

CONROE POLICE DEPARTMENT

EMPLOYEE APPLICANT

PERSONAL HISTORY STATEMENT

THIS PERSONAL HISTORY STATEMENT AND ANY OTHER REQUESTED INFORMATION OR DOCUMENTS MUST BE COMPLETED AND RETURNED BY :

TIME -

DATE -

THIS PERSONAL HISTORY STATEMENT MUST BE SUBMITTED ON OR BEFORE THE ABOVE LISTED TIME AND DATE.

FAILURE TO DO SO CAN RESULT IN THE REJECTION OF YOUR APPLICATION.

THE PERSONAL HISTORY STATEMENT SHOULD BE RETURNED TO THE ATTENTION OF:

CONROE POLICE DEPARTMENT

2300 PLANTATION DR.

CONROE, TEXAS
77303

**CONROE POLICE DEPARTMENT
POLICE OFFICER APPLICANT
PERSONAL HISTORY STATEMENT**

**READ THE FOLLOWING INSTRUCTIONS
CAREFULLY BEFORE PROCEEDING**

These instructions are provided as a guide to assist you in properly completing your Personal History Statement. It is essential that the information be accurate in all aspects. It will be used as the basis for a background investigation that will determine your eligibility for employment. The manner in which this form is completed is as important as the information provided. The ability to understand and follow these instructions will be examined.

1. Your personal history statement should be typed and printed after completion. The essay questions on page 20 should be handwritten in **black ink**. Answer all questions to the best of your ability. Do not allow anyone else to fill out this form.
2. If a question is not applicable to you, enter **N/A** in the space provided. There should be no areas left blank upon completion.
3. Avoid errors by reading the directions and questions in each section before making any entries on the form. Be sure your information is correct and in proper sequence.
4. You are responsible for obtaining correct addresses and phone numbers. If you are not sure of an address or phone number, check it by personal verification.
5. If there is insufficient space on the form for you to include all information required, attach extra sheets to the personal history statement. Reference the relevant information by section name before continuing your answer.
6. Deliberate omissions or falsifications will result in disqualification. Answers such as “will explain....” are not acceptable.
7. If your personal information changes after the time you submit your personal history statement, it is your responsibility to update the information by contacting the person listed on the cover page of this packet.
8. In addition to this personal history statement, you are required to submit copies of the following documents:

High School Diploma	College Transcripts	Texas Driver’s License
Social Security Card	Birth Certificate	2 Recent Color Photos
Police Academy Diploma	Current Proof of Liability Insurance	
Concealed Handgun License		
Military DD-214, if applicable, or papers showing your current status with the military.		

_____ Initial (in handwriting) and date here, indicating you have read and understand the above instructions.

Applicant Qualification Section

Before you begin to fill out this personal history statement, please ensure that you meet the following requirements. You must meet all five of these requirements to qualify for licensure as a peace officer in Texas. This personal history statement is a governmental document. Be truthful, as there are criminal consequences for a deliberate falsification. Initial in own handwriting.

Initial: _____ I am a citizen of the United States of America.

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

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

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

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

APPLICANT IDENTIFICATION

Information provided in this section is used for identification purposes only.

1. NAME: _____
 Last First Middle

2. PHYSICAL HOME ADDRESS: _____
 Street City State Zip Code

3. MAILING ADDRESS IF DIFFERENT FROM ABOVE:

 Street City State Zip Code

4. HOME PHONE: (____) _____ 5. WORK PHONE: (____) _____

6. OTHER CONTACT NUMBER, such as pager, cell phone, etc. : (____) _____

7. E-MAIL ADDRESS: _____

8. DATE OF BIRTH: _____ 9. ARE YOU A U.S. CITIZEN: YES NO

10. PLACE OF BIRTH: _____
 City County State

11. SOCIAL SECURITY NUMBER: _____

12. NICKNAME(S), MAIDEN NAME, OR OTHER NAMES BY WHICH YOU HAVE BEEN KNOWN: _____

13. DRIVER'S LICENSE NUMBER: _____ STATE: _____

14. CONCEALED HANDGUN LICENSE NUMBER _____

15. OTHER STATES IN WHICH YOU HAVE HELD DRIVER'S LICENSES OR ID CARDS: NUMBER: _____ STATE: _____

16. HEIGHT: _____ 17. WEIGHT: _____

18. COLOR OF EYES: _____ 19. COLOR OF HAIR: _____

20. BLOOD TYPE: _____
21. SCARS, MARKS, TATTOOS, OR OTHER DISTINGUISHING MARKS: _____

22. ARE ANY TATTOOS VISIBLE WHILE WEARING A SHORT SLEEVE SHIRT? YES NO

23. ARE YOU NOW, OR HAVE YOU EVER BEEN, TCLEOSE CERTIFIED: YES NO
IF SO, INCLUDE PID #: _____

RESIDENCE HISTORY

LIST ALL ADDRESSES WHERE YOU HAVE LIVED DURING THE LAST 10 YEARS, BEGINNING WITH YOUR PRESENT ADDRESS. LIST BY MONTH AND YEAR.

FROM: _____ TO: _____

ADDRESS: _____
Street Address City State Zip Code

IF THIS WAS AN APARTMENT, LIST APARTMENT NAME : _____

DID YOU RENT, LEASE, OR BUY? _____

WHOSE NAME WAS ON THE LEASE OR CONTRACT? _____

WHO WAS THE LANDLORD AND HOW CAN THEY BE CONTACTED? _____

Name Address City State Zip Code Phone Number
.....

FROM: _____ TO: _____

ADDRESS: _____
Street Address City State Zip Code

IF THIS WAS AN APARTMENT, LIST APARTMENT NAME: _____

DID YOU RENT, LEASE, OR BUY? _____

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DID YOU RENT, LEASE, OR BUY? _____

WHOSE NAME WAS ON THE LEASE OR CONTRACT? _____

WHO WAS THE LANDLORD AND HOW CAN THEY BE CONTACTED?

Name Address City State Zip Code Phone Number

.....

EMPLOYMENT HISTORY

Beginning with your current or most recent job, list all employment for the last 15 years, including part-time, temporary, or seasonal employment. **Include all periods of unemployment.** List dates by month and year. Failure to list any jobs may terminate your application. Attach extra copies of these sheets if necessary.

FROM: _____ TO: _____ EMPLOYER: _____
ADDRESS: _____
PHONE: _____ JOB TITLE: _____
DUTIES: _____
SUPERVISOR: _____ CO-WORKER: _____
REASON FOR LEAVING: _____
WORK SCHEDULE: _____ SALARY: Beginning _____ Ending _____
.....

FROM: _____ TO: _____ EMPLOYER: _____
ADDRESS: _____
PHONE: _____ JOB TITLE: _____
DUTIES: _____
SUPERVISOR: _____ CO-WORKER: _____
REASON FOR LEAVING: _____
WORK SCHEDULE: _____ SALARY: Beginning _____ Ending _____
.....

FROM: _____ TO: _____ EMPLOYER: _____
ADDRESS: _____
PHONE: _____ JOB TITLE: _____
DUTIES: _____
SUPERVISOR: _____ CO-WORKER: _____
REASON FOR LEAVING: _____
WORK SCHEDULE: _____ SALARY: Beginning _____ Ending _____
.....

FROM: _____ TO: _____ EMPLOYER: _____
ADDRESS: _____
PHONE: _____ JOB TITLE: _____
DUTIES: _____
SUPERVISOR: _____ CO-WORKER: _____
REASON FOR LEAVING: _____
WORK SCHEDULE: _____ SALARY: Beginning _____ Ending _____
.....

FROM: _____ TO: _____ EMPLOYER: _____
ADDRESS: _____
PHONE: _____ JOB TITLE: _____
DUTIES: _____
SUPERVISOR: _____ CO-WORKER: _____
REASON FOR LEAVING: _____
WORK SCHEDULE: _____ SALARY: Beginning _____ Ending _____
.....

FROM: _____ TO: _____ EMPLOYER: _____
ADDRESS: _____
PHONE: _____ JOB TITLE: _____
DUTIES: _____
SUPERVISOR: _____ CO-WORKER: _____
REASON FOR LEAVING: _____
WORK SCHEDULE: _____ SALARY: Beginning _____ Ending _____
.....

FROM: _____ TO: _____ EMPLOYER: _____
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PHONE: _____ JOB TITLE: _____
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ADDRESS: _____
PHONE: _____ JOB TITLE: _____
DUTIES: _____
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REASON FOR LEAVING: _____
WORK SCHEDULE: _____ SALARY: Beginning _____ Ending _____
.....

FROM: _____ TO: _____ EMPLOYER: _____
ADDRESS: _____
PHONE: _____ JOB TITLE: _____
DUTIES: _____
SUPERVISOR: _____ CO-WORKER: _____
REASON FOR LEAVING: _____
WORK SCHEDULE: _____ SALARY: Beginning _____ Ending _____
.....

MILITARY HISTORY

Have you ever served with the Armed Forces: YES NO

Have you registered for selective service: YES NO

If you have not been in the military, skip this section.

Date of Service: From _____ To _____ Branch _____

Unit Designation: _____ Rank at Discharge: _____

Highest Rank Held: _____

Location of Discharge: _____ Type of Discharge: _____

Are you currently on: Active Reserve Inactive Reserve National Guard

Were you ever disciplined while in the military: YES NO

List **ALL** disciplinary actions, including Court-Martial, Captain's Masts, Company Punishments, Office Hours, etc.

CHARGE	AGENCY	DATE	AGE AT TIME	DISPOSITION (BE SPECIFIC)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

If you received a discharge other than honorable, give complete details:

You must include a copy of your DD -214 or papers showing your current status in the military with this personal history statement.

EDUCATIONAL HISTORY

HIGH SCHOOL ATTENDED	CITY AND STATE	DATES ATTENDED		GRADUATED	
		FROM	TO	YES	NO
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

COLLEGES OR UNIVERSITIES ATTENDED	CITY AND STATE	DATES ATTENDED		TOTAL HOURS	MAJOR/ MINOR	DEGREE RECEIVED
		FROM	TO			
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

List other schools attended (academy, trade, vocational, business, etc.). Give name and address of school, dates attended, course of study, certificate and any other pertinent information.

Have you ever been suspended from any high school, college, university, business or vocational school? YES NO If yes, explain: _____

SPECIAL QUALIFICATIONS & SKILLS: List any other special skills or qualifications you may possess. List any special licenses you hold such as pilot, radio operator, scuba, etc., showing license authority, original date of issue, date of expiration, or any reason why the license is no longer valid.

If you are fluent in a foreign language, indicate in each area your degree of fluency (excellent, good, fair).

LANGUAGE	READING	SPEAK	UNDERSTANDING	WRITING
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ARRESTS, DETENTIONS, AND LITIGATION

Have you ever been arrested, detained by any police agency for any reason other than traffic violations, or summoned into court? For purpose of this section, being summoned into court as a result of your duties as a licensed peace officer or as a juror does not apply. YES NO
(Include all arrests, regardless of disposition - Adult or Juvenile)

If yes, complete the following:

OFFENSE CHARGED	POLICE AGENCY CITY AND STATE	DATE	DISPOSITION OF CASE
-----------------	---------------------------------	------	---------------------

Have you ever been a party, either as plaintiff, defendant, or witness, in any civil litigation?
YES NO If yes, give complete details below:

Have you ever been named in a judgment, settlement, lien, or had any records filed against you in a district or county court clerk office? YES NO If yes, explain below:

TRAFFIC RECORD

Has your driver's license or privilege to drive ever been suspended, denied, or revoked?
YES NO If yes, give dates, locations, and reasons below:

With what company do you carry **auto insurance**? _____

List **all** traffic citations you have received, excluding parking tickets. INCLUDE CITATIONS FOR WHICH YOU HAVE TAKEN DEFENSIVE DRIVING, RECEIVED DEFERRED ADJUDICATION, ETC.

MONTH/YEAR	CHARGE	CITY AND STATE	DISPOSITION
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List all traffic accidents in which you have been involved. Include dates, locations, city and state, and describe what happened.

MARITAL AND FAMILY INFORMATION

Status: Single Separated Divorced
 Married Engaged Widowed

Current marriage, if applicable:

Name of Spouse/Fiancé: _____ Date of Birth: _____

Home Address: _____ Home Phone: _____

Place of Employment and Work Number: _____

Work Schedule: _____ Maiden Name: _____

Date of Marriage: _____ Location of Marriage: _____

Previous marriages, if applicable: (list **all** previous marriages):

Separated Divorced Widowed Annulled

Date of Marriage: _____ City and State: _____

Date of Order/Decree: _____ Court and State Where Issued: _____

Ex-Spouse's Name: _____

Present Address: _____

Phone: Home _____ Work _____

Separated Divorced Widowed Annulled

Date of Marriage: _____ City and State: _____

Date of Order/Decree: _____ Court and State Where Issued: _____

Ex-Spouse's Name: _____

Present Address: _____

Phone: Home _____ Work _____

Do you pay child support? YES NO

In what county and state is the child support order filed: _____

If yes, are you current on the payments? YES NO

List all children related to you or your spouse (natural, stepchildren, adopted, or foster).

NAME	RELATION	DATE OF BIRTH	CITY/STATE	SUPPORTED BY WHOM
------	----------	---------------	------------	-------------------

List all other dependents:

NAME	CITY/STATE	RELATION
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List other relatives in the following order: father, mother, (include maiden name), brothers, and sisters. If deceased, so indicate:

NAME	CITY/STATE	PHONE#	RELATION	DATE OF BIRTH
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FINANCIAL HISTORY

What is your current monthly salary or wages? _____ Your Spouse's _____

Do you have income from any other source? YES NO

If yes, explain (source, amount, how often): _____

Do you own any real estate? YES NO

Location: _____ Value: _____

Location: _____ Value: _____

Do you own any bonds? YES NO Value: _____

Do you own any corporate stock? YES NO Value: _____

Do you have a bank account? YES NO

List **all** bank accounts:

AVERAGE BALANCE

NAME AND ADDRESS OF BANK

Have you ever been delinquent on payments of any loans/charge accounts? YES NO

Have you ever filed for or declared bankruptcy? YES NO

Have any of your bills ever been turned over to a collection agency? YES NO

Have you ever had purchased goods repossessed? YES NO

Have your wages ever been garnished? YES NO

Have you ever been delinquent on income other than tax payments? YES NO

Have you ever been audited by the IRS? YES NO

Have you ever applied for any type of financial counseling? YES NO

Have you ever had notification from a source other than a bank in reference to an insufficient check, even if you were not prosecuted? YES NO

If you answered **yes** to any of the above questions, explain details below:

Give names and addresses of the individuals, companies, or others to whom you are indebted, and the extent of your debt. Include rent, mortgages, charge accounts, credit accounts, credit cards, loans, child support payments, and any other types of debts or payments. Include account numbers where applicable. **Include all accounts for the last seven years, even if the account is closed, paid, or inactive.**

TYPE	NAME AND ADDRESS OF CREDITOR	REASON FOR DEBT OR ITEM PURCHASED	TOTAL BALANCE	MONTHLY PAYMENT

USE ADDITIONAL PAGES IF NECESSARY.

REFERENCES

List five persons who know you well enough to provide current information about you. Do not list relatives, former employers, supervisors, or anyone listed previously in this statement. Include people that you see regularly in social settings, not friends of your parents.

NAME: _____ HOME PHONE: _____
ADDRESS: _____
BUSINESS NAME: _____ WORK PHONE: _____
BUSINESS ADDRESS: _____
HOURS OF WORK : _____ YEARS KNOWN: _____

NAME: _____ HOME PHONE: _____
ADDRESS: _____
BUSINESS NAME: _____ WORK PHONE: _____
BUSINESS ADDRESS: _____
HOURS OF WORK : _____ YEARS KNOWN: _____

NAME: _____ HOME PHONE: _____
ADDRESS: _____
BUSINESS NAME: _____ WORK PHONE: _____
BUSINESS ADDRESS: _____
HOURS OF WORK : _____ YEARS KNOWN: _____

NAME: _____ HOME PHONE: _____
ADDRESS: _____
BUSINESS NAME: _____ WORK PHONE: _____
BUSINESS ADDRESS: _____
HOURS OF WORK : _____ YEARS KNOWN: _____

NAME: _____ HOME PHONE: _____
ADDRESS: _____
BUSINESS NAME: _____ WORK PHONE: _____
BUSINESS ADDRESS: _____
HOURS OF WORK : _____ YEARS KNOWN: _____

PERSONAL DECLARATIONS

List any membership, past or present, in social, fraternal, professional, etc. organizations:

Have you ever on any occasion, used any illegal drug or prescription
not prescribed to you by your physician?

YES NO

Have you ever furnished drugs or narcotics to anyone?

YES NO

Have you ever sold drugs or narcotics to anyone?

YES NO

If yes to any of the above questions, **explain in detail; include dates, number of time used, furnished or sold, and types of drugs.**

Describe in your own words the frequency and extent of your use of intoxicating liquors.

POLICE APPLICANT ONLY: If it became necessary to take a human life in the course of
your duties as a police officer, could you do so?

YES NO If no, explain:

Do you have a lifestyle that would prevent you from fully performing the duties for the job you are
applying for, including working on weekends or on evening? YES NO If yes,
explain:

Have you ever made application for employment with our agency or any other law enforcement or related agency? YES NO If yes, list ALL agencies, dates, and status of application.

AGENCY	DATE	STATUS	REASON NOT HIRED (if known)

Do you have any relatives working in law enforcement? If so, who and where?

In your own words, list and explain three qualities which you feel are important for the position for which you are applying:

- 1)

- 2)

- 3)

In your own handwriting, explain why you want to be a _____ with this Department. (25 words or less), please print.

Please provide a written “history” of your employment experience.

**Conroe Police Department
Authority for Release of Military Information and Waiver**

To: The National Personnel Records Center

I authorize the National Personnel Records Center, St. Louis, Mo., or other custodian of my military records to release to the Conroe Police Department, information to include the making of photocopies of extracted information of all military records from my military personnel file or, specifically, the following information / records:

This includes a photocopy of my **undeleted DD form 214**, report of separation and **all disciplinary actions**.

Applicant's Signature _____ Date _____

Address _____

Witness _____ Date _____

Title _____

Note: Print Name and Social Security Number below:

Last _____ First _____ Middle _____ Social Security Number _____

Return all requested military information to:

Conroe Police Department
Professional Services Division
2300 Plantation Dr.
Conroe, Texas 77303

Phone: (936) 522-3200

Fax: (936) 522-3353

AUTHORIZATION TO RELEASE INFORMATION

My Name is: _____ My Social Security Number is: _____

I hereby request and authorize you to furnish the Conroe Police Department with any and all information they may request concerning my work record, educational history, military record, financial status, criminal record, driving record and general reputation. This authorization is specifically intended to include any and all information of a confidential or privileged nature as well as photocopies of such documents, if requested. This information must include, but is not limited to, dates of employment, reasons for termination, rehire status, reports of misconduct or reprimands, absences and tardiness, and all polygraph examination results and reports. This authorization also includes the release of all internal affairs investigations and reports.

Any and all records relating to Federal Income Tax Returns and filings subsequent actions taken by the IRS whether or not this information is a result of Criminal misconduct, failure to pay taxes or misreporting of taxes.

The information will be used for the purpose of determining my eligibility for employment as a _____. I hereby release you and your organization from any liability which may or could result from furnishing the information requested above or from any subsequent use of such information in determining my qualifications to serve as _____.

It is my understanding that any information provided will be held in confidence by the Conroe Police Department and I hereby waive any rights or privileges I may have to view documents, or reports generated from these documents, from the Conroe Police Department.

I further agree that results from the background investigation, specifically information provided in response to this request is confidential, and should the investigation result in my being disqualified for the position sought, I will not be entitled to specific information submitted in response to this request.

Signature

SWORN TO AND SUBSCRIBED BEFORE ME ON THE _____ day of _____, 20_____

Notary Public

Printed or Typed Name of Notary

Notary Commission Expires

NOTE: This form may be retained in your files.

Revised 06/07/07

AGREEMENT

I hereby certify that there are no willful misrepresentations or falsifications in the foregoing statements and answers to questions. I am fully aware that any such willful misrepresentations, omissions, or falsifications may be grounds for immediate rejection or termination of employment. I understand that information gathered during the background investigation is confidential. I freely waive any rights or privileges I may have to view, copy, or in any way obtain information from the Conroe Police Department in reference to, and in response to my application for employment.

I also certify that any person(s) and governmental entit(y)(ies) who may furnish such information concerning me shall not be held accountable for giving this information; and I hereby release, indemnify, and hold harmless said person(s) and governmental entit(y)(ies) from any and all liability which may be incurred as a result of furnishing such information. I also release and hold harmless the City of Conroe from any claim or demand related to the City of Conroe obtaining and/or considering any such information.

I also authorize the release of my name and full disclosure of all records concerning myself to verify past and future employment with other law enforcement agencies.

Printed Name of Applicant

Signature of Applicant

Date

Once the form is complete, first print a complete copy. On your printed copy, fill in the handwritten sections per the instructions. Be sure to initial the boxes on page 2-3 and sign the appropriate forms. You will submit the printed copy by the **due date, at the Conroe Police Department**. There is a notary available in Records for no fee.