

Dispatcher
PERSONAL HISTORY STATEMENT



*A “Recognized Law Enforcement Agency” by
the Texas Police Chief’s Association*

Applicant Name

**Alamo Heights Police Department
Personal History Statement**

READ THESE INSTRUCTIONS CAREFULLY

These instructions are provided as a guide to assist you in properly completing the PERSONAL HISTORY STATEMENT. The Personal History Statement and supporting documents are necessary to conduct your background investigation. It is essential that the information be accurate in all respects. It will be used as the basis for a background investigation that will determine your eligibility for employment.

1. The Personal History Statement must be printed legibly in **black ink** or **typed** by you.
2. All questions must be answered completely and to the best of your ability. If a question does not apply to you, enter "N/A" or "Not Applicable" in the space provided.
3. Do not use "Liquid Paper", "Correction Tape" or any other substance to "white out" errors. Draw one line through the error and write the correction above or next to the error. Avoid errors by reading the directions carefully before making entries on the form. Be sure your information is correct and in proper sequence before you begin.
4. You are responsible for obtaining correct names, addresses and telephone numbers. If you are not sure of an address or telephone number, check it by personal verification. The internet may be a source for obtaining information. **If you do not provide the necessary phone numbers, your application may be disqualified.**
5. Do not write on the back of any page. If there is insufficient space on the form, attach extra sheets. Be sure to reference the relevant section and question on the extra sheet(s).
6. Upon completing the Personal History Statement, re-check each section to ensure that all information requested has been provided and is accurate.
7. Initial each page indicating the information is accurate and complete.

Your failure to properly complete this document may result in disqualification of your application. Any deliberate omissions or falsifications of information may result in disqualification; or, if you have been appointed, may disqualify you from continued employment.

The City of Alamo Heights is an Equal Opportunity Employer and is firmly committed to treating employees and applicants for employment according to their experience, talent, and qualifications for the job, without regard to race, creed, color, national origin, sex, age [if at least age forty (40)] or disability (if otherwise qualified to do the job).

For Police Department Use Only

Applicant: _____

Position: _____

Date PHS Received: _____

PHS Received by: _____

Background Investigator: _____

**ALAMO HEIGHTS POLICE DEPARTMENT
PERSONAL HISTORY STATEMENT – DISPATCHER**

SECTION 1: PERSONAL

1. YOUR FULL NAME (INCLUDING SURNAME SUFFIX)			
LAST	FIRST	MIDDLE	
2. OTHER NAMES, INCLUDING MAIDEN NAMES OR NICKNAMES, YOU HAVE USED OR BEEN KNOWN BY			
3. ADDRESS WHERE YOU CURRENTLY RESIDE			
STREET			APT / UNIT
CITY		STATE	ZIP
4. MAILING ADDRESS, IF DIFFERENT FROM ABOVE			
5. CONTACT NUMBERS			
HOME ()	WORK ()	EXT	OTHER () <input type="checkbox"/> CELL <input type="checkbox"/> FAX <input type="checkbox"/> PAGER
6. EMAIL ADDRESS			
HOME		BUSINESS	
7. If you were born outside of the United States, are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, are you a resident alien who is eligible and has applied for U.S. citizenship? <input type="checkbox"/> Yes <input type="checkbox"/> No			
8. BIRTH PLACE – CITY / COUNTY / STATE / COUNTRY			9. BIRTHDATE
			10. SOCIAL SECURITY NUMBER - -
11. DRIVER'S LICENSE		12. PHYSICAL DESCRIPTION	
NO.	STATE	EXP	HEIGHT WEIGHT

SECTION 2: RELATIVES AND REFERENCES

13. IMMEDIATE FAMILY

- Provide all applicable information in the spaces below.
- Mark "N/A" if a category is not applicable or if the individual is deceased.
- If more space is needed, continue your response on page 27.

<input type="checkbox"/> N/A A. Father			
NAME		HOME ADDRESS	
		STATE	ZIP
HOME PHONE ()	WORK ADDRESS		
	STATE	ZIP	
WORK PHONE ()	CELL PHONE ()	EMAIL	

<input type="checkbox"/> N/A B. Step-father			
NAME		HOME ADDRESS	
		STATE	ZIP
HOME PHONE ()	WORK ADDRESS		
	STATE	ZIP	
WORK PHONE ()	CELL PHONE ()	EMAIL	

<input type="checkbox"/> N/A C. Mother			
NAME		HOME ADDRESS	
		STATE	ZIP
HOME PHONE ()	WORK ADDRESS		
	STATE	ZIP	
WORK PHONE ()	CELL PHONE ()	EMAIL	

**ALAMO HEIGHTS POLICE DEPARTMENT
PERSONAL HISTORY STATEMENT – DISPATCHER**

SECTION 2: RELATIVES AND REFERENCES *continued*

13. IMMEDIATE FAMILY *continued*

<input type="checkbox"/> N/A D. Step-mother			
NAME		HOME ADDRESS	
		STATE	ZIP
HOME PHONE ()		WORK ADDRESS	
		STATE	ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL

<input type="checkbox"/> N/A E. Spouse			
NAME		HOME ADDRESS	
		STATE	ZIP
HOME PHONE ()		WORK ADDRESS	
		STATE	ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL
YEARS OF MARRIAGE	Is there, or has there been, a protective order in effect for this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No		

<input type="checkbox"/> N/A F. Father-in-law			
NAME		HOME ADDRESS	
		STATE	ZIP
HOME PHONE ()		WORK ADDRESS	
		STATE	ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL

<input type="checkbox"/> N/A G. Mother-in-law			
NAME		HOME ADDRESS	
		STATE	ZIP
HOME PHONE ()		WORK ADDRESS	
		STATE	ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL

<input type="checkbox"/> N/A H. Former Spouse(s)			
1) NAME		HOME ADDRESS	
		STATE	ZIP
HOME PHONE ()		WORK ADDRESS	
		STATE	ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL
YEAR OF DISSOLUTION	Is there, or has there been, a protective order in effect for this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No		

2) NAME		HOME ADDRESS	
		STATE	ZIP
HOME PHONE ()		WORK ADDRESS	
		STATE	ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL
YEAR OF DISSOLUTION	Is there, or has there been, a protective order in effect for this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No		

**ALAMO HEIGHTS POLICE DEPARTMENT
PERSONAL HISTORY STATEMENT – DISPATCHER**

SECTION 2: RELATIVES AND REFERENCES *continued*

13. IMMEDIATE FAMILY *continued*

N/A **I. Brothers and Sisters** – list all living siblings, including half-siblings, step-siblings, foster siblings, etc.

1) NAME		HOME ADDRESS		STATE	ZIP
<input type="checkbox"/> M	HOME PHONE	WORK ADDRESS		STATE	ZIP
<input type="checkbox"/> F	()				
<input type="checkbox"/> UNDER AGE 18	WORK PHONE	CELL PHONE	EMAIL		
	()	()			
2) NAME		HOME ADDRESS		STATE	ZIP
<input type="checkbox"/> M	HOME PHONE	WORK ADDRESS		STATE	ZIP
<input type="checkbox"/> F	()				
<input type="checkbox"/> UNDER AGE 18	WORK PHONE	CELL PHONE	EMAIL		
	()	()			
3) NAME		HOME ADDRESS		STATE	ZIP
<input type="checkbox"/> M	HOME PHONE	WORK ADDRESS		STATE	ZIP
<input type="checkbox"/> F	()				
<input type="checkbox"/> UNDER AGE 18	WORK PHONE	CELL PHONE	EMAIL		
	()	()			
4) NAME		HOME ADDRESS		STATE	ZIP
<input type="checkbox"/> M	HOME PHONE	WORK ADDRESS		STATE	ZIP
<input type="checkbox"/> F	()				
<input type="checkbox"/> UNDER AGE 18	WORK PHONE	CELL PHONE	EMAIL		
	()	()			
5) NAME		HOME ADDRESS		STATE	ZIP
<input type="checkbox"/> M	HOME PHONE	WORK ADDRESS		STATE	ZIP
<input type="checkbox"/> F	()				
<input type="checkbox"/> UNDER AGE 18	WORK PHONE	CELL PHONE	EMAIL		
	()	()			
6) NAME		HOME ADDRESS		STATE	ZIP
<input type="checkbox"/> M	HOME PHONE	WORK ADDRESS		STATE	ZIP
<input type="checkbox"/> F	()				
<input type="checkbox"/> UNDER AGE 18	WORK PHONE	CELL PHONE	EMAIL		
	()	()			

N/A **J. Children**

List all of your living children, including natural, adopted, step, and/or foster care. Include any other children who reside with you. Provide the name and contact information of the custodial parent or guardian, if other than you.

1) NAME		CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)			
<input type="checkbox"/> M	CHILD'S AGE	ADDRESS		STATE	ZIP
<input type="checkbox"/> F					
		CONTACT NUMBER	EMAIL		
		()			
2) NAME		CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)			
<input type="checkbox"/> M	CHILD'S AGE	ADDRESS		STATE	ZIP
<input type="checkbox"/> F					
		CONTACT NUMBER	EMAIL		
		()			

**ALAMO HEIGHTS POLICE DEPARTMENT
PERSONAL HISTORY STATEMENT – DISPATCHER**

SECTION 2: RELATIVES AND REFERENCES *continued*
13. IMMEDIATE FAMILY (CHILDREN) *continued*

3) NAME <input type="checkbox"/> M <input type="checkbox"/> F	CHILD'S AGE _____	CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU) ADDRESS STATE ZIP CONTACT NUMBER EMAIL ()
4) NAME <input type="checkbox"/> M <input type="checkbox"/> F	CHILD'S AGE _____	CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU) ADDRESS STATE ZIP CONTACT NUMBER EMAIL ()
5) NAME <input type="checkbox"/> M <input type="checkbox"/> F	CHILD'S AGE _____	CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU) ADDRESS STATE ZIP CONTACT NUMBER EMAIL ()
6) NAME <input type="checkbox"/> M <input type="checkbox"/> F	CHILD'S AGE _____	CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU) ADDRESS STATE ZIP CONTACT NUMBER EMAIL ()

14. REFERENCES
List 7–10 people who know you well, such as social and family friends, co-workers, military acquaintances. Do not include relatives, employers or housemates, or other individuals listed elsewhere. Include current or former law enforcement personnel.

A) NAME <input type="checkbox"/> M <input type="checkbox"/> F	HOME PHONE ()	HOME ADDRESS STATE ZIP WORK ADDRESS STATE ZIP CELL PHONE EMAIL ()
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)		HOW LONG HAVE YOU KNOWN THIS PERSON?
B) NAME <input type="checkbox"/> M <input type="checkbox"/> F	HOME PHONE ()	HOME ADDRESS STATE ZIP WORK ADDRESS STATE ZIP CELL PHONE EMAIL ()
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)		HOW LONG HAVE YOU KNOWN THIS PERSON?
C) NAME <input type="checkbox"/> M <input type="checkbox"/> F	HOME PHONE ()	HOME ADDRESS STATE ZIP WORK ADDRESS STATE ZIP CELL PHONE EMAIL ()
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)		HOW LONG HAVE YOU KNOWN THIS PERSON?

**ALAMO HEIGHTS POLICE DEPARTMENT
PERSONAL HISTORY STATEMENT – DISPATCHER**

SECTION 2: RELATIVES AND REFERENCES (Section 14. References) *continued*

D) NAME		HOME ADDRESS		STATE	ZIP
HOME PHONE ()		WORK ADDRESS		STATE	ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL		
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)				HOW LONG HAVE YOU KNOWN THIS PERSON?	

E) NAME		HOME ADDRESS		STATE	ZIP
HOME PHONE ()		WORK ADDRESS		STATE	ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL		
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)				HOW LONG HAVE YOU KNOWN THIS PERSON?	

F) NAME		HOME ADDRESS		STATE	ZIP
HOME PHONE ()		WORK ADDRESS		STATE	ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL		
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)				HOW LONG HAVE YOU KNOWN THIS PERSON?	

G) NAME		HOME ADDRESS		STATE	ZIP
HOME PHONE ()		WORK ADDRESS		STATE	ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL		
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)				HOW LONG HAVE YOU KNOWN THIS PERSON?	

H) NAME		HOME ADDRESS		STATE	ZIP
HOME PHONE ()		WORK ADDRESS		STATE	ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL		
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)				HOW LONG HAVE YOU KNOWN THIS PERSON?	

I) NAME		HOME ADDRESS		STATE	ZIP
HOME PHONE ()		WORK ADDRESS		STATE	ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL		
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)				HOW LONG HAVE YOU KNOWN THIS PERSON?	

J) NAME		HOME ADDRESS		STATE	ZIP
HOME PHONE ()		WORK ADDRESS		STATE	ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL		
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)				HOW LONG HAVE YOU KNOWN THIS PERSON?	

**ALAMO HEIGHTS POLICE DEPARTMENT
PERSONAL HISTORY STATEMENT – DISPATCHER**

SECTION 3: EDUCATION

NOTE: You will be required to furnish transcripts or other proof to support all of your educational claims.

15. Check all that are applicable: High School Diploma from an accredited U.S. institution GED Accredited College Degree

16. List high schools attended:

A) NAME		FROM	TO	DID YOU GRADUATE? <input type="checkbox"/> Yes <input type="checkbox"/> No
CITY		STATE		
B) NAME		FROM	TO	DID YOU GRADUATE? <input type="checkbox"/> Yes <input type="checkbox"/> No
CITY		STATE		

17. List all colleges or universities attended:

A) NAME		FROM	TO	TOTAL HOURS EARNED	TYPE OF DEGREE EARNED
CITY		STATE			
B) NAME		FROM	TO	TOTAL HOURS EARNED	TYPE OF DEGREE EARNED
CITY		STATE			
C) NAME		FROM	TO	TOTAL HOURS EARNED	TYPE OF DEGREE EARNED
CITY		STATE			

18. List any trade, vocational, or business schools/institutes attended:

A) NAME		FROM	TO	DID YOU COMPLETE THE COURSE? <input type="checkbox"/> Yes <input type="checkbox"/> No
TYPE OF SCHOOL OR TRAINING	CITY		STATE	
B) NAME		FROM	TO	DID YOU COMPLETE THE COURSE? <input type="checkbox"/> Yes <input type="checkbox"/> No
TYPE OF SCHOOL OR TRAINING	CITY		STATE	
C) NAME		FROM	TO	DID YOU COMPLETE THE COURSE? <input type="checkbox"/> Yes <input type="checkbox"/> No
TYPE OF SCHOOL OR TRAINING	CITY		STATE	

**ALAMO HEIGHTS POLICE DEPARTMENT
PERSONAL HISTORY STATEMENT – DISPATCHER**

SECTION 4: RESIDENCE

19. LIST OF RESIDENCES

- List ALL residences in the past 5 years, beginning with the present. Provide *complete* addresses (include markers such as Street, Drive, Road, East, West, etc., and unit or apartment number). Do not use P.O. Boxes.
- If the residence is a military base, identify name of base in address, nearest city, state and zip code. DO NOT LIST military barracks mates unless you shared individual quarters.
- If more space is needed continue on page 27.

A) ADDRESS WHERE YOU NOW LIVE			APT / UNIT	FROM	TO Present
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER		
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER			APT / UNIT	CONTACT NUMBER ()	
CITY	STATE	ZIP	EMAIL (PROPERTY OWNER, RENT COLLECTOR, OR OWNER)		
Names of those with whom you live:					

B) FORMER ADDRESS			APT / UNIT	FROM	TO
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER		
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER			APT / UNIT	CONTACT NUMBER ()	
CITY	STATE	ZIP	EMAIL (PROPERTY OWNER, RENT COLLECTOR, OR OWNER)		
Names of those with whom you lived:					
Reason for moving:					

C) FORMER ADDRESS			APT / UNIT	FROM	TO
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER		
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER			APT / UNIT	CONTACT NUMBER ()	
CITY	STATE	ZIP	EMAIL (PROPERTY OWNER, RENT COLLECTOR, OR OWNER)		
Names of those with whom you lived:					
Reason for moving:					

D) FORMER ADDRESS			APT / UNIT	FROM	TO
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER		
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER			APT / UNIT	CONTACT NUMBER ()	
CITY	STATE	ZIP	EMAIL (PROPERTY OWNER, RENT COLLECTOR, OR OWNER)		
Names of those with whom you lived:					
Reason for moving:					

**ALAMO HEIGHTS POLICE DEPARTMENT
PERSONAL HISTORY STATEMENT – DISPATCHER**

SECTION 5: EMPLOYMENT AND EXPERIENCE

20. JOB EXPERIENCE

- List **ALL** jobs you have had, including part-time, temporary, self-employment and volunteer, in the past 10 years. (Begin with your most current. If more space is needed continue your response on page 27.)
- If you have military experience, including reserve duty, enter your military base, assignments, or unit of assignment.
- List **ALL** periods of unemployment in excess of 30 days.

A) NAME OF EMPLOYER OR MILITARY UNIT				FROM	TO
STREET ADDRESS OR BASE			SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER ()	SALARY	
JOB TITLE			EMAIL (SUPERVISOR)		
DUTIES / ASSIGNMENTS				<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)		2)		REASON FOR WANTING TO LEAVE	
Would there be a problem if we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, explain:			

B) PERIOD OF UNEMPLOYMENT				FROM	TO
Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other					

C) NAME OF EMPLOYER OR MILITARY UNIT				FROM	TO
STREET ADDRESS OR BASE			SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER ()	EXT	
JOB TITLE			EMAIL (SUPERVISOR)		
DUTIES / ASSIGNMENTS				<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)		2)		REASON FOR LEAVING	

D) PERIOD OF UNEMPLOYMENT				FROM	TO
Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other					

E) NAME OF EMPLOYER OR MILITARY UNIT				FROM	TO
STREET ADDRESS OR BASE			SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER ()	EXT	
JOB TITLE			EMAIL (SUPERVISOR)		
DUTIES / ASSIGNMENTS				<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)		2)		REASON FOR LEAVING	

**ALAMO HEIGHTS POLICE DEPARTMENT
PERSONAL HISTORY STATEMENT – DISPATCHER**

SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

21. JOB EXPERIENCE *continued*

F) PERIOD OF UNEMPLOYMENT Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other	FROM	TO
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G) NAME OF EMPLOYER OR MILITARY UNIT				FROM	TO
STREET ADDRESS OR BASE			SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER ()	EXT	
JOB TITLE			EMAIL (SUPERVISOR)		
DUTIES / ASSIGNMENTS				<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)		2)		REASON FOR LEAVING	

H) PERIOD OF UNEMPLOYMENT Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other	FROM	TO
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I) NAME OF EMPLOYER OR MILITARY UNIT				FROM	TO
STREET ADDRESS OR BASE			SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER ()	EXT	
JOB TITLE			EMAIL (SUPERVISOR)		
DUTIES / ASSIGNMENTS				<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)		2)		REASON FOR LEAVING	

J) PERIOD OF UNEMPLOYMENT Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other	FROM	TO
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K) NAME OF EMPLOYER OR MILITARY UNIT				FROM	TO
STREET ADDRESS OR BASE			SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER ()	EXT	
JOB TITLE			EMAIL (SUPERVISOR)		
DUTIES / ASSIGNMENTS				<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)		2)		REASON FOR LEAVING	

L) PERIOD OF UNEMPLOYMENT Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other	FROM	TO
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**ALAMO HEIGHTS POLICE DEPARTMENT
PERSONAL HISTORY STATEMENT – DISPATCHER**

SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

21. JOB EXPERIENCE *continued*

M) NAME OF EMPLOYER OR MILITARY UNIT				FROM	TO
STREET ADDRESS OR BASE			SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER ()	EXT	
JOB TITLE			EMAIL (SUPERVISOR)		
DUTIES / ASSIGNMENTS				<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)		2)		REASON FOR LEAVING	

N) PERIOD OF UNEMPLOYMENT	FROM	TO
Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other		

O) NAME OF EMPLOYER OR MILITARY UNIT				FROM	TO
STREET ADDRESS OR BASE			SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER ()	EXT	
JOB TITLE			EMAIL (SUPERVISOR)		
DUTIES / ASSIGNMENTS				<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)		2)		REASON FOR LEAVING	

P) PERIOD OF UNEMPLOYMENT	FROM	TO
Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other		

Q) NAME OF EMPLOYER OR MILITARY UNIT				FROM	TO
STREET ADDRESS OR BASE			SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER ()	EXT	
JOB TITLE			EMAIL (SUPERVISOR)		
DUTIES / ASSIGNMENTS				<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)		2)		REASON FOR LEAVING	

22. Have you ever been disciplined at work? (This includes written warnings, formal letters of counseling, reprimands, suspensions, reductions in pay, reassignments or demotions)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
23. Have ever you ever been fired, released from probation, or asked to resign from any place of employment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
24. Have you ever been involved in a physical/verbal altercation with a supervisor, co-worker, or customer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**ALAMO HEIGHTS POLICE DEPARTMENT
PERSONAL HISTORY STATEMENT – DISPATCHER**

SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

25. Have you ever quit without giving proper notice?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
26. Have you ever resigned or quit to avoid being discharged, terminated or fired?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
27. Have you ever been accused of discrimination (such as sexual harassment, racial bias, etc.) by a co-worker, superior, subordinate or customer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
28. Were you ever the subject of a written complaint at work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
29. Have you ever been counseled at work due to lateness or absences?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
30. Have you ever received an unsatisfactory performance review?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
31. Have you ever sold, released, or given away legally confidential information?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
32. Have you ever called in sick when you were neither sick nor caring for a sick family member?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, how many sick days have you used in the past five years which were not due to illness?		

If you answered yes to any of **Questions 22–32**, explain (include when, where and circumstances; indicate corresponding number.):

33. Have you **ever** applied to any other law enforcement agency (city, county, state or federal)? YES NO

- If yes, list EVERY agency you have applied to, starting with the most recent (give complete and accurate addresses).
- **All agencies MUST be listed regardless of the outcome or current status. Check all boxes that apply for each agency.**
- If more space is needed, continue your response on page 27.

A) NAME OF AGENCY			DATE APPLIED	
STREET ADDRESS			BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)	
CITY	STATE	ZIP	CONTACT NUMBER ()	EXT
POSITION APPLIED FOR			EMAIL (BACKGROUND INVESTIGATOR)	
Check each step in the process that you completed, and your status:				
STEPS: <input type="checkbox"/> Application <input type="checkbox"/> Oral <input type="checkbox"/> Background <input type="checkbox"/> Conditional job offer withdrawn				
STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified				

**ALAMO HEIGHTS POLICE DEPARTMENT
PERSONAL HISTORY STATEMENT – DISPATCHER**

SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

33. Have you **ever** applied to any other law enforcement agency... *continued*

B) NAME OF AGENCY				DATE APPLIED	
STREET ADDRESS			BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)		
CITY	STATE	ZIP	CONTACT NUMBER ()	EXT	
POSITION APPLIED FOR			EMAIL (BACKGROUND INVESTIGATOR)		
Check each step in the process that you completed, and your status:					
STEPS: <input type="checkbox"/> Application <input type="checkbox"/> Oral <input type="checkbox"/> Background <input type="checkbox"/> Conditional job offer withdrawn					
STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified					

C) NAME OF AGENCY				DATE APPLIED	
STREET ADDRESS			BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)		
CITY	STATE	ZIP	CONTACT NUMBER ()	EXT	
POSITION APPLIED FOR			EMAIL (BACKGROUND INVESTIGATOR)		
Check each step in the process that you completed, and your status:					
STEPS: <input type="checkbox"/> Application <input type="checkbox"/> Oral <input type="checkbox"/> Background <input type="checkbox"/> Conditional job offer withdrawn					
STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified					

SECTION 6: TELECOMMUNICATOR (DISPATCHER) EXPERIENCE

34. Are you currently or have you ever been certified as a telecommunicator by the Texas Commission on Law Enforcement Officer (TCOLE)? Yes No

35. Has your telecommunicator's certification ever been revoked or suspended (if applicable)? Yes No

36. Have you ever received TCIC / NCIC certification (if applicable)? Yes No
If yes, what access level(s)?

SECTION 7: LEGAL

Disclosure of Arrests and Convictions

As an applicant for a **dispatcher** position, you are required to disclose any of the following information, *even if the records were sealed, expunged, dismissed or pardoned*:

- ALL detentions or arrests, whether they resulted in a conviction or not
- ALL investigations and/or convictions
- ALL diversion programs that were not successfully completed

If more space is needed, continue on page 27.

37. **Either as an adult or a juvenile, have you EVER been questioned, investigated, detained, interrogated, arrested, indicted, criminally charged, or convicted of any misdemeanor or felony offense in this state or in any other legal jurisdiction (including offenses punishable under the Uniform Code of Military Justice)?** Yes No

**ALAMO HEIGHTS POLICE DEPARTMENT
PERSONAL HISTORY STATEMENT – DISPATCHER**

SECTION 7: LEGAL *continued*

If yes, explain each incident.

A) APPROX DATE	ARRESTING OR DETAINING AGENCY
CHARGE	
DISPOSITION OR PENALTY	
B) APPROX DATE	ARRESTING OR DETAINING AGENCY
CHARGE	
DISPOSITION OR PENALTY	
C) APPROX DATE	ARRESTING OR DETAINING AGENCY
CHARGE	
DISPOSITION OR PENALTY	
D) APPROX DATE	ARRESTING OR DETAINING AGENCY
CHARGE	
DISPOSITION OR PENALTY	

38. Have you ever been placed on court ordered community supervision or probation as an adult?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
39. Were you ever required to appear before a juvenile court for an act which would have been a crime if committed as an adult?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
40. Have you ever been a party in a civil lawsuit (e.g., small claims actions, dissolutions, child custody, paternity, support, etc.)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
41. Have the police ever been called to your residence for any reason?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
42. Have you ever been the subject of an emergency protective order/restraining order?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
43. Have you settled any civil suit in which you, your insurance company, or anyone else on your behalf was required to make payment to the other party?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
44. Have you ever fraudulently received welfare, unemployment compensation, worker's compensation, or other state or federal assistance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
45. Have you ever filed a false insurance claim or worker's compensation claim?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**ALAMO HEIGHTS POLICE DEPARTMENT
PERSONAL HISTORY STATEMENT – DISPATCHER**

If you answered yes to any of **Questions 38–45**, explain (include court case or document, dates, and circumstances; indicate corresponding number):

SECTION 8: OTHER TOPICS

46. Are you now, or have you ever been, a member or associate of a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, or disability?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
47. Do you have, or have you ever had, a tattoo signifying membership in, or affiliation with, a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, or disability?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
48. Have any immediate family members (father, mother, brothers, sisters, spouse, children) been investigated or convicted of anything other than a traffic violation in the last 5 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
49. Do you have family members who are council members or employees of the City of Alamo Heights?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you answered yes to any of **Questions 46–49**, give details including dates and circumstances; indicate corresponding number.

**ALAMO HEIGHTS POLICE DEPARTMENT
PERSONAL HISTORY STATEMENT – DISPATCHER**

SECTION 9: CERTIFICATION

I hereby certify that I have completed and initialed each page of this personal history statement and any supplemental page(s) attached, and that there are **no misrepresentations, falsifications, or intentional omissions** in the foregoing statements and answers. **ALL** entries in this personal history statement are true, complete, and correct. I agree and consent in advance to being rejected for employment and understand that if hired, I may be discharged, if any of the information provided contains any misrepresentations, falsifications, or if any material information has been omitted in my application process. I further certify that I have personally written/typed this personal history statement and that I have solely filled out this application without aid or assistance from any person or persons.

I further agree that if my personal history statement is not accepted or if I am not hired, that the City of Alamo Heights and the Alamo Heights Police Department will not discuss with me the reason for me not being selected or hired. If the issue is of a temporary nature, I will be notified that I am eligible to re-apply.

SIGNATURE IN FULL	DATE
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