



El Paso Police Department

Comprehensive Background Investigation Statement



INSTRUCTIONS

1. The information in this questionnaire will be used for the Comprehensive Background examination component, to include the Oral Board Interview.
2. **It is your responsibility to provide all the requested information clearly and completely.** Be advised, if necessary, we may request additional documentation and/or details. Questionnaires received after the deadline will not be evaluated and the applicant will no longer be considered for this position. Please **type** the information in the fields. Should you require access to a computer, please visit a public library. If you have any questions, contact the EPPD Human Resources Division at (915) 212-4319 or (888) 550-7174.

Please read the statement below and sign it after completing the supplementary questionnaire.

I certify that my statements in this questionnaire are true, complete and correct to the best of my knowledge and belief. I understand that any falsification and/or omission of information may bar me from the examination, remove my name from the eligible list or if I have been appointed, cause my dismissal from the position. I also agree that all statements may be investigated.

Print name: _____

Signature: _____

Date _____

*Keep in mind that we seek only the most qualified candidates. The amount of **initiative, thoroughness, and responsibility** you exhibit throughout this process **speaks towards your judgment: one of the most important characteristics of a Police Officer. The manner in which you **conduct yourself at all times** will likewise be considered as **evidence of your suitability** for this position.***

THIS IS NOT AN OFFER, CONTRACT OR CONDITION OF EMPLOYMENT BY THE CITY OF EL PASO. ACTUAL CONDITIONS OF EMPLOYMENT ARE GOVERNED BY CITY CIVIL SERVICE PROVISIONS AND THE COLLECTIVE BARGAINING AGREEMENT BETWEEN THE CITY AND THE EL PASO MUNICIPAL POLICE OFFICERS ASSOCIATION AND ARE SUBJECT TO CHANGE. NOTHING CONTAINED HEREIN CONSTITUTES AN OFFER, CONTRACT, OR CONDITION OF EMPLOYMENT BY THE CITY OF EL PASO.

El Paso Police Department ♦ Human Resources Division
911 N. Raynor ♦ El Paso, TX 79903
915-212-4319 ♦ www.eppd.org

INSTRUCTIONS

Required Documents

When you submit the Comprehensive Background Investigation Statement (CBIS), bring in the original as well as a copy of each of the documents listed below. The original will be viewed and returned to you, and the background investigator will keep the copy. If you are missing any of the following documents, you must still turn in your background statement by the deadline and make immediate arrangements to obtain the missing documents.

- a. County Birth Certificate
- b. Naturalization Papers if applicable
- c. Driver's License
- d. Social Security Card
- e. Current proof of vehicle liability insurance
- f. High School Diploma or GED Certificate
- g. All DD-214 forms (member-4) that you have received in your lifetime. (Military Personnel)
- h. College Transcript(s) (MUST BE OFFICIAL/copies not accepted)
- i. Criminal/Civil Case Dispositions
- j. Financial Paperwork (bankruptcy papers, child support orders, etc.)

PLEASE READ CAREFULLY

Unless otherwise stated, each question refers to anytime, anyplace, anywhere, for any reason, both in civilian life or military life, domestic or abroad. It does NOT matter if the incident or act was detected, undetected, reported or unreported, investigated or not, discovered or if anyone was arrested or not. _____ (*initial*)

Your Comprehensive Background Investigation Statement (CBIS) is subject to a complete background investigation consisting of personal, family, education, traffic, criminal, neighborhood, employment and financial history. Questions relating to age, height, weight, and any other physical characteristics, when not specifically related to the job requirements, are used for the purpose of identification in your background investigation and for no other purpose. _____ (*initial*)

These instructions are provided as a guide to assist you in properly completing the CBIS. It is essential that **ALL** information be entirely accurate in all respects. **Deliberate inaccuracies, incomplete statements, rationalizations, misstatements of fact, or omission of material information reported in this CBIS, or divulged by you during the background investigation may be grounds for your disqualification and/or termination of your employment with the El Paso Police Department.** _____ (*initial*)

It is to your advantage to respond openly and honestly to all of the questions. Any negative factors in your background will be evaluated in terms of circumstances and facts surrounding the occurrence and its degree of relevance to the job. The El Paso Police Department is looking for mature, honest people who can admit to their mistakes and discuss those mistakes honestly. For example, being fired from a job or having been arrested is not, in itself, necessarily grounds for disqualification. You will be given a chance during your background investigation to explain the facts surrounding the events. It is your responsibility to be truthful. A negative factor in your background may not terminate you from the application process; being dishonest about a negative factor will. **BE HONEST.** All the information will be verified by an extensive background investigation. _____ (*initial*)

INSTRUCTIONS

1. **PLEASE TYPE** and **DO NOT LEAVE ANY QUESTION BLANK**. This statement must be filled out and completed by **YOU** and no one else. Be sure that you fill out this Comprehensive Background Investigation Statement (CBIS) correctly and completely, because you are the one that is swearing, under oath, to the Notary Public, that all the information contained herein is true and correct. _____ (*initial*)

2. Answer **EVERY** question to the best of your ability. Explain incomplete answers. If the question does not apply to you, indicate N/A. **YOU ARE RESPONSIBLE** for obtaining all correct and complete names, addresses, phone numbers, zip codes, area codes and EMAIL ADDRESSES where requested. If you are not sure of your information, verify it **PERSONALLY** before submitting your CBIS. When indicating dates, do not use the military method; indicate the month, day and then year. _____ (*initial*)

3. You must include **two (2) recent** pictures of yourself when returning this statement. Attach one picture to the top of page 4. The other picture will be utilized for your Background Investigation. The pictures **MUST** be least 2" x 2" and **NO LARGER** than 3" x 4". The pictures must **ONLY** show your head and shoulders, with a **PLAIN** light colored background. **NO computer generated, scenic or group** pictures will be accepted. A Polaroid or Passport picture is preferred. The picture must have been taken within three (3) months of the date the statement is submitted. _____ (*initial*)

4. If more space is needed to answer any question, use Section XVII Miscellaneous Info. When using Section XVII, be sure to indicate which question you are expanding on. _____ (*initial*)

5. Once you have completed everything and obtained all necessary documents/copies, you **MUST** have the last two (2) pages notarized **before** you can submit your CBIS. _____ (*initial*)

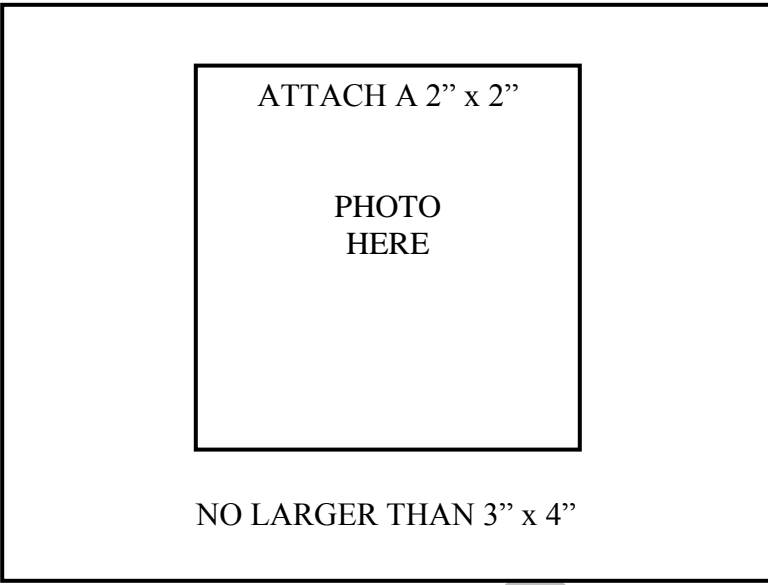
6. If you have any problems while completing the CBIS or you are unsure what information you should list, do not hesitate to call and ask for assistance. The EPPD Human Resources Division phone number is 915-212-4319 and the work hours are **Monday through Friday, 8:00 A.M. to 4:00 P.M.** _____ (*initial*)

I have read the above instructions and understand and will comply with all the instructions herein.

PRINT NAME

SIGNATURE

DATE



I. PERSONAL INFORMATION

FULL LEGAL NAME (LAST, FIRST, MIDDLE)				DATE OF BIRTH	
LIST ALL OTHER NAMES OR NICKNAMES USED (INCLUDE ANY MAIDEN NAMES AND LEGAL NAME CHANGES. LIST DATE AND REASON FOR NAME CHANGE)					
DRIVERS LICENSE #	STATE	EXP. DATE	SOCIAL SECURITY NUMBER	BIRTHPLACE (CITY, STATE, COUNTRY)	
PHYSICAL ADDRESS (STREET, CITY, STATE, ZIP CODE)					
HOME PHONE NUMBER		CELL PHONE NUMBER		E-MAIL ADDRESS	
WORK PHONE NUMBER		ALTERNATE PHONE NUMBER FOR MESSAGES (please advise this contact that their information was given)			
ARE YOU A CITIZEN OF THE UNITED STATES? YES <input type="checkbox"/> NO <input type="checkbox"/>			IF A U.S. CITIZEN, WERE YOU: NATIVE BORN <input type="checkbox"/> NATURALIZED <input type="checkbox"/>		
IF NATURALIZED, GIVE DATE AND NATURALIZATION NUMBER					
DO YOU HAVE ANY TATTOOS? YES <input type="checkbox"/> NO <input type="checkbox"/>					
IF SO, WHERE ARE THEY LOCATED AND DESCRIBE THEIR SIGNIFICANCE :					

II. EMPLOYMENT HISTORY

IMPORTANT NOTICE: You must list *every* job you have ever held since age sixteen (16), regardless of whether you feel it is relevant to the position for which you are applying. Failure to complete all required information (names, addresses, dates, email addresses and phone numbers) may limit our ability to assess your suitability for hire, and eliminate you from further consideration.

BEGIN WITH YOUR CURRENT EMPLOYMENT AND WORK BACKWARDS. LIST ALL EMPLOYMENT CHRONOLOGICALLY, INCLUDING SUMMER AND PART TIME JOBS, TEMPORARY AND VOLUNTEER WORK. IF THERE ARE ANY GAPS IN EMPLOYMENT, PLEASE PROVIDE A BRIEF EXPLANATION CONCERNING THAT AS WELL. **COMPLETE INFORMATION IS REQUIRED.**

DATES EMPLOYED:		EMPLOYER INFORMATION:		PHONE AND EXT. NUMBER:
FROM:	TO:	NAME & ADDRESS OF EMPLOYER (STREET, CITY, STATE, ZIP)		EMPLOYER TELEPHONE:
# OF HOURS WORKED/WEEK & SHIFT WORKED:		SUPERVISOR'S NAME/TITLE/PHONE #/EMAIL:	SALARY WAGE:	
EXPLAIN REASON FOR LEAVING: (FIRED / LAID OFF / FORCED / SCHOOL / RESIGNED / QUIT)		JOB TITLE & DUTIES: AT ANY TIME WERE YOU DISCIPLINED, DISMISSED OR ASKED TO RESIGN? YES <input type="checkbox"/> NO <input type="checkbox"/> (LIST ALL FORMS AND LEVELS OF DISCIPLINE TO INCLUDE WRITTEN AND VERBAL REPRIMANDS) IF YES, PLEASE EXPLAIN THE CIRCUMSTANCES (INCLUDE DATE, PLACE & SPECIFIC DETAILS)		
DATES EMPLOYED:		EMPLOYER INFORMATION:		PHONE AND EXT. NUMBER:
FROM:	TO:	NAME & ADDRESS OF EMPLOYER (STREET, CITY, STATE, ZIP)		EMPLOYER TELEPHONE:
# OF HOURS WORKED/WEEK & SHIFT WORKED:		SUPERVISOR'S NAME/TITLE/PHONE #:	SALARY WAGE:	
EXPLAIN REASON FOR LEAVING: (FIRED / LAID OFF / FORCED / SCHOOL / RESIGNED / QUIT)		JOB TITLE & DUTIES: AT ANY TIME WERE YOU DISCIPLINED, DISMISSED OR ASKED TO RESIGN? YES <input type="checkbox"/> NO <input type="checkbox"/> (LIST ALL FORMS AND LEVELS OF DISCIPLINE TO INCLUDE WRITTEN AND VERBAL REPRIMANDS) IF YES, PLEASE EXPLAIN THE CIRCUMSTANCES (INCLUDE DATE, PLACE & SPECIFIC DETAILS)		
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FROM:	TO:	NAME & ADDRESS OF EMPLOYER (STREET, CITY, STATE, ZIP)		EMPLOYER TELEPHONE:
# OF HOURS WORKED/WEEK & SHIFT WORKED:		SUPERVISOR'S NAME/TITLE/PHONE #:	SALARY WAGE:	
EXPLAIN REASON FOR LEAVING: (FIRED / LAID OFF / FORCED / SCHOOL / RESIGNED / QUIT)		JOB TITLE & DUTIES: AT ANY TIME WERE YOU DISCIPLINED, DISMISSED OR ASKED TO RESIGN? YES <input type="checkbox"/> NO <input type="checkbox"/> (LIST ALL FORMS AND LEVELS OF DISCIPLINE TO INCLUDE WRITTEN AND VERBAL REPRIMANDS) IF YES, PLEASE EXPLAIN THE CIRCUMSTANCES (INCLUDE DATE, PLACE & SPECIFIC DETAILS)		
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# OF HOURS WORKED/WEEK & SHIFT WORKED:		SUPERVISOR'S NAME/TITLE/PHONE #:	SALARY WAGE:	
EXPLAIN REASON FOR LEAVING: (FIRED / LAID OFF / FORCED / SCHOOL / RESIGNED / QUIT)		JOB TITLE & DUTIES: AT ANY TIME WERE YOU DISCIPLINED, DISMISSED OR ASKED TO RESIGN? YES <input type="checkbox"/> NO <input type="checkbox"/> (LIST ALL FORMS AND LEVELS OF DISCIPLINE TO INCLUDE WRITTEN AND VERBAL REPRIMANDS) IF YES, PLEASE EXPLAIN THE CIRCUMSTANCES (INCLUDE DATE, PLACE & SPECIFIC DETAILS)		

FROM:	TO:	NAME & ADDRESS OF EMPLOYER (STREET, CITY, STATE, ZIP)	EMPLOYER TELEPHONE:
# OF HOURS WORKED/WEEK & SHIFT WORKED:	SUPERVISOR'S NAME/TITLE/PHONE #:		SALARY WAGE:
EXPLAIN REASON FOR LEAVING: (FIRED / LAID OFF / FORCED / SCHOOL / RESIGNED / QUIT)	JOB TITLE & DUTIES: AT ANY TIME WERE YOU DISCIPLINED, DISMISSED OR ASKED TO RESIGN? YES <input type="checkbox"/> NO <input type="checkbox"/> (LIST ALL FORMS AND LEVELS OF DISCIPLINE TO INCLUDE WRITTEN AND VERBAL REPRIMANDS) IF YES, PLEASE EXPLAIN THE CIRCUMSTANCES (INCLUDE DATE, PLACE & SPECIFIC DETAILS)		
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FROM:	TO:	NAME & ADDRESS OF EMPLOYER (STREET, CITY, STATE, ZIP)	EMPLOYER TELEPHONE:
# OF HOURS WORKED/WEEK & SHIFT WORKED:	SUPERVISOR'S NAME/TITLE/PHONE #:		SALARY WAGE:
EXPLAIN REASON FOR LEAVING: (FIRED / LAID OFF / FORCED / SCHOOL / RESIGNED / QUIT)	JOB TITLE & DUTIES: AT ANY TIME WERE YOU DISCIPLINED, DISMISSED OR ASKED TO RESIGN? YES <input type="checkbox"/> NO <input type="checkbox"/> (LIST ALL FORMS AND LEVELS OF DISCIPLINE TO INCLUDE WRITTEN AND VERBAL REPRIMANDS) IF YES, PLEASE EXPLAIN THE CIRCUMSTANCES (INCLUDE DATE, PLACE & SPECIFIC DETAILS)		
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FROM:	TO:	NAME & ADDRESS OF EMPLOYER (STREET, CITY, STATE, ZIP)	EMPLOYER TELEPHONE:
# OF HOURS WORKED/WEEK & SHIFT WORKED:	SUPERVISOR'S NAME/TITLE/PHONE #:		SALARY WAGE:
EXPLAIN REASON FOR LEAVING: (FIRED / LAID OFF / FORCED / SCHOOL / RESIGNED / QUIT)	JOB TITLE & DUTIES: AT ANY TIME WERE YOU DISCIPLINED, DISMISSED OR ASKED TO RESIGN? YES <input type="checkbox"/> NO <input type="checkbox"/> (LIST ALL FORMS AND LEVELS OF DISCIPLINE TO INCLUDE WRITTEN AND VERBAL REPRIMANDS) IF YES, PLEASE EXPLAIN THE CIRCUMSTANCES (INCLUDE DATE, PLACE & SPECIFIC DETAILS)		
DATES EMPLOYED:		EMPLOYER INFORMATION:	PHONE AND EXT. NUMBER:
FROM:	TO:	NAME & ADDRESS OF EMPLOYER (STREET, CITY, STATE, ZIP)	EMPLOYER TELEPHONE:
# OF HOURS WORKED/WEEK & SHIFT WORKED:	SUPERVISOR'S NAME/TITLE/PHONE #:		SALARY WAGE:
EXPLAIN REASON FOR LEAVING: (FIRED / LAID OFF / FORCED / SCHOOL / RESIGNED / QUIT)	JOB TITLE & DUTIES: AT ANY TIME WERE YOU DISCIPLINED, DISMISSED OR ASKED TO RESIGN? YES <input type="checkbox"/> NO <input type="checkbox"/> (LIST ALL FORMS AND LEVELS OF DISCIPLINE TO INCLUDE WRITTEN AND VERBAL REPRIMANDS) IF YES, PLEASE EXPLAIN THE CIRCUMSTANCES (INCLUDE DATE, PLACE & SPECIFIC DETAILS)		
IF YOU HAVE HELD ADDITIONAL JOBS LIST THEM HERE:			
HAVE YOU PREVIOUSLY APPLIED TO THE CITY OF EL PASO? NO <input type="checkbox"/> YES <input type="checkbox"/> IF YES, PLEASE PROVIDE THE DEPARTMENT(S) AND DATE(S):			
DO YOU HAVE ANY RELATIVES WORKING FOR THE CITY OF EL PASO? NO <input type="checkbox"/> YES <input type="checkbox"/> IF YES: GIVE NAME, RELATIONSHIP, AND DEPARTMENT THEY WORK FOR:			
HAVE YOU EVER WORKED FOR THE CITY OF EL PASO? NO <input type="checkbox"/> YES <input type="checkbox"/> IF YES, LIST WHICH DEPARTMENT AND WHEN: LIST SUPERVISOR'S NAME AND PHONE NUMBER:			
ARE YOU NOW, OR HAVE YOU EVER BEEN ENGAGED IN BUSINESS AS AN OWNER, PARTNER OR CORPORATE MEMBER? NO <input type="checkbox"/> YES <input type="checkbox"/>			

MAY WE COMMUNICATE WITH YOUR PRESENT EMPLOYER? YES NO IF NO, PLEASE EXPLAIN:

HAVE YOU EVER APPLIED/INQUIRED WITH ANY LAW ENFORCEMENT AGENCY OR PUBLIC SAFETY AGENCY (e.g., POLICE DEPARTMENT, SHERIFF'S DEPARTMENT, FIRE DEPARTMENT, EMT, ANY FEDERAL AGENCY) EXAMPLES OF THIS INCLUDE INTEREST CARDS AND SUBMISSION OF RESUMES.

NO YES

IF YES, LIST PAST AND PRESENT APPLICATIONS, INCLUDING THOSE WITH THE EL PASO POLICE DEPARTMENT

AGENCY	PHONE NUMBER	DATE OF APPLICATION	DISPOSITION

HAVE YOU EVER BEEN INVOLVED IN THE EL PASO POLICE EXPLORER OR VOLUNTEER PROGRAMS? NO YES IF YES, LIST DATES:

HAVE YOU EVER BEEN DENIED A POSITION WITH THE EL PASO POLICE DEPARTMENT? NO YES

IF YES, LIST DATES AND REASON:

HAVE YOU EVER BEEN INVOLVED IN ANY OTHER POLICE RESERVE OR AUXILLIARY UNIT? NO YES

IF YES, INDICATE BELOW:

AGENCY	ADDRESS	DATES OF SERVICE	POSITION HELD	REASON FOR LEAVING

HAVE YOU EVER ATTENDED A LAW ENFORCEMENT ACADEMY OR BEEN CERTIFIED OR LICENSED AS A LAW ENFORCEMENT OFFICER? NO YES IF YES, LIST WHEN AND WHERE:

HAVE YOU EVER TAKEN A POLYGRAPH EXAM? NO YES IF YES, LIST DETAILS (DATE, REASON AND RESULT):

III. EDUCATION HISTORY

ARE YOU CURRENTLY ENROLLED IN ANY SCHOOL, COLLEGE OR UNIVERSITY? NO YES

IF YES, GIVE PROJECTED GRADUATION DATE:

LIST ALL SCHOOLS EVER ATTENDED IN ORDER. BEGIN WITH THE MOST RECENTLY ATTENDED/CURRENTLY ENROLLED SCHOOL. INCLUDE BUSINESS COLLEGES, TECHNICAL/VOCATIONAL, CORRESPONDENCE, AND MILITARY SCHOOLS.

COLLEGES AND UNIVERSITIES

SCHOOL INFORMATION

SCHOOL NAME:	ADDRESS (STREET, CITY, STATE, ZIP)	FROM:	TO:	
YEAR GRADUATED:	TYPE OF DEGREE OBTAINED:	HOURS EARNED:	GPA:	COMMENTS:

SCHOOL INFORMATION

SCHOOL NAME:	ADDRESS (STREET, CITY, STATE, ZIP)	FROM:	TO:	
YEAR GRADUATED:	TYPE OF DEGREE OBTAINED:	HOURS EARNED:	GPA:	COMMENTS:

SCHOOL INFORMATION

SCHOOL NAME:	ADDRESS (STREET, CITY, STATE, ZIP)	FROM:	TO:	
YEAR GRADUATED:	TYPE OF DEGREE OBTAINED:	HOURS EARNED:	GPA:	COMMENTS:

SCHOOL INFORMATION					
SCHOOL NAME:	ADDRESS (STREET, CITY, STATE, ZIP)			FROM:	TO:
YEAR GRADUATED:	TYPE OF DEGREE OBTAINED:	HOURS EARNED:	GPA:	COMMENTS:	

VOCATIONAL / TECHNICAL / MILITARY OR OTHER POST-SECONDARY SCHOOLS

SCHOOL INFORMATION					
SCHOOL NAME:	ADDRESS (STREET, CITY, STATE, ZIP)			FROM:	TO:
YEAR GRADUATED:	TYPE OF DEGREE OBTAINED:	HOURS EARNED:	GPA:	COMMENTS:	

SCHOOL INFORMATION					
SCHOOL NAME:	ADDRESS (STREET, CITY, STATE, ZIP)			FROM:	TO:
YEAR GRADUATED:	TYPE OF DEGREE OBTAINED:	HOURS EARNED:	GPA:	COMMENTS:	

HIGH SCHOOL

SCHOOL INFORMATION					
SCHOOL NAME:	ADDRESS (STREET, CITY, STATE, ZIP)			FROM:	TO:
YEAR GRADUATED:					

SCHOOL INFORMATION					
SCHOOL NAME:	ADDRESS (STREET, CITY, STATE, ZIP)			FROM:	TO:
YEAR GRADUATED:					

WAS ANY DISCIPLINARY ACTION TAKEN AGAINST YOU WHILE YOU WERE IN COLLEGE OR HIGH SCHOOL, INCLUDING PROBATION, SUSPENSIONS, DISMISSALS OR LOSS OF SCHOLARSHIPS FOR DISCIPLINARY REASONS?

NO YES IF YES, LIST THE DATES AND DETAILS:

GIVE EXPLANATION FOR ACADEMIC PROBLEMS, INCLUDING ACADEMIC PROBATIONS, ACADEMIC SUSPENSIONS, WITHDRAWALS (PASSING OR FAILING), AND ANY GRADE BELOW A 2.00 GPA:

LIST ALL HONORS, CITATIONS, SPECIAL RECOGNITION, OFFICES HELD, AND GROUPS OR TEAMS YOU BELONGED TO WHILE ATTENDING HIGH SCHOOL AND COLLEGE:

ARE YOU SKILLED IN A LANGUAGE(S) OTHER THAN ENGLISH?

NO YES

IF YES, WHAT LANGUAGE(S)?

WHAT IS YOUR PROFICIENCY LEVEL?

Language

CHECK ALL ABILITIES THAT APPLY:

Language

EXCELLENT GOOD FAIR

SPEAK READ UNDERSTAND WRITE

IV. MILITARY HISTORY

HAVE YOU EVER BEEN DENIED ENTRY INTO THE MILITARY? NO YES IF YES, EXPLAIN:

HAVE YOU EVER SERVED IN A MILITARY ORGANIZATION OF ANY FOREIGN GOVERNMENT? NO YES IF YES, EXPLAIN:

HAVE YOU EVER JOINED THE MILITARY SERVICE? NO YES IF YES, LIST MILITARY BRANCH AND UNITS SERVED

BRANCH	SERVICE NUMBER	TYPE OF UNIT	M.O.S.	JOB TITLE AND DESCRIPTION
1.				

2.			
DATE OF ENLISTMENT	DATES OF ACTIVE DUTY	HIGHEST RANK ON ACTIVE DUTY	

DID YOU PROVIDE A COPY OF ALL DD-214 FORMS? <input type="checkbox"/> YES <input type="checkbox"/> NO				
DATE OF DISCHARGE	RANK AT TIME OF DISCHARGE	DATE OF RANK	TOTAL AMOUNT OF MILITARY SERVICE	
			YEARS	MONTHS
DAYS				

LIST ALL CITATIONS OR COMMENDATIONS:

LIST ALL MILITARY TRAINING AND EDUCATION:

HAVE YOU EVER BEEN UNDER INVESTIGATION BY A MILITARY AUTHORITY? NO YES
 IF YES: LIST ALL DISCIPLINARY PROBLEMS WHILE IN THE MILITARY (ARTICLE 15's, UCMJ CONVICTIONS, DEMOTIONS, INCLUDING ANY JUDICIAL OR NON-JUDICIAL ACTION ETC.) INCLUDE DISPOSITION OF INVESTIGATION AND EXPLAIN IN FULL DETAIL:

PAST COMMANDING OFFICERS OR MILITARY ACQUAINTANCES ARE POTENTIAL SOURCES OF RELEVANT INFORMATION PERTAINING TO YOUR BACKGROUND. PLEASE LIST THOSE INDIVIDUALS WHO KNOW YOU WELL ENOUGH TO PROVIDE ACCURATE INFORMATION ABOUT YOU.

NAME	ADDRESS	PHONE	# OF YEARS KNOWN
1			
2			
3			

HAVE YOU EVER BEEN A MEMBER OF A RESERVE UNIT? NO YES IF YES, INDICATE YOUR STATUS BELOW

CURRENTLY ACTIVE RESERVE? NO YES MEMBER IN I.R.R.? NO YES

HOW OFTEN DO YOU ATTEND DRILLS? WEEKLY MONTHLY SUMMER ONLY

GIVE DETAILS OF YOUR CURRENT RESERVE UNIT BELOW:

UNIT NAME AND ADDRESS	COMMANDING OFFICER NAME &PHONE	YOUR CURRENT RANK

V. CRIMINAL AND DRIVING HISTORY

LIST ALL OFFICIAL CONTACT YOU HAVE HAD WITH ANY LAW ENFORCEMENT AGENCY OR COURT SYSTEM. THIS INCLUDES MUNICIPAL, COUNTY, STATE AND FEDERAL AGENCIES OR COURT SYSTEMS, INCLUDING MILITARY COURTS, MILITARY POLICE AND MILITARY INVESTIGATIVE UNITS. LIST ALL INCIDENTS WHERE YOU HAVE BEEN QUESTIONED, WARNED, ISSUED A CITATION (CLASS C OR TRAFFIC), DETAINED, ARRESTED OR CONVICTED. THIS INCLUDES ALL INFRACTIONS, ORDINANCE VIOLATIONS, MISDEMEANORS AND FELONIES. It is to your benefit to be honest.

NOTE: You must provide documentation indicating the final disposition of any and all arrests for class B misdemeanor or above. If you are unsure about any details, you should obtain your driving record from both the **Municipal Court** and DPS agencies. Out of town driving histories or citations received out of town will need to be **obtained through the appropriate agency**. Upon receipt, provide any/all documents to your background investigator.

DATE	AGENCY OR COURT	CITY/STATE	CHARGE / OFFENSE	DISPOSITION

HAVE YOU EVER BEEN IN, AFFILIATED WITH, OR BEEN AROUND ANY STREET GANG, CAR CLUB, PARTY CREW, TAGGING CREW OR ANY MOTORCYCLE CLUB / GANG?
 NO YES IF YES, EXPLAIN IN FULL DETAIL (dates, nicknames, name of club/gang):

HAVE YOU EVER STOLEN OR TAKEN ANYTHING FROM ANYONE WITHOUT PERMISSION, OR COMMITTED ANY CRIME IN WHICH YOU WERE NOT CAUGHT? NO YES IF YES, EXPLAIN IN FULL DETAIL, INCLUDING DATES, PLACES AND AMOUNT TAKEN OR CRIME COMMITTED:

HAVE YOU EVER INTENTIONALLY COMMITTED AN ACT THAT YOU KNEW WAS WRONG IN WHICH YOU WERE NOT CAUGHT? NO YES IF YES, EXPLAIN IN FULL DETAIL, INCLUDING DATES, PLACES AND ACT COMMITTED:

LIST BELOW ANY FRIENDS, ASSOCIATES OR RELATIVES, PAST AND PRESENT WHO HAVE BEEN ARRESTED OR CONVICTED OF A FELONY OR PARTICIPATED IN A CRIMINAL ACT. GIVE A BRIEF EXPLANATION OF YOUR RELATIONSHIP TO THE PERSON AND THE CRIMINAL ACTIVITY IN WHICH THEY ARE OR WERE INVOLVED:

NAME (LAST, FIRST MIDDLE)	DATE OF BIRTH	RELATIONSHIP	EXPLAIN CRIMINAL ACTIVITIES AND/OR CONVICTIONS

DO YOU CURRENTLY HAVE ANY UNPAID FINES, COURT COSTS, OR COURT ORDERED RESTITUTION? NO YES
IF YES, GIVE ALL DETAILS, INCLUDING THE LAW ENFORCEMENT AGENCY, LOCATION AND COURT DATES:

HAVE YOU EVER BEEN FINGERPRINTED? NO YES IF YES, BY WHOM AND WHY?

HAVE YOU SERVED AS AN INFORMANT? NO YES IF YES, WITH WHICH AGENCY AND WHEN?

GIVE INFORMATION ON ANY DRIVER'S LICENSE OR PERMIT THAT YOU HAVE BEEN ISSUED CURRENTLY OR IN THE PAST (INCLUDING MILITARY AND ANY SPECIAL ENDORSEMENTS):

APPROX. DATE ISSUED	STATE	LICENSE NUMBER	TYPE (OPERATOR, COMMERCIAL, MILITARY, ETC.)	EXPIRATION DATE

HAVE YOU EVER BEEN INVOLVED AS A DRIVER IN A MOTOR VEHICLE COLLISION? NO YES IF YES, LIST EACH COLLISION BELOW STARTING WITH THE MOST RECENT:

1 COLLISION INFORMATION

DATE OCCURRED:	LOCATION (CITY, STATE):	INVESTIGATING LAW ENFORCEMENT AGENCY:	INJURY INVOLVED? NO <input type="checkbox"/> YES <input type="checkbox"/>
AMOUNT OF DAMAGE?	WHO WAS AT FAULT?	HOW DID COLLISION OCCUR?	

2 COLLISION INFORMATION

DATE OCCURRED:	LOCATION (CITY, STATE):	INVESTIGATING LAW ENFORCEMENT AGENCY:	INJURY INVOLVED? NO <input type="checkbox"/> YES <input type="checkbox"/>
AMOUNT OF DAMAGE?	WHO WAS AT FAULT?	HOW DID COLLISION OCCUR?	

3 COLLISION INFORMATION

DATE OCCURRED:	LOCATION (CITY, STATE):	INVESTIGATING LAW ENFORCEMENT AGENCY:	INJURY INVOLVED? NO <input type="checkbox"/> YES <input type="checkbox"/>
AMOUNT OF DAMAGE?	WHO WAS AT FAULT?	HOW DID COLLISION OCCUR?	

4 COLLISION INFORMATION

DATE OCCURRED:	LOCATION (CITY, STATE):	INVESTIGATING LAW ENFORCEMENT AGENCY:	INJURY INVOLVED? NO <input type="checkbox"/> YES <input type="checkbox"/>
AMOUNT OF DAMAGE?	WHO WAS AT FAULT?	HOW DID COLLISION OCCUR?	

HAVE ANY OF YOUR LICENSES EVER BEEN SUSPENDED OR REVOKED? NO YES IF YES, PLEASE GIVE DETAILS (INCLUDE WHEN, WHERE AND WHY):

HAVE YOU EVER BEEN DENIED AUTO INSURANCE OR HAD INSURANCE CANCELLED? NO YES IF YES, EXPLAIN BELOW:

PLEASE LIST ALL OF YOUR CURRENT VEHICLES BELOW: (MUST PROVIDE COPIES OF ALL VEHICLE INSURANCE POLICIES)

YEAR:	MAKE:	MODEL:	PLATE NUMBER:	STATE:	REGISTERED TO:

VI. DRUG USAGE

DO YOU NOW, OR **HAVE YOU EVER** USED, POSSESSED, SUPPLIED, SOLD OR MANUFACTURED ANY NARCOTIC OR CONTROLLED SUBSTANCE SUCH AS, BUT NOT LIMITED TO; MARIJUANA, HASHISH, COCAINE, BARBITURATES (DOWNERS), PSP, LSD, MORPHINE, MUSHROOMS, QUAAALUDES, EXTASY, METHAMPHETAMINE, HEROIN, STEROID PHARMACEUTICALS, DESIGNER DRUGS OR DRUGS OF SIMILAR NATURE? (Drug use is not necessarily an automatic disqualifying factor, however, lying about it is.)

NO YES IF YES, LIST BELOW AND PROVIDE DETAILS REGARDING EACH DRUG USE INCIDENT.

SUBSTANCE:	EVER USED?	FIRST DATE USED	LAST DATE USED	NUMBER OF TIMES USED	LARGEST AMT. POSSESSED
MARIJUANA	NO <input type="checkbox"/> YES <input type="checkbox"/>				
HASHISH	NO <input type="checkbox"/> YES <input type="checkbox"/>				
COCAINE/CRACK	NO <input type="checkbox"/> YES <input type="checkbox"/>				
PCP (Angel Dust)	NO <input type="checkbox"/> YES <input type="checkbox"/>				
HEROIN	NO <input type="checkbox"/> YES <input type="checkbox"/>				
LSD/ACID	NO <input type="checkbox"/> YES <input type="checkbox"/>				
METHAMPHETAMINES (UPPERS, SPEED)	NO <input type="checkbox"/> YES <input type="checkbox"/>				
INHALANTS (spray paint, glue, etc.)	NO <input type="checkbox"/> YES <input type="checkbox"/>				
ECSTASY ("XTC", "X", "Molly")	NO <input type="checkbox"/> YES <input type="checkbox"/>				
PSILOCYBIN (MUSHROOMS)	NO <input type="checkbox"/> YES <input type="checkbox"/>				
QUAAALUDES	NO <input type="checkbox"/> YES <input type="checkbox"/>				
TRANQUILIZERS	NO <input type="checkbox"/> YES <input type="checkbox"/>				
K2/SPICE	NO <input type="checkbox"/> YES <input type="checkbox"/>				
SALVIA	NO <input type="checkbox"/> YES <input type="checkbox"/>				
STEROID(S) (not prescribed) NAME: # of cycles	NO <input type="checkbox"/> YES <input type="checkbox"/>				
OTHER (LIST)					
OTHER (LIST)					

If you answered "YES" to ANY of the substances above, please indicate **IN DETAIL** the number of times you used each. (month/ year).

DO YOU NOW OR HAVE YOU **EVER** USED **ANY** PRESCRIPTION DRUG THAT WAS NOT PRESCRIBED TO YOU BY A PHYSICIAN? (Prescription drugs including, **but not limited to:** Adderall, amphetamines, barbiturates, codeine, hydrocodone, Percocet, Prozac, Ritalin, Valium, Xanax)

NO YES IF YES, GIVE DETAILS:

HAVE YOU **EVER** (KNOWINGLY OR UNKNOWINGLY) SOLD, FURNISHED OR TRANSPORTED DRUGS OR NARCOTICS TO ANYONE? NO YES IF YES, GIVE DETAILS.

DO YOU HAVE ANY CLOSE FRIENDS OR FAMILY THAT YOU KNOW USE ILLEGAL DRUGS OR SIMILAR SUBSTANCES? NO YES IF YES, EXPLAIN RELATION AND TYPE OF DRUG?

HAVE YOU EVER BEEN IN OR AFFILIATED WITH ANY TYPE OF NARCOTIC RELATED ORGANIZATION OR KNOW OF OR HAVE ASSOCIATED WITH ANYONE WHO HAS AFFILIATED WITH THIS TYPE OF ORGANIZATION? NO YES IF YES, GIVE DETAILS:

DO YOU CURRENTLY CONSUME ALCOHOLIC BEVERAGES? NO YES
IF YES, PLEASE EXPLAIN BY INCLUDING FREQUENCY, QUANTITY AND TYPE OF BEVERAGE (E.G., LIQUOR, WINE, BEER):

HAVE YOU **EVER** DRIVEN UNDER THE INFLUENCE OF DRUGS OR ALCOHOL? NO YES
IF YES, EXPLAIN THE CIRCUMSTANCES, DATE AND NUMBER OF TIMES

VII. ORGANIZATIONS AND OTHER ACTIVITIES

LIST ALL GROUPS, CLUBS, AND ORGANIZATIONS TO WHICH YOU CURRENTLY BELONG OR HAVE BELONGED IN THE PAST. EXCLUDING HIGH SCHOOL AND COLLEGE (INCLUDE OFFICES HELD, NAME OF ORGANIZATION, ADDRESS AND PHONE NUMBER, ACTIVITIES YOU WERE INVOLVED IN WHILE BELONGING TO THIS GROUP, NAME OF A CONTACT PERSON, ADDRESS AND PHONE NUMBER):

LIST ANY HOBBIES, SKILLS AND SPECIAL INTERESTS OR ABILITIES YOU HAVE, INCLUDING ANY HONORS YOU HAVE RECEIVED WHILE INVOLVED IN THESE ACTIVITIES:

LIST ANY SPECIALIZED TRAINING, SKILLS OR AREAS OF EXPERTISE THAT YOU HAVE WHICH ARE DIRECTLY OR INDIRECTLY RELATED TO LAW ENFORCEMENT WORK:

LIST ANY OTHER INFORMATION ABOUT YOURSELF THAT IS NOT ASKED BY THE ABOVE QUESTIONS WHICH YOU FEEL WOULD BE BENEFICIAL FOR US TO KNOW :

VIII. CREDIT AND FINANCIAL HISTORY

LIST AND EXPLAIN ALL FINANCIAL PROBLEMS, PAST OR PRESENT. INCLUDE OVERDUE ACCOUNTS, LATE PAYMENTS, BANKRUPTCIES, FAILURE TO PAY STUDENT LOANS, ETC. (A COMPLETE CREDIT HISTORY WILL BE OBTAINED BY THE EL PASO POLICE DEPARTMENT):

LIST YOUR NET MONTHLY INCOME, SPOUSE'S NET MONTHLY INCOME, TOTAL MONTHLY PAYMENTS (INCLUDE MORTGAGE/RENT, UTILITIES, CREDITORS, AUTO LOANS, ETC.), AND TOTAL INDEBTEDNESS (TOTAL BALANCE OF ALL FINANCIAL OBLIGATIONS):

HAVE YOU EVER HAD PURCHASED GOODS REPOSSESSED OR HAD ANY OF YOUR BILLS TURNED OVER TO A COLLECTION AGENCY?
NO YES IF YES, PLEASE EXPLAIN:

HAVE YOUR OR WAGES EVER BEEN GARNISHED? NO YES IF YES, PLEASE EXPLAIN:

HAVE YOU EVER BEEN, OR ARE YOU NOW DELINQUENT ON TAXES TO ANY CITY, COUNTY, STATE OR FEDERAL GOVERNMENT? NO YES
IF YES, PLEASE EXPLAIN:

HAVE YOU OR YOUR SPOUSE EVER WRITTEN ANY BAD OR INSUFFICIENT FUND CHECKS? NO YES
IF YES, PLEASE LIST AND EXPLAIN (INCLUDE ESTIMATED NUMBER OF BAD CHECKS AND DATE OF LAST BAD CHECK WRITTEN):

WAS PROPERTY REPOSSESSED AS A RESULT? NO YES IF YES, PLEASE EXPLAIN:
TO WHOM WERE THE BAD CHECKS WRITTEN?

HAVE ANY OF YOUR CHECKS EVER BEEN TURNED OVER TO THE DISTRICT ATTORNEY FOR PROSECUTION?
NO YES IF YES, PLEASE EXPLAIN WHAT THE OUTCOME WAS:

HAVE YOU EVER BEEN SUED IN A COURT OF LAW? NO YES IF YES, PROVIDE DETAILS:

IX. FAMILY INFORMATION ~ MARITAL

CURRENT MARITAL STATUS: MARRIED WIDOWED DIVORCED ENGAGED SEPARATED
SINGLE/UNMARRIED ANNULLED OTHER (IF OTHER, PLEASE EXPLAIN)

GIVE INFORMATION BELOW ON CURRENT MARITAL STATUS			
PRESENT MARRIAGE		PLACE OF MARRIAGE (COUNTRY, STATE, COUNTY AND CITY)	
DATE:	LOCATION:		
SPOUSE/PARTNER'S FULL NAME BEFORE MARRIAGE:	DATE OF BIRTH (mm/dd/yy):	PHONE NUMBER:	EMAIL ADDRESS:
SPOUSE/PARTNER'S FORMER ADDRESS:	SPOUSE/PARTNER'S PLACE OF EMPLOYMENT:		
SPOUSE/PARTNER'S CURRENT JOB TITLE:	SPOUSE/PARTNER'S WORK PHONE:	SPOUSE/PARTNER'S WORK HOURS:	
LIST ALL YOUR CHILDREN AND/OR OTHER DEPENDENTS (INCLUDE FOSTER, STEP, ADOPTED):			
FULL NAME OF CHILD	DATE OF BIRTH	BIRTH / LEGAL FATHER AND MOTHER	PRESENT ADDRESS
THE FOLLOWING QUESTIONS PERTAIN TO YOU IF YOU HAVE CHILDREN NOT LIVING WITH YOU			
DO YOU PAY CHILD SUPPORT?			
NO <input type="checkbox"/> YES <input type="checkbox"/> IF YES, HOW MUCH? HOW OFTEN?			
IS THE CHILD SUPPORT COURT ORDERED? NO <input type="checkbox"/> YES <input type="checkbox"/>			
ARE YOUR CHILD SUPPORT PAYMENTS CURRENT? NO <input type="checkbox"/> YES <input type="checkbox"/> IF NO, WHY NOT?			
HAVE YOU EVER BEEN DELINQUENT WITH CHILD SUPPORT? NO <input type="checkbox"/> YES <input type="checkbox"/> IF SO, WHEN AND WHY?			
HAVE YOU EVER BEEN TAKEN BACK TO COURT? NO <input type="checkbox"/> YES <input type="checkbox"/> IF YES, EXPLAIN:			
IF YOU ARE NOT PAYING CHILD SUPPORT, WHAT IS THE FINANCIAL ARRANGEMENT FOR CARE OF THE CHILD?			
WHO HAS PRESENT LEGAL CUSTODY OF EACH CHILD?			
WHAT ARE YOUR VISITATION RIGHTS?			
IS YOUR VISITATION SUPERVISED OR UNSUPERVISED?			
LIST ALL FORMER MARRIAGES (GIVE ALL INFORMATION EVEN IF DECEASED).			
FULL NAME BEFORE MARRIAGE	CURRENT LAST NAME	PRESENT ADDRESS	DATE OF MARRIAGE
PLACE OF MARRIAGE	PRESENT PHONE NUMBER	DATE OF DIVORCE:	
PLACE OF DIVORCE	COURT	COURT FILE NUMBER	
REASON FOR DIVORCE			
FULL NAME BEFORE MARRIAGE	CURRENT LAST NAME	PRESENT ADDRESS	DATE OF MARRIAGE
PLACE OF MARRIAGE	PRESENT PHONE NUMBER	DATE OF DIVORCE	
PLACE OF DIVORCE	COURT	COURT FILE NUMBER	
REASON FOR DIVORCE			
HAVE YOU BEEN INVOLVED IN A DOMESTIC VIOLENCE INCIDENT (NOT REPORTED TO LAW ENFORCEMENT)? NO <input type="checkbox"/> YES <input type="checkbox"/>			
IF YES, PLEASE EXPLAIN IN DETAIL:			

X. FAMILY INFORMATION ~ FIANCEE / BOYFRIEND /GIRLFRIEND

FULL NAME :	DATE OF BIRTH (mm/dd/yy):	PHONE NUMBER: EMAIL ADDRESS:
ADDRESS:	PLACE (OR FORMER PLACE) OF EMPLOYMENT:	
CURRENT JOB TITLE:	WORK PHONE:	WORK HOURS:

X. FAMILY INFORMATION ~ PARENTS AND SIBLINGS

LIST ALL PARENTAL INFORMATION (INCLUDE ADOPTIVE PARENTS IF APPLICABLE)

FATHER'S FULL NAME	DATE OF BIRTH	PLACE OF BIRTH	
ADDRESS (STREET, CITY, STATE, ZIP)	PHONE NUMBER	PLACE OF EMPLOYMENT AND WORK PHONE	
STEP-FATHER'S FULL NAME	DATE OF BIRTH	PLACE OF BIRTH	
ADDRESS (STREET, CITY, STATE, ZIP)	PHONE NUMBER	PLACE OF EMPLOYMENT AND WORK PHONE	
MOTHER'S CURRENT NAME	MAIDEN NAME	DATE OF BIRTH	PLACE OF BIRTH
ADDRESS (STREET, CITY, STATE, ZIP)	PHONE NUMBER	PLACE OF EMPLOYMENT AND WORK PHONE	
STEP-MOTHER'S CURRENT NAME	MAIDEN NAME	DATE OF BIRTH	PLACE OF BIRTH
ADDRESS (STREET, CITY, STATE, ZIP)	PHONE NUMBER	PLACE OF EMPLOYMENT AND WORK PHONE	

LIST ALL SIBLINGS, INCLUDING STEP, HALF, AND ADOPTIVE

1. FULL NAME	DATE OF BIRTH	RELATIONSHIP (FULL/HALF/STEP/ADOPTIVE)	
ADDRESS (STREET, CITY, STATE, ZIP)	PHONE NUMBER	PLACE OF EMPLOYMENT AND WORK PHONE	
2. FULL NAME	DATE OF BIRTH	RELATIONSHIP (FULL/HALF/STEP/ADOPTIVE)	
ADDRESS (STREET, CITY, STATE, ZIP)	PHONE NUMBER	PLACE OF EMPLOYMENT AND WORK PHONE	
3. FULL NAME	DATE OF BIRTH	RELATIONSHIP (FULL/HALF/STEP/ADOPTIVE)	
ADDRESS (STREET, CITY, STATE, ZIP)	PHONE NUMBER	PLACE OF EMPLOYMENT AND WORK PHONE	
4. FULL NAME	DATE OF BIRTH	RELATIONSHIP (FULL/HALF/STEP/ADOPTIVE)	
ADDRESS (STREET, CITY, STATE, ZIP)	PHONE NUMBER	PLACE OF EMPLOYMENT AND WORK PHONE	
5. FULL NAME	DATE OF BIRTH	RELATIONSHIP (FULL/HALF/STEP/ADOPTIVE)	
ADDRESS (STREET, CITY, STATE, ZIP)	PHONE NUMBER	PLACE OF EMPLOYMENT AND WORK PHONE	

XI. FAMILY INFORMATION ~ SPOUSE'S FAMILY

INCLUDE PARENTS, STEP-PARENTS, SIBLINGS, AND STEP-SIBLINGS BELOW.

1. FULL NAME:	DATE OF BIRTH:	RELATIONSHIP TO SPOUSE:
PHONE NUMBER:	PLACE OF EMPLOYMENT:	
2. FULL NAME:	DATE OF BIRTH:	RELATIONSHIP TO SPOUSE:
PHONE NUMBER:	PLACE OF EMPLOYMENT:	
3. FULL NAME:	DATE OF BIRTH:	RELATIONSHIP TO SPOUSE:
PHONE NUMBER:	PLACE OF EMPLOYMENT:	
4. FULL NAME:	DATE OF BIRTH:	RELATIONSHIP TO SPOUSE:
PHONE NUMBER:	PLACE OF EMPLOYMENT AND WORK PHONE:	
5. FULL NAME:	DATE OF BIRTH:	RELATIONSHIP TO SPOUSE:
PHONE NUMBER:	PLACE OF EMPLOYMENT AND WORK PHONE:	

XII. REFERENCES

LIST FIVE (5) REFERENCES, NOT RELATIVES, WHO HAVE KNOWN YOU FOR AT LEAST TWO (2) YEARS. DO NOT LIST ANY PAST OR PRESENT EMPLOYERS. NOTE: COMPLETE INFORMATION IS REQUIRED.

1. FULL NAME:	# OF YEARS KNOWN:	PHONE NUMBER(S):	EMAIL ADDRESS:
HOME ADDRESS (STREET, CITY, STATE, ZIP):	OCCUPATION:		EMPLOYMENT INFORMATION:
2. FULL NAME:	# OF YEARS KNOWN:	PHONE NUMBER(S):	EMAIL ADDRESS:
HOME ADDRESS (STREET, CITY, STATE, ZIP):	OCCUPATION:		EMPLOYMENT INFORMATION:
3. FULL NAME:	# OF YEARS KNOWN:	PHONE NUMBER(S):	EMAIL ADDRESS:
HOME ADDRESS (STREET, CITY, STATE, ZIP):	OCCUPATION:		EMPLOYMENT INFORMATION:
4. FULL NAME:	# OF YEARS KNOWN:	PHONE NUMBER(S):	EMAIL ADDRESS:
HOME ADDRESS (STREET, CITY, STATE, ZIP):	OCCUPATION:		EMPLOYMENT INFORMATION:

5. FULL NAME:	# OF YEARS KNOWN:	PHONE NUMBER(S):	EMAIL ADDRESS:
HOME ADDRESS (STREET, CITY, STATE, ZIP):		OCCUPATION:	EMPLOYMENT INFORMATION:

XIII. RESIDENCES

WITH WHOM DO YOU PRESENTLY RESIDE? (LIST BELOW):

FULL NAME:	DATE OF BIRTH:	RELATIONSHIP:
FULL NAME:	DATE OF BIRTH:	RELATIONSHIP:
FULL NAME:	DATE OF BIRTH:	RELATIONSHIP:

LIST **ALL** RESIDENCES WHERE YOU HAVE LIVED (INCLUDING WHILE IN SCHOOL OR MILITARY). BEGIN WITH **PRESENT** RESIDENCE FIRST.

FROM:	TO:	STREET ADDRESS: (INCLUDE APT. OR BOX NO.) CITY, STATE, ZIP:
LANDLORD'S NAME:		LANDLORD'S ADDRESS: LANDLORD'S PHONE NUMBER:
FROM:	TO:	STREET ADDRESS: (INCLUDE APT. OR BOX NO.) CITY, STATE, ZIP:
LANDLORD'S NAME:		LANDLORD'S ADDRESS: LANDLORD'S PHONE NUMBER:
FROM:	TO:	STREET ADDRESS: (INCLUDE APT. OR BOX NO.) CITY, STATE, ZIP:
LANDLORD'S NAME:		LANDLORD'S ADDRESS: LANDLORD'S PHONE NUMBER:
FROM:	TO:	STREET ADDRESS: (INCLUDE APT. OR BOX NO.) CITY, STATE, ZIP:
LANDLORD'S NAME:		LANDLORD'S ADDRESS: LANDLORD'S PHONE NUMBER:
FROM:	TO:	STREET ADDRESS: (INCLUDE APT. OR BOX NO.) CITY, STATE, ZIP:
LANDLORD'S NAME:		LANDLORD'S ADDRESS: LANDLORD'S PHONE NUMBER:
FROM:	TO:	STREET ADDRESS: (INCLUDE APT. OR BOX NO.) CITY, STATE, ZIP:
LANDLORD'S NAME:		LANDLORD'S ADDRESS: LANDLORD'S PHONE NUMBER:
FROM:	TO:	STREET ADDRESS: (INCLUDE APT. OR BOX NO.) CITY, STATE, ZIP:
LANDLORD'S NAME:		LANDLORD'S ADDRESS: LANDLORD'S PHONE NUMBER:
FROM:	TO:	STREET ADDRESS: (INCLUDE APT. OR BOX NO.) CITY, STATE, ZIP:
LANDLORD'S NAME:		LANDLORD'S ADDRESS: LANDLORD'S PHONE NUMBER:

FROM:	TO:	STREET ADDRESS: (INCLUDE APT. OR BOX NO.) CITY, STATE, ZIP:
LANDLORD'S NAME:		LANDLORD'S ADDRESS: LANDLORD'S PHONE NUMBER:
FROM:	TO:	STREET ADDRESS: (INCLUDE APT. OR BOX NO.) CITY, STATE, ZIP:
LANDLORD'S NAME:		LANDLORD'S ADDRESS: LANDLORD'S PHONE NUMBER:
FROM:	TO:	STREET ADDRESS: (INCLUDE APT. OR BOX NO.) CITY, STATE, ZIP:
LANDLORD'S NAME:		LANDLORD'S ADDRESS: LANDLORD'S PHONE NUMBER:

HAVE YOU EVER BEEN EVICTED OR ASKED TO LEAVE A RENTAL HOUSE, APARTMENT OR OTHER DWELLING?
 YES NO IF YES, EXPLAIN:

GIVE A BRIEF EXPLANATION OF ANY SERIOUS DISPUTES YOU HAVE HAD WITH FRIENDS, ASSOCIATES, RELATIVES WITH WHICH YOU'VE LIVED, OR NEIGHBORS. INCLUDE THE NATURE OF THE PROBLEM, THE PEOPLE INVOLVED, THE RESOLUTION AND YOUR ROLE.

XV. BIOGRAPHY

IN THE SPACE BELOW, IN YOUR OWN WORDS, COMPLETE A SHORT BIOGRAPHY OF YOUR LIFE. IN THIS BIOGRAPHY DESCRIBE THE REASONS YOU CHOSE TO APPLY WITH THE EL PASO POLICE DEPARTMENT.

XVI. PERSONAL DECLARATIONS

- 1. IF IT BECOMES NECESSARY TO TAKE A HUMAN LIFE IN THE COURSE OF YOUR DUTIES AS A POLICE OFFICER TO PROTECT YOURSELF, YOUR PARTNER OR ANOTHER PERSON, WOULD ANYTHING PREVENT YOU FROM DOING SO? YES NO IF YES, EXPLAIN:
- 2. DO YOU HAVE ANY BELIEFS OR ANYTHING ELSE THAT WOULD PREVENT YOU FROM FULLY PERFORMING THE DUTIES OF A POLICE OFFICER, INCLUDING WORKING ON WEEKENDS, EVENINGS, NIGHT SHIFTS AND/OR HOLIDAYS? YES NO IF YES, EXPLAIN:
- 3. DO YOU KNOW OF ANYTHING OR ARE THERE ANY INCIDENTS IN YOUR LIFE NOT MENTIONED THAT WOULD DISQUALIFY YOU FROM A POLICE APPOINTMENT OR PREVENT YOU FROM FULLY DISCHARGING THE OFFICIAL DUTIES OF A POLICE OFFICER? YES NO IF YES, EXPLAIN:

XVII. MISCELLANEOUS INFO

If you require additional space to answer questions use the following field:

XVIII. ACKNOWLEDGEMENT

I understand that I should not misstate, omit, minimize or rationalize facts when completing my Comprehensive Background Investigation Statement. The statements made herein are subject to verification in determining my qualifications for employment. No statement contained herein shall constitute an offer or condition of employment.

I understand that the Police Academy represents a period of selection for the El Paso Police Department and I must complete the course successfully to become a commissioned police officer. I understand that I may be discharged from the Academy at any time. I agree that I must also submit myself to strict police discipline. I further understand that I may not have any other employment or attend any other school while a recruit in the El Paso Police Academy.

I have reviewed this completed Comprehensive Background Investigation Statement and I believe it to be true and correct to the best of my knowledge and recollection. I understand that AFTER I have submitted this Comprehensive Background Investigation Statement, I MUST inform the Background Investigation Unit, IMMEDIATELY, of any changes or updated information contained in this statement. All changes or updated information MUST be made both orally and in writing within five (5) business days of the date of any change. Failure to do so could be basis for rejection of my application or removal of my employment with the El Paso Police Department. All information obtained during the investigation will be used as a basis of questioning during the Chief Selection Board.

Print name

Signature

Date

Subscribed and sworn to before me this _____ day of _____, _____.

(SEAL)

Notary Public

My commission expires: _____



El Paso Police Department ♦ Human Resources Division
 911 N. Raynor ♦ El Paso, TX 79903
 915-212-4319 ♦ www.eppd.org
 915-212-0282 fax



WAIVER AND AUTHORIZATION FOR RELEASE OF INFORMATION

To Whom It May Concern:

I authorize you to furnish any El Paso Police Department (EPPD) background investigator, or other duly accredited representative of the EPPD 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 business establishments, or other source 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, or any background investigation information that was obtained as a result of my application for employment including information reference my polygraph examination.

Information of a confidential or privileged nature may be included. Your reply will be used to assist the police department in determining my qualifications and fitness for the position I am seeking with the Department. This includes individuals identified by the EPPD representative, who might have information about my suitability for employment.

I further authorize you to release arrests, detentions, field citations, field interview cards, officer's records, jail/custody booking records, traffic citations and traffic accident information, district 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 compliance 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 1994, and waive those rights with the understanding that information furnished will be used by the El Paso Police Department in conjunction with employment procedures. I understand that information obtained by the El Paso Police Department may be made accessible to other law enforcement agencies if a proper waiver is provided. I understand that I am waiving any right I may have to this information and it will not be released to me or any private citizen under any circumstance. If however, the El Paso Police Department discovers that I am involved in any felonies, the Department is obligated by law, to report this information to the proper jurisdiction. This waiver and release applies to information covered by Title 5 as well as information not covered by that statute.

I hereby release the El Paso Police 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 TWO (2) YEARS FROM THE DATE SIGNED OR UPON TERMINATION OF MY AFFILIATION WITH EPPD.

Signature (Sign in ink) _____ Full Name (Type or Print Legibly) _____ Date of Birth _____ Social Security # _____

Other Names Used _____ Date signed _____

Subscribed and sworn to before me this _____ day of _____, _____.

(SEAL)

Notary Public

My commission expires _____