police Department, at which time you will be directed to specific locations to complete the below listed processes:

- Take a psychological test
- Take a medical examination
- Take a drug screen analysis

Thank you for your interest in our department.



Combine Police Department



Confidential Information Agreement Form

A thorough investigation will be conducted to determine your qualifications for a position with the Combine Police Department. To a great extent your employment will depend on information obtained in confidential interviews with persons with whom you have been associated. Information will be obtained through interviews, psychological evaluations, and other documents of a confidential nature. Applicants will not have access to such information. Furthermore, since the information is confidential, the **Combine Police Department or the Combine City Council cannot reveal the reasons of rejection for those applicants who are not accepted.**

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

I have read and fully understand the above statement.

Printed Name of Applicant

Date

Signature of Applicant

SWORN TO AND SUBSCRIBED BEFORE ME, A NOTARY PUBLIC, IN AND FOR THE STATE OF TEXAS, _____ THIS THE _____ DAY OF _____, _____
County Day Month Year

Notary Public
My Commission expires _____

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COMBINE POLICE DEPARTMENT
READ THESE INSTRUCTIONS CAREFULLY BEFORE PROCEEDING

These instructions are provided as a guide to assist you in properly completing your Personal History Statement. Once completed by you, this Personal History Statement will be used as a basis for a background investigation that will determine your eligibility for the position for which you are applying.

1. It is essential that all information be complete and accurate.
2. **DO NOT REMOVE THE STAPLE FROM THIS PACKET FOR ANY REASON. This is an original document and shall remain intact.**
3. **Hand print all information in black ink only.**
4. Answer all questions completely. If a question does not apply to you, enter "N/A" in the space provided.
5. Avoid errors by reading the directions carefully before making any entries on the form. Be sure your information is legible, correct, and in proper sequence before you begin.
6. **You are responsible for obtaining correct addresses and phone numbers (including zip and area codes).** If you are unsure, check it by personal verification. Your local library and Internet access are two resources available to you.
7. If there is insufficient space for your information, attach extra sheets. Remember to reference the attached sheets to the section and question.
8. An accurate and complete Personal History Statement will expedite your background investigation; deliberate omissions or falsifications will result in disqualification.

Copies of the following documents will be required upon completing this Personal History Statement:

1. Birth Certificate
2. High School Diploma or G.E.D.
3. College Diploma(s)
4. Military DD214
5. Marriage License (s)
6. Divorce Decree (s) (Just first 2 pages and Last 2 pages)
7. Photocopy of your Drivers' License and Social Security Card

COMBINE POLICE DEPARTMENT

GENERAL INFORMATION

The information provided in this section is used for identification purposes.

Applicant Name: _____
Last, First Middle

Other Names Used: _____
Maiden/Adoption/etc.

Home address: _____
Street City State Zip

Telephone numbers:
Home: () - _____
Cell: () - _____
Other () - _____

Date of Birth: _____ / _____ / _____ sex: _____ race: _____
Month Day Year M/F

Social Security Number: _____

Place of Birth: _____
City County State

Drivers License: _____
Number State of Issuance Expiration

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Identifying marks: _____

Scars: _____

Birthmarks: _____

Tattoos: _____

Name by which you prefer to be addressed:

Name that you are known by within your community:

EMPLOYMENT HISTORY

Beginning with your present or most recent job, list all jobs you have had, including all part time, temporary or seasonal positions for which you were gainfully employed and paid a salary, commission or contract fee for your services rendered. This employment history shall include every period dating back to your sixteenth (16th) birth date. Remember, a job is any position you accepted, regardless of how long you actually worked.

Include all times of unemployment and indicate such time by circling "unemployed" on the appropriate line. In times of unemployment, use the "Duties/Responsibilities" line to briefly indicate reason for unemployment and identify your source of financial support during this unemployment period.

If there is insufficient space for your information, attach extra sheets. Remember to reference the attached sheets to the section and question.

COMBINE POLICE DEPARTMENT
MILITARY SERVICE

Have you registered with the Selective Service? Yes No
When? _____

Have you ever been rejected by any branch of the Armed Forces? Yes No

Have you ever been a member of any branch of the US Armed Forces? Yes No

If Yes, Branch of Service: _____ Highest Rank:- _____

Date of Induction: _____ Discharge Date: _____

Type of Discharge: _____

Awards (Types and Dates) _____

Special Schools/ Training:

While in the military service were you ever arrested for an offense that resulted in a trial by deck court or by summary, special or general court - material? Yes No

If yes, give date, place, law enforcing authority or type of court or court –material, charge and action taken for each incident:

Charge: _____ Date: _____ Results: _____

Charge: _____ Date: _____ Results: _____

Last duty station and name of commanding officer: _____

Are you currently a member of the US Reserve or National or State Guard organization? Yes No

Branch of Service: _____ Grade & Service #: _____ Are you: Active Inactive Standby
(Circle appropriately)

Organization/Station/ Unit and Location: _____

COMBINE POLICE DEPARTMENT
EDUCATIONAL HISTORY

When completing the following information you must give sufficient detailed information that can be verified. List information such as the name of the school and year involved in such activities.

School Activities: Clubs/Sports/Etc.

Position of Leadership: (Indicate Position/Organization/Dates held)

Community Activities:

Awards/Commendations or Special Recognition:

COMBINE POLICE DEPARTMENT EDUCATIONAL HISTORY

List all high schools, colleges, technological or trade schools you have ever attended regardless of whether you graduated and/or completed the prescribed course of study.

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

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

Name and type of school Location (City & State) School's Registrar Office Telephone Number	From	To	Degree and/or Credit Hours Earned

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

School: _____ Date: _____ Reason: _____

School: _____ Date: _____ Reason: _____

Have you ever been placed on academic probation? Yes No

School: _____ Date: _____ Reason: _____

School: _____ Date: _____ Reason: _____

COMBINE POLICE DEPARTMENT
ARREST AND DETENTIONS

An arrest occurs when you have been handcuffed and taken to jail or to the police station where you are later released. Generally, it requires you to post a bond, pay a fine or be released to a responsible party (such the case would be for releasing an intoxicated person to another without the posting of a bond). A detention is a temporary loss of freedom pending the results of a criminal investigation that may be occurring or have occurred. In being detained, one may be released with no further action taken against you or it may result in a citation and future summons to court.

Have you ever been arrested by the police?	Yes	No
Have you ever been detained, other than for a traffic citation, by the police?	Yes	No
Have you ever been summoned into court for a criminal offense? If yes, explain each incident.	Yes	No

LITIGATIONS

Have you ever been involved in any type of law suit? (Even as a witness)	Yes	No
Were you personally sued?	Yes	No
Have you ever sued anyone?	Yes	No
Have you ever filed bankruptcy?	Yes	No
Has anyone ever threatened you to take you to court for non-payment of a bill?	Yes	No

If any of the above is yes, explain each incident.

COMBINE POLICE DEPARTMENT DRIVING HISTORY

A moving violation is any violation which is not a non – mechanical infraction. It does not include such violations as expired inspection stickers, expired vehicle registrations, defective headlamps, etc.

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

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

Have you ever driven a motor vehicle, since your 17th birthday, without a valid driver's license? Yes No

Have you ever driven a motor vehicle, within the past 10 years, without the proper insurance and received a citation for it? Yes No

Have you ever had your driver's license suspended? Yes No
If yes, complete the following:

Date of Suspension	Type of Suspension	Date Lifted
Have you ever had your driver's license placed on probation for receiving an excessive number of traffic violations? Yes No		
Have you ever had a hearing for probation/suspensions, etc.? Yes No		
Have you ever been placed as an assigned risk for vehicle insurance? Yes No		
Have you ever had your insurance revoked due to the number of traffic citations or accidents? Yes No		
Have you ever knowingly driven a motor vehicle after your drivers' license was suspended, or after it had been revoked? Yes No		
Do you have a valid driver's license in more than one state? Yes No		

If yes, list the state and license#:

COMBINE POLICE DEPARTMENT
DRIVING HISTORY

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

If yes, state where and why.

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

Of the above number, how many of those accidents listed your actions as being primary contributing factors to causing the accident? _____

Have you ever struck an unattended vehicle and then left without leaving identification, or complying with the duties upon striking an unattended vehicle? Yes No

Have you ever been involved in an accident, as a driver, after you have been drinking alcoholic beverages? Yes No

With what company do you carry automobile insurance?

Company	Agents' Name
---------	--------------

Company Address

Policy Number

Agents' Telephone Number

ATTACH A COPY OF YOUR CURRENT INSURANCE CARD HERE

COMBINE POLICE DEPARTMENT
DRIVING HISTORY

List, to the best of your memory, **all driving citations** you have received within the last 5 years.

Date Received	Type of Violation	Issuing Agency	Disposition (Paid or Found Not Guilty)

List all accidents, in a lifetime, in which you have been involved **as a driver**:

Date	Location (Including City & State)	Brief Description	Contributor to Accident (Other Driver or You)

COMBINE POLICE DEPARTMENT
MARITAL AND FAMILY HISTORY

Circle your current status:

Single Engaged Married Separated Divorced Widowed

If you are married or engaged:

Name of Spouse/Fiancée: _____ Date of Birth: _____

Address: _____ Home phone: () _____
 Number City State Zip Code
Work Phone: () _____

If you are Divorced (First divorce):

Former Spouse's name: _____ Date of Birth: _____

Address: _____ Home phone: () _____
 Number City State Zip Code
Work Phone: () _____

Date Divorce Decree Issued:

Court and State where Divorce Decree Issued:

If you are Divorced (Second divorce):

Former Spouse's name: _____ Date of Birth: _____

Address: _____ Home phone: () _____
 Number City State Zip Code
Work Phone: () _____

Date Divorce Decree Issued:

Court and State where Divorce Decree Issued:

If you are Divorced (Third divorce):

Former Spouse's name: _____ Date of Birth: _____

Address: _____ Home phone: () _____
 Number City State Zip Code
Work Phone: () _____

Date Divorce Decree Issued:

Court and State where Divorce Decree Issued:

If you are widowed:

Deceased Name: _____ Date of Birth: _____

Date of death: _____

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

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

Full Name	Date of Birth	Relationship	Occupation/ Work Number	Length of time Together

COMBINE POLICE DEPARTMENT
MARITAL AND FAMILY HISTORY

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

Child's Full Name	Date of Birth	Relationship	Home Address (If Different than your own)

List other immediate family members (father, step-father, mother, step-mother, siblings) of both you and your spouse (including those related by marriage). If deceased, indicate the year of death.

Full Name	Date of Birth	Relationship	Occupation	Complete Address

COMBINE POLICE DEPARTMENT
FINANCIAL INFORMATION

Applicant:

What is your present salary or wage? _____ (yearly/gross)

Applicant Spouse:

Does your spouse work? _____ N/A _____ Yes _____ No

Employer: _____ Job Title: _____

Business Address: _____

Business Phone #: () _____ Ext: _____

Hours/Days Worked: _____

List any income from any other source, other than your principle occupation (excluding your spouse's income).

Source	Amount	Frequency

Do you own real estate? _____ Yes _____ No
 If yes, state the value of real estate: _____
 Real Estate Location: _____

Do you own any bonds, Government, or other? _____ Yes _____ No

Do you own corporate stock? _____ Yes _____ No

Savings account number: _____

Bank Name: _____

Bank Address: _____

Checking account number: _____

Bank Name: _____

Bank Address: _____

COMBINE POLICE DEPARTMENT
FINANCIAL INFORMATION

Have you ever filed a lawsuit? Yes No
If yes, against whom and reason: _____

Have you ever had a lawsuit filed against you? Yes No
If yes, state reason. _____

Have you ever moved to avoid paying rent or a bill? Yes No

Have you ever been evicted, threatened with eviction, or told to move from any place you ever lived because of your financial situation? Yes No

Have you ever moved and failed to give a creditor a new address to avoid receiving a bill? Yes No

Have you ever had an account balance you owed charged off because of your failure to pay the bill? Yes No

Have you ever failed to show any cash wages (earnings) on any income tax statement you have ever filed? Yes No
If yes, explain: _____

Have you ever failed to file an income tax statement when law required it? Yes No
If yes, what year(s): _____

Have you ever written a check on another's account without their permission? Yes No
If yes, describe circumstances: _____

Have you ever altered any document so that you could receive money that was not due to you? Yes No

Have you ever participated in an act of financial fraud? Yes No

Have you ever broken a lease agreement before its expiration date? Yes No
If yes, explain: _____

Have you ever placed a bet with a bookmaker? Yes No
If yes, number of times: _____

Largest amount: _____

Last date bet placed: _____

COMBINE POLICE DEPARTMENT
FINANCIAL INFORMATION

Have you ever filed bankruptcy? Yes No
If yes, give the following information:

Date: _____ Chapter Filed: _____

Court: _____ County/State: _____

Have you ever been refused credit by a bank? Yes No
If yes, give the following information:

Number of times: _____

Have you ever experienced a significant event that caused you a financial hardship and left you unable to pay your monthly bills? Yes No
If yes, list the event(s) and date(s)

Date	Event

Have you ever been refused credit by a department store? Yes No
If yes, give following information:
Number of times: _____

Have you ever had any property repossessed, voluntarily or non-voluntarily? Yes No

Do you have any bills more than 45 days past due? Yes No

COMBINE POLICE DEPARTMENT NARCOTIC USAGE

Our society's opinion and beliefs on the use of narcotics is constantly changing and in some instances leaning to more liberal thoughts. It is important that the Department be aware of your illegal drug usage, because, if you become an employee you may be called to testify as a witness for the State in criminal prosecutions of persons charged with illegal drug usage or possession, and the defense could ask about your personal drug usage in an effort to attack or impeach your credibility.

An illegal use is when it is otherwise not ingested as a prescribed narcotic by a licensed medical practitioner. It is also considered an illegal use when, having received a prescribed narcotic by a licensed medical practitioner, you fail to follow the instructions on the quantity to ingest over periods of time thus taking more than prescribed. Further, ingesting another patient's medication that is not prescribed to you becomes illegal. An example of this type of act is where you may have a headache and another person, who has a prescription of Tylenol 3- with Codeine, gives you one to ingest for your headache.

Let's discuss what we mean by drug usage. By usage we mean the ingestion of drugs into your system. **Ingestion is defined as, but not limited to, snort, inject (needle), smoke, puff, toké, oral, (by pill tab, tasting, consume, or mixed with food or drink), or absorbed into the body by any means.**

You must also explain how you used the drug, if the drug was smoked, snorted, injected, eaten, or used in any other manner, you must explain how it was used.

Now please consider the following chart, explaining if you have used each of the drugs mentioned. If you have never used the particular drug, then check the appropriate NEVER area. Please list only drugs **not prescribed** to you or having been prescribed but used improperly. Prescription drugs of another person's, even though legally prescribed, that you used should be listed.

COMBINE POLICE DEPARTMENT
NARCOTIC USAGE

Drug	Used/When	How Used	Never
THC/Marijuana			
PCP			
LSD			
Peyote			
Mescaline			
Heroin			
Cocaine			
Quaaludes			
Downers			
Tranquilizers			
Amphetamine			
Methamphetamine			
Speed			
Crank			
Crack			
Biphetamine			
Ecstasy/XTC/ICE			
Preludin			
Dilaudid			
Angel dust			
Talwin/PBZ			
Mushrooms(Psilocybin)			
Inhalants			
Glue			
Paint			
Toluene products			
Freon			
Gasoline products			
Designer drugs			
Anabolic steroids			
Rhypnol(date rape drug)			
Others-specify by writing below			

COMBINE POLICE DEPARTMENT
NARCOTICS USAGE

Would you arrest a friend or family member for a drug violation if you were a police officer?

Yes No

Have you ever sold any illegal substance to another person?

Yes No

If Yes, explain: _____

Have you ever given any illegal substance to another person?

Yes No

If yes, explain: _____

Have you ever been involved, in any way, in the manufacturing of an illegal substance?

Yes No

If yes, explain: _____

ALCHOLIC BEVERAGES, BY DEFINITION, IS A NARCOTIC. DEPENDANT UPON SUBJECT MATTER, IT CAN BE CONSIDERED UNLAWFUL TO POSSESS, CONSUMED OR SOLD.

_____ is the number of drinks, per day, that I consume alcoholic beverages. The last time that I consumed an alcoholic beverage is _____

_____ is the number of days, per week, that I consume alcoholic beverages.

_____ is the number of weeks, per month, that I consume alcoholic beverages.

_____ is the number of months, per year, that I consume alcoholic beverages.

Have you ever purchased alcoholic beverages using fake identification card?

Yes No

Have you ever had someone, other than your parents, purchase alcoholic beverages for you because you were to young to make the purchase?

Yes No

Have you ever made alcoholic beverages available to a minor by purchasing or providing it yourself?

Yes No

COMBINE POLICE DEPARTMENT
NARCOTICS USAGE

Have you ever failed to declare your alcoholic beverages that you purchased, in a foreign country, to the U.S. Customs Inspectors? (Regardless if you were later caught)

Yes No

Have you ever transported alcoholic beverages across state lines?

Yes No

If Yes, explain: _____

Have you ever been issued a citation for Minor in Possession of Alcoholic Beverages?

Yes No

If yes, give date and place: _____

Have you ever been late for, or missed, work because of alcoholic use?

Yes No

If yes, explain: _____

Has alcohol ever affected your job performance?

Yes No

If yes, explain: _____

As an adult have you been convicted of DWI?

Yes No

If yes, explain: _____

Have you ever been arrested or detained and released to a responsible party as a result of being determined too intoxicated by a law enforcement officer?

Yes No

If yes, explain: _____

COMBINE POLICE DEPARTMENT
CRIMINAL HISTORY

Have you ever been arrested? Yes No

If yes, list all arresting agencies, dates, charges and status of each:

Have you ever taken, under any circumstances, property that did not belong to you?

Yes No

If yes, explain: _____

Have you ever converted government property for your own use or sold it?

Yes No

If yes, explain: _____

Have you ever been present when someone, friend or relative, committed a crime?

Yes No

If yes, explain: _____

Have you ever entered a house or building (other than your own) without the owner(s) permission?

Yes No

If yes, explain: _____

Have you ever entered a house or building with the intent of hurting someone or stealing property?

Yes NO

If yes, explain: _____

Have you ever committed theft, of any value, from an employer?

Yes No

If yes, explain: _____

Have you ever been accused of theft from your employment?

Yes No

If yes, explain: _____

Have you ever taken a polygraph exam for any reason?

Yes No

If yes, explain: _____

COMBINE POLICE DEPARTMENT
CRIMINAL HISTORY

Have you ever sold or pawned anything that you believed or suspected to be stolen? Yes No
If yes, explain: _____

Have you ever carried, either on your person or in a vehicle, any instrument which could be classified as an illegal weapon? Yes No
If yes, explain: _____

Have you ever had sexual contact with a person 16 years of age or younger since your 19th birthday? Yes No

Have you ever exposed your genitals in a public place? Yes No

Have you ever intentionally set property belonging to you on fire, other than trash, for either personal reasons or for profit? Yes No

Have you ever had or attempted to have a criminal record expunged? Yes No
If yes, explain: _____

Have you ever intentionally set another person's property on fire? Yes No
If yes, explain: _____

Do you know any relatives, friends, or personal contacts that are or have been involved in any type of criminal activity? Yes No
If yes, identify the person, relationship you have with them, and the activity below.

Name	Relationship	Activity

COMBINE POLICE DEPARTMENT
CRIMINAL HISTORY

Have you ever engaged in any sexual contact with an animal or fowl?	Yes	No
Have you ever had forced sexual contact with another person by word or action?	Yes	No
Have you ever engaged in sexual contact while you were at the job?	Yes	No
Have you ever been a member of any street gang or paramilitary organization?	Yes	No
Have you taken part in a riot as a rioter? (Defined as 7 or more persons causing a disruption of the public peace)	Yes	No
Are you aware of any problems that could prevent you from getting this job? If yes, explain: _____	Yes	No
Have you ever been involved in a fight? If yes, explain: _____	Yes	No
Have you ever caused an animal to attack another animal?	Yes	No
Have you ever caused an animal to attack another person?	Yes	No
Have you committed any criminal offense classified as a Felony? If yes, explain: _____	Yes	No
Have you committed any criminal offense classified as a Misdemeanor within the last seven (7) years? If yes, explain: _____	Yes	No
Have you ever been investigated by a law enforcement agency for allegedly committing any crime, Felony or Misdemeanor? If yes, explain: _____	Yes	No

COMBINE POLICE DEPARTMENT
PERSONAL REFERENCES

List five (5) persons you have known for five (5) or more years that can provide current information about you. Do not list relatives or past/present employers. **YOU MUST BE COMPLETE IN ALL AREAS. It is your responsibility, not the Departments to locate and obtain this information. Failing to provide information, such as zip codes, may cause your background investigation process to be inactivated and other applicants to supersede you in the process.**

1. Name : _____ Occupation: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone #: () _____ Work Phone #: _____
Describe your relationship with this person: _____

2. Name : _____ Occupation: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone #: () _____ Work Phone #: _____
Describe your relationship with this person: _____

3. Name : _____ Occupation: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone #: () _____ Work Phone #: _____
Describe your relationship with this person: _____

4. Name : _____ Occupation: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone #: () _____ Work Phone #: _____
Describe your relationship with this person: _____

5. Name : _____ Occupation: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone #: () _____ Work Phone #: _____
Describe your relationship with this person: _____

COMBINE POLICE DEPARTMENT
CLUB/GROUP OR ASSOCIATION MEMBERSHIPS

Official Name of Organization	Type: Social Fraternal, Professional, ETC	Office(s) Held	Date of Memberships TO From

HOBBIES AND SPORTS

Name of Sport/Hobby	Duration	Level of Proficiency

Are there any incidents in your life, not mentioned previously herein, which may reflect upon your stability to perform the duties which you may be called upon to undertake, or which might require additional explanation?

COMBINE POLICE DEPARTMENT
DOCUMENT CHECK-LIST

Photocopy of your driver's license and social security card	Yes	No
Birth Certificate	Yes	No
Marriage Certificate (s)	Yes	No
Divorce Decree (s)	Yes	No
Certified High School Diploma or G.E.D. Certificate (copy)	Yes	No
Certified University/College Diploma (copy)	Yes	No
DD-214 Military separation document (member 4 copy)	Yes	No
Notarized confidential information agreement	Yes	No

COMBINE POLICE DEPARTMENT
OTHER LAW ENFORCEMENT ENTITIES

Have you made an application for employment for any position with this, or any other law enforcement agency? Yes No

If yes, complete the following:

Name of Agency	Date	Status of Application

Why is becoming a Combine Police Officer important to you?

I hereby certify that there are no willful misrepresentations, omissions, or falsifications in this personal history statement. I am fully aware that any such misrepresentations, omissions, falsifications, will be grounds for immediate permanent rejection of my application, or if currently employed with the Department, termination of said employment.

 Printed Name of Applicant

 Date

 Signature of Applicant

SWORN TO AND SUBSCRIBED BEFORE ME, A NOTARY PUBLIC, IN AND FOR THE STATE OF TEXAS, _____ THIS THE _____ DAY OF _____, _____
County Day Month Year

 Notary Public
 My Commission expires _____

Authorization For Release of Information and Waiver

Combine Police Department

KNOWN ALL MEN BY THESE PRESENTS:

I, _____, do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the Combine Police Department, whether the said records are of public, private, or confidential nature. **This authorization is not to include any medically related history or workers' compensation claims.**

The intent of this authorization is to give me consent for full and complete disclosure of the records of educational institutions; employment and pre-employment, including background reports, efficiency ratings, complaints or grievances filed by or against me; and the records and recollections of attorney at law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest, excluding any medical malpractice cases or workers compensation claims.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or part, upon this release authorization will be considered in determining my suitability for employment by the Combine Police Department. I also certify that any person(s) who may furnish such information concerning me shall not be held legally accountable for giving this information in any way; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

A photocopy of this release form will be valid as an original thereof, even though said photocopy does not contain an original writing of my signature.

Signature (including maiden name)

Date of Birth

Address

Social Security Number

City/State/Zip Code

(____)_____
Telephone Number

Subscribed and sworn before me this _____ day of _____, 20__.

Notary Public
My commission expires _____