

## **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 A BASIS FOR A BACKGROUND INVESTIGATION THAT WILL DETERMINE YOUR ELIGIBILITY FOR THE NEW BRAUNFELS POLICE DEPARTMENT CITIZENS POLICE ACADEMY. ALL INFORMATION ON THIS APPLICATION WILL BE KEPT CONFIDENTIAL.

1. This application should be printed or typed legibly by you. Answer all questions to the best of your ability.
2. If question is not applicable to you, enter N/A in the space provided. Leave no blank spaces.
3. Avoid errors by reading the directions carefully before making any entries on the form. Be sure your information is correct and in proper sequence before you begin.
4. You are responsible for obtaining correct addresses, to include street addresses, city, state and zip code.
5. If there is insufficient space on the form for you to include all information required, attach extra sheets to the personal history statement. Use 8X11 1/2 paper, only, if additional space is needed.
6. An accurate and complete form will help expedite the background investigation of your application for the New Braunfels Police Department Citizens Police Academy.
7. Please return the completed application to the New Braunfels Police Department as soon as is possible so that it may be considered for an upcoming class.



**BACKGROUND**

PLEASE EXPLAIN BRIEFLY WHY YOU WISH TO BE ENROLLED IN THE NEW BRAUNFELS POLICE DEPARTMENT CITIZEN POLICE ACADEMY.

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LIST ASSOCIATIONS, CLUBS, AFFILIATIONS, ETC. \_\_\_\_\_

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HAVE YOU EVER BEEN ARRESTED, CONVICTED, OR CITED FOR AN OFFENSE OTHER THAN TRAFFIC FINES? \_\_\_\_\_

IF YES, EXPLAIN IN DETAIL SHOWING DATE, CHARGE, PLACE AND ACTION TAKEN. \_\_\_\_\_

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HAVE YOU BEEN FIRED OR ASKED TO RESIGN FROM ANY JOB IN THE PAST FIVE YEARS? \_\_\_\_\_ IF YES, EXPLAIN \_\_\_\_\_

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**EMPLOYMENT**

LIST INFORMATION ON THE LAST TWO JOBS YOU HAVE HELD

PRESENT EMPLOYER \_\_\_\_\_ DATE HIRED \_\_\_\_\_

ADDRESS \_\_\_\_\_

SUPERVISOR \_\_\_\_\_

YOUR TITLE OR POSITION \_\_\_\_\_

PREVIOUS EMPLOYER \_\_\_\_\_

ADDRESS \_\_\_\_\_

DATE HIRED \_\_\_\_\_ PHONE \_\_\_\_\_

SUPERVISOR \_\_\_\_\_

YOUR TITLE OR POSITION \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

LIST TWO REFERENCES OTHER THAN FAMILY

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

LIST TWO IMMEDIATE FAMILY MEMBERS OR CLOSE FRIENDS THAT WE  
CAN CONTACT IN THE EVENT OF AN EMERGENCY.

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

**MEDICAL HISTORY**

THE FOLLOWING MEDICAL INFORMATION IS NEEDED IN THE EVENT OF AN EMERGENCY. LIST ANY MEDICATION YOU ARE CURRENTLY TAKING AND THE CONDITION FOR WHICH THE MEDICATION IS USED.

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IS THERE ANY OTHER MEDICAL INFORMATION YOU FEEL THE NEW BRAUNFELS POLICE DEPARTMENT SHOULD BE AWARE OF FOR YOUR WELL BEING?

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PLEASE REVIEW YOUR ANSWERS CAREFULLY AND READ THE STATEMENT BELOW BEFORE SIGNING THIS APPLICATION.

I HEREBY CERTIFY THAT THERE ARE NO WILLFUL MISREPRESENTATIONS, OMISSIONS OR FALSIFICATIONS IN THE FOREGOING STATEMENTS AND ANSWERS TO QUESTIONS. I UNDERSTAND THAT ANY OMISSION OR FALSE STATEMENTS ON THIS APPLICATION SHALL BE SUFFICIENT CAUSE FOR REJECTION FOR ENROLLMENT OR DISMISSAL FROM THE NEW BRAUNFELS POLICE DEPARTMENT CITIZEN POLICE ACADEMY.

I FURTHER UNDERSTAND THAT THE NEW BRAUNFELS POLICE DEPARTMENT WILL BE CONDUCTING A THOROUGH BACKGROUND INVESTIGATION THAT MAY INCLUDE, BUT WILL NOT BE LIMITED TO ANY CRIMINAL HISTORY, EMPLOYMENT HISTORY AND PERSONAL REFERENCES.

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APPLICANT SIGNATURE

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DATE

RETURN COMPLETED APPLICATION TO:  
NEW BRAUNFELS POLICE DEPARTMENT  
ATTENTION: OFFICER M. JONES  
1488 S. SEGUIN AVE.  
NEW BRAUNFELS, TEXAS 78130

