Abilene Police Department

Applicant Personal History Statement

Full Name _____

Home Address _____

City, State & Zip _____

Primary Phone _____

Primary Email _____

Date Completed _____

I am applying for:

- ☐ **Police**
- ☐ **Telecommunicator**
- ☐ **Civilian Employement**

Personal History Statement Instructions

Employees are exposed to confidential and law enforcement sensitive information. A thorough background investigation is required to properly evaluate the suitability of applicants for employment with the agency. Although it is an achievement to reach the background phase of the hiring process, this is still a competitive process and does not, in any way, guaranty selection.

These instructions are provided as a guide to assist you in properly completing your Personal History Statement. **It is essential that the information is accurate in all respects so please read all instructions carefully before proceeding**. The Personal History Statement will be used as a basis for a background investigation that will determine your eligibility for becoming an employee.

1. Your application must be **TYPED** using the blanks provided. Do not print double sided.

2. Answer all questions truthfully and accurately. Any untruthfulness can result in immediate disqualification.

3. If a question is not applicable to you, enter "**N/A**" in the space provided. If an entire sections is not applicable select the box that states "Not Applicable".

4. Avoid errors by reading the directions carefully before making any entries on the form.

5. You are responsible for obtaining correct and full information including addresses, email addresses, and telephone numbers. If you are not sure of an address, personally verify before making that entry on this history statement; **the police department will not be responsible for obtaining any information.** Errors will not be viewed favorably.

6. If you need additional space for your answers, attach an additional sheet or sheets as needed. Be sure to indicate what question number and page this refers to.

7. An accurate and complete form will help expedite your investigation. Omissions or falsifications will result in **disqualification.**

8. You are responsible for furnishing any changes and/or updating your application as needed, such as address changes or telephone changes in writing.

9. **Any candidate submitting an incomplete application may not be considered for employment. Your application will be evaluated on completeness and neatness.**

10. All documents requested must be submitted as soon as possible but no later than before the background investigation begins (photocopies are acceptable in most cases).

    - Copy of your Social Security card.
    - Original certified copy of your birth certificate. (No photo copy)
    - Copy of your valid Texas driver license or a copy of another State's driver license.
    - Copy of your High School diploma or GED certificate.
    - Sealed original certified copy of your college transcript. (No photo copy)
    - Copy of current proof of automobile liability insurance.
    - Copy of your Texas peace officer license and all training certificates awarded to you, if applicable.
    - Copy of your DD-214, if applicable. **Must possess an honorable discharge or a general under honorable conditions.**
    - Original certified copy of your Naturalization papers, if applicable. (No photo copy)

Applicant Qualification Section

Before you begin to fill out this personal history statement, please ensure that you meet the following requirements. You must meet all five of these requirements to qualify for licensure as a police officer, detention officer, or telecommunicator in the State of Texas.

Select True or False from each question:

Select I am a citizen of the United States of America.

Select I have earned a high school diploma or a GED.

Select I have never been convicted, plead guilty (nolo contendere), nor have I been on court-ordered community service/probation or deferred adjudication for a Class A misdemeanor or a felony.

Select During the last ten (10) years, I have not been convicted, plead guilty (nolo contendere), been on community service/probation or deferred adjudication for a Class B misdemeanor in this state, other state, or while serving in the military.

Select I have never had a military court martial that resulted in a dishonorable or bad conduct discharge.

DISQUALIFICATION

There are very few automatic basis for rejection. Even issues of prior misconduct, employee terminations, and arrests are usually not, in and of themselves, automatically disqualifying. However, **deliberate misstatements or omissions** can and often will result in your application being rejected, regardless of the nature or reason for the misstatements/omissions. In fact, the number one reason individuals "fail" background investigations is because they deliberately withhold or misrepresent job-relevant information from their prospective employer.

This personal history statement is a governmental document. Be truthful, as there are criminal consequences for lying on a governmental document.

Applicant Identification Section

The information in this section is used for identification purposes.

Last Name: _____ First Name: _____

Middle Name: _____ Maiden Name: _____

Street Address: _____

City, State, and Zip Code:_____

Home Telephone: _____ Cell Phone: _____

Work Telephone: _____ Primary Email: _____

Additional Emails: _____

Date of Birth: _____ Race: _____ Sex: _____

Drivers License Number and State: _____

Social Security No.:_____ Place of Birth: _____

Are you a US Citizen by Birth? _____ Are you a naturalized US Citizen? _____

Height: _____ Weight:_____ Hair Color: _____ Eye Color:_____

Texas Commission on Law Enforcement PID (if applicable): _____

Any additional names you have gone by:_____

Scars, identifying marks, and tattoos including description and location:

List all social networking sites you use:

Marital History

Check your current status: **Select**

☐ This section is not applicable.

Spouse's/Co-habitant's Name (include maiden name): _____

Street Address: _____

City, State, and Zip Code: _____

Date of Birth: _____ Date of Marriage: _____

Home Telephone: _____ Cell Phone: _____

Work Telephone: _____ Primary Email: _____

Employer: _____

Employer Phone: _____

☐ This Section is not applicable.

If you have been divorced, provide details below.

Former Spouse's Name (include maiden name): _____

Street Address: _____

City, State & Zip: _____

Date of Birth: _____ Date of Marriage: _____

Home Telephone: _____ Cell Phone: _____

Primary Email: _____ Date of Divorce: _____

Court and State Where Divorce Issued: _____

Family History

☐ This Section is not applicable.

Identify children related to you or your spouse (including natural, step-children, adopted, or foster children).

Name/Relationship	Age	Complete Address	Telephone	Email Address

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Identify all immediate family members (including those related by marriage) including parents, step parents, brothers, and sisters.

Name/Relationship	Age	Complete Address	Telephone	Email Address

Residential History

Identify all people you have lived with in the last five (5) years beginning with your current address.

From (Month/Year)	To (Month/Year)	Street Address City, State, Zip	Person Lived With	Phone #
	Present			

Have you ever been evicted or asked to move from any place you lived? ☐ Yes ☐ No

If yes, explain:

☐ This Section is not applicable.

Identify all non-family members you currently reside with.

Full Name	Date of Birth	Dates of Cohabitation	Telephone	Email Address

Personal References

List five (5) persons that can provide current information about you. Do not list **relatives, spouses, girlfriends/boyfriends, past or present employers, or supervisors.**

Reference 1

Name:_____ Relationship:_____

Occupation: _____ Years Known:_____

Address:_____ Phone No. _____

Alternate Phone No.:_____ Email:_____

Reference 2

Name:_____ Relationship:_____

Occupation: _____ Years Known:_____

Address: _____ Phone No. _____

Alternate Phone No.:_____ Email:_____

Reference 3

Name:_____ Relationship:_____

Occupation: _____ Years Known:_____

Address:_____ Phone No. _____

Alternate Phone No.:_____ Email:_____

Reference 4

Name: _____ Relationship: _____

Occupation: _____ Years Known: _____

Address: _____ Phone No.: _____

Alternate Phone No.: _____ Email: _____

Reference 5

Name: _____ Relationship: _____

Occupation: _____ Years Known: _____

Address: _____ Phone No.: _____

Alternate Phone No.: _____ Email: _____

Identify any employees of the Texas Commission on Law Enforcement or Abilene Police Department with whom you are acquainted with:

Traffic Record

Identify all vehicles that you currently own, lease, and/or operate:

Year	Make	Model and Body Style	Color	License Plate and State	Owner

What company carries your automobile insurance policy? _____

Policy Number: _____ Expiration: _____

Have you ever possessed a driver's license issued by any state other than Texas? ☐ Yes ☐ No

Other State Driver's License No.: _____ State: _____

Other State Driver's License No.: _____ State: _____

Have you ever had your driver's license suspended or revoked? ☐ Yes ☐ No

If yes, give reason, date, and length of suspension:

Have you ever driven a motor vehicle while your driver's license was suspended or revoked? ☐ Yes ☐ No

Identify all motor vehicle accidents you have been involved in during the last 5 years.

☐ This section is not applicable.

Date	Location	Cause of Accident	Police Report?	Injuries	Police Agency
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	

List all traffic citations you have received within the last 5 years, excluding parking tickets.

☐ This section is not applicable.

Date	Violation (include alleged speed and speed limit if applicable)	Issuing Agency	Disposition (e.g., defensive driving, dismissed)

Arrests, Detentions, and Litigation

Have you **ever** been arrested by law enforcement? ☐ Yes ☐ No

If yes, complete the following table:

Agency	Offense	Date	Location	Outcome

Have members of your immediate family or close relatives ever been arrested? ☐ Yes ☐ No

If yes, complete the following table:

Name/Relationship	Charge/Offense	Outcome	Year	City, and or State

If you answer yes to any question in this section, include an explanation with date, charge, police agency investigating, disposition, and penalty.

Have you **ever** committed an act of family violence? ("Family violence" means an act by a member of a family or household against another member of the family or household that is intended to result in physical harm, bodily injury, assault, or sexual assault or that is a threat that reasonably places the member in fear of imminent physical harm, bodily injury, assault, or sexual assault, but does not include defensive measures to protect oneself. (Texas Family Code Section 71.004 ☐ Yes ☐ No

Have you **ever** assaulted another person since the age of seventeen (17) ("Assault" means to cause bodily injury to another, threaten another with imminent bodily injury, or to cause physical contact with another when the person knows or should reasonably believe that the other will regard the contact as offensive or provocative.) (Texas Penal Code Section 22.01) ☐ Yes ☐ No

Have you **ever** been considered or named as a suspect in a criminal investigation or criminal offense? ☐ Yes ☐ No

Have you **ever** been a party to a civil suit or action? ☐ Yes ☐ No

Have you **ever** been involved in any incident (do not include vehicular accidents) in which a police report was made or law enforcement was called? ☐ Yes ☐ No

Other than crimes that would have been sealed by juvenile records, have you ever committed or assisted another person in the commission of a felony crime, serious misdemeanor, or a crime involving moral turpitude that went undetected or unreported to law enforcement? ☐ Yes ☐ No

Have you ever had a protective order issued against you? ☐ Yes ☐ No

Explanation for any "Yes" answers above, including dates:

Financial History

Your current **net** monthly income:_____

Spouse/co-habitator's current **net** monthly income: _____

Sources of Income for You or Spouse (indicate which)	Amount	Frequency

Do you have any accounts with a financial institution? ☐ Yes ☐ No

Name(s) of financial institution(s) and types of accounts:

Identify any person or entity to whom you are indebted, and the extent of your indebtedness. Include mortgages, vehicle payments, charge accounts, credit cards, loans, child support payments, and any other debts or payments.

Name of Creditor (e.g., Sears, Citi financial)	Type of Debt (e.g., student loan, automobile)	Monthly Payment	Approx Balance	Delinquent

☐ This section is not applicable.

Identify any person or entity to which you are **more than 30 days late** in paying. Include mortgages, vehicle payments, charge accounts, credit cards, loans, child support payments, and any other debts or payments.

Name of Creditor (e.g., Sears, Citi financial)	**Type of Debt (e.g., student loan, automobile)**	**Number of Days Late**	**Reason**

Current Monthly Expenditures:

	Payments	Remaining Balance
Rent Mortgage…….	**$**	
Auto Payments…….	**$**	
Auto Insurance……	**$**	
Electricity…….	**$**	
Water……	**$**	
Home/Cell Phone…….	**$**	
Grocery……	**$**	
Fuel……...	**$**	
Entertainment…….	**$**	
Child Support……..	**$**	
Miscellaneous……...	**$**	
Loans (Secured & Unsecured)	**$**	
Credit Card……..	**$**	
Credit Card……..	**$**	
Other: _____	**$**	
Other: _____	**$**	
Other: _____	**$**	

BALANCE Column total:$_____

MONTHLY PAYMENT Column total: $_____

If you answer yes to any question in this section, include a complete explanation to include dates.

Have you **ever** filed bankruptcy personally or on behalf of a business? ☐ Yes ☐ No

Have you **ever** had any personal or real property repossessed or foreclosed? ☐ Yes ☐ No

Have you **ever** failed to pay Federal, state, or other taxes? ☐ Yes ☐ No

Have you **ever** failed to file a tax return, when required by law? ☐ Yes ☐ No

Have you **ever** defaulted on any type of loan? ☐ Yes ☐ No

Have you **ever** had bills or debts turned over to a collection agency? ☐ Yes ☐ No

Have you **ever** had any credit account suspended, charged off, or cancelled for failure to pay? ☐ Yes ☐ No

Have you **ever** been delinquent on court-imposed alimony or child support payments? ☐ Yes ☐ No

Have you **ever** been disciplined regarding the use of a travel/credit card provided by an employer? ☐ Yes ☐ No

Are you currently more than sixty (60) days delinquent on any debts? ☐ Yes ☐ No

Have you ever applied for unemployment compensation? ☐ Yes ☐ No

Have you ever received unemployment compensation? ☐ Yes ☐ No

Explanation for any "Yes" answers above, including dates:

Employment History

Beginning with your present or most recent job, list all employment since the age of seventeen or past 10 years. Include full-time, part-time, temporary, seasonal, military assignments, or unpaid internships, plus all periods of unemployment.

If you are currently employed, may we contact your present employer? Yes No

Check Appropriate Job Type(s): ☐ Full ☐ Part ☐ Temporary ☐ Seasonal ☐ Volunteer ☐ Internship

1. Employer: _____ From: _____ To: _____

Employer's Full Address: _____

Job Title: _____ Employer Phone No.: _____

Salary: _____ Name of Supervisor: _____

Supervisor Phone No.: _____ Supervisor Email: _____

Name of co-worker: _____ Co-worker Phone No._____

Co-worker Email: _____ Eligible for Rehire? Yes No Unknown

Was a two week notice given? ☐ Yes ☐ No

Duties:

Identify any disciplinary actions you received:

Reason for Leaving

Check Appropriate Job Type(s): ☐ Full ☐ Part ☐ Temporary ☐ Seasonal ☐ Volunteer ☐ Internship

2. Employer: _____ From: _____ To: _____

Employer's Full Address: _____

Job Title: _____ Employer Phone No.: _____

Salary: _____ Name of Supervisor: _____

Supervisor Phone No.: _____ Supervisor Email: _____

Name of co-worker: _____ Co-worker Phone No._____

Co-worker Email: _____ Eligible for Rehire? Yes No Unknown

Was a two week notice given? ☐ Yes ☐ No

Duties:

Identify any disciplinary actions you received:

Reason for Leaving

Check Appropriate Job Type(s): ☐ Full ☐ Part ☐ Temporary ☐ Seasonal ☐ Volunteer ☐ Internship

3. Employer: _____ From: _____ To: _____

Employer's Full Address: _____

Job Title: _____ Employer Phone No.: _____

Salary: _____ Name of Supervisor: _____

Supervisor Phone No.: _____ Supervisor Email: _____

Name of co-worker: _____ Co-worker Phone No._____

Co-worker Email: _____ Eligible for Rehire? Yes No Unknown

Was a two week notice given? Yes No

Duties:

Identify any disciplinary actions you received:

Reason for Leaving

Check Appropriate Job Type(s): ☐ Full ☐ Part ☐ Temporary ☐ Seasonal ☐ Volunteer ☐ Internship

4. Employer: _____ From: _____ To: _____

Employer's Full Address: _____

Job Title: _____ Employer Phone No.: _____

Salary: _____ Name of Supervisor: _____

Supervisor Phone No.: _____ Supervisor Email: _____

Name of co-worker: _____ Co-worker Phone No._____

Co-worker Email: _____ Eligible for Rehire? Yes No Unknown

Was a two week notice given? ☐ Yes ☐ No

Duties:

Identify any disciplinary actions you received:

Reason for Leaving

Check Appropriate Job Type(s): ☐ Full ☐ Part ☐ Temporary ☐ Seasonal ☐ Volunteer ☐ Internship

5. Employer: _____ From: _____ To: _____

Employer's Full Address: _____

Job Title: _____ Employer Phone No.: _____

Salary: _____ Name of Supervisor: _____

Supervisor Phone No.: _____ Supervisor Email: _____

Name of co-worker: _____ Co-worker Phone No._____

Co-worker Email: _____ Eligible for Rehire? Yes No Unknown

Was a two week notice given? ☐ Yes ☐ No

Duties:

Identify any disciplinary actions you received:

Reason for Leaving

Check Appropriate Job Type(s): ☐ Full ☐ Part ☐ Temporary ☐ Seasonal ☐ Volunteer ☐ Internship

6. Employer: _____ From: _____ To: _____

Employer's Full Address: _____

Job Title: _____ Employer Phone No.: _____

Salary: _____ Name of Supervisor: _____

Supervisor Phone No.: _____ Supervisor Email: _____

Name of co-worker: _____ Co-worker Phone No._____

Co-worker Email: _____ Eligible for Rehire? Yes No Unknown

Was a two week notice given? ☐ Yes ☐ No

Duties:

Identify any disciplinary actions you received:

Reason for Leaving

Check Appropriate Job Type(s): ☐ Full ☐ Part ☐ Temporary ☐ Seasonal ☐ Volunteer ☐ Internship

7. Employer: _____ From: _____ To: _____

Employer's Full Address: _____

Job Title: _____ Employer Phone No.: _____

Salary: _____ Name of Supervisor: _____

Supervisor Phone No.: _____ Supervisor Email: _____

Name of co-worker: _____ Co-worker Phone No._____

Co-worker Email: _____ Eligible for Rehire? Yes No Unknown

Was a two week notice given? ☐ Yes ☐ No

Duties:

Identify any disciplinary actions you received:

Reason for Leaving

Check Appropriate Job Type(s): ☐ Full ☐ Part ☐ Temporary ☐ Seasonal ☐ Volunteer ☐ Internship

8. Employer: _____ From: _____ To: _____

Employer's Full Address: _____

Job Title: _____ Employer Phone No.: _____

Salary: _____ Name of Supervisor: _____

Supervisor Phone No.: _____ Supervisor Email: _____

Name of co-worker: _____ Co-worker Phone No._____

Co-worker Email: _____ Eligible for Rehire? Yes No Unknown

Was a two week notice given? ☐ Yes ☐ No

Duties:

Identify any disciplinary actions you received:

Reason for Leaving

List any period of unemployment since the age of 18 (a period of unemployment is any time you did not have a job).

From (Month/Year)	To (Month/Year)	Reason

If you answer yes to any question in this section, include a complete explanation to include dates.

Have you ever been terminated from employment for any reason? Yes No

Have you ever resigned in lieu of termination? Yes No

Have you ever resigned because you suspected you were going to be terminated or disciplined? Yes No

Have you ever collected unemployment or welfare benefits, including food stamps, when you were not entitled to them? Yes No

Have you ever failed to report to work without contacting your employer? Yes No

Have you ever taken money, merchandise, materials, equipment, etc. from an employer without their direct permission? Yes No

Yes No

Explanation for any "Yes" answers above, including dates:

Educational History

Check highest grade completed: ☐ High School Diploma ☐ GED

Check highest education earned: ☐ Some College ☐ Associate's ☐ Bachelor's ☐ Master's ☐ Ph.D.

Identify all high schools you have attended:

High School(s) Attended	City/State	Years Attended	Graduated
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No

Identify all colleges, universities, or technical schools you have attended regardless if you earned a degree:

Name	City & State	Years Attended	Hours Completed	Degree/Major

Were you ever expelled from school? ☐ Yes ☐ No

If yes, give details:

List any awards, honors, or other academic achievements related to your education:

Military Obligation

Selective Service number **(**REQUIRED FOR MALES 18-26YOA)**: _____

Have you ever served in the U.S. Armed Forces or State Military? Yes No

Have you ever been rejected by any branch of the U.S. Armed Forces or State Military? Yes No

Branch of Service: _____ Unit: _____

Service Dates: _____ Highest Rank/Rate: _____

MOS/Rating: _____ Duty Stations: _____

_____

Discharge: ☐ Honorable ☐ General ☐ Other than Honorable ☐ Bad Conduct ☐ Dishonorable

Are you actively serving in a Reserve Unit (including State Military Forces)? Yes No

Service Dates: _____ Current Rank Held: _____

Branch of Service: _____ Unit: _____

Job Title(s): _____ Duty Stations: _____

_____

Have you **ever** been subject to court martial or any other disciplinary proceeding under the Uniform Code of Military Justice? (Include non-judicial, Captain's mast, etc.) ☐ Yes ☐ No

If "Yes," provide dates, charges, military courts or authorities, and outcomes.

Special Qualifications and Skills

Identify any special licenses you hold (e.g., pilot, radio operator, license to carry):

If you know a foreign language, indicate your fluency in each block below (excellent, good, fair).

Language	Understanding	Speaking	Reading	Writing

Do you have any experience with firearms? Yes No

Explain your experience with firearms including what weapons systems you are familiar with:

Memberships and Organizations

☐ This section is no applicable.

Name & Address	Type (e.g., social, fraternal, professional)	From (Month/Year)	To (Month/Year)

If you answer "Yes" to any of the below questions, please include a detailed explanation, including dates of involvement.

Have you **ever** been an officer or a member of, or made a contribution to, an organization that advocates or practices the commission of acts of force or violence to discourage others from exercising their rights under the U.S. Constitution or right granted by law. Yes No

Have you ever been involved with, funded or supported a terrorist cell or organization designated a terrorist group by the United States or any other government? Yes No

Law Enforcement Applications and Service

☐ Never applied before.

List all law enforcement agencies that you have applied for (to include municipal, county, state, federal, other governmental, or private law enforcement agency). In addition, list position you applied for, the steps in the application process you have complete, and the status of the application. Attach an additional page if you need to list more agencies.

Date Applied	Law Enforcement Agency and Position	Steps Completed						Application Status			
		Written Test	PT Test	Oral Board	Background	Polygraph	Psychological	Hired	On List	Disqualified	Withdraw
		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Are you currently a licensed as a Texas peace officer by TCOLE? Yes No

Are you currently a licensed peace officer in another state? Yes No

Has your TCOLE license ever been denied or revoked? Yes No N/A

Have you ever attended a police academy? Yes No

Police Academy Name: _____

Police Academy Address: _____

Police Academy Dates: _____

Personal Declarations

If you answer yes to any question in this section, include a complete explanation to include dates.

Do you consume alcohol beverages? Yes No
If "Yes", how often?_____

Have you ever operated a motor vehicle while intoxicated on alcohol or drugs? Yes No

In the past five years, what is the maximum number of times you have operated a motor vehicle while intoxicated on drugs or alcohol? _____ times

Are there any incidents in your life, or details not mentioned herein, which may influence this department's evaluation of your suitability for employment as a police officer? Yes No

If yes, please explain:

Complete the following chart regarding drug usage. Usage includes ingestion of the drug into your system by any means (regardless if it had any effect) including: snort, sniff, inject, smoke, oral, or absorbed through any means. When asked for the maximum number of times you have used the drug, give the absolute maximum number of times you might have used the drug.

Type of Drug	**Ever Used?**	**Maximum Times Used**	**Date First Used (Month/Year)**	**Date Last Used (Month/Year)**	**Ever Sold, Manufactured, or Transported?**
Any prescription drug not prescribed to you:	Yes No				Yes No
Any mind altering substance/chemical:	Yes No				Yes No
Marijuana	Yes No				Yes No
Hashish, Hash Oil, THC	Yes No				Yes No
K2, Synthetic Marijuana	Yes No				Yes No
Cocaine, Crack	Yes No				Yes No
Heroin, Black Tar, Cheese	Yes No				Yes No
Methamphetamine, Amphetamine, Ecstasy	Yes No				Yes No
PCP	Yes No				Yes No
Hallucinogens, LSD, Acid, Mushrooms	Yes No				Yes No
Barbiturates, Quaaludes, Benzodiazepines, Xanax, GHB	Yes No				Yes No
Inhalants	Yes No				Yes No
Anabolic Steroids	Yes No				Yes No
Any illegal drug not listed here.	Yes No				Yes No

Are there any incidents in your life or details not mentioned herein which may influence this department's evaluation of your suitability for employment as a police officer?

I hereby certify that there are no misrepresentations, omissions, or falsifications in the foregoing statements and answers to the above questions. I fully understand that any misrepresentation, omission, or falsification may deem me permanently unsuitable, or if hired, may lead to the termination my employment.

Signature of Applicant

Date