## TYLER PUBLIC SAFETY PERSONAL HISTORY STATEMENT

## **GENERAL INSTRUCTIONS**

Type or hand print an answer to every question. If question does not apply to you, so state with N/A. If space available is insufficient, use a separate sheet and precede each answer with the number of the reference box. **DO NOT MIS-STATE OR OMIT** material facts since the statements made herein are subject to verification to determine your qualifications.

|  |   |                            |                         |          |  |              | •                      |             |                             |                                      |            |
|--|---|----------------------------|-------------------------|----------|--|--------------|------------------------|-------------|-----------------------------|--------------------------------------|------------|
| LAST NAME  | LAST NAME FIRST NAME  |                            |                         |          | E MIDDLE NAME                              |              |                        |             |                             | □ MALE                               | □ FEMALE   |
| ALIAS(es), NICKNAME(s), MAIDEN NAME, OTHE  |   |                            |                         |          | OTHER CHANGES IN NAME HOME PHONE BUS. PHON |              |                        |             | NE   SOCIAL SECURITY NUMBER |                                      |            |
| PRESENT RESID  | PRESENT RESIDENCE ADDRESS/NAME OF APRT. COMPLEX/STREET OR ROAD/CITY/STATE ZIP CODE  |                            |                         |          |  |              |                        |             |                             | DDE                                  |            |
| DATE OF BIRTH  | DATE OF BIRTH (mo., day, yr.) PLACE OF BIRTH (City, County, State) Attach copy of birth certificate or baptismal certificate. |                            |                         |          |  |              |                        |             |                             |                                      |            |
| HEIGHT   | WEIG  | HT C                       | OLOR OF E               | YES      | COLOR OF HAIR                              |              | TAT                    | TOOS / PIER | CINGS / B                   | RANDS                                |            |
| U.S. CITIZEN  Signal YES  NO   | NATIV   | S CER                      | JRALIZED<br>TIFICATE NO |          | I<br>IF DERIVED, PAREN<br>CERTIFICATE NO.  | ITS          |                        | DATE, PLAC  | CE AND COURT                |                                      |            |
| E-MAIL ADDRES  |   | <u> </u>                   |                         |          |  | <b>-</b>     |                        |             |                             |                                      |            |
|  |   |                            |                         |          |  |              |                        |             |                             |                                      |            |
| MARRIAGE STAT  |   | ☐ MARE                     | RIED [                  | 3 SING   |  |              | <b>SEPARAT</b>         |             | /ORCED                      |                                      | DOWED      |
| NAME OF SPOUSE<br>GIRLFRIEND/BOYF  |   | EE OR                      |                         |          | DATE OF BIRTH                              | RESIDENCE    | ADD./PHO               | NE E        | BUSINESS                    | S ADD./PHO                           | NE         |
|  |   |                            |                         |          |  |              |                        |             |                             |                                      |            |
| INFORMATION C  | CONCER  |                            |                         |          |  |              |                        |             |                             |                                      |            |
| WHEN   |   | WHE                        | RE                      |          | SPOUSE'S FL                                | ILL MAIDEN N | AME                    | <u> </u>    | ATE AND                     | PLACE OF                             | BIRTH      |
|  |   |                            |                         |          |  |              |                        |             |                             |                                      |            |
|  |   |                            |                         |          |  |              |                        |             |                             |                                      |            |
| NAME AND DRE   | CENIT AI  | DDBESS                     |                         | (C) IE I | DIVORCED OR SER                            | ADATED:      |                        | <u> </u>    |                             |                                      |            |
| NAME   | SENT A  | DDKE33 (                   | <u> </u>                |          | DIVORCED OR SEP<br>DRESS                   | AKATED:      |                        | TELEPHONE   | NUMBE                       | R                                    |            |
| NAME   |   |                            |                         | ADI      | ADDRESS                                    |              |                        |             | NUMBE                       | R                                    |            |
| IF EVER SEPARA   | ATED, A   | NNULLED                    | OR DIVOR                | CED, II  | NDICATE BELOW TH                           | HE FOLLOWIN  | G INFORM               | ATION:      |                             |                                      |            |
| SEPARATED<br>ANNULLED C<br>DIVORCED<br>(STATE WHIC   | Ŕ   | DATE<br>ORDE<br>OR<br>DECR | ER                      | BY WHOM  |  |              | (COURT & STATE) AS DEC |             |                             | DING PARTY<br>CREED BY REASON<br>LAW |            |
|  |   |                            |                         |          |  |              |                        |             |                             |                                      |            |
| OUIII DDEN AND   | DEDEN   | DENTO                      |                         |          |  |              |                        |             |                             |                                      |            |
| A. LIST ALL OF   |   |                            | INCLUDING               | STEP     | P-CHILDREN AND AL                          | OOPTED ONES  | S, AND GIV             | E THE FOLLO | WING IN                     | FORMATIOI                            | V:         |
| NAME   |   |                            |                         |          |  |              |                        |             |                             | SUPPOR                               |            |
| IVAIVIL  |   | DATE                       | PLA                     | CE       | ADDRE                                      | SS           | WIT                    | TH WHOM     |                             | BY WH                                | OM         |
|  |   |                            |                         |          |  |              |                        |             |                             |                                      |            |
|  |   |                            |                         |          |  |              |                        |             |                             |                                      |            |
|  | +   |                            |                         |          |  |              |                        |             |                             |                                      |            |
|  | +   |                            |                         |          |  |              |                        |             | -                           |                                      |            |
|  |   |                            |                         |          |  |              |                        |             |                             |                                      |            |
|  |   |                            |                         |          |  |              |                        |             |                             |                                      |            |
|  |   |                            |                         |          |  |              |                        |             |                             |                                      |            |
| OTHER DEPENDENTS: B. IF YOU CLAIM INCOME TAX EXEMPTIONS FOR SUPPORT OF DEPENDENTS OTHER THAN |   |                            |                         |          |  |              |                        |             |                             |                                      |            |
| SPOUSE AND CHILDREN, PROVIDE   |   |                            |                         |          | E THE FOLLO                                | WING IN      | INFORMATION:           |             |                             |                                      |            |
| NAME   |   |                            | Ī                       |          | ADDRESS                                    |              | RELATIONSHIP           |             |                             | T SUPPOR                             | T RECEIVED |
|  |   |                            |                         |          |  |              |                        |             |                             |                                      |            |
|  |   |                            |                         |          |  |              |                        |             |                             |                                      |            |

ARE YOU DELINQUENT IN THESE PAYMENTS? ☐ YES ☐ NO

C. HAVE YOU EVER BEEN ORDERED BY A COURT TO PAY CHILD SUPPORT OR ALIMONY? ☐ YES ☐ NO

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| HAVE YOU SERVED IN THE U.S. ARMED FORCES? |  |            |            |          |        |         |                 |        |     |         |                 |                 |                |                |               |
|---|--|------------|------------|----------|--------|---------|-----------------|--------|-----|---------|-----------------|-----------------|----------------|----------------|---------------|
| A.  | A. WHILE IN THE MILITARY SERVICE WERE YOU EVER ARRESTED FOR AN OFFENSE WHICH RESULTED IN AN ARTICLE 15 UCMJ JUDGEMENT OR DID YOU RECEIVE ANY DISCIPLINE WHILE IN THE MILITARY (e.g. ARTICLE 15 / CAPTAIN'S MAST / PAGE 11 / NON JUDICIAL PUNISHMENT / LETTER OF COUNSELING / LETTER OF REPRIMAND)? |            |            |          |        |         |                 |        |     |         |                 |                 |                |                |               |
|   | IF YES, (1) GIVE DATE, (2) PL<br>TAKEN FOR EACH INCIDENT<br>THIS INFORMATION   |            |            |          |        |         |                 |        |     |         |                 |                 |                |                |               |
|   | LAST DUTY STATION AND NA   | ME OF C    | OMMANDI    | NG OFF   | ICER:  |         |                 |        |     |         |                 |                 |                |                |               |
| B.  | ARE YOU PRESENTLY A ME   | IBER OF    | U.S. RESE  | RVE OR   | NATIC  | DNAL OI | R STATE         | GUAF   | RD  | ORGANI  | ZATION          | ? 🗆 YI          | ES 🗆           | NO             |               |
| IF A                                      | IF ANSWER TO PART "B" IS YES, COMPLETE THE FOLLOWING:   GRADE  |            |            |          |        |         |                 |        |     |         |                 |                 |                |                |               |
|   | ORGANIZATION   | AND STA    | TION OR U  | INIT AND | LOCA   | ATION   |                 |        |     | □ ACTI  | VE C            | RESER           | VES            | □ INAC         | ΓIVE          |
| IND                                       | ICATE RESERVE OBLIGATION   | IF ANY.    |            |          |        |         |                 |        |     |         | •               |                 |                |                |               |
|   | ECTIVE SERVICE: (May be for  | nd at http |            |          |        | /wfVeri | fication.a      | spx)   |     |         |                 |                 |                |                |               |
|   | ELECTIVE SERVICE NUMBER  |            | CLASSIFI   | CATION   |        | Di      | ATE CLAS        | SSIFIE | ED  |         | ALL PR          | EVIOUS          |                | FICATION       | S             |
| LO  | CAL BOARD  | ADDRE      | SS         |          |        |         |                 |        |     | CITY    |                 |                 | STA            | ATE            |               |
|   | JCATION: A. LIST ALL ELEMEN<br>FENDED.   | TARY, JL   | INIOR HIGI | H AND H  | IIGH S | CHOOL   | S ATTENE        | DED,   | ΑT٦ | TACH TR | RANSCR          | IPT FROI        | M LAST         | HIGH SCH       | HOOL          |
|   | NAME   |            |            | ,        | ADDRE  | SS      |                 |        | DA  | TES AT  | ΓENDED          |                 | EARS<br>PLETED |                | UATED<br>NO   |
|   |  |            |            |          |        |         |                 |        |     |         |                 | OOM             |                | 120            | 140           |
|   |  |            |            |          |        |         |                 |        |     |         |                 |                 |                |                |               |
|   |  |            |            |          |        |         |                 |        |     |         |                 |                 |                |                |               |
|   |  |            |            |          |        |         |                 |        |     |         |                 |                 |                |                |               |
|   |  |            |            |          |        |         |                 |        |     |         |                 |                 |                |                |               |
| шс  | HER EDUCATION: B. LIST INF   | DMATIO     | NI RELOW   |          | COLL   | EGES (  | 7D              | DOIT   | IES | ATTEN   | DED AT          | TACH TI         | DANGCE         | IDT EDOM       | .4            |
|   | LLEGES ATTENDED.   | JRIVIATIO  | N BELOW    | FUR ALI  | L COLL |         |                 |        |     |         |                 |                 |                |                |               |
|   | NAME OF COLL   | EGE/UNI\   | /ERSITY    |          |        |         | ATES ATT<br>ROM | END!   |     | SEM     | CREDIT<br>ESTER | HOURS<br>QUARTE | R F            | EGREE<br>REC'D | YEAR<br>REC'D |
|   |  |            |            |          |        |         |                 |        |     |         |                 |                 |                |                |               |
|   |  |            |            |          |        |         |                 |        |     |         |                 |                 |                |                |               |
|   | IOD AND MINOR COLLEGE OF   |            |            |          |        |         |                 |        |     |         |                 |                 |                |                |               |
| WA  | JOR AND MINOR COLLEGE CO   | DURSES:    |            |          |        |         |                 |        |     |         |                 |                 |                |                |               |
|   |  |            |            |          |        |         |                 |        |     |         |                 |                 |                |                |               |
|   |  |            |            |          |        |         |                 |        |     |         |                 |                 |                |                |               |
|   | OTHER SCHOOLS OR TRAININ<br>HOOL, DATES ATTENDED, SUE  |            |            |          |        |         |                 |        |     |         |                 | NAME AN         | ID LOCA        | TION OF        |               |
|   |  |            |            |          |        |         |                 |        |     |         |                 |                 |                |                |               |
| D. H                                      | HAVE YOU EVER BEEN EXPEL   | ED OR S    | USPENDE    | D FROM   | SCHO   | OOL? [  | J YES           | □ NC   | )   | IF YE   | ES, EXPI        | -AIN            |                |                |               |
|   | LANGUAGE   |            | READING    | ì        |        | SPE     | AKING           |        |     | UNDI    | ERSTAN          | DING            |                | WRITING        |               |
|   | LANGUAGE   | EXC.       | GOOD       | FAIR     | EXC.   |         | GOOD            | FAI    | R   | EXC.    | GOOD            | FAIR            | EXC.           | GOOD           | FAIR          |
|   |  |            |            |          |        |         |                 |        |     |         |                 |                 |                |                |               |

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| SPE   | CIAL QUALI                        | FICATIONS AND SP                    | AILLS:                               |   |   |                                   |
|-------|-----------------------------------|-------------------------------------|--------------------------------------|---|---|-----------------------------------|
| A.    |                                   |                                     |                                      |   | C., SHOWING LICENSING AUT<br>T VEHICLE OPERATOR'S LICE                    |                                   |
|       |                                   |                                     |                                      |   |   |                                   |
| B.    | SPECIAL SECOMPTOME                | KILL YOU POSSESS<br>ETER, COMPUTER, | AND MACHINES AN<br>TURRET LATHE, TRA | D EQUIPMENT YOU CAN USE<br>ANSCRIBING MACHINE, SCIE | E (FOR EXAMPLE, SHORT WA<br>NTIFIC OR PROFESSIONAL D                      | VE RADIO, MULTILITH,<br>DEVICES). |
| C. [  | APPROXIMA                         | ATE NUMBER OF W                     | ORDS PER MINUTE:                     | TYPING:   |   |                                   |
| D.    | COPIES UN                         | LESS REQUESTED                      | ], YOUR PATENTS OI                   |   | OUR MOST IMPORTANT PUBI<br>AKING AND PUBLICATIONS E<br>DWSHIPS RECEIVED). |                                   |
|       |                                   |                                     |                                      |   |   |                                   |
|       |                                   |                                     |                                      | ASS A, B, C, M, CDL, E<br>ICENSE YOU HAVE HE        | ETC.) GIVE THE FOLLO  | OWING INFORMATION                 |
|       |                                   | F LICENSE                           | STATE                                | LICENSE NUMBER                                      | DATE OF EXPIRATION  | RESTRICTIONS                      |
|       |                                   |                                     |                                      |   |   |                                   |
|       |                                   |                                     |                                      |   |   |                                   |
| REV   | E YOU EVEF<br>OKED?<br>LAIN FULLY | R BEEN DENIED ISS                   | SUANCE OF A LICENS                   | SE OR HAVE YOU EVER HAD                             | A LICENSE SUSPENDED OR  | □ YES □ NO                        |
| AUT   | OMOBILE IN                        | SURANCE?                            |                                      |   | AVE YOU EVER BEEN REFUSE  | ED □ YES □ NO                     |
| IF YI | ES, GIVE DE                       | TAILS, INCLUDING                    | REASONS, NAMES C                     | OF COMPANIES, DATES, ETC                            |   |                                   |
| GIVE  | E NAME AND                        | ADDRESS OF INS                      | JRANCE COMPANY \                     | WITH WHOM YOU NOW HAVI                              | E AUTOMOBILE INSURANCE  |                                   |
| POL   | ICY COVERA                        | AGE                                 |                                      |   |   |                                   |
| י סח  | YOU OWN AI                        | ND/OR OPERATE A                     | N ALITOMORII E TRI                   | JCK, MOTORCYCLE, AND/OR                             | ROAT?   |                                   |
|       | E. MODEL.                         |                                     | TO TO MODILE, THE                    | , MOTOROTOLL, 71112/010                             | . Bont :  |                                   |
|       | , - ,                             | ER AND STATE OF I                   | REGISTRATION                         |   |   |                                   |
|       |                                   |                                     |                                      |   | MPLOYMENT, INCLUDING PAI<br>AS A STUDENT ALSO). <b>IF NE</b>              |                                   |
|       | NEXT PAGE<br>OM DATE              | TO LIST ALL ITEMS                   | NAME OF EMPL                         | OYER  | REASON FOR LEAVING  | JOB TITLE                         |
| Т     | O DATE                            |                                     | ADDRESS OF EMF                       | PLOYER  | DESCRIPTION C   | F YOUR DUTIES                     |
|       | SALARY                            | ,                                   | CITY and STATE OF E                  |   | NAME OF SUPERVISOR  | NAME OF CO-WORKER                 |
|       | DALAK I                           |                                     |                                      | IVII LOTEN  |   |                                   |
|       |                                   | TELEPHONE NUM<br>AREA CODE:         | IBER<br>NUMBER:                      |   | DAY PHONE NUMBER  | DAY PHONE NUMBER                  |

MAY WE CONTACT YOUR CURRENT EMPLOYER? ☐ YES ☐ NO

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| FROM DATE | NAME OF EMPLOYER                    | REASON FOR LEAVING | JOB TITLE           |
|-----------|-------------------------------------|--------------------|---------------------|
| TO DATE   | ADDRESS OF EMPLOYER                 | DESCRIPTION C      | F YOUR DUTIES       |
| SALARY    | CITY and STATE OF EMPLOYER          | NAME OF SUPERVISOR | NAME OF CO-WORKER   |
|           | TELEPHONE NUMBER AREA CODE: NUMBER: | DAY PHONE NUMBER   | DAY PHONE NUMBER    |
|           |                                     |                    |                     |
| FROM DATE | NAME OF EMPLOYER                    | REASON FOR LEAVING | JOB TITLE           |
| TO DATE   | ADDRESS OF EMPLOYER                 | DESCRIPTION C      | F YOUR DUTIES       |
| SALARY    | CITY and STATE OF EMPLOYER          | NAME OF SUPERVISOR | NAME OF CO-WORKER   |
|           | TELEPHONE NUMBER                    | DAY PHONE NUMBER   | DAY PHONE NUMBER    |
|           | AREA CODE: NUMBER:                  |                    |                     |
| FROM DATE | NAME OF EMPLOYER                    | REASON FOR LEAVING | JOB TITLE           |
| TO DATE   | ADDRESS OF EMPLOYER                 | DESCRIPTION C      | <br> F YOUR DUTIES  |
| SALARY    | CITY and STATE OF EMPLOYER          | NAME OF SUPERVISOR | NAME OF CO-WORKER   |
|           | TELEPHONE NUMBER AREA CODE: NUMBER: | DAY PHONE NUMBER   | DAY PHONE NUMBER    |
| FROM DATE | NAME OF EMPLOYER                    | REASON FOR LEAVING | JOB TITLE           |
| TO DATE   | ADDRESS OF EMPLOYER                 | DESCRIPTION C      | <br> F YOUR DUTIES  |
| SALARY    | CITY and STATE OF EMPLOYER          | NAME OF SUPERVISOR | NAME OF CO-WORKER   |
|           | TELEPHONE NUMBER AREA CODE: NUMBER: | DAY PHONE NUMBER   | DAY PHONE NUMBER    |
| FROM DATE | NAME OF EMPLOYER                    | REASON FOR LEAVING | JOB TITLE           |
| TO DATE   | ADDRESS OF EMPLOYER                 | DESCRIPTION C      | F YOUR DUTIES       |
| SALARY    | CITY and STATE OF EMPLOYER          | NAME OF SUPERVISOR | NAME OF CO-WORKER   |
|           | TELEPHONE NUMBER AREA CODE: NUMBER: | DAY PHONE NUMBER   | DAY PHONE NUMBER    |
| FROM DATE | NAME OF EMPLOYER                    | REASON FOR LEAVING | JOB TITLE           |
| TO DATE   | ADDRESS OF EMPLOYER                 | DESCRIPTION C      | L<br>OF YOUR DUTIES |
| SALARY    | CITY and STATE OF EMPLOYER          | NAME OF SUPERVISOR | NAME OF CO-WORKER   |
|           | TELEPHONE NUMBER AREA CODE: NUMBER: | DAY PHONE NUMBER   | DAY PHONE NUMBER    |
| FROM DATE | NAME OF EMPLOYER                    | REASON FOR LEAVING | JOB TITLE           |
| TO DATE   | ADDRESS OF EMPLOYER                 | DESCRIPTION C      | <br> F YOUR DUTIES  |
| SALARY    | CITY and STATE OF EMPLOYER          | NAME OF SUPERVISOR | NAME OF CO-WORKER   |
|           | TELEPHONE NUMBER AREA CODE: NUMBER: | DAY PHONE NUMBER   | DAY PHONE NUMBER    |
|           |                                     |                    | <u> </u>            |

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|             | HAVE YOU EVER BEEN DISCHARGED, ASKED TO RESIGN, FURLOUGHED, OR PUT ON INACTIVE STATUS FOR CAUSE, OR SUBJECTED TO DISCIPLINARY ACTION WHILE IN POSITION (EXCEPT MILITARY)?   YES  NO IF YES, STATE CIRCUMSTANCES:         |                    |              |  |                      |                |  |  |
|-------------|--|--------------------|--------------|--|----------------------|----------------|--|--|
|             | HAVE YOU EVER RESIGNED (QUIT) AFTER BEING INFORMED YOUR EMPLOYER INTENDED TO DISCHARGE (FIRE) YOU FOR ANY REASON?  □ YES □ NO IF YES, EXPLAIN, GIVING NAME, ADDRESS, OR EMPLOYER, APPROXIMATE DATE, AND REASON FOR EACH: |                    |              |  |                      |                |  |  |
|             | AVE YOU EVER APPLIED FOR EMPLO'<br>ATUS OF THE APPLICATION:  | YMENT WITH ANY LAV | V ENFORCEMI  | ENT AGENCY?                            | ∕ES □ NO IF YES, FUL | LY EXPLAIN THE |  |  |
|             | DO YOU RECEIVE INCOME FROM A   | NY SOURCE OTHER T  | HAN YOUR PE  | INCIPAL OCCUPATI                       | ON?   YES            | □NO            |  |  |
|             |  | TO COUNCE OTHER T  |              |  |                      |                |  |  |
|             | SOURCE:<br>SPOUSE'S EMPLOYER/ADDRESS   |                    |              | DUNT: \$<br>ARY                        | HOW O                |                |  |  |
| RESOURCES   | DO YOU OWN ANY REAL PROPERTY<br>LOCATION   | Y? □ YES           | □NO          | MORTGAGE:<br>HOLDER:<br>POLICY NUMBER: |                      |                |  |  |
| SOL         | INSURANCE COVERAGE AND AMOL  | JNT OF PREMIUM:    | -            |  |                      |                |  |  |
|             | AMOUNT OF MORTGAGE:  | А                  | MOUNT AND F  | REQUENCY OF PA                         | YMENTS               |                |  |  |
| Ą.          |  | RNISHED?           |              | NCLUDED?                               | AMOUNT               | 110            |  |  |
|             | DO YOU OWN ANY BONDS, GOVERI<br>VALUE: \$  | NMENT OR OTHER?    | □ YES □ NO   | VALUE: \$                              | ANY STOCK? ☐ YES ☐   | NO             |  |  |
|             | NAME OF BANK   |                    |              | DDRESS                                 | AMOUNT               |                |  |  |
|             | NAME OF SAVINGS BANK   |                    | A            | DDRESS                                 | AMOUNT               | \$             |  |  |
|             | GIVE NAMES AND ADDRESS OF IND<br>DEBT (INCLUDING ANY LOANS ON V<br>ACCOUNTS AND ACCOUNTS WITH A  | NHICH YOU ARE CO-S |              |  |                      |                |  |  |
|             | NAME OF CREDITOR   | ADDRESS OF C       | REDITOR      | TYPE OF                                | CREDIT LIMIT         | AMOUNT OWED    |  |  |
|             |  |                    |              | ACCOUNT                                |                      | AND PAYMENT    |  |  |
|             |  |                    |              |  |                      |                |  |  |
| S           |  |                    |              | _                                      |                      |                |  |  |
| <u>N</u>    |  |                    |              |  |                      |                |  |  |
| 3AT         |  |                    |              | 1                                      |                      |                |  |  |
| OBLIGATIONS |  |                    |              | _                                      |                      |                |  |  |
| B. C        |  |                    |              |  |                      |                |  |  |
|             |  |                    |              | 1                                      |                      |                |  |  |
|             |  |                    |              |  |                      |                |  |  |
|             |  |                    |              |  |                      |                |  |  |
|             |  |                    |              | -                                      |                      |                |  |  |
|             |  |                    |              |  |                      |                |  |  |
| Ш           |  |                    |              |  |                      |                |  |  |
|             | HAS YOUR CREDIT RATING EVER BEEN CONSIDERED UNSATISFACTORY OR HAVE YOU EVER BEEN REFUSED CREDIT?   YES  NO IF YES GIVE DATES, NAMES OF CREDITORS AND CIRCUMSTANCES:  |                    |              |  |                      |                |  |  |
|             |  |                    |              |  |                      |                |  |  |
| H           | HAVE YOU EVER FILED BANKRUPTCY? ☐ YES ☐ NO IF YES, SPECIFY DATE, COURT, ACTIONS INVOLVED:  |                    |              |  |                      |                |  |  |
|             | ARRESTS, DETENTION, AND LITIGATION: (SHOW ALL ARRESTS INCLUDING JUVENILE DELINQUENT AND TRAFFIC).  |                    |              |  |                      |                |  |  |
| A.          | HAVE YOU EVER BEEN ARRESTED, I   | DETAINED OR CONTA  | CTED BY A LA | W ENFORCEMENT A                        | AGENCY?              |                |  |  |
|             | B. HAVE YOU (OR YOUR SPOUSE) BEEN INVOLVED IN ANY COURT ACTION, <b>CIVIL</b> OR <b>CRIMINAL</b> ?    YES    NO INCLUDE ALL TRAFFIC VIOLATIONS, PARKING, ETC. IN THIS STATE OR ELSEWHERE.                                 |                    |              |  |                      |                |  |  |
| C.          | C. HAVE YOU EVER BEEN FINGERPRINTED FOR ANY REASON (ARREST, JOB APPLICANT, ETC.).   □ YES □ NO   |                    |              |  |                      |                |  |  |

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| E. HAS ANY<br>TRAFFIC VI              | MEMBER OF YOLATIONS: E | YOUR IMMEDI     | ATE FAMILY OR CLOS                     | SE RELATIVE (INCL          | LUDING IN-LAWS) E | EVER BEEN ARRESTE   | D FOR OTHER THAN |
|---------------------------------------|------------------------|-----------------|--|----------------------------|-------------------|---------------------|------------------|
| LAST                                  | NAME, FIRST, I         | MIDDLE          | RELATIONSHIP                           | DATE                       | PLACE             | CHARGI              | E DISPOSITION    |
|                                       |                        |                 |  |                            |                   |                     |                  |
|                                       |                        |                 |  |                            |                   |                     |                  |
|                                       |                        |                 |  |                            |                   |                     |                  |
|                                       |                        |                 |  |                            |                   |                     |                  |
|                                       |                        |                 |  |                            |                   |                     |                  |
|                                       |                        |                 |  |                            |                   |                     |                  |
|                                       |                        |                 |  |                            |                   |                     |                  |
|                                       |                        |                 |  |                            |                   |                     |                  |
| CAN YOU P                             | FREORM ALL             | OF THE ESSEN    | NTIAL JOB FUNCTION                     | HEALTH<br>S AS DESCRIBED I | IN THE OFFICIAL C | ITY OF TYLER JOB AN | NNOUNCEMENT? IF  |
| NOT, PLEAS                            | SE EXPLAIN W           | HY NOT, AND     | WHETHER OR NOT YOU ODATIONS.   YOU YES | OU COULD PERFO             |                   |                     |                  |
| OOME TITE                             | I OI INL/IOON          | IDEE 7.000IVIII | NOD/MONO. L 120                        | 2110                       |                   |                     |                  |
|                                       |                        |                 |  |                            |                   |                     |                  |
|                                       |                        |                 |  |                            |                   |                     |                  |
|                                       |                        |                 |  |                            |                   |                     |                  |
|                                       |                        |                 | R                                      | ESIDENCE                   | S                 |                     |                  |
|                                       |                        |                 | TEN YEARS BEGINNIN<br>I IN COLLEGE).   | IG WITH YOUR PR            | ESENT ADDRESS     | (INCLUDE ANY DUTY   | STATIONS IF IN   |
|                                       | AND YEAR               |                 | ADD                                    | RESS                       |                   | CITY                | STATE            |
| FROM                                  | ТО                     |                 | ADD                                    | TKL00                      |                   | 0111                | OTATE            |
|                                       |                        |                 |  |                            |                   |                     |                  |
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| · · · · · · · · · · · · · · · · · · · | ·                      |                 | ·                                      | ·                          | ·                 | ·                   |                  |

D. IF THE ANSWER TO ANY OF THE PREVIOUS QUESTIONS IS YES, LIST BELOW THE DATE, PLACE AND FULL DETAILS OF EACH INCIDENT.

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## **RELATIVES**

NOTE: EVEN THOUGH A RELATIVE IS DECEASED, GIVE ALL INFORMATION REQUESTED, AND INDICATE LAST RESIDENCE AND YEAR OF DEATH.

| FULL NAME                   | DATE OF BIRTH<br>(Month, Day, Year) | ADDRESS AND TELEPHONE NUMBER | EMPLOYER AND OCCUPATION |
|-----------------------------|-------------------------------------|------------------------------|-------------------------|
| FATHER                      |                                     |                              |                         |
|                             |                                     |                              |                         |
|                             |                                     |                              |                         |
| MOTHER                      |                                     |                              |                         |
|                             |                                     |                              |                         |
| STEP MOTHER AND/OR FATHER   |                                     |                              |                         |
| STEP MOTHER AND/OR PATHER   |                                     |                              |                         |
|                             |                                     |                              |                         |
| BROTHERS AND/OR STEP & HALF |                                     |                              |                         |
| BROTHERS AND/OR STEP & HALF |                                     |                              |                         |
|                             |                                     |                              |                         |
|                             |                                     |                              |                         |
|                             |                                     |                              |                         |
|                             |                                     |                              |                         |
|                             |                                     |                              |                         |
| SISTERS AND/OR STEP & HALF  |                                     |                              |                         |
|                             |                                     |                              |                         |
|                             |                                     |                              |                         |
|                             |                                     |                              |                         |
|                             |                                     |                              |                         |
|                             |                                     |                              |                         |
| FATHER-IN-LAW               |                                     |                              |                         |
|                             |                                     |                              |                         |
|                             |                                     |                              |                         |
| MOTHER-IN-LAW               |                                     |                              |                         |
|                             |                                     |                              |                         |
| BROTHER-IN-LAW              |                                     |                              |                         |
| PUOTIEK IN EAW              |                                     |                              |                         |
|                             |                                     |                              |                         |
|                             |                                     |                              |                         |
|                             |                                     |                              |                         |
| SISTER-IN-LAW               |                                     |                              |                         |
| O.O. E. C. IV. E. W.        |                                     |                              |                         |
|                             |                                     |                              |                         |
|                             |                                     |                              |                         |
|                             |                                     |                              |                         |

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**REFERENCES**: CHARACTER REFERENCES (GIVE FIVE, NOT EMPLOYERS OR RELATIVES, AT LEAST THREE OF THESE REFERENCES MUST HAVE BEEN ACQUAINTED WITH YOU FOR **MORE THAN FIVE YEARS**). BOTH RESIDENCE AND BUSINESS ADDRESS REQUIRED (IF APPLICABLE).

HOME ADDRESS

BUSINESS NAME/ADDRESS

LAST NAME, FIRST, MIDDLE

| YEARS KNOWN   | MOH              | ME PHONE     | <u> </u> | BUSINESS             | PHONE                 | OCCUPATION                              |  |
|---|------------------|--------------|----------|----------------------|-----------------------|---|--|
|   |                  |              |          |                      |                       |   |  |
| LAST  | NAME, FIRST, MID | DDLE         |          | HOME ADDRES          | S                     | BUSINESS NAME/ADDRESS                   |  |
|   |                  |              |          |                      |                       |   |  |
| YEARS KNOWN   | HON              | ME PHONE     |          | BUSINESS             | PHONE                 | OCCUPATION                              |  |
|   |                  |              |          |                      |                       |   |  |
| LAST N  | NAME, FIRST, MID | DDLE         |          | HOME ADDRES          | SS                    | BUSINESS NAME/ADDRESS                   |  |
| ···= - > > \/A\  O \/A\   |                  |              |          | DI IONIESO           |                       | CONTRATION                              |  |
| YEARS KNOWN   | HON              | ME PHONE     |          | BUSINESS             | PHONE                 | OCCUPATION                              |  |
|   |                  | · <b>-</b>   |          |                      |                       |   |  |
| LASIN   | NAME, FIRST, MID | DDLE         |          | HOME ADDRES          | SS                    | BUSINESS NAME/ADDRESS                   |  |
|   |                  |              |          |                      |                       |   |  |
| YEARS KNOWN   | HON              | ME PHONE     | _        | BUSINESS             | OCCUPATION            |   |  |
| LAGTA   | ·····            | <b>-</b>     |          |                      | - 1                   | 212112222222222222222222222222222222222 |  |
| LASIN   | NAME, FIRST, MID | DDLE         |          | HOME ADDRES          | BUSINESS NAME/ADDRESS |   |  |
|   |                  |              |          |                      |                       |   |  |
| YEARS KNOWN   | HON              | ME PHONE     |          | BUSINESS             | OCCUPATION            |   |  |
|   |                  |              |          |                      |                       |   |  |
| EXCLUDING CHAR  | ACTER REFEREN    |              |          | ND, GIRLFRIEND AND F |                       |   |  |
| NAME  |                  | HOME ADDRESS |          |                      | RESS                  |   |  |
| TELEPHONE (Daytii   | me)              | HOME         |          |                      | ATE OF BIRTH          |   |  |
|   |                  | 0.           | THER     | INFORMATIO           | N                     | ,                                       |  |
| ARE YOU, OR HAVE YOU EVER BEEN A CERTIFIED PEACE OFFICER IN ANY STATE? ☐ YES ☐ NO |                  |              |          |                      |                       |   |  |
| IF YES, LIST NAME OF ACADEMY, LOCATION AND DATES ATTENDED.                        |                  |              |          |                      |                       |   |  |
|   |                  |              |          |                      |                       |   |  |
|   |                  |              |          |                      |                       |   |  |
|   |                  |              |          |                      |                       |   |  |
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|   |                  |              |          |                      |                       |   |  |
|   |                  |              |          |                      |                       |   |  |

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| PAST AND/OR PRESENT MEMBERSHIP IN ORGA                              | NIZATIONS:                     |                                      |                   |
|---|--------------------------------|--------------------------------------|-------------------|
| NAME AND ADDRESS  | TYPE (SOCIAL, FRATERNA         | AL, OFFICE HELD                      | MEMBERSHIP        |
|   | PROFESSIONAL, ETC.)            |                                      | FROM TO           |
|   |                                |                                      |                   |
|   |                                |                                      |                   |
|   |                                |                                      |                   |
|   |                                |                                      |                   |
|   |                                |                                      |                   |
|   |                                |                                      |                   |
| HOBBIES AND SPORTS:   |                                |                                      |                   |
| NAME  | LENGTH OF PARTICIPATION        | ON LEVEL OF P                        | ROFICIENCY        |
|   |                                |                                      |                   |
|   |                                |                                      |                   |
|   |                                |                                      |                   |
|   |                                |                                      |                   |
|   |                                |                                      |                   |
|   |                                |                                      |                   |
|   |                                |                                      |                   |
| LIST ALL SOCIAL NETWORKING SITES THAT YOU                           | J ACCESS.                      |                                      |                   |
|   |                                |                                      |                   |
|   |                                |                                      |                   |
|   |                                |                                      |                   |
|   |                                |                                      |                   |
| ARE THERE ANY INCIDENTS IN YOUR LIFE NOT N                          |                                |                                      | FORM THE DUTIES   |
| WHICH YOU MAY BE CALLED UPON TO TAKE OR                             | WHICH MIGHT REQUIRE FURTHER    | EXPLANATION?                         |                   |
| IF YES, GIVE DETAILS  |                                |                                      |                   |
|   |                                |                                      |                   |
|   |                                |                                      |                   |
|   |                                |                                      |                   |
|   |                                |                                      |                   |
| ANN COMMENTS VOLUMBLE DOADS TO MAKE O                               |                                | 05 01141 15104 710110 111 551 4 7101 | 1 TO THE PHP 10   |
| ANY COMMENTS YOU WOULD CARE TO MAKE CONSTRUCTION SAFETY PROFESSION? | ONCERNING YOUR BACKGROUND,     | OR QUALIFICATIONS IN RELATION        | N TO THE PUBLIC   |
|   |                                |                                      |                   |
|   |                                |                                      |                   |
|   |                                |                                      |                   |
|   |                                |                                      |                   |
|   |                                |                                      |                   |
|   |                                |                                      |                   |
| I Represent and Warrant the state                                   |                                |                                      |                   |
| true and accurate to the best of                                    |                                | no willful material mis              | representation    |
| or omission is contained therein.                                   |                                |                                      |                   |
|   |                                |                                      |                   |
| I fully understand that my application wi                           | Il be rejected and that I will | be permanently disqualified          | from public safet |
| employment with the City of Tyler, Texas                            |                                |                                      |                   |
| Personal History Statement reveals such w                           |                                |                                      | -                 |
|   |                                |                                      |                   |
|   |                                |                                      |                   |
|   | _                              |                                      |                   |
| Signature of Applicant  |                                | Date                                 |                   |

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