



PERSONAL HISTORY STATEMENT (PHS)

Applicant Name: _____
Last Name First Name Middle

IMPORTANT! READ THESE INSTRUCTIONS CAREFULLY.

These instructions are provided as a guide to assist you in properly completing your Personal History Statement (PHS). Your PHS will be used as the basis for a background investigation that will determine your eligibility for position you are applying for.

IT IS ESSENTIAL THAT THE INFORMATION BE CORRECT AND COMPLETE!

1. Read all directions carefully before beginning. Ensure all information is correct and in sequence.
2. This document is fillable, but must be printed and signed before submitting.
Or you may print and complete using blue/black ink.
3. Answer all questions completely. If a question does not apply to you, enter "N/A" in the space provided.
4. You are responsible for obtaining correct addresses (including zip codes). Include the area code on all telephone numbers.
5. If there is insufficient space on the PHS, attach extra sheets. Be sure your name is on the page and reference the relevant section and question, before continuing your answer.
6. Attaching additional pages, certifications, etc. should be on 8 1/2 x 11 paper; single sided; and contain no staples.
7. **You must have this packet notarized before turning it in.** (Notaries are available and free in most banks, municipalities and libraries).

Your failure to complete this document accurately and thoroughly may result in the rejection of your application. Any misstatement or misrepresentations, including omitted information given in the PHS or interview(s), may result in the rejection of your application and/or immediate termination, without right of appeal, unless subject to an appeal pursuant to the City's Personnel Rules.

If you have any questions regarding the required information, you may contact the City of Southlake Human Resources Department from 8 a.m. to 5 p.m., Monday through Friday at (817) 748-8064.

Attach copies (not originals) of any document requested in your PHS (checklist on page 21):

1. High school, GED, & college transcripts
2. Driver's License, Social Security Card, and Birth Certificate (for identification purposes only)
3. Training documentation
4. Licenses and/or proof of certification
5. Marriage license and/or divorce decree
6. DD214 (if military experience)

Must be completed and submitted on or before the close date.

Submit by one of the following methods below:

In person:

City of Southlake
1400 Main Street
Suite 260
Southlake, TX 76092

Fax:

817-748-8065

Email:

hr@cityofsouthlake.com

Applicant Name: _____
Last Name First Name Middle

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Last Name First Name Middle

IDENTIFYING INFORMATION

Information provided in this section is used for identification purposes only and will not be used for hiring decision purposes.

Last Name First Name Middle

Address City State Zip Code

Primary Contact Number Alternate Contact Number E-mail

Do you have a legal right to live and work in the U.S.A.?

Date of Birth Social Security Number ☐ Yes ☐ No

Identifying Marks:

☐ Scars: _____
(describe)

☐ Tattoos: _____
(describe)

Other names used: (maiden, adoption, other legal, etc.)

Do you have, or did you ever have, social media access (i.e. Myspace, Facebook, Twitter etc.)? Please provide page information:
(Please do not provide logon / password information)

ACTIVITIES, AWARDS, ETC.

Community Activities:

Positions of Leadership: (indicate position, organization, & dates held)

Awards, Commendations, or Items of Special Recognition:

Applicant Name: _____
 Last Name First Name Middle

EDUCATIONAL HISTORY

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

School Name & Location		Last Year Completed	Degree/Certificate Awarded or Hrs. Completed	Degree/Area of Study
High School		<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	Diploma: <input type="checkbox"/> Yes <input type="checkbox"/> No GED: <input type="checkbox"/> Yes <input type="checkbox"/> No	
College		Graduated: <input type="checkbox"/> Yes <input type="checkbox"/> No		
College		Graduated: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Other		Graduated: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Other		Graduated: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Other		Graduated: <input type="checkbox"/> Yes <input type="checkbox"/> No		

Have you ever been expelled for disciplinary reasons from any school you have attended: ☐ Yes ☐ No

If Yes: School: _____ Dates: _____ Reason: _____

School: _____ Dates: _____ Reason: _____

Have you ever been placed on academic probation: ☐ Yes ☐ No

If Yes: School: _____ Dates: _____

School: _____ Dates: _____

SPECIAL QUALIFICATIONS & SKILLS

Special Licenses: (ie: pilot, radio operator, SCUBA, etc.)	Licensing Authority:	Date of Issue:	Date of Expiration:
Language Skills:	Language:	Level of Fluency: (indicate excellent, good, fair) <input type="checkbox"/> Reading: _____ <input type="checkbox"/> Speaking: _____ <input type="checkbox"/> Understanding: _____ <input type="checkbox"/> Writing: _____	
	Language:	Level of Fluency: (indicate excellent, good, fair) <input type="checkbox"/> Reading: _____ <input type="checkbox"/> Speaking: _____ <input type="checkbox"/> Understanding: _____ <input type="checkbox"/> Writing: _____	
Other Special Skills & Qualifications: (machinery, equipment operating ability, software/computer knowledge, etc.)			

Applicant Name: _____
Last Name First Name Middle

EMPLOYMENT HISTORY

List all of the jobs you have had since the age of 17. Begin with your present or most recent job, list all part-time, temporary, or seasonal positions. Attach additional pages if necessary.

Current/Most Recent Employer:	Start Date:	End Date:
Address:	Current/Last Title: <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp. <input type="checkbox"/> Seasonal	
Supervisor:	Phone Number:	Current/Ending Pay:
Co-worker:	Phone Number:	Length of Time Known:

Duties, tasks, responsibilities:

Did you receive performance evaluations while with this company?

☐ Yes ☐ No

Are you eligible for rehire?

☐ Yes ☐ No

Reason for leaving:

Employer:	Start Date:	End Date:
Address:	Current/Last Title: <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp. <input type="checkbox"/> Seasonal	
Supervisor:	Phone Number:	Current/Ending Pay:
Co-worker:	Phone Number:	Length of Time Known:

Duties, tasks, responsibilities:

Did you receive performance evaluations while with this company?

☐ Yes ☐ No

Are you eligible for rehire?

☐ Yes ☐ No

Reason for leaving:

Applicant Name: _____
Last Name First Name Middle

EMPLOYMENT HISTORY (cont.)		
Employer:	Start Date:	End Date:
Address:	Current/Last Title: <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp. <input type="checkbox"/> Seasonal	
Supervisor:	Phone Number:	Current/Ending Pay:
Co-worker:	Phone Number:	Length of Time Known:
Duties, tasks, responsibilities: 		
Did you receive performance evaluations while with this company? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you eligible for rehire? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for leaving: 		
<hr/>		
Employer:	Start Date:	End Date:
Address:	Current/Last Title: <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp. <input type="checkbox"/> Seasonal	
Supervisor:	Phone Number:	Current/Ending Pay:
Co-worker:	Phone Number:	Length of Time Known:
Duties, tasks, responsibilities: 		
Did you receive performance evaluations while with this company? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you eligible for rehire? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for leaving: 		
<hr/>		

Applicant Name: _____

Last Name	First Name	Middle
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EMPLOYMENT HISTORY (cont.)

Employer:	Start Date:	End Date:
Address:	Current/Last Title: <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp. <input type="checkbox"/> Seasonal	
Supervisor:	Phone Number:	Current/Ending Pay:
Co-worker:	Phone Number:	Length of Time Known:

Duties, tasks, responsibilities:

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

Are you eligible for rehire? ☐ Yes ☐ No

Reason for leaving:

Employer:	Start Date:	End Date:
Address:	Current/Last Title: <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp. <input type="checkbox"/> Seasonal	
Supervisor:	Phone Number:	Current/Ending Pay:
Co-worker:	Phone Number:	Length of Time Known:

Duties, tasks, responsibilities:

<p>Did you receive performance evaluations while with this company?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Are you eligible for rehire?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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Reason for leaving:

Applicant Name: _____

Last Name	First Name	Middle
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EMPLOYMENT HISTORY (cont.)

Employer:	Start Date:	End Date:
Address:	Current/Last Title: <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp. <input type="checkbox"/> Seasonal	
Supervisor:	Phone Number:	Current/Ending Pay:
Co-worker:	Phone Number:	Length of Time Known:
Duties, tasks, responsibilities: 		
<hr/>		
Did you receive performance evaluations while with this company? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you eligible for rehire? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Reason for leaving: 		
<hr/>		

Employer:	Start Date:	End Date:
Address:	Current/Last Title: <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp. <input type="checkbox"/> Seasonal	
Supervisor:	Phone Number:	Current/Ending Pay:
Co-worker:	Phone Number:	Length of Time Known:
Duties, tasks, responsibilities:		
<hr/>		
Did you receive performance evaluations while with this company? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you eligible for rehire? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Reason for leaving:		
<hr/>		

Applicant Name: _____
Last Name First Name Middle

UNEMPLOYMENT HISTORY

Please note any period of unemployment since graduating from high school.

From (Month/Year)	To (Month/Year)	Reason

Applicant Name: _____
Last Name First Name Middle

MILITARY HISTORY

Have you registered with selective service ("draft"): ☐ Yes: (when) _____ ☐ No

Have you ever been a member of any branch of the US Armed Forces: ☐ Yes ☐ No (go to next page)

Branch of Service: ☐ Army ☐ Navy ☐ Marines Induction Date: _____
☐ Air Force ☐ Coast Guard Discharge Date: _____
☐ Reserves: _____ Highest Rank Obtained: _____

Type of Discharge: _____

Awards:	Date Awarded:	Type/Description:
Special Training/School	Date Attended:	Type/Description:

While in the military service, were you ever accused or charged with any violation of the UCMF, or any offense by captain's mast, summary, special, or general court-martial? ☐ Yes ☐ No (go to next section)

Date:	Charge:	Law Enforcement Agency:	Results:

Last Duty Station: _____

Last Commanding Officer: _____

Are you currently a member of a US Reserve, National Guard, or State Guard? ☐ Yes ☐ No (go to next page)

Branch of Service: _____

Grade & Service #: _____

☐ Inactive ☐ Standby

Organization/Station/Unit & Location: _____

Applicant Name: _____
Last Name First Name Middle

CRIMINAL HISTORY

Document ANY criminal history including: convictions, deferred adjudication, community supervision, probation, and/or charges associated with DWI and/or DUI.

All applicants, unless otherwise prohibited by law, will be subject to a criminal history check. Convictions or other criminal history may be relevant, if job related, but do not necessarily bar an applicant from employment.

Please list adult AND juvenile charges. Copy and add additional pages as necessary.

<p>Date of charge/conviction: _____</p> <p>Location of charge/conviction: _____ (city/county, state)</p> <p>Outcome: <input type="checkbox"/> Probation: Start : _____ End: _____ <input type="checkbox"/> Fine: \$ _____ <input type="checkbox"/> Other: _____</p>	<p>Details of charge: _____</p> <p><input type="checkbox"/> Jail/Prison/Detention Facility: Start of sentence: _____ End: _____ Name/Location of Facility: _____ Release Details: <input type="checkbox"/> Paroled: _____ When scheduled to end: _____ <input type="checkbox"/> Sentence Completed</p>
<p>Date of charge/conviction: _____</p> <p>Location of charge/conviction: _____ (city/county, state)</p> <p>Outcome: <input type="checkbox"/> Probation: Start : _____ End: _____ <input type="checkbox"/> Fine: \$ _____ <input type="checkbox"/> Other: _____</p>	<p>Details of charge: _____</p> <p><input type="checkbox"/> Jail/Prison/Detention Facility: Start of sentence: _____ End: _____ Name/Location of Facility: _____ Release Details: <input type="checkbox"/> Paroled: _____ When scheduled to end: _____ <input type="checkbox"/> Sentence Completed</p>
<p>Date of charge/conviction: _____</p> <p>Location of charge/conviction: _____ (city/county, state)</p> <p>Outcome: <input type="checkbox"/> Probation: Start : _____ End: _____ <input type="checkbox"/> Fine: \$ _____ <input type="checkbox"/> Other: _____</p>	<p>Details of charge: _____</p> <p><input type="checkbox"/> Jail/Prison/Detention Facility: Start of sentence: _____ End: _____ Name/Location of Facility: _____ Release Details: <input type="checkbox"/> Paroled: _____ When scheduled to end: _____ <input type="checkbox"/> Sentence Completed</p>

Applicant Name: _____

Last Name	First Name	Middle
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DRIVING RECORD

Number of moving citations received since applicant began driving: _____

Number of moving citations received in the past 3 years: _____

Have you ever driven a motor vehicle WITHOUT a valid driver's license since your 17th birthday? ☐ Yes ☐ No

Have you ever driven a motor vehicle WITHOUT proper insurance within the past 3 years? ☐ Yes ☐ No

Have you ever had your drivers license suspended? ☐ Yes ☐ No

Date of suspension: _____ Length of suspension: _____ End of suspension: _____

List all driving citations you have received:

[illegible]

List all accidents in which you were involved as a driver:

Date:	Location: (City/State)	Brief Description:

Have you ever had your drivers license placed on probation for receiving an excessive number of traffic violations? ☐ Yes ☐ No

Have you ever had a hearing for probation/suspension of a license? ☐ Yes ☐ No

Have you ever had your insurance revoked due to the number of traffic citations received? ☐ Yes ☐ No

Have you ever knowingly driven a motor vehicle with a revoked/suspended license? ☐ Yes ☐ No

Have you ever been denied a drivers license for any reason? ☐ Yes ☐ No

Have you ever been involved in an accident and left the scene without identifying yourself? ☐ Yes ☐ No

Have you ever been involved in an accident as the driver after consuming any type of alcoholic beverage? ☐ Yes ☐ No

Have you ever been arrested for Driving While Intoxicated in this or any other state? ☐ Yes ☐ No

Have ever struck an unattended vehicle and left the scene without leaving identification? ☐ Yes ☐ No

Applicant Name: _____
 Last Name First Name Middle

MARITAL & FAMILY HISTORY

Designate your marital status: ☐ Single ☐ Divorced ☐ Widowed
☐ Married ☐ Separated ☐ Engaged

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

If married / engaged:	Spouse/Fiance Name: _____	Date of birth: _____
	Date of marriage: _____	Phone: _____
If separated:	Spouse's Name: _____	Date of birth: _____
	Date of marriage: _____	Phone: _____
	Date of separation: _____	Alt. Phone _____
	Current Address: _____	
If divorced *: * if more than 1 divorce, list on separate sheet	Spouse's Name: _____	Date of birth: _____
	Date of marriage: _____	Phone: _____
	Date of divorce decree: _____	Alt. Phone _____
	Court/State where filed: _____	
	Current Address: _____	
If widowed:	Spouse's Name: _____	Date of birth: _____
	Date of marriage: _____	Date of death: _____

List all children related to you or your spouse (natural, step-children, adopted, or foster):

Child's Full Name	Date of Birth	Relationship	Home Address (if different)	Supported by Whom

List any and all other dependents:

Full Name	Date of Birth	Relationship	Home Address

Applicant Name: _____
 Last Name First Name Middle

MARITAL & FAMILY HISTORY (cont.)

List other immediate family members (parents, siblings) of both you and your spouse, including those related by marriage. If deceased, include the year of death.

Full Name	Date of Birth	Date of Death	Relationship	Occupation	Address

List all individuals with whom you share a residence OTHER than family members:

Name	Date of Birth	Occupation/Day time phone

Applicant Name: _____
 Last Name First Name Middle

RESIDENCE HISTORY

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

From	To	Length of residency	Address (Street, City, St., Zip)	Name of Apartment Complex and Office Phn.

FINANCIAL HISTORY

List any vehicles you own or regularly drive:

Make/Model	Year	License Plate No.	Date of Registration

List any real estate you own:

Location:	Value:

Applicant Name: _____
 Last Name First Name Middle

FINANCIAL HISTORY (cont.)

Applicant's current salary/wages: (monthly - net) _____

Applicant's spouse current salary/wages: (monthly - net) _____

Spouse's Employer: _____ Job Title: _____

Business: _____ Hours/Days Worked: _____

Address: _____ Phone: _____

List any income from any other source, other than your and your spouse's principal occupations:

Source	Amount Earned	Frequency Received

Do you own any bonds, IRA's (government or other)? ☐ Yes - value: _____ ☐ No

Do you own any corporate stock? ☐ Yes - value: _____ ☐ No

Checking Account #: XXXXXXXXXX Balance: _____
 (provide last 4 digits of account number)

Bank: _____ Phone: _____
 (Name, Address, City, St, Zip)

Savings Account #: XXXXXXXXXX Balance: _____
 (provide last 4 digits of account number)

Bank: _____ Phone: _____
 (Name, Address, City, St, Zip)

Please list the names and address of individuals, companies, or others to whom you owe money and the amount of your debt. Include rent, mortgage, vehicle payments, charge accounts, credit cards, loans, child support payments, etc. Include all debts owed by your spouse. (Attach extra sheet if necessary)

Name/Address of Creditor	Account # (provide last 4 digits only)	Total Balance	Monthly Payments	Indicate if Past Due
Totals:				

Applicant Name: _____
 Last Name First Name Middle

PERSONAL DECLARATIONS

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, etc. Have you ever used:

Substance	Yes	Never	How Many Times Used?	Approx. First / Last Dates Used	Have you ever possessed in any way?
PCP	<input type="checkbox"/>	<input type="checkbox"/>			
Angel Dust	<input type="checkbox"/>	<input type="checkbox"/>			
THC (Marijuana)	<input type="checkbox"/>	<input type="checkbox"/>			
LSD	<input type="checkbox"/>	<input type="checkbox"/>			
Peyote	<input type="checkbox"/>	<input type="checkbox"/>			
Mescaline	<input type="checkbox"/>	<input type="checkbox"/>			
Heroin	<input type="checkbox"/>	<input type="checkbox"/>			
Cocaine	<input type="checkbox"/>	<input type="checkbox"/>			
Quaaludes	<input type="checkbox"/>	<input type="checkbox"/>			
Downers	<input type="checkbox"/>	<input type="checkbox"/>			
Tranquilizers	<input type="checkbox"/>	<input type="checkbox"/>			
Amphetamines/ Methamphetamines Speed/Crank	<input type="checkbox"/>	<input type="checkbox"/>			
Biphetamine	<input type="checkbox"/>	<input type="checkbox"/>			
Ecstasy/XTC Ice	<input type="checkbox"/>	<input type="checkbox"/>			
Preludin	<input type="checkbox"/>	<input type="checkbox"/>			
Dilaudid	<input type="checkbox"/>	<input type="checkbox"/>			
Talwin/PBZ	<input type="checkbox"/>	<input type="checkbox"/>			
Inhalants (glue/paint)	<input type="checkbox"/>	<input type="checkbox"/>			
Mushrooms (Psilocybin)	<input type="checkbox"/>	<input type="checkbox"/>			
Rohypnol (date rape drug)	<input type="checkbox"/>	<input type="checkbox"/>			
Designer Drugs	<input type="checkbox"/>	<input type="checkbox"/>			
Anabolic Steroids	<input type="checkbox"/>	<input type="checkbox"/>			
Other Prohibited Drugs:	<input type="checkbox"/>	<input type="checkbox"/>			

Applicant Name: _____
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PERSONAL DECLARATIONS (cont.)

Have you ever sold any of the items specified on the previous page? ☐ Yes ☐ No

If yes, which: _____ When: _____ # of Times: _____

Have you ever purchased any of the items specified on the previous page? ☐ Yes ☐ No

If yes, which: _____ When: _____ # of Times: _____

Have you ever inhaled a substance for the purposes of intoxication? ☐ Yes ☐ No

If yes, which: _____ When: _____ # of Times: _____

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

If yes, which: _____ Involvement: _____

Have you ever been involved in the sale or delivery of any illegal drugs to another person with or without profit to you? ☐ Yes ☐ No

Have you ever transported any illegal drugs across a state or US border? ☐ Yes ☐ No

Have you ever transported any illegal drug as a favor to someone else, or helped in any manner in delivering any illegal drugs? ☐ Yes ☐ No

Have you ever cultivated or grown any illegal drug or substance? ☐ Yes ☐ No

Do you use alcoholic products? ☐ Yes ☐ No

Have you ever been under the influence or consumed alcohol during work, in violation of company policy or procedures? ☐ Yes ☐ No

Have you ever used over-the-counter medication for any purpose other than those listed in the directions? ☐ Yes ☐ No

Have you ever taken prescription medication not prescribed for you? ☐ Yes ☐ No

If yes, which: _____ From whom (relation) _____ Last time used? _____

Have you ever taken prescription medication more than the prescribed amount? ☐ Yes ☐ No

If yes, which: _____ Last time used? _____

Have you ever sold prescription medication? ☐ Yes ☐ No

If yes, which: _____ Last time used? _____

Have you ever purchased prescription medication without a valid prescription? ☐ Yes ☐ No

If yes, which: _____ Last time used? _____

Applicant Name: _____
Last Name First Name Middle

PERSONAL REFERENCES

List five (5) persons who know you well enough to provide current information about you. **Do NOT list relatives or past/current employers.**

Name: _____ Occupation: _____
Address: _____
Day Phn: _____ Eve. Phn: _____ Years Known: _____
Briefly describe your relationship with this person: _____

Name: _____ Occupation: _____
Address: _____
Day Phn: _____ Eve. Phn: _____ Years Known: _____
Briefly describe your relationship with this person: _____

Name: _____ Occupation: _____
Address: _____
Day Phn: _____ Eve. Phn: _____ Years Known: _____
Briefly describe your relationship with this person: _____

Name: _____ Occupation: _____
Address: _____
Day Phn: _____ Eve. Phn: _____ Years Known: _____
Briefly describe your relationship with this person: _____

Name: _____ Occupation: _____
Address: _____
Day Phn: _____ Eve. Phn: _____ Years Known: _____
Briefly describe your relationship with this person: _____

Applicant Name: _____
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MISCELLANEOUS INFORMATION

List your professional, work-related memberships in groups, associations, or clubs:

Official Name of Organization	Type (ie: trade, business, job-related)	Office(s) Held	Dates of Membership	
			From	To

List hobbies, sports, or other recreational activities you participate in:

Activity	Length of Time of Participation	Level of Proficiency

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 to do or which might require further explanation? ☐ Yes ☐ No

If yes, explain: _____

Is there anything that would prevent you from fully performing the duties of a Firefighter / Paramedic employee including working weekends, holidays, evenings, or nights? ☐ Yes ☐ No

Have you ever made an application for employment for any position with this or any other Public Safety department? ☐ Yes ☐ No

Name of Agency	Type of Position	Application Date	Status of Application

Applicant Name: _____
Last Name First Name Middle

VERIFICATION OF DOCUMENTATION

Please submit a copy of each of these documents that relate to you when you return your PHS.

Document	Copy Attached
Drivers License, Social Security Card, and Birth Certificate (for identification purposes only)	<input type="checkbox"/> Yes <input type="checkbox"/> No (explain): _____
HS Diploma/GED	<input type="checkbox"/> Yes <input type="checkbox"/> No (explain): _____
HS Transcript	<input type="checkbox"/> Yes <input type="checkbox"/> No (explain): _____
College Diploma	<input type="checkbox"/> Yes <input type="checkbox"/> No (explain): _____
College/University Transcripts	<input type="checkbox"/> Yes <input type="checkbox"/> No (explain): _____
Marriage Certificate	<input type="checkbox"/> Yes <input type="checkbox"/> No (explain): _____
Dissolution of Marriage Papers	<input type="checkbox"/> Yes <input type="checkbox"/> No (explain): _____
Military Discharge Papers	<input type="checkbox"/> Yes <input type="checkbox"/> No (explain): _____
PAT Completion Certificate (valid only from TCCC. Must be dated within the last six (6) months. If you are registered to take a PAT, list the date.	<input type="checkbox"/> Yes <input type="checkbox"/> No (explain): _____
Other: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No (explain): _____

ACCURACY OF INFORMATION

I have reviewed each page to ensure all parts are correct and complete. I understand that my eligibility will be based on the information contained in this application. I also understand that the City of Southlake is an "at-will" employer and that this document is not an offer of employment, nor does it constitute an employment contract.

I hereby certify that there are no willful misrepresentations, omissions, or falsifications in the foregoing 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.

Signature of Applicant

Date

RELEASE OF INFORMATION AGREEMENT

City of Southlake

TO WHOM IT MAY CONCERN: I am an applicant for a Department of Public Safety position through the City of Southlake. The City of Southlake will thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I applied. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed to the above department.

I hereby authorize any representative of the **City of Southlake** bearing this release to obtain any information in your files pertaining to my employment records, and I hereby direct you to release such information upon request of the bearer. I do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the City of Southlake, whether said records are of public, private, or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure. I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation that may provide pertinent data for the City of Southlake to consider in determining my suitability for employment in their department. It is my specific intent to provide access to personnel information, however personal or confidential it may appear to be.

I consent to your release of any and all public and private information that you may have concerning me, my work record, my background and reputation, my military service records, educational records, my financial status, my criminal history record, including any arrest records, any information contained in investigatory files, efficiency ratings, complaints or grievances filed by or against me, the records or recollections of attorneys at law, or 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, attendance records, polygraph examinations, and any internal affairs investigations and discipline, including any files which are deemed to be confidential, and/or sealed.

I hereby release you, your organization, and all others from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I hereby release you, as the custodian of such records of the City of Southlake, 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 any attempt to comply with it. I direct you to release such information upon request of the duly accredited representative of the City of Southlake regardless of any agreement I may have made with you previously to the contrary. The City of Southlake requesting the information pursuant to this release will discontinue processing my application if you refuse to disclose the information requested.

For and in consideration of the agency's acceptance and processing of my application for employment, I agree to hold the City of Southlake, its agents and employees harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the agency to which I am applying. I understand that should information of a serious criminal nature surface, as a result of this investigation, such information may be turned over to the proper authorities.

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access and to disclosure of records, and I waive those rights with the understanding that information furnished will be used by the City of Southlake in conjunction with employment procedures.

A photocopy or FAX copy of this release form will be valid, as an original thereof, even though the said photocopy or FAX copy does not contain an original writing of my signature. This waiver is valid for a period of one year from the date of my signature. Should there be any questions as to the validity of this release, you may contact me at the address listed on this form.

I agree to pay any and all charges or fees concerning this request and can be billed for such charges at the address listed on this form. I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request.

Signature

Printed Name

Date

Address

Social Security Number

Date of Birth

Sworn and subscribed to me this _____ day of _____, A.D., 20____

Signature of Notary

Notary Public in and for the County of _____, Texas