

# GATESVILLE POLICE DEPARTMENT PERSONAL HISTORY STATEMENT

The **Personal History Statement** is your official application with the Gatesville Police Department. It will be evaluated as part of your application process. The first impression you will make with the department will be this document. Follow these instructions carefully and fill out this application completely and neatly. We suggest you make a copy of the application, after filling it out, for your records. On all sections of the application, you must provide complete and accurate information. Make copies of the “Attachment Sheet” and use when appropriate.

If you require accommodations for a disability in order to complete any portion of the application process, please inform us by calling (254) 865-2226. So that we can have the best opportunity to provide necessary and reasonable accommodations, we ask that you give us as much notice as possible prior to the need.

.....

- You may **type** or **print** the information requested, but you must use **black ink**.
- If the question does not apply to you, so state with N/A in the space provided. Do Not leave blanks on the application empty.
- You are responsible for obtaining correct names, addresses, and telephone numbers. If you are not sure of an address or telephone number, check it by a directory service or copies of area telephone directories before returning the application to the Gatesville Police Department. Applications that do not include correct addresses, cities, zip codes, and current telephone numbers will not be processed.
- Extra sheets of paper may be attached to the application if you find that there is insufficient space on the form for your answers. Be sure to reference the relevant section and question number before continuing your answer.
- An accurate and complete form will help expedite your application. On the other hand, deliberate omissions or falsifications may result in automatic disqualification. **An incomplete application will not be accepted.**
- You must submit copies of the following certificates, licenses, documents and forms when returning the Personal History Statement:
  1. Drivers’ License
  2. High School Diploma or G.E.D. Certificate.
  3. College Diploma (if applicable).
  4. College or University Transcript (if applicable).
  5. Military Discharge Papers DD Form 214 (if applicable).
  6. Peace Officer License or Basic Peace Officer Examination Results.
- If you have any questions concerning this application form, you may contact us at the Gatesville Police Department, (254) 865-2226, for assistance.

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Position Applying for \_\_\_\_\_

Full Legal Name: \_\_\_\_\_

Present Address: \_\_\_\_\_ Apartment# \_\_\_\_\_

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

State ID#: \_\_\_\_\_ Social Security #: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(State)

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Cell Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Circle the best telephone number to contact you and indicate the best time for a staff member to call: Home# / Work# / Cell# / Other Time: \_\_\_\_\_

Are you a Citizen of the United States, by either birth or naturalization? Yes\_\_\_ No\_\_\_

Have you previously been employed by the City of Gatesville? Yes\_\_\_ No\_\_\_

Have you ever been convicted of a crime above the grade of a Class C Misdemeanor? Yes\_\_\_ No\_\_\_ If yes, please give the conviction date and nature of the offense.

\_\_\_\_\_  
\_\_\_\_\_

Name any job related experiences, skills, or qualifications, which will be of special benefit in the job for which you are applying.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

An Equal Opportunity Employer  
Gatesville Police Department  
200 N. 8<sup>th</sup> Street, Gatesville, Texas 76528  
[www.ci.gatesville.tx.us/police](http://www.ci.gatesville.tx.us/police)

# EMPLOYMENT HISTORY

Have you ever been discharged, fired, asked to resign, furloughed, put on inactive status or given unpaid leave because of disciplinary action? Yes\_\_\_ No\_\_\_. If yes, explain:

\_\_\_\_\_

Have you ever resigned or quit to avoid being discharged, terminated or fired? Yes\_\_\_ No\_\_\_. If yes, explain:\_\_\_\_\_

\_\_\_\_\_

Begin with your current or most recent job. List all jobs you have held during the last ten (10) years, including military service, all part-time, temporary or seasonal employment, periods of unemployment. Add a separate sheet if necessary.

From\_\_\_/\_\_\_/\_\_\_ To\_\_\_/\_\_\_/\_\_\_ Supervisor Name\_\_\_\_\_

Business Name\_\_\_\_\_

Telephone Number\_\_\_\_\_

Address\_\_\_\_\_

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

Job Title\_\_\_\_\_ Salary/Hourly Rate\_\_\_\_\_

Why did/Would you leave?\_\_\_\_\_

Description of duties\_\_\_\_\_

Skills required in job\_\_\_\_\_

May contact employer concerning prior work experience: Yes\_\_\_ No\_\_\_

\*\*\*\*\*

From\_\_\_/\_\_\_/\_\_\_ To\_\_\_/\_\_\_/\_\_\_ Supervisor Name\_\_\_\_\_

Business Name\_\_\_\_\_

Telephone Number\_\_\_\_\_

Address\_\_\_\_\_

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

Job Title\_\_\_\_\_ Salary/Hourly Rate\_\_\_\_\_

Why did/Would you leave?\_\_\_\_\_

Description of duties\_\_\_\_\_

Skills required in job\_\_\_\_\_

May contact employer concerning prior work experience: Yes\_\_\_ No\_\_\_

From \_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_ Supervisor Name \_\_\_\_\_

Business Name \_\_\_\_\_

Telephone Number \_\_\_\_\_

Address \_\_\_\_\_

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

Job Title \_\_\_\_\_ Salary/Hourly Rate \_\_\_\_\_

Why did/Would you leave? \_\_\_\_\_

Description of duties \_\_\_\_\_

Skills required in job \_\_\_\_\_

May contact employer concerning prior work experience: Yes\_\_\_ No\_\_\_

\*\*\*\*\*

From \_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_ Supervisor Name \_\_\_\_\_

Business Name \_\_\_\_\_

Telephone Number \_\_\_\_\_

Address \_\_\_\_\_

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

Job Title \_\_\_\_\_ Salary/Hourly Rate \_\_\_\_\_

Why did/Would you leave? \_\_\_\_\_

Description of duties \_\_\_\_\_

Skills required in job \_\_\_\_\_

May contact employer concerning prior work experience: Yes\_\_\_ No\_\_\_

\*\*\*\*\*

From \_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_ Supervisor Name \_\_\_\_\_

Business Name \_\_\_\_\_

Telephone Number \_\_\_\_\_

Address \_\_\_\_\_

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

Job Title \_\_\_\_\_ Salary/Hourly Rate \_\_\_\_\_

Why did/Would you leave? \_\_\_\_\_

Description of duties \_\_\_\_\_

Skills required in job \_\_\_\_\_

May contact employer concerning prior work experience: Yes\_\_\_ No\_\_\_

From \_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_ Supervisor Name \_\_\_\_\_

Business Name \_\_\_\_\_

Telephone Number \_\_\_\_\_

Address \_\_\_\_\_

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

Job Title \_\_\_\_\_ Salary/Hourly Rate \_\_\_\_\_

Why did/Would you leave? \_\_\_\_\_

Description of duties \_\_\_\_\_

Skills required in job \_\_\_\_\_

May contact employer concerning prior work experience: Yes\_\_\_ No\_\_\_

\*\*\*\*\*

From \_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_ Supervisor Name \_\_\_\_\_

Business Name \_\_\_\_\_

Telephone Number \_\_\_\_\_

Address \_\_\_\_\_

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

Job Title \_\_\_\_\_ Salary/Hourly Rate \_\_\_\_\_

Why did/Would you leave? \_\_\_\_\_

Description of duties \_\_\_\_\_

Skills required in job \_\_\_\_\_

May contact employer concerning prior work experience: Yes\_\_\_ No\_\_\_

\*\*\*\*\*

From \_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_ Supervisor Name \_\_\_\_\_

Business Name \_\_\_\_\_

Telephone Number \_\_\_\_\_

Address \_\_\_\_\_

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

Job Title \_\_\_\_\_ Salary/Hourly Rate \_\_\_\_\_

Why did/Would you leave? \_\_\_\_\_

Description of duties \_\_\_\_\_

Skills required in job \_\_\_\_\_

May contact employer concerning prior work experience: Yes\_\_\_ No\_\_\_

From \_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_ Supervisor Name \_\_\_\_\_

Business Name \_\_\_\_\_

Telephone Number \_\_\_\_\_

Address \_\_\_\_\_

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

Job Title \_\_\_\_\_ Salary/Hourly Rate \_\_\_\_\_

Why did/Would you leave? \_\_\_\_\_

Description of duties \_\_\_\_\_

Skills required in job \_\_\_\_\_

May contact employer concerning prior work experience: Yes\_\_\_ No\_\_\_

\*\*\*\*\*

From \_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_ Supervisor Name \_\_\_\_\_

Business Name \_\_\_\_\_

Telephone Number \_\_\_\_\_

Address \_\_\_\_\_

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

Job Title \_\_\_\_\_ Salary/Hourly Rate \_\_\_\_\_

Why did/Would you leave? \_\_\_\_\_

Description of duties \_\_\_\_\_

Skills required in job \_\_\_\_\_

May contact employer concerning prior work experience: Yes\_\_\_ No\_\_\_

\*\*\*\*\*

From \_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_ Supervisor Name \_\_\_\_\_

Business Name \_\_\_\_\_

Telephone Number \_\_\_\_\_

Address \_\_\_\_\_

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

Job Title \_\_\_\_\_ Salary/Hourly Rate \_\_\_\_\_

Why did/Would you leave? \_\_\_\_\_

Description of duties \_\_\_\_\_

Skills required in job \_\_\_\_\_

May contact employer concerning prior work experience: Yes\_\_\_ No\_\_\_

**EDUCATION**

High School: \_\_\_\_\_  
(Name of school or institution)

Address: \_\_\_\_\_  
Street address City State Zip Code

Did you graduate? Yes \_\_\_ No \_\_\_ Diploma or Degree \_\_\_\_\_

\*\*\*\*\*

College: \_\_\_\_\_  
(Name of school or institution)

Address: \_\_\_\_\_  
Street address City State Zip Code

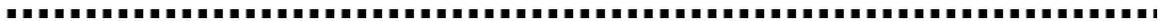
Did you graduate? Yes \_\_\_ No \_\_\_ Diploma or Degree \_\_\_\_\_

\*\*\*\*\*

Other: \_\_\_\_\_  
(Name of school or institution)

Address: \_\_\_\_\_  
Street address City State Zip Code

Did you graduate? Yes \_\_\_ No \_\_\_ Diploma or Degree \_\_\_\_\_



**PERSONAL REFERENCES**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

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

Home #: ( ) \_\_\_\_\_ Work: ( ) \_\_\_\_\_

Years Known \_\_\_\_\_ Relationship \_\_\_\_\_ (friend, neighbor, etc.)

\*\*\*\*\*

Name: \_\_\_\_\_ Address: \_\_\_\_\_

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

Home #: ( ) \_\_\_\_\_ Work: ( ) \_\_\_\_\_

Years Known \_\_\_\_\_ Relationship \_\_\_\_\_ (friend, neighbor, etc.)

\*\*\*\*\*

Name: \_\_\_\_\_ Address: \_\_\_\_\_

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

Home #: ( ) \_\_\_\_\_ Work: ( ) \_\_\_\_\_

Years Known \_\_\_\_\_ Relationship \_\_\_\_\_ (friend, neighbor, etc.)

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home #: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_  
Years Known \_\_\_\_\_ Relationship \_\_\_\_\_ (friend, neighbor, etc.)

\*\*\*\*\*

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home #: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_  
Years Known \_\_\_\_\_ Relationship \_\_\_\_\_ (friend, neighbor, etc.)

\*\*\*\*\*

An Equal Opportunity Employer  
Gatesville Police Department  
200 N. 8<sup>th</sup> Street, Gatesville, Texas 76528  
[www.ci.gatesville.tx.us/police](http://www.ci.gatesville.tx.us/police)

# Gatesville Police Department

## AUTHORITY TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I hereby authorize the Gatesville Police Department and its authorized representatives bearing this release, or a copy thereof, within one year of its date, to obtain any information in your files pertaining to my employment, military, credit, education or medical records, including, but not limited to academic, achievement, attendance, athletic, personal history, and disciplinary records, medical records, and credit records.

I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for official use. Consent is granted to all parties to furnish such information, as described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, as custodian of such records, and any school, college, university, or other educational institution, hospital, or other repository of medical records, credit bureau, lending institution, consumer reporting agency, or retail business establishment including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or attempt to comply with it.

I am furnishing my Social Security Account Number on a voluntary basis with the understanding such is not required by any law or regulation. I have been advised that all parties will utilize this number only to facilitate the location of employment, military, credit, and educational records concerning me in connection with this application. Should there be any question as to the validity of this release, you may contact me as indicated below:

Applicant's Printed Full Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Applicant's Notarized Signature: \_\_\_\_\_

Sworn to and signed before me, on this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_,  
in and for \_\_\_\_\_ county, in the state of \_\_\_\_\_.

Signature of Notary Public: \_\_\_\_\_

NOTARY SEAL

Printed Name of Notary Public: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

**GATESVILLE POLICE DEPARTMENT  
AT-WILL EMPLOYMENT AGREEMENT**

I \_\_\_\_\_, understand that the City of Gatesville is an At-Will employer and if employed by the city, I may be terminated at any time for any reason. In most circumstances, written notice may be given, but if in the best interest of the Gatesville Police Department or City of Gatesville, termination may be immediate and without notice.

I understand that this is not an Employment Contract and I may voluntarily terminate my employment with the City at any time for any reason. I may give written notice and a resignation date (usually two weeks) when leaving employment unless prevented by extenuating circumstances.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

**MILITARY RECORD**

Have you served in any branch of the armed forces? Yes\_\_\_ No\_\_\_

If yes, complete the following section. You must also attach a copy of your DD214 Form.

Date of Service: from\_\_\_\_\_ to\_\_\_\_\_.

Branch of Service: \_\_\_\_\_

Primary Assignment: \_\_\_\_\_

Military Service Number: \_\_\_\_\_

Highest Rank held: \_\_\_\_\_

Type of Discharge: \_\_\_\_\_

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

---

---

---

---

---

---

---

---

Have you been disciplined while in the military service? Yes\_\_\_ No\_\_\_

If yes, give

details:\_\_\_\_\_

---

---

---

---

---

***APPLICATIONS ON FILE WITH OTHER AGENCIES***

Have you applied with any other law enforcement agency within the past 5 years?  
Yes\_\_\_ No\_\_\_

If yes, please complete the following:

AGENCY APPLIED	DATE OF APPLICATION	STATUS OF APPLICATION	DISPOSITION	POINT OF CONTACT

