

HOPKINS COUNTY **SHERIFF**

APPLICATION FOR POSITION

DISPATCH

FULL NAME OF APPLICANT _____

!!! IMPORTANT !!!

Please read these instructions carefully

These instructions are provided to you as a guide to assist you in properly completing your personal history statement. It is essential that the information be correct and complete!

Your failure to properly complete this application packet or failure to provide all requested documents, may result in the rejection of your application.

Your personal history statement will be used as the basis for a background investigation that will determine your eligibility for the position with which you are applying for.

- Your Personal History Statement should be hand printed legibly and in black ink.
- Answer all questions completely. If a question does not pertain to you then enter "N/A" in the space provided
- Avoid errors by reading the directions carefully before making any entries on the form. Be sure your information is correct and in sequence before you begin.
- You are responsible for obtaining correct addresses and phone numbers (including zip codes and area codes). If you are not sure of an address, check it by personal verification. Your local library may have a directory service or copies of the required directories.
- If there is insufficient space on the application for required information, attach additional sheets. Be sure to reference the relevant section and questions before continuing your answer.

Deliberate omission of required information or a deliberate misstatement of required information is grounds for immediate rejection, and may be grounds for dismissal after acceptance.

If you have any questions regarding the required information, please feel free to contact the Communications Supervisor at (903) 438-4040

This application packet shall be returned to the department within 10 working days from date of issue unless otherwise specified.

Checklist of Required Documents

Yes

N/A

Copy of Birth Certificate (and adoption papers if applicable)

High School Diploma or G.E.D. Equivalent

Copy of High School transcripts (if applicable)

Military DD Form 214

Copy of Drivers License

Copy of current automobile insurance card (if applicable)

Copy of any Written References or Commendations

Copy of TCLEOSE Peace Officer Certification Card

F-5 from ALL Departments that you were Commissioned

Copy of college transcripts (if applicable)

(All applicants that have prior Law Enforcement experience SHALL provide an F-5 from every agency in which you were commissioned.)

CONFIDENTIAL INFORMATION AGREEMENT FORM

The Hopkins County Sheriff's Office is a proud and ethical organization that strives for the best when possible. Because of this, a thorough investigation will be conducted to determine your qualifications for a position with the Hopkins County Sheriffs Office. To a great extent, your acceptance will depend on information obtained through interviews with persons whom you have been associated. Applicants will not have access to such information. Furthermore, since the information is confidential, the Sheriff's Office cannot reveal the reason(s) for rejection for those applicants who are dismissed prior to the oral interview board. If the reason(s) for your non-acceptance is of a temporary nature whereby you could be accepted at a later time, you will be so notified.

I have read and fully understand the above statement.

Applicant's printed name

Date of birth

Applicant's signature

Date

Sworn and subscribed before me, this the _____ day of _____, 20_____

Notary Public in and for, State of Texas

Printed Name of Notary

My commission expires _____

Place Notary Stamp below

Signature of Notary

AUTHORIZATION TO RELEASE INFORMATION

To Whom It May Concern:

I, _____, hereby request and authorize you to furnish the Hopkins County Sheriff's Office with any and all information they may request concerning my work record, education history, military record, financial status, criminal record, general reputation and past or present medical condition.

This authorization is specifically intended to include any and all information of a confidential or privileged nature, as well as photocopies of such documents, if requested. The information will be used for the purpose of determining my eligibility for acceptance as a _____.

I hereby release you and your organization from any liability which may or could result from furnishing the information requested above or from any subsequent use of such information in determining my qualification to serve as a _____.

This authorization is for a period of 6 months from the date of my signature below.

Applicant's signature

Date

Sworn and subscribed before me, this the _____ day of _____, 20_____

Notary Public in and for, State of Texas

Printed Name of Notary

My commission expires _____

Place Notary Stamp below

Signature of Notary

PERSONAL HISTORY STATEMENT

Section 1 – Applicant's Name and Contact Information

1. Name: _____
Last Name First Name Middle Name Jr./ Sr./ III etc
2. Current Physical Address: _____
Box Number and Street (no route numbers)

City State Zip-Code
3. Contact Phone Numbers: Home: _____
Cell: _____
4. E-mail Addresses: Primary: _____
Secondary: _____

Section 2 – Applicant's Identification Information

- 5a. Date of Birth: _____ 5b. Race: _____ 5c. Sex: _____
6. Place of Birth: _____
7. Are you a U.S. Citizen: _____ YES _____ NO
8. Social Security Number: _____
9. Driver's License: _____
DL # State of Issue Expiration Date
- 10a: _____ 10b: _____ 10c: _____ 10d: _____
Height Weight Hair Color Eye Color
11. Identifying Marks: Tattoos: _____

Scars: _____

12. Other Names Used / Nicknames: _____

Section 3 – Marital status and Family Information

14. Circle your current marital status:

- a. Single b. Engaged c. Married d. Separated e. Divorced f. Widowed

15. Do you or your spouse have a relative currently employed with Hopkins County or with the Hopkins County Sheriff's Office?

YES ____ NO ____

If so, please give name(s) and department(s):

Section 4 – Address History and Residences

16. If you currently share a residence with any person(s) other than family members(s), please list them below.

Full Name	Date of Birth	Relationship	Occupation	Length of time together	Phone Number(s)

Section 5 – Personal References

18. List three persons who have known you for at least five years and can provide current information about you. Do not list relatives or past/present employers.

Name: _____ Occupation: _____

Home Address: _____ Years Known: _____

Contact Number: _____ Work Phone: _____

Email Address: _____

Briefly describe your relationship with this person:

Name: _____ Occupation: _____

Home Address: _____ Years Known: _____

Contact Number: _____ Work Phone: _____

Email Address: _____

Briefly describe your relationship with this person:

Name: _____ Occupation: _____

Home Address: _____ Years Known: _____

Contact Number: _____ Work Phone: _____

Email Address: _____

Briefly describe your relationship with this person:

Section 6 – Military Service

19. Have you ever been a member of any branch of armed forces? YES ____ NO ____
20. What branch of service? _____ MOS? _____
21. Date of first enlistment? _____ Highest rank? _____
22. Date of discharge? _____ Type? _____
23. Are you a member of the Reserves or National/State Guard? YES ____ NO ____
24. Branch of service _____, if State organization, what State? _____
25. What is your rank? _____ MOS? _____
26. What is your current Organization / Station / Unit & Location? _____
- _____
27. Who is your Commanding Officer and first line supervisor and their phone numbers?
- _____

Please answer the following:

a. have you ever been the subject of a Courts Martial? YES ____ NO ____
if yes, state reason: _____

b. Have you ever received any UCMJ action? YES ____ NO ____
if yes, state reason: _____

c. Please list any schools with which you have attended and the dates completed:

d. Please list any awards / accommodations and reason for receiving: (do not include service awards)

Section 7 – Education History

28. List all High Schools, colleges, technological or trade schools you have ever attended, regardless of whether or not you graduated and/or completed the course of study.

If you are listing Colleges / Universities and you did not graduate, indicate the correct number of credit hours you obtained.

If you attended a technological or trade school, indicate your course of study and also indicate if you were awarded a diploma or certificate.

Name of Institution	Location (City and State)	Type of Institution	Start date	End Date	Credit hours / Class Hours	Degree / Diploma

29. Have you ever been expelled from any school you have attended? YES ___ NO ___

30. Have you ever been suspended from any school you've attended? YES ___ NO ___

31. Have you ever been placed on academic probation? YES ___ NO ___

32. If yes to any answer on 42 thru 44, please explain: _____

33. If yes to any answer on 42 thru 44, please list the schools, dates and actions taken:

Section 8 – Educational and Professional Organizations

34. List any school activities you are involved with (clubs, sports, etc)

35. List any community activities or volunteer work you are involved with:

36. List any awards, commendations, or items of special recognition you have received:

37. List any and all Law Enforcement Agencies, to include address and phone numbers, you have applied with in the past 12 months:

Section 9 – Employment History

38. Please list your employment history for the last 10 years:

Circle appropriate job description: (Full time) (Part time) (Temporary) (Seasonal)

Employer: _____

Address: _____

Telephone number: _____ Supervisor: _____

Duty position: _____ Time in position: _____

Start date: _____ End date: _____

Starting salary: _____ Ending salary: _____

Duties and responsibilities: _____

Reason for leaving: _____

Did you receive job performance evaluations? YES _____ NO _____
Did you receive any type of discipline? YES _____ NO _____

Circle appropriate job description: (Full time) (Part time) (Temporary) (Seasonal)

Employer: _____

Address: _____

Telephone number: _____ Supervisor: _____

Duty position: _____ Time in position: _____

Start date: _____ End date: _____

Starting salary: _____ Ending salary: _____

Duties and responsibilities: _____

Reason for leaving: _____

Did you receive job performance evaluations? YES _____ NO _____
Did you receive any type of discipline? YES _____ NO _____

Section 9 – Employment History (cont)

Circle appropriate job description: (Full time) (Part time) (Temporary) (Seasonal)

Employer: _____

Address: _____

Telephone number: _____ Supervisor: _____

Duty position: _____ Time in position: _____

Start date: _____ End date: _____

Starting salary: _____ Ending salary: _____

Duties and responsibilities: _____

Reason for leaving: _____

Did you receive job performance evaluations? YES _____ NO _____

Did you receive any type of discipline? YES _____ NO _____

Circle appropriate job description: (Full time) (Part time) (Temporary) (Seasonal)

Employer: _____

Address: _____

Telephone number: _____ Supervisor: _____

Duty position: _____ Time in position: _____

Start date: _____ End date: _____

Starting salary: _____ Ending salary: _____

Duties and responsibilities: _____

Reason for leaving: _____

Did you receive job performance evaluations? YES _____ NO _____

Did you receive any type of discipline? YES _____ NO _____

Section 9 – Employment History (cont)

Circle appropriate job description: (Full time) (Part time) (Temporary) (Seasonal)

Employer: _____

Address: _____

Telephone number: _____ Supervisor: _____

Duty position: _____ Time in position: _____

Start date: _____ End date: _____

Starting salary: _____ Ending salary: _____

Duties and responsibilities: _____

Reason for leaving: _____

Did you receive job performance evaluations? YES ____ NO ____

Did you receive any type of discipline? YES ____ NO ____

Circle appropriate job description: (Full time) (Part time) (Temporary) (Seasonal)

Employer: _____

Address: _____

Telephone number: _____ Supervisor: _____

Duty position: _____ Time in position: _____

Start date: _____ End date: _____

Starting salary: _____ Ending salary: _____

Duties and responsibilities: _____

Reason for leaving: _____

Did you receive job performance evaluations? YES ____ NO ____

Did you receive any type of discipline? YES ____ NO ____

Section 9 – Employment History (cont)

Circle appropriate job description: (Full time) (Part time) (Temporary) (Seasonal)

Employer: _____

Address: _____

Telephone number: _____ Supervisor: _____

Duty position: _____ Time in position: _____

Start date: _____ End date: _____

Starting salary: _____ Ending salary: _____

Duties and responsibilities: _____

Reason for leaving: _____

Did you receive job performance evaluations? YES ____ NO ____

Did you receive any type of discipline? YES ____ NO ____

Circle appropriate job description: (Full time) (Part time) (Temporary) (Seasonal)

Employer: _____

Address: _____

Telephone number: _____ Supervisor: _____

Duty position: _____ Time in position: _____

Start date: _____ End date: _____

Starting salary: _____ Ending salary: _____

Duties and responsibilities: _____

Reason for leaving: _____

Did you receive job performance evaluations? YES ____ NO ____

Did you receive any type of discipline? YES ____ NO ____

Section 10 – Driving / Criminal History

39. Have you EVER been arrested for ANY violation of law, ordinance, police or military regulation, including traffic violations? YES _____ NO _____

NOTE: The existence of an arrest record is NOT an automatic bar to acceptance; the appointing authority will consider each record in the context of law enforcement employment and the applicant's ability to establish credibility in such employment.

If YES to above, please explain: _____

40. Have you ever been convicted of a felony, misdemeanor or any violation of any law, ordinance, or police regulation, including traffic violations? YES _____ NO _____

If YES, please explain in detail (what, when, where,) and what was the disposition (i.e. paid fine, served time in jail, etc): _____

41. Have you received any moving or non-moving citations in the last 5 years? YES _____ NO _____

If YES, please state when, where (include county) and what the disposition was: _____

42. Have you ever held a drivers license in another state? YES _____ NO _____
If yes, please give name of state and DL number _____

43. Have you ever been charged with, arrested for or convicted of ANY offense involving alcoholic beverages? YES _____ NO _____
If yes, please explain: _____

Section 10 – Driving / Criminal History (cont)

44. Have you ever been named as a witness or defendant in any criminal case or subpoenaed to court to testify in any criminal proceedings? YES _____ NO _____
If yes, please explain. _____

45. Have you ever been or are you currently a party to any civil litigation or lawsuits? YES _____ NO _____
If yes, please explain. _____

46. Describe your alcohol use: _____

47. Have you ever taken prescription medications not prescribed to you? YES _____ NO _____
If yes, please explain. _____

48. Have you ever used marijuana, K2, bath-salts, or other mood/mind altering drugs, or other substances to include synthetic drugs? YES _____ NO _____
If yes, please explain. _____

49. Have you ever taken any item, from any employer, that did not belong to you? YES _____ NO _____
If yes, please explain. _____

50. Have you ever committed a wildlife violation? YES _____ NO _____
If yes, please explain. _____

Section 11 – Financial History

51. Have you ever been the subject of repossession or foreclosure? YES ____ NO ____
If yes, please explain. _____

52. Are you now or have you ever filed for bankruptcy? YES ____ NO ____
If yes, please explain. _____

53. Have you ever received notice from any county or state entity that you were
responsible for a bounced check? YES ____ NO ____
If yes, please explain. _____

54. Are you currently delinquent on any financial obligations, such as utility bills, loans,
etc? YES ____ NO ____
If yes, please explain. _____

Section 12 – Completion

I hereby certify that I am not now, nor have I ever been a member of any organization or group which to seeks to alter the form of government of the United States of America by unconstitutional means. I further certify that all answers to the questions herein are true and I understand that any misstatement of material facts contained in this application will cause forfeiture upon my part of all rights to participation in the Hopkins County Sheriff’s Office Dispatch Program. I understand that this application and all papers in connection with this program shall be confidential records of the Sheriff’s Office.

In connection with this application, I authorize the Hopkins County Sheriff’s Office and any agent acting on its behalf to conduct an inquiry into any information related to my potential or continued appointment with the County and authorize the release of any such information, including, but not limited to, prior employers, and any criminal convictions on my record. Moreover, I hereby release the Hopkins County Sheriff’s Office and any agent acting on its behalf from any liability by reason of requesting such information from any person.

I further certify that all of the information that I have revealed in this application is true, correct and complete. I have not withheld, falsified, or misrepresented any information requested in this application.

Applicant name (printed)

Date of birth

Applicant Signature

Date Signed

