



NORTHEAST POLICE DEPARTMENT

"Serving Cross Roads and Krugerville"

Chief James Edland

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

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***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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REQUIREMENTS AND PROCESS

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



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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.
- 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.



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- 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.

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 |



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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.

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:

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:

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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:

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 committed, whether charged or not, a theft, an assault or an act of family violence? [] 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 _____

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:



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 or possessed any illegal drugs or narcotics? ___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:



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	From	Dates of Membership 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: _____



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Chief James Edland

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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