



Memo

To: Applicants to the **2026 Basic Peace Officer Course**

From: Janna Atkins, Criminal Justice Training Coordinator

Subject: Application Paperwork

Date: November 2025

Thank you for your interest in the **Basic Peace Officer licensing academy**.

The **evening** class projected start date is **March 16, 2026**. The evening academy classes are 6:00 p.m. to 10:00 p.m. Monday – Friday and 8:00 a.m. to 5:00 p.m. on Saturdays. End date will be **October 2026**

You will find enclosed the necessary paperwork to begin the application process.

Please note: There are specific deadlines for turning in all paperwork.

Each section of the application packet has an instruction sheet that will tell you how to proceed with the necessary paperwork. **ALL** required paperwork needs to be addressed. Please feel free to contact our office at (325)672-1197 if you have questions regarding the application process.

We are looking forward to meeting you soon.

JAA

Enclosures

APPLICANT PAPERWORK

APPLICATION DIRECTIONS

TO THE APPLICANT:

In your packet, you will find two groups of forms. The first group of forms entitled '**Applicant Paperwork**' are forms for you to complete. The second group entitled '**Background Paperwork**' are forms your sponsoring agency will complete. It is strongly suggested to read these directions completely and perform the steps **in order**.

1. **FINGERPRINT SUBMISSION:** You are required to submit your fingerprints for a criminal history check through *Fingerprint Applicant Services of Texas (FAST)*. Any prior submissions of fingerprints are not acceptable. **This MUST be completed before contacting the sponsoring agency (Step #3).** The instruction for submission is included in this packet. After your fingerprints are submitted, you **must** provide a COPY OF RECEIPT to your sponsoring agency before they can submit the "Letter for Admission".
2. **PERSONAL HISTORY STATEMENT (PHS):** All applicants must complete and return the original *PHS* to the academy office by the application deadline either in person or by mail to:

West Central Texas Law Enforcement Academy, 3650 Loop 322, Abilene, TX. 79602.

Please follow all instructions on the *PHS* carefully. IT IS NOT THE RESPONSIBILITY OF THE SPONSORING AGENCY TO TURN THIS IN. **The *PHS* needs to be filled out in its entirety prior to contacting your sponsoring agency (Step #3).** Your sponsoring agency may request a copy of your *PHS*. If you are in need of a notary, the WCTLEA office can provide the service.

3. **BACKGROUND INVESTIGATION AND LETTER FOR ADMISSION (SPONSORSHIP):** All applicants must have a sponsorship/background investigation done if not currently employed/licensed by an agency. The sponsoring agency paperwork is included separately. You must contact the agency and make an appointment to meet in person with the agency. Please bring **completed** paperwork from Step #1, #2, #4 – 6 (if applicable)

The "Letter for Admission" (sponsorship) is only a background investigation, and IN NO WAY OBLIGATES THE DEPARTMENT TO THE APPLICANT. The letter must be signed by the AGENCY ADMINISTRATOR and returned to our office by the deadline. IT IS THE APPLICANT'S RESPONSIBILITY TO SEE THAT THE **LETTER FOR ADMISSION** IS RETURNED TO OUR OFFICE BY SPONSORING AGENCY NO LATER THAN THE APPLICATION DEADLINE. If you do not have an agency to do the "Letter for Admission" for you, you may contact one of the following agencies*:

ABILENE AREA:

- Sweetwater Police Department, contact Sarah Anderson (325)236-6686
- Nolan County Sheriff's Department in Sweetwater, contact Chief Deputy Brock Carter (325)235-5471.
- Breckenridge Police Department, contact Chief Johnson (254)559-2211
- Eastland Police Department, contact Captain Wilson (254)629-1700
- Eastland County Sheriff Office, contact Sheriff Wager or Chief Deputy Simcik (254)629-1774 option #7
- Stephens County Sheriff Office, contact Sheriff Roach (254)559-2481
- Merkel Police Department, contact Chief Conklin, (325)928-4766, Ext. #110

BROWNWOOD AREA:

- Brownwood Police Department, contact Asst. Chief Fuller (325)646-2525
- Early Police Department, contact Chief Mercer (325)646-5322

* The sponsoring agency may require a processing fee for the background investigation.

4. **DD-214:** All applicants who have served in the military must submit a copy of their DD-214 (Copy 4) along with the *Personal History Statement*. The DD-214 **MUST** show the applicant's characterization of service.

If applicant desires to obtain G.I. Bill benefits for this academy, applicant must also submit a copy of Military Transcripts AND Certificate of Eligibility by the first day of the academy.

5. **HIGH SCHOOL TRANSCRIPT:** Each applicant MUST submit a certified transcript from the school stating that you did graduate and the date of graduation.
6. **GED:** All applicants who have passed a general education development (GED) test must submit a copy of this certificate or if no high school graduation/GED, proof of an honorable discharge from the armed forces of the United States after at least 24 months of active duty service.
7. **DRIVER'S LICENSE RECORD:** All applicants MUST submit a certified copy of their driver's license record. All applicants that possess a Texas Driver's license can access a certified copy from the Texas Department of Public Safety website: <https://txapps.texas.gov/tolapp/txldrcdr/TXDPSLicenseeManager>. Follow directions to "Request a driver record". A certified copy is the TYPE 3A request. Applicant is responsible for the current required fee. Academy staff can assist with this process if internet access and/or printer is unavailable. If currently licensed out of state, applicant MUST submit a certified copy from respective state.
8. **READING COMPREHENSION TESTING:** All applicants must take the current approved reading comprehension test to be eligible for entry into the basic Academy. This test is administered by WCTLEA staff. Contact our office at (325)672-1197 to schedule. If you have already taken an approved reading comprehension test through college/university (i.e. Accuplacer; TSI) you will need to contact academy staff. A copy of this form showing your score must be included with your *PHS*.

After completing steps #1-8, the completed application packet **MUST** be postmarked **OR** turned into the office **no later than 5:00 p.m. February 6, 2026**. It is the applicant's responsibility to assure that application packet is received by the deadline. The packet will be considered incomplete if all steps have NOT been completed.

Once your completed *Letter for Admission* and *Personal History Statement* are received from your sponsoring agency, you will be notified of the date and time of your appointment with the Oral Interview Board.

Tuition is due no later than the first day of class and is NON-REFUNDABLE AFTER THE FIRST DAY OF CLASS. Tuition for this Basic Peace Officer licensing academy is \$2,100. The Law Enforcement Academy does not offer financial aid for tuition. Additional fees for uniforms and ammunition will also be required by the first day of class. However, if you are experiencing a hardship with the additional fees, please contact academy staff. Current additional fee total is \$650.00 but may change before the start of the academy based on academy costs.

The West Central Texas Regional Law Enforcement Academy is currently a qualified school under various G.I. Bills (see step #4). Please contact our office as soon as possible for more information on the qualification process. However, tuition must be paid up front and will be reimbursed if you are qualified by the Veterans Affairs.

ALL APPLICATION PAPERWORK IS DUE TO THE ACADEMY NO LATER THAN OCTOBER 6, 2025.

If you have questions regarding the application process, you may contact any of the following:

Janna Atkins, C.J. Manager:	(325)793-8460
Scott Rowley, C.J. Training Specialist:	(325)793-8450
Irene Laurance, C.J. Planner:	(325)672-1197, Option #1
Law Enforcement Academy Fax:	(325)676-9541

PAPERWORK CHECKLIST FOR APPLICANT

Applicant Name

Age

____ Personal History Statement

____ Certified Birth Certificate

____ Certified Driver's License Record

____ Reading Comprehension Test _____ Score. Type of test: _____

____ Certified High School Transcript or GED

____ College Transcript (if applicable)

____ DD-214 Showing Discharge Status

____ Military Certificate of Eligibility (if applying for G.I. bill Benefits)

____ Military Transcript (if applying for G.I. Bill benefits)

____ Letter for Admission* Sponsoring LE Agency _____

____ Statement Regarding Criminal History*

____ Authorization to Release Information*

*Sponsoring Agency doing the background investigation should send the above paperwork directly to the Academy.

PLEASE NOTE: If you are a current employee and future or current TCOLE Licensee of sponsoring agency, you will only need to submit the completed Personal History Statement.



FINGER PRINT INSTRUCTION FORM

TEXAS COMMISSION ON LAW ENFORCEMENT

(TCOLE/Service Code 11G4J8)

1. Schedule an appointment to be electronically fingerprinted by MorphoTrust USA at one of their IdentoGo enrollment centers.
 - Internet based scheduling is the quickest and most convenient way to obtain a fingerprint appointment.
 - a. **You may begin the process by visiting this link:** <https://identogo.com>
 - b. Enter zip code to find nearest location
 - c. Click – the nearest location for you and then “Schedule Appointment”
 - d. Click – digital fingerprinting
 - e. Enter Service Code: **11G4J8**
 - f. Schedule your appointment accordingly.
 - g. Academy Number: LE- **511457**
 - If you prefer to schedule over the telephone, you must:
 - a. Have your Service Code ready (**11G4J8**), then call **888.467.2080**;
 - b. MorphoTrust will prompt you for the Service Code (**11G4J8**);
 - c. Schedule your appointment accordingly.
2. Arrive at your scheduled appointment with your photo identification and fee (\$39.75).
 - If you plan on bringing a form of identification other than a valid (unexpired) TX Driver License, please refer to the Department of Public Safety’s acceptable document types here:
<http://www.tn enrollment.com/state/forms/tx/55fc619a7f7aa.doc>
 - MorphoTrust accepts Visa/MasterCard/Discover/American Express, business checks, money orders and coupon codes (employer accounts) at the time of service.
 - Please note that personal checks and cash are **not accepted**.
3. Your fingerprints will be submitted electronically to DPS and the FBI. You will not receive a printed fingerprint card.
4. At the conclusion of your appointment, the MorphoTrust enrollment agent will provide you with an IdentoGo receipt stating that you were fingerprinted.
 - Do not throw away the receipt;
 - You may check status on your submission by clicking on this link:
<https://uenroll.identogo.com/servicecode/11G4J8> and then;
 - Click “Check Status”

Fingerprints provided for this application shall be used to check criminal history records of the Texas Department of Public Safety and the Federal Bureau of Investigation, in accordance with applicable statutes.

TEXAS COMMISSION ON LAW ENFORCEMENT

TCOLE

AGENCY NAME: West Central TX Reg. Law Enforcement Academy

APPLICANT'S PERSONAL HISTORY STATEMENT

PERSONAL HISTORY STATEMENT FOR TEXAS

Name:

Date Issued:

11/3/2025

Complete and Return By:

2/6/2026

I am applying for:

☐

Evening Academy

☐

Do you have a TCOLE
license?

PID #

Personal History Statement Instructions

Prospective law enforcement employees are exposed to confidential and law enforcement sensitive information. A thorough background investigation is required to properly evaluate the suitability of applicants for acceptance in a law enforcement licensing academy.

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, so please read all instructions carefully before proceeding. The Personal History Statement will be used as a basis for a background investigation that will determine your eligibility for attending the academy.

1. Your application must be printed legibly in BLUE INK by the applicant or typed. Answer all questions truthfully and accurately.
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 be viewed favorably. ALL ADDRESSES MUST BE COMPLETE WITH ZIP CODES.
5. If you need additional space for your answers, attach additional sheets as needed. Be sure to indicate what question number and page this 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 telephone changes in writing.
8. Any candidate submitting an incomplete application WILL NOT BE CONSIDERED FOR ACCEPTANCE TO ACADEMY. Your application will be evaluated on completeness and neatness.
9. All documents requested must be submitted with the application (photocopies are acceptable as noted). *Required documents vary according to the history of the applicant.*

- ☐ Completed Personal History Statement
- ☐ Copy of your Social Security card
- ☐ Original certified copy of your birth certificate (no photo copy)
- ☐ Copy of your valid Texas driver license or a copy of another State's driver license (applicant must possess a valid Texas driver license prior to being offered employment)
- ☐ Certified copy of your High School transcript or GED certificate or an honorable discharge from the armed forces of the United States after at least twenty-four months of active service
- ☐ Sealed original certified copy of your college transcript (no photo copy)
- ☐ Copy of your DD-214 and/or other military discharge documents (if applicable)
- ☐ Original certified copy of your Naturalization papers, if applicable (no photo copy)
- ☐ Copy of current proof of automobile liability insurance

Instructions to the Applicant

Before you begin to fill out this personal history statement, please ensure that you meet the following requirements. You **must** meet all five of these requirements to qualify for licensure as a peace officer in Texas.

- ☐ I am a citizen of the United States of America.
- ☐ I have earned a high school diploma, a GED, or an honorable discharge from the armed services of the United States after at least two (2) years of active service.
- ☐ I have never been convicted, plead guilty (nolo contendere), nor have I been on court-ordered community service/probation, or deferred adjudication for a Class A misdemeanor or a felony.
- ☐ During the last ten (10) years, I have not been convicted, plead guilty (nolo contendere), been on community service/probation, or deferred adjudication for a Class B misdemeanor in this state, other state, or while serving in the military.
- ☐ I have never had a military court martial that resulted in a dishonorable or other discharge based on misconduct which bars future military service.

DISQUALIFICATIONS

There are very few automatic bases for rejection. Even issues of prior misconduct, employee terminations, and arrests are usually not, in and of themselves, automatically disqualifying. However, deliberate misstatements or omissions can and often will result in your application being rejected, regardless of the nature or reason for the misstatements/omissions. In fact, the number one reason individuals "fail" background investigations is because they deliberately withhold or misrepresent job-relevant information from their prospective employer.

This personal history statement is a governmental document. Be truthful, as there are criminal consequences for lying on a governmental document.

Once you begin:

- Type or neatly print, in ink, responses to all items and questions. If a question does not apply to you, write "N/A" (not applicable) in the space provided for your response. If you cannot obtain or remember certain information, indicate so in your response.
- If you need additional space for your answers, attach additional sheets as needed. Be sure to indicate which section, question number, and page this refers to.
- Be as complete, honest, and specific as possible in your responses.

Disclosure of Medically Related Information

In accordance with the U.S. Americans with Disabilities Act, at this stage of the application process, applicants are not expected or required to reveal any medical or other disability-related information about themselves in response to questions on this form, or to any other inquiry made prior to receiving a conditional offer of employment.

SECTION 1: PERSONAL

Last Name: First Name: Middle Name: Suffix:

Other Names, including nicknames, you have used or been known by:

Maiden: SSN #: Date of Birth:

Driver License #: State: Exp:

Street Address, (Apt/Unit):

City: State: Zip Code:

Mailing Address (if different than above):

City: State: Zip Code:

Home Phone #: Cell: Work (Ext.):

Fax: Other Phone #(s):

List ALL Email Addresses:

Place of Birth (City, County, State, Country):

Physical Description:

Height: Weight: Hair Color: Eye Color:

Have you ever attended a basic licensing course? ☐ Yes ☐ No

If yes, provide the PID you were assigned:

A. Academy Name: From: To:

Location (City, State):

Name Training Coordinator: Contact Number:

Did you graduate? ☐ Yes ☐ No

B. Academy Name: From: To:

Location (City, State):

Name Training Coordinator: Contact Number:

Did you graduate? ☐ Yes ☐ No

Have you **ever** applied to any other law enforcement agency in the last ten years (city, county, state or federal)?

☐ Yes ☐ No

- If yes, list ALL agencies you have applied to, starting with the most recent (give complete and accurate addresses).
- All agencies **MUST** be listed regardless of the outcome or current status. Check all boxes that apply for each agency.
- If you need additional space for your answers, attach additional sheets as needed. Be sure to indicate what section number and page this refers to.

A. Name of Agency: **Position Applied For:**
Date Applied: **Address:**
City: **State:** **Zip:**
Background Investigator's Name (if known):
Contact Number, (ext): **Email:**

Check each step in the process that you completed, and your status:

Steps: ☐ Application ☐ Written ☐ Physical agility ☐ Oral ☐ Polygraph/CVSA ☐ Background
☐ Conditional job offer ☐ Psychological examination **Date:** ☐ Medical **Date:**
Status: ☐ Hired ☐ On List ☐ Withdrawn ☐ Disqualified

B. Name of Agency: **Position Applied For:**
Date Applied: **Address:**
City: **State:** **Zip:**
Background Investigator's Name (if known):
Contact Number, (ext): **Email:**

Check each step in the process that you completed, and your status:

Steps: ☐ Application ☐ Written ☐ Physical agility ☐ Oral ☐ Polygraph/CVSA ☐ Background
☐ Conditional job offer ☐ Psychological examination **Date:** ☐ Medical **Date:**
Status: ☐ Hired ☐ On List ☐ Withdrawn ☐ Disqualified

C. Name of Agency: **Position Applied For:**
Date Applied: **Address:**
City: **State:** **Zip:**
Background Investigator's Name (if known):
Contact Number, (ext): **Email:**

Check each step in the process that you completed, and your status:

Steps: ☐ Application ☐ Written ☐ Physical agility ☐ Oral ☐ Polygraph/CVSA ☐ Background
☐ Conditional job offer ☐ Psychological examination **Date:** ☐ Medical **Date:**
Status: ☐ Hired ☐ On List ☐ Withdrawn ☐ Disqualified

SECTION 2: RELATIVES AND REFERENCES

IMMEDIATE FAMILY

- Provide all applicable information in the spaces below.
- Mark "N/A" if a category is not applicable or if the individual is deceased.

If you need additional space for your answers, attach additional sheets as needed. Be sure to indicate what section number and page this refers.

☐ N/A	A. Father's Name:		D.O.B.:	
Home Address:				
City:		State:	Zip:	
Work Address:				
City:		State:	Zip:	
Home Phone:		Cell Phone:		Work Phone:
Email:				

☐ N/A	B. Step-Father's Name:		D.O.B.:	
Home Address:				
City:		State:	Zip:	
Work Address:				
City:		State:	Zip:	
Home Phone:		Cell Phone:		Work Phone:
Email:				

☐ N/A	C. Mother's Name:		D.O.B.:	
Home Address:				
City:		State:	Zip:	
Work Address:				
City:		State:	Zip:	
Home Phone:		Cell Phone:		Work Phone:
Email:				

☐ N/A	D. Step-Mother's Name:		D.O.B.:	
Home Address:				
City:		State:	Zip:	
Work Address:				
City:		State:	Zip:	
Home Phone:		Cell Phone:		Work Phone:
Email:				

☐ N/A E. Spouse/Registered Domestic Partner's Name: D.O.B.:
Home Address:
City: State: Zip:
Work Address:
City: State: Zip:
Home Phone: Cell Phone: Work Phone:
Email: Years of Marriage:

Is there, or has there been, a restraining or stay-away order in effect for this individual? ☐ Yes ☐ No

☐ N/A F. Father-in-Law's Name: D.O.B.:
Home Address:
City: State: Zip:
Work Address:
City: State: Zip:
Home Phone: Cell Phone: Work Phone:
Email:

☐ N/A G. Mother-in-Law's Name: D.O.B.:
Home Address:
City: State: Zip:
Work Address:
City: State: Zip:
Home Phone: Cell Phone: Work Phone:
Email:

☐ N/A H. Former Spouse/Cohabitant's Name(s):
D.O.B.: ☐ Male ☐ Female
Home Address:
City: State: Zip:
Work Address:
City: State: Zip:
Home Phone: Cell Phone: Work Phone:
Email: Years of Dissolution:

Is there, or has there been, a restraining or stay-away order in effect for this individual? ☐ Yes ☐ No

☐ N/A I. Former Spouse/Cohabitant's Name(s):

D.O.B.: ☐ Male ☐ Female

Home Address:

City: State: Zip:

Work Address:

City: State: Zip:

Home Phone: Cell Phone: Work Phone:

Email: Years of Dissolution:

Is there, or has there been, a restraining or stay-away order in effect for this individual? ☐ Yes ☐ No

J. BROTHERS AND SISTERS: List all living siblings, including half-siblings, foster siblings, etc.

☐ N/A 1. Name:

D.O.B.: ☐ Male ☐ Female

Home Address:

City: State: Zip:

Work Address:

City: State: Zip:

Home Phone: Cell Phone: Work Phone:

Email:

☐ N/A 2. Name:

D.O.B.: ☐ Male ☐ Female

Home Address:

City: State: Zip:

Work Address:

City: State: Zip:

Home Phone: Cell Phone: Work Phone:

Email:

☐ N/A 3. Name:

D.O.B.: ☐ Male ☐ Female

Home Address:

City: State: Zip:

Work Address:

City: State: Zip:

Home Phone: Cell Phone: Work Phone:

Email:

☐ N/A 4. Name: _____

D.O.B.: _____ ☐ Male ☐ Female

Home Address: _____

City: _____ State: _____ Zip: _____

Work Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____

☐ N/A 5. Name: _____

D.O.B.: _____ ☐ Male ☐ Female

Home Address: _____

City: _____ State: _____ Zip: _____

Work Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____

☐ N/A 6. Name: _____

D.O.B.: _____ ☐ Male ☐ Female

Home Address: _____

City: _____ State: _____ Zip: _____

Work Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____

K. CHILDREN: List all of your living children, including natural, adopted, step, and/or foster care. Include any other children who reside with you. Provide the name and contact information of the custodial parent or guardian, if other than you

☐ N/A 1. Name: _____ ☐ Male ☐ Female

D.O.B.: _____ Custodial parent or guardian (if other than you): _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Number: _____ Email: _____

☐ N/A 2. Name: ☐ Male ☐ Female

D.O.B.: Custodial parent or guardian (if other than you):

Address:

City: State: Zip:

Contact Number: Email:

☐ N/A 3. Name: ☐ Male ☐ Female

D.O.B.: Custodial parent or guardian (if other than you):

Address:

City: State: Zip:

Contact Number: Email:

☐ N/A 4. Name: ☐ Male ☐ Female

D.O.B.: Custodial parent or guardian (if other than you):

Address:

City: State: Zip:

Contact Number: Email:

☐ N/A 5. Name: ☐ Male ☐ Female

D.O.B.: Custodial parent or guardian (if other than you):

Address:

City: State: Zip:

Contact Number: Email:

☐ N/A 6. Name: ☐ Male ☐ Female

D.O.B.: Custodial parent or guardian (if other than you):

Address:

City: State: Zip:

Contact Number: Email:

L. REFERENCES: List 7-10 people who know you well, such as social and family friends, co-workers, military acquaintances. Do not include relatives, employers, or housemates, or other individuals listed elsewhere.

1. Name: Address:

City: State: Zip:

Company/Work Address:

City: State: Zip:

Home Phone: Work Phone: Cell Phone: Email:

How do you know this person (friend, teacher, family, co-worker)?

How long have you known this person?

2. Name:				Address:			
City:			State:			Zip:	
Company/Work Address:							
City:			State:			Zip:	
Home Phone:		Work Phone:		Cell Phone:		Email:	
How do you know this person (friend, teacher, family, co-worker)?							
How long have you known this person?							
3. Name:				Address:			
City:			State:			Zip:	
Company/Work Address:							
City:			State:			Zip:	
Home Phone:		Work Phone:		Cell Phone:		Email:	
How do you know this person (friend, teacher, family, co-worker)?							
How long have you known this person?							
4. Name:				Address:			
City:			State:			Zip:	
Company/Work Address:							
City:			State:			Zip:	
Home Phone:		Work Phone:		Cell Phone:		Email:	
How do you know this person (friend, teacher, family, co-worker)?							
How long have you known this person?							
5. Name:				Address:			
City:			State:			Zip:	
Company/Work Address:							
City:			State:			Zip:	
Home Phone:		Work Phone:		Cell Phone:		Email:	
How do you know this person (friend, teacher, family, co-worker)?							
How long have you known this person?							

6. Name: Address:

City: State: Zip:

Company/Work Address:

City: State: Zip:

Home Phone: Work Phone: Cell Phone: Email:

How do you know this person (friend, teacher, family, co-worker)?

How long have you known this person?

7. Name: Address:

City: State: Zip:

Company/Work Address:

City: State: Zip:

Home Phone: Work Phone: Cell Phone: Email:

How do you know this person (friend, teacher, family, co-worker)?

How long have you known this person?

8. Name: Address:

City: State: Zip:

Company/Work Address:

City: State: Zip:

Home Phone: Work Phone: Cell Phone: Email:

How do you know this person (friend, teacher, family, co-worker)?

How long have you known this person?

SECTION 3: EDUCATION

NOTE: You will be required to furnish transcripts or other proof to support all of your educational claims.

Check applicable: ☐ High School Diploma ☐ GED ☐ Discharge documents from armed services with 2 years active duty

List high schools attended or where you obtained your GED:

1. Name: City: State:

From: To: Did you graduate? ☐ Yes ☐ No

2. Name: City: State:

From: To: Did you graduate? ☐ Yes ☐ No

List all colleges or universities attended:

1. Name: City: State:

From: To: Type of Degree Earned: Total Units Earned:

2. Name: City: State:

From: To: Type of Degree Earned: Total Units Earned:

3. Name: City: State:
From: To: Type of Degree Earned: Total Units Earned:

List any trade, vocational, or business schools/institutes attended:

1. Name: From: To:
Type of school or training: City: State:
Did you complete the course? ☐ Yes ☐ No

2. Name: From: To:
Type of school or training: City: State:
Did you complete the course? ☐ Yes ☐ No

3. Name: From: To:
Type of school or training: City: State:
Did you complete the course? ☐ Yes ☐ No

Have you ever been placed on academic discipline, suspended, or expelled from any high school, college/university, business, or trade school? ☐ Yes ☐ No

If yes, describe in detail below. Starting with high school, list any disciplinary actions received in any school or educational institution. Include when the disciplinary action(s) occurred, name of school(s), and explanation of circumstances.

SECTION 4: RESIDENCES

LIST OF RESIDENCES

- List all residences during the last ten years or since age 17. Provide complete addresses (include markers such as Street, Drive, Road, East, West, etc., and unit or apartment number). Do not use P.O. Boxes.
- If the residence is a military base, identify the name of the base in the address, nearest city, state, and zip code. DO NOT LIST military barracks mates, unless you shared individual quarters.
- If you need additional space for your answers, attach additional sheets as needed. Be sure to indicate what section number and page this refers to.

1. Current Residence Address:

City: State: Zip:

If renting; property manager, rent collector, or owner: Contact Number:

Address of property mgr., rent collector, or owner: Email:

City: State: Zip:

From: To:

☐ N/A Name(s) of those with whom you live:

2. Former Address:

City: State: Zip:

If renting; property manager, rent collector, or owner: Contact Number:

Address of property mgr., rent collector, or owner: Email:

City: State: Zip:

From: To:

☐ N/A Name(s) of those with whom you live:

Reason for moving:

3. Former Address:

City: State: Zip:

If renting; property manager, rent collector, or owner: Contact Number:

Address of property mgr., rent collector, or owner: Email:

City: State: Zip:

From: To:

☐ N/A Name(s) of those with whom you live:

Reason for moving:

4. Former Address: _____

City: _____ State: _____ Zip: _____

If renting; property manager, rent collector, or owner: _____ Contact Number: _____

Address of property mgr., rent collector, or owner: _____ Email: _____

City: _____ State: _____ Zip: _____

From: _____ To: _____

☐ N/A Name(s) of those with whom you live: _____

Reason for moving: _____

5. Former Address: _____

City: _____ State: _____ Zip: _____

If renting; property manager, rent collector, or owner: _____ Contact Number: _____

Address of property mgr., rent collector, or owner: _____ Email: _____

City: _____ State: _____ Zip: _____

From: _____ To: _____

☐ N/A Name(s) of those with whom you live: _____

Reason for moving: _____

6. Former Address: _____

City: _____ State: _____ Zip: _____

If renting; property manager, rent collector, or owner: _____ Contact Number: _____

Address of property mgr., rent collector, or owner: _____ Email: _____

City: _____ State: _____ Zip: _____

From: _____ To: _____

☐ N/A Name(s) of those with whom you live: _____

Reason for moving: _____

7. Former Address: _____

City: _____ State: _____ Zip: _____

If renting; property manager, rent collector, or owner: _____ Contact Number: _____

Address of property mgr., rent collector, or owner: _____ Email: _____

City: _____ State: _____ Zip: _____

From: _____ To: _____

☐ N/A Name(s) of those with whom you live: _____

Reason for moving: _____

Provide contact information for all housemates listed in the above entries for Section 4 that you have resided with during the past 10 years, or since the age of 17. DO NOT list anyone for whom you have already provided contact information. If you need additional space for your answers, attach additional sheets as needed. Be sure to indicate what section number and page this refers to.

1. Housemate Name:		Contact Number:		Email:	
Current Street Address:					
City:		State:		Zip:	
Nature of relationship (friend, relative, landlord, housemate only):					
2. Housemate Name:		Contact Number:		Email:	
Current Street Address:					
City:		State:		Zip:	
Nature of relationship (friend, relative, landlord, housemate only):					
3. Housemate Name:		Contact Number:		Email:	
Current Street Address:					
City:		State:		Zip:	
Nature of relationship (friend, relative, landlord, housemate only):					
4. Housemate Name:		Contact Number:		Email:	
Current Street Address:					
City:		State:		Zip:	
Nature of relationship (friend, relative, landlord, housemate only):					
5. Housemate Name:		Contact Number:		Email:	
Current Street Address:					
City:		State:		Zip:	
Nature of relationship (friend, relative, landlord, housemate only):					
6. Housemate Name:		Contact Number:		Email:	
Current Street Address:					
City:		State:		Zip:	
Nature of relationship (friend, relative, landlord, housemate only):					

Have you ever been evicted or asked to leave a residence? ☐ Yes ☐ No

Have you ever left a residence owing rent? ☐ Yes ☐ No

If you answered "Yes" to either of the two questions above, explain (include when, where, and circumstances):

SECTION 5: EXPERIENCE AND EMPLOYMENT

JOB EXPERIENCE

- Have you **EVER** served as a Peace Officer, Jailer, or Telecommunicator in another state OR another country? ☐ Yes ☐ No
If YES, list below.
- List ALL jobs you have had in the last ten years, including part-time, temporary, self-employment, and volunteer. (Begin with your most current. If more space is needed, continue your response on the additional space page at the end of the Personal History Statement).
- If you have military experience, including reserve duty, enter your military base, assignments, or unit of assignment. Include ALL military services.
- List ALL periods of unemployment in excess of 30 days.

1. Name of Employer or Military Unit:		From:		To:	
Address or Base:					
City:		State:		Zip:	
Supervisor:		Contact Number:		Email:	
Job Title:		Reason for Leaving:			
Duties/Assignments:					
☐ Full-Time	☐ Part-Time	☐ Temporary	☐ Self-Employed	☐ Unemployed	

Names of Co-Worker(s) and their Phone Number(s):

Would there be a problem if we contact your current employer? ☐ Yes ☐ No

If yes, explain:

2. Period of Unemployment

From: To:

Check if applicable: ☐ Student ☐ Between jobs ☐ Leave of absence ☐ Travel ☐ Other

3. Name of Employer or Military Unit: From: To:
Address or Base:
City: State: Zip:
Supervisor: Contact Number: Email:
Job Title: Reason for Leaving:
Duties/Assignments:
☐ Full-Time ☐ Part-Time ☐ Temporary ☐ Self-Employed ☐ Unemployed

Names of Co-Worker(s) and their Phone Number(s):

4. Period of Unemployment

From: To:

Check if applicable: ☐ Student ☐ Between jobs ☐ Leave of absence ☐ Travel ☐ Other

5. Name of Employer or Military Unit: From: To:
Address or Base:
City: State: Zip:
Supervisor: Contact Number: Email:
Job Title: Reason for Leaving:
Duties/Assignments:
☐ Full-Time ☐ Part-Time ☐ Temporary ☐ Self-Employed ☐ Unemployed

Names of Co-Worker(s) and their Phone Number(s):

6. Period of Unemployment

From: To:

Check if applicable: ☐ Student ☐ Between jobs ☐ Leave of absence ☐ Travel ☐ Other

7. Name of Employer or Military Unit: From: To:
Address or Base:
City: State: Zip:
Supervisor: Contact Number: Email:
Job Title: Reason for Leaving:
Duties/Assignments:
☐ Full-Time ☐ Part-Time ☐ Temporary ☐ Self-Employed ☐ Unemployed

Names of Co-Worker(s) and their Phone Number(s):

8. Period of Unemployment

From: To:

Check if applicable: ☐ Student ☐ Between jobs ☐ Leave of absence ☐ Travel ☐ Other

9. Name of Employer or Military Unit: From: To:
Address or Base:
City: State: Zip:
Supervisor: Contact Number: Email:
Job Title: Reason for Leaving:
Duties/Assignments:
☐ Full-Time ☐ Part-Time ☐ Temporary ☐ Self-Employed ☐ Unemployed

Names of Co-Worker(s) and their Phone Number(s):

10. Period of Unemployment

From: To:

Check if applicable: ☐ Student ☐ Between jobs ☐ Leave of absence ☐ Travel ☐ Other

11. Name of Employer or Military Unit: **From:** **To:**

Address or Base:

City: **State:** **Zip:**

Supervisor: **Contact Number:** **Email:**

Job Title: **Reason for Leaving:**

Duties/Assignments:

☐ Full-Time ☐ Part-Time ☐ Temporary ☐ Self-Employed ☐ Unemployed

Names of Co-Worker(s) and their Phone Number(s):

12. Period of Unemployment

From: **To:**

Check if applicable: ☐ Student ☐ Between jobs ☐ Leave of absence ☐ Travel ☐ Other

13. Name of Employer or Military Unit: **From:** **To:**

Address or Base:

City: **State:** **Zip:**

Supervisor: **Contact Number:** **Email:**

Job Title: **Reason for Leaving:**

Duties/Assignments:

☐ Full-Time ☐ Part-Time ☐ Temporary ☐ Self-Employed ☐ Unemployed

Names of Co-Worker(s) and their Phone Number(s):

14. Period of Unemployment

From: **To:**

Check if applicable: ☐ Student ☐ Between jobs ☐ Leave of absence ☐ Travel ☐ Other

15. Name of Employer or Military Unit: From: To:

Address or Base:

City: State: Zip:

Supervisor: Contact Number: Email:

Job Title: Reason for Leaving:

Duties/Assignments:

☐ Full-Time ☐ Part-Time ☐ Temporary ☐ Self-Employed ☐ Unemployed

Names of Co-Worker(s) and their Phone Number(s):

16. Period of Unemployment

From: To:

Check if applicable: ☐ Student ☐ Between jobs ☐ Leave of absence ☐ Travel ☐ Other

17. Name of Employer or Military Unit: From: To:

Address or Base:

City: State: Zip:

Supervisor: Contact Number: Email:

Job Title: Reason for Leaving:

Duties/Assignments:

☐ Full-Time ☐ Part-Time ☐ Temporary ☐ Self-Employed ☐ Unemployed

Names of Co-Worker(s) and their Phone Number(s):

18. Have you ever been disciplined at work? (This includes written warnings, formal letters of reprimands, suspensions, reductions in pay, reassignments, or demotions). ☐ Yes ☐ No

19. Have you ever been fired, released from probation, or asked to resign from any place of employment? ☐ Yes ☐ No

20. Were you ever involved in a physical/verbal altercation with a supervisor, co-worker, or customer? ☐ Yes ☐ No

21. Have you ever resigned without giving two weeks-notice? ☐ Yes ☐ No

22. Have you ever resigned in lieu of termination? ☐ Yes ☐ No

23. Have you ever been accused of discrimination (such as sexual harassment, racial bias, sexual orientation harassment, etc.) by a co-worker, superior, subordinate, and/or customer? ☐ Yes ☐ No

24. Were you ever the subject of a written complaint at work? ☐ Yes ☐ No
25. Have you ever been counseled at work due to lateness or absences? ☐ Yes ☐ No
26. Did you ever receive an unsatisfactory performance review? ☐ Yes ☐ No
27. Have you ever sold, released, or given away legally confidential information? ☐ Yes ☐ No
28. Have you ever called in sick when you were neither sick nor caring for a sick family member? ☐ Yes ☐ No

If yes, how many sick days have you used in the past five years which were not due to illness?

If you answered "Yes" to any of Questions 18 – 28 (at the bottom of the previous page and above), explain (include when, where, and circumstances; indicate the corresponding question number):

Has your work performance ever been affected by your use of alcohol or drugs? ☐ Yes ☐ No

When? Name of Employer:

In the past ten years, have you been warned by an employer about your drinking or drug habits and their impact on your performance? ☐ Yes ☐ No

When? Name of Employer:

SECTION 6: MILITARY EXPERIENCE

(Complete for all branches of the military served. Add pages if necessary).

1. Are you required to register for the Selective Service? ☐ Yes ☐ No

2. If yes, have you registered? ☐ Yes ☐ No

If no, explain:

Branch of Service: Dates Served From: To:

Type of Discharge: ☐ Entry Level ☐ Honorable ☐ General ☐ Other than Honorable

Re-entry Code (1 – 4) if applicable; refer to your DD-214:

3. Are you currently participating in one of the following? ☐ Military Reserve ☐ National Guard

If checked, date obligation ends:

4. Have you ever been the subject of any judicial or non-judiciary disciplinary action (such as, court martial, captain's mast, office hours, company punishment)? ☐ Yes ☐ No

5. Were you ever denied a security clearance, or had a clearance revoked, suspended or downgraded, either military or any other federal, state, or municipal clearance? ☐ Yes ☐ No

If you answered "Yes" to either of the last two questions (questions 4 and 5), explain. Include dates and circumstances.

SECTION 7: FINANCIAL

INCOME AND EXPENSES:

For each of the following questions, fill in the amounts to the nearest dollar.

1. From your employer(s), what is your monthly income?

2. Do you have income other than from your salary or wages? ☐ Yes ☐ No

If yes, fill in amount: per month Explain:

3. Approximately how much do you spend each month? (Estimate your monthly living expenses, include housing, utilities, credit cards or other loan payments, food, gas and car maintenance, entertainment, etc., as well as any other obligations you may have).

4. Have you ever filed for or declared bankruptcy (Chapter 7, 11 or 13)? ☐ Yes ☐ No

5. Have any of your bills ever been turned over to a collection agency? ☐ Yes ☐ No

6. Have you ever had purchased goods repossessed? ☐ Yes ☐ No

7. Have your wages ever been garnished? ☐ Yes ☐ No

8. Have you ever been delinquent on income or other tax payments? ☐ Yes ☐ No

9. Have you ever failed to file income tax or cheated/lie on an income tax form? ☐ Yes ☐ No

10. Have you ever had an employment bond refused? ☐ Yes ☐ No

11. Have you ever avoided paying any lawful debt by moving away? ☐ Yes ☐ No

12. Have you ever defaulted on a loan, including a student loan? ☐ Yes ☐ No

13a. Have you ever borrowed money to pay for a gambling debt? ☐ Yes ☐ No

13b. If "Yes," do you currently have any outstanding debts as a result of gambling? ☐ Yes ☐ No

14. Have you ever spent money for illegal purposes (e.g., illegal drugs, prostitution, purchase fraudulent documents, etc.)?
☐ Yes ☐ No

15. Have you ever failed to make or been late on a court-ordered payment e.g., child support, alimony, restitution, etc.)?
☐ Yes ☐ No

16. Have you written three or more bad checks in a one-year period? ☐ Yes ☐ No

17. Are you in arrears on court-ordered child support? ☐ Yes ☐ No

If you answered "Yes" to any of Questions 4 – 17 (on the previous page and above), explain. Include when, where, and why and indicate the corresponding question number:

SECTION 8: LEGAL

Disclosure of Citations, Arrests, and Convictions:

This section requires you to report detentions, arrest, and convictions, including diversion programs and, in some cases, offenses that may have been pardoned. As a licensed applicant, you are required to disclose this information, unless specifically exempted by state or federal law.

- ALL detentions or arrests, whether they resulted in a conviction or not
- ALL convictions
- ALL diversion programs
- ALL citations, excluding traffic tickets (may have been detained and/or received a Class C for disorderly conduct, prostitution, assault, etc., without actual arrest)

If you need additional space for your answers, attach additional sheets as needed. Be sure to indicate what section, question number, and page it refers.

Have you **EVER** been detained for investigation, held on suspicion, questioned, fingerprinted, arrested, indicted, criminally charged, or convicted of any misdemeanor or felony offense in this state or in any other legal jurisdiction (including offenses punishable under the Uniform Code of Military Justice)? ☐ Yes ☐ No

If yes, explain each incident:

1. Approximate Date: Arresting or detaining agency:

Charge:

Disposition or Penalty:

2. Approximate Date: Arresting or detaining agency:

Charge:

Disposition or Penalty:

3. Approximate Date: Arresting or detaining agency:

Charge:

Disposition of Penalty:

4. Approximate Date: Arresting or detaining agency:

Charge:

Disposition or Penalty:

5. Have you ever been placed on court probation as an adult? ☐ Yes ☐ No
6. Have you ever been convicted of any charge that would prevent you from legally possessing a firearm or ammunition?
☐ Yes ☐ No
7. Were you ever required to appear before a juvenile court for an act which would have been a crime, if committed as an adult? ☐ Yes ☐ No
8. Have you ever been a party in a civil lawsuit (e.g., small claims actions, dissolutions, child custody, paternity, support, etc.)?
☐ Yes ☐ No
9. Have the police ever been called to your home for any reason? ☐ Yes ☐ No
10. Have you or your spouse/partner ever been referred to Child Protective Services? ☐ Yes ☐ No
11. Have you ever been the subject of an emergency protective, restraining, or stay-away order? ☐ Yes ☐ No
12. Have you settled any civil suit in which you, your insurance company, or anyone else on your behalf was required to make payment to the other party? ☐ Yes ☐ No
13. Have you ever fraudulently received welfare, unemployment compensation, compensation, or other state or federal assistance? ☐ Yes ☐ No
14. Have you ever filed a false insurance or workers' compensation claim? ☐ Yes ☐ No

If you answered "Yes" to any of Questions 5 – 14 (above), explain. Include court case or document, dates, and circumstances. Indicate the corresponding question number:

Undetected Acts – Part 1

Within the past **seven** years **OR** at any time after you were first employed in law enforcement, have you ever committed any of the following misdemeanors?

15. Annoying/obscene phone calls ☐ Yes ☐ No
16. Assault (use of force or violence upon another) ☐ Yes ☐ No
17. Assault on a family member (use of force or violence upon a family member) ☐ Yes ☐ No
18. Brandishing a weapon (any type of weapon) ☐ Yes ☐ No
19. Carrying a concealed weapon without a permit ☐ Yes ☐ No
20. Contributing to the delinquency of a minor ☐ Yes ☐ No
21. Defrauding an innkeeper (not paying for food or room at a hotel/motel) ☐ Yes ☐ No
22. Driving under the influence of alcohol and/or drugs ☐ Yes ☐ No

23. Drunk in public (being so intoxicated in a public place that you're not able to care for yourself) ☐ Yes ☐ No
24. Hit and run collision (no injuries) ☐ Yes ☐ No
25. Hunting or fishing without a license ☐ Yes ☐ No
26. Illegal gambling ☐ Yes ☐ No
27. Impersonating a peace officer ☐ Yes ☐ No
28. Indecent exposure (including flashing or mooning) ☐ Yes ☐ No
29. Joyriding (using a car or other vehicle without owner's permission) ☐ Yes ☐ No

Undetected Acts – Part 1

At any time in your life, have you **ever** committed any of the following?

30. Arson (intentionally destroying property by setting a fire) ☐ Yes ☐ No
31. Assault with a deadly weapon ☐ Yes ☐ No
32. Theft of a vehicle and/or vehicle parts ☐ Yes ☐ No
33. Burglary (entering a structure or vehicle to commit theft or other crime) ☐ Yes ☐ No
34. Child molestation (performing unlawful acts with a child) ☐ Yes ☐ No
35. Accessing, producing, or possessing child pornography ☐ Yes ☐ No
36. Injury to a child, elderly, and/or disabled ☐ Yes ☐ No
37. Embezzlement (theft of money or other valuables entrusted to you) ☐ Yes ☐ No
38. Felony drunk driving (involving injuries) ☐ Yes ☐ No
39. Forcible rape or other act of unlawful intercourse/sexual activity ☐ Yes ☐ No
40. Forgery (falsifying any type of document, check certificate, license, currency, etc.) ☐ Yes ☐ No
41. Hit and run (with injuries) ☐ Yes ☐ No
42. Hate crime ☐ Yes ☐ No
43. Insurance fraud ☐ Yes ☐ No
44. Theft (value of over \$500 and/or any firearm) ☐ Yes ☐ No
45. Murder, homicide, or attempted murder ☐ Yes ☐ No
46. Perjury (lying under oath) ☐ Yes ☐ No
47. Possession of an explosive/destructive device ☐ Yes ☐ No
48. Robbery (theft from another person using a weapon, force, or fear) ☐ Yes ☐ No
49. Stalking ☐ Yes ☐ No
50. Blackmail or extortion ☐ Yes ☐ No
51. Any other act amounting to a felony ☐ Yes ☐ No

If you answered "YES" to any of the Questions 15 – 51 (on the previous two pages), fully explain circumstances, including dates, names of individuals involved, and resolution. Indicate the corresponding question number for each explanation.

Questions about your current and past recreational drug use. This covers the use of **any** drug, including the unauthorized use of prescription drugs. Your answers should include, **but not limited to**, your use of any of the following drugs.

Amphetamines/Methamphetamine Uppers, Speed, Crank, etc.

Heroin/Opium

Barbiturates (Downers)

Marijuana

Cocaine/Crack Cocaine

Mescaline

Designer Drugs (Ecstasy, Synthetic Heroin, etc.)

Morphine

GHB (Date Rape Drug)

PCP/Angel Dust

Glue

Quaaludes

Hallucinogens (Peyote, LSD, Mushrooms)

Steroids

Hashish/Hashish Oil

Tetrahydrocannabinol (THC)

52. Within the past three years, have you used any non-prescribed drug(s) as indicated above or unauthorized prescription drugs? ☐ Yes ☐ No

If yes, give details, including drug(s) used and circumstances:

53. Prior to the past three years (check all that apply):

☐ I have never used any drug recreationally.

☐ I have tried or used one or more drugs listed above, but only under limited circumstances (for example: experimentation, at parties, concerts, special events, etc.).

If you have, give details including drug(s) used, most recent date used, and circumstances:

Have you **ever** engaged in any of the activities listed below for drugs, narcotics, or illegal substances – including marijuana?

☐ Sold ☐ Manufactured ☐ Purchased ☐ Furnished ☐ Cultivated ☐ Carried or held for another

If you checked any of the items above, give details including drug(s) involved, over what time period(s), and circumstances:

SECTION 9: MOTOR VEHICLE OPERATION

Current Driver License #: State of Issue: Expiration Date:

Full name under which license was granted:

List other states where you have been licensed to operate a motor vehicle:

1. ☐ N/A State of Issue: Type of License: License Number:

Name under which license was granted:

2. ☐ N/A State of Issue: Type of License: License Number:

Name under which license was granted:

3. ☐ N/A State of Issue: Type of License: License Number:

Name under which license was granted:

Have you ever been refused a driver's license by any state? ☐ Yes ☐ No

If yes, explain (include when, where, and circumstances):

Has your driver's license ever been suspended or revoked? ☐ Yes ☐ No

If yes, explain (include when, where, and circumstances):

List your current liability insurance on your vehicle(s):

4. Type of Coverage: ☐ Insured ☐ Bonded ☐ Cash Deposit

Vehicle Make/Model: Year: Vehicle License:

Insurance Company: Policy Number: Expires:

Address:

City: State: Zip: Contact Number:

5. Type of Coverage: ☐ Insured ☐ Bonded ☐ Cash Deposit

Vehicle Make/Model: Year: Vehicle License:

Insurance Company: Policy Number: Expires:

Address:

City: State: Zip: Contact Number:

6. Type of Coverage: ☐ Insured ☐ Bonded ☐ Cash Deposit

Vehicle Make/Model: Year: Vehicle License:

Insurance Company: Policy Number: Expires:

Address:

City: State: Zip: Contact Number:

7. Type of Coverage: ☐ Insured ☐ Bonded ☐ Cash Deposit

Vehicle Make/Model: Year: Vehicle License:

Insurance Company: Policy Number: Expires:

Address:

City: State: Zip: Contact Number:

List all traffic citations, excluding parking citations, that you have received within the past seven years:

8. Nature of Violation:

Location (Street, City, State, Zip):

Date Violation Occurred: Action Taken: ☐ Not Guilty ☐ Fined ☐ Traffic School ☐ Dismissed

9. Nature of Violation:

Location (Street, City, State, Zip):

Date Violation Occurred:

Action Taken:

☐

Not Guilty

☐

Fined

☐

Traffic School

☐

Dismissed

10. Nature of Violation:

Location (Street, City, State, Zip):

Date Violation Occurred:

Action Taken:

☐

Not Guilty

☐

Fined

☐

Traffic School

☐

Dismissed

Has a traffic citation ever resulted in a warrant or caused your driver's license to be withheld due to any of the following? (Check all that apply).

☐

Failed to appear

☐

Failed to complete traffic school

☐

Failed to pay the required fine

If checked, explain circumstances:

Have you been involved as the driver in a motor vehicle accident within the past seven years?

☐

Yes

☐

No

If yes, give details:

11. Date:

Location (Street, City, State, Zip):

Police Report?

☐

Yes

☐

No

Injury or Non-Injury?

☐

Injury

☐

Non-Injury

Law Enforcement Agency:

12. Date:

Location (Street, City, State, Zip):

Police Report?

☐

Yes

☐

No

Injury or Non-Injury?

☐

Injury

☐

Non-Injury

Law Enforcement Agency:

13. Date:

Location (Street, City, State, Zip):

Police Report?

☐

Yes

☐

No

Injury or Non-Injury?

☐

Injury

☐

Non-Injury

Law Enforcement Agency:

14. Date:

Location (Street, City, State, Zip):

Police Report?

☐

Yes

☐

No

Injury or Non-Injury?

☐

Injury

☐

Non-Injury

Law Enforcement Agency:

Have you ever driven a vehicle without auto insurance, as required by law? ☐ Yes ☐ No

If yes, give reason:

Date:

Location (Street, City, State, Zip):

Have you ever been refused automobile liability insurance, or a bond, or had a policy cancelled? ☐ Yes ☐ No

If yes, give reason:

Insurance Company:

Date:

Location (Street, City, State, Zip):

Use this space for additional information you would like to include regarding your driving record.

15. Are you or have you ever been, a member or associate of a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, or disability? ☐ Yes ☐ No

16. Do you have, or have you ever had, a tattoo signifying membership in, or affiliation with, a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, or disability? ☐ Yes ☐ No

17. Since the age of 17, have you ever been involved in an anger-provoked physical fight, confrontation, or other violent act? ☐ Yes ☐ No

18. Have you ever hit or physically overpowered a spouse, romantic partner, or family members? ☐ Yes ☐ No

If you answered "YES" to any of the questions 15 – 18 (above), give details, dates, and circumstances. Indicate the corresponding question number.

SECTION 10: SOCIAL MEDIA SITES

Have you ever had a social media site (i.e. Facebook, My Space, Instagram, Snapchat etc.)? ☐ Yes ☐ No

List all social media sites, blogs, and/or websites you have created. Provide the website URL and your username.

SECTION 11: ADDITIONAL SPACE

- Duplicate this page as needed to include additional information that does not fit elsewhere on this form (e.g., additional family members, schools, residences, employers, explanations to questions, etc.).
- Identify the corresponding section, question number, and specific item being referenced.

SECTION 11: ADDITIONAL SPACE CONTINUED

- Duplicate this page as needed to include additional information that does not fit elsewhere on this form (e.g., additional family members, schools, residences, employers, explanations to questions, etc.).
- Identify the corresponding section, question number, and specific item being referenced.

SECTION 12: CERTIFICATION

I hereby certify that I have personally completed and initialed each page of this form and any supplemental page(s) attached, and that all statements made are true and complete to the best of my knowledge and belief. I understand that any misstatement of material fact may subject me to disqualification; or, if I have been appointed, may disqualify me from continued employment.

Signature of Applicant

Date

Sworn to and subscribed before me, this the _____ day of _____, _____.

Notary public in and for, State of _____.

My commission expires: _____ / _____ / _____.

Printed Name of Notary

Signature of Notary

Notary Seal or Stamp:

**BACKGROUND
SPONSORING
AGENCY
PAPERWORK**

DIRECTIONS FOR SPONSORING AGENCY

TO THE DEPARTMENT ADMINISTRATOR:

- If the applicant **IS** a current employee **and** future or current licensee, **only** the following forms need to be completed:
- Declaration of Licensing Course Enrollment Eligibility (TCOLE Form enclosed)
 - Law Enforcement Agency Audit Checklist (TCOLE form enclosed)
 - If current licensee - please confirm Psychological **AND** Physical exams were also conducted for the added position of peace officer – not just Jailer/Telecommunicator.
- If the applicant **IS NOT** a current employee and/or future or current licensee, the following paperwork needs to be addressed:
- ***Letter for Admission*** form - The purpose of this letter is to subject the applicant to a thorough, comprehensive background investigation to determine if the applicant is suitable for appointment as a Peace officer. The ***Letter for Admission*** in no way obligates your agency to the applicant.
 - The ***Letter for Admission*** must be signed **by the department administrator or official designee ONLY**. ***Letters for Admission*** signed by any person other than the department administrator or official designee cannot be accepted. This is for the protection of the individual department administrator.
 - A copy of receipt from the Fingerprint Application Services of Texas (FAST) **must** be attached to the ***Letter for Admission***. Applicant has been instructed to **submit** to fingerprints **prior** to meeting with sponsoring agency. Applicants will receive a receipt from **FAST** after submitting their fingerprints. It is the applicant's responsibility to provide the **COPY OF RECEIPT**, and it must be attached to the ***Letter for Admission***.
 - ***Disclosure of Personal Knowledge*** form. This form and any accompanying ***statement regarding any personal knowledge of the applicant's criminal history*** **must** be completed and submitted with the ***Letter of Admission***. This may be done by simply filling out and signing stating that the administrator either does or does not have personal knowledge of the applicant's criminal history.
- All background paperwork should be sent **DIRECTLY** to our office and **should not be returned to the applicant**.
- An "***Authorization to Release Information***" form is included in the sponsorship packet. The original should be sent to our office and a copy should be maintained for your files. **The applicant must sign the release form before any information is sent to our office.**
- All paperwork must be in our office **NO LATER THAN, October 6, 2025**, otherwise the applicant cannot be considered for admission into the **Basic Peace Officer Licensing Course**. A ***Checklist*** is enclosed for your convenience.
- If you have any question concerning the letter of admission/sponsorship, please contact the WCTLEA staff at (325)671-1197.

CHECKLIST FOR SPONSORING AGENCY / BACKGROUND INVESTIGATOR

Applicant Name

- ☐ Civilian
- ☐ Jailer*
- ☐ Telecommunicator*

Background Investigation Paperwork that must be submitted to the Academy IF applicant IS NOT a current employee*:

- ☐ Letter for Admission
- ☐ Disclosure of Personal Knowledge - Regarding Criminal History
- ☐ Completed Authorization to Release Information
- ☐ Copy of F.A.S.T Receipt

*If applicant **IS** a current employee and future or current TCOLE licensee, you **ARE NOT** required to submit any of the above documents.

However, you must submit a copy of the applicant's completed:

- ***Declaration of Licensing Course Enrollment Eligibility, AND***
- ***Law Enforcement Agency Audit Checklist***

Please contact the Academy for details.

The agency doing the applicant's background investigation should send the above paperwork **directly** to the academy, when complete. Please do not give back to applicant to turn in. If there is an issue with returning it by deadline, please contact WCTLEA staff.



WEST CENTRAL TEXAS LAW ENFORCEMENT ACADEMY LETTER FOR ADMISSION

I attest that _____, applicant for admission
to the Basic Peace Officer Course: *Applicant's Name*

- _____ 1. Will attain his/her 20th birthday before the first day of class, or:
- *has received credit for at least 60 semester hours of study from an accredited college or university and attained his/her 18th birthday, or
 - *has completed at least 2 years of active military service with an honorable discharge from the armed forces of the United States, and attained his/her 18th birthday, or
 - *has received an associate degree from an accredited college or university, and has attained his/her 18th birthday.
- _____ 2. Has graduated from high school or passed a GED test indicating high school graduation or an honorable discharge from the armed forces of the United States after at least 24 months of active duty service;
- _____ 3. Is a U.S. citizen;
- _____ 4. Has been fingerprinted (FAST) and has been subjected to a search of local, state and U.S. national records and fingerprint files to disclose any criminal record;
- _____ 5. Is not currently charged with any criminal offense for which conviction would be a bar to licensure. (PLEASE ATTACH LIST OF AGENCIES CHECKED)
- _____ 6. Has not ever been on court-ordered community supervision; deferred adjudication; or probation for any criminal offense above the grade of Class B misdemeanor or a Class B misdemeanor within the last 10 years from the date of the court order.
- _____ 7. Has not ever been convicted of an offense above the grade of a Class B misdemeanor or a Class B misdemeanor within the last 10 years.
- _____ 8. Has never been convicted of any family violence offense;
- _____ 9. Is not prohibited by state or federal law from operating a motor vehicle;
- _____ 10. Is not prohibited by state or federal law from possessing firearms or ammunition;
- _____ 12. Has not had a dishonorable discharge from the military.

I attest that this applicant has been subjected to a thorough, comprehensive background investigation, has been interviewed, and has been found to be suitable for appointment as a peace officer.

Signature of Department Administrator

Date

Name of Department or Agency

THIS LETTER OF ADMISSION IN NO WAY OBLIGATES THE SPONSORING AGENCY TO THE APPLICANT



**Disclosure of Personal Knowledge
Of Criminal History and Documentation
Of Submission of FAST Fingerprints**

**This form to be completed and signed by Department Administrator
conducting background investigation.***

Date _____

To: West Central Texas Law Enforcement Academy
3650 Loop 322
Abilene, TX 79602

Re: _____
Applicant's Full Name *Applicant's Social Security #* *Date of Birth*

Date Fingerprints submitted to F.A.S.T.: _____
(Copy of receipt attached)

To whom it may Concern:

I attest that the above-named individual has presented a valid F.A.S.T. receipt
(attach copy). I have completed a background check on the above individual.

Check One:

_____ I have personal knowledge that this individual does have a criminal history.

_____ I have personal knowledge that this individual does not have a criminal
history.

Signature of Department Administrator

Title

Agency

Date

*This form to be submitted to the Academy along with Letter for Admission.



AUTHORIZATION TO RELEASE INFORMATION

I, _____, do hereby authorize
_____ and/or the West Central Texas

Regional Law Enforcement Academy, or its designee, to release confidential information concerning me to any person requesting such information, who is doing a legitimate background investigation on me, or for the purpose of determining whether I meet the standards for admission as set forth by the West Central Texas Regional Academy Training Advisory Committee, to the West Central Texas Regional Law Enforcement Academy, and the following information is to be released:

1. Any and all information included in the background investigation done by the sponsoring law enforcement agency, including, but not limited to, statements regarding any personal knowledge of my criminal history and/or traffic record.
2. Any records of criminal arrests, detentions, and/or litigations contained in any official files.
3. Any confession(s) executed by me to any felony offense, such confession being admissible as evidence against me in any criminal proceeding in any state or federal court.
4. Any and all information pertaining to and including my DD-214, or other applicable military discharge papers.
5. Any and all information pertaining to my physical examination and/or psychological examination.
6. Any and all information pertaining to grades, whether it be grades relative to final average, test scores, or grades scored on practicums.
7. Any and all information pertaining to my behavior, and general attitudes during the academy.
8. Any and all information pertaining to any deviation from the academy rules, by me.
9. Any and all other information that the sponsoring agency and/or the academy director deems appropriate and necessary in the course of a normal, legitimate background investigation.

I, _____, do hereby release both the West
Central Texas Regional Law Enforcement Academy, and/or its designee, and
_____ from any liability whatsoever.

Signature of applicant

Date

DECLARATION OF LICENSING COURSE ENROLLMENT ELIGIBILITY

Pursuant to Rule 217.1 of the Texas Commission on Law Enforcement (TCOLE), a training provider is required to maintain, on or before the first day of any licensing course, documented evidence establishing that each student satisfies all eligibility requirements for licensure.

Training providers conducting licensing courses for students unaffiliated with a law enforcement agency or for their own personnel, shall ensure that all required documentation is on file and readily accessible for review.

Training providers conducting licensing courses for students affiliated with a law enforcement agency, with consent of its Advisory Board, may either retain copies of the required documentation furnished by the employing agency or utilize this Declaration of Licensing Course Enrollment Eligibility form as sufficient proof of compliance with Rule 217.1.

Training Academy: **West Central Texas Regional Law Enforcement Academy**

Academy Number: **511457**

Employing/Appointing Agency: _____

Trainee's Name: _____ PID Number: _____

The above-named person (check one):

☐ is currently hired as a jailer cadet;

☐ is currently hired as a police cadet;

☐ is currently licensed and hired by this agency as a peace officer, telecommunicator or jailer and seeking an additional licensed position within this agency;

☐ is currently hired as a telecommunicator or jailer, and 1) has a temporary license, or 2) does not have a temporary license solely due to Occupations Code 1701.310(b).

I _____, certify that our agency has on file documented proof that the above-mentioned individual meets all the minimum eligibility requirements for the license being sought, as required by Commission Rule 217.1. (Attach Checklist)

HIRING AGENCY ADMINISTRATOR SIGNATURE SECTION (Must be completed and signed by the agency head or designee.)

As head of the agency, or his/her designated representative, I am endorsing this official government record which certifies, subject to civil and criminal penalties, it has been filled out with true and correct information. I also attest that the applicant has met all the requirements for enrollment and licensure as required by Commission Rule 217.1 without exception. I understand that our agency **shall** provide copies of all required eligibility documents to the enrolling academy or TCOLE representatives upon request.

I certify that our agency has on file documented proof that the above-mentioned individual was fingerprinted and subjected to the DPS FACT Clearinghouse to disclose any criminal record and is identifiable by the following SID: _____.

Printed Chief Administrator's (or designee) Name, Title

Signature of Administrator (or designee)

Date

State of Texas, County of _____ Sworn and subscribed before me, on the ____ day of _____, 20____

Notary public in and for the State of Texas.

My commission expires ____/____/____ Notary Public's Signature _____ Notary stamp/seal _____

DECLARATION OF LICENSING COURSE ENROLLMENT ELIGIBILITY

APPLICANT SIGNATURE SECTION (Must be completed and signed by the trainee.)

As the trainee, I am endorsing this official government record to certify, subject to civil and criminal penalties, that all its contents are true and correct. I also confirm that I currently meet all the requirements for enrollment as required by Commission Rule 217.1 without exception.

Printed Applicant's Name

Signature of Applicant

Date

State of Texas, County of _____ Sworn and subscribed before me, on the ____ day of _____, 20____

Notary public in and for the State of Texas.

My commission expires ____/____/____ Notary Public's Signature _____ Notary stamp/seal _____

TEXAS COMMISSION ON LAW ENFORCEMENT

Appointing Agency Audit Checklist

Employee:		PID:
New Licensee	180 Days or Less Break in Service	More Than 180 Day Break in Service
☐ Personal History Statement (PHS) ☐ F-5R (filled out, signed & dated) ☐ National Decertification Index (NDI) ☐ BCF (Required for appts on or after 1/1/22) ☐ L-2 (drug screen/medical exam for PO's & Jailers. Drug screen only for telecommunicators.) ☐ L-3 (psychological evaluation) ☐ DPS/FBI Fingerprint Return* ☐ Proof of Citizenship ☐ Proof of Education ☐ Military Discharge (DD-214) ☐ Certified Copy of Court Disposition** ☐ Official record of annual firearms qualification within the last 12 months. (Applies to Peace Officers only) ☐ L-1 / L1-T (sign & notarize pages 1 & 2. Don't submit until <u>ALL</u> required documents listed above are in place)	☐ Personal History Statement (PHS) ☐ F-5R (filled out, signed & dated) ☐ National Decertification Index (NDI) ☐ BCF (Required on or after 1/1/22) ☐ CCH (TCIC-NCIC) ☐ DPS/FBI Fingerprint Return* ☐ Military Discharge (DD-214) ☐ Certified copy of court disposition** ☐ Official record of annual firearms qualification within the last 12 months. (For peace officers only) ☐ L-1 / L1-T (sign & notarize pages 1 & 2. Don't submit until <u>ALL</u> required documents listed above are in place)	☐ Personal History Statement (PHS) ☐ F-5R (filled out, signed & dated) ☐ National Decertification Index (NDI) ☐ BCF (Required for appts on or after 1/1/22) ☐ L-2 (drug screen - required for <u>all</u> licensees) ☐ L-3 (psychological evaluation) ☐ CCH (TCIC-NCIC) ☐ DPS/FBI Fingerprint Return* ☐ Military Discharge (DD-214) ☐ Certified Copy of Court Disposition** ☐ Official record of annual firearms qualification within the last 12 months. (Applies to Peace Officers only) ☐ L-1 / L1-T (sign & notarize pages 1 & 2. Don't submit until <u>ALL</u> required documents listed above are in place)

All required documents must be completed prior to submitting the L-1 form. Failure to properly document all pre-appointment requirements listed above is a violation of state law punishable by fine (up to \$1,000 per day, per violation) and/or imprisonment (see TOC 1701.507 and 553).

The BCF must be electronically submitted and approved BEFORE an L-1 form is entered in TCLEDDS. Otherwise, the L-1 form will be rejected.

*Fingerprint check requests should be submitted through F.A.S.T. Texas DPS still accepts hard-copy 10-print cards by mail. However, it takes a lot longer for them to be processed and mailed back. Use of a Live Scan fingerprinting system requires preapproval from Texas DPS. To set up a F.A.S.T. account, contact DPS at 512-424-2365, choose option 6. To validate your agency's Live Scan contact DPS at livescan@dps.texas.gov.

**A certified court disposition is required for any criminal charge listed on a CCH (includes class B misdemeanors or higher, and/or any class C misdemeanor arrest, charge, indictment, or written summons (ticket) stemming from any incident involving family violence.

ALL AUDITABLE DOCUMENTS MUST BE KEPT TOGETHER IN A SECURE BUT EASILY ACCESSIBLE FOLDER SEPARATE FROM PERSONNEL FILES OR OTHER UNRELATED DOCUMENTS. THE FILE MUST BE RETAINED FOR A MINIMUM OF FIVE (5) YEARS AFTER TERMINATION OF APPOINTMENT. FOR MORE INFORMATION, CONTACT YOUR REGIONAL FIELD SERVICE AGENT.