



Killeen Police Department PERSONAL HISTORY STATEMENT Attachments

To all Killeen Police Department Applicants:

The following is a list of items that you must include in your Personnel History Statement packet when you turn it in. Make **copies** of all documents, except as noted. If you have to send off for one of the following, make a copy of the letter requesting the document and attach it to your packet. This will suffice until you have the document in hand.

- 1. Birth certificate**
 - 2. Naturalization papers (if applicable, show original only)**
 - 3. Driver's license**
 - 4. High School diploma or GED certificate**
 - 5. College transcripts (**if applicable, originals**)**
 - 6. Marriage certificate(s)**
 - 7. Divorce decree(s)**
 - 8. Military discharge papers (**DD Form 214, Member-4**)**
 - 9. Written disposition of any arrests from the arresting agency***
- *If you have been convicted of any type of family violence, you will automatically be disqualified from consideration for the position of Police Officer.*



PERSONAL HISTORY STATEMENT

Probationary Police Officers

Killeen Police Department
3304 Community Boulevard
Killeen, Texas 76542

(254) 501-8830



Name of Applicant

Effective January 2023

For Office Use Only	IMPORTANT - DEADLINE INFORMATION
Date Issued: _____	RETURN TO: Personnel and Training
Time Issued: _____	Your Personal History Statement will not be accepted after:
Date Returned: _____	Day: _____
Time Returned: _____	Date: _____
	Time: _____

NOTICE

READ BEFORE YOU BEGIN FILLING OUT THIS FORM

This Personal History Statement must be completed by you and must be returned by the Day, Date and Time printed above. If you cannot complete this form and return it to Personnel and Training by the Deadline established on this form, you will be considered to have **FAILED** and no further action will be taken with your application.

Please read all instructions carefully before writing in this Personal History Statement.

Any **willful omissions, deceptions, or false information** will be considered an absolute disqualifier and you will have **FAILED** this part of your selection process and will not be processed further for the position you are applying for, whether the matter is discovered now or at a later phase of the selection process.

Personal History Statement Instructions

Employees are exposed to confidential and law enforcement sensitive information. A thorough background investigation is required to properly evaluate the suitability of applicants for employment with the agency. Although it is an achievement to reach the background phase of the hiring process, this is still a competitive process and does not, in any way, guaranty selection.

These instructions are provided as a guide to assist you in properly completing your Personal History Statement. **It is essential that the information is accurate in all respects, so please read all instructions carefully before proceeding.** The Personal History Statement will be used as a basis for a background investigation that will determine your eligibility for becoming an employee.

1. If a question is not applicable to you, enter **N/A** in the space provided.
2. Avoid errors by reading the directions carefully before making any entries on the form. Be sure your information is accurate and in proper sequence before you begin.
3. You are responsible for obtaining correct and full addresses. If you are not sure of an address, personally verify before making that entry on this history statement. Errors will not be viewed favorably. **ALL ADDRESSES MUST BE COMPLETE WITH ZIP CODES.**
4. If you need additional space for your answers, attach additional sheets as needed. Be sure to indicate what question number and page this refers to.
5. An accurate and complete form will help expedite your investigation. Omissions or falsifications will result in disqualification.
6. You are responsible for furnishing any changes and/or updating your application as needed, such as address changes or telephone changes in writing.
7. Any candidate submitting an incomplete application **WILL NOT BE CONSIDERED FOR EMPLOYMENT.** Your application will be evaluated on completeness and neatness.
8. **All documents requested must be submitted with the application** (photocopies are acceptable in most cases). *Required documents vary according to the position being sought and the history of the applicant. Hiring agency please check off documents required– modify list as necessary.*

Completed Personal History Statement

Copy of your Social Security card

Copy of your birth certificate

Copy of your valid Texas driver license or a copy of another State's driver license (applicant must possess a valid Texas driver license prior to being offered employment)

Copy of your High School diploma or GED certificate or an honorable discharge from the armed forces of the United States after at least twenty-four months of active service

Sealed original certified copy of your college transcript (no photo copy)

Photocopy of your college diploma (If applicable)

Copy of your Peace Officer Certificate from your police academy (Peace Officer Applicants Only)

Copy of your Texas peace officer license & all training certificates awarded to you (Peace Officer Applicants Only)

Copy of your DD-214 and/or other military discharge documents (if applicable)

Copy of your Naturalization papers, if applicable

10. If you have questions, please contact the Killeen Police Department recruiter.

11. When submitting the completed documents, please place them in a sealed envelope marked 'Personal and Confidential' to the Killeen Police Department Recruiter.

Instructions to the Applicant

Before you begin to fill out this personal history statement, please ensure that you meet the following requirements. You must meet all five of these requirements to qualify for licensure as a peace officer, jailer, or telecommunicator in Texas.

I am a citizen of the United States of America.

I have earned a high school diploma, a GED, or an honorable discharge from the armed services of the United States after at least two (2) years of active service.

I have never been convicted, plead guilty (nolo contendere), nor have I been on court-ordered community service/probation, or deferred adjudication for a Class A misdemeanor or a felony.

During the last ten (10) years, I have not been convicted, plead guilty (nolo contendere), been on community service/probation, or deferred adjudication for a Class B misdemeanor in this state, other state, or while serving in the military.

I have never had a military court martial that resulted in a dishonorable or other discharge based on misconduct which bars future military service.

DISQUALIFICATIONS

There are very few **automatic** bases for rejection. Even issues of prior misconduct, employee terminations, and arrests are usually not, in and of themselves, automatically disqualifying. However, deliberate misstatements or omissions can and often will result in your application being rejected, regardless of the nature or reason for the misstatements/omissions. In fact, the number one reason individuals “fail” background investigations is because they deliberately withhold or misrepresent job-relevant information from their prospective employer.

This personal history statement is a governmental document. Be truthful, as there are criminal consequences for lying on a governmental document.

Once you begin:

- Type responses to all items and questions. **If a question does not apply to you, write “N/A” (not applicable) in the space provided for your response. LEAVE NO BOX OR LINE BLANK.** If you cannot obtain or remember certain information, indicate so in your response.
- If you need additional space for your answers, attach additional sheets as needed. Be sure to indicate which section, question number, and page this refers to.
- Be as complete, honest, and specific as possible in your responses.

Disclosure of Medically Related Information

In accordance with the U.S. Americans with Disabilities Act, at this stage of the hiring process, applicants are not expected or required to reveal any medical or other disability-related information about themselves in response to questions on this form, or to any other inquiry made prior to receiving a conditional offer of employment.

SECTION 1: PERSONAL

Last Name: First Name: Middle Name: Suffix:

Other Names, including nicknames, you have used or been known by:

Maiden: SSN #: Date of Birth:

Driver License #: State: Exp:

Street Address, (Apt/Unit):

City: State: Zip Code:

Mailing Address (if different than above):

City: State: Zip Code:

Home Phone #: Cell: Work (Ext.):

Fax: Other Phone #(s):

List ALL Email Addresses:

Place of Birth (City, County, State, Country):

Physical Description:

Height: Weight: Hair Color: Eye Color:

Have you ever attended a basic licensing course? Yes No

If yes, provide the PID you were assigned:

A. Academy Name: From: To:

Location (City, State):

Name Training Coordinator: Contact Number:

Did you graduate? Yes No

B. Academy Name: From: To:

Location (City, State):

Name Training Coordinator: Contact Number:

Did you graduate? Yes No

Have you **ever** applied to any other law enforcement agency in the last ten years (city, county, state or federal)?

Yes No

- If yes, list ALL agencies you have applied to, starting with the most recent (give complete and accurate addresses).
- All agencies MUST be listed regardless of the outcome or current status. Check all boxes that apply for each agency.
- If you need additional space for your answers, attach additional sheets as needed. Be sure to indicate what section number and page this refers to.

A. Name of Agency:

Position Applied For:

Date Applied:

Address:

City:

State:

Zip:

Background Investigator's Name (if known):

Contact Number, (ext):

Email:

Check each step in the process that you completed, and your status:

Steps:	Application	Written	Physical agility	Oral	Polygraph/CVSA	Background
	Conditional job offer		Psychological examination	Date:	Medical	Date:
Status:	Hired	On List	Withdrawn	Disqualified		

B. Name of Agency:

Position Applied For:

Date Applied:

Address:

City:

State:

Zip:

Background Investigator's Name (if known):

Contact Number, (ext):

Email:

Check each step in the process that you completed, and your status:

Steps:	Application	Written	Physical agility	Oral	Polygraph/CVSA	Background
	Conditional job offer		Psychological examination	Date:	Medical	Date:
Status:	Hired	On List	Withdrawn	Disqualified		

C. Name of Agency:

Position Applied For:

Date Applied:

Address:

City:

State:

Zip:

Background Investigator's Name (if known):

Contact Number, (ext):

Email:

Check each step in the process that you completed, and your status:

Steps:	Application	Written	Physical agility	Oral	Polygraph/CVSA	Background
	Conditional job offer		Psychological examination	Date:	Medical	Date:
Status:	Hired	On List	Withdrawn	Disqualified		

SECTION 2: RELATIVES AND REFERENCES

IMMEDIATE FAMILY

- Provide all applicable information in the spaces below.
- Mark "N/A" if a category is not applicable or if the individual is deceased.

If you need additional space for your answers, attach additional sheets as needed. Be sure to indicate what section number and page this refers.

N/A **A. Father's Name:** _____ D.O.B.: _____

Home Address:

City: _____ State: _____ Zip: _____

Work Address:

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____

N/A **B. Step-Father's Name:** _____ D.O.B.: _____

Home Address:

City: _____ State: _____ Zip: _____

Work Address:

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____

N/A **C. Mother's Name:** _____ D.O.B.: _____

Home Address:

City: _____ State: _____ Zip: _____

Work Address:

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____

N/A **D. Step-Mother's Name:** _____ D.O.B.: _____

Home Address:

City: _____ State: _____ Zip: _____

Work Address:

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____

N/A **E. Spouse/Registered Domestic Partner's Name:**

D.O.B.:

Home Address:

City:

State:

Zip:

Work Address:

City:

State:

Zip:

Home Phone:

Cell Phone:

Work Phone:

Email:

Years of Marriage:

Is there, or has there been, a restraining or stay-away order in effect for this individual?

Yes

No

N/A **F. Father-in-Law's Name:**

D.O.B.:

Home Address:

City:

State:

Zip:

Work Address:

City:

State:

Zip:

Home Phone:

Cell Phone:

Work Phone:

Email:

N/A **G. Mother-in-Law's Name:**

D.O.B.:

Home Address:

City:

State:

Zip:

Work Address:

City:

State:

Zip:

Home Phone:

Cell Phone:

Work Phone:

Email:

N/A **H. Former Spouse/Cohabitant's Name(s):**

D.O.B.:

Male

Female

Home Address:

City:

State:

Zip:

Work Address:

City:

State:

Zip:

Home Phone:

Cell Phone:

Work Phone:

Email:

Years of Dissolution:

Is there, or has there been, a restraining or stay-away order in effect for this individual?

Yes

No

N/A I. Former Spouse/Cohabitant's Name(s):

D.O.B.: Male Female

Home Address:

City: State: Zip:

Work Address:

City: State: Zip:

Home Phone: Cell Phone: Work Phone:

Email: Years of Dissolution:

Is there, or has there been, a restraining or stay-away order in effect for this individual? Yes No

J. BROTHERS AND SISTERS: List all living siblings, including half-siblings, foster siblings, etc.

N/A 1. Name:

D.O.B.: Male Female

Home Address:

City: State: Zip:

Work Address:

City: State: Zip:

Home Phone: Cell Phone: Work Phone:

Email:

N/A 2. Name:

D.O.B.: Male Female

Home Address:

City: State: Zip:

Work Address:

City: State: Zip:

Home Phone: Cell Phone: Work Phone:

Email:

N/A 3. Name:

D.O.B.: Male Female

Home Address:

City: State: Zip:

Work Address:

City: State: Zip:

Home Phone: Cell Phone: Work Phone:

Email:

N/A 4. Name:

D.O.B.: Male Female

Home Address:

City: State: Zip:

Work Address:

City: State: Zip:

Home Phone: Cell Phone: Work Phone:

Email:

N/A 5. Name:

D.O.B.: Male Female

Home Address:

City: State: Zip:

Work Address:

City: State: Zip:

Home Phone: Cell Phone: Work Phone:

Email:

N/A 6. Name:

D.O.B.: Male Female

Home Address:

City: State: Zip:

Work Address:

City: State: Zip:

Home Phone: Cell Phone: Work Phone:

Email:

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

N/A 1. Name: Male Female

D.O.B.: Custodial parent or guardian (if other than you):

Address:

City: State: Zip:

Contact Number: Email:

N/A

2. Name:

Male

Female

D.O.B.: Custodial parent or guardian (if other than you):

Address:

City: State: Zip:

Contact Number: Email:

N/A

3. Name:

Male

Female

D.O.B.: Custodial parent or guardian (if other than you):

Address:

City: State: Zip:

Contact Number: Email:

N/A

4. Name:

Male

Female

D.O.B.: Custodial parent or guardian (if other than you):

Address:

City: State: Zip:

Contact Number: Email:

N/A

5. Name:

Male

Female

D.O.B.: Custodial parent or guardian (if other than you):

Address:

City: State: Zip:

Contact Number: Email:

N/A

6. Name:

Male

Female

D.O.B.: Custodial parent or guardian (if other than you):

Address:

City: State: Zip:

Contact Number: Email:

L. REFERENCES: List 7-10 people who know you well, such as social and family friends, co-workers, military acquaintances. Do not include relatives, employers, or housemates, or other individuals listed elsewhere.

1. Name: Address:

City: State: Zip:

Company/Work Address:

City: State: Zip:

Home Phone: Work Phone: Cell Phone: Email:

How do you know this person (friend, teacher, family, co-worker)?

How long have you known this person?

2. Name: _____ **Address:** _____
City: _____ State: _____ Zip: _____
Company/Work Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____ Email: _____

How do you know this person (friend, teacher, family, co-worker)?

How long have you known this person?

3. Name: _____ **Address:** _____
City: _____ State: _____ Zip: _____
Company/Work Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____ Email: _____

How do you know this person (friend, teacher, family, co-worker)?

How long have you known this person?

4. Name: _____ **Address:** _____
City: _____ State: _____ Zip: _____
Company/Work Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____ Email: _____

How do you know this person (friend, teacher, family, co-worker)?

How long have you known this person?

5. Name: _____ **Address:** _____
City: _____ State: _____ Zip: _____
Company/Work Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____ Email: _____

How do you know this person (friend, teacher, family, co-worker)?

How long have you known this person?

6. Name: Address:
City: State: Zip:
Company/Work Address:
City: State: Zip:
Home Phone: Work Phone: Cell Phone: Email:

How do you know this person (friend, teacher, family, co-worker)?

How long have you known this person?

7. Name: Address:
City: State: Zip:
Company/Work Address:
City: State: Zip:
Home Phone: Work Phone: Cell Phone: Email:

How do you know this person (friend, teacher, family, co-worker)?

How long have you known this person?

8. Name: Address:
City: State: Zip:
Company/Work Address:
City: State: Zip:
Home Phone: Work Phone: Cell Phone: Email:

How do you know this person (friend, teacher, family, co-worker)?

How long have you known this person?

SECTION 3: EDUCATION

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

Check applicable: High School Diploma GED Discharge documents from armed services with 2 years active duty

List high schools attended or where you obtained your GED:

1. Name: City: State:
From: To: Did you graduate? Yes No
2. Name: City: State:
From: To: Did you graduate? Yes No

List all colleges or universities attended:

1. Name: City: State:
From: To: Type of Degree Earned: Total Units Earned:
2. Name: City: State:
From: To: Type of Degree Earned: Total Units Earned:

3. Name:

City:

State:

From:

To:

Type of Degree Earned:

Total Units Earned:

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

1. Name:

From:

To:

Type of school or training:

City:

State:

Did you complete the course?

Yes

No

2. Name:

From:

To:

Type of school or training:

City:

State:

Did you complete the course?

Yes

No

3. Name:

From:

To:

Type of school or training:

City:

State:

Did you complete the course?

Yes

No

Have you ever been placed on academic discipline, suspended, or expelled from any high school, college/university, business, or trade school? Yes No

If yes, describe in detail below. Starting with high school, list any disciplinary actions received in any school or educational institution. Include when the disciplinary action(s) occurred, name of school(s), and explanation of circumstances.

SECTION 4: RESIDENCES

LIST OF RESIDENCES

- List all residences during the last ten years or since age 17. Provide complete addresses (include markers such as Street, Drive, Road, East, West, etc., and unit or apartment number). Do not use P.O. Boxes.
- If the residence is a military base, identify the name of the base in the address, nearest city, state, and zip code. DO NOT LIST military barracks mates, unless you shared individual quarters.
- If you need additional space for your answers, attach additional sheets as needed. Be sure to indicate what section number and page this refers to.

1. Current Residence Address:

City: _____ State: _____ Zip: _____

If renting; property manager, rent collector, or owner: _____ Contact Number: _____

Address of property mgr., rent collector, or owner: _____ Email: _____

City: _____ State: _____ Zip: _____

From: _____ To: _____

N/A Name(s) of those with whom you live: _____

2. Former Address:

City: _____ State: _____ Zip: _____

If renting; property manager, rent collector, or owner: _____ Contact Number: _____

Address of property mgr., rent collector, or owner: _____ Email: _____

City: _____ State: _____ Zip: _____

From: _____ To: _____

N/A Name(s) of those with whom you live: _____

Reason for moving: _____

3. Former Address:

City: _____ State: _____ Zip: _____

If renting; property manager, rent collector, or owner: _____ Contact Number: _____

Address of property mgr., rent collector, or owner: _____ Email: _____

City: _____ State: _____ Zip: _____

From: _____ To: _____

N/A Name(s) of those with whom you live: _____

Reason for moving: _____

4. Former Address:

City: State: Zip:

If renting; property manager, rent collector, or owner: Contact Number:

Address of property mgr., rent collector, or owner: Email:

City: State: Zip:

From: To:

N/A Name(s) of those with whom you live:

Reason for moving:

5. Former Address:

City: State: Zip:

If renting; property manager, rent collector, or owner: Contact Number:

Address of property mgr., rent collector, or owner: Email:

City: State: Zip:

From: To:

N/A Name(s) of those with whom you live:

Reason for moving:

6. Former Address:

City: State: Zip:

If renting; property manager, rent collector, or owner: Contact Number:

Address of property mgr., rent collector, or owner: Email:

City: State: Zip:

From: To:

N/A Name(s) of those with whom you live:

Reason for moving:

7. Former Address:

City: State: Zip:

If renting; property manager, rent collector, or owner: Contact Number:

Address of property mgr., rent collector, or owner: Email:

City: State: Zip:

From: To:

N/A Name(s) of those with whom you live:

Reason for moving:

Provide contact information for all housemates listed in the above entries for Section 4 that you have resided with during the past 10 years, or since the age of 17. DO NOT list anyone for whom you have already provided contact information. If you need additional space for your answers, attach additional sheets as needed. Be sure to indicate what section number and page this refers to.

1. Housemate Name: Contact Number: Email:

Current Street Address:

City: State: Zip:

Nature of relationship (friend, relative, landlord, housemate only):

2. Housemate Name: Contact Number: Email:

Current Street Address:

City: State: Zip:

Nature of relationship (friend, relative, landlord, housemate only):

3. Housemate Name: Contact Number: Email:

Current Street Address:

City: State: Zip:

Nature of relationship (friend, relative, landlord, housemate only):

4. Housemate Name: Contact Number: Email:

Current Street Address:

City: State: Zip:

Nature of relationship (friend, relative, landlord, housemate only):

5. Housemate Name: Contact Number: Email:

Current Street Address:

City: State: Zip:

Nature of relationship (friend, relative, landlord, housemate only):

6. Housemate Name: Contact Number: Email:

Current Street Address:

City: State: Zip:

Nature of relationship (friend, relative, landlord, housemate only):

Have you ever been evicted or asked to leave a residence? Yes No

Have you ever left a residence owing rent? Yes No

If you answered **"Yes"** to either of the two questions above, explain (include when, where, and circumstances):

SECTION 5: EXPERIENCE AND EMPLOYMENT

JOB EXPERIENCE

- Have you EVER served as a Peace Officer, Jailer, or Telecommunicator in another state OR another country? Yes No
If YES, list below.
- List ALL jobs you have had in the last ten years, including part-time, temporary, self-employment, and volunteer. (Begin with your most current. If more space is needed, continue your response on the additional space page at the end of the Personal History Statement).
- If you have military experience, including reserve duty, enter your military base, assignments, or unit of assignment. Include ALL military services.
- List ALL periods of unemployment in excess of 30 days.

1. Name of Employer or Military Unit:

From:

To:

Address or Base:

City:

State:

Zip:

Supervisor:

Contact Number:

Email:

Job Title:

Reason for Leaving:

Duties/Assignments:

Full-Time

Part-Time

Temporary

Self-Employed

Unemployed

Names of Co-Worker(s) and their Phone Number(s):

Would there be a problem if we contact your current employer? Yes No

If yes, explain:

2. Period of Unemployment

From: To:

Check if applicable: Student Between jobs Leave of absence Travel Other

3. Name of Employer or Military Unit:

From:

To:

Address or Base:

City:

State:

Zip:

Supervisor:

Contact Number:

Email:

Job Title:

Reason for Leaving:

Duties/Assignments:

Full-Time

Part-Time

Temporary

Self-Employed

Unemployed

Names of Co-Worker(s) and their Phone Number(s):

4. Period of Unemployment

From:

To:

Check if applicable:

Student

Between jobs

Leave of absence

Travel

Other

5. Name of Employer or Military Unit:

From:

To:

Address or Base:

City:

State:

Zip:

Supervisor:

Contact Number:

Email:

Job Title:

Reason for Leaving:

Duties/Assignments:

Full-Time

Part-Time

Temporary

Self-Employed

Unemployed

Names of Co-Worker(s) and their Phone Number(s):

6. Period of Unemployment

From:

To:

Check if applicable:

Student

Between jobs

Leave of absence

Travel

Other

7. Name of Employer or Military Unit:

From:

To:

Address or Base:

City:

State:

Zip:

Supervisor:

Contact Number:

Email:

Job Title:

Reason for Leaving:

Duties/Assignments:

Full-Time

Part-Time

Temporary

Self-Employed

Unemployed

Names of Co-Worker(s) and their Phone Number(s):

8. Period of Unemployment

From:

To:

Check if applicable:

Student

Between jobs

Leave of absence

Travel

Other

9. Name of Employer or Military Unit:

From:

To:

Address or Base:

City:

State:

Zip:

Supervisor:

Contact Number:

Email:

Job Title:

Reason for Leaving:

Duties/Assignments:

Full-Time

Part-Time

Temporary

Self-Employed

Unemployed

Names of Co-Worker(s) and their Phone Number(s):

10. Period of Unemployment

From:

To:

Check if applicable:

Student

Between jobs

Leave of absence

Travel

Other

11. Name of Employer or Military Unit:

From:

To:

Address or Base:

City:

State:

Zip:

Supervisor:

Contact Number:

Email:

Job Title:

Reason for Leaving:

Duties/Assignments:

Full-Time

Part-Time

Temporary

Self-Employed

Unemployed

Names of Co-Worker(s) and their Phone Number(s):

12. Period of Unemployment

From:

To:

Check if applicable:

Student

Between jobs

Leave of absence

Travel

Other

13. Name of Employer or Military Unit:

From:

To:

Address or Base:

City:

State:

Zip:

Supervisor:

Contact Number:

Email:

Job Title:

Reason for Leaving:

Duties/Assignments:

Full-Time

Part-Time

Temporary

Self-Employed

Unemployed

Names of Co-Worker(s) and their Phone Number(s):

14. Period of Unemployment

From:

To:

Check if applicable:

Student

Between jobs

Leave of absence

Travel

Other

15. Name of Employer or Military Unit:

From:

To:

Address or Base:

City:

State:

Zip:

Supervisor:

Contact Number:

Email:

Job Title:

Reason for Leaving:

Duties/Assignments:

Full-Time

Part-Time

Temporary

Self-Employed

Unemployed

Names of Co-Worker(s) and their Phone Number(s):

16. Period of Unemployment

From:

To:

Check if applicable:

Student

Between jobs

Leave of absence

Travel

Other

17. Name of Employer or Military Unit:

From:

To:

Address or Base:

City:

State:

Zip:

Supervisor:

Contact Number:

Email:

Job Title:

Reason for Leaving:

Duties/Assignments:

Full-Time

Part-Time

Temporary

Self-Employed

Unemployed

Names of Co-Worker(s) and their Phone Number(s):

18. Have you ever been disciplined at work? (This includes written warnings, formal letters of reprimands, suspensions, reductions in pay, reassignments, or demotions). Yes No

19. Have you ever been fired, released from probation, or asked to resign from any place of employment? Yes No

20. Were you ever involved in a physical/verbal altercation with a supervisor, co-worker, or customer? Yes No

21. Have you ever resigned without giving two weeks-notice? Yes No

22. Have you ever resigned in lieu of termination? Yes No

23. Have you ever been accused of discrimination (such as sexual harassment, racial bias, sexual orientation harassment, etc.) by a co-worker, superior, subordinate, and/or customer? Yes No

24. Were you ever the subject of a written complaint at work? Yes No
25. Have you ever been counseled at work due to lateness or absences? Yes No
26. Did you ever receive an unsatisfactory performance review? Yes No
27. Have you ever sold, released, or given away legally confidential information? Yes No
28. Have you ever called in sick when you were neither sick nor caring for a sick family member? Yes No

If yes, how many sick days have you used in the past five years which were not due to illness?

If you answered "Yes" to any of Questions 18 – 28 (at the bottom of the previous page and above), explain (include when, where, and circumstances; indicate the corresponding question number):

Has your work performance ever been affected by your use of alcohol or drugs? Yes No

When? Name of Employer:

In the past ten years, have you been warned by an employer about your drinking or drug habits and their impact on your performance? Yes No

When? Name of Employer:

SECTION 6: MILITARY EXPERIENCE

(Complete for all branches of the military served. Add pages if necessary).

1. Are you required to register for the Selective Service? Yes No

2. If yes, have you registered? Yes No

If no, explain:

Branch of Service:

Dates Served From:

To:

Type of Discharge: Entry Level Honorable General Other than Honorable

Re-entry Code (1 – 4) if applicable; *refer to your DD-214*:

3. Are you currently participating in one of the following? Military Reserve National Guard

If checked, date obligation ends:

4. Have you ever been the subject of any judicial or non-judiciary disciplinary action (such as, court martial, captain's mast, office hours, company punishment)? Yes No

5. Were you ever denied a security clearance, or had a clearance revoked, suspended or downgraded, either military or any other federal, state, or municipal clearance? Yes No

If you answered "Yes" to either of the last two questions (questions 4 and 5), explain. Include dates and circumstances.

SECTION 7: FINANCIAL

INCOME AND EXPENSES:

For each of the following questions, fill in the amounts to the nearest dollar.

1. From your employer(s), what is your monthly income?

2. Do you have income other than from your salary or wages? Yes No

If yes, fill in amount: per month Explain:

3. Approximately how much do you spend each month? (Estimate your monthly living expenses, include housing, utilities, credit cards or other loan payments, food, gas and car maintenance, entertainment, etc., as well as any other obligations you may have).

4. Have you ever filed for or declared bankruptcy (Chapter 7, 11 or 13)? Yes No

5. Have any of your bills ever been turned over to a collection agency? Yes No

6. Have you ever had purchased goods repossessed? Yes No

7. Have your wages ever been garnished? Yes No

8. Have you ever been delinquent on income or other tax payments? Yes No

9. Have you ever failed to file income tax or cheated/lie on an income tax form? Yes No

10. Have you ever had an employment bond refused? Yes No

11. Have you ever avoided paying any lawful debt by moving away? Yes No

12. Have you ever defaulted on a loan, including a student loan? Yes No

13a. Have you ever borrowed money to pay for a gambling debt? Yes No

13b. If "Yes," do you currently have any outstanding debts as a result of gambling? Yes No

14. Have you ever spent money for illegal purposes (e.g., illegal drugs, prostitution, purchase fraudulent documents, etc.)?
Yes No

15. Have you ever failed to make or been late on a court-ordered payment e.g., child support, alimony, restitution, etc.)?
Yes No

16. Have you written three or more bad checks in a one-year period? Yes No

17. Are you in arrears on court-ordered child support? Yes No

If you answered "Yes" to any of Questions 4 – 17 (on the previous page and above), explain. Include when, where, and why and indicate the corresponding question number:

SECTION 8: LEGAL

Disclosure of Citations, Arrests, and Convictions:

This section requires you to report detentions, arrest, and convictions, including diversion programs and, in some cases, offenses that may have been pardoned. As a licensed applicant, you are required to disclose this information, unless specifically exempted by state or federal law.

- ALL detentions or arrests, whether they resulted in a conviction or not
- ALL convictions
- ALL diversion programs
- ALL citations, excluding traffic tickets (may have been detained and/or received a Class C for disorderly conduct, prostitution, assault, etc., without actual arrest)

If you need additional space for your answers, attach additional sheets as needed. Be sure to indicate what section, question number, and page it refers.

Have you EVER been detained for investigation, held on suspicion, questioned, fingerprinted, arrested, indicted, criminally charged, or convicted of any misdemeanor or felony offense in this state or in any other legal jurisdiction (including offenses punishable under the Uniform Code of Military Justice)? Yes No

If yes, explain each incident:

1. Approximate Date: Arresting or detaining agency:

Charge:

Disposition or Penalty:

2. Approximate Date: Arresting or detaining agency:

Charge:

Disposition or Penalty:

3. Approximate Date: Arresting or detaining agency:

Charge:

Disposition of Penalty:

4. Approximate Date: Arresting or detaining agency:

Charge:

Disposition or Penalty:

5. Have you ever been placed on court probation as an adult? Yes No
6. Have you ever been convicted of any charge that would prevent you from legally possessing a firearm or ammunition?
Yes No
7. Were you ever required to appear before a juvenile court for an act which would have been a crime, if committed as an adult? Yes No
8. Have you ever been a party in a civil lawsuit (e.g., small claims actions, dissolutions, child custody, paternity, support, etc.)?
Yes No
9. Have the police ever been called to your home for any reason? Yes No
10. Have you or your spouse/partner ever been referred to Child Protective Services? Yes No
11. Have you ever been the subject of an emergency protective, restraining, or stay-away order? Yes No
12. Have you settled any civil suit in which you, your insurance company, or anyone else on your behalf was required to make payment to the other party? Yes No
13. Have you ever fraudulently received welfare, unemployment compensation, compensation, or other state or federal assistance? Yes No
14. Have you ever filed a false insurance or workers' compensation claim? Yes No

If you answered "Yes" to any of Questions 5 – 14 (above), explain. Include court case or document, dates, and circumstances. Indicate the corresponding question number:

Undetected Acts – Part 1

Within the past **seven** years **OR** at any time after you were first employed in law enforcement, have you ever committed any of the following misdemeanors?

15. Annoying/obscene phone calls Yes No
16. Assault (use of force or violence upon another) Yes No
17. Assault on a family member (use of force or violence upon a family member) Yes No
18. Brandishing a weapon (any type of weapon) Yes No
19. Carrying a concealed weapon without a permit Yes No
20. Contributing to the delinquency of a minor Yes No
21. Defrauding an innkeeper (not paying for food or room at a hotel/motel) Yes No
22. Driving under the influence of alcohol and/or drugs Yes No

23. Drunk in public (being so intoxicated in a public place that you're not able to care for yourself) Yes No
24. Hit and run collision (no injuries) Yes No
25. Hunting or fishing without a license Yes No
26. Illegal gambling Yes No
27. Impersonating a peace officer Yes No
28. Indecent exposure (including flashing or mooning) Yes No
29. Joyriding (using a car or other vehicle without owner's permission) Yes No

Undetected Acts – Part 1

At any time in your life, have you **ever** committed any of the following?

30. Arson (intentionally destroying property by setting a fire) Yes No
31. Assault with a deadly weapon Yes No
32. Theft of a vehicle and/or vehicle parts Yes No
33. Burglary (entering a structure or vehicle to commit theft or other crime) Yes No
34. Child molestation (performing unlawful acts with a child) Yes No
35. Accessing, producing, or possessing child pornography Yes No
36. Injury to a child, elderly, and/or disabled Yes No
37. Embezzlement (theft of money or other valuables entrusted to you) Yes No
38. Felony drunk driving (involving injuries) Yes No
39. Forcible rape or other act of unlawful intercourse/sexual activity Yes No
40. Forgery (falsifying any type of document, check certificate, license, currency, etc.) Yes No
41. Hit and run (with injuries) Yes No
42. Hate crime Yes No
43. Insurance fraud Yes No
44. Theft (value of over \$500 and/or any firearm) Yes No
45. Murder, homicide, or attempted murder Yes No
46. Perjury (lying under oath) Yes No
47. Possession of an explosive/destructive device Yes No
48. Robbery (theft from another person using a weapon, force, or fear) Yes No
49. Stalking Yes No
50. Blackmail or extortion Yes No
51. Any other act amounting to a felony Yes No

If you answered “YES” to **any** of the Questions 15 – 51 (on the previous two pages), fully explain circumstances, including dates, names of individuals involved, and resolution. Indicate the corresponding question number for each explanation.

Questions about your current and past recreational drug use. This covers the use of **any** drug, including the unauthorized use of prescription drugs. Your answers should include, **but not limited to**, your use of any of the following drugs.

- | | |
|---|----------------------------|
| Amphetamines/Methamphetamine Uppers, Speed, Crank, etc. | Heroin/Opium |
| Barbiturates (Downers) | Marijuana |
| Cocaine/Crack Cocaine | Mescaline |
| Designer Drugs (Ecstasy, Synthetic Heroin, etc.) | Morphine |
| GHB (Date Rape Drug) | PCP/Angel Dust |
| Glue | Quaaludes |
| Hallucinogens (Peyote, LSD, Mushrooms) | Steroids |
| Hashish/Hashish Oil | Tetrahydrocannabinol (THC) |

52. Within the past three years, have you used any non-prescribed drug(s) as indicated above or unauthorized prescription drugs? Yes No

If yes, give details, including drug(s) used and circumstances:

53. Prior to the past three years (check all that apply):

- ☐ I have never used any drug recreationally.
- ☐ I have tried or used one or more drugs listed above, but only under limited circumstances (for example: experimentation, at parties, concerts, special events, etc.).

If you have, give details including drug(s) used, most recent date used, and circumstances:

Have you **ever** engaged in any of the activities listed below for drugs, narcotics, or illegal substances – including marijuana?

Sold Manufactured Purchased Furnished Cultivated Carried or held for another

If you checked any of the items above, give details including drug(s) involved, over what time period(s), and circumstances:

SECTION 9: MOTOR VEHICLE OPERATION

Current Driver License #: State of Issue: Expiration Date:

Full name under which license was granted:

List other states where you have been licensed to operate a motor vehicle:

1. N/A State of Issue: Type of License: License Number:

Name under which license was granted:

2. N/A State of Issue: Type of License: License Number:

Name under which license was granted:

3. N/A State of Issue: Type of License: License Number:

Name under which license was granted:

Have you ever been refused a driver's license by any state? Yes No

If yes, explain (include when, where, and circumstances):

Has your driver's license ever been suspended or revoked? Yes No

If yes, explain (include when, where, and circumstances):

List your current liability insurance on your vehicle(s):

4. Type of Coverage: Insured Bonded Cash Deposit

Vehicle Make/Model: Year: Vehicle License:

Insurance Company: Policy Number: Expires:

Address:

City: State: Zip: Contact Number:

5. Type of Coverage: Insured Bonded Cash Deposit

Vehicle Make/Model: Year: Vehicle License:

Insurance Company: Policy Number: Expires:

Address:

City: State: Zip: Contact Number:

6. Type of Coverage: Insured Bonded Cash Deposit

Vehicle Make/Model: Year: Vehicle License:

Insurance Company: Policy Number: Expires:

Address:

City: State: Zip: Contact Number:

7. Type of Coverage: Insured Bonded Cash Deposit

Vehicle Make/Model: Year: Vehicle License:

Insurance Company: Policy Number: Expires:

Address:

City: State: Zip: Contact Number:

List all traffic citations, excluding parking citations, that you have received within the past seven years:

8. Nature of Violation:

Location (Street, City, State, Zip):

Date Violation Occurred: Action Taken: Not Guilty Fined Traffic School Dismissed

9. Nature of Violation:

Location (Street, City, State, Zip):

Date Violation Occurred: Action Taken: Not Guilty Fined Traffic School Dismissed

10. Nature of Violation:

Location (Street, City, State, Zip):

Date Violation Occurred: Action Taken: Not Guilty Fined Traffic School Dismissed

Has a traffic citation ever resulted in a warrant or caused your driver's license to be withheld due to any of the following? (Check all that apply).

Failed to appear Failed to complete traffic school Failed to pay the required fine

If checked, explain circumstances:

Have you been involved as the driver in a motor vehicle accident within the past seven years? Yes No

If yes, give details:

11. Date: Location (Street, City, State, Zip):

Police Report? Yes No Injury or Non-Injury? Injury Non-Injury

Law Enforcement Agency:

12. Date: Location (Street, City, State, Zip):

Police Report? Yes No Injury or Non-Injury? Injury Non-Injury

Law Enforcement Agency:

13. Date: Location (Street, City, State, Zip):

Police Report? Yes No Injury or Non-Injury? Injury Non-Injury

Law Enforcement Agency:

14. Date: Location (Street, City, State, Zip):

Police Report? Yes No Injury or Non-Injury? Injury Non-Injury

Law Enforcement Agency:

Have you ever driven a vehicle without auto insurance, as required by law? Yes No

If yes, give reason:

Date: Location (Street, City, State, Zip):

Have you ever been refused automobile liability insurance, or a bond, or had a policy cancelled? Yes No

If yes, give reason:

Insurance Company: Date:

Location (Street, City, State, Zip):

Use this space for additional information you would like to include regarding your driving record.

15. Are you or have you ever been, a member or associate of a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, or disability? Yes No

16. Do you have, or have you ever had, a tattoo signifying membership in, or affiliation with, a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, or disability? Yes No

17. Since the age of 17, have you ever been involved in an anger-provoked physical fight, confrontation, or other violent act?
Yes No

18. Have you ever hit or physically overpowered a spouse, romantic partner, or family members? Yes No

If you answered "YES" to any of the questions 15 – 18 (above), give details, dates, and circumstances. Indicate the corresponding question number.

SECTION 10: SOCIAL MEDIA SITES

Have you ever had a social media site (i.e. Facebook, My Space, Instagram, Snapchat etc.)? Yes No

List all social media sites, blogs, and/or websites you have created. Provide the website URL and your username.



SECTION 11: ADDITIONAL SPACE

- Duplicate this page as needed to include additional information that does not fit elsewhere on this form (e.g., additional family members, schools, residences, employers, explanations to questions, etc.).
- Identify the corresponding section, question number, and specific item being referenced.



I hereby certify that I have personally completed and initialed each page of this form and any supplemental page(s) attached, and that all statements made are true and complete to the best of my knowledge and belief. I understand that any misstatement of material fact may subject me to disqualification; or, if I have been appointed, may disqualify me from continued employment.

Date

Sworn to and subscribed before me, this the _____ day of _____, _____.

Notary public in and for, State of ILLINOIS

My commission expires: _____ / _____ / _____.

Signature of Notary

Notary Seal or Stamp:



Killeen Police Department
PERSONAL INQUIRY WAIVER
AUTHORITY FOR RELEASE OF INFORMATION

To: _____

I respectfully request and authorize you to furnish the Killeen Police Department any and all information that you may have concerning me, my work record, my school record, my financial and credit status. Please include any and all medical, physical and mental records or reports, including all information of a confidential or privileged nature and copies of those records, if requested. This information is to be used to assist the Killeen Police Department in determining my qualifications and fitness for the position I am seeking.

I hereby release you, your organization or others from any liability or damage, which may result from furnishing the information requested above.

PRINTED Name of Applicant

Applicant's SIGNATURE

Date

Applicant's address: Street, City, State, and Zip Code

Notary public in and for, State of _____.

My commission expires: ____ / ____ / ____.

Printed Name of Notary

Signature of Notary

Notary Seal or Stamp:



Killeen Police Department

NOTICE OF INTENT TO ACQUIRE CREDIT REPORT AND AUTHORITY FOR RELEASE OF INFORMATION

To: _____

I respectfully request and authorize you to furnish the Killeen Police Department any and all information that you may have concerning my financial and credit status. Please include any and all records or reports, including all information of a confidential or privileged nature and copies of those records, if requested. I understand that this information is to be used to assist the Killeen Police Department in determining my qualifications and fitness for the position I am seeking.

I hereby release you, your organization or others from any liability or damage, which may result from furnishing the information requested above.

Notice to Applicant: This Notice of Intent to Acquire Credit Report and Authority for Release of Information is provided to _____, who is applying for a position at the City of Killeen Police Department. The Fair Credit Reporting Act, 15 U.S.C. 1681 *et seq.* requires that this notice be provided to the applicant named above, and that the notice provide clear and conspicuous disclosure that a consumer report is being procured. That consumer report will be obtained to assist in determining the applicant's qualifications and fitness for the position that the applicant seeks. _____ (**Applicant initials**)

PRINTED Name of Applicant

Social Security Number

Applicant's SIGNATURE

Date

Applicant's address: Street, City, State, and Zip Code

Notary public in and for, State of _____.

My commission expires: ____ / ____ / ____.

Printed Name of Notary

Signature of Notary

Notary Seal or Stamp:



POLYGRAPH EXAM **Killeen Police Department**



PRE-EMPLOYMENT POLYGRAPH EXAMINATION

One of the steps in the hiring process for Killeen Police Department is taking a pre-employment polygraph examination.

The purpose of this exam is to verify the information provided by the applicant during the hiring process (application packet, personnel history statement, background investigation and oral interview board).

The polygraph examiner will discuss the polygraph process and how it works prior to the exam. The applicant and examiner will review the information in the application packet together.

The examiner will construct the questions and review them with the applicant prior to beginning the polygraph examination. The questions are based on the following areas:

- **Background information provided by the applicant's paperwork**
- **Illegal drug use by the applicant**
- **Violation of any law that the applicant failed to disclose**
- **Work history**
- **Truthfulness**

After the exam, the examiner will analyze the charts and then discuss the results with the applicant.

If you have any questions, you can contact the Killeen Police Department Recruiter or discuss them with the polygraph examiner.

Applicant Signature

Date

Staff Services Division - Recruiting
3304 Community Blvd. Killeen, TX 76542



Killeen Police Department
Personnel and Training
"Wear the Badge, Make a difference"



BACKGROUND INVESTIGATION

APPLICANT INTERVIEW

NAME OF APPLICANT: _____

1. Have you ever used a birth date, place of birth or name different from those listed on your birth certificate?
2. Have you ever intentionally altered or had someone else alter your name, address or date of birth on any official document, certificate or license?
3. Have you ever lied about your name, age or address?
4. Have you ever used a different social security number?
5. Have you ever been disciplined, reprimanded or counseled at any job for any reason?
6. Have you ever stolen any money from any employer?
7. Have you ever inappropriately used your position for personal gain in any way?
8. Have you ever been interviewed by an employer's internal affairs, quality control, loss prevention or other disciplinary investigation unit?
9. Has your spouse or domestic partner ever called the police on you for any reason? Indicate the date, location to which the police responded and the name of the law enforcement agency.
10. How many times have the police been called to your home, no matter who called them?
11. Have any members of your family ever been arrested?

Signature



Killeen Police Department
Personnel and Training
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BACKGROUND INVESTIGATION

APPLICANT INTERVIEW

12. Has your spouse or domestic partner ever accused you of assault in a report or discussion with anyone else?
13. Has anyone ever claimed that you have beaten, abused, mistreated or sexually assaulted a child, no matter the relationship or non-relationship of the child to you?
14. Have you ever used another person's driver's license, identification card or social security card for any reason?
15. Have you ever allowed another person to use your driver's license, identification card or social security card for any reason?
16. Have you ever lied in court about anything, including a traffic ticket?
17. Have you ever lied to any insurance company about a claim?
18. Have you ever driven a motor vehicle after you thought you drank too much of any alcoholic beverage?
19. When was the last time you drove a motor vehicle after you thought you drank too much of any alcoholic beverage?
20. Have you ever taken another person's vehicle without permission, whether you knew the person or not?
21. Have you ever had any contact with any law enforcement officer because you had been drinking?
22. Did you ever deliver, pick up, send, hide, keep or in any other way handle any narcotic, dangerous drug or marijuana that belonged to you or someone else?
23. Have you ever been present when someone else was selling or buying a narcotic, dangerous drug or marijuana?

Signature



Killeen Police Department
Personnel and Training
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BACKGROUND INVESTIGATION

APPLICANT INTERVIEW

24. Are you a member of or affiliated with any gang?
25. Do you personally know any gang members or people who appear to be affiliated with a gang, but who have never admitted membership?
26. Have you ever helped a minor purchase an alcoholic beverage? When?
27. Have you ever been interviewed by the police as a suspect in any case?
28. Have you ever had a positive result for any type of narcotics, dangerous drug or marihuana on a urinalysis test? If so, when?
29. Have you ever shoplifted anything at any time in your life?
30. What is the greatest amount of property you have shoplifted at any one time?
31. Have you ever switched price tags or labels on any merchandise at any time in your life?
32. Did you ever buy anything that you knew was stolen?
33. Have you ever stolen a gun or weapon of any kind?
34. Have you ever been in possession of a stolen weapon?
35. Did you ever steal or help someone else steal any kind of vehicle?
36. Have you ever forced entry into any room, building or residence of any kind in your life?
37. Have you ever robbed anyone? (As juvenile taken school money.)
38. Were you ever with someone else who robbed someone?

Signature



Killeen Police Department
Personnel and Training
"Wear the Badge, Make a difference"



BACKGROUND INVESTIGATION

APPLICANT INTERVIEW

39. Have you ever been involved in or witnessed any kind of murder or other type of killing?
40. Have you ever committed a crime for which you were not caught?
41. Is there anything in your past that someone could use to blackmail you?
42. Have you ever committed or been involved in vandalism?
43. Have you ever committed or been involved in a weapons violation?
44. Have you ever committed or been involved in cruelty to animals?
45. Have you ever committed or been involved in arson?
46. Have you ever committed or been involved in bribery?
47. Have you ever used a credit/debit card without the owner's consent?
48. Have you ever pawned anything that did not belong to you?
49. Have you ever made an application for credit, which contained false information?
50. Have you ever failed to file a federal, state or local income tax statement?
51. Have you ever been employed as a Law Enforcement Officer, Corrections Officer or in any type of Security?

Signature



ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

I, _____, hereby assume all of the risks of participating in any/all activities associated with the City of Killeen Police Department Hiring Physical Assessment Test on: _____.

In consideration of permitting me to participate in the Hiring Physical Assessment Test activities, I hereby act for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

(A) I waive, release, and discharge from any and all liability the City of Killeen and its employees, including but not limited to, liability arising from the negligence or fault of City of Killeen employees, for any death, disability, personal injury, illness, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this activity.

(B) Indemnify, hold harmless, and promise not to sue the City of Killeen, its officers and employees from all liabilities or claims made as a result of participation in this hiring physical assessment test, whether caused by the negligence of release or otherwise. I acknowledge that the City of Killeen employees are not responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific activity on their behalf.

I also understand while participating in the City of Killeen Police Department Hiring Physical Assessment Test, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the City of Killeen.

The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I certify that I have read this document and I fully understand its content. I am aware that this is a release of liability and a contract and I sign it of my own free will.

Participant's Name

Date

Participant's Signature: _____