



# San Marcos Police Department

## Personal History Statement Process

**Follow the steps listed below to submit your Personal History Statement:**

1. Download the form in Word format and complete. This application is **required to be submitted electronically as a typed Microsoft Word document and sent to:** [smpd-recruiting@sanmarcostx.gov](mailto:smpd-recruiting@sanmarcostx.gov)
2. Answer all questions to the best of your ability.
3. If a question is not applicable to you, enter N/A in the space provided. Enter UNK if you do not have the requested information.
4. You are responsible for obtaining correct names, addresses, telephone numbers, and email addresses.
5. Deliberate omissions or falsifications will result in disqualification.
6. E-mail the completed form and attach requested documents to: [smpd-recruiting@sanmarcostx.gov](mailto:smpd-recruiting@sanmarcostx.gov)  
 (Note: Due to file sizes, please email your PHS in one email and attach all applicable documents in a second separate email. For clarity during submission please title, the first email "PHS – *Your Full Name*" and the second email "Documents – *Your Full Name*."

You will be notified, via email, when your PHS and documents have been received and of all other important hiring phases. If you have questions regarding the application process or you do not receive a confirmation email within 24 hours, please email us at: [smpd-recruiting@sanmarcostx.gov](mailto:smpd-recruiting@sanmarcostx.gov)

**Email copies of all applicable documents listed below with your Personal History Statement:**

- \_\_\_ Birth Certificate
- \_\_\_ Naturalization documents (if applicable)
- \_\_\_ High School Transcript(s)
- \_\_\_ High School diploma or GED
- \_\_\_ College or University Transcript (from each school attended)
- \_\_\_ College diploma(s)
- \_\_\_ Marriage License (if applicable)
- \_\_\_ Divorce Decree(s) (if applicable)
- \_\_\_ Military Discharge Paper (DD-214) (if applicable)
- \_\_\_ TCOLE License
- \_\_\_ Front and Back of Applicant’s Driver’s License

Any **willful omissions, deceptions, or false information** will be considered a disqualifier and you will not be processed further for the position you are applying for, whether the matter is discovered now, at a later phase of the selection process, after a job offer has been extended, or after employment with the City has begun. **The most frequent reason applicants fail the process is minimization or omissions of past behavior.**

**The peace officer application process follows the steps listed below:**

1. Written exam and physical agility assessment
2. Preliminary screening
3. Background investigation initiated
4. Background reports reviewed
5. Polygraph examination
6. Oral interview board
7. Psychological/medical exams and drug screening

**For office use only**

Previously Tested	Date(s)
Yes	
No	



**San Marcos Police Department  
2300 I.H. 35 South  
San Marcos, Texas 78666**

**PERSONAL HISTORY STATEMENT**

PLEASE PRINT OR TYPE

Today's Date:

LIST EXACT TITLE OF POSITION FOR WHICH YOU WISH TO APPLY:

**SECTION A: APPLICANT IDENTIFICATION**

Information provided in this section is used for identification purposes only.

<b>1. Full Legal Name</b>			
<b>2. Maiden Name</b>			
<b>3. Nicknames; Any Other Names Used</b>			
<b>4. Social Security Number</b>			
<b>5. Driver's License (State/Number)</b>			
<i>Other States Where You Have Been Licensed:</i>			
A)	B)	C)	
<b>6. Has Your Drivers License Been Suspended Or Revoked For Any Reason?</b>			<input type="checkbox"/> YES <input type="checkbox"/> NO
<i>If YES, Give Dates, Locations &amp; Reasons:</i>			
<b>7. Current Address</b>			
<i>Street/PO Box</i>		<i>City</i>	<i>State</i> <i>Zip Code</i>
<b>8. Mailing Address – If Different From Above</b>			
<i>Street/Po Box</i>		<i>City</i>	<i>State</i> <i>Zip Code</i>
<b>9. How Can We Contact You?</b>			
<i>Home Phone (      )</i>		<i>Work Phone (      )</i>	<i>Cell Phone (      )</i>
<i>Email</i>		<i>Other</i>	

**10. Demographics: for statistical use only.**

DOB:	US Citizen: YES <input type="checkbox"/> NO <input type="checkbox"/>	Gender: M <input type="checkbox"/> F <input type="checkbox"/>	Race:	Hispanic: YES <input type="checkbox"/> NO <input type="checkbox"/>
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Are You 20-Yrs And 6-Months Or Older? YES <input type="checkbox"/> NO <input type="checkbox"/>	Place Of Birth:
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**11. Education**

High School Diploma <input type="checkbox"/>	GED <input type="checkbox"/>	# of College Hours
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Two Yrs Active Military Duty: YES <input type="checkbox"/> NO <input type="checkbox"/>	# of Years Law Enforcement Experience
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TX Commission of Law Enforcement Officers Standards & Education Certified: YES <input type="checkbox"/> NO <input type="checkbox"/>
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**12. Physical Description**

Height:	Weight:	Eye Color:	Hair Color:
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Scars, Tattoos Or Other Marks:
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**Social media accounts (Identify all personal and professional accounts, active or inactive. Do not include passwords:**

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**Investigator Comments:**

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## SECTION B: RESIDENCES

List all addresses where you have lived since age 17. Begin with your present address and list in date order using the 2-digit month and the 2-digit year (i.e., 01/07). If there is not sufficient space at any point in this section, please go to the last 2 pages of this form to add additional information.

<b>1. Residences</b>			
<b>FROM</b> <small>MM/YY</small>	<b>TO</b> <small>MM/YY</small>	<b>ADDRESS</b> <small>(Include Street/PO Box, City, State, ZIP)</small>	<b>APARTMENT NAME</b>
<b>Additional Applicant Information:</b>			

<b>Investigator Comments:</b>

<b>2. List all roommates you have resided with since age 17.</b>			
<b>NAME</b>	<b>ADDRESS (if known)</b>	<b>EMAIL ADDRESS</b>	<b>PHONE</b>

<b>Investigator Comments:</b>

## SECTION C. WORK HISTORY

Beginning with your present or most recent job, list employment since age 17 to include part-time, temporary or seasonal employment. You must list all periods of unemployment. Active duty military periods should list the branch and dates of service; use full unit designations. If there is not sufficient space at any point in this section, please go to the last 2 pages to add additional information.

<b>Is this an active duty or reserve military assignment?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>			
<b>1. EMPLOYER:</b>			
<b>DATES OR DATES OF SERVICE (from/to)</b>	<b>ADDRESS</b>	<b>PHONE #</b>	
<b>JOB TITLE</b>	<b>BRANCH OF SERVICE</b>	<b>UNIT</b>	
<b>DUTIES:</b>			
<b>REASON FOR LEAVING</b>			
<b>NAME OF SUPERVISOR:</b> <i>Still employed @ this company?</i> YES <input type="checkbox"/> NO <input type="checkbox"/>		<b>PHONE</b>	(    )
		<b>EMAIL</b>	
<b>NAME OF CO-WORKER:</b> <i>Still employed @ this company?</i> YES <input type="checkbox"/> NO <input type="checkbox"/>		<b>PHONE</b>	(    )
		<b>EMAIL</b>	

**Investigator Comments:**

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Is this an active duty or reserve military assignment?    YES <input type="checkbox"/> NO <input type="checkbox"/>				
<b>2. EMPLOYER:</b>				
<b>DATES OR DATES OF SERVICE (from/to)</b>		<b>ADDRESS</b>		<b>PHONE #</b>
<b>JOB TITLE</b>		<b>BRANCH OF SERVICE</b>		<b>UNIT</b>
<b>DUTIES:</b>				
<b>REASON FOR LEAVING</b>				
<b>NAME OF SUPERVISOR:</b> <i>Still employed @ this company?</i> YES <input type="checkbox"/> NO <input type="checkbox"/>				<b>PHONE</b> (    )
				<b>EMAIL</b>
<b>NAME OF CO-WORKER:</b> <i>Still employed @ this company?</i> YES <input type="checkbox"/> NO <input type="checkbox"/>				<b>PHONE</b> (    )
				<b>EMAIL</b>

**Investigator Comments:**

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Is this an active duty or reserve military assignment?    YES <input type="checkbox"/> NO <input type="checkbox"/>			
<b>3. EMPLOYER:</b>			
<b>DATES OR DATES OF SERVICE (from/to)</b>		<b>ADDRESS</b>	
		<b>PHONE #</b>	
<b>JOB TITLE</b>		<b>BRANCH OF SERVICE</b>	<b>UNIT</b>
<b>DUTIES:</b>			
<b>REASON FOR LEAVING</b>			
<b>NAME OF SUPERVISOR:</b> <i>Still employed @ this company?</i> YES <input type="checkbox"/> NO <input type="checkbox"/>			<b>PHONE</b> (    )
			<b>EMAIL</b>
<b>NAME OF CO-WORKER:</b> <i>Still employed @ this company?</i> YES <input type="checkbox"/> NO <input type="checkbox"/>			<b>PHONE</b> (    )
			<b>EMAIL</b>

**Investigator Comments:**

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Is this an active duty or reserve military assignment?    YES <input type="checkbox"/> NO <input type="checkbox"/>				
<b>4. EMPLOYER:</b>				
<b>DATES OR DATES OF SERVICE (from/to)</b>		<b>ADDRESS</b>		<b>PHONE #</b>
<b>JOB TITLE</b>		<b>BRANCH OF SERVICE</b>		<b>UNIT</b>
<b>DUTIES:</b>				
<b>REASON FOR LEAVING</b>				
<b>NAME OF SUPERVISOR:</b> <i>Still employed @ this company?</i> YES <input type="checkbox"/> NO <input type="checkbox"/>			<b>PHONE</b> (    )	
			<b>EMAIL</b>	
<b>NAME OF CO-WORKER:</b> <i>Still employed @ this company?</i> YES <input type="checkbox"/> NO <input type="checkbox"/>			<b>PHONE</b> (    )	
			<b>EMAIL</b>	

**Investigator Comments:**



Is this an active duty or reserve military assignment?    YES <input type="checkbox"/> NO <input type="checkbox"/>			
<b>5. EMPLOYER:</b>			
<b>DATES OR DATES OF SERVICE (from/to)</b>	<b>ADDRESS</b>		<b>PHONE #</b>
<b>JOB TITLE</b>	<b>BRANCH OF SERVICE</b>	<b>UNIT</b>	
<b>DUTIES:</b>			
<b>REASON FOR LEAVING</b>			
<b>NAME OF SUPERVISOR:</b> <i>Still employed @ this company?</i> YES <input type="checkbox"/> NO <input type="checkbox"/>			<b>PHONE</b> (    )
			<b>EMAIL</b>
<b>NAME OF CO-WORKER:</b> <i>Still employed @ this company?</i> YES <input type="checkbox"/> NO <input type="checkbox"/>			<b>PHONE</b> (    )
			<b>EMAIL</b>

**Investigator Comments:**

Is this an active duty or reserve military assignment?    YES <input type="checkbox"/> NO <input type="checkbox"/>				
<b>6. EMPLOYER:</b>				
<b>DATES OR DATES OF SERVICE (from/to)</b>		<b>ADDRESS</b>		<b>PHONE #</b>
<b>JOB TITLE</b>		<b>BRANCH OF SERVICE</b>		<b>UNIT</b>
<b>DUTIES:</b>				
<b>REASON FOR LEAVING</b>				
<b>NAME OF SUPERVISOR:</b> <i>Still employed @ this company?</i> YES <input type="checkbox"/> NO <input type="checkbox"/>			<b>PHONE</b> (    )	
			<b>EMAIL</b>	
<b>NAME OF CO-WORKER:</b> <i>Still employed @ this company?</i> YES <input type="checkbox"/> NO <input type="checkbox"/>			<b>PHONE</b> (    )	
			<b>EMAIL</b>	

**Investigator Comments:**

Is this an active duty or reserve military assignment?    YES <input type="checkbox"/> NO <input type="checkbox"/>			
<b>7. EMPLOYER:</b>			
<b>DATES OR DATES OF SERVICE (from/to)</b>	<b>ADDRESS</b>		<b>PHONE #</b>
<b>JOB TITLE</b>	<b>BRANCH OF SERVICE</b>	<b>UNIT</b>	
<b>DUTIES:</b>			
<b>REASON FOR LEAVING</b>			
<b>NAME OF SUPERVISOR:</b> <i>Still employed @ this company?</i> YES <input type="checkbox"/> NO <input type="checkbox"/>			<b>PHONE</b> (    )
			<b>EMAIL</b>
<b>NAME OF CO-WORKER:</b> <i>Still employed @ this company?</i> YES <input type="checkbox"/> NO <input type="checkbox"/>			<b>PHONE</b> (    )
			<b>EMAIL</b>

**Investigator Comments:**

Is this an active duty or reserve military assignment?    YES <input type="checkbox"/> NO <input type="checkbox"/>				
<b>8. EMPLOYER:</b>				
<b>DATES OR DATES OF SERVICE (from/to)</b>		<b>ADDRESS</b>		<b>PHONE #</b>
<b>JOB TITLE</b>		<b>BRANCH OF SERVICE</b>		<b>UNIT</b>
<b>DUTIES:</b>				
<b>REASON FOR LEAVING</b>				
<b>NAME OF SUPERVISOR:</b> <i>Still employed @ this company?</i> YES <input type="checkbox"/> NO <input type="checkbox"/>				<b>PHONE</b> (    )
				<b>EMAIL</b>
<b>NAME OF CO-WORKER:</b> <i>Still employed @ this company?</i> YES <input type="checkbox"/> NO <input type="checkbox"/>				<b>PHONE</b> (    )
				<b>EMAIL</b>

**Investigator Comments:**

Is this an active duty or reserve military assignment?    YES <input type="checkbox"/> NO <input type="checkbox"/>			
<b>9. EMPLOYER:</b>			
<b>DATES OR DATES OF SERVICE (from/to)</b>	<b>ADDRESS</b>		<b>PHONE #</b>
<b>JOB TITLE</b>	<b>BRANCH OF SERVICE</b>	<b>UNIT</b>	
<b>DUTIES:</b>			
<b>REASON FOR LEAVING</b>			
<b>NAME OF SUPERVISOR:</b> <i>Still employed @ this company?</i> YES <input type="checkbox"/> NO <input type="checkbox"/>			<b>PHONE</b> (    )
			<b>EMAIL</b>
<b>NAME OF CO-WORKER:</b> <i>Still employed @ this company?</i> YES <input type="checkbox"/> NO <input type="checkbox"/>			<b>PHONE</b> (    )
			<b>EMAIL</b>

**Investigator Comments:**

Is this an active duty or reserve military assignment?    YES <input type="checkbox"/> NO <input type="checkbox"/>			
<b>10. EMPLOYER:</b>			
<b>DATES OR DATES OF SERVICE (from/to)</b>	<b>ADDRESS</b>	<b>PHONE #</b>	
<b>JOB TITLE</b>	<b>BRANCH OF SERVICE</b>	<b>UNIT</b>	
<b>DUTIES:</b>			
<b>REASON FOR LEAVING</b>			
<b>NAME OF SUPERVISOR:</b> <i>Still employed @ this company?</i> YES <input type="checkbox"/> NO <input type="checkbox"/>		<b>PHONE</b>	(    )
		<b>EMAIL</b>	
<b>NAME OF CO-WORKER:</b> <i>Still employed @ this company?</i> YES <input type="checkbox"/> NO <input type="checkbox"/>		<b>PHONE</b>	(    )
		<b>EMAIL</b>	

**Investigator Comments:**

Is this an active duty or reserve military assignment?    YES <input type="checkbox"/> NO <input type="checkbox"/>				
<b>11. EMPLOYER:</b>				
<b>DATES OR DATES OF SERVICE (from/to)</b>		<b>ADDRESS</b>		<b>PHONE #</b>
<b>JOB TITLE</b>		<b>BRANCH OF SERVICE</b>		<b>UNIT</b>
<b>DUTIES:</b>				
<b>REASON FOR LEAVING</b>				
<b>NAME OF SUPERVISOR:</b> <i>Still employed @ this company?</i> YES <input type="checkbox"/> NO <input type="checkbox"/>			<b>PHONE</b> (    )	
			<b>EMAIL</b>	
<b>NAME OF CO-WORKER:</b> <i>Still employed @ this company?</i> YES <input type="checkbox"/> NO <input type="checkbox"/>			<b>PHONE</b> (    )	
			<b>EMAIL</b>	

**Investigator Comments:**

<b>12. Have you had any disciplinary actions taken against you during any employment?</b>  YES <input type="checkbox"/> NO <input type="checkbox"/>		<b>Select One:</b> Full <input type="checkbox"/>  Part-Time <input type="checkbox"/>	<b>How Many Disciplinary Actions Have You Received?</b>
Date of Incident:		Employer:	
Describe Incident & Its Outcome:			
Date of Incident:		Employer:	
Describe Incident & Its Outcome:			
Date of Incident:		Employer:	
Describe Incident & Its Outcome:			

**Investigator Comments:**

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<b>13. Have you ever been asked to resign from any employment?</b>  YES <input type="checkbox"/> NO <input type="checkbox"/>		<b>Select One:</b> Full <input type="checkbox"/>  Part-Time <input type="checkbox"/>	<b>How Many Times Have you Been asked to Resign?</b>
Date of Incident:		Employer:	
Describe Incident & Its Outcome:			
Date of Incident:		Employer:	
Describe Incident & Its Outcome:			
Date of Incident:		Employer:	
Describe Incident & Its Outcome:			

**Investigator Comments:**

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<b>14. Have you ever quit a job without giving sufficient notice?</b>  YES <input type="checkbox"/> NO <input type="checkbox"/>		<b>Select One:</b> Full <input type="checkbox"/>  Part-Time <input type="checkbox"/>	<b>How many times have quit a job without giving sufficient notice?</b>
Date of Incident:		Employer:	
Describe Incident & Its Outcome:			
Date of Incident:		Employer:	
Describe Incident & Its Outcome:			
Date of Incident:		Employer:	
Describe Incident & Its Outcome:			

**Investigator Comments:**

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<b>15. Have you ever quit a job to avoid termination or disciplinary action?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>		<b>Select One:</b> Full <input type="checkbox"/>  Part-Time <input type="checkbox"/>	<b>How many times have you quit to avoid termination or disciplinary action?</b>
Date of Incident:		Employer:	
Describe Incident & Its Outcome:			
Date of Incident:		Employer:	
Describe Incident & Its Outcome:			
Date of Incident:		Employer:	
Describe Incident & Its Outcome:			

**Investigator Comments:**

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<b>16. Have you ever been fired from a job?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>		<b>Select One:</b> Full <input type="checkbox"/> Part Time <input type="checkbox"/>	<b>How many times have you been fired from a job?</b>
Date of Incident:		Employer:	
Describe Incident & Its Outcome:			
Date of Incident:		Employer:	
Describe Incident & Its Outcome:			
Date of Incident:		Employer:	
Describe Incident & Its Outcome:			

**Investigator Comments:**

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## SECTION D: EDUCATION HISTORY

List all schools attended or enrolled in. If there is not sufficient space at any point in this section, please go to the last 2 pages to add additional information.

<b>1. HIGH SCHOOLS</b>			
NAME OF INSTITUTION	DATES ATTENDED (MM/YY)	CITY/STATE/ZIP	DID YOU GRADUATE?
			YES <input type="checkbox"/> NO <input type="checkbox"/>
			YES <input type="checkbox"/> NO <input type="checkbox"/>
			YES <input type="checkbox"/> NO <input type="checkbox"/>

<b>2. COLLEGES/UNIVERSITIES</b>				
NAME OF INSTITUTION	DATES ATTENDED (MM/YY)	CITY/STATE	HOURS ATTEMPTED	HOURS COMPLETED
<b>GPA</b>	<b>MAJOR/MINOR</b>	<b>DEGREE RECEIVED</b>		
<b>COLLEGE/UNIVERSITY</b>				
NAME OF INSTITUTION	DATES ATTENDED (MM/YY)	CITY/STATE	HOURS ATTEMPTED	HOURS COMPLETED
<b>GPA</b>	<b>MAJOR/MINOR</b>	<b>DEGREE RECEIVED</b>		
<b>COLLEGE/UNIVERSITY</b>				
NAME OF INSTITUTION	DATES ATTENDED (MM/YY)	CITY/STATE	HOURS ATTEMPTED	HOURS COMPLETED
<b>GPA</b>	<b>MAJOR/MINOR</b>	<b>DEGREE RECEIVED</b>		

3. TRADE, VOCATIONAL, BUSINESS & OTHER SCHOOLS			
NAME OF INSTITUTION	STREET ADDRESS	CITY/STATE/ZIP	PHONE #
DATES ATTENDED (MM/YY)	SUBJECT	DIPLOMA/ CERTIFICATES RECEIVED	
TRADE, VOCATIONAL, BUSINESS & OTHER SCHOOLS			
NAME OF INSTITUTION	STREET ADDRESS	CITY/STATE/ZIP	PHONE #
DATES ATTENDED (MM/YY)	SUBJECT	DIPLOMA/ CERTIFICATES RECEIVED	
TRADE, VOCATIONAL, BUSINESS & OTHER SCHOOLS			
NAME OF INSTITUTION	STREET ADDRESS	CITY/STATE/ZIP	PHONE #
DATES ATTENDED (MM/YY)	SUBJECT	DIPLOMA/ CERTIFICATES RECEIVED	

4. Are you currently making student loan payments?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
5. Are you delinquent now?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
6. Have you ever been delinquent?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
7. Have you defaulted on a student loan?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If so, when?		
8. Did you receive any academic or criminal disciplinary action in college?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If so, please describe the incident and its outcome:		

**Investigator Comments:**

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## SECTION E: MILITARY RECORD

If there is not sufficient space at any point in this section, please go to the last 2 pages to add additional information.

BRANCH OF SERVICE	DATE OF ENTRY & SEPARATION	EXTENT OF ACTIVE DUTY (years/months)	TYPE DISCHARGE	HIGHEST RANK HELD
Last duty position held:			Time on Reserve Duty:	
Duties:				

1. DISCIPLINARY ACTIONS RECEIVED (include arrests, letters of reprimands, oral reprimands, court martials, captain's mast, company punishment, restrictions, articles, etc.)			
CHARGE	DATE (MM/YY)	RANK/AGE	DISPOSITION

2. List any incidents in which you or a family member had contact with the military police:	
Date of Incident:	
Description of Incident:	
3. Have you ever been rejected for military service: YES <input type="checkbox"/> NO <input type="checkbox"/>	
Which branch of service:	
Describe the circumstances:	

4. List All Military Commendations Received			
DATE	TYPE	BRANCH OF SERVICE	AWARD PURPOSE

5. List All Military Schools Completed			
DATE OF ATTENDANCE	NAME OF INSTITUTION	ADDRESS	CITY/STATE/ZIP

Investigator Comments:

## **SECTION F: SPECIAL QUALIFICATIONS AND SKILLS**

If there is not sufficient space at any point in this section, please go to the last 2 pages to add additional information.

<b>1. List any police certifications you hold</b>			
<b>CERTIFICATION</b>	<b>CERTIFYING AUTHORITY</b>	<b>DATE OF ISSUE</b>	

<b>2. Indicate your degree of fluency in any foreign language (excellent, good, fair)</b>				
<b>LANGUAGE</b>	<b>READING</b>	<b>WRITING</b>	<b>SPEAKING</b>	<b>UNDERSTANDING</b>

<b>3. List any special licenses you hold (pilot, radio operator, scuba, etc.)</b>			
<b>LICENSE TYPE</b>	<b>LICENSING AUTHORITY</b>	<b>DATE OF ISSUE</b>	<b>EXPIRATION DATE</b>

<b>4. List any specialized equipment you can operate</b>			
<b>EQUIPMENT TYPE</b>	<b>LICENSING AUTHORITY</b>	<b>DATE OF ISSUE</b>	<b>EXPIRATION DATE</b>

## SECTION G: ARRESTS, DETENTIONS, LITIGATION

List all felonies, non-traffic misdemeanors, municipal code violations and detentions. If there is not sufficient space at any point in this section, please go to the last 2 pages to add additional information.

<b>1. Charge/Incident</b>				
<b>Agency Name, City, State</b>	<b>Date of Incident</b>	<b>Case # if Known</b>	<b>Disposition</b>	
<b>2. Charge/Incident</b>				
<b>Agency Name, City, State</b>	<b>Date of Incident</b>	<b>Case # if Known</b>	<b>Disposition</b>	
<b>3. Have you ever engaged in any illegal activity that was not, to your knowledge, reported to law enforcement?</b>		YES <input type="checkbox"/> NO <input type="checkbox"/>		
If YES, describe the activity in detail:				
<b>4. List all incidents that police responded to a location where you were at.</b>				
<b>DATE OF INCIDENT</b>	<b>LOCATION</b>	<b>RESPONDING AGENCY</b>		
If YES, describe in detail:				
<b>5. Have you ever been investigated as a suspect in a crime?</b>		YES <input type="checkbox"/> NO <input type="checkbox"/>		
If YES, describe in detail:				
<b>6. List any and all cash and/or items that you have ever stolen.</b>				
<i>Item</i>	<i>Quantity</i>	<i>Date</i>	<i>Value</i>	<i>From Whom</i>
			\$	
			\$	
			\$	
<b>7. What is the worst thing you think you have ever done?</b>				
<b>8. List all civil litigation's in which you have been involved as a party or witness (do not include worker's compensation cases).</b>				

**Investigator Comments:**

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## **SECTION H: TRAFFIC RECORD**

List all traffic or ordinance violations (except parking) where you were stopped or detained by the police in which a citation was or was not issued. If there is not sufficient space at any point in this section, please go to the last 2 pages to add additional information.

1. Traffic or Ordinance violations with or without a citation				
Issuing Agency	City/State	Month/Year	Charge	Case Disposition

2. List all traffic accidents in which you have been involved as the driver.				
Issuing Agency	City/State	Month/Year	At fault? Y or N	Describe

3. List all vehicles registered to you or operated by you.			
Year	Make	Model	Lic #/State

**Investigator Comments:**

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## SECTION I – MARITAL AND FAMILY HISTORY

Check all that apply: single, engaged, married, separated, divorced or widowed and complete the corresponding information for the selected marital status. If there is not sufficient space at any point in this section, please go to the last 2 pages to add additional information.

**SINGLE**

**ENGAGED**

**MARRIED**

**SEPARATED**

**DIVORCED**

**WIDOWED**

SINGLE					
<b>Name of Significant Other (if applicable)</b>				<b>Date Of Birth</b>	
<b>Address:</b>					
<i>Street, City, State, Zip</i>					
<b>Home Phone:</b>		<b>Work Phone:</b>		<b>Cell Phone:</b>	
<b>Email:</b>					
<b>Investigator Comments:</b>					

MARRIED					
<b>Name of Spouse</b>			<b>Spouse's DOB</b>		
<b>Maiden Name of Spouse</b>			<b>Date Married</b>		
<b>Address:</b>					
<i>Street, City, State, Zip</i>					
<b>Home Phone:</b>		<b>Work Phone:</b>		<b>Cell Phone:</b>	
<b>Email:</b>					
<b>Investigator Comments:</b>					

ENGAGED					
<b>Name of Fiancé</b>			<b>Fiancé's DOB</b>		
<b>Address:</b>					
<i>Street, City, State, Zip</i>					
<b>Home Phone:</b>		<b>Work Phone:</b>		<b>Cell Phone:</b>	
<b>Email:</b>					
<b>Investigator Comments:</b>					



**DIVORCED**

<b>Name of Ex-Spouse</b>		<b>Ex-Spouse's DOB</b>	
<b>Reason for Separation:</b>			
<b>Address:</b>			
<i>Street, City, State, Zip</i>			
<b>Home Phone:</b>		<b>Work Phone:</b>	
<b>Cell Phone:</b>			
<b>Email:</b>			
<b>Investigator Comments:</b>			

**SEPARATED**

<b>Name of Spouse</b>		<b>Spouse's DOB</b>	
<b>Address:</b>			
<i>Street, City, State, Zip</i>			
<b>Home Phone:</b>		<b>Work Phone:</b>	
<b>Cell Phone:</b>			
<b>Email:</b>			
<b>Investigator Comments:</b>			

**WIDOWED**

<b>Deceased Spouse's Full Name</b>		<b>DOB</b>	
<b>Previous Address:</b>			
<i>Street, City, State, Zip</i>			
<b>Investigator Comments:</b>			

List all children related to you or your spouse (natural, adopted, stepchildren, foster)			
Child One: Full Name	Relation	DOB	Supported by
Child One: Address			
Child Two: Full Name	Relation	DOB	Supported by
Child Two: Address			
Child Three: Full Name	Relation	DOB	Supported by
Child Three: Address			
Child Four: Full Name	Relation	DOB	Supported by
Child Four: Address			
Child Five: Full Name	Relation	DOB	Supported by
Child Five: Address			
Child Six: Full Name	Relation	DOB	Supported by
Child Six: Address			

List all other dependents residing in your household or for whom you provide support:			
Full Name	Address (Street, City, St, Zip)	Relation	Phone #

List relatives (i.e., father, mother, brothers, sister, etc)

Full Name	Address (Street, City, St, Zip)	Relation	DOB
Home Phone ( )	Work Phone ( )	Cell Phone ( )	
Email:			

Investigator Comments:

Full Name	Address (Street, City, St, Zip)	Relation	DOB
Home Phone ( )	Work Phone ( )	Cell Phone ( )	
Email:			

Investigator Comments:

Full Name	Address (Street, City, St, Zip)	Relation	DOB
Home Phone ( )	Work Phone ( )	Cell Phone ( )	
Email:			

Investigator Comments:

Full Name	Address (Street, City, St, Zip)	Relation	DOB
Home Phone ( )	Work Phone ( )	Cell Phone ( )	
Email:			

Investigator Comments:

Full Name	Address (Street, City, St, Zip)	Relation	DOB
Home Phone ( )	Work Phone ( )	Cell Phone ( )	
Email:			

Investigator Comments:

Full Name	Address (Street, City, St, Zip)	Relation	DOB
Home Phone ( )	Work Phone ( )	Cell Phone ( )	
Email:			

Investigator Comments:

**Has anyone in your family ever been arrested for a criminal offense?**

**YES**

**NO**

**If YES, indicate whom and describe the circumstance:**

**Investigator Comments:**

## **SECTION J: REFERENCES**

List five persons, not relatives or former/current employers, who know you well to give information about you. If there is not sufficient space at any point in this section, please go to the last 2 pages to add additional information.

<b>Full Name</b>	<b>Address (Street, City, St, Zip)</b>	<b>Relation</b>	<b>DOB</b>
<b>Home Phone (    )</b>	<b>Work Phone (    )</b>	<b>Cell Phone (    )</b>	
<b>Email:</b>			
<b>Investigator Comments:</b>			

<b>Full Name</b>	<b>Address (Street, City, St, Zip)</b>	<b>Relation</b>	<b>DOB</b>
<b>Home Phone (    )</b>	<b>Work Phone (    )</b>	<b>Cell Phone (    )</b>	
<b>Email:</b>			
<b>Investigator Comments:</b>			

<b>Full Name</b>	<b>Address (Street, City, St, Zip)</b>	<b>Relation</b>	<b>DOB</b>
<b>Home Phone (    )</b>	<b>Work Phone (    )</b>	<b>Cell Phone (    )</b>	
<b>Email:</b>			
<b>Investigator Comments:</b>			

<b>Full Name</b>	<b>Address (Street, City, St, Zip)</b>	<b>Relation</b>	<b>DOB</b>
<b>Home Phone (    )</b>	<b>Work Phone (    )</b>	<b>Cell Phone (    )</b>	
<b>Email:</b>			
<b>Investigator Comments:</b>			

<b>Full Name</b>	<b>Address (Street, City, St, Zip)</b>	<b>Relation</b>	<b>DOB</b>
<b>Home Phone (    )</b>	<b>Work Phone (    )</b>	<b>Cell Phone (    )</b>	
<b>Email:</b>			
<b>Investigator Comments:</b>			

## **SECTION K: FINANCIAL HISTORY**

List all sources of income including wages, tips, interest, commissions, and spousal income from similar sources. If there is not sufficient space at any point in this section, please go to the last two pages to add additional information.

<b>1. APPLICANT: SOURCES OF INCOME</b>				
Source of Income	Type (i.e., wages, stocks, bonds, real estate, etc.)	Value	Location	Monthly Net Income

<b>2. SPOUSE'S OR SIGNIFICANT OTHERS: SOURCES OF INCOME</b>				
Source of Income	Type (i.e., wages, stocks, bonds, real estate, etc.)	Value	Location	Monthly Net Income

<b>3. List Gas, Electric, Home and Cell Phones, Cable, and other utilities. Indicate their monthly costs.</b>					
Utility	Monthly Cost	Utility	Monthly Cost	Utility	Monthly Cost

<b>4. Provide Information on bankruptcies filed by you or your spouse</b>			
Date Filed	Type (Chapter)	Location	Applicant/Spouse

**5. List alimony or child support payments paid/owed by you and your spouse.**

Name of Person Paid To Type	Frequency	Current or Arrears

**6. List financial obligations of yours and your spouse.**

Creditor/Location	Balance	Monthly Payment Amount	30 or More Days Arrears? Explain

**7. Have you ever been referred to a collection agency?** YES  NO

If yes, how many times?  
 When was the last time?  
 What was the outcome?

How much did you owe for each account?

Acct 1:                      Acct 2:  
 Acct 3:                      Acct 4:

**8. Have you ever had any repossessions?** YES  NO

If so, how many times?  
 When was the last time?  
 How much did you owe at the time of the repossession?  
 How far behind in payments were you?

What was the business? Please provide address, City, State, Zip & Phone # below:

**9. Have you ever had any foreclosures?** YES  NO

**10. Have you made attempts to resolve a debt with a creditor without it being sent to collections?** YES  NO

If YES, please explain:

**10. Have you attempted to re-establish your credit?** YES  NO

**Additional Applicant Information:**

**Investigator Comments:**

**SECTION L: MEMBERSHIP IN GROUPS, CLUBS, AND ASSOCIATIONS**

List the name, address, type of organization (Professional, Fraternal, Social, etc.). If there is not sufficient space at any point in this section, please go to the last 2 pages to add additional information.

Name	Address	Type



## **SECTION M: PREVIOUS LAW ENFORCEMENT APPLICATIONS**

List all law enforcement agencies with which you have ever applied. If there is not sufficient space at any point in this section, please go to the last 2 pages to add additional information.

Agency	Date Applied	Position Sought	Status/Outcome
<b>Additional Applicant Information:</b>			

**Investigator Comments:**

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## **SECTION N: PERSONAL DECLARATION**

If there is not sufficient space at any point in this section, please go to Pages 36-37 to add additional information.

**1. Describe in your own words the frequency and extent of your use of alcoholic beverages:**

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**2. Describe in your own words the frequency and extent of your use of illegal substances:**

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**3. Describe in your own words the frequency and extent of your use of medication that was not prescribed to you:**

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**4. Describe in your own words any incident in which you sold or furnished illegal or prescribed substances to anyone:**

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**5. Describe any beliefs and/or precepts you may have which would prevent you from taking a human life in the course of your law enforcement duties:**

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**6. Describe any beliefs and/or precepts you may have which would prevent you from fully performing the duties of law enforcement officer (i.e., working weekends, holidays, evenings, etc.):**

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**7. Describe anything else in your background that has not been covered in this application that you believe has relevance and that should be considered:**

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**Investigator Comments:**

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<p><i>I understand that I am required to submit the documents electronically listed on Page 1 of this application to the <a href="mailto:smpd-recruiting@sanmarcostx.gov">smpd-recruiting@sanmarcostx.gov</a> email address upon successful completion of this application.</i></p>	<p><u>Yes</u> <input type="checkbox"/></p>	<p><u>No</u> <input type="checkbox"/></p>
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<p><i>I have personally verified that all of the information in this packet is correct and up to date.</i></p>	<p><u>Yes</u> <input type="checkbox"/></p>	<p><u>No</u> <input type="checkbox"/></p>
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<p><b>I hereby certify that there are no willful misrepresentations, deceptions, omissions, or falsifications in the foregoing statements and answers to questions. I am fully aware that any such will subject me to dismissal from the selection process.</b></p>	<p><u>Yes</u> <input type="checkbox"/></p>	<p><u>No</u> <input type="checkbox"/></p>
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If at any point in the application, you did not have sufficient room to enter information in its entirety or you left information off due to space, please add that information here. Be sure to include the Section and Page to which the additional information pertains.

**Additional Applicant Comments for SECTION            on PAGE**

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**Additional Applicant Comments for SECTION            on PAGE**

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**Additional Applicant Comments for SECTION            on PAGE**

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