

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. 4558
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 certified birth certificate from the Bureau of Vital Statistics, as well as any certificates, letters of recommendations or discharge papers (DD-214) to the back of this application.

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.

Pre-Employment Exam

All applicants will be required to take and pass the Caldwell County Pre-Employment Exam. The exam will be administered after you have completed and passed the application process. You will be contacted and advised when the testing date will be set and information concerning the exam. Please do not call the Sheriff's Office as this may slow the process of the application. There are several web sites you can visit which contain valuable information and sample test questions that will help you prepare you for your Pre-employment test.

www.psychometricinstitute.com www.policeprep.com and www.policetest.info.com

There are others as well if you perform an internet search for police testing.

PERSONAL HISTORY STATEMENT

1. Name: _____
Last First Middle

2. Mailing Address: _____
Number Street

City State Zip Code

3. Permanent Address: _____
Number Street

City State Zip Code

4. Date of Birth: ____/____/____ 5. Place of Birth: _____

6. Texas Driver's License Number: _____ 7. Expiration Date: _____

8. Texas Identification Number: (if applies) _____ 9. Expiration Date: _____

10. Social Security Number _____ - _____ - _____

11. Maiden Name: _____

12. Other Married Names: _____

13. Nicknames: _____

14. Height: _____ 15. Weight: _____

16. Color of Hair: _____ 17. Color of Eyes: _____

18. Scars, Tattoos, or Other Distinguishing Marks: (Describe and location) _____

19. Are you a U.S. citizen? [] Yes [] No

20. Telephone Number: Home () _____ Work () _____

Pager () _____ Fax () _____ Other () _____

21. I am applying for: [] Peace Officer [] Reserve Officer-Non-paid Regular [] Other: _____
[] Corrections Officer [] Dispatcher

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)

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.

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....

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.

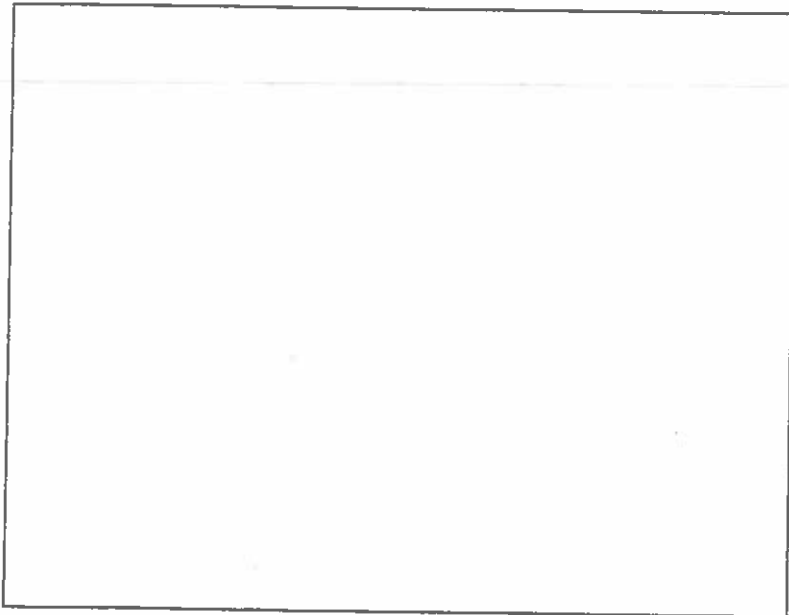
PERSONAL HISTORY STATEMENT (Continued)

LIST ANY OTHER SKILLS OR QUALIFICATIONS YOU MAY POSSESS.

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:

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?

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

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

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

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:

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

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

DANIEL C. LAW, SHERIFF

CALDWELL COUNTY SHERIFF'S OFFICE

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____, do hereby authorize a review of and full disclosure of all records concerning myself to any authorized agent of the Caldwell County Sheriff's Office, whether the said records are public, private or confidential in nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of loans, records of commercial or retail credit agencies (including reports and/or rating) and other financial statements and records wherever filed; private practitioners, and the U.S. Veteran's Administration; employment records, including background checks, efficiency rating, complaints or grievances filed by or against me and the records and recollections of attorneys at law or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have or have had an interest.

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

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

Signature

Full Name (printed or typed)

Maiden Name

Address / City / State / Zip

Area Code / Phone number

Subscribed and sworn to before me, by the said _____

this _____ day of _____, 20____ to certify witness my hand and seal of office.

Notary Public

In and for _____ County, Texas

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 _____

AUTHORIZATION TO DISCLOSE HEALTH INFORMATION

TO:

Agency: _____
Street Address: _____
City, State, Zip: _____
Phone Number: _____

PATIENT:

Employee Name: _____
Social Security No.: _____
Date of Birth: _____

PERSON/ENTITY TO WHOM RECORDS SHALL BE RELEASED:

Agency: Caldwell County Sheriff's Office
Street Address: 1204 Reed Drive
City, State, Zip: Lockhart, TX 78644
Phone Number: 512-398-6777
Fax Number: 512-376-3061

I, _____, hereby authorize the release of information to Caldwell County Sheriff's Office from any and all medical records pertaining to me. This release applies to any and all medical and medically related information in my file, including information governed by the Health Insurance Portability and Accountability Act of 1996 ("HIPAA").

The information will be used or given out for the purpose of a background investigation for the purposes of employment. This authorization is initiated at my request and the health information will be disclosed at my request. Information used or disclosed pursuant to this authorization may be subject to re-disclosure or shared by the persons or organizations receiving the information and no longer protected.

Caldwell County Sheriff's Office and its employees, agents and servants are permitted to receive the information and are hereby appointed as my attorneys-in-fact/representatives for the limited purpose of obtaining and using any and all medically related information that you may have concerning treatment or services rendered to me for any reason. The information to be released from my employment file also includes documents to and from other health care providers, attorneys, insurance companies, and any other third persons or entities.

I understand that my records are confidential and cannot be disclosed without my written authorization, except when otherwise permitted by law. I understand that the specified information to be released may include: history, diagnosis, and/or treatment of drug or alcohol abuse, mental illness, or communicable disease, including Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS).



PREA DISCLOSURE FORM: HIRING AND PROMOTION DECISIONS



In compliance with federal Prison Rape Elimination Act (PREA) standards relating to hiring and promotion Decisions for prisons and jails, the questions on this form must be asked of Caldwell County Sheriff's Office applicants in written applications or during the interview process and of current Caldwell County Sheriff's Office employee during the performance evaluation process.

Applicant/ Employee Name (First, MI, Last) _____

SSN (Last 4 Digits Only) _____

1. Have you ever engaged in sexual abuse in prison, jail lockup, community confinement facility, juvenile facility or other institution? (See below definition for institution) Yes No

Definition of Institution: Any facility or institution owned, operated, managed, or provides services on

- Behalf of any state or political subdivision of a state and which is:
- For persons who are mentally ill, disabled, or retarded, or chronically ill or handicapped;
- A jail, prison or other correctional facility;
- A pretrial detention facility;
- For juveniles held awaiting trial, residing in such facility or institution for purposes of receiving care or treatment, or residing for any state purpose in such a facility or institution (other than a residential facility providing only elementary or secondary education that is *not* an institution in which reside juveniles who are adjudicated delinquent, in need of supervision, neglected, placed in state custody mentally ill or disabled, mentally retarded, or chronically ill or handicapped); or providing skilled nursing, intermediate or long term care, or custodial or residential care.

Have you ever been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No

Have you ever been civilly adjudicated to have engaged in the activities described in question #2 above? Yes No

Have you ever been civilly or administratively adjudicated, disciplined or had ant government issued license revoked or suspended for having engaged in conduct defined as sexual harassment? Yes No

Important Notice:

- If you answered yes to any of these questions indicating that you have violated a PREA standard, you are not eligible for employment for hire or continued employment with the Caldwell County Sheriff's Office.
- If you are hired or if you are a current Caldwell County Sheriff's Office employee, you will have a continuing affirmative duty to immediately disclose to your supervisor and human resources any misconduct that would result in a "yes" answer to any of the above four questions.
- Providing untruthful answers to the above questions or failing to disclose any misconduct that would result in a "yes" answer to any of the above questions will be grounds for termination through the disciplinary process.

Applicant/ Employee Signature _____

Date _____

Distribution instructions if completed by internal applicant:

- If hired for the position, the original form is maintained in the employee's personnel file.
- If not hired for the position, the form is provided to the PREA Coordinator for maintenance.
- Copy of form is provided to internal/external applicant upon request.

Distribution instructions if completed during performance evaluation process:

- Original form is maintained in the employee's personnel file
- Copy of form is provided to employee upon request

I understand that I may revoke this authorization in writing at any time except to the extent that action has been taken in reliance upon this authorization. Unless revoked sooner, this authorization expires one (1) year from the date of my signature below.

A photocopy or facsimile transmission of this authorization has the same force and effect as an original.

Applicant Signature

Date Signed