

UNT Health Science Center  
Police Department

# Personal History Statement



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

Position Applied For:

☐ Police Officer

☐ Communications  
Officer

☐ Public Service Officer

Return to: Lt. Jeff Arrington  
University of North Texas Health Science  
Center Police Department  
3600 Mattison Ave.  
Fort Worth, TX 76107

Personal History Statement  
(Revised 02/17)

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

UNT Health Science Center  
Police Department  
3600 Mattison Ave.  
Fort Worth, TX 76107  
817/735-2210

Instructions

**Read these instructions carefully before proceeding.**

These instructions are provided as a guide to assist you in properly completing your Personal History Statement. 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. Your Personal History Statement must be hand-printed and filled out by you personally.
2. **DO NOT have anyone else fill out this form for you.** Answer all questions to the best of your ability.
3. If a question is not applicable to you, enter N/A in the space provided.
4. Avoid errors by reading the directions carefully before making any entries on the form.
5. Be sure your information is correct and in proper sequence before you begin.
6. You are responsible for obtaining correct information and addresses. If you are not sure of any address, check it by personal verification. Your local library may have a directory service or copies of local telephone directories.
7. If there is insufficient space on the form for you to include all information required, attach extra sheets to the Personal History Statement. Be sure to reference the relevant section before you continue your answer.
8. **ANY OMISSIONS OR FALSIFICATION ON THE PERSONAL HISTORY STATEMENT WILL RESULT IN YOUR APPLICATION BEING WITHDRAWN.**

Tip: Keep track of important dates with the tear-out section below and keep it for your records.



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UNT Health Science Center Police Department - Personal History Statement Checklist

Milestones			
<input type="checkbox"/>	Online application submitted	<input type="checkbox"/>	All Documentation Received/Attached
<input type="checkbox"/>	Personal History Statement filled out	<input type="checkbox"/>	Personal History Statement submitted

Documentation		
<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> High School Diploma	<input type="checkbox"/> Marriage Certificate(s)
<input type="checkbox"/> Driver's License	<input type="checkbox"/> High School Transcripts	<input type="checkbox"/> Dissolution of Marriage Papers
<input type="checkbox"/> Naturalization Papers	<input type="checkbox"/> College Diploma	<input type="checkbox"/> Military Discharge Papers (DD214)
<input type="checkbox"/> Social Security Card	<input type="checkbox"/> College Transcripts	<input type="checkbox"/> Information Release Form (notarized)
<input type="checkbox"/> Selective Service Verification	<input type="checkbox"/> Personal Automobile Insurance Card	<input type="checkbox"/> Recent Credit Report
	<input type="checkbox"/> Peace Officer / Communications Officer Licenses or Certifications	

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**Required Documents Checklist**

We require that you attach copies of the following documents with your Personal History Statement, if applicable.

- ☐ 1. Birth Certificate
- ☐ 2. Driver's License
- ☐ 3. Naturalization Papers
- ☐ 4. Social Security Card
- ☐ 5. Selective Service Verification - <http://www.sss.gov>
- ☐ 6. High School Diploma or G.E.D.
- ☐ 7. High School Transcripts (must be a certified copy with original stamp or embossed)
- ☐ 8. College Diploma
- ☐ 9. College Transcripts (must be a certified copy with original stamp or embossed)
- ☐ 10. Marriage Certificates
- ☐ 11. Dissolution of Marriage Papers
- ☐ 12. Military Discharge Papers (DD214)
- ☐ 13. Personal Automobile Insurance Card, Declarations Page, or Certificate of Coverage
- ☐ 14. Peace Officer / Communications Officer Licenses or Certifications
- ☐ 15. Information Release Form (provided in this packet - must be signed and notarized)
- ☐ 16. Recent Credit Report - [www.annualcreditreport.com](http://www.annualcreditreport.com) (Internet copies are accepted)

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**Applicant Identification**

Information provided in this section is for the purpose of identification and notification.

<b>1. Name</b>			<b>2. Birth</b>	
Last	First	Middle	Date	Place
<b>3. Address</b>				
Street		City	State	ZIP Code
<b>4. Phone Number(s)</b>				
Home	Work	Mobile	Other	
<b>5. Email Address</b> <i>Email will be used for communication with applicants</i>			<b>8. Identification</b> Social Security Number	<b>9. Are you a US Citizen?</b> <input type="radio"/> Yes <input type="radio"/> No
<b>5. Sex</b> <input type="radio"/> Male <input type="radio"/> Female	<b>6. Race</b> <input type="checkbox"/> Hispanic	<b>7. Driver's License</b>		
		Number	State	Type

<b>8. Other Name(s)</b> <i>List any nickname(s), maiden name, or any other names by which you have been known</i>
--

<b>9. Distinguishing Mark(s)</b> <i>List any tattoos or other distinguishing marks, what they are, and where they are located</i>
--

10. Are you currently certified by TCLEOSE for the position to which you are applying?	<input type="radio"/> Yes	<input type="radio"/> No
11. Have you ever served in a similar position in Texas?	<input type="radio"/> Yes	<input type="radio"/> No
12. Have you ever served in a similar position anywhere?	<input type="radio"/> Yes	<input type="radio"/> No
13. Do you have a college degree?	<input type="radio"/> Yes	<input type="radio"/> No
14. How many college hours do you have?		

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**Residence Information**

List all addresses where you have lived during the past ***10 years***, beginning with your present address.  
List date by month and year.

**Residence #1**

<b>1. Date (mm/yyyy)</b>		<b>2. Was a lease signed?</b>	<b>2a. If yes, who was on the lease?</b>	
From:	To:	<input type="radio"/> Yes <input type="radio"/> No		
<b>3. Address</b>				
Street		City	State	ZIP Code
<b>4. If this was an apartment or rental:</b>				
Apartment Complex Name		Landlord Name	Landlord Phone Number	

**Residence #2**

<b>1. Date (mm/yyyy)</b>		<b>2. Was a lease signed?</b>	<b>2a. If yes, who was on the lease?</b>	
From:	To:	<input type="radio"/> Yes <input type="radio"/> No		
<b>3. Address</b>				
Street		City	State	ZIP Code
<b>4. If this was an apartment or rental:</b>				
Apartment Complex Name		Landlord Name	Landlord Phone Number	

**Residence #3**

<b>1. Date (mm/yyyy)</b>		<b>2. Was a lease signed?</b>	<b>2a. If yes, who was on the lease?</b>	
From:	To:	<input type="radio"/> Yes <input type="radio"/> No		
<b>3. Address</b>				
Street		City	State	ZIP Code
<b>4. If this was an apartment or rental:</b>				
Apartment Complex Name		Landlord Name	Landlord Phone Number	

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**Residence Information (continued)**

List all addresses where you have lived during the past ***10 years***, beginning with your present address.  
List date by month and year. Attach extra copies of this sheet if necessary.

**Residence #4**

<b>1. Date (mm/yyyy)</b>		<b>2. Was a lease signed?</b>	<b>2a. If yes, who was on the lease?</b>	
From:	To:	<input type="radio"/> Yes <input type="radio"/> No		
<b>3. Address</b>				
Street		City	State	ZIP Code
<b>4. If this was an apartment or rental:</b>				
Apartment Complex Name		Landlord Name	Landlord Phone Number	

**Residence #5**

<b>1. Date (mm/yyyy)</b>		<b>2. Was a lease signed?</b>	<b>2a. If yes, who was on the lease?</b>	
From:	To:	<input type="radio"/> Yes <input type="radio"/> No		
<b>3. Address</b>				
Street		City	State	ZIP Code
<b>4. If this was an apartment or rental:</b>				
Apartment Complex Name		Landlord Name	Landlord Phone Number	

**Residence #6**

<b>1. Date (mm/yyyy)</b>		<b>2. Was a lease signed?</b>	<b>2a. If yes, who was on the lease?</b>	
From:	To:	<input type="radio"/> Yes <input type="radio"/> No		
<b>3. Address</b>				
Street		City	State	ZIP Code
<b>4. If this was an apartment or rental:</b>				
Apartment Complex Name		Landlord Name	Landlord Phone Number	

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**Residence Information (continued)**

List all addresses where you have lived during the past ***10 years***, beginning with your present address.  
List date by month and year. Attach extra copies of this sheet if necessary.

**Residence #7**

1. Date (mm/yyyy)		2. Was a lease signed?	2a. If yes, who was on the lease?	
From:	To:	<input type="radio"/> Yes <input type="radio"/> No		
<b>3. Address</b>				
Street		City	State	ZIP Code
<b>4. If this was an apartment or rental:</b>				
Apartment Complex Name		Landlord Name	Landlord Phone Number	

**Residence #8**

1. Date (mm/yyyy)		2. Was a lease signed?	2a. If yes, who was on the lease?	
From:	To:	<input type="radio"/> Yes <input type="radio"/> No		
<b>3. Address</b>				
Street		City	State	ZIP Code
<b>4. If this was an apartment or rental:</b>				
Apartment Complex Name		Landlord Name	Landlord Phone Number	

**Residence #9**

1. Date (mm/yyyy)		2. Was a lease signed?	2a. If yes, who was on the lease?	
From:	To:	<input type="radio"/> Yes <input type="radio"/> No		
<b>3. Address</b>				
Street		City	State	ZIP Code
<b>4. If this was an apartment or rental:</b>				
Apartment Complex Name		Landlord Name	Landlord Phone Number	

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**Work History**

Beginning with your current or most recent job, list all employment since the age of 17, including part-time, temporary, or seasonal employment. **Include all periods of unemployment.** List dates by month and year. Failure to list any jobs may terminate your application. Attach extra copies of this sheet if necessary.

**Job #1**

1. Date (mm/yyyy)		2. Employer	3. Job Title	
From:	To:			
4. Address				
Street		City	State	ZIP Code
5. Phone Number	6. Job Duties			
7. Supervisor	8. Coworker	9. Work Schedule		
10. Reason for Leaving			11. Salary	
			Beginning:	Ending:

**Job #2**

1. Date (mm/yyyy)		2. Employer	3. Job Title	
From:	To:			
4. Address				
Street		City	State	ZIP Code
5. Phone Number	6. Job Duties			
7. Supervisor	8. Coworker	9. Work Schedule		
10. Reason for Leaving			11. Salary	
			Beginning:	Ending:



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**Work History (continued)**

Beginning with your current or most recent job, list all employment since the age of 17, including part-time, temporary, or seasonal employment. **Include all periods of unemployment.** List dates by month and year. Failure to list any jobs may terminate your application. Attach extra copies of this sheet if necessary.

**Job #3**

1. Date (mm/yyyy)		2. Employer		3. Job Title	
From:	To:				
4. Address					
Street			City	State	ZIP Code
5. Phone Number		6. Job Duties			
7. Supervisor		8. Coworker	9. Work Schedule		
10. Reason for Leaving				11. Salary	
				Beginning:	Ending:

**Job #4**

1. Date (mm/yyyy)		2. Employer		3. Job Title	
From:	To:				
4. Address					
Street			City	State	ZIP Code
5. Phone Number		6. Job Duties			
7. Supervisor		8. Coworker	9. Work Schedule		
10. Reason for Leaving				11. Salary	
				Beginning:	Ending:

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**Work History (continued)**

Beginning with your current or most recent job, list all employment since the age of 17, including part-time, temporary, or seasonal employment. **Include all periods of unemployment.** List dates by month and year. Failure to list any jobs may terminate your application. Attach extra copies of this sheet if necessary.

**Job #5**

1. Date (mm/yyyy)		2. Employer	3. Job Title	
From:	To:			
4. Address				
Street		City	State	ZIP Code
5. Phone Number	6. Job Duties			
7. Supervisor	8. Coworker	9. Work Schedule		
10. Reason for Leaving			11. Salary	
			Beginning:	Ending:

**Job #6**

1. Date (mm/yyyy)		2. Employer	3. Job Title	
From:	To:			
4. Address				
Street		City	State	ZIP Code
5. Phone Number	6. Job Duties			
7. Supervisor	8. Coworker	9. Work Schedule		
10. Reason for Leaving			11. Salary	
			Beginning:	Ending:

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**Military Record**

<b>1. Are you registered with the Draft Board?</b>			<b>1a. If yes, list Selective Service Number</b>
<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Female	
<b>2. Have you ever served with the Armed Forces?</b>			<b>2a. If no, skip to the next page</b>
<input type="radio"/> Yes		<input type="radio"/> No	

-----If you have not been in the military, skip this section-----

<b>3. Date of Service</b>		<b>4. Service Information</b>	
From:	To:	Branch:	Military Service Number:
<b>5. Are you currently on:</b>		<input type="checkbox"/> Active Reserve	<input type="checkbox"/> Inactive Reserve <input type="checkbox"/> National Guard
<b>6. Were you ever disciplined while in the military?</b>		<input type="radio"/> Yes	<input type="radio"/> No
List all disciplinary actions (include Court-Martial, Captain's Masts, Company Punishment, etc.)			
Charge:	Agency:	Date:	Disposition:
<b>7. Discharge Information</b>			
Rank at discharge:	Location of discharge:		Type of discharge:
If you received a discharge other than honorable, give complete details:			

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**Educational History**

1. High School Information						
High School Attended:	City & State	From:	To:	Graduated:		
				<input type="radio"/> Yes <input type="radio"/> No		
				<input type="radio"/> Yes <input type="radio"/> No		
				<input type="radio"/> Yes <input type="radio"/> No		
				<input type="radio"/> Yes <input type="radio"/> No		

2. College or University Information						
College or University Attended:	City & State	From:	To:	Hours:	Major/Minor:	Degree Received:
						<input type="radio"/> Yes <input type="radio"/> No
						<input type="radio"/> Yes <input type="radio"/> No
						<input type="radio"/> Yes <input type="radio"/> No
						<input type="radio"/> Yes <input type="radio"/> No

3. Additional Education Information	
List other schools attended (academy, trade, vocational, business, etc.). Give name and address of school, dates attended, course of study, certificate, and any other pertinent information.	
Have you ever been suspended from any high school, college, university, business, or vocational schools?	
<input type="radio"/> No	
If yes, explain:	

4. Special Qualifications and Skills	
List any other special skills or qualifications you may possess. List any special licenses you hold such as pilot, radio operator, scuba, etc. Show license authority, original date of issue, and date of expiration.	

5. Foreign Language Information				
If you are fluent in a foreign language, indicate in each area your degree of fluency (excellent, good, fair).				
Language:	Reading:	Speaking:	Understanding:	Writing:

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**Arrests, Detention, and Litigation**

<b>1. Have you ever been arrested for DWI or DUI?</b>		<input type="radio"/> Yes	<input type="radio"/> No
If yes, give details:			
<b>2. Have you ever been detained, but not arrested by police for any reason?</b>		<input type="radio"/> Yes	<input type="radio"/> No
If yes, give details:			
<b>3. Other than the above, have you ever been arrested, detained by police, or summoned into court?</b>		<input type="radio"/> Yes	<input type="radio"/> No
If yes, list all detentions and summons below (including traffic warrants):			
Offense Charged	Police Agency, City, State	Date:	Disposition:
<b>4. Have you ever been party in a civil litigation?</b>		<input type="radio"/> Yes	<input type="radio"/> No
If yes, give details:			

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## Traffic Record

<b>1. Has your driver's license ever been suspended or revoked?</b>			<input type="radio"/> Yes	<input type="radio"/> No
If yes, give dates, locations, and reasons:				
<b>2. Your vehicle information</b>				
Make:	Model:	Year:	Auto Insurance Company:	
<b>3. List <u>ALL</u> traffic citations you have received (excluding parking tickets). <u>Include citations for which you have taken defensive driving.</u></b>				
Month/Year:	Charge:	City & State:	Disposition:	
<b>4. List any traffic accidents in which you have been involved (include dates, locations, city &amp; state, and describe what happened).</b>				
<b>5. Have you ever held a driver's license in any other state and/or country?</b>			<input type="radio"/> Yes	<input type="radio"/> No
State/Country:	License Number:	Date:	Type:	

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**Marital & Family Information**

<b>1. Status:</b>	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Engaged	<input type="checkbox"/> Separated	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed
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**2. Current, if applicable:**

Name of Spouse/Fiancé(e):	Date of Birth:	Home Phone:	Work Phone:
Home Address:			
Street	City	State	ZIP Code
Work Address:			
Street	City	State	ZIP Code
Work Schedule:	Marriage Date (if applicable):	Maiden Name (if applicable):	

**3. Previous Marriages, if applicable (list all previous spouses):**

<b>Previous Marriage #1:</b>	Status:	<input type="checkbox"/> Separated	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed	<input type="checkbox"/> Annulled
Marriage Date:	City & State:	Date of Order/Decree:	Court & State where issued:		
Ex-spouse's Name:	Maiden Name (if applicable):	Home Phone:	Work Phone:		
Current Address:					
Street	City	State	ZIP Code		

<b>Previous Marriage #2:</b>	Status:	<input type="checkbox"/> Separated	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed	<input type="checkbox"/> Annulled
Marriage Date:	City & State:	Date of Order/Decree:	Court & State where issued:		
Ex-spouse's Name:	Maiden Name (if applicable):	Home Phone:	Work Phone:		
Current Address:					
Street	City	State	ZIP Code		

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**Marital & Family Information (continued)**

**4. Dependent Information:**

Do you pay child support?				<input type="radio"/> Yes	<input type="radio"/> No
List all children related to you or your spouse (natural, stepchildren, adopted, and foster children)					
Name:	Relation:	Date of Birth:	Address:	Supported by:	
List all other dependents					
Name:		Address:		Relation:	

**5. Other Relatives**

List other relatives in the following order: Father, Mother (include maiden name), brothers and sisters. If deceased, so indicate.				
Name:	Address:	Phone Number:	Relation:	Date of Birth:



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**Financial Information**

<b>1. Income</b>			
Your monthly salary:		Your spouse's monthly salary:	
Describe any other monthly income:			
<b>2. Property</b>			
Do you own any real estate?		<input type="radio"/> Yes	<input type="radio"/> No
Location:		Value:	
<b>3. Financial Accounts</b>			
Do you own any bonds?		<input type="radio"/> Yes	<input type="radio"/> No
		Value:	
Do you own any corporate stock?		<input type="radio"/> Yes	<input type="radio"/> No
		Value:	
Do you have a bank account?		<input type="radio"/> Yes	<input type="radio"/> No

List **ALL** savings

Average Balance:	Name and Location of Bank:

List **ALL** checking

Average Balance:	Name and Location of Bank:

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**Financial Information (continued)**

<b>3. Financial Accounts (continued)</b>			
Have you ever been delinquent on payments of any loans / charge accounts?	<input type="radio"/> Yes	<input type="radio"/> No	
Have you ever filed for or declared bankruptcy?	<input type="radio"/> Yes	<input type="radio"/> No	
Have any of your bills ever been turned over to a collection agency?	<input type="radio"/> Yes	<input type="radio"/> No	
Have you ever had purchased goods repossessed?	<input type="radio"/> Yes	<input type="radio"/> No	
Have your wages ever been garnished?	<input type="radio"/> Yes	<input type="radio"/> No	
Have you ever been delinquent on income or other tax payments?	<input type="radio"/> Yes	<input type="radio"/> No	
Have you ever had a check returned for insufficient funds?	<input type="radio"/> Yes	<input type="radio"/> No	
If yes to any of the above questions, explain:			
<b>4. Financial Liabilities</b>			
List all of your financial liabilities such as charge accounts, rent, mortgage, car payments, etc.			
Name:	Reason for Debt:	Total Balance:	Monthly Pmt:

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## Personal Declarations

1. Have you ever used any illegal drug, or a prescription drug that was not prescribed to you by a doctor?	<input type="radio"/> Yes	<input type="radio"/> No
2. Have you ever furnished illegal drugs or narcotics to anyone?	<input type="radio"/> Yes	<input type="radio"/> No
3. Have you ever sold illegal drugs or narcotics to anyone?	<input type="radio"/> Yes	<input type="radio"/> No
4. Have you ever bought illegal drugs or narcotics?	<input type="radio"/> Yes	<input type="radio"/> No
5. Have you ever provided money for the purchase of illegal drugs or narcotics?	<input type="radio"/> Yes	<input type="radio"/> No
If yes to any of the above questions, explain <b>in detail</b> (include <b>dates, number of times used, and types of drugs</b> ).		
6. If it became necessary to take a human life in the course of your duties as a police officer, could you?	<input type="radio"/> Yes	<input type="radio"/> No
		<input type="radio"/> Not Applicable
If no, explain:		
7. Do you have a lifestyle that would prevent you from fully performing the duties required of the position, including working on weekends and/or evening/night shifts?	<input type="radio"/> Yes	<input type="radio"/> No
If yes, explain:		

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**Personal Declarations (continued)**

8. Have you ever applied for employment with this or any other law enforcement or related agency?		<input type="radio"/> Yes	<input type="radio"/> No
If yes, list ALL agencies, dates, and status of application			
Agency:	Date:	Status of Application:	
9. Have you ever been disciplined, discharged, asked to resign, or resigned prior to being disciplined by any employer?		<input type="radio"/> Yes	<input type="radio"/> No
If yes, please explain:			

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### Personal Declarations (continued)

10. If you have previously served a law enforcement agency, have you ever been disciplined or the subject of an internal investigation?	<input type="radio"/> Yes	<input type="radio"/> No
If yes, please explain:		
11. Are there any other incidents or details not mentioned herein which may influence this department's evaluation of your suitability for employment?	<input type="radio"/> Yes	<input type="radio"/> No
If yes, please explain:		

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## References

List **five** persons who know you well enough to provide current information about you. **DO NOT** list relatives, former employers, supervisors, or anyone listed previously in this statement. Include people that see you regularly in social settings, not friends of your parents.

### Reference #1

Name:	Home Phone:	Work Phone:	Hours of Work:	Years Known:
Home Address:				
Street		City	State	ZIP Code
Work Address:				
Business Name:	Street	City	State	ZIP Code

### Reference #2

Name:	Home Phone:	Work Phone:	Hours of Work:	Years Known:
Home Address:				
Street		City	State	ZIP Code
Work Address:				
Business Name:	Street	City	State	ZIP Code

### Reference #3

Name:	Home Phone:	Work Phone:	Hours of Work:	Years Known:
Home Address:				
Street		City	State	ZIP Code
Work Address:				
Business Name:	Street	City	State	ZIP Code

Personal History Statement  
(Revised 02/17)

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

UNT Health Science Center  
Police Department  
3600 Mattison Ave.  
Fort Worth, TX 76107  
817/735-2210

**References (continued)**

List **five** persons who know you well enough to provide current information about you. **DO NOT** list relatives, former employers, supervisors, or anyone listed previously in this statement. Include people that see you regularly in social settings, not friends of your parents.

**Reference #4**

Name:	Home Phone:	Work Phone:	Hours of Work:	Years Known:
Home Address:				
Street		City	State	ZIP Code
Work Address:				
Business Name:	Street	City	State	ZIP Code

**Reference #5**

Name:	Home Phone:	Work Phone:	Hours of Work:	Years Known:
Home Address:				
Street		City	State	ZIP Code
Work Address:				
Business Name:	Street	City	State	ZIP Code

**Agreement**

I hereby certify that there are no misrepresentations, omissions, or falsifications in the foregoing statements and answers. I am fully aware that any such misrepresentations, omissions, or falsifications can be grounds for immediate rejection or termination of employment.

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

\_\_\_\_\_  
Date

Personal History Statement  
(Revised 02/17)

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

UNT Health Science Center  
Police Department  
3600 Mattison Ave.  
Fort Worth, TX 76107  
817/735-2210

UNIVERSITY OF NORTH TEXAS HEALTH SCIENCE CENTER  
POLICE DEPARTMENT AUTHORIZATION FOR RELEASE OF  
PERSONAL INFORMATION

I, \_\_\_\_\_ do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the University of North Texas Health Science Center Police Department, whether the said records are of a public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of: the records of educational institutions; financial or credit institutions, including records of loans, the records of commercial or retail credit agencies (including credit reports and/or ratings); and other financial statements and records wherever filed; employment and pre-employment records, including background reports, efficiency ratings, complaints, grievances, and disciplinary actions filed by or against me and the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest.

I understand that any information obtained by a personal history background investigation, which is developed directly, or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the University of North Texas Health Science Center Police Department.

I also certify that any person(s) and governmental entit(y)(ies) who may furnish such information concerning me shall not be held accountable for giving this information; and I hereby release, indemnify, and hold harmless said person(s) and governmental entit(y)(ies) from any and all liability which may be incurred as a result of furnishing such information. I also release and hold harmless the University of North Texas Health Science Center from any claim or demand related to the University of North Texas Health Science Center obtaining and/or considering any such information.

I also authorize the release of my name and full disclosure of all records concerning myself to verify past and future applications with other law enforcement agencies.

A photocopy of this release form will be valid as an original thereof, even though said photocopy does not contain an original writing of my signature.

\_\_\_\_\_  
Applicant's Printed Name (include maiden name)

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Signature (including maiden name)

\_\_\_\_\_  
Date

State of Texas

County of \_\_\_\_\_

This instrument was acknowledged before me on the \_\_\_\_\_ of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_.

(Seal)

\_\_\_\_\_  
Notary Public's Signature