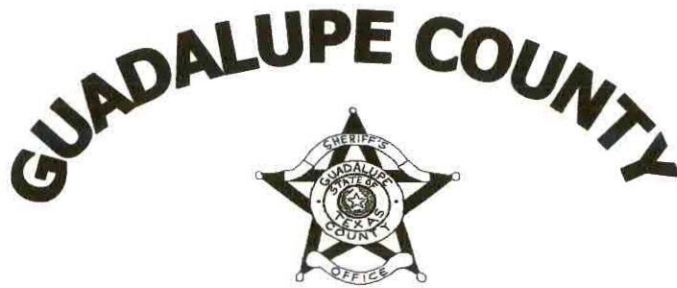


2617 N. GUADALUPE
SEGUIN, TEXAS 78155



(830)379-1224
FAX (830) 372-5408
METRO (830) 303-5241

Arnold S. Zwicke
Sheriff

Guadalupe County Sheriff's Office Application for Employment

Please read and carefully complete the attached forms before returning them to this office.

These instructions are provided as a guide to assist you in properly completing your Personal History Statement. It is essential that you provide complete and accurate information. The accuracy and completeness will be used to determine your suitability for employment with this department.

1. Your Personal History Statement shall be printed legibly in blue or black ink, or may be typed. Answer all the questions, accurately and to the best of your ability and knowledge.
2. If a question does not apply to you, enter N/A in the space provided.
3. You are solely responsible for the correctness of address and telephone numbers. If you are not sure of an address, please, check it by personal verification, the internet, or through your local library. Daytime, and business telephone numbers should be accurate and valid. Try to provide both a work and home number for your references.
4. If there is insufficient space for the information required, note on the form that additional sheets are being attached. The additional sheets should be labeled at the top as to the type of information included.
5. Deliberate omissions, or falsifications SHALL result in your disqualification from consideration for employment.
6. **Attach copies of the following documents:**
 - a. **High School Diploma or GED**
 - b. **Valid Texas Drivers License**
 - c. **Texas Peace Officer Certification card - if applicable**
 - d. **College Transcripts**
 - e. **Military Discharge papers showing type of discharge granted**
 - f. **Copy of birth certificate**
 - g. **Copies of all certificates of training applicable to the position for which you have applied**
 - h. **Copy of Social Security Card**
7. **Attach a current wallet size photograph not more than 30 calendar days old.**
8. **Sign the authorization for release of personal information form in front of a Notary Public and attach to the application.**

PERSONAL HISTORY STATEMENT

A. Applicant Identification - Information in this section is for identification purpose only.

1. NAME: _____
LAST FIRST MIDDLE

2. CURRENT ADDRESS: _____

3. TELEPHONE NUMBER: (Home): _____
(Work): _____
(Cell): _____

4. DATE OF BIRTH (M/D/Y): _____

5. SOCIAL SECURITY NUMBER: _____

6. PLACE OF BIRTH: (City/State/Country): _____

7. CITIZENSHIP (If not a US citizen, state, country of citizenship): _____

8. TEXAS DRIVERS LICENSE: _____

9. HEIGHT: _____

10. WEIGHT: _____

11. EYE COLOR: _____

12. HAIR COLOR: _____

13. SCARS, MARKS OR TATTOOS: _____

14. ARE THERE ANY OTHER NAMES YOU USE OR ARE KNOWN BY? _____

POSITION YOU ARE APPLYING FOR: _____

Have you ever resided outside of the State of Texas? ____ YES ____ NO

If so, where? _____

Have you resided outside of the United States of America? ____ YES ____ NO

If so, where? _____

RESIDENCES: List all residences where you have lived for the last 10 calendar years. Begin with your current address. List month and year for each residence

FROM	TO	ADDRESS

C. WORK HISTORY - Beginning with your present job, or most recent job, list all employers for the last 10 years. Including part time, non-paid temporary, or seasonal employment. Include all periods of employment.

1. EMPLOYER: _____

FROM: _____ TO: _____

TELEPHONE NUMBER: _____

JOB TITLE: _____ SUPERVISOR: _____

REASON FOR LEAVING EMPLOYER: _____

2. EMPLOYER: _____

FROM: _____ TO: _____

TELEPHONE NUMBER: _____

JOB TITLE: _____ SUPERVISOR: _____

REASON FOR LEAVING EMPLOYER: _____

3. EMPLOYER: _____

FROM: _____ TO: _____

TELEPHONE NUMBER: _____

JOB TITLE: _____ SUPERVISOR: _____

REASON FOR LEAVING EMPLOYER: _____

4. EMPLOYER: _____

FROM: _____ TO: _____

TELEPHONE NUMBER: _____

JOB TITLE: _____ SUPERVISOR: _____

REASON FOR LEAVING EMPLOYER: _____

5. EMPLOYER: _____

FROM: _____ TO: _____

TELEPHONE NUMBER: _____

JOB TITLE: _____ SUPERVISOR: _____

REASON FOR LEAVING EMPLOYER: _____

6. EMPLOYER: _____

FROM: _____ TO: _____

TELEPHONE NUMBER: _____

JOB TITLE: _____ SUPERVISOR: _____

REASON FOR LEAVING EMPLOYER: _____

MILITARY SERVICE:

1. Have you served in the US Armed Forces? __Yes __No

2. Date of Service: FROM_____ TO_____

3. Branch of Service:_____ Specialty_____

4. Highest Rank held:_____

5. Were you ever disciplined while in the military service (includes, but is not limited to: Court Martial, Article 15, Captains Mast, or other non-judicial punishment).

If yes, please describe on an attached sheet of paper, describing, when punishment occurred, charge(s), age at the time of discipline and final disposition, if any.

6. Type of Discharge received:_____

If other than Honorable Discharge, please describe type and circumstances of discharge and attach copy of all relevant documents.

E. EDUCATIONAL HISTORY.

1. High Schools Attended	Location	Dates Attended

2. Colleges and Universities attended	Location	Dates Attended

Major:_____ Minor:_____ Credits Total_____

Degree received, if any:_____ Date_____

Any other schools attended (Trade, Vocational, Business, etc)

School	Location	Dates Attended
_____	_____	_____
_____	_____	_____
_____	_____	_____

Major: _____ Minor _____ Credits Total _____

Diplomas received, if any: _____ Date _____

F. Special Qualifications and Skills

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

Language Proficiency: If you speak a language other than English, please note below, which language(s) and whether or not you can read and write that language.

FINANCIAL INFORMATION:

1. Banking Institution in which you maintain accounts:

NAME/LOCATION	ACCOUNT TYPE	AVG BALANCE
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. List all payments in which you are more than 30 days in arrears:

CREDITOR	NO. MONTHS IN ARREARS	AMNT IN ARREARS
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. Give date, type and location of any bankruptcies filed:

4. List any Alimony or Child Support payments (Include name to whom paid, frequency, and whether payment is current or in arrears).

ARRESTS, DETENTIONS AND CIVIL LITIGATION:

CHARGE	AGENCY	DATE	DISPOSITION

1. Have you ever been arrested, detained by police or summoned into court? YES NO
If yes, please detail on an attached sheet of paper all details surrounding this incident, include location, date, offense charged, and disposition.

2. Have you ever been involved as a party in a Civil Litigation? YES NO If Yes, please detail below all facts. If extra space is needed, attach a labeled sheet with the details. Include all divorces, child support, agreements, depositions, restraining orders and tax litigation.

DETAILS:

3. Have you ever lied to a Jury or Grand Jury? YES NO If yes, give details below:

TRAFFIC AND DRIVING RECORD:

1. Has your drivers license ever been suspended or revoked? YES NO
If Yes, give date, location and reason for suspension or revocation.

2. List all citations you have been issued, excluding parking tickets.

CHARGE	DATE	LOCATION	DISPOSITION
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3. Have you ever been involved in a motor vehicle accident? YES NO If Yes, please give complete details for each accident.

Date: _____ Location: _____

Reason for accident: _____

Date: _____ Location: _____

Reason for accident: _____

Police Investigation of accident? YES NO

Date: _____ Location: _____

Reason for accident: _____

Police Investigation of accident? YES NO

Date: _____ Location: _____

Reason for accident: _____

Police Investigation of accident? YES NO

Date: _____ Location: _____

Reason for accident: _____

4. Auto Insurance Information:

Company Name: _____

Policy Number: _____

Marital and Family History

Single:___ Engaged:___ Married:___ Separated:___ Divorced:___ Widowed:___

1. If engaged, name of Fiancée:_____

Address:_____

Telephone Number(s):_____

2. If married, name of Spouse:_____

Maiden name of wife (if applicable)_____

If ever separated, divorced or widowed:

DATE MARRIED	LOCATION	SPOUSE'S NAME	CURRENT ADDRESS
--------------	----------	---------------	-----------------

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

NAME	RELATION	DOB	ADDRESS	SUPPORTED BY
------	----------	-----	---------	--------------

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Membership in Organizations (Past and Present) Social, Fraternal, etc.

NAME/ADDRESS	TYPE	FROM/TO
--------------	------	---------

_____	_____	_____
_____	_____	_____
_____	_____	_____

PERSONAL DECLARATIONS

1. Describe in your own words the frequency and extent of your use of alcoholic beverages:

2. Have you ever used marijuana or any other drug not prescribed by your physician: YES NO

If Yes, describe: _____

3. Have you ever sold or furnished marijuana or drugs to any other person? YES NO

If Yes, describe: _____

4. If it became necessary to take a human life in the course of your duties as a Deputy Sheriff, would your personal beliefs prevent you from doing so? YES NO

If Yes explain: _____

5. Do you have any personal beliefs, which would prevent you from fully performing the duties of a Deputy Sheriff? including but not limited to working on weekends, differing shifts, or long hours? YES NO

If Yes explain: _____

6. Are there any incidents or details in your life which are not mentioned that could prevent you from being able to perform the duties of a Deputy Sheriff? YES NO

If Yes explain: _____

PERSONAL REFERENCES

List three persons not related to you who are qualified to describe your capabilities for the position you seek.

Name: _____ Address: _____

Phone: _____ Occupation _____

Name: _____ Address: _____

Phone: _____ Occupation _____

Name: _____ Address: _____

Phone: _____ Occupation _____

I HEREBY CERTIFY THAT THE ANSWERS GIVEN ABOVE ARE TRUE AND CORRECT TO THE BEST OF MY ABILITY AND THAT I HAVE MADE NO WILLFULL MISREPRESENTATIONS, OMMISSIONS, OR FALSIFICATIONS. I AM AWARE THAT ANY WILLFULL MISREPRESENTATIONS, OMMISSIONS, OR FALSIFICATIONS MAY BE GROUNDS FOR THE IMMEDIATE REJECTION OR TERMINATION OF EMPLOYMENT.

SIGNATURE OF APPLICANT

DATE

GUADALUPE COUNTY SHERIFF'S DEPARTMENT

Sheriff Arnold Zwicke

WAIVER AND AUTHORIZATION FOR RELEASE OF RECORDS

To Whom It May Concern:

I authorize you to furnish the Guadalupe County Sheriff's Department background investigator, or other duly accredited representative of the GCSO conducting my background investigation, any information relating to my activities from individuals, schools, residential management agents, employers, criminal justice agencies, credit bureaus, consumer reporting agencies, collection agencies, retail businesses, military, state and federal agencies or other sources of information.

This information may include but is not limited to; my academic, residential, achievement, performance, attendance, disciplinary, employment history, criminal history record information, financial and credit information, and military service records; information of a confidential or privileged nature may be included. Your reply will be used to assist the Sheriff's Department in determining my qualifications and fitness for the position I am seeking with the Department. This includes individuals identified by the Guadalupe County Sheriff's Department representative, who might have information about my suitability for employment.

I further authorize you to release arrests, detentions, field citations, field interview cards, officers records, jail/custody booking records, traffic citations and traffic accident information, district attorney records, county attorney records, court records and reports, probation and parole reports and records, laboratory reports and results, and any other criminal justice records, reports, or information source. This inquiry is in accordance with the applicable State code, and local ordinances.

I have read and understand my rights under Title 5, United States Code, Section 552A, the Privacy Act of 1974, and waive those rights with the understanding that the information furnished will be used by the Guadalupe County Sheriff's Department in conjunction with the employment process. Additionally, I understand that information obtained by the Guadalupe County Sheriff's Department may be made accessible to other law enforcement agencies if a proper waiver is provided. This waiver and release applies to information covered by Title 5 as well as information not covered by that statute.

I hereby release the Guadalupe County Sheriff's Department, you, your organization, and your office's agents and employees and others from any liability or damage which may result from furnishing the information requested, including any liability pursuant to any state or local code or ordinance, or any similar laws.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for a period of two (2) years from the date signed, or upon termination of my affiliation with Guadalupe County Sheriff's Department

Signature	Full Name (Type or print)	Date signed
Other names used	Social Security number	
Current Address	Home Telephone number	

SUBSCRIBED AND SWORN TO BEFORE ME ON THE _____ DAY of _____, 20__.

Arnold Zwicke, Sheriff
2617 N. Guadalupe St, Seguin TX 78155
(830)379-1224 FAX (830)372-5408

NOTARY PUBLIC STATE OF TEXAS