

# **MONTGOMERY POLICE DEPARTMENT**

PO BOX 708 MONTGOMERY, TEXAS 77356  
936-597-6866 \*\* 936-597-6437 FAX

## **AUTHORITY FOR RELEASE OF INFORMATION AND WAIVER**

The City of Montgomery  
County of Montgomery

KNOW ALL MEN BY THESE PRESENT:

I, \_\_\_\_\_ do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the MONTGOMERY POLICE DEPARTMENT, whether the said records are of public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of records of educational institutions; financial or credit institution, including record of loans, medical, and psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners, and the U.S. Veteran's Administration; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievance filed by or against me; and the records and recollections of attorneys at law, or other counsel, whether representing me or another per in any case, either criminal or civil, in which I presently have, or have had an interest.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the MONTGOMERY POLICE DEPARTMENT. I also certify that any person(s) who may furnish such information concerning me shall not be held legally accountable for giving this information in any way; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

\_\_\_\_\_  
Signature (including maiden name)

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Address

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
City                      State                      Zip

\_\_\_\_\_  
Phone (including area code)

**Sworn To and Subscribed Before Me On This The \_\_\_\_ day of \_\_\_\_\_, 20\_\_.**

\_\_\_\_\_  
**Notary Public in and for the State of Texas**

# **MONTGOMERY POLICE DEPARTMENT**

P.O. BOX 708 / 218 EVA, MONTGOMERY, TEXAS 77356  
936-449-6866 \*\* 936-597-6437 FAX

## **INSTRUCTIONS TO APPLICANT**

Before completing the attached application, please read over the "Minimum Basic requirements" section carefully as a first step toward employment with the MONTGOMERY POLICE DEPARTMENT. If you cannot meet the basic requirements outlined or should you disagree with any of the standards set forth, then it is suggested that you do not attempt to fill out the "Application for Employment". However, if you have and meet the minimum basic requirements, and are willing to accept the specified conditions, then proceed.

Turn to the first page of the application and read the printed instructions, be sure to complete all the items on each page and to date and sign your name. Use the words "yes" or "no", or "not applicable" when necessary. **DO NOT LEAVE ANY ITEMS BLANK.**

You will need to bring a copy of items #1 through #5 below, when you return this application.

1. BIRTH CERTIFICATE – We must be provided with a copy of your birth certificate, which may be obtained by writing to the County or State in which you were born.
2. HIGH SCHOOL DIPLOMA – We must be provided with a copy of your High School Diploma, **or** a G.E.D. Certificate, **or** Official College Transcript. If you have lost your diploma, certificate or transcript, it will be necessary for you to write the school for a certified transcript of your grades.
3. MILITARY HISTORY – We must be provided with a copy of the official record of your military History – Form DD-214, or a copy of your Discharge Certificate in the place of this form.
4. HANDWRITTEN STATEMENT – A brief handwritten statement of your reasons for seeking employment with the MONTGOMERY POLICE DEPARTMENT.
5. PHOTOGRAPH – A recent photograph with your name printed on the back.
6. A doctor's statement showing a recent physical examination.
7. Licensed peace officers are required to present copies of their last L-5, current L-2, and L-3 certificates.
8. COPIES of driver's license, state license, and social security card.

## **MINIMUM BASIC REQUIREMENTS FOR POLICE OFFICERS**

**AGE:** Must be at least 21 years of age on the date of employment, except for civilian, administrative, technical, or clerical positions.

**CERTIFICATION:** Must be currently certified by the Texas Commission on Law Enforcement Standards and Education with a basic certification.

**CITIZENSHIP:** Must be a citizen of the United States of America.

**PHYSICAL CONDITION:** Must be of sound health and free from any visual or hearing defects. Eyesight must be correctable to 20/20. A physical and psychological examination report will be required from your medical doctor at your own expense before you go to work. Blood type must be known prior to employment.

**TEXAS DRIVERS LICENSE:** Must hold a current, Valid Texas Driver's License and Social Security Card.

**MILITARY SERVICE:** Must submit a photostatic copy of your complete Military History (DD214) if you are a Veteran of the Armed Forces. (Applicants with less than Honorable Discharge will be REJECTED automatically.) If a Medical Discharge was received, a written explanation must be furnished that is acceptable by this department.

**CHARACTER:** Must have a good moral character and reputation. A background investigation will be conducted for further verification. Any conviction of a felony, Class "A" misdemeanor or its equivalent within the last 12 months, Class "B" misdemeanor or its equivalent within the last 6 months, a DWI conviction within the last 5 years, or any offense involving moral turpitude will be grounds for immediate disqualification.

**EDUCATION:** Must have a High School Diploma, GED certification, or transcript of college credit.

**IN-SERVICE SCHOOLS:** Must have all copies of in-service schools attended.

**ASSIGNMENT:** Must be willing and agree to accept a position anywhere within the Police Department.

**WEAPON QUALIFICATION:** Must qualify on the shooting range with duty weapon and all off-duty weapons.

**FULL-TIME PAID OFFICER:** All full-time officers will be furnished with uniforms and insurance. Officers are required to furnish duty weapon (no smaller than 357 mag.) and leather gear.

**NON-PAID OFFICER:** Non-paid officer are required to furnish their uniforms and weapon (same as above) and leather gear. *Officers are required to work at least 24 hours per month.*

# **INSTRUCTIONS**

## **READ THESE INSTRUCTIONS CAREFULLY BEFORE PROCEEDING**

These instructions are provided as a guide to assist you in properly completing the Personal History Statement. It is essential that the information be accurate in all respects. It will be used as the basis for the background investigation that will determine your eligibility for employment.

1. Your Personal History Statement should be printed legibly in ink by the person applying for the position, no one else. Answer all questions to the best of your ability.
2. If a question is not applicable to you, enter N/A in the space provided.
3. Avoid errors by reading the directions carefully before making any entries on the form. Be sure your information is correct and in proper sequence before you begin.
4. You are responsible for obtaining correct name, addresses and telephone numbers. If you are not sure of an address or telephone number, check it by personal verification. Your local library may have a directory service or copies of area telephone directories.
5. If there is insufficient space on the form for you to include all information required, attach extra sheets. Be sure to reference the relevant section and question number on the attached sheets.
6. An accurate and complete form will help expedite your investigation. However, applicant should be aware that deliberate omissions or falsifications would result in automatic disqualification.
7. Upon completing the form, re-check each section to ensure that all information requested has been provided, or N/A entered if appropriate.

# **MONTGOMERY POLICE DEPARTMENT**

PO BOX 708 MONTGOMERY, TEXAS 77356  
936-449-6866 \*\* 936-597-6437 FAX

## **PERSONAL HISTORY STATEMENT**

**APPLICANT IDENTIFICATION** – Information provided in this section is used for identification and background purposes.

1. Name: \_\_\_\_\_  
Last First Middle
2. Address: \_\_\_\_\_  
Number Street  
\_\_\_\_\_  
City State Zip
3. Phone #: \_\_\_\_\_  
Home # (include area code) Alternate # (include area code)
4. Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_
5. Social Security Number: \_\_\_\_\_
6. Maiden Name, Nicknames, or Other Names by Which You Have Been Known:  
\_\_\_\_\_
7. Driver's License #: \_\_\_\_\_ State of Issuance: \_\_\_\_\_
8. Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Color of Eyes: \_\_\_\_\_  
Color of Hair: \_\_\_\_\_ Blood Type: \_\_\_\_\_
9. Person to notify in case of emergency: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Pager #: \_\_\_\_\_  
Relationship to applicant: \_\_\_\_\_

## GENERAL INFORMATION

Are you legally entitled to remain in and work in the United States? \_\_\_\_\_ If NO, please explain.

\_\_\_\_\_

Have you ever been arrested, detained by Police, or summoned into Court? \_\_\_\_\_, If YES, please explain in detail.

\_\_\_\_\_

\_\_\_\_\_

Has your driver's license EVER been suspended or revoked? YES or NO If YES, please explain in detail. \_\_\_\_\_

\_\_\_\_\_

Have you ever been convicted of a felony AND/OR misdemeanor? YES or NO

If YES, please explain in detail. \_\_\_\_\_

\_\_\_\_\_

Have you ever been involved or currently involved in any type or litigation? \_\_\_\_\_ If YES, please explain in detail. \_\_\_\_\_

\_\_\_\_\_

Give names of relatives working for this Department: \_\_\_\_\_

Give names of friends working in this Department: \_\_\_\_\_

\_\_\_\_\_

Have you ever been employed by us? \_\_\_\_\_ If YES, when and for how long? \_\_\_\_\_

The job for which you are applying requires attendance of ten (10) hours per day, four days per week. In addition, we expect our employees to work a reasonable amount of overtime. Can you meet these requirements? \_\_\_\_\_ If NO, please explain. \_\_\_\_\_

\_\_\_\_\_

With what company do you carry Auto Insurance? \_\_\_\_\_

Policy Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

List to the best of your memory, all traffic citations you have received (exclude parking tickets):

Month	Year	Charge	City/State	Disposition

Describe briefly any traffic accidents in which you have been involved, giving approximate dates and locations: \_\_\_\_\_

---

---

---

---

---

If hired, when are you available to start? \_\_\_\_\_

If you are seeking temporary work, how long? \_\_\_\_\_

May we contact your present employer? \_\_\_\_\_ If NO, state the reason. \_\_\_\_\_

---

---

**\*\*\* The MONTGOMERY POLICE DEPARTMENT (MPD) considers all applicants for employment without regard to race, color, religion, sex, national origin, age, handicap or disability, or status as a Vietnam-era or special disabled veteran in accordance with Federal Law. In addition, MPD complies with applicable State and Local Laws prohibiting discrimination in employment. MPD also provides "reasonable accommodations" to qualified individuals with disabilities, in accordance with the American with Disabilities Act and applicable State and Local Laws. No questions in this application will be used for the purpose of limiting or excluding applicants from employment.**

**Date of Application:** \_\_\_\_\_

\*\*\* Be detailed and thorough. Type or neatly print the application and any attachments. Fill in the blanks COMPLETELY or indicate not applicable (N/A). If there is not enough space, attach additional sheets. Applicable forms which do not reflect current correct information concerning dates, education, phone numbers, etc. may be rejected. \*\*\*

1. Name: \_\_\_\_\_  
Last First Middle

2. Address: \_\_\_\_\_  
Number Street  
\_\_\_\_\_  
City State Zip

3. Phone #: \_\_\_\_\_  
Home # (include area code) Alternate # (include area code)  
\_\_\_\_\_  
Pager # (include area code) Mobile # (include area code)

4. Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

5. Social Security Number: \_\_\_\_\_

6. Maiden Name, Nicknames, or Other Names By Which You Have Been Known:  
\_\_\_\_\_

7. Driver's License #: \_\_\_\_\_ State of Issuance: \_\_\_\_\_

8. Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Color of Eyes: \_\_\_\_\_

9. Person to notify in case of emergency: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Pager #: \_\_\_\_\_  
Relationship to applicant: \_\_\_\_\_

10. Are you a U.S. Citizen? YES or NO



Distinguishing Marks (scars, tattoos, etc.) \_\_\_\_\_

Marital Status:  Single  Married  Divorced  Engaged  Separated  Widowed

With whom do you reside? (give name and relationship) \_\_\_\_\_

If Married: \_\_\_\_\_  
Spouse's Name Home Phone # Work Phone #

If Divorced: \_\_\_\_\_  
County State Date of Divorce

Ex-Spouse Information:

Name	Address	Phone Number

Girlfriend/Boyfriend Information for the past 24 months:

Name	Address	Phone Number

List ALL Children Related to You or to Your Spouse (natural, step, adopted, foster)

Attach extra page if needed.

Name	Relation	D.O.B.	Address	Supported By

List other relatives in the following order: Father, Mother (include maiden name), Brothers, and Sisters

Name	Relation	Deceased	Address	City/State	Phone #

List ALL Residences where you have lived during the past TEN (10) years, beginning with your previous address. List by month and year. List apartment complex name if it was an apartment and include the Leasing Office Phone number.

From – To	Address	Apt. Name/Apt #	City/State/Zip	Phone #

## EDUCATION

Name of High School: \_\_\_\_\_ City/State: \_\_\_\_\_

Date of Graduation: \_\_\_\_\_ Total Years Completed: 1 2 3 4

College, University, Trade, Business, Vocational or Other Schools Attended:

Name	City/State	From: To:	Major Minor	Total Hours Completed	Did you Graduate?	GPA	Type of Degree Course of Study

## EMPLOYMENT HISTORY

Beginning with your present, or most recent job, list employment for the last TEN (10) years. Include part-time, temporary, or seasonal employment. Include all periods of unemployment. Attach extra pages if needed.

Date of Employment: From _____ To _____	Phone Number: _____ (include area code)
Company Name:	Supervisor:
Address:	Position Held:
City/State/Zip	Salary:
Description of Duties:	Reason for Leaving:

***Employment History Continued***

Date of Employment: From _____ To _____	Phone Number: _____ (include area code)
Company Name:	Supervisor:
Address:	Position Held:
City/State/Zip	Salary:
Description of Duties:	Reason for Leaving:

Date of Employment: From _____ To _____	Phone Number: _____ (include area code)
Company Name:	Supervisor:
Address:	Position Held:
City/State/Zip	Salary:
Description of Duties:	Reason for Leaving:

Date of Employment: From _____ To _____	Phone Number: _____ (include area code)
Company Name:	Supervisor:
Address:	Position Held:
City/State/Zip	Salary:
Description of Duties:	Reason for Leaving:

**Employment History Continued**

Date of Employment: From _____ To _____	Phone Number: _____ (include area code)
Company Name:	Supervisor:
Address:	Position Held:
City/State/Zip	Salary:
Description of Duties:	Reason for Leaving:

Date of Employment: From _____ To _____	Phone Number: _____ (include area code)
Company Name:	Supervisor:
Address:	Position Held:
City/State/Zip	Salary:
Description of Duties:	Reason for Leaving:

Date of Employment: From _____ To _____	Phone Number: _____ (include area code)
Company Name:	Supervisor:
Address:	Position Held:
City/State/Zip	Salary:
Description of Duties:	Reason for Leaving:

## MILITARY RECORD

Have you ever served in the United States Armed Forces? YES or No

If YES, which branch? \_\_\_\_\_ Military Service Number: \_\_\_\_\_

Highest Rank Achieved: \_\_\_\_\_ Dates of Service: \_\_\_\_\_

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

Describe any Disciplinary Action Received (describe in detail): \_\_\_\_\_

---

---

---

## SPECIAL QUALIFICATIONS AND SKILLS

List any special licenses you hold (pilot, radio, operator, scuba, etc.) Show licensing authority, date of issue and date of expiration. \_\_\_\_\_

---

---

---

List any specialized machinery or equipment you can operate. \_\_\_\_\_

---

---

---

Do you speak any language in ADDITION to ENGLISH? YES or NO If YES, indicate your degree of fluency in all other languages. \_\_\_\_\_

---

## MEDICAL HISTORY

Do you have any physical handicaps, chronic diseases or disabilities? YES or NO If YES, please explain in detail: \_\_\_\_\_

---

**Medical History Continued**

List the following information concerning all doctors consulted within the last three (3) years, and all periods of hospitalization with the last five (5) years:

Reason for Consultation: (Illness or Operation)	Month/Year	# of Days	Name/address of physician or hospital

Are you currently taking any medication prescribed by your physician? YES or NO If YES, please explain in detail. \_\_\_\_\_

Have you ever received workman’s compensation or other disability insurance payment? YES or NO If YES please explain. \_\_\_\_\_

**PERSONAL DECLARATIONS**

Do you object to working shift work, holidays or weekends? YES NO

Do you object to working overtime when necessary? YES NO

Have you ever taken a polygraph exam? YES NO  
If YES when: \_\_\_\_\_

Describe in you own words the frequency and extent of your use of intoxicating liquors:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PERSONAL DECLARATION CONTINUED**

**HAVE YOU EVER USED:** (Usage also includes any of the terms you might use in referring to their use.)  
(ie: experimentation, taking a hit, tried, etc.)

	NO	YES	Maximum # times in life	Approximate Last Usage Date	Forms Used
Marijuana					
Hashish					
"Speed"					
LSD					
"XTC"					
PCP					
Peyote					
Mushrooms					
Quaaludes					
Tranquilizers					
Barbiturates					
Heroin					
Any Designer Drug					
Steroids					
Any Drug Not Listed					

The maximum number of times I ever used ANY ILLEGAL substance of any type is: \_\_\_\_\_

The last possible date I ever used any illegal drug was: \_\_\_\_\_

The maximum number of times I have ever had an injection of any type is: \_\_\_\_\_

The last possible date I ever injected any illegal substance was: \_\_\_\_\_

Regarding the items specified above, have you ever SOLD, FURNISHED, or BOUGHT any? YES or NO  
If YES complete the following:

Sold/Furnished/Bought	Which item	When	# of Times

Have you ever inhaled paint, glue or any petroleum product? YES NO If YES, explain: \_\_\_\_\_

Number of Times? \_\_\_\_\_ When was the last time? \_\_\_\_\_

Have you ever abused any prescribed medication? YES NO If YES, explain: \_\_\_\_\_

TYPE: \_\_\_\_\_ How did you abuse? (misuse) \_\_\_\_\_



## FINANCIAL INFORMATION

Give names and addresses of individuals, companies or to who you are indebted and the extent of you debt. Include rent, mortgage, vehicle payments, charge accounts, credit cards, loans, child support, and any other debts.

Name and Address of Creditor	Nature of Debt	Total Owed	Monthly Payment

Present Salary/Wages: \$ \_\_\_\_\_ Salary expected \$ \_\_\_\_\_

Income form any source other than principal occupation (include spouse's income here):

How Much?	How Often?	Source of Such Income?

As a Police Officer: (list all extra jobs) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

List any Delinquent Accounts:

Name and Address of Creditor	Nature of Debt	Amount	Phone Number

## PROFESSIONAL REFERENCES

### Professional/Business references familiar with your work history:

Name:	Years Known:
Company/Agency Name:	
Address (City, State, Zip)	
Occupation:	Business Phone (include area code):

Name:	Years Known:
Company/Agency Name:	
Address (City, State, Zip)	
Occupation:	Business Phone (include area code):

Name:	Years Known:
Company/Agency Name:	
Address (City, State, Zip)	
Occupation:	Business Phone (include area code):

Name:	Years Known:
Company/Agency Name:	
Address (City, State, Zip)	
Occupation:	Business Phone (include area code):

Name:	Years Known:
Company/Agency Name:	
Address (City, State, Zip)	
Occupation:	Business Phone (include area code):

***PROFESSIONAL REFERENCES CONTINUED***

Name:	Years Known:
Company/Agency Name:	
Address (City, State, Zip)	
Occupation:	Business Phone (include area code):

Name:	Years Known:
Company/Agency Name:	
Address (City, State, Zip)	
Occupation:	Business Phone (include area code):

## PERSONAL REFERENCES

### **NO RELATIVES. Friends or co-workers ONLY.**

BOTH address and phone number MUST BE completed. Failure to complete may be grounds for immediate rejection from the application process. If the person is retired, please indicate as such. If person is self-employed, state the name of the business.

Name:	Res. Phone:
Address: (City, State, Zip)	Bus. Phone:
Employer/Occupation:	Years Known:

Name:	Res. Phone:
Address: (City, State, Zip)	Bus. Phone:
Employer/Occupation:	Years Known:

Name:	Res. Phone:
Address: (City, State, Zip)	Bus. Phone:
Employer/Occupation:	Years Known:

Name:	Res. Phone:
Address: (City, State, Zip)	Bus. Phone:
Employer/Occupation:	Years Known:

Name:	Res. Phone:
Address: (City, State, Zip)	Bus. Phone:
Employer/Occupation:	Years Known:

**PERSONAL REFERENCES CONTINUED**

Name:	Res. Phone:
Address: (City, State, Zip)	Bus. Phone:
Employer/Occupation:	Years Known:

Name:	Res. Phone:
Address: (City, State, Zip)	Bus. Phone:
Employer/Occupation:	Years Known:

Name:	Res. Phone:
Address: (City, State, Zip)	Bus. Phone:
Employer/Occupation:	Years Known:

Name:	Res. Phone:
Address: (City, State, Zip)	Bus. Phone:
Employer/Occupation:	Years Known:



# **MONTGOMERY POLICE DEPARTMENT**

P.O. BOX 708/218 EVA  
MONTGOMERY, TEXAS 77356  
(936) 449-6866  
(936) 597-6866  
FAX (936) 597-7893

**NEW HIRE  
EMPLOYMENT PACKET  
(POLICE OFFICER)**

