

# MERKEL POLICE DEPARTMENT

## PERSONAL HISTORY STATEMENT

REVISED 2020



**Chief of Police  
Phillip G. Conklin**

**This document contains material that is confidential and is to be viewed only by  
AUTHORIZED PERSONNEL.**



# MERKEL POLICE DEPARTMENT

100 Kent Street, Merkel, Texas, 79536 P: (325) 928-4766 F: (325) 928-1642

[www.merkelpolice.org](http://www.merkelpolice.org)

## PERSONAL HISTORY STATEMENT

### SUBMISSION INSTRUCTIONS

Personal History Statement (PHS) must be submitted electronically or typed. Handwritten PHS will no longer be accepted. You will not be able to "Save" this document. You must "Save As".

Please "Save As" this document under the following format: "[Last Name, First Name] PHS"

After completing and saving the document you will be able to push the "SUBMIT" button on the Table of Contents page.

Assure that you are connected to the internet before pressing the "SUBMIT" button or your PHS will not be sent.

Assure that your PHS is complete before you submit. Multiple submissions after the first will not be kept.

If there are changes to your information you can submit those changes to your background investigator when they begin your investigation.

If you are having problems submitting your application using the "SUBMIT" button you may email your PHS to the following address: [chiefofpolice@merkeltexas.com](mailto:chiefofpolice@merkeltexas.com)

If you are having any problems with the submission of the PHS, please contact the Chief of Police at (325) 928-4911.

### DISQUALIFICATION

There are very few automatic basis 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.

I have read and understand.

## **FORM INSTRUCTIONS**

Please read the following instructions **carefully** before completing your Personal History Statement (PHS).

This Personal History Statement (PHS) is the basis for the assessment and background investigation that will determine your eligibility for employment with the Merkel Police Department.

- One of the fundamental requirements of being a police officer is attention to detail. If any of the instructions are not followed **you will be disqualified**. There will be no exceptions.
- If a question is not applicable, or does not pertain to you, then you **must enter "N/A"** in the space provided for answering that question. Some areas of the PHS have a box that can be checked at the beginning of the section if that entire section is N/A.
- If there is not enough space on the form to include all the information required for a complete answer to any question, there is a section at the end of the PHS with space for you to enter additional information. Please preface each explanation with the section and question number that it is continuing from.
- Information regarding all names, addresses, telephone numbers, etc., is your responsibility, and it must be correct and current. Names must be spelled correctly, addresses must include street numbers, apartment numbers (if applicable), as well as the City, State, & Zip Codes. Do not abbreviate any of the above information.
- **An accurate and complete form will assist in expediting your investigation. On the other hand, omissions or falsifications, whether intentionally made or not, can result in your disqualification.**
- If your PHS is submitted to a background investigator, he or she will contact you. Please do not call the department and ask the status of your application. A background investigation is time consuming, so please be patient

I have read and understand.

## **ASSERTION OF COMPLETENESS AND ACCURACY**

I hereby acknowledge that I have read and understand the instructions in connection with completion of my Personal History Statement. I understand that if any of the instructions are not followed, or if any of the documents are not supplied as required, I will be disqualified. No exceptions will be made.

I also hereby certify that there are no falsifications or deliberate omissions in any statement or answer given in my Personal History Statement. I am fully aware that a falsification or deliberate omission from this statement will result in my disqualification, without exception.

Printed Name \_\_\_\_\_

TCOLE PID # \_\_\_\_\_

Date \_\_\_\_\_

I have read and understand.

## **TABLE OF CONTENTS**

Please ensure that every box is checked prior to submitting your personal history statement.  
Boxes that are marked indicate that you have reviewed and complete the indicated section of  
the PHS.

<b>Complete</b>	<b>Section</b>	<b>Page(s)</b>
	Submission Instructions	1
	Form Instructions	2
	Assertion of Completeness & Accuracy	2
	Documents Checklist	4
	Message Contacts	5
	Biographical Information	6
	Residence History	7, 8
	Employment History	9-17
	Periods of Unemployment	18
	Applications with other Agencies	19
	Educational History	20, 21
	Military Record	22
	Membership to Groups, Clubs, Associations	23
	Martial & Family History	24-26
	Financial History & Obligations	27-29
	Driving History	30,31
	Civil Litigation	32
	Criminal History	33, 34
	Use of Alcohol, Narcotics & Controlled Substances	35-38
	Prior Law Enforcement Experience	39
	Additional Information	40
	References	41
	Affidavit of Truth	42
	*Authorization to Release Information (Attached)	Attached
	*Authorization to Release Military Records (Attached)	Attached

After assuring that your Personal History Statement is **complete** and that it is saved in the correct format:

## **DOCUMENTS CHECKLIST**

Checking the boxes attests that you will bring in all the required documents (if applicable).  
Documents must BE ORIGINALS. All originals will be returned after the investigator make  
necessary copies.

<b>Driver's License</b>	<b>Basic TCOLE License</b>
<b>Birth Certificate</b>	<b>Social Security Card</b>
<b>High School Diploma / GED</b>	<b>High School Transcripts</b>
<b>College Diploma</b>	<b>College Transcripts (Unopened Certified)</b>
<b>All marriage licenses / divorce decrees</b>	<b>Current 3 Bureau Credit Report &lt; 90 Days Old</b>
<b>DD 214 Form (Military Separation)</b>	<b>Documents and records related to any bankruptcy action with which you were involved.</b>
<b>Copies of any court disposition of any civil or criminal litigation with which you were involved</b>	<b>Copy of current proof of automobile liability insurance.</b>
<b>Copy of your Peace Officer Certificate from your police academy. (Peace Officer Applicants Only)</b>	<b>TCOLE Personal Status Report (PSR)</b>
<b>Copy of a TCOLE approved Firearms Qualifications within the last 12 months.</b>	<b>Original certified copy of your Naturalization papers, if applicable. (No photocopy)</b>

**All Required Documents have been attached and accounted for.**

## **MESSAGE CONTACTS**

List the following information contact information, other than your home, of three (3) sources where you can be reached, or a message can be left. Select your sources with the assurance that you will receive all messages.

**1.**

_____ Name		_____ Relationship	
_____ Address: (Number <b>and</b> Street Name)		_____ (City)	_____ (State) (Zip Code)
_____ Contact Number		_____ Alt. Contact Number	

**2.**

_____ Name		_____ Relationship	
_____ Address: (Number <b>and</b> Street Name)		_____ (City)	_____ (State) (Zip Code)
_____ Contact Number		_____ Alt. Contact Number	

**3.**

_____ Name		_____ Relationship	
_____ Address: (Number <b>and</b> Street Name)		_____ (City)	_____ (State) (Zip Code)
_____ Contact Number		_____ Alt. Contact Number	

Section is Complete

## **BIOGRAPHICAL INFORMATION**

Note: Information derived from the questions below is used by background investigators in order to enable them to have a quick reference when checking an applicant's criminal history, driving record and other areas that require the disclosure of these factors for receipt of the information needed. The City of Merkel Police Department is an Equal Opportunity Employer and hiring is not based on race, religion, age, color, national origin, gender, political opinions, or affiliations.

\_\_\_\_\_  
Last Name First Name Middle Name

\_\_\_\_\_  
Date Of Birth Place of Birth (City) (State) (County) Age Sex

\_\_\_\_\_  
Social Security Number Driver's License: (Number) (State)

\_\_\_\_\_  
Blood Type Height Weight Eye Color Hair Color

\_\_\_\_\_  
Current Address: (Number and Street Name) (City) (State) (Zip Code)

\_\_\_\_\_  
Primary Contact Number Secondary Contact Number

\_\_\_\_\_  
Valid Email Address

List all other names you have gone by, including maiden, alias, previous, and nicknames:

Do you have any tattoos? \_\_\_\_\_

Location(s)/Description(s):

Section is Complete

## **RESIDENCE HISTORY**

Beginning with your CURRENT residence, list all addresses where you have lived for the last ten years, regardless of the length of residency. If you were in the military service during this period, list location of duty station.

1.		Moved In:
	Owner of private residence or name of apartment/townhouse complex	
	Address: (Number and Street Name)	(City)
		(State)
		(Zip Code)
	Landlord/Manager	Contact Number
		Move Out:
2.		Moved In:
	Owner of private residence or name of apartment/townhouse complex	
	Address: (Number and Street Name)	(City)
		(State)
		(Zip Code)
	Landlord/Manager	Contact Number
		Move Out:
3.		Moved In:
	Owner of private residence or name of apartment/townhouse complex	
	Address: (Number and Street Name)	(City)
		(State)
		(Zip Code)
	Landlord/Manager	Contact Number
		Move Out:
4.		Moved In:
	Owner of private residence or name of apartment/townhouse complex	
	Address: (Number and Street Name)	(City)
		(State)
		(Zip Code)
	Landlord/Manager	Contact Number
		Move Out:
5.		Moved In:
	Owner of private residence or name of apartment/townhouse complex	
	Address: (Number and Street Name)	(City)
		(State)
		(Zip Code)
	Landlord/Manager	Contact Number
		Move Out:
6.		Moved In:
	Owner of private residence or name of apartment/townhouse complex	
	Address: (Number and Street Name)	(City)
		(State)
		(Zip Code)
	Landlord/Manager	Contact Number
		Move Out:



# RESIDENCE HISTORY

Check if this page is 'N/A':

7.		Moved In:
	Owner of private residence or name of apartment/townhouse complex	
	<div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> <span>Address: (Number and Street Name)</span> <span>(City)</span> <span>(State)</span> <span>(Zip Code)</span> </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black;"> <span>Landlord/Manager</span> <span>Contact Number</span> </div>	Move Out:
8.		Moved In:
	Owner of private residence or name of apartment/townhouse complex	
	<div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> <span>Address: (Number and Street Name)</span> <span>(City)</span> <span>(State)</span> <span>(Zip Code)</span> </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black;"> <span>Landlord/Manager</span> <span>Contact Number</span> </div>	Move Out:
9.		Moved In:
	Owner of private residence or name of apartment/townhouse complex	
	<div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> <span>Address: (Number and Street Name)</span> <span>(City)</span> <span>(State)</span> <span>(Zip Code)</span> </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black;"> <span>Landlord/Manager</span> <span>Contact Number</span> </div>	Move Out:
10.		Moved In:
	Owner of private residence or name of apartment/townhouse complex	
	<div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> <span>Address: (Number and Street Name)</span> <span>(City)</span> <span>(State)</span> <span>(Zip Code)</span> </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black;"> <span>Landlord/Manager</span> <span>Contact Number</span> </div>	Move Out:
11.		Moved In:
	Owner of private residence or name of apartment/townhouse complex	
	<div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> <span>Address: (Number and Street Name)</span> <span>(City)</span> <span>(State)</span> <span>(Zip Code)</span> </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black;"> <span>Landlord/Manager</span> <span>Contact Number</span> </div>	Move Out:
12.		Moved In:
	Owner of private residence or name of apartment/townhouse complex	
	<div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> <span>Address: (Number and Street Name)</span> <span>(City)</span> <span>(State)</span> <span>(Zip Code)</span> </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black;"> <span>Landlord/Manager</span> <span>Contact Number</span> </div>	Move Out:

Section is Complete

## **EMPLOYMENT HISTORY**

Beginning with you present or most recent job, list all employment you have had for the last ten (10) years OR since the age of eighteen (18). Include all full-time, part-time, temporary, or seasonal positions. A job is any position that you accepted regardless of how long you worked.

### **1. Current or Most Recent Employer:**

\_\_\_\_\_  
Name of Employer

\_\_\_\_\_  
Dates Employed: (From)

\_\_\_\_\_  
(To)

\_\_\_\_\_  
Address: (Number and Street Name)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip Code)

\_\_\_\_\_  
Supervisor/Manager

\_\_\_\_\_  
Contact Number

\_\_\_\_\_  
Co-Worker

\_\_\_\_\_  
Contact Number

Positions Held:

General Job Duties:

\_\_\_\_\_  
Starting Pay

\_\_\_\_\_  
Ending Pay

\_\_\_\_\_  
Pay Status

\_\_\_\_\_  
Work Status

Reason for Leaving: (Explain Fully)

Were you subject to disciplinary actions? \_\_\_\_\_

Were you discharged or asked to resign? \_\_\_\_\_

Are you eligible for re-hire? \_\_\_\_\_

If answered "Y" to 1), 2), or 3), explain here:

If additional pages are needed, continue using pages at the end of form.

## **EMPLOYMENT HISTORY**

Check if this page is "N/A": \_\_\_\_\_

### **2. Employer:**

\_\_\_\_\_  
Name of Employer

\_\_\_\_\_  
Dates Employed: (From)

\_\_\_\_\_  
(To)

\_\_\_\_\_  
Address: (Number and Street Name)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip Code)

\_\_\_\_\_  
Supervisor/Manager

\_\_\_\_\_  
Contact Number

\_\_\_\_\_  
Co-Worker

\_\_\_\_\_  
Contact Number

Positions Held:

General Job Duties:

\_\_\_\_\_  
Starting Pay

\_\_\_\_\_  
Ending Pay

\_\_\_\_\_  
Pay Status

\_\_\_\_\_  
Work Status

Reason for Leaving: (Explain Fully)

Were you subject to disciplinary actions? \_\_\_\_\_

Were you discharged or asked to resign? \_\_\_\_\_

Are you eligible for re-hire? \_\_\_\_\_

If answered "Y" to 1), 2), or 3), explain here:

If additional pages are needed, continue using pages at the end of form.

## **EMPLOYMENT HISTORY**

Check if this page is "N/A": \_\_\_\_\_

### **3. Employer:**

\_\_\_\_\_  
Name of Employer

\_\_\_\_\_  
Dates Employed: (From)

\_\_\_\_\_  
(To)

\_\_\_\_\_  
Address: (Number and Street Name)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip Code)

\_\_\_\_\_  
Supervisor/Manager

\_\_\_\_\_  
Contact Number

\_\_\_\_\_  
Co-Worker

\_\_\_\_\_  
Contact Number

Positions Held:

General Job Duties:

\_\_\_\_\_  
Starting Pay

\_\_\_\_\_  
Ending Pay

\_\_\_\_\_  
Pay Status

\_\_\_\_\_  
Work Status

Reason for Leaving: (Explain Fully)

Were you subject to disciplinary actions? \_\_\_\_\_

Were you discharged or asked to resign? \_\_\_\_\_

Are you eligible for re-hire? \_\_\_\_\_

If answered "Y" to 1), 2), or 3), explain here:

If additional pages are needed, continue using pages at the end of form.

# EMPLOYMENT HISTORY

Check if this page is "N/A": \_\_\_\_\_

## 4. Employer:

\_\_\_\_\_  
Name of Employer

\_\_\_\_\_  
Dates Employed: (From)

\_\_\_\_\_  
(To)

\_\_\_\_\_  
Address: (Number and Street Name)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip Code)

\_\_\_\_\_  
Supervisor/Manager

\_\_\_\_\_  
Contact Number

\_\_\_\_\_  
Co-Worker

\_\_\_\_\_  
Contact Number

Positions Held:

General Job Duties:

\_\_\_\_\_  
Starting Pay

\_\_\_\_\_  
Ending Pay

\_\_\_\_\_  
Pay Status

\_\_\_\_\_  
Work Status

Reason for Leaving: (Explain Fully)

Were you subject to disciplinary actions? \_\_\_\_\_

Were you discharged or asked to resign? \_\_\_\_\_

Are you eligible for re-hire? \_\_\_\_\_

If answered "Y" to 1), 2), or 3), explain here:

If additional pages are needed, continue using pages at the end of form.

# EMPLOYMENT HISTORY

Check if this page is "N/A": \_\_\_\_\_

## 5. Employer:

\_\_\_\_\_  
Name of Employer

\_\_\_\_\_  
Dates Employed: (From)

\_\_\_\_\_  
(To)

\_\_\_\_\_  
Address: (Number and Street Name)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip Code)

\_\_\_\_\_  
Supervisor/Manager

\_\_\_\_\_  
Contact Number

\_\_\_\_\_  
Co-Worker

\_\_\_\_\_  
Contact Number

Positions Held:

General Job Duties:

\_\_\_\_\_  
Starting Pay

\_\_\_\_\_  
Ending Pay

\_\_\_\_\_  
Pay Status

\_\_\_\_\_  
Work Status

Reason for Leaving: (Explain Fully)

Were you subject to disciplinary actions? \_\_\_\_\_

Were you discharged or asked to resign? \_\_\_\_\_

Are you eligible for re-hire? \_\_\_\_\_

If answered "Y" to 1), 2), or 3), explain here:

If additional pages are needed, continue using pages at the end of form.

## **EMPLOYMENT HISTORY**

Check if this page is "N/A": \_\_\_\_\_

### **6. Employer:**

\_\_\_\_\_  
Name of Employer

\_\_\_\_\_  
Dates Employed: (From)

\_\_\_\_\_  
(To)

\_\_\_\_\_  
Address: (Number and Street Name)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip Code)

\_\_\_\_\_  
Supervisor/Manager

\_\_\_\_\_  
Contact Number

\_\_\_\_\_  
Co-Worker

\_\_\_\_\_  
Contact Number

Positions Held:

General Job Duties:

\_\_\_\_\_  
Starting Pay

\_\_\_\_\_  
Ending Pay

\_\_\_\_\_  
Pay Status

\_\_\_\_\_  
Work Status

Reason for Leaving: (Explain Fully)

Were you subject to disciplinary actions? \_\_\_\_\_

Were you discharged or asked to resign? \_\_\_\_\_

Are you eligible for re-hire? \_\_\_\_\_

If answered "Y" to 1), 2), or 3), explain here:

If additional pages are needed, continue using pages at the end of form.

## **EMPLOYMENT HISTORY**

Check if this page is "N/A": \_\_\_\_\_

### **7. Employer:**

\_\_\_\_\_  
Name of Employer

\_\_\_\_\_  
Dates Employed: (From)

\_\_\_\_\_  
(To)

\_\_\_\_\_  
Address: (Number and Street Name)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip Code)

\_\_\_\_\_  
Supervisor/Manager

\_\_\_\_\_  
Contact Number

\_\_\_\_\_  
Co-Worker

\_\_\_\_\_  
Contact Number

Positions Held:

General Job Duties:

\_\_\_\_\_  
Starting Pay

\_\_\_\_\_  
Ending Pay

\_\_\_\_\_  
Pay Status

\_\_\_\_\_  
Work Status

Reason for Leaving: (Explain Fully)

Were you subject to disciplinary actions? \_\_\_\_\_

Were you discharged or asked to resign? \_\_\_\_\_

Are you eligible for re-hire? \_\_\_\_\_

If answered "Y" to 1), 2), or 3), explain here:

If additional pages are needed, continue using pages at the end of form.



# EMPLOYMENT HISTORY

Check if this page is "N/A": \_\_\_\_\_

## 8. Employer:

\_\_\_\_\_  
Name of Employer

\_\_\_\_\_  
Dates Employed: (From)

\_\_\_\_\_  
(To)

\_\_\_\_\_  
Address: (Number and Street Name)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip Code)

\_\_\_\_\_  
Supervisor/Manager

\_\_\_\_\_  
Contact Number

\_\_\_\_\_  
Co-Worker

\_\_\_\_\_  
Contact Number

Positions Held:

General Job Duties:

\_\_\_\_\_  
Starting Pay

\_\_\_\_\_  
Ending Pay

\_\_\_\_\_  
Pay Status

\_\_\_\_\_  
Work Status

Reason for Leaving: (Explain Fully)

Were you subject to disciplinary actions? \_\_\_\_\_

Were you discharged or asked to resign? \_\_\_\_\_

Are you eligible for re-hire? \_\_\_\_\_

If answered "Y" to 1), 2), or 3), explain here:

If additional pages are needed, continue using pages at the end of form.

# EMPLOYMENT HISTORY

Check if this page is "N/A": \_\_\_\_\_

## 9. Employer:

\_\_\_\_\_  
Name of Employer

\_\_\_\_\_  
Dates Employed: (From)

\_\_\_\_\_  
(To)

\_\_\_\_\_  
Address: (Number and Street Name)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip Code)

\_\_\_\_\_  
Supervisor/Manager

\_\_\_\_\_  
Contact Number

\_\_\_\_\_  
Co-Worker

\_\_\_\_\_  
Contact Number

Positions Held:

General Job Duties:

\_\_\_\_\_  
Starting Pay

\_\_\_\_\_  
Ending Pay

\_\_\_\_\_  
Pay Status

\_\_\_\_\_  
Work Status

Reason for Leaving: (Explain Fully)

Were you subject to disciplinary actions? \_\_\_\_\_

Were you discharged or asked to resign? \_\_\_\_\_

Are you eligible for re-hire? \_\_\_\_\_

If answered "Y" to 1), 2), or 3), explain here:

If additional pages are needed, continue using pages at the end of form.

Section is Complete

## **PERIODS OF UNEMPLOYMENT**

List any period of unemployment since the age of eighteen (18). A period of unemployment is any time that you did not have a job or were not enrolled in a full-time status in an accredited school of higher learning.

Date From	Date To	Length of Time	Reason for Unemployment

Additional Note or Comments:

If additional pages are needed, continue using pages at the end of form.

Section is Complete

## APPLICATION WITH OTHER AGENCIES

Have you ever applied with the Merkel Police Department? \_\_\_\_\_

Have you ever taken part in any portion of a hiring process with a local, county, state, or federal law enforcement agency?  
(This includes preliminary application, physical agility test, full-form application, interviews, BPAD, Civil Service / Nelson Denny Exam, etc.) \_\_\_\_\_

Have you ever applied for employment with any local, county, state, or federal law enforcement agency? \_\_\_\_\_

If you answered YES to any of the above listed questions, please provide the requested information in the following boxes. In the "Status" box, include the highest level of the application process you achieved and the outcome. (Examples: "Application Filed", "Civil Service Test - Failed", "Background - Pending")

Agency	City/State/County	Date	Status
Agency	City/State/County	Date	Status
Agency	City/State/County	Date	Status
Agency	City/State/County	Date	Status
Agency	City/State/County	Date	Status
Agency	City/State/County	Date	Status
Agency	City/State/County	Date	Status
Agency	City/State/County	Date	Status
Agency	City/State/County	Date	Status
Agency	City/State/County	Date	Status
Agency	City/State/County	Date	Status

Section is Complete

## **EDUCATIONAL HISTORY**

Please list all schools that you have attended and provide the requested information.

### **Elementary, Junior High, & High Schools**

Begin with the most recent and work back:

Name & Type of School	Location (City, State)	Date From	Date To	Last Grade Completed
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

### **Colleges, Universities, Technical / Trade Schools**

Begin with the most recent and work back. Do NOT include Law Enforcement Training Academies

Name & Type of School	Location (City, State)	Date From	Date To	Credits/Degree Ernd
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

### **Basic Police Officer Certification Courses**

List any BPOC courses you have attended either TCOLE approved or Out of State

Name of Academy	Location (City, State)	Date From	Date To	Total # of Hours
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

If you are a TCOLE Certified Peace Officer, select your current level of certification.

\_\_\_\_\_ Years Active: \_\_\_\_\_

List all licenses you hold from TCOLE (Texas Commission on Law Enforcement):

## **EDUCATIONAL HISTORY**

Have you ever been expelled or suspended from high school, or have you ever been expelled or placed on academic probation in college? \_\_\_\_\_

If Yes, Explain:

If you attended a Basic Police Academy, did you ever receive any disciplinary actions, written reprimands, or were you ever placed on probation or suspension? \_\_\_\_\_

If Yes, Explain:

Do you speak, read, or write any foreign languages in addition to English? \_\_\_\_\_

If Yes, list and specify your degree of fluency:

List any special awards for outstanding achievement you may have received in high school or colleges:

List your declared major(s) / Degree plan(s) in college:

List any computer skills you may have, including the different types of programs and software that you have experience with and your degree of proficiency:

Excluding your driver's license, list any special license that you hold (I.E. Pilot, EMT, Concealed Handgun, ETC):

List any specialized equipment or machinery that you can operate:

What is your typing ability? (In words per minute) WPM: \_\_\_\_\_

Section is Complete

## **MILITARY RECORD**

Answer all the following questions concerning your military service and provide explanations if applicable.

<b>Have you ever been rejected from serving in any branch of the armed services?</b>		<b>If Yes, explain: (Include Branch, Date, and Reason)</b>	
<b>Have you ever served or are you currently serving in any branch of the Armed Forces of the United States?</b>		<b>What branch of the Armed Forces are you or did you serve in?</b>	<b>Entry Rank:</b>  <b>Exit Rank:</b>
<b>Have you ever served or are you currently serving in an Armed Forces Reserve or National Guard unit?</b>		<b>List your dates of service (MO/YR)</b> <b>From:                      To:</b>	<b>Highest Rank Held:</b>
<b>What was your last / current Unit?</b>		<b>List any disciplinary actions received while serving:</b>	
<b>Last / current supervising NCO/Officer:</b>		<b>Action</b>	<b>Date (MO/YR)</b>
<b>List any military classes or courses attended after Basic Entry Training:</b>			
<b><u>Type of Discharge:</u></b> <b>If you received a discharge listed as anything other than Honorable, please give a complete explanation:</b>		<b>Details:</b>	

Section is Complete

# **MEMBERSHIPS TO GROUPS, CLUBS, OR ASSOCIATIONS**

Please provide the requested information on any social, fraternal, or professional groups, clubs, or organizations to which you are a member or have been a member.

Name of Organization	Location (City, State)	Organization Type	Date From	Date To
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Are you currently, or have you ever been a member of a "gang"? \_\_\_\_\_  
 (EX: Crips, bloods, Houstons, Texas Syndicate, Aryan Brotherhood, Bandito's, Etc.)

Are you currently or have you ever been a member of an organization that restricts its membership to a specific race or ethnicity? \_\_\_\_\_

If you answered "YES" to any of the above, explain here:

Section is Complete



# MARITAL AND FAMILY HISTORY

Current Marital Status:

Do you have any children as a result of this relationship?

How Many?

**The following questions pertain to your CURRENT spouse, fiancé, or significant other**

\_\_\_\_\_  
(First) (Middle) (Last) (Maiden)

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

\_\_\_\_\_  
Address: (Number and Street Name) (City) (State) (Zip Code)

\_\_\_\_\_  
Contact Number Alt Contact Number

\_\_\_\_\_  
Employer Occupation

\_\_\_\_\_  
Date of Marriage Place of Marriage (City/County/State)

**The following questions apply to situations of DIVORCE** Check if this section is 'N/A':

\_\_\_\_\_  
(First) (Middle) (Last) (Maiden)

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

\_\_\_\_\_  
Address: (Number and Street Name) (City) (State) (Zip Code)

\_\_\_\_\_  
Contact Number Alt Contact Number

\_\_\_\_\_  
Court and State where Divorce decree was issued Final Divorce date Cause Number

**The following questions apply to situations of 2<sup>nd</sup> DIVORCE** Check if this section is 'N/A':

\_\_\_\_\_  
(First) (Middle) (Last) (Maiden)

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

\_\_\_\_\_  
Address: (Number and Street Name) (City) (State) (Zip Code)

\_\_\_\_\_  
Contact Number Alt Contact Number

\_\_\_\_\_  
Court and State where Divorce decree was issued Final Divorce date Cause Number

## **MARITAL AND FAMILY HISTORY**

Please provide the requested information

**The following questions apply to situations of 3<sup>rd</sup> DIVORCE** Check if this section is 'N/A':

\_\_\_\_\_  
(First) (Middle) (Last) (Maiden)

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

\_\_\_\_\_  
Address: (Number and Street Name) (City) (State) (Zip Code)

\_\_\_\_\_  
Contact Number Alt Contact Number

\_\_\_\_\_  
Court and State where Divorce decree was issued Final Divorce date Cause Number

**Child Support Obligations** Check if this section is 'N/A':

Do you pay court ordered child support? \_\_\_\_\_ If yes, amount: \_\_\_\_\_

Are you in good standings with your child support obligations? \_\_\_\_\_

Do you have or are you required to pay arrears? \_\_\_\_\_ If yes, total amount: \_\_\_\_\_

Additional Notes or Comments:

# **MARITAL AND FAMILY HISTORY**

Please provide the requested information

In this section, list the members of your IMMEDIATE FAMILY (excluding children). Please distinguish between "Biological, step, half, adopted", etc. under the relationship section.

Relationship	Name	Address	Date of Birth
Relationship	Name	Address	Date of Birth
Relationship	Name	Address	Date of Birth
Relationship	Name	Address	Date of Birth
Relationship	Name	Address	Date of Birth
Relationship	Name	Address	Date of Birth
Relationship	Name	Address	Date of Birth
Relationship	Name	Address	Date of Birth
Relationship	Name	Address	Date of Birth

In this section, list ALL CHILDREN that you have. Please distinguish between "Biological, step, half, adopted, etc." and "son" or "daughter" under the relationship section.

Relationship	Name	Address	Date of Birth
Relationship	Name	Address	Date of Birth
Relationship	Name	Address	Date of Birth
Relationship	Name	Address	Date of Birth
Relationship	Name	Address	Date of Birth
Relationship	Name	Address	Date of Birth
Relationship	Name	Address	Date of Birth
Relationship	Name	Address	Date of Birth
Relationship	Name	Address	Date of Birth

Section is Complete

# **FINANCIAL HISTORY & OBLIGATIONS**

Please provide the requested information

What is your present monthly income from your primary employer?

\_\_\_\_\_

What is your spouse present monthly income from their primary employer?

\_\_\_\_\_

List all other sources of income you receive from any other source not mentioned (I.E. secondary employment, rental properties, etc.):

_____	_____
Amount Per Month	Source of Income (be specific)
_____	_____
Amount Per Month	Source of Income (be specific)
_____	_____
Amount Per Month	Source of Income (be specific)
_____	_____
Amount Per Month	Source of Income (be specific)

List ALL accounts you have, including: Checking, savings, money market, certificates of deposit, IRA's, etc.:

_____	_____	_____
Name of Financial Institution	Account Type	Balance
_____	_____	_____
Name of Financial Institution	Account Type	Balance
_____	_____	_____
Name of Financial Institution	Account Type	Balance
_____	_____	_____
Name of Financial Institution	Account Type	Balance
_____	_____	_____
Name of Financial Institution	Account Type	Balance

List all corporate stock, government or other bonds, T-bills, Mutual Funds, retirement accounts, annuities, or other assets you own:

_____	_____	_____
Name of Holder/Issuer	Account Type	Value
_____	_____	_____
Name of Holder/Issuer	Account Type	Value
_____	_____	_____
Name of Holder/Issuer	Account Type	Value

# **FINANCIAL HISTORY & OBLIGATIONS**

Please provide the requested information

List any real estate that you own or hold title to:

1. \_\_\_\_\_  
 Address: (Number and Street Name) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code) \_\_\_\_\_  
 \_\_\_\_\_  
 Property Type \_\_\_\_\_ Value \_\_\_\_\_
2. \_\_\_\_\_  
 Address: (Number and Street Name) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code) \_\_\_\_\_  
 \_\_\_\_\_  
 Property Type \_\_\_\_\_ Value \_\_\_\_\_

List any motor vehicle (including cars, trucks, boats, motorcycles, personal watercraft, etc) that you own, lease, keep, drive, or have the title to:

_____	_____	_____	_____	_____
Vehicle Type	License Plate # and State	Make and Model	Status	Value
_____	_____	_____	_____	_____
Vehicle Type	License Plate # and State	Make and Model	Status	Value
_____	_____	_____	_____	_____
Vehicle Type	License Plate # and State	Make and Model	Status	Value
_____	_____	_____	_____	_____
Vehicle Type	License Plate # and State	Make and Model	Status	Value
_____	_____	_____	_____	_____
Vehicle Type	License Plate # and State	Make and Model	Status	Value

List all your financial obligations, including individuals, companies, banks, or any other creditors with whom you own money. "Types of Obligations" include but are not limited to - all monthly bills, rent, mortgage, child support, vehicle note, electricity bill, phone bills, water / utility bill, cable / satellite, internet, and ALL credit cards:

_____	_____	_____	_____	_____
Type of Obligation	Account Number	Name of Creditor	Monthly Payment	Total Balance
_____	_____	_____	_____	_____
Type of Obligation	Account Number	Name of Creditor	Monthly Payment	Total Balance
_____	_____	_____	_____	_____
Type of Obligation	Account Number	Name of Creditor	Monthly Payment	Total Balance
_____	_____	_____	_____	_____
Type of Obligation	Account Number	Name of Creditor	Monthly Payment	Total Balance
_____	_____	_____	_____	_____
Type of Obligation	Account Number	Name of Creditor	Monthly Payment	Total Balance

# **FINANCIAL HISTORY & OBLIGATIONS**

Please provide the requested information

List all your financial obligations, including individuals, companies, banks, or any other creditors with whom you own money. "Types of Obligations" include but are not limited to - all monthly bills, rent, mortgage, child support, vehicle note, electricity bill, phone bills, water / utility bill, cable / satellite, internet, and ALL credit cards:

_____ Type of Obligation	_____ Account Number	_____ Name of Creditor	_____ Monthly Payment	_____ Total Balance
_____ Type of Obligation	_____ Account Number	_____ Name of Creditor	_____ Monthly Payment	_____ Total Balance
_____ Type of Obligation	_____ Account Number	_____ Name of Creditor	_____ Monthly Payment	_____ Total Balance
_____ Type of Obligation	_____ Account Number	_____ Name of Creditor	_____ Monthly Payment	_____ Total Balance
_____ Type of Obligation	_____ Account Number	_____ Name of Creditor	_____ Monthly Payment	_____ Total Balance

Please answer the following questions concerning your financial history:

Have you ever had a financial judgement made against you because of a loan or lease agreement that you have ever defaulted on?

Have you ever had a vehicle repossessed?  
(including voluntary repossessions)

Have you ever been evicted from a rental property or has a creditor foreclosed on your property?

Have you ever had any charge off's with a creditor?

Have you ever written a check with insufficient funds?

Have you ever filed for Bankruptcy?

If you answered "Yes" to any of the above, explain here:

Section is Complete

# DRIVING HISTORY

Please provide the requested information

List all the requested information concerning your driver's license. Include any driver's licenses from any other state or country:

Class /Type	Number	State	Exp. Date (Mo/Yr)
Class /Type	Number	State	Exp. Date (Mo/Yr)
Class /Type	Number	State	Exp. Date (Mo/Yr)
Class /Type	Number	State	Exp. Date (Mo/Yr)

Has your driver's license, or privilege to drive, ever been suspended, revoked, cancelled, or denied in ANY state or county?

If "Yes", explain (include DL number, State, and County of suspension):

List all the following information concerning your automobile insurance:

Carrier / Agents Name	Contact Number	Policy Number	Exp. Date
Carrier / Agents Name	Contact Number	Policy Number	Exp. Date
Carrier / Agents Name	Contact Number	Policy Number	Exp. Date
Carrier / Agents Name	Contact Number	Policy Number	Exp. Date

List all citations, tickets, and summons that you have received since the age of sixteen (16) including watercraft or aircraft:

Date (Mo/Yr)	Violation	Agency	City/State/County	Disposition
Date (Mo/Yr)	Violation	Agency	City/State/County	Disposition
Date (Mo/Yr)	Violation	Agency	City/State/County	Disposition
Date (Mo/Yr)	Violation	Agency	City/State/County	Disposition
Date (Mo/Yr)	Violation	Agency	City/State/County	Disposition
Date (Mo/Yr)	Violation	Agency	City/State/County	Disposition

# DRIVING HISTORY

Please provide the requested information

List all traffic accidents that you have ever been involved in as a driver regardless of whether the police were notified or not:

\_\_\_\_\_  
Date: MM/YY      Location (City/County/State)      Handling Police Agency

\_\_\_\_\_  
Date: MM/YY      Location (City/County/State)      Handling Police Agency

\_\_\_\_\_  
Date: MM/YY      Location (City/County/State)      Handling Police Agency

\_\_\_\_\_  
Date: MM/YY      Location (City/County/State)      Handling Police Agency

\_\_\_\_\_  
Date: MM/YY      Location (City/County/State)      Handling Police Agency

Do you currently have any outstanding warrants for your arrest because of any unpaid citations, tickets, or summons? \_\_\_\_\_

If "Yes", Explain:

Have you ever been dropped from your vehicle insurance by your insurer? \_\_\_\_\_

If "Yes", Explain:

Have you ever driven a motor vehicle without the proper insurance? \_\_\_\_\_

If "Yes", Explain:

Have you ever had an accident on the water while operating a boat/watercraft that involved serious bodily injury or death? \_\_\_\_\_

If "Yes", Explain:

Additional Notes or Comments:

Section is Complete



## **CIVIL LITIGATION**

Have you ever been the DEFENDANT in a civil lawsuit? \_\_\_\_\_

Have you ever been the PLAINTIFF in a civil lawsuit? \_\_\_\_\_

If you answered YES to either of the above questions, you must provide complete and accurate details of the case(s) in question. You also must attach a copy of the court disposition of each case cited. Include the city, county, and state where said action was filed and five complete details. If you were involved in divorce proceedings, please include the necessary details and documentation in this section.

Section is Complete

## **CRIMINAL HISTORY**

The following questions pertain to ALL offenses and investigations EXCEPT FOR CLASS C TRAFFIC VIOLATIONS.

### **Criminal History as it pertains to YOU:**

Have you ever been arrested?

Have you ever been charged with a criminal offense?

Have you ever been detained (excluding a traffic stop) by the Police?

Have you ever received a citation or summons from the Police, for an offense other than a traffic violation?

Have you ever been the subject of a Grand Jury investigation?

Have you ever been convicted of a misdemeanor or felony crime?

Have you ever been suspect in ANY Police investigation, but were never charged or arrested?

Have you ever committed theft or larceny, regardless of whether you were caught (includes shoplifting or theft from an employer)?

Have you ever committed ANY crime that was never discovered or investigated?

Have you ever been subject, or party to, an investigation by ANY Family Protective Services Agency in ANY state?

### **Criminal History as it pertains to your FAMILY MEMBERS:**

Has anyone in your IMMEDIATE family or household ever been arrested (including roommates or live-in boyfriends/girlfriends)?

If "Yes", explain here:

_____	_____	_____	_____	_____
Name	Offense	Date	Charging Agency	Disposition
_____	_____	_____	_____	_____
Name	Offense	Date	Charging Agency	Disposition
_____	_____	_____	_____	_____
Name	Offense	Date	Charging Agency	Disposition
_____	_____	_____	_____	_____
Name	Offense	Date	Charging Agency	Disposition
_____	_____	_____	_____	_____
Name	Offense	Date	Charging Agency	Disposition

## **CRIMINAL HISTORY**

If you answered YES to any of the questions on the previous page (1-10) concerning YOUR Criminal History, you must provide a complete and accurate account of each case in question below. Please provide the number of the question that the explanation is pertaining to. You must also provide the Merkel Police Department assigned background investigator with a copy of any court dispositions you received as a result of any criminal activity. (Use additional sheets attached to the end of the PHS if necessary)

Section is Complete

## **USE OF ALCOHOL, DRUGS, AND CONTROLLED SUBSTANCES**

### **ALCOHOL USE:**

Have you ever consumed alcoholic beverages?

If "Yes", what types of beverages do you consume?

Please fill in the following blanks concerning consumption quantity.

I consume \_\_\_\_\_ drinks \_\_\_\_\_

Do you frequent any particular nightclubs, lounges, bars, or taverns?

If Yes, please name the location and frequency:

Have you ever driven under the influence of alcohol?

If Yes, state how many times and when:

Have you ever driven a vehicle while intoxicated under a substance that impaired your ability to drive?

If Yes, provide details:

Have you ever been stopped by the Police for suspicion of DWI, regardless of whether you were arrested?

If Yes, provide details:

Have you ever had any problems / incidents while intoxicated?

If Yes, provide details:

Has your alcohol consumption ever caused a negative effect on your personal or professional life?

If Yes, provide details:

Please use the space below to provide further explanation for any of the preceding questions relating to your use of alcohol.

# USE OF ALCOHOL, DRUGS, AND CONTROLLED SUBSTANCES

## DRUGS AND CONTROLLED SUBSTANCE USE:

In your lifetime, have you ever used, sampled, tried or possessed any illegal drug including anabolic steroids or any controlled substances?

In your lifetime, have you ever sold or provided any illegal drug including anabolic steroids or any controlled substances to any person?

**Please complete the following information concerning commonly used narcotics:**

Name of Drug	Have you used said drug?	# of times used in life?	Approx. date of last use?	Form(s) drug was used in?
<b>Marijuana</b>	_____	_____	_____	_____
<b>Hashish</b>	_____	_____	_____	_____
<b>Speed/Meth</b>	_____	_____	_____	_____
<b>Cocaine/Crack</b>	_____	_____	_____	_____
<b>LSD/Acid</b>	_____	_____	_____	_____
<b>Ecstasy/MDMA</b>	_____	_____	_____	_____
<b>PCP/Angel Dust</b>	_____	_____	_____	_____
<b>Peyote</b>	_____	_____	_____	_____
<b>Mushrooms/Tea</b>	_____	_____	_____	_____
<b>Quaaludes</b>	_____	_____	_____	_____
<b>Heroin</b>	_____	_____	_____	_____
<b>Anabolic Steroids</b>	_____	_____	_____	_____
<b>Tranquilizers</b>	_____	_____	_____	_____
<b>Dilaudid</b>	_____	_____	_____	_____
<b>Fry/Embalming Fluid</b>	_____	_____	_____	_____
<b>Bath Salts</b>	_____	_____	_____	_____
<b>K2/Kush/Spice (Synthetic Cannabinoid)</b>	_____	_____	_____	_____

## **USE OF ALCOHOL, DRUGS, AND CONTROLLED SUBSTANCES**

### **DRUGS AND CONTROLLED SUBSTANCE USE (Cont.):**

Have you ever injected any drug or steroid into your body?

Have you ever intentionally inhaled paint, glue, or any petroleum product?

Have you ever abused any prescribed or over the counter medication?

Have you ever been involved in any way in the harvesting, growing, or cultivation of marijuana?

Have you ever been involved in any way in the manufacturing of an illegal drug?

Have you ever lied to a doctor about symptoms in order to get a prescription for any muscle relaxer, pain killer, or any other controlled substance?

Have you ever provided or administered any drug to another person without their prior consent or knowledge in order to influence their behavior or to induce sleep, or have you ever used the drug Rohypnol ("date rape" drug)?

In your lifetime, have you ever used, sampled, tried or possessed any illegal drug known by a different name or an illegal drug not previously mentioned?

In your lifetime, have you ever sold or provided any illegal drug known by a different name or an illegal drug not previously mentioned?

In your lifetime, have you ever used, sampled, tried or ingested any substance with the intention of "getting high" but are unsure if it was illegal?

**If you answered yes to any of the questions in the "Drugs and Controlled Substance Use" section, please provide complete details including dates, locations, quantities, and who accompanied you during said incidents on the next page.**

## **USE OF ALCOHOL, DRUGS, AND CONTROLLED SUBSTANCES**

If you answered yes to any of the questions in the “Drugs and Controlled Substance Use” section, please provide complete details including dates, locations, quantities, and who accompanied you during said incidents.

Section is Complete

## **PRIOR LAW ENFORCEMENT SERVICE**

Complete this section if you are or have ever served in a position as a sworn or commissioned Law Enforcement Officer, either paid or reserve, for any city, county, state, or federal agency.

While employed as a law enforcement officer, did you ever commit a felony or misdemeanor, which would be punishable by incarceration?

While employed as a law enforcement officer, have you ever abused a prisoner or violated a prisoner's civil rights?

Have you ever been terminated or asked to resign from a position as a law enforcement officer as a result of an internal investigation or claim of misconduct?

While employed as a law enforcement officer, have you ever filed a false Police report, made a false statement, or been the subject of a Brady Disclosure? (**\*Brady Officer Disclosure**)

While employed as a law enforcement officer, have you ever used any illegal drug or obtained illegal drugs for personal use?

While employed as a law enforcement officer, have you ever confiscated a prisoner's personal property and made personal use of it?

While employed as a law enforcement officer, have you ever received any formal disciplinary action, been investigated for misconduct, or received a suspension or any written reprimands?

If any of the above is "Yes", please use the space below to provide further explanation for any of the preceding questions.

Section is Complete



## **ADDITIONAL INFORMATION**

If there is any additional/supplemental information where additional room was needed, please utilize this space, and attach any additional pages, as necessary. Please indicate the section of the PHS before each response.

Section is Complete

## REFERENCES

Give the following information on five (5) persons that know you well enough to provide information about you. Do not list relatives, Merkel Police Officers (current or former) and their families, your family members or former employers or supervisors.

Reference #1					
Full Name:		Relationship:	Years Known:		
Address:	Primary Phone:	Secondary Phone:			
Employer:	Occupation:				
Reference #2					
Full Name:		Relationship:	Years Known:		
Address:	Primary Phone:	Secondary Phone:			
Employer:	Occupation:				
Reference #3					
Full Name:		Relationship:	Years Known:		
Address:	Primary Phone:	Secondary Phone:			
Employer:	Occupation:				
Reference #4					
Full Name:		Relationship:	Years Known:		
Address:	Primary Phone:	Secondary Phone:			
Employer:	Occupation:				
Reference #5					
Full Name:		Relationship:	Years Known:		
Address:	Primary Phone:	Secondary Phone:			
Employer:	Occupation:				

Section is Complete

**COUNTY OF TAYLOR**

**STATE OF TEXAS**

**CITY OF MERKEL**

**AFFIDAVIT OF TRUTH**

I hereby certify that there are no misrepresentations, omissions, or falsifications in the foregoing statements and answers to the above questions. I fully understand that any misrepresentation, omission, or falsification may deem me permanently unsuitable, or if hired, may lead to the termination my employment.

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

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Signature of Notary

STAMP or SEAL:

Section is Complete