



TRUTH OR CONSEQUENCES POLICE DEPARTMENT
APPLICANT'S PERSONAL HISTORY STATEMENT

Print in your own handwriting-use black ink only
Employment will depend upon successfully passing pre-employment drug test and medical acceptance

NOTE: Do NOT mark in the right hand margins. These are RESERVED for official use.

VERIFIED
For Completeness
and Accuracy
YES NO

1. First Name Middle Name Last Name

What other names have you been known by? (Maiden Name, Aliases, Nicknames, etc.)

2. (Current) Number Street (If P.O.Box is used, give directions on how to locate)

City County State ZIP Code

3. TELEPHONE NUMBER Business Phone Number Home Phone Number

If you do not have a phone, list name and phone number of person through whom you may be contacted. Indicate whether person is a neighbor, friend, relative, etc.

Phone Number

4. DATE OF BIRTH PLACE OF BIRTH

5. REQUIRED DOCUMENTS: Attach the below listed documents to this Personal History Statement and indicate that you have done so (or not) in the spaces provided. Documents not attached will require an explanation.

Table with columns: COPIES ONLY, N/A, YES, NO. Rows include Driver's License, Birth Certificate, High School Diploma or GED, Social Security Card, Selective Service Card, DD-214 (Separation Papers from Military Service), Military Discharge.

6. CERTIFICATION: I hereby certify that the facts set forth in this Personal History Statement form are true and complete to the best of my knowledge. I understand that if employed, falsified statements on this form shall be considered sufficient cause for dismissal.

Applicant's Signature:

Date:

SUBSCRIBED AND SWORN TO BEFORE ME

this day of , 20

Notary Public

My Commission Expires:

7. **RESIDENCE:** In chronological order [start with present address and work backwards], list each and every place in which you have resided for the last ten (10) years. (Use Separate Sheet if Necessary).

Month and Year Number and Street City State
From: _____ To: _____
Address (Number, Street, City, State and ZIP Code)

Name of Person Renting From:

Month and Year Number and Street City State
From: _____ To: _____
Address (Number, Street, City, State and ZIP Code)

Name of Person Renting From:

Month and Year Number and Street City State
From: _____ To: _____
Address (Number, Street, City, State and ZIP Code)

Name of Person Renting From:

Month and Year Number and Street City State
From: _____ To: _____
Address (Number, Street, City, State and ZIP Code)

Name of Person Renting From:

Month and Year Number and Street City State
From: _____ To: _____
Address (Number, Street, City, State and ZIP Code)

Name of Person Renting From:

Month and Year Number and Street City State
From: _____ To: _____
Address (Number, Street, City, State and ZIP Code)

Name of Person Renting From:

Month and Year Number and Street City State
From: _____ To: _____
Address (Number, Street, City, State and ZIP Code)

Name of Person Renting From:

8. WORK HISTORY: List your COMPLETE work history. Begin with present position and work backwards.
Give complete mailing addresses, including ZIP Codes. (USE SEPARATE SHEETS IF NECESSARY)

Employer - Name and Address

Date
From: _____ Position Title:
To: _____ Reason for Leaving: _____

Immediate Supervisor's Name: _____

Description of your duties: _____

Employer - Name and Address

Date
From: _____ Position Title:
To: _____ Reason for Leaving: _____

Immediate Supervisor' Name: _____

Description of your duties: _____

Employer - Name and Address

Date
From: _____ Position Title:
To: _____ Reason for Leaving: _____

Immediate Supervisor's Name: _____

Description of your duties: _____

Employer - Name and Address

Date
From: _____ Position Title:
To: _____ Reason for Leaving: _____

Immediate Supervisor's Name: _____

Description of your duties: _____

Continued on Next Page

Employer - Name and Address

Date
From: _____
To: _____

Position Title:
Reason for Leaving: _____

Immediate Supervisor's Name: _____

Description of your duties: _____

Employer - Name and Address

Date
From: _____
To: _____

Position Title:
Reason for Leaving: _____

Immediate Supervisor's Name: _____

Description of your duties: _____

Employer - Name and Address

Date
From: _____
To: _____

Position Title:
Reason for Leaving: _____

Immediate Supervisor's Name: _____

Description of your duties: _____

Employer - Name and Address

Date
From: _____
To: _____

Position Title:
Reason for Leaving: _____

Immediate Supervisor's Name: _____

Description of your duties: _____

9. REFERENCES: Give the names and addresses (street numbers, towns, states and ZIP codes) of six (6) reliable persons, *OTHER THAN RELATIVES OR YOUR PAST EMPLOYERS* who know you well enough to give information about you.

GIVE THREE BUSINESS ASSOCIATES, PROFESSIONAL PEOPLE, BUSINESS PERSONS, ETC.

1. Complete Name _____ Address: _____
Residence: _____
Phone No. _____
No. yrs. acq. _____ Occupation _____ Business: _____
Phone No. _____

2. Complete Name _____ Address: _____
Residence: _____
Phone No. _____
No. yrs. acq. _____ Occupation _____ Business: _____
Phone No. _____

3. Complete Name _____ Address: _____
Residence: _____
Phone No. _____
No. yrs. acq. _____ Occupation _____ Business: _____
Phone No. _____

GIVE THREE SOCIAL ACQUAINTANCES IN YOUR OWN ARE GROUP

1. Complete Name _____ Address: _____
Residence: _____
Phone No. _____
No. yrs. acq. _____ Occupation _____ Business: _____
Phone No. _____

2. Complete Name _____ Address: _____
Residence: _____
Phone No. _____
No. yrs. acq. _____ Occupation _____ Business: _____
Phone No. _____

3. Complete Name _____ Address: _____
Residence: _____
Phone No. _____
No. yrs. acq. _____ Occupation _____ Business: _____
Phone No. _____

10. EDUCATION: List your Formal Education, Specialized Training, Skills, Hobbies, Etc.

FORMAL EDUCATION: (Circle last grade COMPLETED) 10 11 12 13 14 15 16

Name and Location (City and State) of last school attended?

Date Attended
From To

GED Certificate No. _____ Issued by: _____ Date: _____

Name and Location of College or University attended. (If you expect to earn a degree in the next few months then circle above and give time you expect to earn degree.)

DATES CREDITS COMPLETED
From To Sem.Hrs. Qtr.Hrs.

MAJOR MINOR TYPE OF DEGREE

OTHER SCHOOLS OR TRAINING (Trade, Vocational, Armed Forces, Law Enforcement, Business, Etc.)
Give Name and Location of each School, dates attended, subjects studied, certificates and any other pertinent data.

LANGUAGE:	SPEAK			UNDERSTAND			WRITE		
	Exc.	Good	Fair	Exc.	Good	Fair	Exc.	Good	Fair
Language									

SPECIAL SKILLS: _____

HOBBIES: _____

11. MILITARY SERVICE: Have you ever been turned down by the Military Service? YES _____ NO _____

If "Yes", explain: _____

Have you served in the Military Service? YES _____ NO _____

If "Yes", complete the following:

Branch: _____

Enlistment Date: _____

Highest Rank obtained: _____

Discharge Date: _____

Why were you discharged? _____

While in the Military Service, did you receive company punishment or were you court-martialed? YES ___ NO ___ If

"Yes", explain: _____

Have you served in more than one Branch of the Military Service? YES _____ NO _____

If "Yes", list Branch, enlistment and discharge dates, highest rank obtained and reason for discharge:

RESERVE OBLIGATION: (Circle One) NONE READY STANDBY NATIONAL GUARD

If you have any type of Military Reserve Obligation, complete the following:

What is the duration of your obligated service? _____

Do you participate in camps, drills, etc? YES _____ NO _____

If "Yes", explain: _____

Are you under contract to the Military Service for additional training? YES _____ NO _____

If "Yes", explain: _____

12. ARRESTS, CONVICTIONS and DRIVING RECORD:

Have you ever received a traffic citation (does not include parking tickets)? YES _____ NO _____

If "Yes", list ALL traffic citations - give date, charge and disposition of each:

Date	Charge	Disposition
_____	_____	_____
_____	_____	_____
_____	_____	_____

Has your driver's license ever been suspended, revoked, placed on probation or have you ever received a warning notice from the State that issued your license? YES _____ NO _____

If "Yes", explain: _____

Have you ever been involved in a traffic accident? YES _____ NO _____

[If "Yes", give details of each accident on a separate sheet of paper]

Have you ever been convicted of any crime other than traffic violations? YES _____ NO _____

If "Yes", list ALL convictions - give date, location, charge and disposition of each:

Date	Location	Charge	Disposition
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you possess a valid operator's license? YES _____ NO _____

From what State? _____ License # _____ Expiration Date: _____

Have you held licenses from any other states? YES _____ NO _____

If "Yes", what states? _____

Have you ever been turned down by a bonding company? YES _____ NO _____

If "Yes", why? _____

Did you ever commit a serious crime? YES _____ NO _____

If "Yes", explain: _____

13. USE OF ALCOHOL and/or CONTROLLED SUBSTANCE:

Have you ever used marijuana, narcotics or any other controlled substance without a doctor's prescription?

YES _____ NO _____

If "Yes", explain: _____

How many times? (Extent) _____

When was the last time? _____

Do you drink alcohol? YES _____ NO _____

If "Yes", how much do you drink a week? _____

Were you ever treated by a doctor or placed in a sanatorium due to drinking? YES _____ NO _____

If "Yes", explain: _____

Have you ever been arrested because of drinking? YES _____ NO _____

If "Yes", how many times? _____ Explain: _____

Did you ever drink on any job you have ever held? YES ____ NO ____

If "Yes", explain: _____

Have you ever been fired from a job or penalized in any way because of drinking? YES ____ NO ____

If "Yes", explain: _____

Have you ever had any trouble with your Spouse or family due to drinking? YES ____ NO ____

If "Yes", explain: _____

Have you ever been in any trouble while drinking? YES ____ NO ____

If "Yes", explain: _____

14. ORGANIZATION MEMBERSHIP:

List the names and addresses of all organizations, clubs or societies that you are presently a member of, or have been a former member of - include positions held and extent of activity:

Name	City and State	Former	Present	Position Held & Activity Extent
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

15. Have you previously submitted an application for appointment to any other police organizations?

YES ____ NO ____

If "Yes", date applied: _____

Name of organization: _____

Address of organization: _____

16. Are you a United States Citizen? YES ____ NO ____

By birth? YES ____ NO ____ Naturalized? YES ____ NO ____

If "Naturalized", attach Documents of Naturalization to this form.

17. Have you ever been fingerprinted? YES ____ NO ____

If "Yes", When? _____

Where? _____

For What purpose? _____

18. Attach any other information or qualifications you believe relevant to this Personal History Statement form (application) or make any comments you desire to make in the space below:

19. What prompts you to make application for appointment to the Truth or Consequences Police Department

20. Would you be reluctant to use firearms against another person if it was necessary in the performance of duty?

YES _____ NO _____

If "Yes", explain: _____

21. List five things that interest you most about Police work:

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

22. List five things about Police work in which you have no interest or dislike:

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____



City of Truth or Consequences POLICE DEPARTMENT

City Manager
Morris Madrid

Chief of Police
Michael Apodaca

CONFIDENTIAL INFORMATION AGREEMENT FORM

A thorough investigation will be conducted to determine your qualifications for the position of police officer. To a great extent, your continued employment with this department will depend on information obtained in confidential interviews with persons with whom you have been associated; therefore, such information is confidential.

Applicant's Signature

Date: _____

Witness:





City of Truth or Consequences POLICE DEPARTMENT

City Manager
Morris Madrid

Chief of Police
Michael Apodaca

I respectfully request and authorize you to furnish the Truth or Consequences Police Department with any and all information that you may have concerning me, my work record, my reputation, and my financial and credit status. Please include any and all medical, physical and mental records or reports, including all information of a confidential or privileged nature, and photo stats of same, if requested. This information is to be used to assist the department in determining my qualifications and fitness for the position I am seeking with the Police Department.

I hereby release you, your organization, or others from any liability or damage which may result from furnishing the information requested above.

Applicant's Signature

Date: _____

SWORN TO AND SUBSCRIBED BEFORE ME THIS
_____ day of _____, 20____.

Notary Public

My Commission Expires: _____





City of Truth or Consequences POLICE DEPARTMENT

City Manager
Morris Madrid

Chief of Police
Michael Apodaca

I, _____, willingly submit to a physical agility test and the mile and one-half run given by the City of Truth or Consequences. In the event that any type of injury is incurred while performing these tests, I release the City of Truth or Consequences, the Police Department and its agents from any and all liability.

Applicant's Signature

Date: _____



