

**City of Plano**  
**Public Safety Communications**  
**Personal History Statement**



All information contained herein is private and confidential. Any disclosure, dissemination, distribution, or copying of any information or records of this document or records of this examination without prior written authorization from the City of Plano Public Safety Communications department is prohibited unless required by State or Federal law.

# Instructions

## **Read these instructions carefully before proceeding!!!**

1. Your Personal History Statement (PHS,) and any additional explanation pages, should be printed legibly in black ink. Documents submitted in pencil will be returned as unacceptable.
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.
4. **You** are responsible for obtaining correct information (addresses, email accounts, and telephone numbers, etc.) **You must supply all requested information to complete your PHS.** If you are not sure of an address, check it by personal verification. All requested information must be supplied by you; Plano Public Safety Communications will not be responsible for acquiring information. However, do not guess at information. If you do not know an answer and you do not know where/how to find it, indicate that on the form. A PHS that is not complete may not be accepted at the discretion of Plano PSC.
5. As you complete your PHS, carefully consider each question. It is imperative that you answer each question accurately and thoroughly. Certain responses will prompt you for additional information and you will be required to “explain.” When an explanation is requested, a detailed explanation is required for each instance, no matter how insignificant the event was or how long ago it may have occurred. The final page of the PHS contains a lined page to provide any explanations necessary. If a section indicates that a particular answer requires an explanation use this page to provide that information. **Indicate the page and question number you are referring to prior to providing the explanation.**
6. An accurate and complete Personal History Statement will expedite your background investigation. You will have ample opportunity to explain any issues that are addressed. Intent to deceive, falsify, mislead, or withhold information will result in disqualification.
7. It is your responsibility to have the Personal Inquiry Waiver Form (page 3), Confidential Information Agreement Form (page 4), and the final page of your PHS (page 44) notarized and returned with your PHS.
8. Please return your completed Personal History Statement booklet to Public Safety Communications within one week. Failure to do so will result in disqualification. If you cannot meet this time standard you must inform the hiring representative *before* the due date. You may return it to our office M-F, 8a-5p. If you must return it after hours contact the hiring representative for instructions. The sooner this document is returned, the sooner the background investigation can begin.
9. If you make it to the polygraph portion of the hiring process, this booklet will be used by the examiner to develop questions that will be used to determine if you have been completely and totally truthful. Do not falsify, lie, misrepresent, leave out, or neglect to mention any information about your background, no matter how significant you believe it is. You are not expected to be perfect, but you are expected to be honest. **Be completely open and truthful with all your responses.**
10. If you are unsure of an exact answer, you must provide as much information as you can. If you are unsure of a date, then indicate what you know as specifically as possible. For example, if you don’t know the exact day you left a previous employer, it is acceptable to indicate the month that it occurred. If you are unsure of a specific amount that was requested, then indicate the absolute least and most that it could have been.

# AUTHORITY TO RELEASE INFORMATION



To Whom It May Concern:

I request and authorize you to furnish the City of Plano, Public Safety Communications Department, any and all information that you may have concerning me; including any and all medical, physical and mental records, educational records, work history, conduct reports, disciplinary files, awards, criminal histories, case files, or other reports including all information of a confidential nature; and photo static copies of same if required. This information is to be used to assist the department in determining my qualifications and fitness for the position I am seeking with the Public Safety Communications Department.

\_\_\_\_\_

Applicant's Name PRINTED

\_\_\_\_\_

Applicant's Name SIGNED

Sworn and subscribed before me, a Notary Public, in and for the State of Texas, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_

Notary Name PRINTED

\_\_\_\_\_

(Seal)

Notary Name SIGNED

My Commission Expires \_\_\_\_\_

# CONFIDENTIAL INFORMATION AGREEMENT



A thorough investigation will be conducted to determine your qualifications for a civilian position with the Public Safety Communications Department. To a great extent, your employment will depend upon information obtained in confidential interviews with persons with whom you have been associated. Information will be obtained through interviews, computer databases including, but not limited to, the Law Enforcement National Data Exchange (N-DEx), polygraph examination, psychological evaluation, written and oral testing, and other documents of a confidential nature. Applicants will not have access to such information unless required by State Law. Additionally, if an applicant is hired by the department, the above mentioned information will not be available to said applicant/department employee. Applicants that are declined shall be notified in writing.

I have read and fully understand the above statement.

I consent to the background investigation as described.

---

Applicant's Signature

---

Date

**Sworn and subscribed before me, a Notary Public, in and for the State of Texas,**

**this, the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.**

---

**Notary Name PRINTED**

**(Seal)**

---

**Notary Name SIGNED**

**My Commission Expires \_\_\_\_\_**

# Personal History Statement

*The information provided in this section is used for identification purposes.*

State your true and legal name: \_\_\_\_\_  
First, Middle, Last

Other Names Used: \_\_\_\_\_

Maiden Name: \_\_\_\_\_

Name by which you prefer to be addressed: \_\_\_\_\_

Street Address: \_\_\_\_\_  
If you have a different mailing address, include it as well.

City, State and Zip: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_ Work Number: \_\_\_\_\_

Primary Email: \_\_\_\_\_

Any Additional Emails (include active and inactive accounts): \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ Other Phone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ U.S. Citizen: Yes  No

Place of Birth (include city, county and state): \_\_\_\_\_

Drivers License (include number, state of issue, and expiration): \_\_\_\_\_

Concealed Handgun License (include number, state of issue, and expiration): \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Identifying Marks: \_\_\_\_\_

SCARS – describe: \_\_\_\_\_

TATOOS – describe: \_\_\_\_\_

Do you have a social networking site such as Twitter or Facebook?  Yes  No

List all social networking sites and screen names you use:

\_\_\_\_\_  
\_\_\_\_\_

# Basic Requirements

Our 9-1-1 center is staffed 24 hours a day and seven days a week, prepared to handle and respond to emergencies and concerns that occur within the City of Plano and outlying jurisdictions. All employees of Plano Public Safety Communications must be able to work any of our department's 8-hour shifts on any day of the week with no restrictions. Each employee has an 8-hour per day, 5 day per week work week, with two consecutive days off each week, barring emergency situations. Each employee must also be prepared to work overtime. Every effort is made to avoid mandatory overtime, however our center must be adequately staffed at all times. To meet staffing needs, sometimes there may be little, or no, notice that an employee will be staying late or coming in early for their shift. However each employee is expected to be able to respond to mandatory overtime. Every effort is made to rotate individuals into mandatory overtime and to provide as much notice as possible. Considering these policies, answer the following:

1. Are you familiar with the duty hours and job demands of a 9-1-1 Calltaker and Police / Fire / EMS Dispatcher? 1.  Yes  No
2. Are you able to work any department shift and schedule as assigned? 2.  Yes  No
3. Are you able to work on all weekends? 3.  Yes  No
4. Are you able to work on all holidays? 4.  Yes  No
5. If you were hired by the City of Plano Public Safety Communications Department, would you be able to perform the essential functions of the job with or without reasonable accommodations? 5.  Yes  No

**The Texas Commission on Law Enforcement (TCOLE) requires a thorough background investigation prior to appointing an employee as a telecommunicator. This document serves as the basis of that investigation. Please answer the following questions:**

1. Have you ever been convicted, plead guilty, nolo contendere, been on community court-ordered service/probation, or received deferred adjudication for a class A misdemeanor or a felony? 1.  Yes  No
2. During the past 10 years, have you been convicted, plead guilty, nolo contendere, been on community service/probation, or deferred adjudication for a class B misdemeanor in this state, another state, or while serving in the military? 2.  Yes  No
3. Have you ever had a military court martial that resulted in a discharge that would prevent reenlistment? 3.  Yes  No

# Employment History

Beginning with your present or most recent job, list all jobs you have had, including all part time, temporary, seasonal, or volunteer/intern positions. You may reproduce the page as many times as necessary to cover all jobs that you have had. **You must provide all information requested!** If you are unsure of information be as specific as you can.

**Ensure you include ALL jobs you have ever held!**

Check Appropriate Job Description(s):  Full  Part  Temporary  Seasonal  Volunteer

Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Employer's Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Employment Began On: \_\_\_\_\_ Ended On : \_\_\_\_\_ Total Time (years & months): \_\_\_\_\_

Position(s) Held with Organization and Duties/Responsibilities: \_\_\_\_\_

\_\_\_\_\_

Title: \_\_\_\_\_ Time in position: \_\_\_\_\_

Did you receive job Performance Evaluations?  Yes  No Eligible for Re-hire?  Yes  No

Beginning Salary/Hourly Rate: \_\_\_\_\_ Ending Salary/Hourly Rate: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Supervisor Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Reason for Leaving:  Resignation  Termination  Temp.  Job Lay Off

Other (Explain): \_\_\_\_\_

Was two weeks' Notice Given?  Yes  No Was Notice  Verbal  Written

If less than two weeks' notice was given, explain why: \_\_\_\_\_

\_\_\_\_\_

List At Least One Co-Worker: \_\_\_\_\_

Co-Worker's Phone Number: \_\_\_\_\_

Co-Worker's Email Address: \_\_\_\_\_

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Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Employer's Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Employment Began On: \_\_\_\_\_ Ended On : \_\_\_\_\_ Total Time (years & months): \_\_\_\_\_

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Beginning Salary/Hourly Rate: \_\_\_\_\_ Ending Salary/Hourly Rate: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Supervisor Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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Employer's Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

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# Employment Information

IF YOU ANSWER YES TO ANY QUESTION IN THIS SECTION, EXPLAIN.

1. Did you intentionally omit any of your jobs on this Personal History Statement? 1.  Yes  No
2. Do you, on average, miss as much as one day of work per month? 2.  Yes  No
3. Have you ever used sick leave without actually being sick? 3.  Yes  No
4. Have you ever been late or tardy to work for any reason? 4.  Yes  No

5. In a normal work month, how many times are you late or tardy to work? \_\_\_\_\_

*Note: For the purposes of this Personal History Statement, termination includes, being fired, discharged, dismissed, released, let go and other similar terms; disciplinary action includes being reprimanded, counseled (verbally or in writing), or otherwise put on notice to improve your conduct or performance in the workplace.*

6. Have you, regardless of whether the matter is or was appealed, regardless of whether the matter is part of your official record, regardless of whether you believe or think that it might not still be in your file:
  - a. Ever been terminated from employment for any reason? a.  Yes  No
  - b. Ever resigned in lieu of termination (after being told your employer intended to terminate you)? b.  Yes  No
  - c. Ever resigned in lieu of disciplinary action (after being told your employer intended to take disciplinary action against you)? c.  Yes  No
  - d. Ever quit because you suspected you were going to be terminated or disciplined? d.  Yes  No
  - e. Ever received any type of disciplinary action on any job? e.  Yes  No
7. Did you falsify any of the reasons for leaving any of your employers? 7.  Yes  No
8. Have you even been employed in an illegal occupation? 8.  Yes  No
9. To your knowledge, would any former employer give you an unfavorable recommendation? 9.  Yes  No
10. While at work and/or during work hours, have you ever:
  - a. Slept? a.  Yes  No  
(If not caused by any medical condition recognized by the Americans with Disabilities Act)?
  - b. Been involved in any sexual act? b.  Yes  No
  - c. Consumed alcohol? c.  Yes  No
  - d. Been involved in an act of masturbation? d.  Yes  No
11. Have you ever falsified an employer's business records? 11.  Yes  No
12. Have you ever been counseled regarding inadequate or poor work conduct or performance? 12.  Yes  No
13. Have you ever committed any act of sexual harassment while on the job? 13.  Yes  No
14. Have you had any type of unauthorized or illegal physical contact with another employee while working? 14.  Yes  No

If you have been terminated, asked to resign from any job, or received discipline on any job, list the employer and reason for termination or discipline. Provide a thorough explanation of the situation and any extenuating circumstances.

- Employer: \_\_\_\_\_
- Reason for Dismissal or Disciplinary Action: \_\_\_\_\_
- Employer: \_\_\_\_\_
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- Reason for Dismissal or Disciplinary Action: \_\_\_\_\_

Check this box if you have **NEVER** been fired or asked to resign from a job.

**Using the chart below, indicate any periods of time in which you were unemployed.**

<u>From: (Month/Year)</u>	<u>To: (Month/Year)</u>	<u>Length</u>	<u>Reason</u>

# Marital and Family History

**Current Marital status:**  Single  Engaged  Married  Separated  Divorced  Widowed  Co-habiting  
**If you have been married and/or divorced multiple times, provide information for each occurrence.**

*If you are Engaged or Co-habiting:*

Name of Fiancée/Co-habitant: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address (if different): \_\_\_\_\_

Employer: \_\_\_\_\_ Employer Address: \_\_\_\_\_

Home Telephone #: \_\_\_\_\_ Work: \_\_\_\_\_

Email: \_\_\_\_\_

*If you are Married or Separated:*

Spouse's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Date Married: \_\_\_\_\_

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone # Home: \_\_\_\_\_ Work: \_\_\_\_\_

Email: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

*If you are Divorced:*

Former Spouse's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone # Home: \_\_\_\_\_ Work: \_\_\_\_\_

Email: \_\_\_\_\_ Date Divorce Decree Issued: \_\_\_\_\_

Court and State where Divorce Decree Issued: \_\_\_\_\_

Reason for Divorce: \_\_\_\_\_

*If you are Widowed:*

Spouse's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Death: \_\_\_\_\_

# Family Information

1. LIST ALL CHILDREN RELATED TO YOU OR YOUR SPOUSE (Natural/Step/Adopted/Foster):

Child's Full Name	Birth Date	Relationship	Complete Address

2. List your other family members, parent and siblings, including those related by marriage.  
If deceased, indicate the year of death.

Name/Relation/D.O.B.	Occupation	Email Address	Complete Address & Phone Number



3. If you currently reside with any person(s), other than family members, list:

Name & Birth Date	Phone and Email	Length of Time Together

4. Please list any person with whom you have resided in the past other than family members:

Name & Birth Date	Phone and Email	Length of Time Together

# Personal, Credit and Marital Information

IF YOU ANSWER YES TO ANY QUESTION IN THIS SECTION, EXPLAIN.

- |                                                                                                                                                         |                                                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| 1. Have you intentionally left any relatives' names out of this booklet?                                                                                | 1. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Are you paying alimony?                                                                                                                              | 2. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Are you in arrears or behind on any required payments to your former spouse or children?                                                             | 3. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Have you ever been ordered into court for nonpayment of alimony or child support?                                                                    | 4. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Have you ever been married to more than one person at a time?                                                                                        | 5. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Has any member of your family, including in-laws, been arrested, charged, or convicted of a crime other than Class C Misdemeanor traffic violations? | 6. <input type="checkbox"/> Yes <input type="checkbox"/> No |
- If yes, include the family member's name, D.O.B., the charge, disposition, year it occurred and the arresting agency's name in your explanation.*

**Credit:**

- |                                                                                             |                                                             |
|---------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| 1. Have you ever been referred to a collection agency for failing to pay a bill?            | 1. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Have you ever filed for bankruptcy?                                                      | 2. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Have you ever been sued or involved in a lawsuit?                                        | 3. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Do you have any suits or claims pending against any city, state, or federal institution? | 4. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Do you owe more money per month than you make per month?                                 | 5. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Do you have any credit problems/issues that have not previously been addressed?          | 6. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Since the age of 17 have you ever been evicted from a residence?                         | 7. <input type="checkbox"/> Yes <input type="checkbox"/> No |

Your Current Net Monthly Income: \_\_\_\_\_ Spouse's Current Net Monthly Income: \_\_\_\_\_

Source of Income	Amount	Frequency

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

Name of financial institution(s): \_\_\_\_\_

Types of accounts: \_\_\_\_\_

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	Type (student loan, credit card, etc.)	Monthly Payment	Approx. Balance

8. Have you ever had any personal or real property repossessed or foreclosed? 8.  Yes  No
9. Have you ever had a lien placed against your property for failing to pay taxes or other debts? 9.  Yes  No
10. Have you ever had a judgment entered against you? 10.  Yes  No
11. Have you ever defaulted on any type of loan? 11.  Yes  No
12. Have you ever had any credit account suspended, charged off, or cancelled for failure to pay? 12.  Yes  No
13. Have you ever written a check that was later returned for Non-sufficient Funds (NSF)? 13.  Yes  No
14. Have you ever been disciplined regarding the use of a travel/credit card provided by an employer? 14.  Yes  No
15. Are you currently more than sixty (60) days delinquent on any debts? 15.  Yes  No

In the following table, identify any person or entity to which you are more than 30 days late in paying. Include mortgages, vehicle payments, charge accounts, credit cards, loans, child support payments, and any other debts or payments.

Name of Creditor	Type of Debt (student loan, automobile, etc.)	Number of Days Late	Reason

# Military History

1. Have you met the registration requirements for selective service? 1.  Yes  No  
 - N/A Female Applicant

2. Have you **ever** been in the military service? 2.  Yes  No

*If yes, what branch:* \_\_\_\_\_ *Highest Rank:* \_\_\_\_\_

*Induction:* \_\_\_\_\_ *Position Held:* \_\_\_\_\_

## IF YOU ANSWER YES TO ANY QUESTION IN THE SECTION BELOW, EXPLAIN.

3. Have you ever been rejected by any branch of the US Armed Forces? 3.  Yes  No

4. Have you ever been AWOL? 4.  Yes  No

5. Have you ever been the subject of a military investigation? 5.  Yes  No

6. Were you ever disciplined under UCMJ (e.g. Article 15, Capt. Mast, Page 11, N.J.P., Letter of Comment, Letter of Counsel, etc.)? 6.  Yes  No

7. While in the military service, were you ever arrested for an offense which resulted in a trial by Deck Court of Summary, Special, or General court martial? 7.  Yes  No

*If yes, include the charge, date, and result in explanation.*

8. Were you discharged prior to the end of your tour of duty? 8.  Yes  No

9. Were you ever reduced in rank? 9.  Yes  No

10. Were you ever confined to the brig or guardhouse? 10.  Yes  No

11. Were you ever awarded a security clearance? 11.  Yes  No

*If yes, include level in explanation.*

12. Have you ever violated a government security clearance? 12.  Yes  No

13. Did you ever have an accident while in the military that was not reported? 13.  Yes  No

14. Are you eligible for reenlistment? 14.  Yes  No

15. Do you have any current military obligations? 15.  Yes  No

16. Last duty station and name of Commanding Officer: 16.  Yes  No

17. Are you:  Active  Standby  Inactive  IRR

Organization/Station/Unit and Location: \_\_\_\_\_

18. Type of Discharge:

Honorable  General  Other than Honorable  Bad Conduct  Dishonorable

Discharge Date: \_\_\_\_\_

# Educational Information

List all high schools, colleges, technological, or trade schools you have ever attended regardless of whether you graduated and/or completed the prescribed curriculum.

If you are listing colleges/universities, and you did not graduate, indicate the number of credit hours you have earned. If you attended a technological or trade school, indicate your course of study and also note if you were awarded a diploma or certificate.

Do you have a  High School Diploma  GED  Other (*explain below*)

Other: \_\_\_\_\_

College:  Some College  Associate's  Bachelor's  Master's  Ph.D

Name, Type of School, City, and State	Dates Attended	Credit Hours Earned & GPA	Degree Earned

**IF YOU ANSWER YES TO ANY QUESTION IN THE SECTION BELOW, EXPLAIN.**

- |                                                                                                            |                                                             |
|------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| 1. Have you ever been expelled from any school you have attended?                                          | 1. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Have you ever been placed on academic probation?                                                        | 2. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Have you been involved in any community activities?<br>If yes, list all in explanation.                 | 3. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Have you received any awards, commendations or special recognition?<br>If yes, list all in explanation. | 4. <input type="checkbox"/> Yes <input type="checkbox"/> No |

# Applications with Law Enforcement Agencies

If you have applied with other law enforcement agencies for any position (including all city, county, State, and federal agencies for any position such as officer, detention officer, firefighter, dispatcher, etc.), please complete the following. Do not fail to list any, regardless of the status of your application. (Add additional page(s) if needed)

Check this box if you have **NEVER** applied with another law enforcement agency.

Check this box if you have ever been a paid or unpaid police informant.

Agency \_\_\_\_\_ Date \_\_\_\_\_  Hired  Not Selected  Not Contacted

\_\_\_\_\_  Rejected (*explain*)  Other (*explain*)

Position Applied For \_\_\_\_\_

Agency \_\_\_\_\_ Date \_\_\_\_\_  Hired  Not Selected  Not Contacted

\_\_\_\_\_  Rejected (*explain*)  Other (*explain*)

Position Applied For \_\_\_\_\_

Agency \_\_\_\_\_ Date \_\_\_\_\_  Hired  Not Selected  Not Contacted

\_\_\_\_\_  Rejected (*explain*)  Other (*explain*)

Position Applied For \_\_\_\_\_

Agency \_\_\_\_\_ Date \_\_\_\_\_  Hired  Not Selected  Not Contacted

\_\_\_\_\_  Rejected (*explain*)  Other (*explain*)

Position Applied For \_\_\_\_\_

Agency \_\_\_\_\_ Date \_\_\_\_\_  Hired  Not Selected  Not Contacted

\_\_\_\_\_  Rejected (*explain*)  Other (*explain*)

Position Applied For \_\_\_\_\_

# Arrest / Detention / Litigation

IF YOU ANSWER YES TO ANY QUESTION IN THIS SECTION, EXPLAIN.

*Explanations in this section must include the date, charge, police agency/city or locality, and penalty.*

1. Have you ever been arrested by the police, regardless of the final disposition? 1.  Yes  No
2. Have you been Charged/Filed-on with an offense regardless of the disposition? 2.  Yes  No
3. Have you ever been questioned or detained by the police as part of any police investigation? 3.  Yes  No
4. Have you ever lied to a police employee when being questioned about any type of criminal activity? 4.  Yes  No
5. Have you ever been present during the commission of a crime? 5.  Yes  No
6. Have you ever been summoned into court for a criminal offense? 6.  Yes  No
7. Have you ever been the subject of a Protective Order? 7.  Yes  No
8. Have you ever collected unemployment or welfare benefits (including food stamps) when you were not entitled to them, or received an "overpayment" which you were required to repay? 8.  Yes  No
9. Have you ever been involved in any incident (do not include vehicular accidents) in which a police report was made or law enforcement was called? 9.  Yes  No

## Driving Record

IF YOU ANSWER YES TO ANY QUESTION IN THIS SECTION EXPLAIN.

1. Do you possess a valid driver's license? 1.  Yes  No  
*If no, explain.*
2. Have you ever had a driver's license suspended? 2.  Yes  No
3. Have you ever knowingly driven a motor vehicle after your driver's license was suspended, or after it had been revoked? 3.  Yes  No
4. Do you have a driver's license in more than one state? 4.  Yes  No  
*If yes, list the state and number in explanation.*
5. Have you ever applied for a driver's license using a fictitious name? 5.  Yes  No
6. Have you ever been involved in a hit-and-run accident? 6.  Yes  No
7. Have you ever failed to appear in court for a traffic citation? 7.  Yes  No
8. Have you ever failed to pay a parking citation? 8.  Yes  No
9. Are any vehicles that are registered in your name uninsured? 9.  Yes  No
10. As an adult, have you ever caused a death or serious injury in a vehicle accident? 10.  Yes  No
11. What company carries your automobile insurance policy? \_\_\_\_\_

Company Address: \_\_\_\_\_

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



12. List all vehicles you own, possess, and/or that are registered to you:

Year	Make	Color	Model and Body Style	License Number (Include State)

13. List **ALL** traffic accidents from the past ten years in which you have been involved as the driver regardless of whether the accident was reported or placed on your record.

Date	Location	Police Report?	Your Fault?	Drinking?	Drug Use?
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

14. List **ALL** traffic citations you have received in the past ten years.

Date Received	Type of Violation	Issuing Agency	Disposition

# Theft from Employers / Integrity

**IF YOU ANSWER YES TO ANY QUESTION IN THIS SECTION, EXPLAIN.**

Many people have taken things from a place where they worked, which they did not have permission to take. The items may have been cash, merchandise, or property. You may have simply borrowed one of these items and forgotten to return it, gave merchandise to another person, or padded your expense account. You will have ample opportunity to explain these issues prior to the polygraph examination.

Although these incidents may be minor in nature, your honesty in this area may directly reflect your character in the work environment. Therefore, Plano Public Safety Communications is interested in any incidents of theft or misappropriations from an employer that you may have committed or in which you may have been involved.

- 1. Have you taken any money from a place of employment (no matter the amount)?       Yes  No
- 2. Have you taken any equipment, tools, merchandise or supplies from a place of employment?       Yes  No

**If you answered yes to either of the questions above, list the items / amounts below.**

Item(s) Taken	Value	Date	Employer

- Check this box if you are still in possession of any of the above listed items.
- Check this box if you have **NEVER** taken anything from an employer.

**Before going to the next section, be sure you have not failed to list ANY theft from an employer that you may have committed.**

# Criminal Activity

**IF YOU ANSWER YES TO ANY QUESTION IN THIS SECTION, EXPLAIN.**

You are applying for a position that requires the trust of the citizens. Consequently, Plano PSC is interested in your participation in, or commission of, any criminal activity. We realize it would be a rarity for any applicant to answer “no” to all of these questions, so we place a high degree of value on a person’s honesty and integrity in answering the following questions truthfully. If you have committed or participated in any of the acts listed you must check the box indicating participation in the act. Obviously, there are some acts of criminal behavior that may preclude your selection for employment; nonetheless, you must admit those acts to successfully complete the polygraph examination. Prior to your polygraph examination, you will be given ample opportunity to explain your participation in these acts.

**Again, be sure to acknowledge participation, commission, arrest, conviction, or questioning for any of the following acts.**

1. Any act of unlawfully taking the life of another person? 1.  Yes  No
2. Any act of unlawfully abducting another person? 2.  Yes  No
3. Any sexual act after you were seventeen (17) with another person who was less than fifteen (15) years of age? (*This includes: sexual intercourse, oral sex, anal sex, or touching the genitals, breasts, or anus of another person*) 3.  Yes  No
4. Any act, as an adult, of exposing your anus or genitals in public to arouse Sexually, or gratify, yourself or another person? 4.  Yes  No
5. Any act, as an adult, of assault by physically striking another person, stranger, family members, or others? 5.  Yes  No
6. Any act, as an adult, of cruelty to any creature or animal which results in harm, injury, or death other than legally licensed sports, hunting, or fishing? 6.  Yes  No
7. Any act of rape or sexual assault, either by force, threats, or injury? 7.  Yes  No
8. Any act of Family Violence resulting in a court conviction? 8.  Yes  No
9. Any act involving hurting, harming, or attempting to hurt or harm another person using a firearm, knife, club, or any other deadly weapon? 9.  Yes  No
10. Any act involving hurting, harming, abusing, striking, or injuring any person under the age of fifteen (15) years? 10.  Yes  No
11. Any incestuous act of knowingly inflicting sexual contact or sexual penetration to include sexual intercourse, oral sexual intercourse, or anal sexual intercourse with your natural child, stepchild, or child by adoption; natural grandchild, step-grandchild, or grandchild by adoption; sister, stepsister, brother, stepbrother, niece, nephew, or any other family member? 11.  Yes  No
12. Any act involving taking or keeping a child under eighteen (18) years of age out of the state in which the child resides, in violation of a judgment order of a court disposing of the child’s custody? 12.  Yes  No
13. As an adult, any act involving computer Internet “Chat-Rooms” where sexually oriented messaging was performed to an individual who identified him/herself as a juvenile (under 17 years of age)? 13.  Yes  No
14. Any act of causing, planning, or starting, or attempting to start a fire or an explosion to damage or destroy a building, habitation, or vehicle belonging to another person, or a building, habitation, vehicle, or property belonging to you which was insured? 14.  Yes  No

15. Any act, as an adult, involving the intentional damage or destruction of any property belonging to another person? 15.  Yes  No
16. Any act involving the use of a firearm, knife, club, deadly weapon, physical force, threats, or intimidation in order to steal or take property belonging to another person? 16.  Yes  No
17. Any act involving breaking into a building, habitation, or any portion of a habitation or building in order to take or steal cash, property, or merchandise, or with the intent of committing any other criminal act? 17.  Yes  No
18. Any act, as an adult, involving breaking into a coin-operated device in order to steal property, merchandise, cash, or to obtain services? 18.  Yes  No
19. Any act, as an adult, involving breaking into or entering a vehicle of any kind, including cars, pickup trucks, trailers, boxcars, vans, or motor homes, in order to steal any cash, property, or merchandise? 19.  Yes  No
20. Any act, as an adult, involving entering or remaining on the property of another, knowing that you did not have permission of the owner to do so? 20.  Yes  No
21. Any act, as an adult, which unlawfully deprives an individual of property, cash or merchandise through appropriation, theft, false pretext, theft from a person, shoplifting, swindling, passing a worthless check, embezzlement, extortion, changing price tags, receiving stolen property, unlawfully receiving a service without paying for it, stealing vehicle accessories, walking a check, or any form of theft – including making a false claim to an insurance company?  
(This does not include previously mentioned thefts from employers) 21.  Yes  No
22. Any act involving forgery of any writing, document, signature, money, any legal document, license, contract, credit card, check security agreement, will, deed, or any deed of trust with the intention to defraud or harm any person or business? 22.  Yes  No
23. Any act involving stealing a credit card, presenting a credit card to obtain property or services fraudulently, using a credit card without the consent of the person to whom the card was issued, using an expired credit card, using a fictitious credit card or number, using a stolen credit card, any involvement in the manufacture of counterfeit credit cards, buying a credit card, selling a credit card, forging a signature on a credit card receipt, or in any way attempting to commit theft or steal from anyone using a credit card? 23.  Yes  No
24. Any act involving theft of a vehicle, use of a vehicle without the owner's consent, or joyriding in a stolen vehicle? 24.  Yes  No
25. Any act involving bribing, or attempting to bribe, any government officer or employee? 25.  Yes  No
26. Any act involving telling any lie, falsehood, or misrepresentation of any act while under oath or on a sworn or notarized document? 26.  Yes  No
27. Have you ever falsely identified yourself as anyone other than your true identity on any document? 27.  Yes  No
28. Have you ever allowed anyone to use your identification as his/her own? 28.  Yes  No
29. Any act, as an adult, related to filing a false report to any peace officer or law enforcement employee? 29.  Yes  No
30. Any act involving impersonating a peace officer, police officer, or law enforcement official? 30.  Yes  No
31. Any act, as an adult, of impersonating a government official? 31.  Yes  No
32. Any act involving resisting or interfering with any peace officer in making any arrest or detention of any person, including yourself? 32.  Yes  No

33. Any act of fleeing from a peace officer, in a motor vehicle or by foot, who is attempting to arrest, detain, or question you that resulted in the serious bodily injury or death of another? 33.  Yes  No
34. Any act, as an adult, involving the production, sale, distribution, promotion, or possession with intent to sell any picture, magazine, film, device, tape, book, or any other items which depicts any patently offensive sexual acts, including any form of copulation, masturbation, excretory functions, sadism, masochism or lewd exhibition? 34.  Yes  No
35. Any act, as an adult, involving engaging in any sexual act, including intercourse, oral intercourse, or sexual contact with the genitals, breasts, or anus of another person in return for cash, property, merchandise, or anything of value? 35.  Yes  No
36. Any act involving the receipt of compensation or anything of value for any act of prostitution committed by any person, or forcing any person by threat or physical force to commit an act of prostitution? 36.  Yes  No
37. Any act involving the unlawful possession of any explosive device, machine gun, sawed-off shotgun or rifle, armor piercing ammunition, or silencer? 37.  Yes  No
38. Any unlawful act, as an adult, of carrying a pistol, illegal knife, illegally altered weapon, incendiary device, or other illegal weapons? 38.  Yes  No
39. Any act, as an adult, of participation in the promotion of gambling, maintaining or involvement in a gambling place, or the possession of a gambling device, equipment, or paraphernalia, excluding dice or cards? 39.  Yes  No
40. Any act involving any participation in any criminal enterprise or organized activity which seeks to further murder, arson, robbery, burglary, theft, kidnapping, aggravated assault, forgery, gambling, prostitution, promotion or distribution of drugs, promotion or sale of obscene materials, or other criminal acts? 40.  Yes  No
41. Any act of participation or act that resulted in you being in possession of, receiving, buying, or selling any property that was stolen or that you had reason to believe was stolen? 41.  Yes  No
42. Have you ever failed to file or filed a fraudulent income tax return or statement? 42.  Yes  No
43. Have you ever converted government property to your own use or sold it? 43.  Yes  No
44. Have you ever failed to pay any local, state, or federal taxes? 44.  Yes  No
45. Have you ever been indicted by a grand jury? 45.  Yes  No
46. Have you ever been sentenced or confined in a city, county, state, or federal penal institution or institution for criminally insane? 46.  Yes  No
47. Do you currently live, reside, or associate with any relatives, friends, or personal contacts involved in any criminal activity? 47.  Yes  No
48. Have you ever stolen or taken part in the theft of state, city, or commercial utilities? (i.e., water, gas, electric, cable television, etc.) 48.  Yes  No
49. Have you, or any member of your family (spouse's family), ever been a member of, or associated with:
- a. any criminal organization a.  Yes  No
  - b. any association that has, as its purpose, the overthrow of the federal government b.  Yes  No
  - c. any street gang or paramilitary organization c.  Yes  No
  - d. any group that advocates racial or sexual discrimination d.  Yes  No
  - e. any terrorist cell or organization e.  Yes  No
50. Have you ever intentionally viewed, transported, or received any pornographic material that depicts a child younger than 18 years of age, engaging in sexual conduct? 50.  Yes  No
51. As an adult, have you ever accessed a computer, computer software, computer system, or computer network without the effective consent of the owner? 51.  Yes  No

52. Have you ever participated in any type of fraud or theft using a computer? 52.  Yes  No
53. As an adult, have you ever intentionally or knowingly provided false or misleading information to obtain property or credit for yourself or another? 53.  Yes  No
54. Have you committed an act of window peeping? 54.  Yes  No
55. As an adult, have you taken, or been a party to, any theft involving any property valued at \$50.00 or greater, in the past ten years? 55.  Yes  No
- If you answered yes, the explanation must include the date, location, and value of the item(s) taken for each incident*
56. As an adult, have you kept a child away from his/her parent, legal guardian, or court's jurisdiction without permission? 56.  Yes  No
57. As an adult, have you been involved in, or accused of, any acts of disturbing the peace, fighting in public, threatening another person, etc...? 57.  Yes  No
58. As an adult, have you made lewd, obscene, or harassing phone calls? 58.  Yes  No
59. Have you committed any felonies? 59.  Yes  No
60. Other than minor traffic violations, have you committed any misdemeanors? 60.  Yes  No
61. At the present time, is there any pending court action, civil or criminal, in which you are involved? 61.  Yes  No

Check the appropriate box if you have ever received:

- Probation       Community Supervision       Deferred Adjudication  
 Final Conviction       Jail or Prison

**\*\*\*BEFORE CONTINUING ON, BE SURE THAT YOU HAVE LISTED ALL AREAS OF CRIMINAL BEHAVIOR IN WHICH YOU HAD INVOLVEMENT. \*\*\***

# Criminal Activity – Illegal Drugs/Sales

**IF YOU ANSWER YES TO ANY QUESTION IN THIS SECTION, EXPLAIN.**

Participation in the sale of illegal drugs is common in our society. For the purposes of employment, Plano Public Safety Communications treats the sale of each illegal drug differently. In all cases, the Department is concerned with the illegal sale of drugs to another person (*with or without profit to you*), delivery of illegal drugs to another person, transporting illegal drugs to be sold, trading illegal drugs for anything of value, manufacturing illegal drugs, the cultivation of illegal drugs for anything of value, manufacturing illegal drug plants, and / or in any other way being involved in a transaction involving illegal drugs.

1. In the space provided below, please list the type of illegal drug sold, the amount of the illegal drug sold, your age at the time, and the number of times you sold the illegal drug.

Type of Drug	Amount of Drug	Age	Number of Times

2. Have you ever been involved in the sale or delivery of any illegal drug(s) to another person with or without a profit to you? 2.  Yes  No  
 If yes, explain your *involvement* in detail.

3. Have you ever transported any illegal drugs across a state or United States border? 3.  Yes  No

4. Have you ever transported any illegal drug as a favor to someone else, or helped in any manner to deliver any illegal drug(s)? 4.  Yes  No

5. Have you ever participated in the manufacture of any illegal drug(s) If yes, explain your *involvement* in detail. 5.  Yes  No

6. Have you ever cultivated or grown any illegal drug or substance? 6.  Yes  No

**\*\*\*BEFORE CONTINUING, BE SURE THAT YOU HAVE LISTED ALL ILLEGAL DRUG SALES IN WHICH YOU HAD INVOLVEMENT.\*\*\***

# Criminal Activity – Illegal Drugs/Possession

**IF YOU ANSWER YES TO ANY QUESTION IN THIS SECTION, PLEASE EXPLAIN.**

It is important the Department be aware of your past and current illegal drug usage. As a telecommunicator, you may be called to testify as a witness in a criminal prosecution of an individual charged with illegal drug usage and the defense could ask about your personal drug usage in an effort to attack or impeach your credibility.

By usage we mean the ingestion of drugs into your system. Ingestion is defined as, but not limited to; snort, sniff, inject (needle), smoke, puff, toke, oral (by pill, tab, tasting, or mixed with food or drink), or absorbed into the body by any means. Each separate instance of usage, regardless of quantity consumed, constitutes "one time used."

Identify exactly when you used a drug. You will be given an opportunity to explain the first date that you used each drug and the last time you used each drug.

Explain how you used the drug. If the drug was smoked, snorted, injected, eaten, or used in any other manner, you must explain how it was used.

When asked to give the maximum number of times that you used the drug, you must give the **ABSOLUTE MAXIMUM NUMBER OF TIMES YOU USED THE DRUG**. For instance, if you have snorted cocaine six times, and you state that you used cocaine five times, you will appear to be deceptive when questioned on the polygraph. If you are not sure how many times you used a drug, then state the absolute maximum number of times you could have used the drug.

On the following page explain your usage of each of the drugs mentioned, the first time (year) you used the drug, the last time (month and year) you used the drug, the maximum number of times you used the drug, and how you used the drug\*. If you have never used that particular drug, then check the appropriate "NEVER" area.

**\* Regardless of whether or not the drug had any effect.**



<b>Drug</b>	<b>First Time Used</b>	<b>Last Time Used</b>	<b>Maximum Times Used</b>	<b>How Used (smoked, needle, etc.)</b>	<b>Never Used</b>
PCP					<input type="checkbox"/>
Angel Dust					<input type="checkbox"/>
THC					<input type="checkbox"/>
Marijuana, Hashish					<input type="checkbox"/>
LSD, Acid					<input type="checkbox"/>
Peyote					<input type="checkbox"/>
Mescaline					<input type="checkbox"/>
Heroin, opium					<input type="checkbox"/>
Cocaine, crack, rock					<input type="checkbox"/>
Quaaludes					<input type="checkbox"/>
Downers					<input type="checkbox"/>
Tranquilizers					<input type="checkbox"/>
Amphetamines, Meth, Methamphetamines / Speed / Crank					<input type="checkbox"/>
Biphetamine					<input type="checkbox"/>
Ecstasy/XTC/Ice					<input type="checkbox"/>
Ketamine / Special K					<input type="checkbox"/>
GHB					<input type="checkbox"/>
Preludin					<input type="checkbox"/>
Dilaudid					<input type="checkbox"/>
Talwin/PBZ					<input type="checkbox"/>
Inhalants (glue/paint)					<input type="checkbox"/>
Mushrooms, Psilocybin, sherns					<input type="checkbox"/>
Designer Drugs					<input type="checkbox"/>
Anabolic Steroids					<input type="checkbox"/>
Rohypnol (date rape drug)					<input type="checkbox"/>
Clickums/Xanbars/Xanax					<input type="checkbox"/>

1. List any additional drug(s) you have used not listed in the previous table.

Drug	First Time Used	Last Time Used	Maximum Times Used	How Used

**\*\*\*Before continuing, think carefully to ensure that you have not forgotten to list any illegal drug usage which you can recall.\*\*\***

- |                                                                                                                                         |                                                             |
|-----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| 2. Have you ever used a prescription medication(s) without a valid prescription?                                                        | 2. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Have you ever lied to a doctor about symptoms in order to get a prescription?                                                        | 3. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Do you associate with individuals who use illegal drugs / narcotics?                                                                 | 4. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Have you ever attempted and/or succeeded in 'getting high' with products such as paint, glue, gasoline, nitrous oxide, etc.?         | 5. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Have you ever caused another person to ingest, drink, or otherwise consume an illegal substance without their knowledge?             | 6. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Have you ever been present when someone else was buying, selling, or using drugs?                                                    | 7. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. During the past five years has any controlled substance been used in your presence?                                                  | 8. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. If you were selected as an employee of the City of Plano, would you turn in a co-worker for a drug law violation that you witnessed? | 9. <input type="checkbox"/> Yes <input type="checkbox"/> No |

**\*\*\*Before continuing, think carefully to ensure that you have not forgotten to list any illegal drug usage which you can recall.\*\*\***

# Criminal Activity – Alcohol

IF YOU ANSWER YES TO ANY QUESTION IN THIS SECTION, EXPLAIN.

The legal definition of intoxication is: Not having the normal use of mental or physical faculties by reason of the introduction of alcohol, a controlled substance, a drug, a dangerous drug, a combination of two or more of those substances, or any other substance into the body, or having an alcohol concentration of 0.08 or more.

1. Using the above as a guide, how many times in the last five years have you operated any motor vehicle while intoxicated?

Number of times: \_\_\_\_\_

For each incident, please explain the circumstances in detail and include the following information in your explanation:

Please indicate: number and size of drinks: \_\_\_\_\_

Type of drinks (*i.e. Beer, Wine, Liquor*): \_\_\_\_\_

Time, in hours, of your drinking and distance driven? (The time from starting until driving) \_\_\_\_\_

Estimate your weight when you drove while intoxicated: \_\_\_\_\_

2. How many times in the past five years have you been intoxicated in public?

Number of times: \_\_\_\_\_

For each incident, please explain the circumstances in detail and include the following information in your explanation:

Please indicate: number and size of drinks: \_\_\_\_\_

Type of drinks (*i.e. Beer, Wine, Liquor*): \_\_\_\_\_

Time, in hours, of your drinking? (The time from starting until stopping) \_\_\_\_\_

Estimate your weight when you were intoxicated in public: \_\_\_\_\_

3. When was the last time you operated a motor vehicle while intoxicated? \_\_\_\_\_

4. When was the last time you were intoxicated in public? \_\_\_\_\_

5. As an adult, have you ever been convicted of DWI or DUID? 5.  Yes  No

6. Have you provided alcohol to a minor (*under the age of 21*)? 6.  Yes  No

# Prior law Enforcement Service

IF YOU ANSWER YES TO ANY QUESTION IN THIS SECTION, EXPLAIN.

Check this box if you have NEVER served in a position as a sworn or commissioned law enforcement officer, peace officer, sheriff's deputy, or state or federal agent, commissioned reserve officer, detention officer, dispatcher, or any other position charged and sworn to uphold the law, including security guard, bouncer, or any other security duty. If you check this box, go to the next section of the booklet.

Check this box if you have prior law enforcement service or security officer service, and please complete the following questions. These questions deal only with your employment as a law enforcement officer or security officer.

1. While employed as a law enforcement officer or security guard, did you ever commit a felony or misdemeanor which would have been punishable by incarceration? 1.  Yes  No
2. While employed as a law enforcement officer or security guard, have you ever abused a prisoner or violated a prisoner's civil rights? 2.  Yes  No
3. Have you ever been terminated or asked to resign from a position as a law enforcement or security officer as a result of an internal investigation or allegation of misconduct? 3.  Yes  No
4. While employed as a law enforcement officer or security guard, have you ever used any illegal drug or illegally obtained drug? 4.  Yes  No
5. While employed as a law enforcement officer or security guard, have you ever confiscated a prisoner's property and made use of it? 5.  Yes  No
6. While employed as a law enforcement officer or security guard, have you ever received any disciplinary action? 6.  Yes  No
7. Have you ever been formally investigated for misconduct? 7.  Yes  No
8. While employed as a law enforcement officer or security guard, have you ever received a suspension or any written or verbal reprimands? 8.  Yes  No
9. While employed as a law enforcement officer or security guard, have you ever falsified anything in a police report? 9.  Yes  No
10. While employed as a law enforcement officer or security guard, have you ever used excessive or unnecessary force? 10.  Yes  No
11. While employed as a law enforcement officer or security guard, have you ever perjured yourself or given false testimony? 11.  Yes  No
12. While employed as a law enforcement officer or security guard, have you ever:
  - a. Slept on duty? a.  Yes  No
  - b. Been involved in an act of sex on duty? b.  Yes  No
  - c. Been involved in an act of masturbation on duty? c.  Yes  No
  - d. Consumed alcohol on duty? d.  Yes  No
13. Have you ever been sued in your capacity as a peace officer in state or federal court? 13.  Yes  No
14. Have you ever used any position of authority to abuse or mistreat anyone? 14.  Yes  No

# Personal References

List six (6) persons that can provide current information about you; do not list relatives, past/present employers, or acquaintances involved in law enforcement.

1. Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_ Years Known: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Cell #: \_\_\_\_\_ Pager: \_\_\_\_\_

EMAIL: \_\_\_\_\_

Describe your relationship with this person: \_\_\_\_\_

2. Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_ Years Known: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Cell #: \_\_\_\_\_ Pager: \_\_\_\_\_

EMAIL: \_\_\_\_\_

Describe your relationship with this person: \_\_\_\_\_

3. Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_ Years Known: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Cell #: \_\_\_\_\_ Pager: \_\_\_\_\_

EMAIL: \_\_\_\_\_

Describe your relationship with this person: \_\_\_\_\_

4. Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_ Years Known: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Cell #: \_\_\_\_\_ Pager: \_\_\_\_\_

EMAIL: \_\_\_\_\_

Describe your relationship with this person: \_\_\_\_\_

5. Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_ Years Known: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Cell #: \_\_\_\_\_ Pager: \_\_\_\_\_

EMAIL: \_\_\_\_\_

Describe your relationship with this person: \_\_\_\_\_

6. Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_ Years Known: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Cell #: \_\_\_\_\_ Pager: \_\_\_\_\_

EMAIL: \_\_\_\_\_

Describe your relationship with this person: \_\_\_\_\_

List any individuals with whom you are well acquainted who are members of law enforcement agencies.

★Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Agency: \_\_\_\_\_

Address: \_\_\_\_\_ Years Known: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Cell #: \_\_\_\_\_ Pager: \_\_\_\_\_

EMAIL: \_\_\_\_\_

Describe your relationship with this person: \_\_\_\_\_

★Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Agency: \_\_\_\_\_

Address: \_\_\_\_\_ Years Known: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Cell #: \_\_\_\_\_ Pager: \_\_\_\_\_

EMAIL: \_\_\_\_\_

Describe your relationship with this person: \_\_\_\_\_

★Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Agency: \_\_\_\_\_

Address: \_\_\_\_\_ Years Known: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Cell #: \_\_\_\_\_ Pager: \_\_\_\_\_

EMAIL: \_\_\_\_\_

Describe your relationship with this person: \_\_\_\_\_





# Hobbies and Sports

Name Of Hobby/Sport	Duration	Level of Proficiency

# Memberships in Groups/Associations/Clubs

Organization Name	Type: Social, Fraternal, Professional, etc.	Office(s) Held	Dates of Membership

**IF YOU ANSWER YES TO ANY QUESTION IN THE SECTION BELOW, EXPLAIN.**

**Nepotism**

- 1. Do you, or your spouse, have a relative currently employed with Plano PSC? 3.  Yes  No
- 2. Do you or your spouse have a relative currently employed with the City of Plano? 4.  Yes  No

*If you answered yes to either of the above questions please provide the family member’s name, relationship to you, and position held in the city.*

# Integrity

**Before you answer the following questions, we would like to inform you that each word of your answers will be evaluated. Take your time and think before you answer.**

1. Are there any incidents in your life, not mentioned previously herein, which may reflect upon your suitability to perform the duties which you may be called upon to undertake?

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2. Did you receive any assistance in taking the online Criticalll test?

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3. Have you deliberately falsified any information in this booklet?

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4. Have you intentionally left any information out of this booklet?

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5. How do you feel now that you have completed this questionnaire?

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6. Should we believe your answers to the questions on the previous pages?

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7. What will you say if it is later determined that you lied, misrepresented, or withheld significant information on this questionnaire?

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8. Did you ever discuss or consider the possibility of lying, misrepresenting, or withholding significant information on this questionnaire?

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**Reminders:**

- **Do not submit this document electronically to Plano PSC. It contains waivers and agreement forms that must be submitted in the original format, notarized and signed.**
- **Print this document and return it to Public Safety Communications within 1 week.**
- **If you have any questions or need assistance with this document contact the Plano 9-1-1 hiring representative by email, phone, or text at the following:**

# Please Read

You have now completed the Personal History Statement and polygraph pretest booklet. You should stop for a moment and think about your answers to ensure that you have accurately portrayed all of the information that was requested. Should you now recall any information that was requested which you did not place in the booklet, go back and make the correction/addition.

I HEREBY CERTIFY THAT THERE ARE NO WILLFUL MISREPRESENTATIONS, OMISSIONS, OR FALSIFICATIONS IN THIS BOOKLET. I AM FULLY AWARE THAT ANY SUCH MISREPRESENTATIONS, OMISSIONS, OR FALSIFICATIONS WILL BE GROUNDS FOR IMMEDIATE REJECTION OF MY APPLICATION, OR IF CURRENTLY EMPLOYED WITH THE DEPARTMENT, TERMINATION OF SAID EMPLOYMENT.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date.

Before me personally appeared \_\_\_\_\_ who stated this document and its intent was explained to him/her that he/she has full knowledge of its purpose and that he/she executed this instrument of his/her free will and accord.

Sworn to and subscribed before me on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

(Seal)

\_\_\_\_\_  
Signature of notary

\_\_\_\_\_  
My Commission Expires

