

GRIMES COUNTY SHERIFF'S OFFICE  
APPLICATION FOR EMPLOYMENT &  
PERSONAL HISTORY STATEMENT



Name: \_\_\_\_\_

POSITIONS APPLIED FOR:     Deputy     Dispatcher  
    Jailer         Other (Specify) \_\_\_\_\_

MAIL TO:    Grimes County Sheriff's Office  
                  Attn: **PERSONNEL**  
                  382 FM 149 West  
                  Anderson, Texas 77830

<b>FOR INTERNAL USE</b>	
Date Application Received: _____	Rcvd by: _____
Date Background Completed: _____	Eligible for Hire:    YES    NO
Date of Interview: _____	Date of Hire: _____

# GRIMES COUNTY SHERIFF'S OFFICE



DONALD G. SOWELL

*Sheriff*

*Grimes County, Texas*

The Grimes County Sheriff's Office, in an effort to increase professionalism and strive for excellence, has combined the application and personal history statement in the pre-employment program.

A personal history statement is a more detailed application that requires a large amount of personal information. This information is necessary due to the nature of the job for which you are applying. Your personal history statement will be used as the basis for a background investigation that will determine your eligibility for the position(s) for which you have applied.

Upon successful completion of the background investigation, you will be placed on an eligibility list for employment. An oral interview will be conducted with those applicants who make the eligibility list. Skills testing (i.e. a typing test) may also be administered.

Upon successful completion of all phases of the pre-employment program, a final selection and conditional offer of employment will be made. All new employees must pass a drug screen test, a physical examination, a psychological examination and meet the minimum requirements for licensing by TCLEOSE as required by law.

The Grimes County Sheriff's Office would like to reiterate its goal to bring efficient and effective law enforcement services to Grimes County, to increase the community's pride in the department and to promote professionalism and integrity within the department.

The Grimes County Sheriff's Office is an **Equal Opportunity Employer**. All applicants are considered for all positions without regard to sex, race, color, creed, national origin, ancestry, religious or political affiliation, age, sexual orientation, marital or veteran status or the presence of a non-job-related medical condition or disability.

Sincerely,

Donald G. Sowell  
Sheriff of Grimes County

**IMPORTANT**  
**READ THESE INSTRUCTIONS CAREFULLY**

These instructions are provided as a guide to assist you in properly completing your Application for Employment/Personal History Statement. ***It is mandatory that the information be correct and complete!***

1. Your Application for Employment/Personal History Statement should be **hand printed in your own hand writing** legibly in black ink.
2. Answer all questions completely. If a question does not apply to you, enter "N/A" in the space provided.
3. Avoid errors by reading the directions carefully before making any entries on the form. Be sure your answer is correct and in sequence before you begin.
4. You are responsible for obtaining correct addresses (including zip codes). If you are not sure of an address, check it by personal verification. Your local library, post office or the internet are all resources that may be able to assist you. Include the area code for all phone numbers listed.
5. If there is insufficient space, attach extra sheets. Be sure to reference the relevant section and question before continuing your answers.
6. All pages requiring a notarized signature **must be signed before a Notary prior to return.**

**YOUR FAILURE TO PROPERLY AND THOROUGHLY COMPLETE THIS DOCUMENT MAY RESULT IN THE REJECTION OF YOUR APPLICATION AND/OR REMOVAL FROM THE ELIGIBILITY LIST.**

**DELIBERATE OMISSIONS OF REQUIRED INFORMATION ARE GROUNDS FOR REJECTION. DELIBERATE MISREPRESENTATION OF REQUIRED INFORMATION IS GROUNDS FOR REJECTION.**

If you have questions regarding the required information contact the Grimes County Sheriff's Office at 936-873-2151 and ask to speak with the Captain or a Lieutenant between 8am and 5pm, Monday through Friday, prior to returning the document.

Once you have submitted your Application for Employment/Personal History Statement, it is important for you to keep the department informed of circumstances that could effect your application, such as changes of address, telephone number, employment, marital status, arrest record, traffic record status or loss of interest in employment with the Grimes County Sheriff's Office.

Throughout the selection process you may be required to submit additional information.

Copies of the following documents should be attached. If something is not attached, there must be a piece of paper attached to the packet which explains why something is missing. (i.e. ordered/requested but has not arrived)

1. **Birth Certificate \***
2. **High School Transcript \***
3. **College Transcript(s) \***
4. High School Diploma or G.E.D.
5. Military DD214, if applicable
6. Copies of any TCLEOSE or TDH training certificates or licenses
7. Copy of valid Drivers License
8. Proof of Auto Liability Insurance
9. Copy of Social Security Card
10. Letters of recommendation, if applicable

**\* Certified copies required**

**ANY DOCUMENT, ONCE SUBMITTED, WILL NOT BE RETURNED**

The background investigation will include the following areas:

Personal & Family History  
Residence History  
Driving History

Employment History  
Education  
Financial Status

Criminal Records  
Personal References  
Military

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**APPLICANT IDENTIFICATION**

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

Other names used: Maiden, Adoption, Nicknames, Etc. \_\_\_\_\_

Home Address: \_\_\_\_\_  
No. Street Name Apt. # City State Zip

Home Telephone Number: \_\_\_\_\_ Work Telephone Number: \_\_\_\_\_

Alternate Telephone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Social Networking Websites Used: \_\_\_\_\_

Personal Website: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_ U.S. Citizen?  Yes  No

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

Current Driver's License: \_\_\_\_\_  
Number State of Issue Date of Expiration

Past Driver's License: \_\_\_\_\_  
*(if applicable)* Number State of Issue Date of Expiration

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

Identifying Marks:

Scars: \_\_\_\_\_

Tattoos: \_\_\_\_\_

Name by which you prefer to be addressed: \_\_\_\_\_

Telephone number where you can be reached between 8 a.m. and 5 p.m. M-F: \_\_\_\_\_

Telephone number where you can be reached after 5 p.m. or on the weekends: \_\_\_\_\_

## RESIDENCES

**Beginning with your present address**, list all addresses where you have lived during the past ten years. List date by month and year. Include apartment complex names and the office telephone numbers. Attach additional pages if necessary.

From	To	Address(Street, City, ST ZIP)	Apartment Complex Name	Office Phone Number
<input type="checkbox"/> Yes <input type="checkbox"/> No Was a lease signed? Names on lease: _____				

From	To	Address(Street, City, ST ZIP)	Apartment Complex Name	Office Phone Number
<input type="checkbox"/> Yes <input type="checkbox"/> No Was a lease signed? Names on lease: _____				

From	To	Address(Street, City, ST ZIP)	Apartment Complex Name	Office Phone Number
<input type="checkbox"/> Yes <input type="checkbox"/> No Was a lease signed? Names on lease: _____				

From	To	Address(Street, City, ST ZIP)	Apartment Complex Name	Office Phone Number
<input type="checkbox"/> Yes <input type="checkbox"/> No Was a lease signed? Names on lease: _____				

**RESIDENCES (continued)**

From	To	Address(Street, City, ST ZIP)	Apartment Complex Name	Office Phone Number
<input type="checkbox"/> Yes <input type="checkbox"/> No Was a lease signed? <input type="checkbox"/> Names on lease: _____				

From	To	Address(Street, City, ST ZIP)	Apartment Complex Name	Office Phone Number
<input type="checkbox"/> Yes <input type="checkbox"/> No Was a lease signed? <input type="checkbox"/> Names on lease: _____				

From	To	Address(Street, City, ST ZIP)	Apartment Complex Name	Office Phone Number
<input type="checkbox"/> Yes <input type="checkbox"/> No Was a lease signed? <input type="checkbox"/> Names on lease: _____				

From	To	Address(Street, City, ST ZIP)	Apartment Complex Name	Office Phone Number
<input type="checkbox"/> Yes <input type="checkbox"/> No Was a lease signed? <input type="checkbox"/> Names on lease: _____				

From	To	Address(Street, City, ST ZIP)	Apartment Complex Name	Office Phone Number
<input type="checkbox"/> Yes <input type="checkbox"/> No Was a lease signed? <input type="checkbox"/> Names on lease: _____				



**EMPLOYMENT HISTORY**

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**A job is any position you accepted regardless of how long you actually worked.**

Beginning with your present or most recent job, list all jobs that you have held. Include all part-time, temporary, seasonal and voluntary positions. Include military service in proper time sequence. Attach additional pages if necessary.

- Full-time             Part-time             Temporary             Seasonal             Voluntary

Starting Date: \_\_\_\_\_  
Month, Day, Year

Ending Date: \_\_\_\_\_  
Month, Day, Year

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_  
Number and Street                                  City                                  State                                  Zip

Employer Phone: \_\_\_\_\_ Position: \_\_\_\_\_

Duties and Responsibilities:

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

Name(s) of co-workers? \_\_\_\_\_

Did you receive job performance evaluations while with this company?     Yes     No

Reason for leaving? \_\_\_\_\_

Was notice given?     Yes     No            If Yes, how much? \_\_\_\_\_

Name of final supervisor? \_\_\_\_\_

Are you eligible for rehire?     Yes     No

BACKGROUND INVESTIGATOR NOTES



**EMPLOYMENT HISTORY (continued)**

**A job is any position you accepted regardless of how long you actually worked.**

Beginning with your present or most recent job, list all jobs that you have held. Include all part-time, temporary, seasonal and voluntary positions. Include military service in proper time sequence. Attach additional pages if necessary.

- Full-time       Part-time       Temporary       Seasonal       Voluntary

Starting Date: \_\_\_\_\_      Ending Date: \_\_\_\_\_  
Month, Day, Year      Month, Day, Year

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_  
Number and Street      City      State      Zip

Employer Phone: \_\_\_\_\_      Position: \_\_\_\_\_

Duties and Responsibilities:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name(s) of co-workers? \_\_\_\_\_

Did you receive job performance evaluations while with this company?     Yes     No

Reason for leaving? \_\_\_\_\_

Was notice given?    Yes    No      If Yes, how much? \_\_\_\_\_

Name of final supervisor? \_\_\_\_\_

Are you eligible for rehire?    Yes    No

BACKGROUND INVESTIGATOR NOTES
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**EMPLOYMENT HISTORY (continued)**

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**A job is any position you accepted regardless of how long you actually worked.**

Beginning with your present or most recent job, list all jobs that you have held. Include all part-time, temporary, seasonal and voluntary positions. Include military service in proper time sequence. Attach additional pages if necessary.

- Full-time       Part-time       Temporary       Seasonal       Voluntary

Starting Date: \_\_\_\_\_  
Month, Day, Year

Ending Date: \_\_\_\_\_  
Month, Day, Year

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_  
Number and Street                                  City                                  State                                  Zip

Employer Phone: \_\_\_\_\_      Position: \_\_\_\_\_

Duties and Responsibilities:

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Name(s) of co-workers? \_\_\_\_\_

Did you receive job performance evaluations while with this company?    Yes    No

Reason for leaving? \_\_\_\_\_

Was notice given?    Yes    No      If Yes, how much? \_\_\_\_\_

Name of final supervisor? \_\_\_\_\_

Are you eligible for rehire?    Yes    No

BACKGROUND INVESTIGATOR NOTES

**PERIODS OF UNEMPLOYMENT**

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Record any period of unemployment since graduating from high school.

(A period of unemployment is any time you did not have a job.)

From: (Mo/Yr)	To: (Mo/Yr)	Length of Unemployment	Reason for being Unemployed

**MILITARY SERVICE**

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Yes  No Have you registered with Selective Service? When? \_\_\_\_\_

Yes  No Have you been rejected by any branch of the armed forces?

Yes  No Have you ever been a member of any branch of the U.S. Armed Forces? *If Yes, attach copy of DD214*

Branch of Service: \_\_\_\_\_ Highest rank obtained: \_\_\_\_\_

Date of Induction: \_\_\_\_\_ Date of Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

If other than Honorable Discharge, please explain: \_\_\_\_\_

\_\_\_\_\_

If discharged early, please explain: \_\_\_\_\_

\_\_\_\_\_

Awards: (Type and date awarded)

\_\_\_\_\_

\_\_\_\_\_

Special Schools/Training

\_\_\_\_\_

\_\_\_\_\_

Last duty station and name of commanding officer: \_\_\_\_\_

\_\_\_\_\_

Yes  No Are you currently a member of a U.S. Reserve or National or State Guard organization?

Branch of Service: \_\_\_\_\_ Grade & Service #: \_\_\_\_\_

Are you?  Active  Inactive  On Standby

Organization/Station/Unit and Location: \_\_\_\_\_

\_\_\_\_\_

Yes  No While in the military service were you ever arrested for an offense which resulted in a trial by deck or by summary, special or general court-martial?

If Yes, give date, place, law enforcing authority or type of court or court-martial, charge and action taken.

Charge: \_\_\_\_\_ Date: \_\_\_\_\_

Results: \_\_\_\_\_

**MILITARY SERVICE (continued)**

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**If you answer Yes to any of the following questions, explain your answer in the space provided.**

Yes  No Have you ever been accused on any charges not previously listed in this section?

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Yes  No Were you ever counseled or reprimanded (written or verbal), by a First-Line Supervisor or Commanding Officer?

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Yes  No Were you ever AWOL?

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Yes  No Did you ever sell anything on the Black Market?

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Yes  No Have you ever had any Statement of Charges brought up against you?

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Yes  No Have you ever taken or used military equipment without proper authorization?

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Yes  No While in the military, have you committed an act on duty, which if discovered, would have resulted in disciplinary action? (i.e. use of alcohol or drugs, larceny, etc.)

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**EDUCATIONAL HISTORY**

List all high schools, colleges, technological or trade schools you have ever attended, regardless of whether or not you graduated and/or completed the prescribed course of study.

If listing colleges/universities and you did not graduate, indicate the total number of credit hours obtained.

If you attended a technological or trade school, indicate your course of study; also indicate if you were awarded a diploma or certificate.

Name and type of school Location (City & State)	Dates Attended		Diploma, Degree and/or Credit Hours Earned and Minor/Major
	From	To	

Yes  No Have you ever been expelled from any school you have attended?

School: \_\_\_\_\_ Dates: \_\_\_\_\_ Reason: \_\_\_\_\_

School: \_\_\_\_\_ Dates: \_\_\_\_\_ Reason: \_\_\_\_\_

Yes  No Have you ever been placed on academic probation?

School: \_\_\_\_\_ Dates: \_\_\_\_\_ Reason: \_\_\_\_\_

School: \_\_\_\_\_ Dates: \_\_\_\_\_ Reason: \_\_\_\_\_

**SPECIAL ACTIVITIES, QUALIFICATIONS AND SKILLS**

High School Activities:  
Clubs, Sports, Etc.)

Grades in which you participated

_____	9th	10th	11th	12th
_____	9th	10th	11th	12th
_____	9th	10th	11th	12th

Community/Civic Activities:

\_\_\_\_\_

Awards, Commendations or Items of Special Recognition:

\_\_\_\_\_

List any special licenses you hold (pilot, first aid, scuba, etc.), give licensing authority, date of issue/expiration.

\_\_\_\_\_

List any specialized skills or training you have received.

\_\_\_\_\_

If you know a foreign language, indicate in each area your degree of fluency using: Fair, Good or Excellent

LANGUAGE	READING	SPEAKING	UNDERSTANDING	WRITING

If you are a **certified peace officer**, list certificates and training hours for each course successfully attended. Attach copy of each diploma if applicable or provide training record from former department. (If your training record is extensive, note "see attached" and attach a list.)

\_\_\_\_\_

\_\_\_\_\_

List any other special qualifications or skills:

\_\_\_\_\_

\_\_\_\_\_

**RELATED TO THIS SECTION, YOU MAY EXCLUDE INFORMATION THAT WOULD REVEAL SEX, RACE, RELIGION, NATIONAL ORIGIN, AGE, ANCESTRY, SEXUAL ORIENTATION, HANDICAP OR OTHER PROTECTED STATUS.**

**ARREST, DETENTION, ILLEGAL ACTIVITIES AND LITIGATION**

Yes  No Other than traffic violations have you ever been convicted of any criminal offense?

Yes  No Other than traffic violations have you ever been detained by any law enforcement agency?

Yes  No Have you ever been summoned into any court for a criminal offense?

If yes, explain each incident listing juvenile as well as adult occurrences. Attach additional sheets if necessary.

Offense Charged: \_\_\_\_\_ Arresting Agency: \_\_\_\_\_

Location of Arrest: \_\_\_\_\_ Date of Arrest: \_\_\_\_\_

Disposition: \_\_\_\_\_ Brief Explanation: \_\_\_\_\_

Offense Charged: \_\_\_\_\_ Arresting Agency: \_\_\_\_\_

Location of Arrest: \_\_\_\_\_ Date of Arrest: \_\_\_\_\_

Disposition: \_\_\_\_\_ Brief Explanation: \_\_\_\_\_

Yes  No Have you ever been placed on probation? (Including Unadjudicated Probation)

Offense Charged: \_\_\_\_\_ Offense Convicted: \_\_\_\_\_

Terms of Probation: \_\_\_\_\_

Location: \_\_\_\_\_ Prob. Offcr.: \_\_\_\_\_  
City County ST

Yes  No Has any member of your immediate family ever been convicted of a criminal offense? If Yes, give details. Attach additional sheets if necessary:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

Offense: \_\_\_\_\_ Date: \_\_\_\_\_

Arresting Agency: \_\_\_\_\_ Disposition: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

Offense: \_\_\_\_\_ Date: \_\_\_\_\_

Arresting Agency: \_\_\_\_\_ Disposition: \_\_\_\_\_

**ARREST, DETENTION, ILLEGAL ACTIVITIES AND LITIGATION (continued)**

Drug use covers **all** descriptive terms used to describe the ingestion of any of the listed types into a person's system. Example: experimented, tried one or more times, etc.

Have you ever used:

			How Many Times	Approximate Last Date	How was it used?
AnabolicSteroids/HGH	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____	_____
Barbiturates	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____	_____
Cocaine	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____	_____
Crack	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____	_____
Ecstasy	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____	_____
Hashish	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____	_____
Heroin	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____	_____
Ice	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____	_____
LSD/Acid	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____	_____
Marijuana	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____	_____
Methamphetamine	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____	_____
Mushrooms	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____	_____
Opium	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____	_____
PCP	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____	_____
Peyote	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____	_____
Quaaludes	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____	_____
Speed	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____	_____
Ritalin/Adderol	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____	_____
Tranquilizers	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____	_____
Rohypnol	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____	_____
GHB	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____	_____
Other illegal drug/ Prescription Painkillers	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____	_____

Yes  No Have you ever sold, possessed, manufactured, made available or delivered any of the specified items?

Which? \_\_\_\_\_ When? \_\_\_\_\_ # times? \_\_\_\_\_

Which? \_\_\_\_\_ When? \_\_\_\_\_ # times? \_\_\_\_\_

**ARREST, DETENTION, ILLEGAL ACTIVITIES AND LITIGATION (continued)**

Yes  No Have you ever bought any of the specified items?

Which? \_\_\_\_\_ When? \_\_\_\_\_ No. times? \_\_\_\_\_

Which? \_\_\_\_\_ When? \_\_\_\_\_ No. times? \_\_\_\_\_

Yes  No Have you ever had an illegal drug injection? What? \_\_\_\_\_

Yes  No Have you ever intentionally inhaled any substance to get a "high?" If Yes, list substance, frequency of use and approximate dates:

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

Yes  No Have you ever abused any prescribed medication, including cough medicine?

How did you abuse (misuse)? \_\_\_\_\_

Yes  No Have you ever used cough medicine to get a "high"?

Yes  No Have you ever been involved, in any way, in the manufacturing of an illegal drug?

What drug? \_\_\_\_\_ How were you involved? \_\_\_\_\_

Describe your involvement: \_\_\_\_\_

Yes  No Have you ever lied to a doctor about symptoms in order to get a prescription, such as Valium or a pain killer, etc?

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

**LITIGATION**

Yes  No Have you ever been involved (even as a witness) in any type of law suit?

Yes  No Have you or your spouse ever been sued?

Yes  No Have you or your spouse ever sued anyone?

Yes  No Have you or your spouse ever filed bankruptcy?

Yes  No Has anyone ever threatened to take you or your spouse to court for non-payment of a debt?

(Explain any yes answers):

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

**DRIVING RECORD**

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- Yes  No Do you possess a valid Texas driver's license? D.L. #: \_\_\_\_\_
- Yes  No Do you possess a valid driver's license from another state? D.L.# & State \_\_\_\_\_
- Yes  No Do you possess a valid driver's license for more than one state?

If Yes, list all driver's licenses: \_\_\_\_\_

- Yes  No Have you ever been denied a driver's license for any reason?
- Yes  No Have you ever driven a motor vehicle, since your 17th birthday, without a valid driver's license for that vehicle?

\*With what company do you carry automobile insurance? \_\_\_\_\_

Company Address: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Effective Dates: \_\_\_\_\_

**\*Attach a copy of your current insurance card**

- Yes  No Have you driven a motor vehicle, within the past three years, without proper insurance?
- Yes  No Have you ever had your driver's license suspended?

Date of Suspension: \_\_\_\_\_ Type of Suspension: \_\_\_\_\_ Date Lifted: \_\_\_\_\_

How many total traffic citations have you received since you began driving? \_\_\_\_\_

How many moving citations have you received in the past three years? \_\_\_\_\_

- Yes  No Have you ever had your driver's license placed on probation for receiving an excessive number of traffic violations?
- Yes  No Have you ever had a hearing for probation/suspension, etc.?
- Yes  No Have you ever been placed as an assigned risk for vehicle insurance?
- Yes  No Have you ever had your insurance revoked due to the number of traffic citations you have received?
- Yes  No Have you ever knowingly driven a motor vehicle after your driver's license was suspended or after it had been revoked?
- Yes  No Have you been involved in a vehicle accident in which you were the driver? How many? \_\_\_\_\_
- Yes  No Have you ever been involved in an accident and then left the accident scene without identifying yourself?
- Yes  No Have you ever been involved in an accident when you were driving after you had been drinking any type of alcoholic beverage?
- Yes  No Have you ever struck an unattended vehicle and then left without leaving identification?

**DRIVING RECORD (continued)**

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List all **traffic citations** you have received. Include issuing agency, disposition, and court of disposition information.

Date Received	Type of Violation	Issuing Agency City / County / DPS	Disposition (Paid, Not Guilty, Etc.)

List all accidents in which you have been involved **as a driver**.

Date	Location	Brief Description

**MARITAL AND FAMILY HISTORY**

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Current marital status:

- Single     Engaged     Married     Separated     Divorced     Widowed

**If you are engaged:**      Wedding Date: \_\_\_\_\_

Name of Fiancée: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_ Home #: \_\_\_\_\_ Bus. #: \_\_\_\_\_

**If you are married (including Common-law):**      Date of marriage: \_\_\_\_\_

\*Spouse's Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_ Home #: \_\_\_\_\_ Bus. #: \_\_\_\_\_

*\*Include maiden or former name*

**If you are separated:**      Date of separation: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Current address: \_\_\_\_\_ Home #: \_\_\_\_\_ Bus. #: \_\_\_\_\_

**If you are divorced:\***      Date of marriage: \_\_\_\_\_ Date of divorce: \_\_\_\_\_

Court & State where issued: \_\_\_\_\_

Former Spouse's Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Current address: \_\_\_\_\_ Home #: \_\_\_\_\_ Bus. #: \_\_\_\_\_

*\*If you have more than one divorce, list those on a separate sheet of paper and attach.*

**If you are widowed:**      Date of marriage: \_\_\_\_\_ Date of death: \_\_\_\_\_

Former spouse's name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Yes     No    Have you ever been married to more than one person at one time?

Yes     No    Are you delinquent on any child support payments?



**MARITAL AND FAMILY HISTORY (continued)**

List all children related to you and/or to your spouse (Natural, Step-Children, Adopted or Foster).

Child's Full Name	Date of Birth	Relationship	Home Address (If different than your own)

Yes  No Are you now supporting all children born to you, adopted by you, and step-children? If No, explain:

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**OTHER DEPENDENTS**

Yes  No Do you claim income tax exemptions for support of dependents other than your spouse and children? If Yes, complete the following:

Dependent's Full Name	Date of Birth	Relationship	Home Address (If different than your own)



**FINANCIAL STATUS**

In the following blanks report all sources of income. Include any rental property, reimbursements on loans, part-time jobs, your primary job, etc. Also include your spouse's income. All amounts should be reported as monthly-gross amount (before deductions.) If you receive any income other than monthly, compute the amount as if it were on a monthly basis.

Monthly Income	Source
	<b>TOTAL</b>

Applicant's Spouse: \_\_\_\_\_

Spouse's Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone #: \_\_\_\_\_ Hours/Days Worked: \_\_\_\_\_

Yes  No Do you own any real estate? Value \$ \_\_\_\_\_

Location: \_\_\_\_\_

Yes  No Do you own any bonds, IRAs, government or other? Value \$ \_\_\_\_\_

Yes  No Do you own any corporate stocks? Value \$ \_\_\_\_\_

**Banks:**

Bank: \_\_\_\_\_ Phone #: \_\_\_\_\_ Type of Account: \_\_\_\_\_

Address: \_\_\_\_\_ Average Balance: \_\_\_\_\_

Bank: \_\_\_\_\_ Phone #: \_\_\_\_\_ Type of Account: \_\_\_\_\_

Address: \_\_\_\_\_ Average Balance: \_\_\_\_\_

Bank: \_\_\_\_\_ Phone #: \_\_\_\_\_ Type of Account: \_\_\_\_\_

Address: \_\_\_\_\_ Average Balance: \_\_\_\_\_

**FINANCIAL STATUS (continued)**

Give the **names, addresses and phone numbers** of all individuals, companies, and others to whom you owe money and the amount of your debt. Include rent, mortgages, vehicle payments, charge accounts, credit cards, loans, child support payments, utilities, cable, phone, day care, insurance and any other debts and payments. Do not include cash expenses such as groceries, gasoline, etc. If you pay on a debt other than monthly, compute the amount as if it were on a monthly basis. Include all debts owed by your spouse. Attach additional sheets if necessary.

Balance Due	Monthly Payment	Amount Past Due	Reason for Debt:
			Creditor:
			Account No.:
Balance Due	Monthly Payment	Amount Past Due	Reason for Debt:
			Creditor:
			Account No.:
Balance Due	Monthly Payment	Amount Past Due	Reason for Debt:
			Creditor:
			Account No.:
Balance Due	Monthly Payment	Amount Past Due	Reason for Debt:
			Creditor:
			Account No.:
Balance Due	Monthly Payment	Amount Past Due	Reason for Debt:
			Creditor:
			Account No.:
Balance Due	Monthly Payment	Amount Past Due	Reason for Debt:
			Creditor:
			Account No.:

**FINANCIAL STATUS (continued)**

Balance Due	Monthly Payment	Amount Past Due	Reason for Debt:
			Creditor:
			Account No.:
Balance Due	Monthly Payment	Amount Past Due	Reason for Debt:
			Creditor:
			Account No.:
Balance Due	Monthly Payment	Amount Past Due	Reason for Debt:
			Creditor:
			Account No.:
Balance Due	Monthly Payment	Amount Past Due	Reason for Debt:
			Creditor:
			Account No.:
Balance Due	Monthly Payment	Amount Past Due	Reason for Debt:
			Creditor:
			Account No.:
Balance Due	Monthly Payment	Amount Past Due	Reason for Debt:
			Creditor:
			Account No.:

Total Balance Due	Total Monthly Payment	Total Amount Past Due

**FINANCIAL STATUS (continued)**

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List all vehicles you own or drive.

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Make	Model	Year	License Plate
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Make	Model	Year	License Plate
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Make	Model	Year	License Plate
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Make	Model	Year	License Plate
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Make	Model	Year	License Plate
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Yes  No Have you ever had any accounts placed in the hands of a collection agency? If Yes, explain:

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Yes  No Has anyone ever threatened to take you or your spouse to court for non-payment of a debt? If Yes, explain:

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**PERSONAL REFERENCES**

List 5 persons who know you well enough to provide current information about you. **Do not list relatives or past/present employers.**

<b>1</b>	Name:		Occupation:	
	Home Address		Years known:	
	Home Phone		Other Phone:	Work Cell
	Description of Relationship with this person:			

<b>2</b>	Name:		Occupation:	
	Home Address		Years known:	
	Home Phone		Other Phone:	Work Cell
	Description of Relationship with this person:			

<b>3</b>	Name:		Occupation:	
	Home Address		Years known:	
	Home Phone		Other Phone:	Work Cell
	Description of Relationship with this person:			

<b>4</b>	Name:		Occupation:	
	Home Address		Years known:	
	Home Phone		Other Phone:	Work Cell
	Description of Relationship with this person:			

<b>5</b>	Name:		Occupation:	
	Home Address		Years known:	
	Home Phone		Other Phone:	Work Cell
	Description of Relationship with this person:			

**PERSONAL REFERENCES (continued)**

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List all Law Enforcement Officers or Reserve Law Enforcement Officers you are acquainted with:

Name/Contact Information	Department	Years Known

List all current Grimes County Sheriff's Office Jailers or Dispatchers you are acquainted with:

Name	Years Known

Yes  No Do you or your spouse have a relative currently employed with Grimes County? If Yes, list below

Name	Department	How you are related?





**LAW ENFORCEMENT EXPERIENCE (continued)**

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If you have ever served in law enforcement, either as full-time, part-time or reserve, complete the following. If you answer Yes to any of the questions, explain your answer in the space provided. Attach additional sheets if necessary.

Yes  No      Have you ever been the subject of an Internal Investigation by your department/agency?

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Yes  No      Have you ever been reprimanded by a supervisor for actions which occurred on or off duty?

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Yes  No      Have you ever been investigated for any Federal violation (Tort claims, Civil Rights Violations, causing injuries, etc.)?

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Yes  No      Have you ever filed a lawsuit against any department/agency, a supervisor or co-worker where you currently work, or have worked in the past? Include any class action lawsuit.

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Yes  No      Have you ever been involved in any traffic accidents on duty whether they were reported or not?

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Yes  No      Have you ever been terminated from any law enforcement agency?

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Yes  No      Do you have any prior or pending Civil Rights actions filed against you as a law enforcement officer?

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**PERSONAL DECLARATIONS**

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Yes  No      If it became necessary to take a human life in the course of your duties as a Deputy Sheriff, Reserve Deputy Sheriff, Jailer or Dispatcher, would any personal beliefs prevent you from doing so? If Yes, explain.

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Yes  No      Do you have any personal beliefs which would prevent you from fully performing the duties as a Deputy Sheriff, Reserve Deputy Sheriff, Jailer or Dispatcher, including working on weekends, evenings, night shift or holidays?

Yes  No      Do you know of anything that would disqualify you from being deputized or prevent you from discharging the official duties of a Deputy Sheriff, Reserve Deputy Sheriff, Jailer or Dispatcher? If Yes, explain:

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Yes  No      Are you prevented from lawfully becoming employed in the United States because of a Visa or Immigration Status? (Proof of citizenship and/or work eligibility will be required upon employment)

Yes  No      Do you use any alcoholic or tobacco products? If Yes, describe the frequency and extent of your use.

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Yes  No      Are there any incidents in your life not mentioned herein which may reflect upon your suitability to perform the duties which you may be called upon or which might require further explanation? Is there anything else you have not acknowledged in this Personal History Statement which may influence this department's evaluation of your suitability for employment?

If yes, explain. \_\_\_\_\_

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**MISCELLANEOUS**

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Why do you want to work for the Grimes County Sheriff's Office?

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Yes  No      Are you on a lay-off and subject to recall?

Yes  No      Can you travel if the job requires it?

What is the earliest date you would be available to begin employment? \_\_\_\_\_

Yes  No      If hired, are you available to work every calendar day of your first year of employment?

If no, please explain:

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**CERTIFICATION**

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BY SIGNING MY NAME BELOW, I CERTIFY THAT THE ANSWERS GIVEN IN THIS APPLICATION FOR EMPLOYMENT/PERSONAL HISTORY STATEMENT ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

I HEREBY CERTIFY THERE ARE NO WILLFUL MISREPRESENTATIONS, OMISSIONS, OR FALSIFICATIONS IN ANY OF MY PREVIOUS STATEMENTS AND ANSWERS TO QUESTIONS.

I AM FULLY AWARE THAT ANY SUCH MISREPRESENTATIONS, OMISSIONS, OR FALSIFICATIONS WILL BE GROUNDS FOR IMMEDIATE REJECTION OF MY APPLICATION, OR IF HIRED, TERMINATION OF MY EMPLOYMENT.

I AUTHORIZE SUCH INQUIRY INTO THE STATEMENTS MADE IN THIS APPLICATION AS MAY BE NECESSARY IN REACHING AN EMPLOYMENT DECISION.

I UNDERSTAND THAT ANY EMPLOYMENT RELATIONSHIP WITH THIS EMPLOYER IS "AT WILL," WHICH MEANS THAT THE EMPLOYEE MAY RESIGN AT ANY TIME AND THE EMPLOYER MAY DISCHARGE THE EMPLOYEE AT ANY TIME, WITH OR WITHOUT CAUSE. I ALSO UNDERSTAND THAT THIS "AT WILL" EMPLOYMENT RELATIONSHIP MAY NOT BE CHANGED BY ANY WRITTEN DOCUMENT OR BY ANY BEHAVIOR, UNLESS THE CHANGE IS SPECIFICALLY ACKNOWLEDGED IN WRITING BY THE GRIMES COUNTY SHERIFF.

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

\_\_\_\_\_  
Date

**STATE OF TEXAS** §

**COUNTY OF GRIMES** §

Before me personally appeared \_\_\_\_\_ who says he executed the above instrument of his own free will and accord with full knowledge and agreement to the purpose thereof.

SWORN AND SUBSCRIBED BEFORE ME this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

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

[ SEAL ]

\_\_\_\_\_  
Notary Public Printed Name

**EMPLOYMENT AGREEMENT**

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AS A CONDITION OF EMPLOYMENT, I AGREE TO CONFORM TO ALL RULES, REGULATIONS, AND/OR THE GRIMES COUNTY SHERIFF'S OFFICE POLICY MANUAL PROMULGATED BY THE GRIMES COUNTY SHERIFF'S OFFICE, THE GRIMES COUNTY SHERIFF AND/OR HIS DESIGNEES.

I UNDERSTAND THAT THESE RULES, REGULATIONS, AND/OR THE GRIMES COUNTY SHERIFF'S OFFICE POLICY MANUAL MAY BE CHANGED, INTERPRETED, WITHDRAWN, ADDED TO, SUBTRACTED FROM OR OTHERWISE MODIFIED BY THE GRIMES COUNTY SHERIFF OR HIS DESIGNEES AT ANY TIME AT THE GRIMES COUNTY SHERIFF'S SOLE DISCRETION AND WITHOUT ANY PRIOR NOTICE TO ME. INTERPRETATIONS OF THE TERMS AND PROVISIONS CONTAINED IN THE POLICY ARE RESERVED TO THE GRIMES COUNTY SHERIFF. ANY AGREEMENT WITH REGARD TO THIS OR ANY OTHER POLICY IS INVALID UNLESS IT IS IN WRITING AND SIGNED BY THE GRIMES COUNTY SHERIFF.

I UNDERSTAND THAT ANY OFFER OF EMPLOYMENT BY THE GRIMES COUNTY SHERIFF'S OFFICE IS CONTINGENT ON ME PROVIDING CONSENT TO THE ADMINISTRATION OF, AND THE RESULTS OF, ANY URINALYSIS, PHYSICAL EXAMINATION, PSYCHOLOGICAL EXAMINATION OR OTHER RECOGNIZED PROCEDURE AND THAT I MAY BE REQUIRED TO UNDERGO ADDITIONAL ALCOHOL AND/OR DRUG SCREENING, PSYCHOLOGICAL EXAMINATION OR OTHER RECOGNIZED PROCEDURAL TESTING, POLYGRAPH EXAMINATION, OR COUNSELING DURING THE COURSE OF MY EMPLOYMENT.

I UNDERSTAND THAT IF EMPLOYED, IT WILL BE ON A PROBATIONARY BASIS FOR THE FIRST 180 DAYS FROM THE DATE OF EMPLOYMENT OR MORE IF REMEDIAL TRAINING IS NECESSARY OR IF THERE IS DISCIPLINARY ACTION.

I UNDERSTAND THAT IF I FAIL TO SUCCESSFULLY COMPLETE MY MINIMUM SIX MONTH PROBATIONARY EMPLOYMENT PERIOD OR IF I TERMINATE MY EMPLOYMENT WITH THE GRIMES COUNTY SHERIFF'S OFFICE AT ANY TIME OR FOR ANY REASON BEFORE COMPLETING ONE FULL YEAR OF SERVICE, THAT I WILL BE RESPONSIBLE FOR THE COST OF ANY EQUIPMENT AND/OR UNIFORMS ISSUED TO ME AS WELL AS THE EXPENSE OF ANY PSYCHOLOGICAL AND PHYSICAL EXAMINATIONS.

I HAVE READ AND FULLY UNDERSTAND AND AGREE TO THE ABOVE EMPLOYMENT AGREEMENT.

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

\_\_\_\_\_  
Date

**STATE OF TEXAS** §

**COUNTY OF GRIMES** §

Before me personally appeared \_\_\_\_\_ who says he executed the above instrument of his own free will and accord with full knowledge and agreement to the purpose thereof.

SWORN AND SUBSCRIBED BEFORE ME this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

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

[ SEAL ]

\_\_\_\_\_  
Notary Public Printed Name

**AUTHORIZATION FOR RELEASE OF INFORMATION**

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TO WHOM IT MAY CONCERN:

I hereby authorize the **GRIMES COUNTY SHERIFF'S OFFICE** and its authorized representatives bearing this release, or a copy thereof, within one year of its date, to obtain any information in your files pertaining to my employment, military, credit, education or medical records, including not limited to academic, achievement, attendance, athletic, personal history, and disciplinary records, medical records, and credit records.

I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for official use. Consent is granted to all parties to furnish such information, as described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, as custodian of such records, and any school, college, university, or other educational institution, hospital, or other repository of medical records, credit bureau, lending institution, consumer reporting agency, or retail business establishment including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or attempt to comply with it.

I am furnishing my Social Security Number on a voluntary basis with the understanding such is not required by any law or regulation. I have been advised that all parties will utilize this number only to facilitate the location of employment, military, credit, and educational records concerning me in connection with this application. Should there be any question as to the validity of this release, you may contact me as indicated below.

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

\_\_\_\_\_  
Date

**STATE OF TEXAS** §

**COUNTY OF GRIMES** §

Before me personally appeared \_\_\_\_\_ who says he executed the above instrument of his own free will and accord with full knowledge and agreement to the purpose thereof.

SWORN AND SUBSCRIBED BEFORE ME this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

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

[ SEAL ]

\_\_\_\_\_  
Notary Public Printed Name

**CONFIDENTIAL INFORMATION AGREEMENT**

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A THOROUGH BACKGROUND INVESTIGATION WILL BE CONDUCTED TO DETERMINE YOUR QUALIFICATIONS FOR THE POSITION APPLIED FOR. TO A GREAT EXTENT YOUR EMPLOYMENT WILL DEPEND ON INFORMATION OBTAINED IN CONFIDENTIAL INTERVIEWS WITH PERSONS WITH WHOM YOU HAVE ASSOCIATED. INFORMATION WILL BE OBTAINED THROUGH INTERVIEWS AND DOCUMENTS OF A CONFIDENTIAL NATURE. APPLICANTS WILL NOT HAVE ACCESS TO SUCH INFORMATION. FURTHERMORE, SINCE THE INFORMATION IS CONFIDENTIAL, THE DEPARTMENT DOES NOT REVEAL THE REASON(S) OF REJECTION FOR THOSE APPLICANTS WHO ARE NOT ACCEPTED.

IF THE REASON(S) FOR YOUR NON-ACCEPTANCE IS OF A TEMPORARY NATURE WHEREBY YOU COULD BE ACCEPTED AT A LATER DATE, YOU WILL BE SO NOTIFIED.

I HAVE READ AND FULLY UNDERSTAND AND AGREE TO THE ABOVE CONFIDENTIAL INFORMATION AGREEMENT.

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

\_\_\_\_\_  
Date

**STATE OF TEXAS** §

**COUNTY OF GRIMES** §

Before me personally appeared \_\_\_\_\_ who says he executed the above instrument of his own free will and accord with full knowledge and agreement to the purpose thereof.

SWORN AND SUBSCRIBED BEFORE ME this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

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

[ SEAL ]

\_\_\_\_\_  
Notary Public Printed Name



**FREEDOM OF INFORMATION ACT**

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UNDER THE FREEDOM OF INFORMATION ACT, NAMES, ADDRESSES AND TELEPHONE NUMBERS OF EMPLOYEES OF THE COUNTY MAY BE RELEASED UPON WRITTEN REQUEST OF ANY PERSON, UNLESS THE EMPLOYEE HAS SPECIFICALLY REQUESTED THE INFORMATION NOT BE MADE PUBLIC.

I, \_\_\_\_\_,  **DO**  **DO NOT** WANT PERSONAL EMPLOYMENT INFORMATION RELEASED UNDER THE FREEDOM OF INFORMATION ACT.

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

\_\_\_\_\_  
Date

**STATE OF TEXAS** §

**COUNTY OF GRIMES** §

Before me personally appeared \_\_\_\_\_ who says he executed the above instrument of his own free will and accord with full knowledge and agreement to the purpose thereof.

SWORN AND SUBSCRIBED BEFORE ME this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

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

[ SEAL ]

\_\_\_\_\_  
Notary Public Printed Name