

## **COMMERCE POLICE DEPARTMENT POLICE OFFICER APPLICATION SUPPLEMENT**

**Thank you for your interest in the position of Police Officer with the Commerce Police Department. The application process for this important position is a key component in ensuring we meet your expectations for a career “home” and your personality, skills, and work ethic meet our expectations of community police service and protection.**

**The police officer selection process for the Commerce Police Department consists of:**

- Job Posting
- Application Request
- Submission of Formal Application
- Application Review and Investigative Interview
- Verification of Qualifying Credentials
- Review of Criminal Record
- Written Examination
- Physical Fitness Assessment
- Verification of Personal References
- Oral Interview
- Conditional Job Offer
- Drug Screen, Psychological, and Medical Examination
- Completion of all applicable TCOLE mandated standards

### **Expected Duration**

Dependent upon your response time to the personnel investigator’s requests for information and testing schedules, the application process will last from two to three months.

### **Re-Employment and Re-Application**

An unsuccessful candidate for a police officer position may re-apply anytime an officer opening exists.

Any employee who terminates employment with the Police Department for any reason shall not be permitted to be re-employed by the Police Department without the express consent of the Chief of Police.

Former employees who are accepted for re-employment with the Police Department shall not have previous seniority restored.



**TEXAS COMMISSION ON LAW ENFORCEMENT  
OFFICER STANDARDS AND EDUCATION**

**APPLICANT  
PERSONAL HISTORY STATEMENT**

**NAME** \_\_\_\_\_

**DATE ISSUED** \_\_\_\_\_

**COMPLETE AND RETURN BY** \_\_\_\_\_

**I am applying for:**

- Peace Officer PID #** \_\_\_\_\_
- County Jailer PID #** \_\_\_\_\_
- Telecommunicator PID #** \_\_\_\_\_
- Civilian Employment**

**Personal History Statement Instructions**

Employees are exposed to confidential and law enforcement sensitive information. A thorough background investigation is required to properly evaluate the suitability of applicants for employment with the agency. Although it is an achievement to reach the background phase of the hiring process, this is still a competitive process and does not, in any way, guaranty selection.

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 becoming an employee.

1. Your application must be printed legibly in **BLACK 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. If you cannot obtain or remember certain information, indicate so in your response.
3. Avoid errors by reading 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 an additional sheet or 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 falsification** 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 EMPLOYMENT.** Your application **will be evaluated on completeness and neatness.**
9. **All documents requested below must be submitted with the application** (photocopies are acceptable in most cases).
  - 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.
  - Copy of your High School diploma or GED certificate.
  - Sealed original certified** copy of your college manuscript. (No photo copy)
  - Photocopy of your college diploma.
  - Copy of your Peace Officer Certificate from your police academy. (Peace Officer Applicants Only)
  - Copy of your Texas peace officer license and all training certificates awarded to you. (Peace Officer Applicants Only)
  - Copy of your DD-214 if applicable. Must possess honorable discharge.
  - Original certified** copy of your Naturalization papers, if applicable. (No photo copy)
  - Copy of current proof of automobile liability insurance.
10. If you have any questions, please contact your assigned background investigator.
11. When submitting the completed documents, please place them in a sealed envelope marked Personal and Confidential to your assigned background investigator.

**Applicant Qualification Section**

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 or jailer in Texas.

Initial: \_\_\_\_\_ I am a citizen of the United States of America.

\_\_\_\_\_ I have earned a high school diploma or a GED.

\_\_\_\_\_ I have never been convicted, plead guilty (nolo contendere), nor have I been on a 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 bad conduct discharge.

**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 government document. Be truthful, as there are criminal consequences for lying on a government document.

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.

**Disclosure of Medically Related Information**

In accordance with the U.S. Americans with Disabilities Act, at this stage of the hiring 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.

**APPLICANT IDENTIFICATION**

INFORMATION PROVIDED IN THIS SECTION IS USED FOR IDENTIFICATION PURPOSES ONLY.

Last Name	First	Middle	Maiden
Street Address		Apt. No.	
City		State & Zip Code	
Mailing Address (if different from residence)		State & Zip Code	
Home Telephone No.	Work Telephone No.	Cellular No. / Pager No.	
Date of Birth	Social Security No.	Driver License No. & State	

Have you ever been known or gone by any other name excluding nick-names)? If yes, give details.

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Place of Birth (City, County, State, Country) \_\_\_\_\_

Are you a U.S. Citizen by Birth? \_\_\_\_\_ Are you a Naturalized Citizen? \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_

Scars, Tattoos (description and location) or other distinguishing marks:

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Do you have a social networking, instant messaging, or other internet-based profile(s)? If yes, provide screen name(s), service provider(s).

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List ALL of your E-Mail Addresses:

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**MARITAL & FAMILY HISTORY**

Single  Married  Engaged  Co-habiting

Spouse's/Co-habitant's name (include maiden name) \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Date of Marriage \_\_\_\_\_

Employer(s) \_\_\_\_\_

Employer & Address \_\_\_\_\_

Home Telephone No. \_\_\_\_\_ Work Telephone No. \_\_\_\_\_

Roommate(s) (do not include parents or co-habitants) \_\_\_\_\_

Date(s) of birth \_\_\_\_\_

If you have been separated, divorced, or widowed, provide details below:

Date of Marriage \_\_\_\_\_

Date of Marriage \_\_\_\_\_

City & State \_\_\_\_\_

City & State \_\_\_\_\_

Separated  Date \_\_\_\_\_

Separated  Date \_\_\_\_\_

Divorced  Date \_\_\_\_\_

Divorced  Date \_\_\_\_\_

Widowed  Date \_\_\_\_\_

Widowed  Date \_\_\_\_\_

Annulled  Date \_\_\_\_\_

Annulled  Date \_\_\_\_\_

Court or State issued \_\_\_\_\_

Court or State issued \_\_\_\_\_

Ex-spouse's name \_\_\_\_\_

Ex-spouse's name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Date of Birth \_\_\_\_\_

Telephone No. \_\_\_\_\_

Telephone No. \_\_\_\_\_

Identify children related to you or your spouse (Natural, Step-Children, Adopted or Foster Children)

Relation	Name	Date of Birth	Address

Identify relatives in the following order: Father, Mother (include maiden name), step-parents (if any), brothers and sisters.

Relationship	Name	Complete Address	Phone Number	DOB

**RESIDENCES**

Identify all residences where you have lived in the last 10 years, **beginning with the most recent, including your present address.** List date by month/year. Include military assignments. (No TDY's)

From	To	Address	City	State & Zip Code

**PERSONAL REFERENCES**

List five (5) persons who know you well enough to provide current information about you. Do not list relatives, former or present employers, or supervisors.

Name \_\_\_\_\_ Years Known \_\_\_\_\_  
 Address \_\_\_\_\_  
 Home Telephone \_\_\_\_\_ Alternate Telephone \_\_\_\_\_  
 Nature of Relationship \_\_\_\_\_

Name \_\_\_\_\_ Years Known \_\_\_\_\_  
 Address \_\_\_\_\_  
 Home Telephone \_\_\_\_\_ Alternate Telephone \_\_\_\_\_  
 Nature of Relationship \_\_\_\_\_

Name \_\_\_\_\_ Years Known \_\_\_\_\_  
 Address \_\_\_\_\_  
 Home Telephone \_\_\_\_\_ Alternate Telephone \_\_\_\_\_  
 Nature of Relationship \_\_\_\_\_

Name \_\_\_\_\_ Years Known \_\_\_\_\_  
 Address \_\_\_\_\_  
 Home Telephone \_\_\_\_\_ Alternate Telephone \_\_\_\_\_  
 Nature of Relationship \_\_\_\_\_

Name \_\_\_\_\_ Years Known \_\_\_\_\_  
 Address \_\_\_\_\_  
 Home Telephone \_\_\_\_\_ Alternate Telephone \_\_\_\_\_  
 Nature of Relationship \_\_\_\_\_

Identify below any employees of the Texas Commission of Law Enforcement with whom you are acquainted:

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



**TRAFFIC RECORD**

Identify all vehicles that you currently own or operate:

Year	Make	Model	Color	License Plate No.	Owner

Please list your current automobile insurance carrier: \_\_\_\_\_ Expires: \_\_\_\_\_

Have you ever possessed a driver’s license issued by any state other than Texas? Yes  No

Driver’s License No. \_\_\_\_\_ State \_\_\_\_\_ Date Issued \_\_\_\_\_

Driver’s License No. \_\_\_\_\_ State \_\_\_\_\_ Date Issued \_\_\_\_\_

Have you ever had your driver’s license suspended or revoked? Yes  No

If yes, give reason, date and length of suspension: \_\_\_\_\_

Identify all motor vehicle accidents you have been involved in during the last 10 years.

Date	Location (City & State)	Police Report	Cause of Accident (e.g., ran red light, failed to control speed)
		<input type="checkbox"/> Y / <input type="checkbox"/> N	
		<input type="checkbox"/> Y / <input type="checkbox"/> N	
		<input type="checkbox"/> Y / <input type="checkbox"/> N	
		<input type="checkbox"/> Y / <input type="checkbox"/> N	

Identify all traffic citations you have received within the last 10 years, excluding parking tickets:

Month/Year	Violation	City & State	Disposition (e.g., defensive driving, dismissed)

**ARRESTS, DETENTIONS, AND LITIGATION**

Have you ever been arrested or detained by law enforcement? (  Y /  N ) If yes, complete the following table

Agency	Offense	Date	Location (City & State)	Outcome

Have you **ever** committed an act of family violence? (“Family violence” means an act by a member of a family or household against another member of the family or household that is intended to result in physical harm, bodily injury, assault or sexual assault that is a threat that reasonably places the member in fear or imminent physical harm, bodily injury, assault, or sexual assault, but does not include defensive measures to protect oneself.) (Texas Family Code Section 71.004) If yes, explain:

Have you **ever** assaulted another person since the age of seventeen (17)? (“Assault” means to cause bodily injury to another, threaten another with imminent bodily injury, or to cause physical contact with another when the person knows or should reasonably believe that the other will regard the contact as offensive or provocative.) (Texas penal Code Section 22.01) If yes, explain:

Have you **ever** been considered or named a suspect in a criminal investigation or criminal offense? If yes, explain:

Have you ever been a party to a civil suit or action? If yes, explain:

Have you ever been involved in any incident (do not include vehicular accidents) in which a police report was made or law enforcement called? If yes, explain:

Other than crimes that would have been sealed by juvenile records, have you ever committed – or assisted another person in the commission of – a felony crime, serious misdemeanor, or a crime involving moral turpitude that went undetected or unreported to law enforcement? If yes, explain:

Do you anticipate being sued or named in any type of lawsuit or proceeding?      Yes       No

**FAMILY AND RELATIVES' ARRESTS**

Have members of your immediate family or close relatives ever been arrested?

Yes  No  If yes, complete the following table:

Name & Relationship	Charge/Offense	Outcome	Year	Agency

**FINANCIAL HISTORY**

Your current net monthly income \_\_\_\_\_

Spouse's current net monthly income \_\_\_\_\_

Source	Amount	Frequency

Do you have any accounts with a financial institution? Yes  No

Name(s) of financial institution(s) \_\_\_\_\_

Type(s) of account(s) \_\_\_\_\_

Identify any person or entity to whom you are indebted and the extent of your indebtedness. Include mortgages, vehicle payments, charge accounts, credit cards, loans, child support payments, and any other debts or payments.

Name of Creditor (e.g., Sears, Citi financial)	Type of Debt (e.g., student loan, automobile)	Monthly Payment	Approx. Balance

**CREDIT INFORMATION**

Have you **ever** filed bankruptcy personally or on behalf of a business? Yes  No

If "Yes" to above, indicate type: \_\_\_\_\_

Have you **ever** had any personal or real property repossessed or foreclosed? Yes  No

Have you **ever** failed to pay Federal, state or other taxes? Yes  No

Have you **ever** failed to file a tax return, when required by law? Yes  No

Have you **ever** had a lien placed against your property for failing to pay taxes or other debts? Yes  No

Have you **ever** had a judgment entered against you? Yes  No

Have you **ever** defaulted on any type of loan? Yes  No

Have you **ever** had bills or debts turned over to a collection agency? Yes  No

Have you **ever** had any credit account suspended, charged off, or cancelled for failure to pay? Yes  No

Have you **ever** written a check that was later returned for Non-Sufficient Funds (NSF)? Yes  No

Have you **ever** been delinquent on court-imposed alimony or child support payments? Yes  No

Have you **ever** been disciplined regarding the use of a travel/credit card provided by an employer? Yes  No

Are you currently more than sixty (60) days delinquent on any debts? Yes  No

Have you **ever** applied for unemployment compensation? Yes  No  When? \_\_\_\_\_

Have you **ever** received unemployment compensation? Yes  No  When? \_\_\_\_\_

Identify any person to which you are **more than 30 days late** in paying. Include mortgages, vehicle payments, charge accounts, credit cards, loans, child support payments, and any other debts or payments.

Name of Creditor (e.g., Sears, Citi financial)	Type of Debt (e.g., student loan, automobile)	Number of Days Late	Reason

**EMPLOYMENT HISTORY**

Beginning with your present or most recent job, list all employment since the age of seventeen (17). Include full-time, part-time, temporary, seasonal, military assignments, or unpaid internships, plus all periods of unemployment.

If you are currently employed, may we contact your present employer? Yes  No

1. Employer \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_

Telephone No. \_\_\_\_\_

Job Title \_\_\_\_\_ Beginning and Ending Salary \_\_\_\_\_ / \_\_\_\_\_

Work Schedule \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Supervisor Contact Information \_\_\_\_\_

Name of co-worker \_\_\_\_\_ Co-worker contact information \_\_\_\_\_

Duties & Responsibilities:

Identify any disciplinary actions you received:

Reason for Leaving:

Was there an employment period between previous employment and the one listed above? Yes  No

If yes, provide dates and explain:

2. Employer \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_

Telephone No. \_\_\_\_\_

Job Title \_\_\_\_\_ Beginning and Ending Salary \_\_\_\_\_ / \_\_\_\_\_

Work Schedule \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Supervisor Contact Information \_\_\_\_\_

Name of co-worker \_\_\_\_\_ Co-worker contact information \_\_\_\_\_

Duties:

Identify any disciplinary actions you received:

Reason for Leaving:

Was there an employment period between previous employment and the one listed above? Yes  No

If yes, provide dates and explain:

3. Employer \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_

Telephone No. \_\_\_\_\_

Job Title \_\_\_\_\_ Beginning and Ending Salary \_\_\_\_\_ / \_\_\_\_\_

Work Schedule \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Supervisor Contact Information \_\_\_\_\_

Name of co-worker \_\_\_\_\_ Co-worker contact information \_\_\_\_\_

Duties:

Identify any disciplinary actions you received:

Reason for Leaving:

Was there an employment period between previous employment and the one listed above? Yes  No

If yes, provide dates and explain:

4. Employer \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_

Telephone No. \_\_\_\_\_

Job Title \_\_\_\_\_ Beginning and Ending Salary \_\_\_\_\_ / \_\_\_\_\_

Work Schedule \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Supervisor Contact Information \_\_\_\_\_

Name of co-worker \_\_\_\_\_ Co-worker contact information \_\_\_\_\_

Duties:

Identify any disciplinary actions you received:

Reason for Leaving:

Was there an employment period between previous employment and the one listed above? Yes  No

If yes, provide dates and explain:



5. Employer \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_

Telephone No. \_\_\_\_\_

Job Title \_\_\_\_\_ Beginning and Ending Salary \_\_\_\_\_ / \_\_\_\_\_

Work Schedule \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Supervisor Contact Information \_\_\_\_\_

Name of co-worker \_\_\_\_\_ Co-worker contact information \_\_\_\_\_

Duties:

Identify any disciplinary actions you received:

Reason for Leaving:

Was there an employment period between previous employment and the one listed above? Yes  No

If yes, provide dates and explain:

6. Employer \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_

Telephone No. \_\_\_\_\_

Job Title \_\_\_\_\_ Beginning and Ending Salary \_\_\_\_\_ / \_\_\_\_\_

Work Schedule \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Supervisor Contact Information \_\_\_\_\_

Name of co-worker \_\_\_\_\_ Co-worker contact information \_\_\_\_\_

Duties:

Identify any disciplinary actions you received:

Reason for Leaving:

Was there an employment period between previous employment and the one listed above? Yes  No

If yes, provide dates and explain:

7. Employer \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_

Telephone No. \_\_\_\_\_

Job Title \_\_\_\_\_ Beginning and Ending Salary \_\_\_\_\_ / \_\_\_\_\_

Work Schedule \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Supervisor Contact Information \_\_\_\_\_

Name of co-worker \_\_\_\_\_ Co-worker contact information \_\_\_\_\_

Duties:

Identify any disciplinary actions you received:

Reason for Leaving:

Was there an employment period between previous employment and the one listed above? Yes  No

If yes, provide dates and explain:

8. Employer \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_

Telephone No. \_\_\_\_\_

Job Title \_\_\_\_\_ Beginning and Ending Salary \_\_\_\_\_ / \_\_\_\_\_

Work Schedule \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Supervisor Contact Information \_\_\_\_\_

Name of co-worker \_\_\_\_\_ Co-worker contact information \_\_\_\_\_

Duties:

Identify any disciplinary actions you received:

Reason for Leaving:

Was there an employment period between previous employment and the one listed above? Yes  No

If yes, provide dates and explain:

- A) Have you ever been fired, released from probation, or asked to resign from any place of employment? Yes  No
  - B) Were you ever involved in a physical/verbal altercation with a supervisor, co-worker, or customer? Yes  No
  - C) Have you ever resigned without giving two weeks-notice? Yes  No
  - D) Have you ever resigned in lieu of termination? Yes  No
  - E) 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
  - F) Were you ever the subject of a written complaint at work? Yes  No
  - G) Have you ever been counseled at work due to lateness or absences? Yes  No
  - H) Did you ever receive an unsatisfactory performance review? Yes  No
  - I) Have you ever sold, released, or given away legally confidential information? Yes  No
- 

If you answered "Yes" to any of the above questions, please explain your answer (include when, where, and the circumstances; indicate the corresponding question letter):

**EDUCATIONAL HISTORY**

High School(s) attended	Address	Dates attended From-To	Graduated Yes/No

Do you have a G.E.D. Certificate?	
Were you <b>ever</b> expelled from school? If yes, give details:	

Identify all colleges, universities, or technical schools you have attended:

Name	City & State	Dates attended	Hrs. completed	Major	Degree & Date

**MILITARY OBLIGATION**

Have you ever served in the U.S. Armed Forces or State Military Forces? Yes  No

Served from \_\_\_\_\_ to \_\_\_\_\_ Highest Rank held \_\_\_\_\_  
Date Date

Branch of Service \_\_\_\_\_ Unit \_\_\_\_\_

Job Title(s) (e.g., Rifleman, Security) \_\_\_\_\_

Type of discharge \_\_\_\_\_

Are you actively serving in a Reserve Unit (including State Military Forces)? Yes  No

Serving from \_\_\_\_\_ to \_\_\_\_\_ Current Rank held \_\_\_\_\_  
Date Date

Branch of Service \_\_\_\_\_ Unit \_\_\_\_\_

Job Title(s) (e.g., Rifleman, Security) \_\_\_\_\_

Have you **ever** been subject to a court martial or any other disciplinary proceeding under the Uniform Code of Military Justice? (Include non-judicial, Captain’s mast, etc.) If “Yes”, provide date(s), charge(s), military court(s), or authority(ies), and outcome(s).

**SPECIAL QUALIFICATIONS & SKILLS**

Identify any special licenses you hold (e.g., pilot, radio operator):

If you know a foreign language, indicate your fluency in each block below (excellent, good fair)

Language	Understanding	Speaking	Reading	Writing

Do you have any experience with firearms?    Yes     No

**MEMBERSHIP IN ORGANIZATIONS (PAST AND PRESENT)**

Name & Address	Type (e.g., social, fraternal, professional)	From	To

Have you **ever** been an officer or a member of, or made a contribution to, an organization that advocates or practices the commission of acts of force or violence to discourage others from exercising their rights under the U.S. Constitution or right granted by law?

Yes     No

**PERSONAL DECLARATIONS**

Do you consume alcoholic beverages?    Yes     No     If "Yes", how often? \_\_\_\_\_

Have you **ever** used marijuana or hashish?    Yes     No     If yes, when last used? \_\_\_\_\_

Have you **ever** used any illegal drug (including a performance-enhancing steroid) not prescribed by a physician?

Yes     No     If yes, how often \_\_\_\_\_    When last used \_\_\_\_\_

Provide explanation: \_\_\_\_\_

Have you **ever** sold or furnished controlled substances or prescription drugs to anyone?    Yes     No

If yes, give details: \_\_\_\_\_

Are there any incidents in your life, or details not mentioned herein, which may influence this department's evaluation of your suitability from employment as a police officer?

If yes, explain: \_\_\_\_\_

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?

- A) Annoying/obscene phone calls Yes  No
- B) Assault (use of force or violence upon another) Yes  No
- C) Assault on a family member (use of force or violence upon a family member) Yes  No
- D) Brandishing a weapon (any type of weapon) Yes  No
- E) Contributing to the delinquency of a minor Yes  No
- F) Defrauding an innkeeper (not paying for food or room at a hotel/motel) Yes  No
- G) Driving under the influence of alcohol and/or drugs Yes  No
- H) Drunk in public (being so intoxicated in a public place that you're not able to care for yourself) Yes  No
- I) Hit and run collision (no injuries) Yes  No
- J) Impersonating a peace officer Yes  No
- K) Indecent exposure (including flashing or mooning) Yes  No
- L) Joyriding (using a car or other vehicle without owner's permission) Yes  No

If you answered "Yes" to any of the above questions, please explain your answer (include when, where, and the circumstances; indicate the corresponding question letter):



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

- A) Arson (intentionally destroying property by setting a fire) Yes  No
- B) Assault with a deadly weapon Yes  No
- C) Theft of a vehicle and/or vehicle parts Yes  No
- D) Burglary (entering a structure or vehicle to commit theft or other crime) Yes  No
- E) Child molestation (performing unlawful acts with a child) Yes  No
- F) Accessing, producing, or possessing child pornography Yes  No
- G) Injury to a child, elderly, and/or disabled Yes  No
- H) Embezzlement (theft of money or other valuables entrusted to you) Yes  No
- I) Felony drunk driving (involving injuries) Yes  No
- J) Forcible rape or other act of unlawful intercourse/sexual activity Yes  No
- K) Forgery (falsifying any type of document, check certificate, license, currency, etc.) Yes  No
- L) Hit and run (with injuries) Yes  No
- M) Hate crime Yes  No
- N) Insurance fraud Yes  No
- O) Theft (value of over \$500 and/or any firearm) Yes  No
- P) Murder, homicide, or attempted murder Yes  No
- Q) Perjury (lying under oath) Yes  No
- R) Possession of an explosive/destructive device Yes  No
- S) Robbery (theft from another person using a weapon, force, or fear) Yes  No
- T) Stalking Yes  No
- U) Blackmail or extortion Yes  No
- V) Any other act amounting to a felony Yes  No

If you answered "Yes" to any of the above questions, please explain your answer (include when, where, and the circumstances; indicate the corresponding question letter):

**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, page number, and specific item being referenced.

A large, empty rectangular box with a thin black border, occupying the central portion of the page. It is intended for the user to provide additional information that does not fit elsewhere on the form.

Have you **ever** been employed or applied with any other law enforcement agency? Yes  No

If yes, please identify to the best of your knowledge:

Agency Name & Address	Date Applied or Hired	Result

Identify any additional information you think should be considered in your application for the position you are seeking and/or any further explanation of answers to previous questions:

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 misrepresentations, omission, or falsification may deem me permanently unsuitable, or if hired, may lead to the termination of my employment.

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

\_\_\_\_\_  
Date

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.

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

SEAL

\_\_\_\_\_  
Signature of Notary  
My Commission Expires: \_\_\_\_\_

**COMMERCE POLICE DEPARTMENT  
POLICE OFFICER APPLICATION SUPPLEMENT**

**EMPLOYMENT TERMINATION HISTORY RELEASE**

**NAME (LAST, FIRST, MIDDLE INITIAL)** \_\_\_\_\_

**SOCIAL SECURITY NUMBER** \_\_\_\_\_

**DEPARTMENT REQUESTING RECORDS** \_\_\_\_\_

**I understand** that a report is submitted to the Commission each time I resign or am terminated from employment or appointed with a law enforcement agency.

**I understand** the report must include an explanation of the circumstances of my resignation or termination.

**I understand** the chief administrator of each law enforcement agency with which I apply for employment may request the contents of each report that pertains to resignation or termination due to substantiated incidents of excessive force or violations of law other than traffic offenses.

**I understand** the Commission is not liable for civil damages for providing information contained in a report concerning the circumstances cited above, **when a written request, on agency letterhead, from a chief administrator and this release is presented to the Commission;** and

**I understand** a law enforcement agency, chief administrator or other law enforcement official is not liable for civil damages for a report made by that agency or person if the report is made in good faith.

**I expressly waive my right** to hold the Commission, law enforcement agency, chief administrator of the law enforcement agency, or other law enforcement official liable for civil damages for the contents of reports concerning my resignation or termination as a peace officer, reserve law enforcement officer, county jailer, or public security officer which are on file with the Commission, if the law enforcement agency, chief administrator or the law enforcement agency, or other law enforcement official made the report in good faith; and

**I expressly waive my right** to hold the Commission, law enforcement agency, chief administrator of a law enforcement agency, or other law enforcement official liable for civil damages for any action based on information contained in my reports concerning the circumstances of my resignation or termination from prior employment or appointment with a law enforcement agency.

**I have read and understand the foregoing statements. I hereby authorize the Commission to release all reports concerning my resignation or termination pertaining to circumstances cited above as a peace officer, reserve law enforcement officer, county jailer, or public security officer which are on file with the Commission to the department named above.**

\_\_\_\_\_  
Signature of Licensee

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Printed Name of Notary  
Notary public in and for, State of Texas  
Notary Seal or Stamp

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

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

**COMMERCE POLICE DEPARTMENT  
POLICE OFFICER APPLICATION SUPPLEMENT**

**REPRESENTATION**

I represent and warrant the answers I have made to each and all of the questions contained in this form are complete and true to the best of my knowledge and belief. **I understand that any false information or misrepresentation provided by me may result in and is sufficient cause for the Commerce Police Department immediately rejecting my application for employment and/or immediately terminating my employment.**

In submitting this Application Supplement, I authorize investigation of all statements contained herein and contained in my CPD Application for Employment. In order that the Commerce Police Department may be fully informed as to my personal character and qualifications for employment, I refer to each of my former employers and to any other person who is identified herein or who may have information concerning me. As this information is furnished at my express consent and for my benefit, I do hereby release such individuals from any and all liability for damage of whatsoever nature on account of furnishing such information.

I understand that this application is the property of Commerce Police Department. If I am accepted for employment, I understand that this application will become part of my permanent file maintained by the Police Department.

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

**CITY OF COMMERCE POLICY STATEMENT**

The City of Commerce is an Equal Employment Opportunity Employer and shall not discriminate against any employee or applicant for employment because of age, gender, marital status, national origin, religion, race, or disability.

COMMERCE POLICE DEPARTMENT  
POLICE OFFICER APPLICATION SUPPLEMENT

**PERSONAL INQUIRY WAIVER FORM  
AUTHORITY TO RELEASE INFORMATION**



I, \_\_\_\_\_, request and authorize you to furnish the Commerce, Texas, Police Department, any and all information that you may possess concerning me, including any and all medical, physical, and psychological records or reports. This waiver expressly includes any and all records, recordings or reports of a confidential or privileged nature, and photocopies of same, if requested. I authorize full disclosure of all records concerning myself regardless of any agreement I may have made with you previously to the contrary, or any statute or policy that may make these records confidential.

I hereby release you, your organization or others from liability or damage that may result from furnishing the requested information.

I understand that any documents provided will not be returned to me and that confidential information will not be provided to me if I am not hired. I also give express permission to reveal any illegal and/or unbecoming conduct discovered to any department I am currently employed by.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Sworn and subscribed before me, a Notary Public, in and for the State of \_\_\_\_\_  
this the \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
Print Notary Name

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

My Commission expires: \_\_\_\_\_

(Seal)

**CERTIFICATE OF COMPLIANCE WITH  
FEDERAL FIREARMS LAW**

I understand that under federal law, it is unlawful for a person who has been convicted in any court of a misdemeanor crime of domestic violence to ship or transport in interstate or foreign commerce, or possess in or affecting commerce, or to receive any firearm or ammunition which has been shipped or transported in interstate or foreign commerce.

I also understand that a misdemeanor crime of domestic violence is defined as an offense that is a misdemeanor under Federal or State law and that has an element of the use or attempted use of physical force, or the threatened use of a deadly weapon, committed by a current or former spouse, parent, or guardian of the victim, by a person with whom the victim shares a child in common, by a person who is cohabitating with or has cohabitated with the victim as a spouse, parent or guardian, by a person with whom the victim has or had a dating relationship or by a person similarly situated to a spouse, parent or guardian of a victim.

I hereby certify that I have never been convicted of a misdemeanor crime of domestic violence and that I am fully qualified under federal law to possess a firearm.

\_\_\_\_\_  
Signature of Employee

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

Sworn and subscribed before me, a Notary Public, in and for the State of \_\_\_\_\_  
this the \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
Print Notary Name

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

My Commission expires: \_\_\_\_\_  
(Seal)