



**City of Fulshear**  
**30603 FM 1093**  
**Fulshear, Texas 77441**

**APPLICATION FOR EMPLOYMENT**

The City of Fulshear is an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis, including race, color, age, sex, religion, disability or national origin.			
Position you are applying for:		Type of employment interested in: Full Time ___ Reserve ___ Part Time ___	Date:
Last Name	First Name	Middle Name	Social Security Number
Address (No., Street, City, State, Zip Code)			
Telephone – Residence		Telephone – Other	
Do you have a valid Texas Driver’s License?  Yes ___ License number: No ___		Have you ever applied for a job with the City of Fulshear?  Yes ___ Dates: No ___	
Have you ever worked for the City of Fulshear:  Yes ___ Dates: No ___ Position Held:		Do you have any relatives working for the City of Fulshear?  Yes ___ Name: _____ No ___ Department: _____	

<p>If hired, can you furnish proof that you are a U. S. Citizen (Required for Police Officer)?          Yes ____ No ____</p>	<p>Have you ever served in the U.S. Armed Services?          Yes ____ If Yes, proof of discharge (DD214)          No ____ must be submitted.</p>	
<p>Are you willing to comply with the current City Policy relating to the response time limit of 30 minutes from a residence outside of the city limits? Yes ____ No ____</p>	<p>I will accept:          Full time ____          Part time ____          Reserve ____</p>	<p>Date available:</p>
<p>High School attended &amp; location:</p>	<p>Highest grade completed:</p>	<p>Year Graduated:</p>
<p>College(University or Community) attended &amp; location:</p>	<p>No of years completed:</p>	<p>Year Graduated:</p>
<p>Degree &amp; Major Subject of Specialization:</p>		

PERSONAL HISTORY STATEMENT

\_\_\_\_\_  
Name of Applicant

<p>For Office Use:</p> <p>Date Issued: _____</p> <p>Time Issued: _____</p> <p>Date Returned: _____</p> <p>Time Returned: _____</p>	<p>Return to: _____</p> <p>Your personal history statement <u>will not</u> be accepted after:</p> <p>Day: _____</p> <p>Date: _____</p> <p>Time: _____</p> <p style="text-align: center;"><b>Important – Deadline Information</b></p>
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**NOTICE**

**READ BEFORE YOU BEGIN FILLING OUT THIS FORM**

This Personal History Statement must be completed by you **in your own handwriting** and must be returned by the day, date and time printed above. If you cannot complete this form and return it to the FULSHEAR POLICE DEPARTMENT by the deadline established on this form, you will be considered to have **FAILED** and no further action will be taken with your application.

Please read all instructions carefully before writing in this Personal History Statement.

Any **willful omission, deceptions, or false information** will be considered an absolute disqualifier and you will have **FAILED** this part of your selection process and will not be processed further for the position you are applying for, whether now or at a later phase of the selection process.

Applicant Score of Minimum Requirements

I can comply with all of the minimum requirements in this application.

I cannot comply with all of the minimum requirements in this application.

You must be able to perform all duties of a police officer as described on the attached job description. Persons hired are initially classified as a Probationary Police Officer for twelve (12) months. This classification is used to train new employees to perform police duties. Employees participate in on-the-job training (under immediate supervision) in basic police procedures, techniques and laws required to perform the duties of a police officer.

X \_\_\_\_\_

Sign here acknowledging that you are in receipt of a Fulshear Police Officer Job Description

REQUIRED DOCUMENTS FOR APPLICATION

1. College transcripts must be submitted prior to application deadline. Transcripts from institutions out of the area should be requested by the applicant immediately and a photocopy of the letter of request should be attached to the application.
2. Form DD214 (Proof of Military Service) if applicable, to verify **honorable discharge**.
3. A photocopy of your Texas Driver's License (or Texas D. L. receipt if you have not yet received the D.L.)
4. Other documentation, e. vg., miscellaneous training certificates, letters of appreciation or commendation, award certificates, etc., will not be submitted at the time of application. These documents may be submitted at a later stage of the hiring process.

Checklist of required documents you are submitting with this application:

College Transcripts attached to application

OR

Photocopy of Letter requesting transcripts attached to application

Form DD214 (Honorable Discharge) attached to application

OR

Form DD214 not applicable to you due to no prior military service

Texas Driver's License (photocopy) or receipt for same

APPLICANT PROCESSING PROCEDURE (Information Only)

The selection process for the position of Police Officer for the Fulshear Police Department consists of the following:

1. Complete an Employment Application with the Fulshear Police Department. Applicant must satisfy all minimum requirements and provide requested documents in order to proceed to next phase.
2. Applicant must pass a minimum standard physical fitness test.
3. Applicant must pass a reading/writing test.
4. Applicant must appear before an Interview Board and PASS the interview in order to be considered.
5. Based on Interview Board rankings applicants chosen will be made a conditional offer of employment and proceed to the next phase of the hiring process.
6. Applicants must PASS a physical examination, drug screen and psychological test.
7. The applicant's performance at each phase of the hiring process is scored on a PASS-FAIL basis. A failure at any phase will disqualify the applicant from further consideration at this time. In most cases you are welcome to re-apply at a later date or to apply for other employment with the City.

RELEASE OF INFORMATION AUTHORIZATION AND STIPULATIONS

I understand that this is not an employment agreement between the City of Fulshear and the applicant.

I expressly requested employers and any persons who may have information (including records of criminal convictions) concerning me to furnish that information to the City of Fulshear and to the Fulshear Police Department, and I agree to hold such harmless, and I do hereby release them of any and all liability and damages of any nature whatsoever for furnishing such information.

I understand that I must complete a physical examination, at the City of Fulshear's expense, before final acceptance for employment. If a doctor determines I have certain medical restrictions relating to my ability to perform the functions of Police Officer, those restrictions will be communicated to the City of Fulshear.

I certify that all the answers I have given are true to the best of my knowledge and belief. I further acknowledge that I have read and understood the questions regarding the minimum requirements for a Police Officer and I have answered these questions truthfully. I understand that either the failure to answer all questions completely and truthfully, or failure to timely submit required documents, will remove me from the hiring process and I will not be considered for employment with the City of Fulshear, whether the failure is discovered now, or at a later part of the hiring process, or after employment. I understand that I will have failed in this phase of the process and must reapply at a later date.

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

\_\_\_\_\_  
Date Signed

**READ THESE INSTRUCTIONS CAREFULLY BEFORE PROCEEDING**

These instructions are provided as a guide to assist you in properly completing your personal history statement. It is essential that the information be accurate in all respects. It will be used as the basis for a background investigation that will determine your eligibility for employment.

Answer all questions to the best of your ability:

- Your Personal History Statement should be printed, **in your own handwriting** legibly in **black** ink. Do not type your answers, we are interested in your handwriting skills.
- If a question does not apply to you, enter N/A in the space provided. Leave no empty lines.
- Avoid errors by reading the directions carefully before making any entries on the form. Be sure your information is correct and in proper sequence before you begin.
- You are responsible for obtaining correct mailing addresses. If you are not sure of an address, check it by personal verification. Your local library may have a directory service or copies of local phone directories.
- If there is insufficient space on the form for you to include all information required, complete the extra supplemental pages attached to the Personal History Statement. Be sure to reference the relevant section and question number before continuing your answer.
- All requested documents must be submitted with the Personal History Statement when you return it to the FULSHEAR POLICE DEPARTMENT. No exceptions or waivers will be allowed.

**NOTICE**

**YOU MUST SUCCESSFULLY COMPLETE AND TIMELY RETURN THIS PERSONAL HISTORY STATEMENT IN ORDER TO PROCEED TO THE NEXT PHASE OF YOUR SELECTION PROCESS. LISTED BELOW ARE SOME, BUT NOT ALL OF THE AREAS WHICH WILL CAUSE YOU TO FAIL IN THE PROCESS.**

- Failure to turn in Personal History Statement and requested documents by the Deadline established on the cover of this form.
- Any willful omissions, deceptions or false information will be considered an absolute disqualifier and you will have **FAILED** this part of your selection process and will not be processed further for the position you are applying for, whether now or at a later phase of the selection process.

**I HAVE READ THE ABOVE NOTICE, AND ALL INSTRUCTIONS, AND UNDERSTAND THAT I WILL TO THE BEST OF MY ABILITY COMPLETE THIS PERSONAL HISTORY STATEMENT WITH TRUTHFUL AND ACCURATE INFORMATION. I FURTHER UNDERSTAND THAT IF I WILLFULLY AND INTENTIONALLY OMIT INFORMATION REQUESTED IN THIS PERSONAL HISTORY STATEMENT, I WILL HAVE FAILED IN THE SELECTION PROCESS AND NO FURTHER ACTION WILL BE TAKEN WITH MY APPLICATION. I UNDERSTAND THAT I MUST RE-APPLY.**

\_\_\_\_\_  
APPLICANT'S SIGNATURE

APPLICANT IDENTIFICATION

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

Last Name	First Name	Middle Name	
Home Address (complete mailing address)			
Business Address (complete mailing address)			
Home Telephone Number		Business Telephone Number	
Date of Birth	Place Of Birth		
	City	County	State
Social Security Number	Are you a U.S. Citizen? Yes ____ No ____	Driver's License #	State of Issue
Height	Weight	Color of Eyes	Color of Hair
Scars, Tattoos or Other Distinguishing Marks:			
Nickname(s), Maiden Name, or other Names by which you have been known:			



WORK HISTORY

Beginning with your present or most recent jobs, list all employment in the past ten (10) years including part-time, temporary or seasonal employment. Include all periods of employment. Attach supplemental page if necessary. List **ALL** law enforcement experience.

From	To	Employer	
Business Address (complete mailing address)			Business Phone Number
Your Last Name at time of employment:		Job Title	
Duties			
Reason for Leaving			
Supervisor Name		Name of Co-Worker	

From	To	Employer	
Business Address (complete mailing address)			Business Phone Number
Your Last Name at time of employment		Job Title	
Duties			
Reason for Leaving			
Supervisor Name		Name of Co-Worker	

WORK HISTORY - Continued

From	To	Employer	
Business Address (complete mailing address)			Business Phone Number (    )    -
Your Last Name at time of employment		Job Title	
Duties			
Reason for Leaving			
Supervisor Name		Name of Co-Worker	

From	To	Employer	
Business Address (complete mailing address)			Business Phone Number (    )    -
Your Last Name at time of employment		Job Title	
Duties			
Reason for Leaving			
Supervisor Name		Name of Co-Worker	

WORK HISTORY - Continued

From	To	Employer	
Business Address (complete mailing address)			Business Phone Number (    )    -
Your Last Name at time of employment		Job Title	
Duties			
Reason for Leaving			
Supervisor Name		Name of Co-Worker	

From	To	Employer	
Business Address (complete mailing address)			Business Phone Number (    )    -
Your Last Name at time of employment		Job Title	
Duties			
Reason for Leaving			
Supervisor Name		Name of Co-Worker	
<b>Have you ever served in the U.S. Armed Forces?</b> Yes _____ No _____		<b>Date of Service</b> From: _____ To: _____	
Branch of Service – If more than one list all		Unit Designation – Last Duty Assignment	
Highest Rank Held		Military Service Number	
Type of Discharge from the U.S. Armed Forces			



Education History
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High School Attended	City and State	Dates Attended		Graduated	
		From	To	Yes	No
College or University Attended		City and State			
Dates Attended	Units Completed	Major/Minor			
Degree Received, if any and Date Received					
College or University Attended		City and State			
Dates Attended	Units Completed	Major/Minor			
Degree Received, if any and Date Received					
College or University Attended		City and State			
Dates Attended	Units Completed	Major/Minor			
Degree Received, if any and Date Received					
List other Schools attended (Trade, Vocational, Business, etc.) Give name and address, dates attended, course of study, certificates, and any other pertinent information.					
_____					
_____					
_____					
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_____					
_____					
_____					

**SPECIAL QUALIFICATIONS AND SKILLS**

This area is your opportunity to list any specialized training you may have received.

List any special licenses you hold (such as pilot, radio operator, scuba, etc.), showing licensing authority, original date of issue, and date of expiration.

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List any specialized machinery or equipment which you can operate:

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

Language	Reading	Speaking	Understanding	Writing

List any other special skills or qualifications you may possess:

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ARRESTS, DETENTIONS AND LITIGATIONS

This section is important, you must list any and all arrests, detentions and litigations. Your records will be checked by a Background Investigator and documented in the Background Investigation.

Were you ever arrested as a Juvenile? (16 years of age or under) Yes ____ No ____ If Yes, what was the charge(s): _____			
Were you ever processed in a Juvenile Court? Yes ____ No ____ Disposition of your case(s): _____			
Have you ever been arrested, detained by police or summoned into court (do not include traffic tickets): Yes ____ No ____ If Yes, complete the following:			
Offense Charged	City and State	Date	Disposition
Have you ever been convicted of any offense? Yes ____ No ____		Have you ever been on Probation for any offense? Yes ____ No ____	
If you were placed on Probation, list the Offense and how long you were on Probation: _____ _____			
If you were placed on Deferred Adjudication, list the Offense and date(s): _____ _____			
Continue Arrests, Detentions and Litigations on next page...			

ARRESTS, DETENTIONS AND LITIGATIONS - Continued

Have you ever been arrested for a Felony? Yes ____ No ____	Have you ever been convicted of a Felony? Yes ____ No ____
Have you ever done anything that you could have been arrested for had you gotten caught? Yes ____ No ____	
Have you ever been arrested for Driving While Intoxicated or Driving Under the Influence of Drugs? (DWI/DUID) Yes ____ No ____	
Other than traffic citations, have you ever been fined for any Offense? Yes ____ No ____ If Yes, How much fine did you pay? _____	
Have you ever been involved as a party in Civil Litigation? (Include Divorces and/or Custody Suits) Yes ____ No ____	
If Yes, give details below: _____ _____ _____ _____ _____ _____ _____ _____ _____ _____	



**MARITAL AND FAMILY HISTORY**

This section addresses your Marital and Family History, be complete and accurate with your answers, include all information requested. We will contact many of these sources for information to include in your Background Investigation.

Are you currently: Single ___      Married ___      Divorced ___      Engaged ___      Separated ___      Widowed ___				
If engaged, list name of fiancée, address and phone number:				
If married: Date: _____      City and State: _____  Spouse's name (Wife's maiden name) _____				
If ever separated, divorced or widowed:  Date of marriage: _____      City and State: _____  Spouse's name (Wife's maiden name): _____  Date of order or decree: _____      Court & State where issued: _____				
List all children related to you or your spouse (natural, step-children, adopted & foster children):				
Name	Relation	DOB	Address	Supported by Whom

MARITAL AND FAMILY HISTORY - Continued

List all other dependents:

Name	Address	Relation

List other relatives in the following order: Father, Mother (include maiden name), Brothers & Sisters. If deceased, so indicate in Age column.

Name	Address	Relation	Age

**FINANCIAL HISTORY**

Complete this section with accurate information, it will be verified by a credit check performed in the Background Investigation. Include account numbers and correct addresses.

What is your present salary or wages?	
Do you have income from any source other than your principal occupation? Yes ____ No ____	
If you answered Yes: How much? _____ How often? _____	
What is the source of this additional income?	
Do you own any Real Estate? Yes ____ No ____ Value: _____	
Location of Real Estate (Address):	
Do you own any bonds, government or other? Yes ____ No ____ Value: _____	
Do you own any corporate stock? Yes ____ No ____ Value: _____	
Do you have a bank account? Yes ____ No ____ Value: _____	
Savings Account	Name & Address of Bank
Checking Account	Name & Address of Bank
List any other type of income you have earned that is not addressed in the above areas.	
_____	
_____	
_____	
_____	
_____	



REFERENCES

List four (4) persons who know you well enough to provide current information about you. Do not list relatives or employers (former or current). Attempt to list local persons first, then out of state. Include current mailing addresses and telephone numbers.

Name			Address		
Residence Phone ( ) -		Business Phone ( ) -		Years Known	
Business Address					
Name			Address		
Residence Phone ( ) -		Business Phone ( ) -		Years Known	
Business Address					
Name			Address		
Residence Phone ( ) -		Business Phone ( ) -		Years Known	
Business Address					
Name			Address		
Residence Phone ( ) -		Business Phone ( ) -		Years Known	
Business Address					





LICENSED PEACE OFFICERS AND APPLICATION FOR OTHER POLICE DEPARTMENTS

This section is to be completed if you are a Licensed Peace Officer, or if you have been employed by or applied with other Police Departments.

Have you ever applied with this department or any other law enforcement agency? Yes ____ No ____ If <u>Yes</u> , list the departments below.			
Agency, City, State	Date	Outcome	If Rejected, Why?
Have you ever been employed by a law enforcement agency? Yes ____ No ____ If <u>Yes</u> , list the departments below.			
Agency, City, State	Date	Outcome	Reason for Leaving
List any suspension(s) and/or disciplinary action(s) while employed at above agencies.			
Agency, City, State	Date	Outcome	Reason?
Are you currently licensed with any state agency as a peace officer? Yes ____ No ____ Agency: _____			
What Agency or Academy did you attend in order to obtain your license? _____ Date(s) Attended: _____ State: _____			

PERSONAL DECLARATIONS

It may become necessary for you to take a human life in the course of your duties as a Police Officer. Do you hold any beliefs that would prevent you from doing so?

Yes \_\_\_\_ No \_\_\_\_

If Yes, explain:

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We endeavor to accommodate our employee's religious observances; however that accommodation is subject to manpower requirements and public safety concerns. Do you have any religious, customs, or other beliefs which would prevent you from fully performing the duties of a Police Officer, such as working on weekends, evenings or night shifts?

Yes \_\_\_\_ No \_\_\_\_

If Yes, explain:

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Are there any incidents in your life or details not mentioned herein within this Personal History Statement which may be relevant to this Department's evaluation of your suitability for employment as a Police Officer?

Yes \_\_\_\_ No \_\_\_\_

If Yes, explain:

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**I HEREBY CERTIFY THAT THERE ARE NO WILLFUL MISREPRESENTATIONS, DECEPTIONS, OMISSIONS, OR FALSIFICATIONS IN THE FOREGOING STATEMENTS AND ANSWERS TO QUESTIONS. I AM FULLY AWARE THAT ANY SUCH WILL SUBJECT ME TO DISMISSAL FROM THE SELECTION PROCESS.**

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

\_\_\_\_\_  
Date

ADDITIONAL INFORMATION TO SECTION
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Use this supplemental page for additional information in any section of this Personal History Statement. Be sure and reference the section and question you are answering on this sheet. Add an additional sheet when you go to another section. Do not answer two or more sections on the same supplemental page. Insert this sheet after the page it references to when you submit this form.

Section Number and Title	Page Number
Continue your statement or answer below, reference it to the question.	