

Relatives and References Continued

If living, name of your:	Address where person can be contacted (Include City, State, and Zip Code)	Telephone at which person can be contacted.
Mother	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other
Father-in-Law	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other
Mother-in-Law	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other
Spouse	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other
Former Spouse (s)	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other
	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other
Brother (s) and Sister (s)	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other
	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other
	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other
Step-mother	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other
Step-father	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other
Step-brother (s) and Step-sister (s)	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other
	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other
	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other

Other relatives with whom you have a close personal relationship (including children)				
	Relationship	() Home	() Work	() Other
		() Home	() Work	() Other
		() Home	() Work	() Other

9. Below, Please list those individuals with whom you have resided during the last 10 years (list no information prior to you 15th birthday). Exclude family members.

	() Home	() Work	() Other
	() Home	() Work	() Other
	() Home	() Work	() Other
	() Home	() Work	() Other
	() Home	() Work	() Other
	() Home	() Work	() Other

10. In the space below, please list as references 3-5 individuals who have knowledge of you and your qualifications. Exclude relatives and former employers.

Address where person can be contacted Name	(Include City, State, and Zip Code)	Telephone at which person can be contacted
	() Home	() Work
	() Home	() Work
	() Home	() Work
	() Home	() Work
	() Home	() Work

Education

11. The City of Lacy Lakeview requires a potential employee to possess a U. S. high school diploma or its equivalent. Please indicate your current situation with regard to this requirement by checking one of the appropriate boxes.

- I possess a high school diploma from a U.S. institution.
- I passed the G.E.D. (General Education Development Test) test.
- I possess a two-year college degree.
- I possess a four-year college or university degree.
- I do not currently have a high school diploma or its equivalent, but I plan to satisfy the requirement in the future as follows:

When:

How:

12. Please indicate below all the schools you have attended beginning with high school. During the background investigation, persons who have known you in a learning environment will be contacted. A review of your school records may be made in conjunction with those contacts.

Name of School	Location of School (City & State)	Dates Attended		School References (teachers, counselors, ect.)
		From Month/Year	To Month/Year	

13. Have you ever been suspended or expelled from any high school or post-secondary school? (Post-secondary schools include two- and fouryear colleges, universities, and business and vocational schools – any formal education beyond the high school level.)

- YES NO

If “yes,” please explain (include school, date, and circumstances).

Residence

Individuals who have become acquainted with you by reason of your residing in different locations, are often helpful in providing useful information for the background investigation.

14. Please list all of your residences during the last 10 years (list no information prior to your 15th birthday). Begin with your most current residence.

Address of Residence	City, State, & Zip Code	Dates		If rented, give name & address of the person responsible for the collection of rent.
		From Month/Year	To Month/Year	

Experience and Employment

15. Beginning with your most current employment, please list all jobs (including part-time, temporary, and voluntary positions) you have held in the past 10 years. (For the purpose of this personal history statement, volunteer work should be included as employment.) For identification and verification, please indicate the nature of the activity; i.e., full-time, part-time, voluntary. If you have had intervening periods of military service or unemployment, please list those periods in sequence in the spaces provided.

Dates of employment	Name and address of employer	Name of supervisor				
From To Mo. Yr. Mo. Yr. --- / ----- / ---- Full-time Part-time Voluntary	 Telephone number Title or duties (for identification purposes)	 Name(s) of co-worker(s)				
Reason for leaving						
Military Service	Not employed	<table border="1"> <tr> <td>From</td> <td>Mo. Yr. /</td> <td>To</td> <td>Mo. Yr. /</td> </tr> </table>	From	Mo. Yr. /	To	Mo. Yr. /
From	Mo. Yr. /	To	Mo. Yr. /			

Experience and Employment Continued

Dates of employment	Name and address of employer		Name of supervisor		
From To Mo. Yr. Mo. Yr.	Telephone number		Name(s) of co-worker(s)		
--- /----- / ----					
Full-time	Title or duties (for identification purposes)				
Part-time					
Voluntary					
Reason for leaving					
Military Service	Not employed	From	Mo. Yr. /	To	Mo. Yr. /
Dates of employment	Name and address of employer		Name of supervisor		
From To Mo. Yr. Mo. Yr.	Telephone number		Name(s) of co-worker(s)		
--- /----- / ----					
Full-time	Title or duties (for identification purposes)				
Part-time					
Voluntary					
Reason for leaving					
Military Service	Not employed	From	Mo. Yr. /	To	Mo. Yr. /
Dates of employment	Name and address of employer		Name of supervisor		
From To Mo. Yr. Mo. Yr.	Telephone number		Name(s) of co-worker(s)		
--- /----- / ----					
Full-time	Title or duties (for identification purposes)				
Part-time					
Voluntary					
Reason for leaving					
Military Service	Not employed	From	Mo. Yr. /	To	Mo. Yr. /

Experience and Employment Continued

Dates of employment	Name and address of employer	Name of supervisor
From To Mo. Yr. Mo. Yr. --- /----- / ---- Full-time Part-time Voluntary	Telephone number	Name(s) of co-worker(s)
	Title or duties (for identification purposes)	

Reason for leaving

Military Service	Not employed	From	Mo. Yr.	To	Mo. Yr.
			/		/

Dates of employment	Name and address of employer	Name of supervisor
From To Mo. Yr. Mo. Yr. --- /----- / ---- Full-time Part-time Voluntary	Telephone number	Name(s) of co-worker(s)
	Title or duties (for identification purposes)	

Reason for leaving

Military Service	Not employed	From	Mo. Yr.	To	Mo. Yr.
			/		/

16. Would any problem result if your present employer was contacted during the course of the background investigation? () YES () NO
If "no," when should such contact be made?

17. If you have had no prior employment, please explain in the spaces below.

18. Have you had any extended work absences for reasons other than earned vacations? () YES () NO
If "yes," please explain (include when, name of employer, why).

Experience and Employment Continued

19. Have you ever been fired or asked to resign from any place of employment? () YES () NO If
 “yes,” please give details (include when, where, circumstances).

20. Have you ever been a successful or unsuccessful candidate for another position in a municipality? () YES () NO If “yes,”
 please give details (include when, name of agency, circumstances).

Military Service

21. If you are male under age 26, please provide the following:			
Selective Service Number	Approximate Date of Registration	Address at Time of Registration	
22. Have you ever served in the armed forces, National Guard or military reserves? () YES () NO			
If “yes,” please supply the following information:			
Branch of Service	Service Number	Dates of Service ----- / ----- to ----- / -----	Types of Discharge
23. Are you currently participating in any military reserve of National Guard program? () YES () NO			
24. Have you ever been the subject of any judicial or non-judicial disciplinary action while in the military, National Guard or military reserves? YES NO			

If “yes,” please give details (include branch of service, when, where, circumstances).

25. Past commanding officers or military acquaintances are potential sources of relevant information pertaining to your background. Please list those individuals who know you well enough to provide accurate information about you.

	Contact Address	Contact Telephone	Years Known	
Name			From	To

Legal

26. If you have ever been arrested or convicted for any crime (excluding traffic citations), please give the following information: (The fact that your record may have been affected by a sealing, an expurgement, a release, or a pardon has specific legal implications as to how you should answer this question.)

Approximate Date	Police Agency	Circumstances

27. Have you ever been placed on court probation as an adult? YES NO
If "yes," please give details (include where, when, why).

28. Were you ever required to appear before a juvenile court for an act which would have been a crime if committed by an adult?
 YES NO

If "yes," please give details (include where, when, why)

29. Have you ever been reported to a law enforcement agency as a missing person or a runaway? YES NO
If "yes," please give details (include date, law enforcement agency, circumstances).

30. Are you now or have you ever been involved as a plaintiff or defendant in any civil court action? YES NO
If "yes," please give details (include when, where, name and location of court, circumstances).

Motor Vehicle Operation

Operation of a motor vehicle is an integral part of a position with the city. An investigation of your driving history will be made through a records check. To expedite this procedure, please supply the following information:

31. Texas driver's license number			Expiration date
Name under which license was granted			
32. Please list other states where you have been licensed to operate a motor vehicle	State	State	State
Name under which license was Granted	Name under which license was Granted	Name under which license was Granted	Name under which license was Granted
33. Have you ever been refused a driver's license by any state? If "yes," please explain (include where, when, why).			() YES () NO
34. Please list all traffic citations (exclude parking citations) you have received within the last 5 years.			
Name of violation	Location (city)	Approximate Date	Indicate whether fined or action taken on Driver's license.
35. Have you ever been involved as a driver in a motor vehicle accident within the last 5 years? If "yes," please give details for each accident.			() YES () NO
Date	Location	Injury	Non-injury
Police investigation? YES NO	Police Agency		
Date	Location	Injury	Non-injury
Police investigation? YES NO	Police Agency		
Date	Location	Injury	Non-injury
Police investigation? YES NO	Police Agency		
Date	Location	Injury	Non-injury
Police investigation? YES NO	Police Agency		
Date	Location	Injury	Non-injury
Police investigation? YES NO	Police Agency		

Motor Vehicle Continued

36. If there is anything you wish to discuss about your driving record, please use the space below.

37. Has your license ever been suspended, revoked, or placed on negligent operator's probation? () YES () NO
If "yes," please give details (include what, when, where, why).

General Information

38. Have you ever been refused insurance for any reason other than failure to pay a premium? If "yes," please explain (include company name and address, date, and reason).		() YES	() NO
39. Have you ever applied for a permit to carry a concealed weapon? If "yes," please provide the following information:		() YES	() NO
Permit granted? YES	NO	Date	Name of law enforcement agency
Purpose			
I hereby certify that all statements made in this personal history statement are true and complete, and I understand that any misstatements of material facts will subject me to disqualification or dismissal.			
Signature in full			Date completed