

**DUMAS POLICE DEPARTMENT**  
**124 W. 7<sup>th</sup> Street**  
**DUMAS, TEXAS 79029**

**READ THESE INSTRUCTIONS CAREFULLY**  
**BEFORE PROCEEDING**

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

1. Your Personal History Statement should be printed legibly in ink by you and no other person. Answer all questions to the best of your ability.
2. If a question is not applicable to you, enter *N/A* in the space provided.
3. Avoid errors by reading the directions carefully before making any entries on the form. Be sure your information is correct and in proper sequence before you begin.
4. You are responsible for obtaining correct names, addresses and telephone numbers. If you are not sure of an address or telephone number, check it by personal verification. Your local library may have a directory service or copies of area telephone directories.
5. If there is insufficient space on the form for you to include all information required, attach extra sheets to the Personal History Statement. Be sure to reference the relevant section and question number on the attached sheets.
6. An accurate and complete form will help expedite your investigation. On the other hand, deliberate omissions or falsifications may result in disqualification.
7. You must attach copies of the following documents:
  - a. Birth Certificate
  - b. Basic Peace Officer's Certificate
  - c. Driver's License
  - d. High School Diploma or GED
  - e. College Diploma(s) and/or transcript(s)
  - f. Marriage Certificate — if applicable
  - g. Dissolution of Marriage Decree — if applicable
  - h. Military Discharge Papers — Form DD-214
8. Return Employment Application, including all required documents, to the City of Dumas Human Resource Department prior to official application filing deadline.

**THE CITY OF DUMAS IS AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER.**  
**Qualified applicants are considered for all positions without regard to race, color, sex, religion, national origin, handicap, age or veteran status. Applications will not be rejected because of omissions, or deficiencies that can be corrected prior to the testing or interview process.**

## PERSONAL HISTORY STATEMENT

A. **Applicant Identification** - Information provided in this section is used for identification purposes only.

1. Name: \_\_\_\_\_  
*Last First Middle*

2. Address: \_\_\_\_\_  
Number & Street

\_\_\_\_\_ City State Zip Code

3. Telephone Number: \_\_\_\_\_

4. Date of Birth: \_\_\_\_\_  
*Month Day Year*

5. Maiden Name, Nicknames, or other names by which you have been known:

\_\_\_\_\_

6. Social Security Number: \_\_\_\_\_

7. Place of Birth: \_\_\_\_\_  
City County State

8. Are you a U.S. Citizen?  Yes  No

9. Driver's License Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_

10. Height: \_\_\_\_\_

11. Weight: \_\_\_\_\_

12. Color of Eyes: \_\_\_\_\_

13. Color of Hair: \_\_\_\_\_

14. Scars, Tattoos, or other distinguishing marks: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**B. Residences** – List all addresses where you have lived during the past 10 years, beginning with your present address. List date by month and year. Attach extra sheets if needed:

From:	To:	Address:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**C. Work History** - Beginning with your present, or most recent job, list all employment since the age of 17, including part-time, temporary, or seasonal employment. Include all periods of unemployment. Include month and year in periods of employment. Attach extra sheets if needed.

1. Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Duties: \_\_\_\_\_  
\_\_\_\_\_  
Supervisor: \_\_\_\_\_ Name of Co-Worker: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_
2. Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Duties: \_\_\_\_\_  
\_\_\_\_\_  
Supervisor: \_\_\_\_\_ Name of Co-Worker: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

**Work History (cont)**

3. Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Duties: \_\_\_\_\_  
\_\_\_\_\_  
Supervisor: \_\_\_\_\_ Name of Co-Worker: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

4. Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Duties: \_\_\_\_\_  
\_\_\_\_\_  
Supervisor: \_\_\_\_\_ Name of Co-Worker: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

5. Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Duties: \_\_\_\_\_  
\_\_\_\_\_  
Supervisor: \_\_\_\_\_ Name of Co-Worker: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

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

**Work History (cont)**

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

8. Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Duties: \_\_\_\_\_  
\_\_\_\_\_  
Supervisor: \_\_\_\_\_ Name of Co-Worker: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

9. Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Duties: \_\_\_\_\_  
\_\_\_\_\_  
Supervisor: \_\_\_\_\_ Name of Co-Worker: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

10. Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Duties: \_\_\_\_\_  
\_\_\_\_\_  
Supervisor: \_\_\_\_\_ Name of Co-Worker: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

**D. Military Record**

1. Have you served in the U.S. Armed Forces?     Yes                     No
  
2. Date of Service: (Month & Year)                    From: \_\_\_\_\_                    To: \_\_\_\_\_  
       Branch of Service \_\_\_\_\_                    Unit Designation \_\_\_\_\_  
       Military Service Number \_\_\_\_\_  
       Highest Rank Held \_\_\_\_\_                    Type of Discharge \_\_\_\_\_
  
3. Did you receive specialized training in the Military?     Yes                     No  
       If yes, explain \_\_\_\_\_  
       \_\_\_\_\_
  
4. Do you hold a Security Clearance?                     Yes                     No  
       If yes: Type: \_\_\_\_\_                    Level \_\_\_\_\_                    Date Issued: \_\_\_\_\_  
       Was the clearance canceled or revoked?                     Yes                     No  
       If yes: Date: \_\_\_\_\_                    Reason \_\_\_\_\_
  
5. Were you ever disciplined while in the military service (*include court-martial, captain's masts, company punishment, etc.*)?                     Yes                     No

Charge	Commanding Officer at Time of Discipline	Date	Age at Time	Disposition

If you received a discharge other than honorable, give complete details: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

6. Selective Service Registration Information:  
       Where registered: \_\_\_\_\_  
       Date registered: \_\_\_\_\_  
       Registration number: \_\_\_\_\_

**E. Educational History**

1. Complete all information below related to high schools attended, both public and private.

High Schools Attended	City & State	From	To	Graduated	
				<input type="checkbox"/> Yes	<input type="checkbox"/> No
				<input type="checkbox"/> Yes	<input type="checkbox"/> No
				<input type="checkbox"/> Yes	<input type="checkbox"/> No

2. Complete all information below related to colleges or universities attended.

College or University Attended: \_\_\_\_\_

City & State: \_\_\_\_\_ Dates Attended: \_\_\_\_\_

Credits Completed: \_\_\_\_\_ Major/Minor: \_\_\_\_\_

Degree, if any: \_\_\_\_\_ Date Received: \_\_\_\_\_

Is transcript attached?     Yes         No

College or University Attended: \_\_\_\_\_

City & State: \_\_\_\_\_ Dates Attended: \_\_\_\_\_

Credits Completed: \_\_\_\_\_ Major/Minor: \_\_\_\_\_

Degree, if any: \_\_\_\_\_ Date Received: \_\_\_\_\_

Is transcript attached?     Yes         No

College or University Attended: \_\_\_\_\_

City & State: \_\_\_\_\_ Dates Attended: \_\_\_\_\_

Credits Completed: \_\_\_\_\_ Major/Minor: \_\_\_\_\_

Degree, if any: \_\_\_\_\_ Date Received: \_\_\_\_\_

Is transcript attached?     Yes         No

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**F. Special Qualifications and Skills**

1. List any special licenses/skills you hold (i.e. *firearm instructor, ID tech, intoxilyzer, CPR, DARE, scuba, etc.*) showing licensing authority, original date of issue, and date of expiration:

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2. List any specialized machinery or equipment you can operate:

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

Language	Reading	Writing	Speaking	Understanding

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

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**G. Arrest, Detentions, Litigation (include all felonies, misdemeanors, except traffic violations)**

1. Have you ever been arrested or detained by police?  Yes  No  
If yes, complete the following:

Offense/Charge	Police Agency City & State	Date	Disposition of Case

2. Are you presently under indictment for a criminal offense?  Yes  No

If yes, give details: \_\_\_\_\_

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3. Have you ever been involved as a party in a civil suit?  Yes  No

List all Civil Litigations in which you have been involved as a party or witness (*except those involving worker's compensation*), including date, court in which filed and location, cause number if available:

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**H. Traffic Record**

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

If Yes, give date, location and reason:

\_\_\_\_\_

2. List all states in which you have held a driver's license:

State \_\_\_\_\_ D.L. # \_\_\_\_\_

State \_\_\_\_\_ D.L. # \_\_\_\_\_

State \_\_\_\_\_ D.L. # \_\_\_\_\_

3. What company supplies your auto insurance? \_\_\_\_\_

Policy number: \_\_\_\_\_

4. List to the best of your memory all the traffic citations you have received, excluding parking tickets:

Month & Year	Charge	City & State	Disposition

5. Describe any traffic accidents in which you have been involved, giving approximate date and locations:

Month & Year	Location (City & State)	Investigating Agency

**I. Marital & Family History**

1. Are you?     Single     Separated     Engaged  
                   Married     Divorced     Widowed

2. If Engaged:  
Name of Fiancé/Fiancée \_\_\_\_\_ DOB \_\_\_\_\_  
Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
Occupation \_\_\_\_\_ Business Phone \_\_\_\_\_  
Name of Employer \_\_\_\_\_  
Business Address \_\_\_\_\_

3. If Married:  
Date \_\_\_\_\_ City & State \_\_\_\_\_  
Spouse's Name (*Wife's maiden name*) \_\_\_\_\_  
DOB \_\_\_\_\_ Social Security Number \_\_\_\_\_  
Spouse's Occupation \_\_\_\_\_  
Spouse's Employer \_\_\_\_\_  
Business Address \_\_\_\_\_  
Business Phone \_\_\_\_\_

4. If ever separated, divorced or widowed:  
Date of Marriage \_\_\_\_\_ City & State \_\_\_\_\_  
Spouse's Name (*Wife's maiden name*) \_\_\_\_\_  
Present Address & Phone \_\_\_\_\_  
 Separated                       Divorced                       Annulled                       Widowed  
Date of order or decree \_\_\_\_\_

Have you ever been ordered by a court to pay child support or alimony?

- Yes                       No

If Yes:

To Whom Paid	Amount	How Paid (Direct, Court Clerk, etc.)



**J. Financial History**

1. What is your present salary or wage? \_\_\_\_\_
2. Do you receive income from any source other than your principal occupation?  
 Yes       No  
If yes, how much: \_\_\_\_\_  
How often: \_\_\_\_\_  
Source of Income: \_\_\_\_\_
3. Do you own any real estate?     Yes       No      Value? \_\_\_\_\_  
Location \_\_\_\_\_
4. Do you have any bonds, government or other?  Yes     No    Value? \_\_\_\_\_
5. Do you own any corporate stock?       Yes       No  
Value \_\_\_\_\_ Corporation \_\_\_\_\_
6. Do you have a bank account?     Yes       No  
Savings Account # \_\_\_\_\_  
Average balance \_\_\_\_\_  
Name and Address of Bank \_\_\_\_\_  
\_\_\_\_\_  
Checking Account # \_\_\_\_\_  
Average balance \_\_\_\_\_  
Name and Address of Bank \_\_\_\_\_  
\_\_\_\_\_
7. Have you every declared bankruptcy?       Yes       No  
Date \_\_\_\_\_ Location \_\_\_\_\_
8. List all banks with whom you have maintained a checking account within the last three (3) years.

Name of Bank	Address

9. Financial Obligations

Give names and addresses of the individuals, companies, or others to whom you are indebted and the extent of your debt. Include rent, mortgages, vehicle payments, charge accounts, credit cards, loans, child support payments, alimony, utilities and any other debts and payments. Include account number where applicable:

Type	Name Address of Creditor	Reason for Debt or item purchased	Account #	Total Balance	Monthly Payments

**K. Medical History**

1. Do you wear corrective lenses?  Yes  No

If yes:

Name and Address of Doctor	Uncorrected Vision (if known)	
	Right	Left

**L. References**

List five persons, **not relatives or former employers**, whom you have known for **at least one (1) year** to provide current information about you.

1. Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Residence Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
If Employed, Business Name & Address: \_\_\_\_\_  
\_\_\_\_\_

Occupation: \_\_\_\_\_ Business Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Residence Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
If Employed, Business Name & Address: \_\_\_\_\_  
\_\_\_\_\_

Occupation: \_\_\_\_\_ Business Phone: \_\_\_\_\_

3. Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Residence Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
If Employed, Business Name & Address: \_\_\_\_\_  
\_\_\_\_\_

Occupation: \_\_\_\_\_ Business Phone: \_\_\_\_\_

4. Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Residence Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
If Employed, Business Name & Address: \_\_\_\_\_  
\_\_\_\_\_

Occupation: \_\_\_\_\_ Business Phone: \_\_\_\_\_

5. Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Residence Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
If Employed, Business Name & Address: \_\_\_\_\_  
\_\_\_\_\_

Occupation: \_\_\_\_\_ Business Phone: \_\_\_\_\_

**M. Membership in Organizations (past and/or present)**

Name & Address	Type ( <i>Social, Fraternal, Professional, etc.</i> )	From	To

**N. Personal Declarations**

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

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2. Have you ever used marijuana or any other drug not prescribed by your physician?

Yes       No

If yes, what were the circumstances? (*include frequency and date last used*)

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3. Have you ever sold or furnished drugs or narcotics to anyone?

Yes       No

If yes explain in detail:

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4. If it became necessary to take a human life in the course of your duties as a police officer, would any religious or other beliefs prevent you from doing so?

Yes       No

If yes, explain:

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5. Do you have any beliefs which would prevent you from fully performing your duties including working weekends, evenings or nights?

Yes       No

If yes, explain:

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

Yes       No

If so, give agency, date(s), and status of application:

Agency	Address	Date	Status
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7. Are there any incidents in your life or details not mentioned herein which may influence this agency's evaluation of your suitability for employment?

Yes       No

If so, explain:

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8. Can you successfully complete all physical requirements for the entry level position as a police officer?

Yes       No

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I HEREBY CERTIFY THAT THERE ARE NO WILLFUL MISREPRESENTATIONS, OMISSIONS, OR FALSIFICATIONS IN THE FOREGOING STATEMENTS AND ANSWERS TO QUESTIONS. I AM FULLY AWARE THAT ANY SUCH WILLFUL MISREPRESENTATIONS, OMISSIONS, OR FALSIFICATIONS MAY BE GROUNDS FOR IMMEDIATE REJECTION OR TERMINATION OF EMPLOYMENT.

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Signature of Applicant

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Date