

Name: _____

Phone #: _____

SWORN PERSONAL HISTORY STATEMENT



The Keller Police Department

Keller Police Department
330 Rufe Snow Dr.
Keller, TX 76248
817-743-4543
www.KellerPD.com

Required Documents

	Attached	N/A	Requested & Expected by:
Copy of Driver's License	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Copy of Birth Certificate / Citizenship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Official High School Transcript / GED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Official College Transcript	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Copy of DD214	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Copy of Social Security Card	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Copy of Automobile Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Copies of divorce decrees / other civil papers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Copies of Police training /certifications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Letters of Recommendation (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____

Instructions

Read these instructions carefully before proceeding

These instructions are provided as a guide to assist you in properly completing your Personal History Statement (PHS). It is essential that all information be accurate. This information will be used to conduct a background investigation that will determine your eligibility for employment.

1. THE PHS MUST BE COMPLETED BY THE APPLICANT. Your PHS, and any additional explanation pages, should be typed or printed legibly in BLACK ink. Do NOT print double-sided. Documents submitted in pencil will be returned as unacceptable.
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.
4. **You** are responsible for obtaining correct information (addresses, email accounts, and telephone numbers, etc.) You must supply all requested information to complete your PHS. If you are not sure of an address, check it by personal verification. All requested information must be supplied by you; the Police Department will not be responsible for acquiring information. However, do not guess at information. If you do not know an answer and you do not know where/how to find it, indicate that on the form.
5. As you complete your PHS, carefully consider each question. It is imperative that you answer each question accurately and thoroughly. Certain responses will prompt you for additional information and you will be required to “explain.” When an explanation is requested, a detailed explanation is required for each instance, no matter how insignificant the event was or how long ago it may have occurred. All responses should be attached in one separate document with the explanations in the same order as addressed in the PHS. You must print your name at the top of each page and you must sign at the bottom of each page. Each response must reference the appropriate section of the Personal History Statement and question number before continuing your answer. (Example: Arrest/Detention, #5: followed by your detailed explanation).
6. An accurate and complete Personal History Statement will expedite your background investigation. You will have ample opportunity to explain any issues that are addressed. Intent to deceive, falsify, mislead, or withhold information will result in disqualification.
7. It is your responsibility to have the Release of Information Waiver (page 3), Credit Inquiry Authorization (page 4), and the Certification Page (page 49) notarized.
8. Please bring your completed Personal History Statement booklet to the Written Exam.
9. Do not submit this document electronically.
10. If you make it to the polygraph portion of the hiring process, this booklet will be used for the examiner to develop questions that will be used to determine if you have been completely and totally truthful in this booklet. Do not falsify, lie, misrepresent, leave out or neglect to mention any information about your background no matter how insignificant you believe it is. You are not expected to be perfect, but you are expected to be honest. **Be completely open and truthful with all your responses.**

Release of Information Agreement and Waiver

City of Keller, Keller Police Department

TO WHOM IT MAY CONCERN: I am, _____, an applicant for a position with the Keller Police Department. The City of Keller needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I applied. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed to the above department.

I hereby authorize any representative of the City of Keller bearing this release to obtain any information in your files pertaining to my employment records, and I hereby direct you to release such information upon request of the bearer. I do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the City of Keller, whether said records are of public, private, or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure. I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation that may provide pertinent data for the City of Keller to consider in determining my suitability for employment in a department. It is my specific intent to provide access to personnel information, however personal or confidential it may appear to be.

I consent to your release of any and all public and private information that you may have concerning me, my work record, my background and reputation, my military service records, educational records, my financial status, my criminal history record, including any arrest records, any information contained in investigatory files, efficiency ratings, complaints or grievances filed by or against me, the records or recollections of attorneys 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, attendance records, polygraph examinations, and any internal affairs investigations and discipline, including any files which are deemed to be confidential, and/or sealed.

I hereby release you, your organization, and all others from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I hereby release you, as the custodian of such records, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I direct you to release such information upon request of the duly accredited representative of the City of Keller regardless of any agreement I may have made with you previously to the contrary. The police organization requesting the information pursuant to this release will discontinue processing my application if you refuse to disclose the information requested.

For and in consideration of the agency's acceptance and processing of my application for employment, I agree to hold the City of Keller, its agents and employees harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the agency to which I am applying. I understand that should information of a serious criminal nature surface, as a result of this investigation, such information may be turned over to the proper authorities.

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access and to disclosure of records, and I waive those rights with the understanding that information furnished will be used by the Keller Police Department and the City of Keller in conjunction with employment procedures.

A photocopy or FAX copy of this release form will be valid, as an original thereof, even though the said photocopy or FAX copy does not contain an original writing of my signature. This waiver is valid for a period of one year from the date of my signature. Should there be any questions as to the validity of this release, you may contact me at the address listed on this form.

I agree to pay any and all charges or fees concerning this request and can be billed for such charges at the address listed on this form.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request.

Signature of Applicant

Telephone Number

Address of Applicant

City

State

Zip Code

Social Security Number of Applicant

Date of Birth of Applicant

Sworn and subscribed before me, a Notary Public, in the county of _____ and for the State of _____ on this, the _____ day of _____, 20_____.

Signature of Notary

My Commission Expires

Printed Name of Notary

Notary Seal

Credit Inquiry Authorization

In Accordance with the Federal Privacy Act and other applicable laws and statues, I hereby authorize any agent of the City of Keller Police Department to make any and all necessary inquiries into my personal credit history. I am aware and do consent that such inquiries will be made through the appropriate Credit Reporting Bureau, and that the report obtained as a result of said inquiry will contain detailed financial information about me. I am also aware, and do further consent and authorize, that such credit information obtained under this authorization will be used to evaluate my candidacy for employment with the City of Keller Police Department.

Printed Name

Signature

Address City State Zip Code

Previous Address City State Zip Code

Social Security Number

Date of Birth

Sworn and subscribed before me, a Notary Public, in the county of _____ and
for the State of _____ on this, the _____ day of _____, 20_____.

Signature of Notary

My Commission Expires

Printed Name of Notary

Notary Seal

Summary of Consumer Rights

Under the FCRA, consumers who are the subject of consumer reports have specific rights, including the right to learn what information about them is in the credit bureau files and the right to dispute inaccurate or incomplete information. In a number of circumstances, including after denial of credit, consumers have a right to a free copy of their credit reports. The summary of consumer rights that the Commission is publishing discusses the major rights that consumers have under the FCRA. The most significant change to the proposed summary is a revised introduction that more clearly informs consumers about the range of parties covered by FCRA, and emphasizes consumer rights under state law. The Commission also added a discussion of (1) the rights provided consumers to add a brief statement to their files when they continue to dispute information that the CRA has investigated and concluded to be accurate, and (2) the right of consumers to have revised reports provided to all recent recipients of information from their files, in response to public comment on the summary.

Personal History Statement

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

State your true and legal name: _____
First, Middle, Last

Other Names Used: _____

Maiden Name: _____

Street Address: _____

City, State and Zip: _____

Home Telephone Number: _____ Work Number: _____

Primary Email: _____

Any Additional Emails (include active and inactive accounts): _____

Cell Phone Number: _____ Other Phone Number: _____

Date of Birth: _____ Sex: Male Female Ethnicity: Hispanic Non-Hispanic

Race: White Black/African American Asian American Indian/Alaska Native
 Native Hawaiian/Other Pacific Islander Two or More Races

Social Security Number: _____ U.S. Citizen: Yes No

Place of Birth (include city, county and state): _____

Drivers License (include number, state of issue and expiration): _____

Concealed Handgun License (include number, state of issue and expiration): _____

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

Identifying Marks: _____

SCARS – describe: _____

TATOOS – description & location: _____

Name by which you prefer to be addressed: _____

Do you have a social networking site? Yes No

List all social networking sites you use: _____

Employment History

Beginning with your present or most recent job, list all jobs you have had, including all part time, temporary, seasonal or volunteer/intern positions. Attach additional pages if necessary. **If you have been terminated or asked to resign, are not eligible for re-hire, or received any type of disciplinary action, explain in detail these circumstances.**

If you need additional pages than those provided in the PHS, print additional pages and insert them in the proper section of the PHS. Ensure you include ALL jobs you have ever held.

1. Employer: _____ Full Part Temp Intern

Address: _____ Phone: _____

Supervisor Name: _____ Supervisor Phone: _____

Email: _____ Eligible for Rehire? Yes No

May we contact your current employer? Yes No

Employment Began: _____ Ended: _____ Pay Rate: _____

Title: _____ Did you receive Performance Evaluations? Yes No

Duties: _____

Reason for Leaving: Resignation Termination Lay-Off

Explain Reason for Leaving: _____

Was Notice Given? Yes No Type of Notice? Verbal Written

Co-Worker: _____ Phone: _____ Email: _____

2. Employer: _____ Full Part Temp Intern

Address: _____ Phone: _____

Supervisor Name: _____ Supervisor Phone: _____

Email: _____ Eligible for Rehire? Yes No

May we contact your current employer? Yes No

Employment Began: _____ Ended: _____ Pay Rate: _____

Title: _____ Did you receive Performance Evaluations? Yes No

Duties: _____

Reason for Leaving: Resignation Termination Lay-Off

Explain Reason for Leaving: _____

Was Notice Given? Yes No Type of Notice? Verbal Written

Co-Worker: _____ Phone: _____ Email: _____

Employment History

If you have been terminated or asked to resign, are not eligible for re-hire, or received any type of disciplinary action, explain in detail these circumstances.

If you need additional pages than those provided in the PHS, print additional pages and insert them in the proper section of the PHS. Ensure you include ALL jobs you have ever held.

3. Employer: _____ Full Part Temp Intern

Address: _____ Phone: _____

Supervisor Name: _____ Supervisor Phone: _____

Email: _____ Eligible for Rehire? Yes No

May we contact your current employer? Yes No

Employment Began: _____ Ended: _____ Pay Rate: _____

Title: _____ Did you receive Performance Evaluations? Yes No

Duties: _____

Reason for Leaving: Resignation Termination Lay-Off

Explain Reason for Leaving: _____

Was Notice Given? Yes No Type of Notice? Verbal Written

Co-Worker: _____ Phone: _____ Email: _____

4. Employer: _____ Full Part Temp Intern

Address: _____ Phone: _____

Supervisor Name: _____ Supervisor Phone: _____

Email: _____ Eligible for Rehire? Yes No

May we contact your current employer? Yes No

Employment Began: _____ Ended: _____ Pay Rate: _____

Title: _____ Did you receive Performance Evaluations? Yes No

Duties: _____

Reason for Leaving: Resignation Termination Lay-Off

Explain Reason for Leaving: _____

Was Notice Given? Yes No Type of Notice? Verbal Written

Co-Worker: _____ Phone: _____ Email: _____

Employment History

If you have been terminated or asked to resign, are not eligible for re-hire, or received any type of disciplinary action, explain in detail these circumstances.

If you need additional pages than those provided in the PHS, print additional pages and insert them in the proper section of the PHS. Ensure you include ALL jobs you have ever held.

5. Employer: _____ Full Part Temp Intern

Address: _____ Phone: _____

Supervisor Name: _____ Supervisor Phone: _____

Email: _____ Eligible for Rehire? Yes No

May we contact your current employer? Yes No

Employment Began: _____ Ended: _____ Pay Rate: _____

Title: _____ Did you receive Performance Evaluations? Yes No

Duties: _____

Reason for Leaving: Resignation Termination Lay-Off

Explain Reason for Leaving: _____

Was Notice Given? Yes No Type of Notice? Verbal Written

Co-Worker: _____ Phone: _____ Email: _____

6. Employer: _____ Full Part Temp Intern

Address: _____ Phone: _____

Supervisor Name: _____ Supervisor Phone: _____

Email: _____ Eligible for Rehire? Yes No

May we contact your current employer? Yes No

Employment Began: _____ Ended: _____ Pay Rate: _____

Title: _____ Did you receive Performance Evaluations? Yes No

Duties: _____

Reason for Leaving: Resignation Termination Lay-Off

Explain Reason for Leaving: _____

Was Notice Given? Yes No Type of Notice? Verbal Written

Co-Worker: _____ Phone: _____ Email: _____

Employment History

IF YOU ANSWER YES TO ANY QUESTION IN THIS SECTION, EXPLAIN.

1. Did you intentionally omit any of your jobs on this Personal History Statement?..... Yes No
2. Do you, on average, miss as much as one day of work per month?..... Yes No
3. Have you ever used sick leave without actually being sick?..... Yes No
4. Have you ever been late or tardy to work for any reason? Yes No
5. In a normal work month, how many times are you late or tardy to work? _____
6. Number of days missed from work during the past year: _____

Note: For the purposes of this Personal History Statement, termination includes being fired, discharged, dismissed, released, let go and other similar terms; disciplinary action includes being reprimanded, counseled (verbally or in writing), or otherwise put on notice to improve your conduct or performance in the workplace.

7. Have you, regardless of whether the matter is or was appealed, regardless of whether the matter is part of your official record, regardless of whether you believe or think that it might not still be in your file:
 - a. Ever been terminated from employment for any reason? Yes No
 - b. Ever resigned in lieu of termination (after being told your employer intended to terminate you)? Yes No
 - c. Ever resigned in lieu of disciplinary action (after being told your employer intended to take disciplinary action against you)? Yes No
 - d. Ever quit because you suspected you were going to be terminated or disciplined? ... Yes No

List all disciplinary action you have EVER received on any job:

e. _____

Check this box if you have NEVER been fired or asked to resign from a job.

8. If you have been terminated, asked to resign from any job, or received discipline on any job complete the following information for each:

Employer: _____ Phone: _____

Address: _____

Date of Employment: _____ thru: _____

Reason for Dismissal or Disciplinary Action: _____

9. While at work and/or during work hours, have you ever:
 - a. Slept? (If not caused by a medical condition recognized by the Americans with Disabilities Act)..... Yes No
 - b. Been involved in any sexual act? Yes No
 - c. Consumed alcohol? Yes No
 - d. Been involved in an act of masturbation? Yes No

Marital and Family History

Check your current status:

Single Engaged Married Divorced Widowed

If you are Engaged:

Name of Fiancée: _____ Date of Birth: _____

Employer: _____ Address: _____

Home Telephone #: _____ Work: _____

Email: _____

If you are Married or Separated:

Spouse's Name: _____ Date of Birth: _____ Date Married: _____

Employer: _____ Address: _____

Telephone # Home: _____ Work: _____

Email: _____

If you are Divorced:

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

Address: _____ Telephone: _____

Date Married: _____ Date Divorced: _____

Court and State where Divorce Decree Issued: _____

If you are Widowed:

Spouse's Name: _____

Date of Birth: _____ Date of Death: _____

Children

List all children related to you or your spouse (Biological / Step / Adopted / Foster).

1. _____ Male Female _____
Name DOB

Address City / State / Zip Custodial Parent or Guardian

Contact Phone Number Email

2. _____ Male Female _____
Name DOB

Address City / State / Zip Custodial Parent or Guardian

Contact Phone Number Email

3. _____ Male Female _____
Name DOB

Address City / State / Zip Custodial Parent or Guardian

Contact Phone Number Email

4. _____ Male Female _____
Name DOB

Address City / State / Zip Custodial Parent or Guardian

Contact Phone Number Email

5. _____ Male Female _____
Name DOB

Address City / State / Zip Custodial Parent or Guardian

Contact Phone Number Email

Add additional pages as needed.

Family Information

List Immediate Family members including those by marriage. If deceased, indicate the year of death.
(Natural/Step/In-Laws - Mother, Father, Brother, Sister).

1. _____
Name Relation DOB

Address City / State / Zip Contact Phone Number Email

2. _____
Name Relation DOB

Address City / State / Zip Contact Phone Number Email

3. _____
Name Relation DOB

Address City / State / Zip Contact Phone Number Email

4. _____
Name Relation DOB

Address City / State / Zip Contact Phone Number Email

5. _____
Name Relation DOB

Address City / State / Zip Contact Phone Number Email

6. _____
Name Relation DOB

Address City / State / Zip Contact Phone Number Email

7. _____
Name Relation DOB

Address City / State / Zip Contact Phone Number Email

Add additional pages as needed.

Residences

List all residences during the last ten years or since age 17. Provide complete addresses (include markers such as Street, Drive, East, West, etc. and unit or apartment number). Do not use PO 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.

1. _____
Current Address City State Zip

From To Property Manager / Owner Contact Number

Address of Property Manager / Owner City / State / Zip Email

Names of those who lived with you at this address. N/A

Reason for moving

2. _____
Former Address City State Zip

From To Property Manager / Owner Contact Number

Address of Property Manager / Owner City / State / Zip Email

Names of those who lived with you at this address. N/A

Reason for moving

3. _____
Former Address City State Zip

From To Property Manager / Owner Contact Number

Address of Property Manager / Owner City / State / Zip Email

Names of those who lived with you at this address. N/A

Reason for moving

Residences

4. _____
Former Address City State Zip

From To Property Manager / Owner Contact Number

Address of Property Manager / Owner City / State / Zip Email

Names of those who lived with you at this address. N/A

Reason for moving

5. _____
Former Address City State Zip

From To Property Manager / Owner Contact Number

Address of Property Manager / Owner City / State / Zip Email

Names of those who lived with you at this address. N/A

Reason for moving

6. _____
Former Address City State Zip

From To Property Manager / Owner Contact Number

Address of Property Manager / Owner City / State / Zip Email

Names of those who lived with you at this address. N/A

Reason for moving

Add additional pages as needed.

Personal, Credit and Marital Information

IF YOU ANSWER YES TO ANY QUESTION IN THIS SECTION, EXPLAIN.

1. Have you intentionally left any relatives' names out of this booklet? Yes No
If yes, explain: _____
2. Are you paying alimony? Yes No
3. Have you ever been order to court for non-payment of alimony or child support? Yes No
If yes, explain: _____
4. Are you in arrears or behind on any required payments to your former spouse or children? Yes No
If yes, explain: _____
5. Have you ever been ordered into court for nonpayment of alimony or child support? Yes No
If yes, explain: _____
6. Have you been married to more than one person at a time? Yes No
If yes, explain: _____
7. Has any member of your family, including step, natural, or in-laws, been arrested, charged or convicted of a crime other than Class C Misdemeanor traffic violations? Yes No
If yes, explain: _____
8. Have you ever been turned over to a collection agency for failing to pay a bill? Yes No
If yes, explain: _____
9. Have you ever filed for bankruptcy? Yes No
If yes, list date filed and date discharged: _____
10. Have you ever been sued or involved in a lawsuit? Yes No
If yes, explain: _____
11. Do you have any suits or claims pending against any city, state, or federal institution? Yes No
If yes, explain: _____
12. Do you owe more money per month than you make per month? Yes No
13. Do you have any credit issues that have not been addressed? Yes No
If yes, explain: _____
14. Since the age of 17, have you ever been evicted from a residence? Yes No
If yes, explain: _____
15. Do you have income other than from your salary or wages?..... Yes No

If yes, explain: _____

16. Have you ever been delinquent on income or other tax payments? Yes No

If yes, explain: _____

17. Have you ever had an employment bond refused? Yes No

If yes, explain: _____

18. Have you ever spent money for illegal purposes (e.g. illegal drugs, prostitution, purchase fraudulent documents, etc.?) Yes No

If yes, explain: _____

19. Have you ever been the subject of an emergency protective, restraining, or stay-away order? Yes No

If yes, explain: _____

20. Have you ever fraudulently received welfare, unemployment compensation, or other state or federal assistance? Yes No

If yes, explain: _____

21. Have you ever filed a false insurance or workers' compensation claim? Yes No

If yes, explain: _____

Military History

1. Have you met the registration requirements for selective service?..... Yes No
 N/A Female Applicant

2. Have you ever been in the military service?..... Yes No

If yes, what branch: _____ Highest Rank: _____

Induction: _____ Position Held: _____

IF YOU ANSWER YES TO ANY QUESTION IN THE SECTION BELOW, EXPLAIN ON SEPARATE SHEET.

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

4. Have you ever been AWOL?..... Yes No

5. Have you ever been the subject of a military investigation?..... Yes No

6. Were you ever disciplined under UCMJ (e.g. Article 15, Capt. Mast, Page 11, N.J.P., Letter of Comment, Letter of Counsel, etc.)?..... Yes No

7. While in the military service, were you ever arrested for an offense which resulted in a trial by Deck Court of Summary, Special or General court martial?..... Yes No

Charge _____ Date _____ Results _____

Charge _____ Date _____ Results _____

8. Were you ever reduced in rank?..... Yes No

9. Were you ever confined to the brig or guardhouse?..... Yes No

10. Were you ever awarded a security clearance?..... Yes No

11. Have you ever violated a government security clearance?..... Yes No

12. Did you ever have an accident while in the military that was not reported?..... Yes No

13. Are you eligible for reenlistment?..... Yes No

14. Do you have any current military obligations?..... Yes No

15. Last duty station and name of Commanding Officer: _____

16. Are you: Active Standby Inactive IRR

Organization/Station/Unit and Location: _____

17. Were you discharged prior to the end of your tour of duty?..... Yes No

18. Type of Discharge: Honorable General Other than Honorable Bad Conduct Dishonorable

Discharge Date: _____

Educational Information

List all high schools, colleges, technological or trade schools you have ever attended regardless of whether you graduated and/or completed the prescribed curriculum. You will be required to furnish transcripts to support all of your educational claims.

If you are listing colleges/universities, and you did not graduate, indicate the number of credit hours you have earned. If you attended a technological or trade school, indicate your course of study and also note if you were awarded a diploma or certificate.

Check highest grade completed: High School Diploma GED
 College: Some College Associate's Bachelor's Master's Ph.D.

Name of School & Location	Dates Attended (From – To)	Credit Hours Earned & GPA	Degree/Major

IF YOU ANSWER YES TO ANY QUESTION IN THE SECTION BELOW, EXPLAIN.

1. Have you ever been expelled from any school you have attended? Yes No
2. Have you ever been placed on academic probation? Yes No

If yes, name of school: _____

3. Have you been involved in any community activities? Yes No

List all: _____

4. Have you received any awards, commendations or special recognition? List all:

5. Have you ever attended a Basic Licensing Course? Yes No

If yes, provide the PID you were assigned: _____

Academy Name: _____ From: _____ To: _____

Location: _____

Name of Training Coordinator: _____ Contact Number: _____

- Did you Graduate? Yes No

Arrest /Detention

IF YOU ANSWER YES TO ANY QUESTION IN THIS SECTION, EXPLAIN.

Explanations in this section must include the date, charge, police agency/city or locality, and penalty.

1. Have you ever been arrested by the police, regardless of the final disposition? Yes No
2. Have you been charged/filed-on with an offense regardless of the disposition? Yes No
3. Have you ever been questioned or detained by the police as part of any police investigation? Yes No
4. Have you ever lied to a police employee when being questioned about any type of criminal activity Yes No
5. Have you ever been present during the commission of a crime? Yes No
6. Have you ever been summoned into court for a criminal offense? Yes No
7. Have you ever been the subject of a Protective Order? Yes No
8. Have you ever collected unemployment or welfare benefits (including food stamps) when you were not entitled to them, or received an "overpayment" which you were required to repay? Yes No

Driving Record

IF YOU ANSWER YES TO ANY QUESTION IN THIS SECTION EXPLAIN.

1. Do you possess a valid driver's license? Yes No

If no, explain: _____

2. Have you ever had a driver's license suspended? Yes No

3. Have you ever knowingly driven a motor vehicle after your driver's license was suspended, or after it had been revoked? Yes No

4. Do you have a valid driver's license in more than one state? Yes No

If yes, State(s) and license number(s): _____

5. Have you ever applied for a driver's license using a fictitious name? Yes No

6. Have you ever been involved in a hit-and-run accident? Yes No

7. Have you ever failed to appear in court for a traffic citation? Yes No

8. Have you ever failed to pay a parking citation? Yes No

9. What Company carries your automobile insurance policy? _____

Address: _____

Policy Number: _____ Expiration Date: _____

10. List all Vehicles you own, possess, and/or that are registered to you:

Year	Make	Color	Model and Body Style	License Number (Include State)

Theft from Employers/Integrity

IF YOU ANSWER YES TO ANY QUESTION IN THIS SECTION, EXPLAIN.

Many people have taken things from a place where they worked, which they did not have permission to take. The items may have been cash, merchandise, or property. You may have simply borrowed one of these items and forgotten to return it, gave merchandise to another person, or padded your expense account. You will have ample opportunity to explain these issues prior to the polygraph examination.

Although these incidents may be minor in nature, your honesty in this area may directly reflect your character in the work environment. Therefore, the Keller Police Department is interested in any incidents of theft or misappropriations from an employer that you may have committed or in which you may have been involved.

1. Have you taken any money from a place of employment (no matter the amount)? Yes No
2. Have you taken any equipment, tools, merchandise or supplies from a place of employment? Yes No

If you answered yes to either of the questions above, list items/amounts below.

ITEM(S) TAKEN	VALUE	DATE	EMPLOYER

- Check this box if you are still in possession of any of the above listed items.
- Check this box if you have **NEVER** taken anything from an employer.

Before going to the next section, be sure you have not failed to list ANY theft from an employer that you may have committed.

Criminal Activity

IF YOU ANSWER YES TO ANY QUESTION IN THIS SECTION, EXPLAIN.

You are applying for a position that requires the trust of the citizens. Consequently, the Keller Police Department is interested in your participation in, or commission of any criminal activity. We realize it would be a rarity for any applicant to answer “no” to all of these questions, so we place a high degree of value on a person’s honesty and integrity in answering the following questions truthfully. If you have committed or participated in any of the acts listed you must check the box indicating participation in the act. Obviously, there are some acts of criminal behavior that may preclude your selection for employment; nonetheless, you must admit those acts to successfully complete the polygraph examination. Prior to your polygraph examination, you will be given ample opportunity to explain your participation in these acts.

Again, be sure to acknowledge participation, commission, arrest, conviction, or questioning for any of the following acts.

1. Any act of unlawfully taking the life of another person? Yes No
2. Any act of unlawfully abducting another person? Yes No
3. Any sexual act after you were seventeen (17) with another person who was less than fifteen (15) year of age? Yes No
(This includes: sexual intercourse, oral sex, anal sex, or touching the genitals, breasts, or anus of another person)
4. Any act, as an adult, of exposing your anus or genitals in public to arouse sexually or gratify yourself or another person? Yes No
5. Any act, as an adult, of assault by physically striking another person, stranger, family members, or others? Yes No
6. Any act, as an adult, of cruelty to any creature or animal which results in harm, injury, or death other than legally licensed sport, hunting or fishing? Yes No
7. Any act of rape or sexual assault, either by force, threats, or injury? Yes No
8. Any act of Family Violence resulting in a court conviction? Yes No
9. Any act involving hurting, harming, or attempting to hurt or harm another person using a firearm, knife, club, or any other deadly weapon? Yes No
10. Any act involving hurting, harming, abusing, striking or injuring any person under the age of fifteen (15) years? Yes No
11. Being married to two or more people at the same time? Yes No
12. Any incestuous act of knowingly inflicting sexual contact or sexual penetration to include sexual intercourse, oral sexual intercourse, or anal sexual intercourse with your natural child, stepchild, or child by adoption; natural grandchild, step-grandchild, or grandchild by adoption; sister, stepsister, brother, stepbrother, niece, nephew, or other family member?..... Yes No
13. Any act involving taking or keeping a child under eighteen (18) years of age out of the state in which the child resides, in violation or a judgment order of a court disposing of the child’s custody? Yes No
14. As an adult, any act involving computer internet searches or chat rooms where sexually oriented material or messaging was viewed or performed involving an individual who identified themselves as a juvenile? (under 17 years of age) Yes No

15. Any act of causing, planning, or starting, or attempting to start, a fire or an explosion to damage or destroy a building, habitation, or vehicle belonging to another person, or a building, habitation, vehicle, or property belonging to you which was insured? Yes No
16. Any act, as an adult, involving the intentional damage or destruction of any property, belonging to another person? Yes No
17. Any act involving the use of a firearm, knife, club, deadly weapon, physical force, threats, or intimidation in order to steal or take property belonging to another person? Yes No
18. Any act involving breaking into a building, habitation, or any portion of a habitation or building in order to take or steal cash, property, or merchandise, or with the intent of committing any other criminal act? Yes No
19. Any act, as an adult, involving breaking into a coin-operated device in order to steal property, merchandise, cash or to obtain services? Yes No
20. Any act, as an adult, involving breaking into or entering a vehicle of any kind, in order to steal any cash, property or merchandise? Yes No
21. Any act, as an adult, involving entering or remaining on the property of another, knowing that you did not have permission of the owner to do so? Yes No
22. Any act, as an adult, which unlawfully deprives an individual of property, cash or merchandise through appropriation, theft, false pretext, theft from a person, shoplifting, swindling, passing a worthless check, embezzlement, extortion, changing price tags, receiving stolen property, unlawfully receiving a service without paying for it or stealing vehicle accessories, walking a check, or any form of theft – including making a false claim to an insurance company? (This does not include previously mentioned thefts from employers) Yes No
23. Any act involving forgery of any writing, document, signature, money, any legal document, license, contract, credit card, check security agreement, will deed, or any deed or trust with the intention to defraud or harm any person or business? Yes No
24. Any act involving stealing a credit card, presenting a credit card to obtain property or services fraudulently, using a credit card without the consent of the person to whom the card was issued, using an expired credit card, using a fictitious credit card or number, using a stolen credit card, any involvement in the manufacture of counterfeit credit cards, buying a credit card, selling a credit card, forging a signature on a credit card receipt or in any way attempting to commit theft or steal from anyone using a credit card? Yes No
25. Any act involving theft of a vehicle, using of a vehicle without the owner’s consent or joyriding in a stolen vehicle? Yes No
26. Any act involving bribing or attempting to bribe any government officer or employee? Yes No
27. Any act involving telling any lie, falsehood or misrepresentation of any act while under oath or on a sworn or notarized document? Yes No
28. Have you ever falsely identified yourself as anyone other than your true identity on any document, including any government document? Yes No
29. Have you ever allowed anyone to use your identification as his/her own? Yes No
30. Any act, as an adult, related to filing a false report to any peace officer or law enforcement employee? Yes No
31. Any act involving impersonating a peace officer, police officer, or law enforcement official? Yes No

32. Any act, as an adult, of impersonating a government official? Yes No
33. Any act involving resisting or interfering with any peace officer in making any arrest or detention of any person, including yourself? Yes No
34. Any act of fleeing from a peace officer, in a motor vehicle or by foot, who is attempting to arrest, detain or question you or another? Yes No
35. Any act, as an adult, involving the production, sale, distribution, promotion or possession with intent to sell any picture, magazine, film, device, tape, book or any other items which depicts any patently offensive sexual acts, including any form of copulation, masturbation, excretory functions, sadism, masochism or lewd exhibition?..... Yes No
36. Any act, as an adult, involving engaging in any sexual act, including intercourse, oral intercourse or sexual contact with the genitals, breasts or anus of another person in return for cash, property, merchandise or anything of value?..... Yes No
37. Any act involving the receipt of compensation or anything of value for any act of prostitution committed by any person, or forcing any person by threat or physical force to commit an act of prostitution?..... Yes No
38. Any act involving the unlawful possession of any explosive device, machine gun, sawed-off shotgun or rifle, armor piercing ammunition or silencer? Yes No
39. Any unlawful act, as an adult, of carrying a pistol, illegal knife, illegally altered weapon, incendiary device or other illegal weapons? Yes No
40. Any act, as an adult, or participation in the promotion of gambling, maintaining or involvement in a gambling place, or the possession of a gambling device, equipment or paraphernalia, excluding dice or cards? Yes No
41. Any act involving any participation in any criminal enterprise or organized activity which seeks to further murder, arson, robbery, burglary, theft, kidnapping, aggravated assault, forgery, gambling, prostitution, promotion or distribution of drugs, promotion or sale of obscene materials or other criminal act?..... Yes No
42. Any act of participation or act that resulted in you being in possession of, receiving, buying or selling any property that was stolen or that you had reason to believe was stolen?..... Yes No
43. Have you ever failed to file or filed a fraudulent income tax return or statement? Yes No
44. Have you ever converted government property to your own use or sold it? Yes No
45. Have you ever failed to pay any local, state, or federal taxes? Yes No
46. Have you ever been indicted by a grand jury? Yes No
47. Have you ever been sentenced or confined in a city, county, state, or federal penal institution or institution for criminally insane? Yes No
48. Do you currently live, reside, or associate with any relatives, friends, or personal contacts involved in any criminal activity? Yes No
49. Have you ever stolen or taken part in a theft of state, city, or commercial utilities? (i.e., water, gas, electric, cable television, etc.) Yes No
50. Have you, or any member of your family (spouse's family), ever been a member of, or associated with:
- a. any criminal organization Yes No

- b. any association that has as its purpose the overthrow of the federal government Yes No
 - c. any street gang or paramilitary organization Yes No
 - d. any group that advocates racial or sexual discrimination Yes No
 - e. any terrorist cell or organization Yes No
51. Have you ever intentionally viewed, transported or received any pornographic material that depicts a child younger than 18 years of age, engaging in sexual conduct? Yes No
 52. As an adult, have you ever accessed a computer, computer software, computer system, or computer network without the effective consent of the owner? Yes No
 53. Have you ever participated in any type of fraud or theft using a computer? Yes No
 54. As an adult, have you ever intentionally or knowingly provided false or misleading information to obtain property or credit for yourself or another?..... Yes No
 55. Have you committed an act of window peeping? Yes No
 56. Have you ever used a computer, the internet or other electronic device to purposefully stalk, harass, threaten or intimidate someone? Yes No
 57. Have you ever attempted to contact another on a computer, mobile phone, or app to have a sexual meeting or encounter? Yes No
 58. Have you ever taken part in an act of civil disobedience? Yes No
 59. Have you ever been a paid or unpaid police informant? Yes No
 60. As an adult, have you taken, or been a party to, any theft involving any property valued at \$100.00 or greater, in the past ten years? Yes No

If you answered yes, the explanation must include the date, location, and value of the item(s) taken for each incident.

61. Check the box if you have ever received:
 - Probation or Community Supervision
 - Deferred Adjudication
 - Final Conviction
 - Jail or Prison

BEFORE CONTINUING ON, BE SURE THAT YOU HAVE LISTED ALL AREAS OF CRIMINAL BEHAVIOR IN WHICH YOU HAD INVOLVEMENT.

Criminal Activity – Illegal Drugs/Sales

IF YOU ANSWER YES TO ANY QUESTION IN THIS SECTION, EXPLAIN.

Participation in the sale of illegal drugs is common in our society. For the purposes of employment, the Keller Police Department treats the sale of each illegal drug differently. In all cases, the Department is concerned with the illegal sale of drugs to another person (with or without profit to you); delivery of illegal drugs to another person; transporting illegal drugs to be sold; trading illegal drugs for anything of value; manufacturing illegal drugs; the cultivation of illegal drugs for anything of value; manufacturing illegal drug plants or in any other way being involved in a transaction involving illegal drugs.

1. Have you ever been involved in the sale or delivery of any controlled substance or illegal drug(s) with or without a profit to you? Yes No
 If yes, explain your *involvement* in detail. _____

2. Have you ever transported any illegal drugs across a state or United States border? Yes No
 3. Have you ever transported any illegal drug as a favor to someone else, or helped in any manner to deliver any illegal drug(s)? Yes No
 4. Have you ever participated in the manufacture of any illegal drug(s) Yes No
 If yes, explain your *involvement* in detail. _____

5. Have you ever cultivated or grown any illegal drug or substance? Yes No

In the space provided below, please list the type and amount of illegal drug sold, transported, manufactured and/or grown; your age at the time, and the number of times you committed these acts.

Type of Drug	Amount of Drug	Age	Number of Times
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

BEFORE CONTINUING, BE SURE THAT YOU HAVE LISTED ALL ILLEGAL DRUG SALES IN WHICH YOU HAD INVOLVEMENT.

Criminal Activity – Illegal Drugs/Possession

IF YOU ANSWER YES TO ANY QUESTION IN THIS SECTION, EXPLAIN.

It is important the Department be aware of your past and current illegal drug usage. As a peace officer you may be called to testify as a witness in a criminal prosecution of an individual charged with illegal drug usage and the defense could ask about your personal drug usage in an effort to attack or impeach your credibility.

By usage we mean the ingestion of drugs into your system. Ingestion is defined as, but not limited to; snort, sniff, inject (needle), smoke, puff, toke, oral (by pill, tab, tasting, or mixed with food or drink), or absorbed into the body by any means. Each separate instance of usage, regardless of quantity consumed, constitutes “one time used.”

Identify exactly when you used a drug. You will be given an opportunity to explain the first date that you used each drug and the last time you used each drug.

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.

When asked to give the maximum number of times that you used the drug, you must give the **ABSOLUTE MAXIMUM NUMBER OF TIMES YOU USED THE DRUG**. For instance, if you have snorted cocaine six times, and you state that you used cocaine five times, you will appear to be deceptive when questioned on the polygraph. If you are not sure how many times you used a drug, then state the absolute maximum number of times you could have used the drug.

On the following page explain your usage of each of the drugs mentioned; the first time (year) you used the drug, the last time (month and year) you used the drug, the maximum number of times you used the drug, and how you used the drug*. If you never used the particular drug, then check the appropriate “NEVER” area.

*** Regardless of whether or not the drug had any effect.**

Criminal Activity – Illegal Drugs/Possession

DRUG	FIRST TIME USED	LAST TIME USED	MAXIMUM TIMES USED	HOW USED	IF NEVER, CHECK HERE
PCP					
Angel Dust					
THC					
Marijuana, Hashish					
LSD, Acid,					
Peyote					
Mescaline					
Heroin, opium					
Cocaine, crack, rock					
Quaaludes					
Downers					
Tranquilizers					
Amphetamines, Meth, Methamphetamines /Speed/Crank					
Biphetamine					
Ecstasy/XTC/Ice					
Ketamine /Special K					
GHB					
Preludin					
Dilaudid					
Talwin/PBZ					
Inhalants (glue/paint)					
Mushrooms, Psilocybin, sherns,					
Designer Drugs					
Anabolic Steroids					
Rohypnol (date rape drug)					
Clickums/Xanbars/Xanax					

1. List any additional drug(s) you have used not listed on previous page: _____

Before continuing, think carefully to insure that you have not forgotten to list any illegal drug usage which you can recall.

- 2. Would you have a problem arresting a friend or family member for a drug violation if you were a police officer? Yes No
- 3. Have you ever used a prescription medication(s) without a valid prescription? Yes No
- 4. Have you ever used a prescription medication(s) prescribed to another person? Yes No
- 5. Have you ever lied to a doctor about symptoms in order to get a prescription? Yes No
- 6. Do you associate or reside with individuals who use illegal drugs and/or abuse medication? Yes No
- 7. Have you ever attempted and/or succeeded in 'getting high' with products such as paint, glue, gasoline, nitrous oxide, etc.? Yes No
- 8. Have you ever caused another person to ingest, drink or otherwise consume an illegal substance without their knowledge? Yes No
- 9. Have you ever been present when someone else was buying, selling or using drugs? .. Yes No

Criminal Activity – Alcohol

IF YOU ANSWER YES TO ANY QUESTION IN THIS SECTION, EXPLAIN.

The legal definition of intoxication is: Not having the normal use of mental or physical faculties by reason of the introduction of alcohol, a controlled substance, a drug, a dangerous drug, a combination of two or more of those substances, or any other substance into the body or having an alcohol concentration of 0.08 or more.

1. Have you provided alcohol to a minor (*under the age of 21*)? Yes No

2. List the number of times in the past five years you have been intoxicated in public.

Number of times: _____

For each incident above, please explain the circumstances in detail and include the following information:

Date and location: _____

Type of drinks (*i.e. beer, wine, liquor*): _____

Number and size of drinks: _____

Time frame of your drinking: _____

Your estimated weight when you were intoxicated in public: _____

3. Have you ever operated a motor vehicle with an open container? Yes No

If yes, explain: _____

4. Have you ever operated a vehicle while under the influence of alcohol or drugs? Yes No

5. How many times in the last five years have you operated any motor vehicle while intoxicated?

Number of times: _____

For each incident above, please explain the circumstances in detail and include the following information:

Date and location: _____

Type of drinks (*i.e. beer, wine, liquor*): _____

Number and size of drinks: _____

Time frame of your drinking: _____

Your estimated weight when you were intoxicated in public: _____

6. As an adult, have you ever been convicted of DWI or DUI? Yes No

If yes, provide a detailed explanation: _____

Prior Law Enforcement Service

IF YOU ANSWER YES TO ANY QUESTION IN THIS SECTION, EXPLAIN.

- Check this box if you **NEVER** served in a position as a sworn or commissioned law enforcement officer, peace officer, sheriff's deputy, or state or federal agent, commissioned reserve officer, detention officer or any other position charged and sworn to uphold the law, including security guard, bouncer or any other security duty. If you check this box, go to the next section of the booklet.
- Check this box if you have prior law enforcement service or security officer service, and please complete the following questions. These questions deal only with your employment as a law enforcement officer or security officer.
1. While employed as a law enforcement officer or security guard, did you ever commit a felony or misdemeanor which would have been punishable by incarceration?..... Yes No
 2. While employed as a law enforcement officer or security guard, have you ever abused a prisoner or violated a prisoner's civil rights?..... Yes No
 3. Have you ever been terminated or asked to resign from a position as a law enforcement or security officer as a result of an internal investigation or allegation of misconduct? Yes No
 4. While employed as a law enforcement officer or security guard, have you ever used any illegal drug or illegally obtained drug?..... Yes No
 5. While employed as a law enforcement officer or security guard, have you ever confiscated a prisoner's property and made use of it?..... Yes No
 6. While employed as a law enforcement officer or security guard, have you ever received any disciplinary action?..... Yes No
 7. Have you ever been formally investigated for misconduct?..... Yes No
 8. While employed as a law enforcement officer or security guard, have you ever received a suspension or any written or verbal reprimands?..... Yes No
 9. While employed as a law enforcement officer or security guard, have you ever falsified anything in a police report? Yes No
 10. While employed as a law enforcement officer or security guard, have you ever used excessive or unnecessary force?..... Yes No
 11. While employed as a law enforcement officer or security guard, have you ever perjured yourself or given false testimony?..... Yes No
 12. While employed as a law enforcement officer or security guard, have you ever:
 - a. Slept on duty?..... Yes No
 - b. Been involved in any sexual act on duty? Yes No
 - c. Been involved in an act of masturbation on duty? Yes No
 - d. Consumed alcohol on duty? Yes No
 13. Have you ever been sued in your capacity as a peace officer in state or federal court?..... Yes No
 14. Have you ever used any position of authority to abuse or mistreat anyone?..... Yes No
 15. Have you ever been placed on a "Brady" or other type of disclosure list used to notify a prosecuting authority of potential impeachment evidence? Yes No

Personal References

List six (6) persons that can provide current information about you; do not list relatives, past/present employers, or acquaintances involved in law enforcement.

1. Name: _____ Occupation: _____
Address: _____ Years Known: _____
Home/ Cell Phone#: _____ Work Phone #: _____
EMAIL: _____ Relationship: _____

2. Name: _____ Occupation: _____
Address: _____ Years Known: _____
Home/ Cell Phone#: _____ Work Phone #: _____
EMAIL: _____ Relationship: _____

3. Name: _____ Occupation: _____
Address: _____ Years Known: _____
Home/ Cell Phone#: _____ Work Phone #: _____
EMAIL: _____ Relationship: _____

4. Name: _____ Occupation: _____
Address: _____ Years Known: _____
Home/ Cell Phone#: _____ Work Phone #: _____
EMAIL: _____ Relationship: _____

5. Name: _____ Occupation: _____
Address: _____ Years Known: _____
Home/ Cell Phone#: _____ Work Phone #: _____
EMAIL: _____ Relationship: _____

6. Name: _____ Occupation: _____
Address: _____ Years Known: _____
Home/ Cell Phone#: _____ Work Phone #: _____
EMAIL: _____ Relationship: _____

List any references who are members of law enforcement agencies.

1. Name: _____ Occupation: _____
 Address: _____ Years Known: _____
 Home/ Cell Phone#: _____ Work Phone #: _____
 EMAIL: _____ Relationship: _____

2. Name: _____ Occupation: _____
 Address: _____ Years Known: _____
 Home/ Cell Phone#: _____ Work Phone #: _____
 EMAIL: _____ Relationship: _____

3. Name: _____ Occupation: _____
 Address: _____ Years Known: _____
 Home/ Cell Phone#: _____ Work Phone #: _____
 EMAIL: _____ Relationship: _____

Hobbies and Sports

Name of Sport	Duration	Level of Proficiency

Memberships in Groups/Associations/Clubs

Official Name of Organization	Type: Social, Fraternal, Professional, etc.	Office(s) Held	Dates of Membership	
			From	To

Nepotism

- Do you or your spouse have a relative currently employed with the Keller Police Department? Yes No

If "Yes", provide Name, Relationship, and Position with the Department: _____

- Do you or your spouse have a relative currently employed with the City of Keller? Yes No

If "Yes", provide Name, Relationship, and Position with the Department: _____

- Police work requires working irregular hours, i.e. evening and night times, weekends, holidays, etc. Please indicate if this would be an issue: Yes No

If "Yes", explain: _____

Integrity

All information in this personal history statement will be verified and evaluated. The information you provided must be true and accurate to include no omissions. Read the questions below carefully and answer.

1. Are there any incidents in your life, not mentioned previously herein, which may reflect upon your suitability to perform the duties which you may be called upon to undertake?

2. Have you deliberately falsified any information in your personal history statement?

3. Have you intentionally left any information out of your personal history statement?

4. How do you feel now that you have completed your personal history statement?

5. Should we believe your answers to the questions and information you provided in your personal history statement?

6. What will you say if it is later determined that you lied, misrepresented, or withheld significant information on this personal history statement?

7. Did you ever discuss or consider the possibility of lying, misrepresenting, or withholding information on this personal history statement?

Certification Page

Please Read

Could you take a human life as a police officer? Yes No

You have now completed the Personal History Statement and polygraph pretest booklet. You should stop for a moment and think about your answers to insure that you have accurately portrayed all of the information that was requested. Should you now recall any information that was requested which you did not place in the booklet, go back and make the correction.

I HEREBY CERTIFY THAT THERE ARE NO WILLFUL MISREPRESENTATIONS, OMISSIONS, OR FALSIFICATIONS IN THIS BOOKLET. I AM FULLY AWARE THAT ANY SUCH MISREPRESENTATIONS, OMISSIONS, OR FALSIFICATIONS WILL BE GROUNDS FOR IMMEDIATE PERMANENT REJECTION OF MY APPLICATION, OR IF CURRENTLY EMPLOYED WITH THE DEPARTMENT, TERMINATION OF SAID EMPLOYMENT.

Signature of Applicant

Date

Sworn and subscribed before me, Notary Public, in and for the State of _____, this the _____ day of _____, _____.

Printed Notary Name

Notary Signature

(Seal)

My Commission expires: _____

(Seal)

Do not submit this document *electronically* to the Police Department. It contains waivers and agreement forms that must be submitted in the original format and be notarized and signed.

Print this document (single-sided print only), do not staple, and bring the completed packet with you to the Written Examination.

FOR YOUR RECORDS. DO NOT TURN IN

Para información en español, visite www.ftc.gov/credit o escriba a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, DC 20580.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, DC 20580.

- You must be told if information in your file has been used against you. Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address and phone number of the agency that provided the information.

- You have the right to know what is in your file. You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:

- A person has taken adverse action against you because of information in your credit report;
- You are the victim of identify theft and place a fraud alert in your file;
- Your file contains inaccurate information as a result of fraud;
- You are on public assistance;
- You are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.

- You have the right to ask for a credit score. Credit scores are numerical summaries of your credit worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

- You have the right to dispute incomplete or inaccurate information. If you identify information in your file that is incomplete or inaccurate and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.

- Consumer reporting agencies must correct or delete inaccurate, incomplete or unverifiable information. Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

- Consumer reporting agencies may not report outdated negative information. In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

- Access to your file is limited. A consumer reporting agency may provide information about you only to people with a valid need - usually to consider an application with a creditor, insurer, employer,

landlord, or other business. The FCRA specifies those with a valid need for access.

- You must give your consent for reports to be provided to employers. A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.ftc.gov/credit.

- You may limit "prescreened" offers of credit and insurance you get based on information in your credit report. Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.

- You may seek damages from violators. If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

- Identify theft victims and active duty military personnel have additional rights. For more information, visit www.ftc.gov/credit.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

TYPE OF BUSINESS:	CONTACT:
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management Mail Stop 6-8 Washington, DC 20219 1-800-613-6743
Federal Reserve System member banks (except national banks and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act of 1921	Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051

**City of Keller Police Department
Physical Fitness Assessment Claims Release**

I, _____, for and in consideration of the opportunity to be considered for employment with the City of Keller Police Department, do hereby release, indemnify, and agree to hold harmless the City of Keller Police Department, their employees, agents and assigns from and against any and all claims, liability, and causes of action which may have accrued, or in the future accrue, to me as a result of my taking of a test to determine my physical fitness. I understand that the physical fitness assessment is required as a part of the application procedure for consideration for employment to the City of Keller Police Department. I acknowledge that during the taking of said test, my physical strength, ability, and condition will be measured and in conjunction therewith, I will be required to exert myself physically, and that such exertion is only intended to measure my physical ability and fitness to determine whether or not I meet the job-related requirements regarding physical fitness to be considered for employment. I voluntarily agree to participate in the said test, and realizing the possible consequences of said test, agree to waive and abandon my claim, cause of action or liability that I may presently have or which I may attain in the future as a result of or with regard to the said test.

Printed Name

Signature

Date

Sworn and subscribed before me, a Notary Public, in the county of _____ and for the State of _____ on this, the _____ day of _____, 20_____.

Signature of Notary

My Commission Expires

Printed Name of Notary

Notary Seal