



NORTHEAST POLICE DEPARTMENT

"Serving Cross Roads and Krugerville"

Chief James Edland

100 Kruger Road, Krugerville, TX 76227 (940) 365-2029

WWW.NORTHEASTPOLICE.NET

***Northeast
Police
Department
Application
Packet***



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New Hire Application Process

1. Initial Application and Personal History Statement
2. Review of Information Submitted
3. Preliminary Interview with 2 Officers
4. Written Exam
5. Background Investigation
6. Oral Interview Board with 3 officers
7. Recommendation to Chief for Hire or Denial
8. Chief Interview
9. Conditional Job Offer
10. Psychological Evaluation (L3)
11. Physical / Drug Screen (L2)
12. Physical Fitness Assessment
13. Final Job Offer and Hire
14. F.T.O. and 1 Year Probation with Option to Extend 6 Months



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Listed below are the department’s minimum requirements for the position of police officer, along with the application process.

A Northeast Police Officer will provide a positive law enforcement presence within the city, through the use of proactive and modern policing techniques; enforcing local, state, and federal laws as needed.

MUST HAVE CURRENT TEXAS PEACE OFFICER LICENSE

APPLICATION PROCESS:

Complete the city application and personal history statement (PHS)

Preliminary interview with background investigator (2 Officers)

Written exam (administered by a third party)

Background Investigation

Oral Interview board (3 Officer Board)

Recommendation to the Chief for hire or denial

Chief Interview

Conditional job offer

Psychological evaluation

Physical/drug screen

Physical Fitness Assessment

Final Job Offer and Hire

MINIMUM REQUIREMENTS

- Must hold a current Texas Peace Officer License. At least 2 years college work, military, or law enforcement experience preferred but not required. Any equivalent combination of education and experience will be considered.

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- Must be a United States Citizen.
- Must be a high school graduate or have a GED certificate (12 hours of college are required with the GED)
- Must have an Honorable Discharge from the military. (If applicable).
- Must be free of disease or physical/mental defects that would prevent the applicant from performing the essential duties of a police officer, with or without reasonable accommodation.
- Must possess a valid Texas driver’s license.
- Must have a good driver record.
- Must be able to work day, night, or evening shift as needed.
- Must be able to work weekends and holidays.
- Must submit and pass an extensive background investigation, physical and written assessment test, psychological examination, drug screen, a polygraph exam (optional and at the description of the Chief of Police), and a comprehensive interview process. All paperwork submitted for processing becomes the property of the Northeast Police Department.
- Must not have any of the automatic disqualifiers.

AUTOMATIC DISQUALIFICATIONS – CRIMINAL /TRAFFIC RECORD

(Any of the following will automatically disqualify the applicant)

- Having been or currently on court-ordered supervision or probation for any felony or theft offense.
- Having been convicted of a felony or theft.
- Having been on or currently on court-ordered supervision or probation for any criminal offense of the grade of Class B misdemeanor or above in the last ten (10) years.
- Having been convicted of any criminal offense of the grade of Class B misdemeanor or above in the last ten (10) years.
- Having been convicted of a family violence offense.
- Currently being under indictment for a felony.
- Being prohibited by State or Federal law from operating a motor vehicle.
- Being prohibited by State or Federal law from possessing firearms or ammunition.
- Having had a drivers license suspension for habitual violator in the last five (5) years.
- Having been convicted for four (4) or more hazardous traffic violations within twelve (12) months preceding date of application.
- Having been convicted of seven (7) or more hazardous traffic violations within twenty-four (24) months preceding date of application.
- Currently being on probation for any traffic offense; or
- Having been convicted of the misdemeanor offense of DWI, indecent exposure or delivery of any amount of marijuana with or without remuneration.
- Having ever used LSD, PCP, or any similar type of substance, or having used marijuana within seven (7) years of application date.

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CAUSES FOR REJECTION:

LENGTH OF DISQUALIFICATION

CAUSES FOR TEMPORARY REJECTION

- | | |
|---|----------------------------------|
| • Unable to meet TCOLE licensing/certification requirements | Until corrected |
| • Unable to effectively read, write, or communicate in English | Until corrected |
| • Unable to meet minimum qualifications | Until corrected |
| • Unable to physically/mentally perform necessary functions of position, unless a reasonable accommodation can be made. | Temporary or permanent |
| • Failure to pay contractual debts (Factors will be considered) | Resolution may Re-qualify |
| • Conviction, pleading to or admitting to Class B misdemeanor (except for admission to possession/use of marijuana which is 7 years) | 5 years from date of occurrence |
| • Failure to complete/satisfactorily meet employment process req. | 1 year from date of occurrence |
| • Failure of comprehension/suitability exam | 6-months from date of occurrence |
| • Unsafe driving record as defined by city policy guidelines | Until within policy |
| • Unstable work history, which may include short terms of employment over the candidates employment history or anything else that may be deemed unsuitable at the time. | At least 2 years |

CAUSES FOR PERMANENT REJECTION

- Unable to physically/mentally perform necessary functions and essential duties of position for which a reasonable accommodation is not available.
- Conviction, pleading to, or admitting to conduct which would constitute a felony (this includes usage or possession of narcotics such as cocaine or speed).
- False statements, intentionally withholding information, practiced or attempted to practice any deception or fraud in the application, examination or appointment processes.
- Conviction of any one of the following driving offenses:
 - Criminally Negligent Homicide
 - Aggravated assault (involving a motor vehicle)
 - Intoxication Manslaughter
 - Failure to give information and render aid
 - Using a motor vehicle for commission of a felony
 - Conviction of a DWI or DUI
- Conviction, pleading to or admitting to a Class A or B misdemeanor.
- Having any of the Department automatic disqualifiers.



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<p align="center">Submit to: Northeast Police Department 100 Kruger Road Krugerville, TX 76227 Phone: (940)365-2029 Fax: (940)365-0664</p>
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Application for Employment

PRINT IN BLACK OR BLUE INK OR TYPE. These instructions must be followed exactly. Fill out application form completely. If questions are not applicable, enter "NA". **Do not leave questions blank.** Be sure to sign when completed. The Northeast Police Department is an Equal Opportunity Employer and does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services. This application becomes public record and is subject to disclosure.

General Information

Position applied for		Date of application	
Name	Last	First	Middle
Address (Street/Route/P.O. Box)		City	State
			Zip Code
Telephone	Email Address		Social Security Number
()			

<p>Do you have a valid Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>State _____ Lic. # _____</p> <p>Exp. Date _____ Type _____</p> <p>Can you show proof of eligibility to work in this country? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are you under 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Have you been employed under any other name? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please list: _____</p> <p>Have you been employed by the Northeast Police Department? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please dates and reason for leaving : _____</p>	<p>Are you related by kinship or marriage to a Northeast Police Department employee or any member of the Board of Commissioners? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please give name & relationship: _____</p> <p>Have you been convicted of a felony or subjected to a deferred adjudication on a felony charge? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If your answer is "YES", explain in concise detail on separate sheet of paper, giving the dates and nature of the offense, the name and location of the court, and the disposition of the case(s). A conviction may not disqualify you, but a false statement will.</p> <p>Date available for work: _____</p> <p>Available for: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary <input type="checkbox"/> Shift</p> <p>Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>May we contact your present employer? _____</p>
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Military Service

<p>Are you a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list type of discharge status _____</p> <p>Dates of Service (From/to): _____</p> <p>Are you a surviving spouse of a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you a surviving orphan of a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, complete dates of service for veteran (From/to:) _____</p>
--

Official Office Information:

Date Received: _____ Received by: _____ Valid until: _____

Education & Training

Circle the highest grade completed 1 2 3 4 5 6 7 8 9 10 11 12

Did you graduate/achieve GED? Yes No

**** Please include undergraduate colleges or universities, graduate schools and technical, vocational or business schools.**

Higher Education Institution*	Location	Major	Type of degree or certificate earned

Special Skills/Qualifications

Add any additional special job-related skills or qualification you may have received from your experiences (e.g., foreign language proficiency, office or special equipment you can use and types of computer software and hardware):

If a license, certificate or other authorization is required or related to the position for which you are applying, complete the following:

License/Certificate (i.e. PE, RN, CPA, etc)	Date Issued	Issued by (State or other Authority)	License Number	Location of issuing Authority (City/State)

Employment Record

Instructions: Beginning with your most recent job, list below jobs which you have held and specifically describe duties performed. Include any job-related military service assignments or volunteer work. **YOU MAY ATTACH A RESUME IF YOU WISH, BUT YOU MUST FILL OUT THIS SECTION FULLY.** If you need additional space, please continue on a separate sheet of paper.

LIST NAME, ADDRESS & PHONE NUMBER OF PREVIOUS EMPLOYERS WITH MOST RECENT EMPLOYER FIRST

Job Title: _____ From: _____ To: _____

Immediate Supervisor: _____ Last salary (Hr., Mo., or Yr.): _____

Employer Name: _____ Phone: _____

Address: _____

Duties: _____

Reason for leaving: _____

Applicant Name: _____

Social Security Number: _____

Job Title: _____ From: _____ To: _____

Immediate Supervisor: _____ Last salary (Hr., Mo., or Yr.): _____

Employer Name: _____ Phone: _____

Address: _____

Duties: _____

Reason for leaving: _____

Job Title: _____ From: _____ To: _____

Immediate Supervisor: _____ Last salary (Hr., Mo., or Yr.): _____

Employer Name: _____ Phone: _____

Address: _____

Duties: _____

Reason for leaving: _____

Job Title: _____ From: _____ To: _____

Immediate Supervisor: _____ Last salary (Hr., Mo., or Yr.): _____

Employer Name: _____ Phone: _____

Address: _____

Duties: _____

Reason for leaving: _____

Applicant Name: _____	Social Security Number: _____
-----------------------	-------------------------------

References – (Give name, address, telephone number and e-mail address of three persons excluding relatives and previous supervisors)

Name	Address	Telephone	E-mail

Applicant’s Statement (Please read and sign below)

<p>I certify that the facts contained in this application and in any resume or other material provided to the City and in any oral statements by me are true and complete to the best of my knowledge. I understand that if employed, omissions, incomplete statements, or false statements on this application or other materials supplied to the City or in oral statements by me in the hiring process shall be grounds for dismissal.</p> <p>I authorize investigation of all statements contained herein and authorize the employers and references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing the same to you.</p> <p>I understand that the City of Krugerville will check with the Texas Department of Public Safety or other organizations for any criminal history in accordance with applicable statutes.</p> <p>I understand and agree that if hired:</p> <ol style="list-style-type: none"> 1. My employment is for no definite period but may be terminated by the city at any time without any prior notice and without cause. 2. No officer or employee of the city can guarantee me employment for any period of time or any specific salary benefits except by a written employment agreement between me and the city and as signed by the City Administrator. 3. I will comply with all rules and regulations of the City including the drug and alcohol policy. I understand the City’s rules, regulations and policies are not a contract and may be changed or waived by the City at any time. <p>Signature: _____ Date: _____</p>
--

Northeast Police Department

Personal History Statement

Applicant: _____
Last First Middle

Date Given To Applicant _____

Date Returned _____

READ THESE INSTRUCTIONS CAREFULLY

These instructions are provided as a guide to assist you in properly completing your Personal History Statement.

IT IS ESSENTIAL THAT THE INFORMATION BE CORRECT AND COMPLETE!!!

During your pre-employment process with the Northeast Police Department, it is important to dress appropriately (as you would for any job interview). Unless otherwise instructed, T-shirts, shorts, tennis shoes, sweat clothes, etc., are not to be worn to any of your appointments or interviews. You need to let us know promptly if you cannot make an appointment due to an emergency.

Your Personal History Statement will be used as the basis for a background investigation that will determine your eligibility for the position for which you are applying.

- Your Personal History Statement should be hand printed legibly in ink. Do not type it or have anyone else fill it out for you. Correct all mistakes completely and return all pages. Your Personal History Statement is part of the assessment process. The ability to follow instructions, and to prepare neat, accurate, thorough and legible documents, is an integral part of police work, and will be evaluated.
- Answer all questions completely. If a question does not apply to you, 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 (including zip 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. On phone numbers include the area code.
- If there is insufficient space on the Personal History Statement form, attach extra sheets. Be sure to reference the relevant section and question before continuing your answer.

Your failure to properly and thoroughly complete this document may result in the rejection of your application. Deliberate omissions or a deliberate misstatement of required information is grounds for rejection.

In addition to the Personal History Statement, you are required to submit:

- An official high school transcript and a copy of the diploma or G.E.D., if applicable;
- An official college transcript and a copy of the diploma, if applicable;
- Copies of any divorce or other civil papers that may apply;
- A copy of the applicant's military Form DD214 discharge papers showing an Honorable Discharge, if applicable;
- A copy of the applicant's Birth Certificate;
- Letters of recommendation, if applicable;
- Copies of any Police related training, if applicable and
- A copy of a current credit report

REQUIRED DOCUMENTS

The following documents must be submitted with your Personal History Statement. If there is a delay in obtaining these required documents, indicate why in the space at the bottom of the page and the anticipated date they will be submitted. Certified Copies of documents will be reviewed and can be returned upon request.

Your background investigation may be delayed or your application may be rejected if these documents are not submitted promptly.

- Photocopy of Birth Certificate; Certified Copy must be examined when turned in;
- Naturalization papers (if applicable);
- Photocopy of Driver's License;
- Certified copy of High School transcript;
- Photocopy of High School diploma or G.E.D.;
- Certified copy of College or University transcript (from each school attended);
- Photocopy of College diploma (if applicable);
- Photocopy of Marriage Certificate;
- Photocopy of Divorce decree;
- Photocopy of Military discharge paper (DD-214) showing the type of discharge;
- Photocopy of Social Security card;
- Photocopy of proof of liability insurance;
- Photocopies of any training that relates to the position for which you are applying;
- Photocopies of any litigation that you have been a party to;
- Photocopies of any TCLEOSE certificates (if applicable); and,
- A recent color photograph.
- A copy of a current credit report.

If for some reason you cannot submit the required documents, you must contact the assigned Background Investigator and/or attach explanation. Otherwise, you may be removed from consideration for employment.

Comments:

PERSONAL HISTORY STATEMENT

Information provided in this section is used for identification purposes.

Name: _____
Last First Middle

Other names used: Maiden, Adoption, Etc.

Home Address: _____
No. Street Name City State Zip

Date of Birth: _____ Race: _____ Sex: _____

Social Security Number: _____ U.S. Citizen: __ Yes __ No

Place of Birth: _____

Drivers License: _____ PID # _____
Number State of Issue Expiration Date

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

Scars: _____

Tattoos: _____

Name by which you prefer to be addressed: _____

Home Phone Number: (_____) _____ - _____

Work Phone Number: (_____) _____ - _____

Pager Number: (_____) _____ - _____

Cell Phone Number: (_____) _____ - _____

Email Address(es): _____

What social networking sites are you a member of? List **all accounts** with usernames and web page addresses, if applicable (Facebook, Twitter, Myspace, etc.):

EMPLOYMENT HISTORY

1. Have you ever been forced to resign from a place of employment? [] Yes [] No If yes, explain:

2. Have you ever quit a job because you suspected you were about to be fired? [] Yes [] No If yes, explain

3. Have you ever been fired from a job? [] Yes [] No If yes, explain:

4. Have you ever quit a job without giving notice? [] Yes [] No If yes, explain

5. Have you ever used alcohol on the job? [] Yes [] No If yes, explain

6. Have you ever used any illegal drugs on the job? [] Yes [] No If yes, explain

7. Have you ever missed work due to alcohol usage? [] Yes [] No If yes, explain:

8. Have you ever missed work due to illegal drug usage? [] Yes [] No If yes, explain

9. Do you have any prior law enforcement related experience? [] Yes [] No If yes, give location, type of experience, number of years, duty, training, rank, awards, and citations. Indicate past employment that you think will specifically qualify you for the position for which you have made this application:

Beginning with your present or most recent job, list all of the jobs you have had since the age of 17. Include all part-time, temporary or seasonal positions. Attach additional pages, if necessary.

**A JOB IS ANY POSITION YOU ACCEPTED
REGARDLESS OF HOW LONG YOU ACTUALLY WORKED**

1

Circle appropriate job status: Full time Part time Temporary Seasonal

Employer: _____

Employer's Address:

_____ Street #/ Address _____ City/State _____ Zip _____

Employer's Telephone Number: (_____) _____
Area Code

Date Employment began: _____ Ended: _____ = Total time _____

Title/Position(s) held with company:

Duties/Responsibilities:

Time in position(s):

Did you receive job performance evaluations while with this company? [] Yes [] No

Did you receive any disciplinary action during your employment? [] Yes [] No If so, please describe: _____

Name of final supervisor: _____ Are you eligible for rehire? [] Yes [] No

Reason for leaving this position:

INVESTIGATOR'S NOTES:

Circle appropriate job status: Full time Part time Temporary Seasonal

Employer: _____

Employer's Address:

Street #/ Address City/State Zip

Employer's Telephone Number: (_____)_____
Area Code

Date Employment began: _____ Ended: _____ = Total time _____

Title/Position(s) held with company:

Duties/Responsibilities:

Time in position(s):

Did you receive job performance evaluations while with this company? Yes No

Did you receive any disciplinary action during your employment? Yes No If so, please describe: _____

Name of final supervisor: _____

Are you eligible for rehire? Yes No

Reason for leaving this position:

INVESTIGATOR'S NOTES:

Circle appropriate job status: Full time Part time Temporary Seasonal

Employer: _____

Employer's Address:

_____ Street #/ Address _____ City/State _____ Zip

Employer's Telephone Number: (_____) _____
Area Code

Date Employment began: _____ Ended: _____ = Total time _____

Title/Position(s) held with company:

Duties/Responsibilities:

Time in position(s):

Did you receive job performance evaluations while with this company? [] Yes [] No

Did you receive any disciplinary action during your employment? [] Yes [] No If so, please describe: _____

Name of final supervisor: _____

Are you eligible for rehire? [] Yes [] No

Reason for leaving this position:

INVESTIGATOR'S NOTES:

Circle appropriate job status: Full time Part time Temporary Seasonal

Employer: _____

Employer's Address:

Street #/ Address City/State Zip

Employer's Telephone Number: (_____)_____
Area Code

Date Employment began: _____ Ended: _____ = Total time _____

Title/Position(s) held with company:

Duties/Responsibilities:

Time in position(s):

Did you receive job performance evaluations while with this company? [] Yes [] No

Did you receive any disciplinary action during your employment? [] Yes [] No If so, please describe: _____

Name of final supervisor: _____

Are you eligible for rehire? [] Yes [] No

Reason for leaving this position:

INVESTIGATOR'S NOTES:

Circle appropriate job status: Full time Part time Temporary Seasonal

Employer: _____

Employer's Address:

_____ Street #/ Address City/State Zip

Employer's Telephone Number: (_____) _____
Area Code

Date Employment began: _____ Ended: _____ = Total time _____

Title/Position(s) held with company:

Duties/Responsibilities:

Time in position(s):

Did you receive job performance evaluations while with this company? Yes No

Did you receive any disciplinary action during your employment? Yes No If so, please describe: _____

Name of final supervisor: _____

Are you eligible for rehire? Yes No

Reason for leaving this position:

INVESTIGATOR'S NOTES:

Circle appropriate job status: Full time Part time Temporary Seasonal

Employer: _____

Employer's Address:

_____ Street #/ Address _____ City/State _____ Zip _____

Employer's Telephone Number: (_____)_____
Area Code

Date Employment began: _____ Ended: _____ = Total time _____

Title/Position(s) held with company:

Duties/Responsibilities:

Time in position(s):

Did you receive job performance evaluations while with this company? [] Yes [] No

Did you receive any disciplinary action during your employment? [] Yes [] No If so, please describe: _____

Name of final supervisor: _____

Are you eligible for rehire? [] Yes [] No

Reason for leaving this position:

INVESTIGATOR'S NOTES:

Circle appropriate job status: Full time Part time Temporary Seasonal

Employer: _____

Employer's Address:

_____ Street #/ Address _____ City/State _____ Zip

Employer's Telephone Number: (_____) _____
Area Code

Date Employment began: _____ Ended: _____ = Total time _____

Title/Position(s) held with company:

Duties/Responsibilities:

Time in position(s):

Did you receive job performance evaluations while with this company? [] Yes [] No

Did you receive any disciplinary action during your employment? [] Yes [] No If so, please describe: _____

Name of final supervisor: _____ Are you eligible for rehire? [] Yes [] No

Reason for leaving this position:

INVESTIGATOR'S NOTES:

PERIODS OF UNEMPLOYMENT

Record any period of unemployment since graduating from high school.

A PERIOD OF UNEMPLOYMENT IS ANY TIME YOU DID NOT HAVE A JOB

From
(Month/Year)

To
(Month/Year)

Length of
Unemployment

Reason for being
Unemployed

If you were a full time college student and held only seasonal employment during school breaks, just indicate your beginning and ending school dates.

EDUCATIONAL HISTORY

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

If you are listing colleges/universities and you did not graduate, indicate the correct number of credit hours you are credited with.

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

Name and type of school
and City, State, Zip

Dates attended
From / To

Degree and / or
Credit hours earned

Law Enforcement Academy Attended: _____

Date Began: _____ Date Ended: _____

Academy Coordinator's Name: _____ Phone Number: (____) _____

Have you ever been expelled from any school you have attended? [] Yes [] No

School: _____ Dates: _____

Reason: _____

Have you ever been placed on academic probation? [] Yes [] No

School: _____ Dates: _____

Reason: _____

ADDITIONAL EDUCATION AND PERSONAL INFORMATION

High School and College School Activities: (Clubs, Sports, Etc.)

Positions of Leadership: (Indicate position/organization/dates held):

Community Activities:

Awards, Commendation or Items of Special Recognition

INVESTIGATOR'S NOTES:

MILITARY SERVICE

Have you registered with selective service? Yes No
When? _____

Have you ever been rejected by any branch of the armed forces? Yes No
Have you ever been a member of any branch of the U. S. Armed Forces? Yes No

Branch of Service: _____ Highest Rank Obtained: _____

Date of Induction: _____ Date of Discharge _____ Type of Discharge _____
Mo Day Year Mo Day Year

Awards (Type/Date):

Special Schools/Training:

While in the military service were you ever arrested for an offense that resulted in a trial by deck court or by summary, special or general court-martial? Yes No

If yes, give date, place, law enforcing authority or type of court or court-martial, charge and action taken for each incident.

Charge: _____ Date: _____ Disposition:

Last duty station and name of commanding officer:

Are you currently a member of a U.S. Reserve, National or State Guard organization? Yes No
Branch of Service _____ Grade & Service # _____

Are you: Active Inactive Standby

Organization Station Unit and Location

INVESTIGATOR'S NOTES:

ARREST or DETENTION

Have you ever been charged or cited for any family violence offense? [] Yes [] No

If "Yes", Explain: (list juvenile as well as adult occurrences):

Have you ever been arrested by the Police? [] Yes [] No

If "Yes", Explain: (list juvenile as well as adult occurrences):

Have you ever been detained (other than a traffic ticket) by the Police? [] Yes [] No

If "Yes", Explain: (list juvenile as well as adult occurrences):

Have you ever been summoned into court for a criminal offense? [] Yes [] No

If "Yes", Explain: (list juvenile as well as adult occurrences):

INVESTIGATOR'S NOTES:

LITIGATION

Have you ever been involved in any type of lawsuit? (even as a witness) Yes No

Were you sued? Yes No

Have you ever sued anyone? Yes No

Have you ever filed bankruptcy? Yes No

Has anyone ever threatened to take you to court for non-payment of a bill? Yes No

(Explain any "Yes" answers

INVESTIGATOR'S NOTES:

DRIVING RECORD

How many moving citations have you received since you began driving? _____

How many moving citations have you received in the past three (3) years? _____

Have you ever driven a motor vehicle, since your 17th birthday, without a valid driver's license for that vehicle?

Yes No

Have you ever driven a motor vehicle without the proper insurance, as required by law?

Yes No

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

Date of Suspension: _____ Type of Suspension: _____

Date Lifted: _____

Have you ever had your driver's license placed on probation for receiving an excessive number of traffic citations?

Yes No

Have you ever had a hearing for probation/suspension, etc.? Yes No

Have you ever been placed as an assigned risk for vehicle insurance? Yes No

Have you ever had your insurance revoked due to the number of traffic citation you have received? Yes No

Have you ever knowingly driven a motor vehicle after your driver's license was suspended/or after it had been revoked?

Yes No

Do you have a valid drivers license in more than one state? If so, list number(s) and state(s):

Have you ever been denied a drivers license for any reason? Yes No

Have you ever had to appear before a medical advisory board? Yes No

How many motor vehicle accidents have you been involved in as a driver? _____

Have you had any reason to believe you might have problems with depth perception? Yes No

Have you ever been involved in an accident and then left the accident scene without identifying yourself? Yes No

Have you ever been involved in an accident when you were driving after you had been drinking any type of alcoholic beverage? Yes No

Have you ever struck an unattended vehicle and then left without leaving your identification? Yes No

*With what company do you carry automobile insurance? _____

Agent Phone Number: _____

Policy Number _____ Effective Dates _____

List, to the best of your memory, **all driving citations** you have received:

Date	Type of Violation(s)	Issuing Agency	Disposition

List **all** accidents in which you have been involved **as a driver**:

Date	Location	Brief Description

INVESTIGATOR'S NOTES:

MARITAL AND FAMILY HISTORY

Circle your current marital status:

Single Engaged Married Separated Divorced Widowed

If you are engaged: Name of Fiancée: _____

Wedding Date: _____ Date of Birth _____ S.S.# _____ - _____ - _____

Address: _____ Home # _____

Business # _____ Business Address _____

If you are married: Spouse's Name: _____

Date of Marriage _____ Date of Birth _____ S.S.# _____ - _____ - _____

Address: _____ Home # _____

Business # _____ Business Address _____

If you are separated: Spouse's Name: _____

Date of Birth _____ Date of Separation: _____

Current Address: _____

Home # _____ Business # _____

If you are divorced:* Former Spouse's Name: _____

Date of Marriage _____ Date Divorce Decree Issued: _____

Court and State Where Issued: _____

Current Address: _____

Date of Birth: _____ Home Telephone Number: _____

***If you have more than one divorce, list those on a separate sheet of paper and attach.**

If you are widowed: Former Spouse's Name: _____

Date of Marriage: _____ Date of Birth: _____ Date of Death: _____

Have you ever been married to more than one person at one time? [] Yes [] No

If yes, explain:

If you currently share a residence with any person(s) other than family member(s) list:

1.	_____	_____	
	Full Name	Date of Birth	
	_____	_____	_____
	Relationship	Occupation / Work Number	Time Lived Together
2.	_____	_____	
	Full Name	Date of Birth	
	_____	_____	_____
	Relationship	Occupation / Work Number	Time Lived Together
3.	_____	_____	
	Full Name	Date of Birth	
	_____	_____	_____
	Relationship	Occupation / Work Number	Time Lived Together
4.	_____	_____	
	Full Name	Date of Birth	
	_____	_____	_____
	Relationship	Occupation / Work Number	Time Lived Together

List all children related to you or to your spouse (Natural, Step-Children, Adopted or Foster)

Child's Full Name	Date of Birth	Relationship	Home Address
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List other immediate family members (father, mother, siblings, etc.) of both you and your spouse (including those related by marriage). If deceased, indicate the year of death.

Full Name	Date of Birth	Relationship	Occupation	Address City/State	Current Phone No

INVESTIGATOR'S NOTES

RESIDENCES

List all addresses where you have lived during the past ten (10) years, beginning with your present address. List date by month and year. Attach an additional page, if necessary. Include apartment complex names and the office telephone number.

From _____ To _____ Length of Residency (Yrs./Mos.) _____

Address: _____

_____ City State Zip

Name of Apartment Complex (if applicable): _____

Telephone # of Complex Office: _____

Have Law Enforcement Officers ever been called to this location? ____ Yes ____ No

If so, When and what agency? _____

INVESTIGATOR'S NOTES:



From _____ To _____ Length of Residency (Yrs./Mos.) _____

Address: _____

_____ City State Zip

Name of Apartment Complex (if applicable): _____

Telephone # of Complex Office: _____

Have Law Enforcement Officers ever been called to this location? ____ Yes ____ No

If so, When and what agency? _____

INVESTIGATOR'S NOTES:



From _____ To _____ Length of Residency (Yrs./Mos.) _____

Address: _____

_____ City State Zip

Name of Apartment Complex (if applicable): _____

Telephone # of Complex Office: _____

Have Law Enforcement Officers ever been called to this location? ___ Yes ___ No

If so, When and what agency? _____

INVESTIGATOR'S NOTES:



From _____ To _____ Length of Residency (Yrs./Mos.) _____

Address: _____

_____ City State Zip

Name of Apartment Complex (if applicable): _____

Telephone # of Complex Office: _____

Have Law Enforcement Officers ever been called to this location? ___ Yes ___ No

If so, When and what agency? _____

INVESTIGATOR'S NOTES:



From _____ To _____ Length of Residency (Yrs./Mos.) _____

Address: _____

_____ City State Zip

Name of Apartment Complex (if applicable): _____

Telephone # of Complex Office: _____

Have Law Enforcement Officers ever been called to this location? ___ Yes ___ No

If so, When and what agency? _____

INVESTIGATOR'S NOTES:



From _____ To _____ Length of Residency (Yrs./Mos.) _____

Address: _____

_____ City State Zip

Name of Apartment Complex (if applicable): _____

Telephone # of Complex Office: _____

Have Law Enforcement Officers ever been called to this location? ___ Yes ___ No

If so, When and what agency? _____

INVESTIGATOR'S NOTES:



From _____ To _____ Length of Residency (Yrs./Mos.) _____

Address: _____

_____ City State Zip

Name of Apartment Complex (if applicable): _____

Have Law Enforcement Officers ever been called to this location? ___ Yes ___ No

If so, When and what agency? _____

Telephone # of Complex Office: _____

INVESTIGATOR'S NOTES:



From _____ To _____ Length of Residency (Yrs./Mos.) _____

Address: _____

_____ City State Zip

Name of Apartment Complex (if applicable): _____

Telephone # of Complex Office: _____

Have Law Enforcement Officers ever been called to this location? ___ Yes ___ No

If so, When and what agency? _____

INVESTIGATOR'S NOTES:

FINANCIAL HISTORY

What is your present salary or wages? _____

List any income from any other source other than your principal occupation:

Source	Amount	Frequency

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

Name(s) of the financial institution(s) _____

Type(s) of account(s) _____

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 (ie Sears, Citi Financial)	Type of Debt (ie. Student loan, automobile)	Monthly Payment	Approx. Balance

INVESTIGATOR'S NOTES:

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

If Yes to above, indicate type _____

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 had a lien placed against your property for failing to pay taxes or other debts? Yes No

Have you ever had a judgment entered against you? Yes No

Have you every 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 written a check that was later returned for Non-Sufficient Funds (NSF)? 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 every applied for unemployment compensation? Yes No

If Yes, When? _____

Have you ever received unemployment compensation? Yes No

If Yes, When? _____

Vehicles:

1. Make and Model: _____ Circle one: Own Lease

Vehicle ID# (VIN): _____ LP# _____ St: _____

2. Make and Model: _____ Circle one: Own Lease

Vehicle ID# (VIN): _____ LP# _____ St: _____

3. Make and Model: _____ Circle one: Own Lease

Vehicle ID# (VIN): _____ LP# _____ St: _____

4. Make and Model: _____ Circle one: Own Lease

Vehicle ID# (VIN): _____ LP# _____ St: _____

5. Make and Model: _____ Circle one: Own Lease

Vehicle ID# (VIN): _____ LP# _____ St: _____

PERSONAL DECLARATIONS

Drug use covers all descriptive terms used to describe the ingestion of any of the listed types into a person's system. Example: experimented, tried, etc.

Have you ever used:

	# Times In Life	Last Date Used	Form Used
<input type="checkbox"/> Yes <input type="checkbox"/> No Marijuana	_____	_____	_____
<input type="checkbox"/> Yes <input type="checkbox"/> No Hashish	_____	_____	_____
<input type="checkbox"/> Yes <input type="checkbox"/> No "Speed"	_____	_____	_____
<input type="checkbox"/> Yes <input type="checkbox"/> No Cocaine	_____	_____	_____
<input type="checkbox"/> Yes <input type="checkbox"/> No LSD	_____	_____	_____
<input type="checkbox"/> Yes <input type="checkbox"/> No "XTC"	_____	_____	_____
<input type="checkbox"/> Yes <input type="checkbox"/> No PCP	_____	_____	_____
<input type="checkbox"/> Yes <input type="checkbox"/> No Peyote	_____	_____	_____
<input type="checkbox"/> Yes <input type="checkbox"/> No Mushrooms	_____	_____	_____
<input type="checkbox"/> Yes <input type="checkbox"/> No Quaaludes	_____	_____	_____
<input type="checkbox"/> Yes <input type="checkbox"/> No Tranquilizers	_____	_____	_____
<input type="checkbox"/> Yes <input type="checkbox"/> No Barbiturates	_____	_____	_____
<input type="checkbox"/> Yes <input type="checkbox"/> No Heroin	_____	_____	_____
<input type="checkbox"/> Yes <input type="checkbox"/> No Any Designer Drug	_____	_____	_____

Have you ever sold any of the items specified above? ___Yes ___No

Which? _____ When? _____ #Times _____

Have you ever bought any of the items specified above? ___Yes ___No

Which? _____ When? _____ # Times _____

Have you ever had an illegal drug injection? ___Yes ___No Of what? _____

Have you ever inhaled paint, glue, or any petroleum product? ___Yes ___No

When was the last time? _____

Have you ever abused any prescribed medication? ___Yes ___No Type _____

How did you abuse (misuse)?

Have you ever been involved, in any way, in the manufacturing of an illegal drug? ___Yes ___No

What drug?

Describe your involvement:

Have you ever lied to a doctor about symptoms in order to get a prescription, such as Valium or a painkiller, etc?

Yes No Explain

Do others use drugs in your presence? Yes No

INVESTIGATOR'S NOTES:

ALCOHOL USE

Do you use alcoholic products? Yes No

Describe frequency of use:

Have you ever used cough medicine to get a "high"? Yes No

INVESTIGATOR'S NOTES:

PERSONAL REFERENCES

List five (5) persons who have known you for more than two years and know you well enough to provide current information about you. It is your responsibility to provide correct addresses and phone numbers. **Do not list relatives or past/present employers.**

Name: _____ Occupation _____

Home address: _____ Years Known _____
Street # & Name City State Zip

Home Phone # _____ Work Phone # _____

Briefly describe your relationship:

INVESTIGATOR'S NOTES:



Name: _____ Occupation _____

Home address: _____ Years Known _____
Street # & Name City State Zip

Home Phone # _____ Work Phone # _____

Briefly describe your relationship:

INVESTIGATOR'S NOTES:



Name: _____ Occupation _____

Home address: _____ Years Known _____
Street # & Name City State Zip

Home Phone # _____ Work Phone # _____

Briefly describe your relationship:

INVESTIGATOR'S NOTES:



Name: _____ Occupation _____

Home address: _____ Years Known _____
Street # & Name City State Zip

Home Phone # _____ Work Phone # _____

Briefly describe your relationship:

INVESTIGATOR'S NOTES:



Name: _____ Occupation _____

Home address: _____ Years Known _____
Street # & Name City State Zip

Home Phone # _____ Work Phone # _____

Briefly describe your relationship:

INVESTIGATOR'S NOTES:

MISCELLANEOUS INFORMATION

List your past/present memberships in groups, associations or clubs:

Official Name of Organization	TYPE: Social, Fraternal, Professional, Etc.	Office(s) Held	Dates of Membership From To

Hobbies and Sports you participate in:

Name of Sport	Length of Time	Level of Proficiency

Are there any incidents in your life not mentioned herein which may reflect upon your suitability to perform the duties which you may be called upon to take or which might require further explanation? Yes No If yes, explain

Do you or your spouse have a relative currently employed with the City of Krugerville? Yes No
If yes, give name/relationship/position:

Name: _____

Relationship to you: _____ Position: _____

Have you ever made an application for employment (any position) with this or any other law enforcement or law enforcement related agency? __Yes __No

Name of Agency	Type of Date of Position Application	Status of Application (rejected, pending, not pursued, etc)

* If there are additional agencies, list them on a separate sheet of paper.

INVESTIGATOR'S NOTES:

I hereby certify that there are no willful misrepresentations, omissions, or falsifications in the foregoing statements and answers to questions.

I am fully aware that any such misrepresentations, omissions, or falsifications will be grounds for immediate rejection of my application, or if hired, termination of my employment.

I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

If you decide to engage an investigative consumer-reporting agency to report on my credit and personal history I authorize you to do so. If a report is obtained you must provide, at my request, the name of the agency so I may obtain from them the nature and substance of the information contained in the report.

Signature of Applicant

Date



NORTHEAST POLICE DEPARTMENT

“Serving Cross Roads and Krugerville”

Chief James Edland

100 Kruger Road, Krugerville, TX 76227 (940) 365-2029

WWW.NORTHEASTPOLICE.NET

AUTHORITY TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I hereby authorize the **Northeast 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 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: _____

Applicants Social Security Number ____ _

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: _____

Note: This form may be retained in your files.

Northeast Police Department
100 Kruger Road
Krugerville, TX 76227
(940) 365-2029