

Town of Prosper Police Department

PERSONAL HISTORY STATEMENT



NAME:

DATE ISSUED:

COMPLETE AND RETURN BY:



Instructions to the Applicant

Employees are exposed to confidential and law enforcement sensitive information. The information that you provide in this Personal History Statement (PHS) will be used in the background investigation to assist in determining your suitability for a position with the Town of Prosper Police Department.

- It is your responsibility to complete this form and provide all required information.
- Avoid errors by reading the directions carefully before making any entries on the form. Be sure that your information is correct and in proper sequence before you begin.
- All questions should be answered to the best of your ability.
- You are responsible for obtaining complete addresses on all past/present employers, personal references, schools, etc. This includes zip codes, area codes, email addresses, and cellphone numbers. The Prosper Police Department will not be responsible for acquiring this information.
- Do not use all caps, as this will give you decreased space in each field.
- An accurate and complete form is necessary to help expedite the background investigation. An incomplete form will result in automatic removal from the eligibility list. Deliberate omissions or falsifications will result in disqualification.
- You must respond to all items and questions. If a question is not applicable to you, write "N/A" in the space provided for your response.
- If you need more space for any response, use the supplemental information form on the last page of this document. Identify the additional information by referencing the relevant section, page number, and question before continuing the answer.
- You are responsible for furnishing any changes and/or updating your application as needed, such as address or telephone number changes.
- This PHS will be shared as required by the Texas Commission on Law Enforcement (TCOLE) Statutes & Rules Handbook 217.1(b)(12) and, if applicable, with the Law Enforcement Academy chosen to train a non-TCOLE certified employee.
- Upon completing the PHS, re-check each section to ensure that all information requested has been provided or N/A has been entered.
- If you are using a Mac computer, you will need to download Adobe Reader from the Adobe website (www.adobe.com) in order to complete this document. Do not use preview or this document will be rejected. Save the file as a PDF only. Do not use any other format such as Word, .doc, .docx, or .txt files.

Disqualification

There are very few automatic bases for rejection. Even issues of prior misconduct, arrests, or convictions, are usually not, in and of themselves, automatically disqualifying. However, deliberate misstatements or omissions can and often will result in your application being rejected, regardless of the nature or reason for the misstatements/omissions. In fact, the number one reason individuals fail background investigation is because they deliberately withheld or misrepresented job-relevant information from their prospective employer. Incomplete or late applications will be disqualified without further notice.

BOTTOM LINE: You are responsible for providing complete, accurate, and truthful responses.

Self-Declarations

Before you begin to fill out this PHS, please ensure that you meet the following requirements. You must meet all five (5) of these requirements to qualify for licensing as a Peace Officer or Telecommunicator in the State of Texas.

- I am a citizen of the United States of America.
- I have earned a high school diploma, GED, home school diploma, or an honorable discharge from the armed services of the United States of America after at least two years of active service.
- I have never been convicted, pled guilty (nolo contendere), nor have I ever been on court ordered community service/probation, or deferred adjudication for a Class A misdemeanor or a felony.
- During the last ten (10) years, I have not been convicted, pled guilty (nolo contendere), been on community service/probation, or deferred adjudication for a Class B misdemeanor in the State of Texas, another state, or while serving in the military.
- I have never had a military court martial that resulted in a dishonorable or other discharge based on misconduct which bars future military service.

Disclosure of Medically Related Information

In accordance with the United States Americans with Disabilities Act (ADA), the Genetic Information Non-Discrimination Act (GINA), and the State of Texas Fair Employment and Housing Act, applicants are not expected nor required to reveal any medical or other disability related information about themselves or their family members in response to questions found in this document.

Upon successful review of the PHS, the following documents will be requested to advance in the background process:

- Completed and notarized Personal History Statement.
- Copy of your Social Security Card.
- Original certified copy of your birth certificate (No photo copy).
- Copy of your valid Texas driver license or a copy of another State's driver license.
- Copy of your High School diploma, GED certificate, or home-school certificate, or an honorable discharge from the armed forces of the United States after at least 24 months of active service.
- Sealed original certified copy of your college transcript (No photo copy).
- Photocopy of your college diploma.
- Copy of your Peace Officer certificate from your police academy (if applicable).
- Copy of your Texas Peace Officer license and all training certificates awarded to you (if applicable).
- Copy of all DD-214(s) or other proof of military discharge(s) (if applicable).
- If you have served in the military, a completed SF-180 must be submitted or proof of electronic request provided.
- Original certified copy of your Naturalization papers (if applicable).
- Copy of current proof of automobile liability insurance.
- Copy of a TCOLE approved Firearms Qualification within the last 12 months (if applicable).
- Copy of your latest credit report (from any of the three credit bureaus).

This Personal History Statement (PHS) is a government document. There are criminal consequences for lying on government documents.

I have read and I understand the above instructions.

Signature: _____ **Date:** _____

Personal Inquiry Waiver Form Authority to Release Information



To Whom it May Concern:

I hereby authorize the Prosper Police Department and its authorized representatives bearing this release, or a copy thereof, within one year of its date, to obtain any information in your files pertaining to my employment, military, credit, education, medical records, or drug screen results. This is including, but not limited to, academic, achievement, attendance, athletic, personal history, disciplinary records, medical records, psychological, polygraph, police records, and credit records.

I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for official use. Consent is granted to all parties to furnish such information, as described above, to third parties while fulfilling its official duties and responsibilities. I hereby release you, as a custodian of records, and any school, college, university, or other education institution, hospital, or other repository or medical records, credit bureau, lending institution, consumer reporting agency, or retail business establishment including officers, employees, or related personnel, both individually and collectively, from any and all liabilities for damages of whatever kind, which may at any time result to me, my heirs, family, associates because of compliance with this authorization and request information, or attempt to comply with it. I authorize full disclosure of all records concerning myself regardless of any agreement that I may have made with you previously to the contrary, or any statute or policy that may make these records confidential.

Applicant's Printed Full Name:

Address:

Telephone Number:

Applicant's Signature:

Date:

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

Notary Printed Name:

Notary Signature

My Commission expires: _____

(Seal)

PERSONAL HISTORY STATEMENT – Prosper Police Department

(Revised October 2020)

SECTION 1 – PERSONAL

1. YOUR FULL NAME

LAST	FIRST	MIDDLE	SUFFIX (IF APPLICABLE)
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2. OTHER NAMES YOU HAVE USED OR BEEN KNOWN BY

N/A

3. ADDRESS WHERE YOU LIVE

NUMBER / STREET	APT / UNIT
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CITY	STATE	ZIP
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4. MAILING ADDRESS, IF DIFFERENT FROM ABOVE

5. CONTACT NUMBERS

HOME()	WORK()	EXT	OTHER()	<input type="checkbox"/> CELL	<input type="checkbox"/> FAX
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6. CONTACT EMAIL(S)

7. LIST ALL OTHER EMAIL ADDRESSES (SEPARATED BY COMMAS)

Are you legally authorized for permanent employment in the United States?..... Yes No

IF NO, explain fully:

10. BIRTHDATE (MM/DD/YYYY) 11. SOCIAL SECURITY NUMBER 12. DRIVER'S LICENSE

			NUMBER:	STATE:	EXPIRES:
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HEIGHT:	WEIGHT:	HAIR COLOR:	EYE COLOR:
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SECTION 2 - RELATIVES AND REFERENCES

14. IMMEDIATE FAMILY

- Provide all applicable information in the spaces below.
- Mark "Deceased" (if applicable).
- Mark "N/A" if a category is not applicable.
- If more space is needed, continue page 23 – reference corresponding numbers.

14.A Spouse / Registered Domestic Partner

NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP	<input type="checkbox"/> Deceased	<input type="checkbox"/> N/A
HOME PHONE	WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP		
WORK PHONE	CELL PHONE	EMAIL				
DATE OF MARRIAGE/REGISTRATION /		Is there, or has there ever been, a restraining or stay-away order in effect involving you and this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No				

14.B Former Spouse / Former Registered Domestic Partner

NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP	<input type="checkbox"/> Deceased	<input type="checkbox"/> N/A
HOME PHONE	WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP		
WORK PHONE	CELL PHONE	EMAIL				
DATE OF MARRIAGE/REGISTRATION /	DATE OF DISSOLUTION /	Is there, or has there ever been, a restraining or stay-away order in effect involving you and this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No				

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SECTION 2 - RELATIVES AND REFERENCES (Continued)

14.C Parents / Guardians / In-laws

- List **ALL** parents/guardians/in-laws living or deceased, including biological, adoptive, foster, step-parents, etc.
- If more space is needed, continue on page 23 – reference corresponding numbers.

14.C.1 Parent / Guardian / In-law: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step-mother <input type="checkbox"/> Step-father <input type="checkbox"/> In-law <input type="checkbox"/> Other: <input type="checkbox"/> Deceased					
NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
HOME PHONE		WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
WORK PHONE		CELL PHONE	EMAIL		
14.C.2 Parent / Guardian / In-law: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step-mother <input type="checkbox"/> Step-father <input type="checkbox"/> In-law <input type="checkbox"/> Other: <input type="checkbox"/> Deceased					
NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
HOME PHONE		WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
WORK PHONE		CELL PHONE	EMAIL		
14.C.3 Parent / Guardian / In-law: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step-mother <input type="checkbox"/> Step-father <input type="checkbox"/> In-law <input type="checkbox"/> Other: <input type="checkbox"/> Deceased					
NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
HOME PHONE		WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
WORK PHONE		CELL PHONE	EMAIL	CITY	STATE ZIP
14.C.4 Parent / Guardian / In-law: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step-mother <input type="checkbox"/> Step-father <input type="checkbox"/> In-law <input type="checkbox"/> Other: <input type="checkbox"/> Deceased					
NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
HOME PHONE		WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
WORK PHONE		CELL PHONE	EMAIL		
14.C.5 Parent / Guardian / In-law: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step-mother <input type="checkbox"/> Step-father <input type="checkbox"/> In-law <input type="checkbox"/> Other: <input type="checkbox"/> Deceased					
NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
HOME PHONE		WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
WORK PHONE		CELL PHONE	EMAIL		
14.C.6 Parent / Guardian / In-law: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step-mother <input type="checkbox"/> Step-father <input type="checkbox"/> In-law <input type="checkbox"/> Other: <input type="checkbox"/> Deceased					
NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
HOME PHONE		WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
WORK PHONE		CELL PHONE	EMAIL		

Supplemental relatives information included on Page 23

PERSONAL HISTORY STATEMENT – Prosper Police Department

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SECTION 2: RELATIVES AND REFERENCES *continued*

14.D Brothers / Sisters

N/A

- List **ALL LIVING** siblings, including half-siblings, step-siblings, foster-siblings, etc.
- *If more space is needed, continue on page 23 – reference corresponding numbers.*

14.D.1 Sibling: Brother Sister Half-brother Half-sister Other:

NAME	AGE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	HOME PHONE	MAILING ADDRESS (IF DIFFERENT)	CITY	STATE	ZIP
	WORK PHONE	CELL PHONE	EMAIL		

14.D.2 Sibling: Brother Sister Half-brother Half-sister Other:

NAME	AGE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	HOME PHONE	MAILING ADDRESS (IF DIFFERENT)	CITY	STATE	ZIP
	WORK PHONE	CELL PHONE	EMAIL		

14.D.3 Sibling: Brother Sister Half-brother Half-sister Other:

NAME	AGE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	HOME PHONE	MAILING ADDRESS (IF DIFFERENT)	CITY	STATE	ZIP
	WORK PHONE	CELL PHONE	EMAIL		

14.D.4 Sibling: Brother Sister Half-brother Half-sister Other:

NAME	AGE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	HOME PHONE	MAILING ADDRESS (IF DIFFERENT)	CITY	STATE	ZIP
	WORK PHONE	CELL PHONE	EMAIL		

Supplemental relatives information included on Page 23

14.E Children

N/A

- List **ALL LIVING** children, including natural, adopted, step, and/or foster care.
- Include any other children who reside with you.
- Provide the name and contact information of the custodial parent/guardian, if other than you.
- *If more space is needed, continue on page 23 – reference corresponding numbers.*

14.E.1 Child: Son Daughter Other: _____

NAME	AGE	CUSTODIAL PARENT/GUARDIAN (IF OTHER THAN YOU)			
		ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
		CONTACT NUMBER	EMAIL		

PERSONAL HISTORY STATEMENT – Prosper Police Department

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SECTION 2: RELATIVES AND REFERENCES *continued*

14.E.2 Child: Son Daughter Other:

NAME	AGE	CUSTODIAL PARENT/GUARDIAN (IF OTHER THAN YOU)			
		ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
		CONTACT NUMBER	EMAIL		

14.E.3 Child: Son Daughter Other:

NAME	AGE	CUSTODIAL PARENT/GUARDIAN (IF OTHER THAN YOU)			
		ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
		CONTACT NUMBER	EMAIL		

14.E.4 Child: Son Daughter Other:

NAME	AGE	CUSTODIAL PARENT/GUARDIAN (IF OTHER THAN YOU)			
		ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
		CONTACT NUMBER	EMAIL		

Supplemental relatives information included on Page 23

15. List of references

- List **7-10** people who know you well, such as close personal relationships, social and family friends, teachers, military colleagues, and/or co-workers.
- Do **NOT** include relatives, employers, housemates, or any individuals listed elsewhere.
- *If more space is needed, continue on page 23 – reference corresponding numbers.*

15.1	NAME OF REFERENCE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	HOME PHONE	WORK ADDRESS (NUMBER / STREET / SUITE)	CITY	STATE	ZIP
	WORK PHONE	CELL PHONE	EMAIL		
	How do you know this person?			How long have you known this person?	
15.2	NAME OF REFERENCE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	HOME PHONE	WORK ADDRESS (NUMBER / STREET / SUITE)	CITY	STATE	ZIP
	WORK PHONE	CELL PHONE	EMAIL		
	How do you know this person?			How long have you known this person?	
15.3	NAME OF REFERENCE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	HOME PHONE	WORK ADDRESS (NUMBER / STREET / SUITE)	CITY	STATE	ZIP
	WORK PHONE	CELL PHONE	EMAIL		
	How do you know this person?			How long have you known this person?	

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SECTION 2: RELATIVES AND REFERENCES *continued*

15.4	NAME OF REFERENCE		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP	
		HOME PHONE	WORK ADDRESS (NUMBER / STREET / SUITE)		CITY	STATE	ZIP	
		WORK PHONE	CELL PHONE	EMAIL				
		How do you know this person?				How long have you known this person?		
15.5	NAME OF REFERENCE		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP	
		HOME PHONE	WORK ADDRESS (NUMBER / STREET / SUITE)		CITY	STATE	ZIP	
		WORK PHONE	CELL PHONE	EMAIL				
		How do you know this person?				How long have you known this person?		
15.6	NAME OF REFERENCE		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP	
		HOME PHONE	WORK ADDRESS (NUMBER / STREET / SUITE)		CITY	STATE	ZIP	
		WORK PHONE	CELL PHONE	EMAIL				
		How do you know this person?				How long have you known this person?		
15.7	NAME OF REFERENCE		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP	
		HOME PHONE	WORK ADDRESS (NUMBER / STREET / SUITE)		CITY	STATE	ZIP	
		WORK PHONE	CELL PHONE	EMAIL				
		How do you know this person?				How long have you known this person?		
15.8	NAME OF REFERENCE		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP	
		HOME PHONE	WORK ADDRESS (NUMBER / STREET / SUITE)		CITY	STATE	ZIP	
		WORK PHONE	CELL PHONE	EMAIL				
		How do you know this person?				How long have you known this person?		
15.9	NAME OF REFERENCE		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP	
		HOME PHONE	WORK ADDRESS (NUMBER / STREET / SUITE)		CITY	STATE	ZIP	
		WORK PHONE	CELL PHONE	EMAIL				
		How do you know this person?				How long have you known this person?		
15.10	NAME OF REFERENCE		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP	
		HOME PHONE	WORK ADDRESS (NUMBER / STREET / SUITE)		CITY	STATE	ZIP	
		WORK PHONE	CELL PHONE	EMAIL				
		How do you know this person?				How long have you known this person?		

Supplemental references information included on Page 23

PERSONAL HISTORY STATEMENT – Prosper Police Department

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SECTION 3: EDUCATION

- **NOTE: You may be required to furnish transcripts or other proof to support all of your educational claims in Section 3.**
- *If more space is needed, continue your response on page 23.*

16. Do you have a high school diploma, High School Equivalency Certificate, or California High School Proficiency Certificate? Yes No

17. LIST HIGH SCHOOL(S) ATTENDED

17.1	NAME OF HIGH SCHOOL	FROM (MM/YYYY)	TO (MM/YYYY)	DID YOU GRADUATE?
	ADDRESS (NUMBER / STREET)	CITY	/	<input type="checkbox"/> Yes <input type="checkbox"/> No STATE
17.2	NAME OF HIGH SCHOOL	FROM (MM/YYYY)	TO (MM/YYYY)	DID YOU GRADUATE?
	ADDRESS (NUMBER / STREET)	CITY	/	<input type="checkbox"/> Yes <input type="checkbox"/> No STATE

18. LIST ALL COLLEGES AND UNIVERSITIES ATTENDED

18.1	NAME OF COLLEGE/UNIVERSITY	FROM (MM/YYYY)	TO (MM/YYYY)	TOTAL UNITS COMPLETED
	ADDRESS (NUMBER / STREET)	/	/	<input type="checkbox"/> QTR SYSTEM <input type="checkbox"/> SEM SYSTEM
	CITY	STATE	ZIP	DEGREE EARNED <input type="checkbox"/> YES <input type="checkbox"/> NO TYPE: MAJOR / AREA OF STUDY
18.2	NAME OF COLLEGE/UNIVERSITY	FROM (MM/YYYY)	TO (MM/YYYY)	TOTAL UNITS COMPLETED
	ADDRESS (NUMBER / STREET)	/	/	<input type="checkbox"/> QTR SYSTEM <input type="checkbox"/> SEM SYSTEM
	CITY	STATE	ZIP	DEGREE EARNED <input type="checkbox"/> YES <input type="checkbox"/> NO TYPE: MAJOR / AREA OF STUDY
18.3	NAME OF COLLEGE/UNIVERSITY	FROM (MM/YYYY)	TO (MM/YYYY)	TOTAL UNITS COMPLETED
	ADDRESS (NUMBER / STREET)	/	/	<input type="checkbox"/> QTR SYSTEM <input type="checkbox"/> SEM SYSTEM
	CITY	STATE	ZIP	DEGREE EARNED <input type="checkbox"/> YES <input type="checkbox"/> NO TYPE: MAJOR / AREA OF STUDY

19. LIST ALL TRADE, VOCATIONAL, AND BUSINESS SCHOOLS / INSTITUTES ATTENDED

19.1	NAME OF TRADE, VOCATIONAL, OR BUSINESS SCHOOL/INSTITUTE	FROM (MM/YYYY)	TO (MM/YYYY)	DID YOU COMPLETE THE COURSE?
	CITY	STATE	TYPE OF SCHOOL OR TRAINING	<input type="checkbox"/> Yes <input type="checkbox"/> No

Supplemental education information included on Page 23

LIST ALL POST BASIC COURSES ATTENDED

20. Have you ever taken a (Arrest and/or Firearms) Course? <input type="checkbox"/> Yes <input type="checkbox"/> No		
IF YES, provide the following information:		
	A. COURSE PRESENTER NAME	LOCATION (CITY / STATE)
	B. COURSE COMPLETION Did you successfully complete the course? <input type="checkbox"/> Yes <input type="checkbox"/> No	COMPLETION DATE (MM/YYYY) /

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SECTION 3: EDUCATION *continued*

21. Have you ever attended a Basic Course / Academy: Regular, Modular, Specialized Investigator, Reserve, or Dispatcher? Yes No

IF YES, provide the following information:

21.1	NAME OF COURSE PRESENTER/ACADEMY	FROM (MM/YYYY)	TO (MM/YYYY)	DID YOU PASS/GRADUATE?
	LOCATION (CITY / STATE)	NAME OF TRAINING OFFICER / ACADEMY COORDINATOR	/	<input type="checkbox"/> Yes <input type="checkbox"/> No
21.2	NAME OF COURSE PRESENTER/ACADEMY	FROM (MM/YYYY)	TO (MM/YYYY)	DID YOU PASS/GRADUATE?
	LOCATION (CITY / STATE)	NAME OF TRAINING OFFICER / ACADEMY COORDINATOR	/	<input type="checkbox"/> Yes <input type="checkbox"/> No

Supplemental POST basic courses information included on Page 23

22. Have you ever been subject to any disciplinary action, including academic probation, civil fine, suspension, or expulsion from any high school, college/university, business, trade school, or Basic course / academy? Yes No

If yes, describe in detail below. Starting with high school, list any and all disciplinary actions received in any school, educational institution, or Basic course. Include when the disciplinary action(s) occurred, name of school(s) / academy, and explanation of circumstances.

23. Since the age of 18, have you cheated on an exam, or assisted another person in cheating on an exam, or participated in cheating on any Basic academy exam? Yes No

If yes, explain the circumstances.

SECTION 4: RESIDENCE HISTORY

24. LIST OF RESIDENCES

- List all residences **during the last 10 years or since age 15**.
- Provide **complete** addresses (include markers such as Street, Drive, Road, East, West, etc., and unit/apt/dormitory). 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 more space is needed, continue your response on page 23.*

24.1	ADDRESS WHERE YOU NOW LIVE (NUMBER / STREET / APT)				FROM (MM/YYYY)	TO (MM/YYYY)
				/	Present	
	CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER NAME		
	MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT / PO BOX)				CONTACT NUMBER	
	CITY	STATE	ZIP	EMAIL		
Name(s) of those with whom you live:						

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SECTION 4: RESIDENCE HISTORY *continued*

24.2	FORMER ADDRESS (NUMBER / STREET / APT)				FROM (MM/YYYY)	TO (MM/YYYY)	
				/	/		
	CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER NAME			
	MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT / PO BOX)				CONTACT NUMBER		
	CITY	STATE	ZIP	EMAIL			
	Name(s) of those with whom you lived:						
	Reason for moving:						
24.3	FORMER ADDRESS (NUMBER / STREET / APT)				FROM (MM/YYYY)	TO (MM/YYYY)	
				/	/		
	CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER NAME			
	MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT / PO BOX)				CONTACT NUMBER		
	CITY	STATE	ZIP	EMAIL			
	Name(s) of those with whom you lived:						
	Reason for moving:						
	24.4	FORMER ADDRESS (NUMBER / STREET / APT)				FROM (MM/YYYY)	TO (MM/YYYY)
					/	/	
		CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER NAME		
MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT / PO BOX)				CONTACT NUMBER			
CITY		STATE	ZIP	EMAIL			
	Name(s) of those with whom you lived:						
	Reason for moving:						
	24.5	FORMER ADDRESS (NUMBER / STREET / APT)				FROM (MM/YYYY)	TO (MM/YYYY)
					/	/	
		CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER NAME		
MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT / PO BOX)				CONTACT NUMBER			
CITY		STATE	ZIP	EMAIL			
	Name(s) of those with whom you lived:						
	Reason for moving:						

Supplemental residence information included on Page 23

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SECTION 4: RESIDENCE HISTORY *continued*

25. LIST OF HOUSEMATES

- Provide contact information for all housemates listed in **Question 24** with whom you have resided **during the past 10 years or since age 15**.
- Do **NOT** list anyone for whom you have already provided contact information.
- If more space is needed, continue your response on page 23.*

25.1	NAME OF HOUSEMATE		CONTACT NUMBER		
	CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)		CITY	STATE	ZIP
	NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)		EMAIL		
25.2	NAME OF HOUSEMATE		CONTACT NUMBER		
	CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)		CITY	STATE	ZIP
	NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)		EMAIL		
25.3	NAME OF HOUSEMATE		CONTACT NUMBER		
	CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)		CITY	STATE	ZIP
	NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)		EMAIL		
25.4	NAME OF HOUSEMATE		CONTACT NUMBER		
	CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)		CITY	STATE	ZIP
	NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)		EMAIL		
25.5	NAME OF HOUSEMATE		CONTACT NUMBER		
	CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)		CITY	STATE	ZIP
	NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)		EMAIL		
25.6	NAME OF HOUSEMATE		CONTACT NUMBER		
	CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)		CITY	STATE	ZIP
	NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)		EMAIL		

Supplemental housemate information included on Page 23

26. Have you ever been evicted or asked to leave a residence?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
27. Have you ever left a residence owing rent, utilities, or other household expenses?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If yes to **Questions 26 and/or 27**, explain (include when, where, and circumstances):

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SECTION 5: EXPERIENCE AND EMPLOYMENT

28. JOB EXPERIENCE

- List **ALL** jobs you have had **within the past ten years**, including part-time, temporary, self-employment, and volunteer. (Begin with your current or most recent.)
- If you have military experience, including reserve duty, enter your military base, assignments, or unit of assignment.
- List **ALL** periods of unemployment in **excess of 30 days**.
- *If more space is needed, continue your response on page 23.*

28.1	NAME OF CURRENT EMPLOYER OR MILITARY UNIT			FROM (MM/YYYY)	TO (MM/YYYY)		
				/	/		
ADDRESS (NUMBER / STREET / SUITE / OR MILITARY BASE)			CONTACT NUMBER	EXT			
CITY			STATE	ZIP	EMAIL		
JOB TITLE / RANK			TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)				
			<input type="checkbox"/> FT	<input type="checkbox"/> PT	<input type="checkbox"/> Temp	<input type="checkbox"/> Self-employed	<input type="checkbox"/> Volunteer
DUTIES / ASSIGNMENTS			REASON FOR WANTING TO LEAVE				
DIRECT SUPERVISOR		CONTACT NUMBER	EXT.	EMAIL			
NAMES OF CO-WORKERS		CONTACT NUMBER	EXT.	EMAIL			
1)							
2)							
Would there be a problem if we contact your current employer?					<input type="checkbox"/> Yes <input type="checkbox"/> No		
IF YES, explain:							
28.2	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)			FROM (MM/YYYY)	TO (MM/YYYY)		
	<input type="checkbox"/> Student	<input type="checkbox"/> Between jobs	<input type="checkbox"/> Leave of absence	<input type="checkbox"/> Travel	<input type="checkbox"/> Other: _____	/	
					/		
					/		
28.3	NAME OF EMPLOYER OR MILITARY UNIT			FROM (MM/YYYY)	TO (MM/YYYY)		
				/	/		
ADDRESS (NUMBER / STREET / SUITE / OR MILITARY BASE)			CONTACT NUMBER	EXT			
CITY			STATE	ZIP	EMAIL		
JOB TITLE / RANK			TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)				
			<input type="checkbox"/> FT	<input type="checkbox"/> PT	<input type="checkbox"/> Temp	<input type="checkbox"/> Self-employed	<input type="checkbox"/> Volunteer
DUTIES / ASSIGNMENTS			REASON FOR LEAVING				
DIRECT SUPERVISOR		CONTACT NUMBER	EXT.	EMAIL			
NAMES OF CO-WORKERS		CONTACT NUMBER	EXT.	EMAIL			
1)							
2)							
28.4	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)			FROM (MM/YYYY)	TO (MM/YYYY)		
	<input type="checkbox"/> Student	<input type="checkbox"/> Between jobs	<input type="checkbox"/> Leave of absence	<input type="checkbox"/> Travel	<input type="checkbox"/> Other: _____	/	
					/		
					/		

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SECTION 5: EXPERIENCE AND EMPLOYMENT

28.5	NAME OF EMPLOYER OR MILITARY UNIT				FROM (MM/YYYY)	TO (MM/YYYY)			
					/	/			
ADDRESS (NUMBER / STREET / SUITE / OR MILITARY BASE)					CONTACT NUMBER	EXT			
CITY STATE ZIP					EMAIL				
JOB TITLE / RANK					TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)				
					<input type="checkbox"/> FT	<input type="checkbox"/> PT	<input type="checkbox"/> Temp	<input type="checkbox"/> Self-employed	<input type="checkbox"/> Volunteer
DUTIES / ASSIGNMENTS					REASON FOR LEAVING				
DIRECT SUPERVISOR		CONTACT NUMBER	EXT.	EMAIL					
NAMES OF CO-WORKERS		CONTACT NUMBER	EXT.	EMAIL					
1)									
2)									
28.6	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)					FROM (MM/YYYY)	TO (MM/YYYY)		
	<input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other: _____					/	/		
28.7	NAME OF EMPLOYER OR MILITARY UNIT					FROM (MM/YYYY)	TO (MM/YYYY)		
						/	/		
ADDRESS (NUMBER / STREET / SUITE / OR MILITARY BASE)					CONTACT NUMBER	EXT			
CITY STATE ZIP					EMAIL				
JOB TITLE / RANK					TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)				
					<input type="checkbox"/> FT	<input type="checkbox"/> PT	<input type="checkbox"/> Temp	<input type="checkbox"/> Self-employed	<input type="checkbox"/> Volunteer
DUTIES / ASSIGNMENTS					REASON FOR LEAVING				
DIRECT SUPERVISOR		CONTACT NUMBER	EXT.	EMAIL					
NAMES OF CO-WORKERS		CONTACT NUMBER	EXT.	EMAIL					
1)									
2)									
28.8	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)					FROM (MM/YYYY)	TO (MM/YYYY)		
	<input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other: _____					/	/		
28.9	NAME OF EMPLOYER OR MILITARY UNIT					FROM (MM/YYYY)	TO (MM/YYYY)		
						/	/		
ADDRESS (NUMBER / STREET / SUITE / OR MILITARY BASE)					CONTACT NUMBER	EXT			
CITY STATE ZIP					EMAIL				
JOB TITLE / RANK					TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)				
					<input type="checkbox"/> FT	<input type="checkbox"/> PT	<input type="checkbox"/> Temp	<input type="checkbox"/> Self-employed	<input type="checkbox"/> Volunteer
DUTIES / ASSIGNMENTS					REASON FOR LEAVING				
DIRECT SUPERVISOR		CONTACT NUMBER	EXT.	EMAIL					
NAMES OF CO-WORKERS		CONTACT NUMBER	EXT.	EMAIL					
1)									
2)									
28.10	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)					FROM (MM/YYYY)	TO (MM/YYYY)		
	<input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other: _____					/	/		

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SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

28.11	NAME OF EMPLOYER OR MILITARY UNIT			FROM (MM/YYYY)	TO (MM/YYYY)			
				/	/			
ADDRESS (NUMBER / STREET / SUITE / OR MILITARY BASE)				CONTACT NUMBER	EXT			
CITY				STATE	ZIP			
JOB TITLE / RANK				TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)				
				<input type="checkbox"/> FT	<input type="checkbox"/> PT	<input type="checkbox"/> Temp	<input type="checkbox"/> Self-employed	<input type="checkbox"/> Volunteer
DUTIES / ASSIGNMENTS				REASON FOR LEAVING				
DIRECT SUPERVISOR		CONTACT NUMBER	EXT.	EMAIL				
NAMES OF CO-WORKERS		CONTACT NUMBER	EXT.	EMAIL				
1)								
2)								
28.12	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)				FROM (MM/YYYY)	TO (MM/YYYY)		
	<input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other: _____				/	/		
28.13	NAME OF EMPLOYER OR MILITARY UNIT				FROM (MM/YYYY)	TO (MM/YYYY)		
					/	/		
ADDRESS (NUMBER / STREET / SUITE / OR MILITARY BASE)				CONTACT NUMBER	EXT			
CITY				STATE	ZIP			
JOB TITLE / RANK				TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)				
				<input type="checkbox"/> FT	<input type="checkbox"/> PT	<input type="checkbox"/> Temp	<input type="checkbox"/> Self-employed	<input type="checkbox"/> Volunteer
DUTIES / ASSIGNMENTS				REASON FOR LEAVING				
DIRECT SUPERVISOR		CONTACT NUMBER	EXT.	EMAIL				
NAMES OF CO-WORKERS		CONTACT NUMBER	EXT.	EMAIL				
1)								
2)								
28.14	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)				FROM (MM/YYYY)	TO (MM/YYYY)		
	<input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other: _____				/	/		
<i>Supplemental employment information included on Page 23</i> <input type="checkbox"/>								
29. Have you ever been disciplined at work? (This includes written warnings, formal letters of counseling, reprimands, suspensions, reductions in pay, reassignments, or demotions.) <input type="checkbox"/> Yes <input type="checkbox"/> No								
30. Have you ever been fired, released from probation, or asked to resign from any place of employment? <input type="checkbox"/> Yes <input type="checkbox"/> No								
31. Were you ever involved in a physical/verbal altercation with a supervisor, co-worker, or customer? <input type="checkbox"/> Yes <input type="checkbox"/> No								
32. Have you ever quit without giving proper notice? <input type="checkbox"/> Yes <input type="checkbox"/> No								
33. Have you ever resigned in lieu of termination? <input type="checkbox"/> Yes <input type="checkbox"/> No								
34. Have you ever been accused of discrimination (such as sexual harassment, racial bias, sexual orientation harassment, etc.) by a co-worker, superior, subordinate or customer? <input type="checkbox"/> Yes <input type="checkbox"/> No								
35. Were you ever the subject of a written complaint at work that resulted in disciplinary action against you? <input type="checkbox"/> Yes <input type="checkbox"/> No								
36. Have you ever been counseled at work due to lateness or absences? <input type="checkbox"/> Yes <input type="checkbox"/> No								
37. Did you ever receive an unsatisfactory performance review? <input type="checkbox"/> Yes <input type="checkbox"/> No								

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SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

38. Have you ever sold, released, or given away legally confidential information? Yes No

39. Have you ever called in sick when you were neither sick nor caring for a sick family member? Yes No

IF YES, how many sick days have you used in the past five years which were not due to illness? _____ Days

40. While working (i.e. on duty), have you ever sent photographs of yourself or others, showing nudity or depicting sexual acts, to co-workers or other persons without prior authorization and/or consent? **Note: Do not include lawful exchange of investigative content and/or evidence pursuant to official law enforcement investigations.** Yes No

If you answered "YES" to any of **Questions 29–40**, explain (include when, where, and circumstances – reference corresponding numbers).

Supplemental employment information included on Page 23

41. *In the past three years*, have you missed days or been late to work due to drug or alcohol consumption? Yes No
If yes, how often? _____

42. Has your work performance ever been affected by your use of alcohol or drugs? Yes No
If yes, when? _____ Name of employer: _____

43. *In the past three years*, have you been warned by an employer about your drinking or drug habits and their impact on your performance? Yes No
If yes, when? _____ Name of employer: _____

44. Have you **ever** applied for **any** position at this or any other law enforcement agency (city, county, state, or federal)? Yes No

- If you answered "YES" to **Question 44**, list **EVERY** agency you have applied to, **starting with the most recent**.
- Give complete and accurate addresses.
- **All agencies MUST be listed regardless of the outcome or current status. Check all boxes that apply for each agency.**
- *If more space is needed, continue your response on page 23.*

44.1	NAME OF LAW ENFORCEMENT AGENCY			DATE APPLIED (MM/YYYY)	
				/	
ADDRESS (NUMBER / STREET)			BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)		
CITY		STATE	ZIP	CONTACT NUMBER	EXT
POSITION APPLIED FOR		EMAIL			
CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:					
STEP: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical Ability <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chief's Oral <input type="checkbox"/> Conditional Offer					
STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On Eligibility List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified <input type="checkbox"/> List Expired <input type="checkbox"/> Other (explain) _____					
44.2	NAME OF LAW ENFORCEMENT AGENCY			DATE APPLIED (MM/YYYY)	
				/	
ADDRESS (NUMBER / STREET)			BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)		
CITY		STATE	ZIP	CONTACT NUMBER	EXT
POSITION APPLIED FOR		EMAIL			
CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:					
STEP: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical Ability <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chief's Oral <input type="checkbox"/> Conditional Offer					
STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On Eligibility List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified <input type="checkbox"/> List Expired <input type="checkbox"/> Other (explain) _____					

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SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

44.3	NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MM/YYYY)
					/
ADDRESS (NUMBER / STREET)				BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)	
CITY		STATE	ZIP	CONTACT NUMBER	EXT
POSITION APPLIED FOR		EMAIL			
CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:					
STEP: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical Ability <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chief's Oral <input type="checkbox"/> Conditional Offer					
STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On Eligibility List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified <input type="checkbox"/> List Expired <input type="checkbox"/> Other (explain) _____					
44.4	NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MM/YYYY)
					/
ADDRESS (NUMBER / STREET)				BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)	
CITY		STATE	ZIP	CONTACT NUMBER	EXT
POSITION APPLIED FOR		EMAIL			
CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:					
STEP: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical Ability <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chief's Oral <input type="checkbox"/> Conditional Offer					
STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On Eligibility List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified <input type="checkbox"/> List Expired <input type="checkbox"/> Other (explain) _____					

Supplemental employment information is included on Page 23

SECTION 6: MILITARY EXPERIENCE

45.	Are you required to register for the Selective Service?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
IF YES, have you registered?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
IF NO, explain: _____			
46.	Have you ever served in the military?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
47.	If you answered "YES" to Question 46, include the following service information:		
BRANCH OF SERVICE		FROM (MM/YYYY)	TO (MM/YYYY)
		/	/
TYPE OF DISCHARGE			
<input type="checkbox"/> Entry Level <input type="checkbox"/> Honorable <input type="checkbox"/> General <input type="checkbox"/> OTH (Other than Honorable) <input type="checkbox"/> Bad Conduct <input type="checkbox"/> Dishonorable			
Re-entry Code (1-4) if applicable – refer to your DD-214: _____			
48.	Are you currently participating in one of the following?		
<input type="checkbox"/> Military Reserve <input type="checkbox"/> National Guard IF CHECKED, date obligation ends (MM/DD/YY): _____			
49.	Have you ever been the subject of any judicial or non-judicial disciplinary action (such as, court martial, captain's mast, office hours, company punishment)?		
<input type="checkbox"/> Yes		<input type="checkbox"/> No	
50.	Were you ever denied a security clearance, or had a clearance revoked, suspended, or downgraded?		
<input type="checkbox"/> Yes		<input type="checkbox"/> No	
51.	Have you ever taken military property without permission for personal use, to sell, or to give away?		
<input type="checkbox"/> Yes		<input type="checkbox"/> No	
If you answered "YES" to any of Questions 49–51 explain (include dates and circumstances).			
<hr/> <hr/> <hr/>			

Supplemental military information included on Page 23

PERSONAL HISTORY STATEMENT – Prosper Police Department

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SECTION 7: FINANCIAL

52. INCOME AND EXPENSES

- For each of the following questions **(52A and B)**, fill in the amounts to the nearest dollar.
- For **Question 52A**: Provide your ***total*** monthly disposable income. Include money from investments, rental income, alimony, side businesses, etc.
- For **Question 52B**: Estimate your monthly living expenses. Include housing, utilities, credit cards or other loan payments, food, gas and car maintenance, entertainment, etc., as well as any other obligations you may have.

A) What is your total monthly disposable income?..... \$ _____ per month

B) How much do you generally spend each month \$ _____ per month

53. Have you ever filed for or declared bankruptcy (Chapter 7, 11 or 13)? Yes No

54. Have any of your bills ever been turned over to a collection agency? Yes No

55. Have you ever had purchased goods repossessed? Yes No

56. Have your wages ever been garnished? Yes No

57. Have you ever been delinquent on income or other tax payments?

58. Have you ever failed to file income tax or cheated/lied on an income tax form? Yes No

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

60. Have you ever avoided paying any lawful debt by moving away? Yes No

61. Have you ever defaulted on (failed to pay) a loan? Yes No

62. Have you ever borrowed money to pay for a gambling debt? Yes No

IF YES, do you currently have any outstanding debts as a result of gambling? Yes No

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

64. Have you ever failed to make or been late on a court-ordered payment (e.g., child support, alimony, restitution, etc.)? Yes No

If you answered "YES" to any of **Questions 53–65**, explain (include when, where, and why – reference corresponding numbers).

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► Disclosure of Arrests and Convictions

- If you are applying for a position at a criminal justice agency, you are required to report detentions, arrests, and convictions (, except where sealed or expunged by law. **It is recommended that you consult with an attorney if you have any questions regarding disclosure.**
- *If more space is needed, continue your response on page 23.*

66. Have you ever been convicted of, detained by law enforcement for investigation, arrested, indicted, or charged with any misdemeanor or felony offense in this state or any other legal jurisdiction (including offenses in the Uniform Code of Military Justice)?

Yes No

IF YES, explain each incident:

	CHARGE	APPROX DATE (MM/YYYY)	ARRESTING OR DETAINING AGENCY
66.1		/	
	DISPOSITION OR PENALTY		
66.2	CHARGE	APPROX DATE (MM/YYYY)	ARRESTING OR DETAINING AGENCY
		/	
	DISPOSITION OR PENALTY		

Supplemental disclosure information included on Page 23

67. Have you ever been placed on court probation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
68. Were you ever required to appear before a juvenile court for an act which would have been a crime if committed as an adult? (You may answer "no" if your juvenile record has been sealed or expunged by juvenile court.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
69. Have you ever been a party in a civil lawsuit (e.g., small claims actions, dissolutions, child custody, paternity, support, etc.)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
70. Have the police ever been called to your home for any reason?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
71. Have you or your spouse/partner ever been referred to Child Protective Services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
72. Have you ever been the subject of an emergency protective order / restraining order / stay-away order?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
73. Have you settled any civil suit in which you, your insurance company, or anyone else on your behalf was required to make payment to the other party?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
74. Have you ever fraudulently received welfare, unemployment compensation, workers' compensation, or other state or federal assistance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
75. Have you ever been required to repay any welfare payments, unemployment compensation, or other state or federal assistance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
76. Have you ever filed a false insurance or workers' compensation claim?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you answered "YES" to any of **Questions 67–76**, explain (include court case or document, dates, and circumstances – *reference corresponding numbers*). *If more space is needed, continue your response on page 23.*

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SECTION 8: LEGAL *continued*

► Involvement in Criminal Acts – Part 1

77. Have you committed any of the following acts ***within the past seven (7) years***? (You do NOT have to report any acts committed ***prior to age 15***.)

- You **MUST** include any acts committed at any time after you were first employed in law enforcement, including as a Police Explorer/Police Cadet.
- **NOTE: You may NOT withhold any information regarding your involvement in any of the following acts, even if federal or state law relieved you from reporting the detention, arrest, or conviction that arose from it.**

77.1	Animal abuse and/or neglect	<input type="checkbox"/> Yes	<input type="checkbox"/> No
77.2	Annoying, obscene, or harassing contacts by telephone or other electronic communication device	<input type="checkbox"/> Yes	<input type="checkbox"/> No
77.3	Battery (use of force or violence upon another)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
77.4	Brandishing a weapon (any type of weapon)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
77.5	Carrying a concealed weapon without a permit	<input type="checkbox"/> Yes	<input type="checkbox"/> No
77.6	Contributing to the delinquency of a minor	<input type="checkbox"/> Yes	<input type="checkbox"/> No
77.7	Defrauding an innkeeper (not paying for food or room at a hotel/motel, campground, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
77.8	Driving a vehicle or operating a boat/vessel while under the influence of alcohol and/or drugs	<input type="checkbox"/> Yes	<input type="checkbox"/> No
77.9	Drunk in public (being so intoxicated in a public place that you're not able to care for yourself)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
77.10	Filing a false police report	<input type="checkbox"/> Yes	<input type="checkbox"/> No
77.11	Hit & run collision (no injuries)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
77.12	Illegal gambling	<input type="checkbox"/> Yes	<input type="checkbox"/> No
77.13	Illegal hunting and/or fishing (for example, without a license, out of season)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
77.14	Impersonating a peace officer (pretending to be a police officer)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
77.15	Indecent exposure and / or lewd or obscene conduct	<input type="checkbox"/> Yes	<input type="checkbox"/> No
77.16	Intentionally writing a bad check	<input type="checkbox"/> Yes	<input type="checkbox"/> No
77.17	Joyriding (using a car or other vehicle without owner's permission)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
77.18	Peeping (including, but not limited to, looking through a window or opening with the intent to invade someone's privacy).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
77.19	Petty theft (value up to \$1500, including shoplifting/switching price tags)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
77.20	Possession of alcohol as a minor (under the age of 21)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
77.21	Possession of falsified or altered identification, including use of another person's ID (for any reason).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
77.22	Possession of stolen property (including, but not limited to, vehicles, credit/debit cards, etc.).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
77.23	Prostitution or solicitation of prostitution (including, but not limited to, patronizing illegal massage parlors).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
77.24	Reckless driving	<input type="checkbox"/> Yes	<input type="checkbox"/> No
77.25	Resisting arrest and / or delaying or obstructing an officer (including, but not limited to, running from the police).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
77.26	Trespassing	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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SECTION 8: LEGAL *continued*

77.27	Vandalism (including, but not limited to, "tagging," malicious mischief, and/or property damage).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
77.28	Any other act amounting to a misdemeanor	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> If you answered "YES" to ANY of the item(s) in Question 77, fully explain circumstances, including dates, names of individuals involved, and resolution. Reference the corresponding number (e.g., 77.5) for each explanation. If more space is needed, continue your response on page 23. 			

Supplemental legal information included on Page 23

► Involvement in Criminal Acts – Part 2

78. *At any time in your life*, have you **EVER** committed any of the following acts?

NOTE: You may NOT withhold any information regarding your involvement in any of the following acts, even if federal or state law relieved you from reporting the detention, arrest, or conviction that arose from it.

78.1	Arson (intentionally destroying property by setting a fire)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
78.2	Assault with a deadly weapon (struck or threatened to strike someone with an instrument likely to cause great bodily injury or death)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
78.3	Blackmail or extortion	<input type="checkbox"/> Yes	<input type="checkbox"/> No
78.4	Burglary (entering a structure or vehicle to commit theft or other crime)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
78.5	Child molestation (performing unlawful acts with a child, inappropriate touching of a child)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
78.6	Elder abuse and / or neglect (physical and/or financial)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
78.7	Embezzlement (theft of money or other valuables entrusted to you)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
78.8	Felony drunk driving (involving injuries)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
78.9	Felony illegal sex acts	<input type="checkbox"/> Yes	<input type="checkbox"/> No
78.10	Forcible rape	<input type="checkbox"/> Yes	<input type="checkbox"/> No
78.11	Forgery (falsifying any type of document, check certificate, license, currency, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
78.12	Fraudulent use of a credit, ATM, debit, and/or check card	<input type="checkbox"/> Yes	<input type="checkbox"/> No
78.13	Felony grand theft (theft of property in excess of \$1500)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
78.14	Hit & run (with injuries)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
78.15	Hate crime	<input type="checkbox"/> Yes	<input type="checkbox"/> No
78.16	Insurance fraud	<input type="checkbox"/> Yes	<input type="checkbox"/> No
78.17	Murder, homicide, attempted murder, or assault with intent to commit murder	<input type="checkbox"/> Yes	<input type="checkbox"/> No
78.18	Perjury (lying under oath)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
78.19	Possession of an explosive / destructive device	<input type="checkbox"/> Yes	<input type="checkbox"/> No
78.20	Robbery (theft from another person using a weapon, force, or fear)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

PERSONAL HISTORY STATEMENT – Prosper Police Department

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SECTION 8: LEGAL *continued*

78.21	Stalking	<input type="checkbox"/> Yes	<input type="checkbox"/> No
78.22	Theft of a vehicle and / or vehicle parts	<input type="checkbox"/> Yes	<input type="checkbox"/> No
78.23	Viewing and / or possessing child pornography	<input type="checkbox"/> Yes	<input type="checkbox"/> No
78.24	Any other act amounting to a felony	<input type="checkbox"/> Yes	<input type="checkbox"/> No

- If you answered “YES” to ANY of the item(s) in **Question 78**, fully explain circumstances, including dates, names of individuals involved, and resolution. Reference the corresponding number (e.g., 78.3) for each explanation
- If more space is needed, continue your response on page 23.

Supplemental legal information included on Page 23

► Illegal Use of Drugs

- For the purpose of responding to the following questions, “illegal drugs” include the unauthorized or illegal use of prescription medications or over-the-counter drugs; it also includes the illegal use of any other substance for the purpose of getting “high.”
- Your responses should include — **but not be limited to** — your use of any of the following:

► Amphetamines / Methamphetamines (<i>Uppers, Speed, Crank, etc.</i>)	► Marijuana (<i>with or without a prescription</i>)
► Barbiturates (<i>Downers</i>)	► Mescaline
► Cocaine / Crack Cocaine	► Morphine
► Designer Drugs (<i>Ecstasy, Synthetic Heroin, etc.</i>)	► PCP / Angel Dust
► GHB (<i>Date Rape Drug</i>)	► Quaaludes
► Hallucinogens (<i>Peyote, LSD, Mushrooms</i>)	► Steroids
► Hashish / Hashish Oil	► Tetrahydrocannabinol (THC)
► Heroin / Opium	► Glue, paint, or any substance containing toluene

79. **Within the past three years**, have you used any drug(s) as indicated above? Yes No

IF YES, give details including **drug(s) used, most recent date used**, and **circumstances**:

80. **Prior to the past three years:**

- I have **never** used any drug recreationally.
- I have tried or used one or more drugs, but only under **limited** circumstances (*for example, experimentation, at parties, concerts, special events, etc.*)

IF YOU CHECKED BOX 2, give details including **drug(s) used, most recent date used**, and **circumstances**:

81. Have you **EVER** engaged in any of the activities listed below involving drugs, narcotics or illegal substances, including marijuana and/or prescription drugs without a prescription? Yes No **If YES, indicate which activities (mark all that apply):**

Sold Manufactured Purchased Furnished Cultivated Carried or Held for Another

IF ANY ITEM IS CHECKED, give details including **drug(s) involved, over what time period(s), and circumstances**.

PERSONAL HISTORY STATEMENT – Prosper Police Department

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SECTION 8: LEGAL *continued*

82. During the **past five years**, have you associated with friends, acquaintances, housemates, or family members who have illegally used drugs or narcotics, and/or illegally used prescription medications? Yes No

IF YES, explain:

Supplemental drug information included on Page 23

SECTION 9: MOTOR VEHICLE INFORMATION

83. Current Driver's License:

STATE OF ISSUE	LICENSE NUMBER	EXPIRATION DATE (MM/DD/YYYY)	NAME UNDER WHICH LICENSE WAS GRANTED
		/ /	

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

STATE OF ISSUE	LICENSE NUMBER (IF KNOWN)	TYPE OF LICENSE	NAME UNDER WHICH LICENSE WAS GRANTED

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

IF YES, explain (include when, where, and circumstances):

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

IF YES, explain (include when, where, and circumstances):

87. Have you received any traffic citations, excluding parking citations, **within the past seven years**. Yes No **If YES, give details below.**

NATURE OF VIOLATION		LOCATION (STREET)	CITY	STATE
87.1 DATE VIOLATION OCCURRED		ACTION TAKEN		
Month: _____ Year: _____		<input type="checkbox"/> Not Guilty	<input type="checkbox"/> Fined	<input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed
NATURE OF VIOLATION		LOCATION (STREET)	CITY	STATE
87.2 DATE VIOLATION OCCURRED		ACTION TAKEN		
Month: _____ Year: _____		<input type="checkbox"/> Not Guilty	<input type="checkbox"/> Fined	<input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed

PERSONAL HISTORY STATEMENT – Prosper Police Department

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SECTION 9: MOTOR VEHICLE INFORMATION

88. Has a traffic citation ever resulted in a warrant or caused your driver's license to be withheld due to the following (check all that apply):

Failed to Appear Failed to Complete Traffic School Failed to Pay the Required Fine

IF CHECKED, explain circumstances:

Supplemental motor vehicle information included on Page 23

89. Have you ever driven a vehicle without auto insurance, as required by law? Yes No

IF YES, GIVE REASON	FROM (MM/YYYY)	TO (MM/YYYY)
	/	/

90. Have you ever been refused automobile liability insurance or a bond, or had them cancelled? Yes No

IF YES, GIVE REASON	DATE (MM/YYYY)
	/

INSURANCE COMPANY

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

Supplemental motor vehicle information included on Page 23

SECTION 10: OTHER TOPICS

91. Have you ever been refused a permit to carry a concealed weapon? Yes No

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

93. Other than in self-defense, have you ever used force or violence against another person with whom you have had a dating, romantic or intimate relationship with, or who resided in the same household as you? Yes No

94. **Since the age of 15**, have you ever been involved in an anger-provoked physical fight, confrontation or other violent act? Yes No

95. Do you have, or have you ever had, a tattoo signifying membership in, or affiliation with, a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, or disability? Yes No

If you answered "YES" to any of **Questions 91-95**, give details including dates and circumstances – reference corresponding numbers).

Supplemental other topics information included on Page 23

SECTION 11: CERTIFICATION

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

Signature in Full: ►

Date:

Use the following page to continue your responses, if/as appropriate. Be sure to review all responses carefully and provide additional information, as necessary. Reference corresponding question/item numbers.

PERSONAL HISTORY STATEMENT – Prosper Police Department

(Revised October 2020)

SUPPLEMENTAL INFORMATION

- Use this space to provide information that does not fit elsewhere on this form (e.g., additional family members, schools, residences, employers, explanations to questions, etc.). *Reference the corresponding questions and/or specific items.*
- You may print copies of this page as needed. If you are filling in this page online, text will flow to additional pages automatically.

I represent and warrant that the answers that I have made to each and all of the foregoing questions are full and true to the best of my knowledge and belief. In order that the officials of the Town of Prosper Police Department may be fully informed as to my personal character and qualifications for employment. I refer to each of my former employers and to any other person who may have information concerning me. As this information is furnished at my express request and for my benefit, I do hereby release them from any and all liability for damage which occurs as a result of furnishing such information. I acknowledge that any false statement knowingly made in answering the above questions is good cause for removal from eligibility or discharge during or after probation. I further acknowledge that I am aware that once submitted, this application and any other records submitted become the property of the Town of Prosper.

I hereby certify that there are no misrepresentations, omissions, or falsifications in the foregoing statements and answers to the above questions. I fully understand that any misrepresentation, omission, or falsification may deem me permanently unsuitable, or if hired, may lead to the termination of my employment:

Signature of Applicant:

Date:

Before me personally appeared, _____, who stated that this document and its intent was explained to him/her and that he/she has full knowledge of its purpose and that he/she executed this instrument of his/her free will.

Sworn to and subscribed before me on this day _____ of _____, _____.

Signature of Notary:

My Commission Expires:

SEAL