

# Caldwell County Sheriff's Office

## Instructions for Application

### Read 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 is accurate in all respects. The Personal History Statement will be used as a basis for a background investigation that will determine your eligibility for becoming an Officer for the Caldwell County Sheriff's Office.

1. Your application must be printed in **BLACK INK** by the applicant or typed. Answer all questions truthfully, accurately and completely .
2. If a question is not applicable to you, enter **N/A** in the space provided.
3. Avoid errors by reading the directions carefully before making any entries on the form. Be sure your information is accurate and in proper sequence before you begin.
4. You are responsible for obtaining correct and full addresses. If you are not sure of an address, personally verify before making that entry on this history statement. Errors will not look favorable. **ALL ADDRESSES MUST BE COMPLETE WITH ZIP CODES.**
5. If you need additional space for your answers, attach an additional sheet or sheets as needed. Be sure to indicate what question number and page it refers to.
6. An accurate and complete form will help expedite your investigation. **Omissions or Falsifications will result in disqualification.**
7. You are responsible for furnishing any changes and/or updating your application as needed, such as address changes or phone changes in writing.
8. Incomplete Applications **Will Not Be Accepted** and will be placed in a no process file. You will be judged in part on neatness and completeness of this application.
9. All documents requested must be submitted with the application (photocopies are acceptable in most cases).
10. If you have any questions, please contact the Caldwell County Sheriff's Office at 1204 Reed Dr. or (512) 398-6777 EXT. 208
11. Take your time in completing this application, as this is all we have to use in doing your background investigation.

Please attach high school diploma, GED, and birth certificate as well as any certificates, letters of recommendations or discharge papers (DD-214) to the back of this application.

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Date Received By Caldwell County Sheriff's Office

## MINIMUM QUALIFICATIONS FOR APPLICANTS

In order for you to be considered for appointment with the Caldwell County Sheriff's Office, it is necessary that you meet the minimum qualifications set forth below. Read these carefully. If you do not meet all these qualifications, your application will be rejected.

### Age Requirements

You must be at least 21 years of age to be appointed as peace officer or 18 for jailer and dispatcher positions.

### Height and Weight Requirement

Weight must be proportionate to height.

### Education

You must show proof of graduation from an accredited High School or acquisition of a G.E.D.. Further, proof of completion of a TCLEOSE accredited academy.

### Residency

You must be a citizen of the United States and have a permanent residence in Texas prior to becoming appointed as an officer. Living 30 minutes from Caldwell County.

### Physical Condition

You must be able to perform the duties as described in the job description (can be obtained at the Sheriff's Office).

### Licenses

You must have a Texas Driver's License at the time of appointment. You must be currently be Licensed with TCLEOSE as a Peace Officer, Corrections Officer or Telecommunicator or be eligible for such license prior to being appointed.

### Past Employment

Past employment history, number of jobs, reasons for leaving and employment references will be considered. Unfavorable records may be grounds for rejections. All cases will be evaluated.

### Criminal History

Any applicant who has been charged with a crime above a class "C" misdemeanor within the past (6) months will not be considered. Applicants convicted of a crime above a class "C" within the last ten (10) years will be rejected. A felony conviction will be cause for rejection. Discovery of a bad moral character, membership in a organization advocating the overthrow of the government or of poor moral character, dishonorable discharge from the U.S. Military, mental or emotional instability, excessive traffic convictions, DWI or DUID charges, along with DWLS charges are grounds for rejection.



**PERSONAL HISTORY STATEMENT (Continued)**

**FAMILY HISTORY**

Marital Status: [ ] Married [ ] Single [ ] Widowed [ ] Divorced

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

Father's Name: \_\_\_\_\_ Address: \_\_\_\_\_

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

Father's Phone Number: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Address: \_\_\_\_\_

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

Mother's Phone Number: \_\_\_\_\_

Names and Ages of Dependents:

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

**MEDICAL HISTORY**

Are you in good health and physical condition at this time? [ ] Yes [ ] No If no , explain: \_\_\_\_\_

\_\_\_\_\_

Are you currently taking any medications prescribed by a physician? [ ] Yes [ ] No If yes, explain: \_\_\_\_\_

\_\_\_\_\_

Have you ever been seriously ill, injured, or had any major operations within the past five years? If yes, explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever been treated for a mental disorder: [ ] Yes [ ] No If yes, explain: \_\_\_\_\_

\_\_\_\_\_

Have you ever been treated for alcohol or drug abuse? [ ] Yes [ ] No If yes, explain: \_\_\_\_\_

\_\_\_\_\_

**PERSONAL HISTORY STATEMENT (Continued)**

Describe all physical defects including vision. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Give Physician's Name, Address, City, State, and Phone Number: \_\_\_\_\_  
\_\_\_\_\_

**WORK HISTORY**

1. From: \_\_\_\_\_ to \_\_\_\_\_ Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: ( ) \_\_\_\_\_ Job Title: \_\_\_\_\_  
Duties: \_\_\_\_\_  
\_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_ Co-worker: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
\_\_\_\_\_

2. From: \_\_\_\_\_ to \_\_\_\_\_ Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: ( ) \_\_\_\_\_ Job Title: \_\_\_\_\_  
Duties: \_\_\_\_\_  
\_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_ Co-worker: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
\_\_\_\_\_

**PERSONAL HISTORY STATEMENT (Continued)**

3. From: \_\_\_\_\_ to \_\_\_\_\_ Employer: \_\_\_\_\_

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

Phone: ( ) \_\_\_\_\_ Job Title: \_\_\_\_\_

Duties: \_\_\_\_\_

\_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Co-worker: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

\_\_\_\_\_

4. From: \_\_\_\_\_ to \_\_\_\_\_ Employer: \_\_\_\_\_

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

Phone: ( ) \_\_\_\_\_ Job Title: \_\_\_\_\_

Duties: \_\_\_\_\_

\_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Co-worker: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

\_\_\_\_\_

5. From: \_\_\_\_\_ to \_\_\_\_\_ Employer: \_\_\_\_\_

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

Phone: ( ) \_\_\_\_\_ Job Title: \_\_\_\_\_

Duties: \_\_\_\_\_

\_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Co-worker: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

\_\_\_\_\_

**PERSONAL HISTORY STATEMENT (Continued)**

6. From: \_\_\_\_\_ to \_\_\_\_\_ Employer: \_\_\_\_\_

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

Phone: ( ) \_\_\_\_\_ Job Title: \_\_\_\_\_

Duties: \_\_\_\_\_

\_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Co-worker: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

\_\_\_\_\_

7. From: \_\_\_\_\_ to \_\_\_\_\_ Employer: \_\_\_\_\_

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

Phone: ( ) \_\_\_\_\_ Job Title: \_\_\_\_\_

Duties: \_\_\_\_\_

\_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Co-worker: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

\_\_\_\_\_

8. From: \_\_\_\_\_ to \_\_\_\_\_ Employer: \_\_\_\_\_

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

Phone: ( ) \_\_\_\_\_ Job Title: \_\_\_\_\_

Duties: \_\_\_\_\_

\_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Co-worker: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

\_\_\_\_\_

**PERSONAL HISTORY STATEMENT (Continued)**

**REFERENCES**

Give six (6) personal references, excluding relatives and former employers, who has known you for at least 2 years.

1. Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

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

Occupation: \_\_\_\_\_ Years Known: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

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

Occupation: \_\_\_\_\_ Years Known: \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

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

Occupation: \_\_\_\_\_ Years Known: \_\_\_\_\_

4. Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

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

Occupation: \_\_\_\_\_ Years Known: \_\_\_\_\_

5. Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

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

Occupation: \_\_\_\_\_ Years Known: \_\_\_\_\_

6. Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

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

Occupation: \_\_\_\_\_ Years Known: \_\_\_\_\_

**\*\*NOTE\*\*** Include complete information for references – as they will be contacted. Missing information will delay the process of your application and may disqualify you.

**PERSONAL HISTORY STATEMENT (Continued)**

**PAST RESIDENCES**

Beginning with your present address, list all addresses where you have resided during the past ten (10) years.

From	To	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**MILITARY SERVICE**

Have you ever served in the armed forces? [ ] Yes [ ] No

If yes, from : \_\_\_\_\_ to \_\_\_\_\_

Branch: \_\_\_\_\_ Service Number: \_\_\_\_\_

Highest Rank Held: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

MOS / JOB DESCRIPTION: \_\_\_\_\_

\_\_\_\_\_

Other information in reference to military experience: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PERSONAL HISTORY STATEMENT (Continued)**

**EDUCATION**

High School Attended	City & State	From	To	Graduated
_____	_____	_____	_____	[ ] Yes [ ] No
_____	_____	_____	_____	[ ] Yes [ ] No
_____	_____	_____	_____	[ ] Yes [ ] No
_____	_____	_____	_____	[ ] Yes [ ] No

**College Attended** **Graduated**

1. \_\_\_\_\_ [ ] Yes [ ] No

Major / Minor: \_\_\_\_\_ Dates Completed: \_\_\_\_\_

Degree Received and Date: \_\_\_\_\_ Hours Completed: \_\_\_\_\_

2 \_\_\_\_\_ [ ] Yes [ ] No

Major / Minor: \_\_\_\_\_ Dates Completed: \_\_\_\_\_

Degree Received and Date: \_\_\_\_\_ Hours Completed: \_\_\_\_\_

3 \_\_\_\_\_ [ ] Yes [ ] No

Major / Minor: \_\_\_\_\_ Dates Completed: \_\_\_\_\_

Degree Received and Date: \_\_\_\_\_ Hours Completed: \_\_\_\_\_

4 \_\_\_\_\_ [ ] Yes [ ] No

Major / Minor: \_\_\_\_\_ Dates Completed: \_\_\_\_\_

Degree Received and Date: \_\_\_\_\_ Hours Completed: \_\_\_\_\_

5 \_\_\_\_\_ [ ] Yes [ ] No

Major / Minor: \_\_\_\_\_ Dates Completed: \_\_\_\_\_

Degree Received and Date: \_\_\_\_\_ Hours Completed: \_\_\_\_\_

**PERSONAL HISTORY STATEMENT (Continued)**

LIST ANY OTHER SCHOOLS ATTENDED --- TRADE, VOCATIONAL, BUSINESS, LAW ENFORCEMENT ACADEMY, ETC. GIVE NAME, ADDRESS, CITY, STATE AND ZIP CODE OF SCHOOLS ATTENDED. GIVE COURSE OF STUDY, CERTIFICATE RECEIVED, AND ANY OTHER PERTINENT INFORMATION.

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**MISCELLANEOUS**

HAVE YOU EVER BEEN ARRESTED, CHARGED, DETAINED, AND / OR CONVICTED OF ANY CRIMINAL OFFENSE INCLUDING WHILE SERVING IN THE MILITARY? [ ] YES [ ] NO

IF YES, EXPLAIN ON A SEPARATE SHEET OF PAPER AND ATTACH IT TO THIS APPLICATION.

HAVE YOU EVER USED MARIJUANA? [ ] YES [ ] NO

IF YES, WHEN? \_\_\_\_\_ HOW OFTEN DID YOU USE MARIJUANA? \_\_\_\_\_

HAVE YOU EVER USED ANY DRUGS WHICH WERE NOT PRESCRIBED TO YOU? [ ] YES [ ] NO

IF YES, WHEN? \_\_\_\_\_ WHAT? \_\_\_\_\_

DESCRIBE IN YOUR OWN WORDS, THE FREQUENCY AND EXTENT OF YOUR USE OF INTOXICATING LIQUORS....

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IF IT BECAME NECESSARY TO TAKE A HUMAN LIFE DURING THE COURSE OF YOUR DUTY AS A LAW ENFORCEMENT OFFICER, WOULD THERE BE ANY BELIEFS THAT WOULD PREVENT YOU FROM DOING SO? [ ] YES [ ] NO

**PERSONAL HISTORY STATEMENT (Continued)**

DO YOU HAVE ANY RELIGIOUS OR OTHER BELIEFS, WHICH WOULD PREVENT YOU FROM FULLY PERFORMING THE DUTIES OF A LAW ENFORCEMENT OFFICER, INCLUDING WORKING ON WEEKENDS, EVENINGS, HOLIDAYS, OR NIGHT SHIFTS? [ ] YES [ ] NO

IF YES, EXPLAIN: \_\_\_\_\_

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

LIST ANY OTHER LAW ENFORCEMENT OR RELATED AGENCIES WITH WHICH YOU HAVE APPLICATIONS OUTSTANDING? INCLUDE AGENCY, DATES, AND STATUS OF APPLICATION.

AGENCY	DATE	STATUS
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

WHAT CLUB OR ORGANIZATIONS ARE YOU A MEMBER OF, AND WHAT IS THEIR PURPOSE?

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

PERSONAL HISTORY STATEMENT (Continued)

ARE YOU FLUENT IN ANY FOREIGN LANGUAGE? IF YES, WHAT LANGUAGE? \_\_\_\_\_

HAVE YOU SOLD OR FURNISHED DRUGS OR NARCOTICS TO ANYONE? [ ] YES [ ] NO IF YES, EXPLAIN ON A SEPARATE SHEET OF PAPER AND ATTACH TO THIS APPLICATION.

HAVE YOU EVER RECEIVED WORKMAN'S COMPENSATION OR ANY OTHER DISABILITY INSURANCE PAYMENTS?

IF YES, EXPLAIN: \_\_\_\_\_

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

DESCRIBE IN A BRIEF NARRATIVE ANY TRAFFIC ACCIDENTS IN WHICH YOU HAVE BEEN INVOLVED, GIVING THE DATES, LOCATION, AND DESCRIBE WHAT HAPPENED.

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

PERSONAL HISTORY STATEMENT (Continued)

LIST ANY OTHER SKILLS OR QUALIFICATIONS YOU MAY POSSESS.

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ARE THERE ANY INCIDENTS IN YOUR LIFE OR DETAILS NOT MENTIONED HEREIN WHICH MAY INFLUENCE THIS DEPARTMENT'S EVALUATION OF YOUR SUITABILITY FOR EMPLOYMENT?

IF YES, EXPLAIN:

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BELOW PLEASE ATTACH A PHOTOGRAPH OF YOURSELF. THIS MUST HAVE BEEN TAKEN WITHIN THE LAST SIX (6) MONTHS.



PERSONAL HISTORY STATEMENT (Continued)

DESCRIBE IN YOUR OWN WORDS WHY YOU WOULD MAKE A GOOD OFFICER/EMPLOYEE?

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WHAT IS YOUR UNDERSTANDING OF "FOLLOWING THE CHAIN OF COMMAND"?

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BRIEFLY DESCRIBE WHAT HOURS AND DAYS YOU WOULD BE AVAILABLE TO WORK.

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HAVE YOU EVER BEEN INVOLVED IN CIVIL LITIGATION? IF YES, EXPLAIN WHEN, WHERE, AND GIVE REASON.

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HAVE YOU EVER FILED FOR BANKRUPTCY?  YES  NO IF YES, WHEN? \_\_\_\_\_

**PERSONAL HISTORY STATEMENT (Continued)**

PLEASE LIST WHAT LEVEL OF CERTIFICATION YOU HAVE OBTAINED.

MASTERS CERTIFICATION     ADVANCE CERTIFICATION     INTERMEDIATE CERTIFICATION

BASIC CERTIFICATION         RESERVE CERTIFICATION

IF MULTIPLE CERTIFICATIONS, DESCRIBE THE FIELD OF EXPERTISE AND THE LEVEL OF CERTIFICATION:

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IN YOUR OWN WORDS DESCRIBE THE MEANING OF A TEAM PLAYER OR WORKING AS A TEAM?

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THANK YOU FOR THE TIME SPENT IN FILLING OUT THIS APPLICATION. YOUR RESPONSES ARE VERY IMPORTANT IN PROCESSING YOUR BACKGROUND.

DANIEL C. LAW, SHERIFF

**AUTHORITY TO RELEASE INFORMATION**

TO WHOM IT MAY CONCERN:

I hereby authorize the Caldwell County Sheriff's Office and its authorized representatives bearing this release, or a copy thereof, within one year of its date, to obtain any information in your files pertaining to my employment, military, credit, education or medical records, including not limited to academic, achievement, attendance, athletic, personal history, and disciplinary records, medical records, and credit records.

I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for official use. Consent is granted to all parties to furnish such information, as described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, as custodian of such records, and any school, college, university, or other educational institution, hospital, or other repository of medical records, credit bureau, lending institution, consumer reporting agency, or retail business establishment including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or attempt to comply with it.

I am furnishing my Social Security Account Number on a voluntary basis with the understanding such is not required by any law or regulation. I have been advised that all parties will utilize this number only to facilitate the location of employment, military, credit, and educational records concerning me in connection with this application. Should there be any question as to the validity of this release, you may contact me as indicated below:

Applicant's Printed Full Name: \_\_\_\_\_  
Social Security # \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Applicant's Notarized Signature: \_\_\_\_\_

Sworn to and signed before me, on this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_,  
in and for \_\_\_\_\_ county, in the state of \_\_\_\_\_ .

Signature of Notary Public: \_\_\_\_\_

NOTARY SEAL

Printed Name of Notary Public: \_\_\_\_\_

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



Caldwell County Sheriff's Office  
Applicant Agreement

I understand that all appointments are probationary for a period of twelve months and during which time the employee must demonstrate his/her fitness for continued employment by the Caldwell County Sheriff's Office. I also understand that any appointment tendered me will be contingent upon the results of a completed character and fitness investigation. The Caldwell County Sheriff's Office is an AT-WILL employer.

As an Officer (Deputy, Corrections, Dispatcher), in the course of my duty, I understand that I must be able to react appropriately without hesitation to any situation that requires my action. I understand that I may need to perform tasks that are physically strenuous, including but not limited to: standing, walking, running, typing, lifting moderate to heavy objects, physical confrontation that may be emotional, stressful or dangerous, and stressful-time consuming situations up to and including situations of death, including witnessing, by sight or sound, physical injury or death.

I understand that during my training period, including all forms of training during my probationary period, my service may be terminated at any time or for any reason. I understand that my probationary period may or may not be extended, to accommodate the additional training required to accurately and efficiently perform the tasks of the position of the Caldwell County Sheriff's Office has assigned to me. I understand that I may be terminated if I am unable to complete tasks as assigned by a supervisor.

I understand that I may be called to work when I am off duty and may be required to work longer hours than those hours of shifts assigned to me with approved compensation. I also understand that I may work by myself at times when there are many tasks to be completed.

As an Employee of the Caldwell County Sheriff's, I will strive to improve myself and this agency as long as I am an employee and will not degrade or in any way, shape or form, harm the integrity, professionalism and public perception of the Caldwell County Sheriff's Office.

**I hereby certify there are no willful misrepresentations in or falsifications of the above or previous statements and answers to the personal history statement. I am aware that should an investigation disclose such misrepresentations and/or falsifications in this application, my application will be rejected and I will be disqualified. I am aware that if I am employed by the Sheriff's Office, I am subject to immediate termination.**

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Home Phone with Area Code

Subscribed and sworn before me, by the said \_\_\_\_\_

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

To certify which witness my hand and seal of office

\_\_\_\_\_  
Notary Public

In and for \_\_\_\_\_, County, Texas

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