



## **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) 200-7933.

\_\_\_\_\_

Name of Applicant

**Effective January 2023**

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

**READ THESE INSTRUCTIONS CAREFULLY BEFORE PROCEEDING**

These instructions are provided as a guide to assist you in properly completing your Personal History Statement. It is essential that the information be accurate in all respects. It will be used as the basis for a Background Investigation that will determine your eligibility for employment.

Answer all questions to the best of your ability.

- Type your name at the top of each page in the space provided.
- If a question does not apply to you, enter N/A in the space provided. Leave no empty blanks.
- 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.
- You are responsible for obtaining correct mailing addresses. If you are not sure of an address, check it by personal verification. Your local library may have a directory service or copies of local phone directories.
- If there is insufficient space on the form for you to include all information required, complete the extra supplemental pages attached to the Personal History Statement. Be sure to reference the relevant section and question number before continuing your answer.
- Create a digital signature and sign the document.
- All requested documents must be added to this jump drive and submitted with this Personal History Statement when you return it to the Academy Training Center.

**YOU MUST SUCCESSFULLY COMPLETE AND TIMELY RETURN THIS PERSONAL HISTORY STATEMENT IN ORDER TO PROCEED TO THE NEXT PHASE OF YOUR SELECTION PROCESS. LISTED BELOW ARE SOME, BUT NOT ALL OF THE AREAS WHICH WILL CAUSE YOU TO FAIL IN THE PROCESS.**

- Failure to turn in Personal History Statement and requested documents by the Deadline established on the cover page of this form.
- 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 now or at a later phase of the selection process.

I HAVE READ THE ABOVE NOTICE, AND ALL INSTRUCTIONS, AND AGREE THAT I WILL, TO THE BEST OF MY ABILITY, COMPLETE THIS PERSONAL HISTORY STATEMENT WITH TRUTHFUL AND ACCURATE INFORMATION. I FURTHER UNDERSTAND THAT IF I WILLFULLY AND INTENTIONALLY OMIT INFORMATION REQUESTED IN THIS PERSONAL HISTORY STATEMENT, I WILL HAVE FAILED IN THE SELECTION PROCESS AND NO FURTHER ACTION WILL BE TAKEN WITH MY APPLICATION. I UNDERSTAND THAT I MUST RE-APPLY FOR THIS POSITION IF I DO FAIL.

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

**2****APPLICANT IDENTIFICATION****APPLICANT:**

*Information provided in this section is used for identification purposes only.*

Last Name		First Name		Middle Name	
Home Address (complete mailing address)					
Business Address (complete mailing address)					
9 Digit Home Telephone Number			9 Digit Business Telephone Number		
9 Digit Cell Phone Number			Email		
Date of Birth		Place of Birth			
		City		County	State
Social Security Number	Are you a U.S. Citizen?		Driver's License Number	State of Issue	
	Yes	No			
Height	Weight		Color of Eyes	Color of Hair	
Scars, Tattoos or Other Distinguishing Marks					
Nickname (s), Maiden Name, or other Names by which you have been known					

**3****RESIDENCES****APPLICANT:**

List all addresses where you have lived during the past ten (10) years, beginning with your present address. List date by month and year (example: 10/91). Attach supplemental page if necessary.

From	To	Address <small>Current Address this space</small>
	Present	

**4****WORK HISTORY****APPLICANT:**

Beginning with your present or most recent job, list all employment since the age of sixteen (16), including part-time, temporary or seasonal employment. Include all periods of employment. Attach supplemental pages if necessary.

From	To	Employer (Business Name)
Business Address (complete mailing address)		Business Telephone Number
Your last name at the time of employment		Job Title
Duties		
Reason for leaving		
Supervisor	Name of Co-Worker	

From	To	Employer (Business Name)
Business Address (complete mailing address)		Business Telephone Number
Your last name at the time of employment		Job Title
Duties		
Reason for leaving		
Supervisor	Name of Co-Worker	

From	To	Employer (Business Name)
Business Address (complete mailing address)		Business Telephone Number
Your last name at the time of employment		Job Title
Duties		
Reason for leaving		
Supervisor	Name of Co-Worker	

**4****WORK HISTORY- Continued****APPLICANT:**

From	To	Employer (Business Name)
Business Address (complete mailing address)		Business Telephone Number
Your last name at the time of employment		Job Title
Duties		
Reason for leaving		
Supervisor		Name of Co-Worker

From	To	Employer (Business Name)
Business Address (complete mailing address)		Business Telephone Number
Your last name at the time of employment		Job Title
Duties		
Reason for leaving		
Supervisor		Name of Co-Worker

From	To	Employer (Business Name)
Business Address (complete mailing address)		Business Telephone Number
Your last name at the time of employment		Job Title
Duties		
Reason for leaving		
Supervisor		Name of Co-Worker

**4****WORK HISTORY – Continued****APPLICANT:**

From	To	Employer (Business Name)
Business Address (complete mailing address)		Business Telephone Number
Your last name at the time of employment		Job Title
Duties		
Reason for leaving		
Supervisor		Name of Co-Worker

From	To	Employer (Business Name)
Business Address (complete mailing address)		Business Telephone Number
Your last name at the time of employment		Job Title
Duties		
Reason for leaving		
Supervisor		Name of Co-Worker

From	To	Employer (Business Name)
Business Address (complete mailing address)		Business Telephone Number
Your last name at the time of employment		Job Title
Duties		
Reason for leaving		
Supervisor		Name of Co-Worker



**5****MILITARY HISTORY****APPLICANT:**

Have you served in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Service From: _____ To: _____
Branch of Service - If more than one list all	Unit Designation - Last Duty Assignment
Highest Rank Held	Military Service Number
Type of Discharge from the U.S. Armed Forces	

Were you ever disciplined in the Armed Forces (including court-martial, captain's masts, company punishment, etc.)?  
 Yes    No

Charge	Type of Hearing	Date	Age at Time	Disposition

If you received a discharge other than honorable, give complete details below


**6 EDUCATIONAL HISTORY****APPLICANT:**

High School Attended	City & State	Dates Attended		Graduated	
		From	To	Yes	No
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

College or University Attended	City & State	
Dates Attended	Units Completed	Major/Minor
Degree Received, if any, and Date Received		

College or University Attended	City & State	
Dates Attended	Units Completed	Major/Minor
Degree Received, if any, and Date Received		

College or University Attended	City & State	
Dates Attended	Units Completed	Major/Minor
Degree Received, if any, and Date Received		

College or University Attended	City & State	
Dates Attended	Units Completed	Major/Minor
Degree Received, if any, and Date Received		

List other schools attended (Trade, Vocational, Business, etc.) Give name & Address, dates attended, course of study, certificate, and any other pertinent information.

**7**

**SPECIAL QUALIFICATIONS AND SKILLS**

**APPLICANT:**

This area is your opportunity to list any specialized training you may have received.

List any special licenses you hold (such as pilot, radio operator, scuba, etc.), showing licensing authority, original date of issue, and date of expiration

List any specialized machinery or equipment which you can operate

If you are fluent in another language, indicate in each area your degree of fluency (excellent, good, fair)

Language	Reading	Speaking	Understanding	Writing

List any other special skills or qualifications you may possess

**8****ARRESTS, DETENTIONS AND LITIGATIONS****APPLICANT:**

This section is important. You must list any and all arrests, detentions and litigations. Your records will be checked by a Background Investigator and documented in the Background Investigation.

Have you ever been arrested as a Juvenile? (16 years of age or younger)

Yes  No If so, what was the charge(s)

Have you ever been processed in a Juvenile Court?

Yes  No Disposition of case(s)

Have you ever been arrested, detained by police or summoned into court (do not include traffic tickets)?

Yes  No If yes, complete the following:

Offense	City & State	Date	Disposition of Case

Have you ever been convicted for any offense?

Yes  No

Have you ever been on Probation for any offense?

Yes  No

If you were placed on Probation, list the Offense and how long you were on Probation.

If you were placed on Deferred Adjudication or Community Supervision, list the Offense and date(s).

Have you ever been arrested for a Felony?

Yes  No

Have you ever been convicted of a Felony?

Yes  No

Have you ever done anything that you could have been arrested for had you gotten caught?

Yes  No

Have you ever been arrested for Driving While Intoxicated or Driving under the Influence of Drugs? (DWI/DUID)

Yes  No

Other than traffic citations, have you ever been fined for any Offense?

Yes  No If yes, how much fine did you pay?

Have you ever been a party in Civil Litigation? (Include Divorces and/or Custody Suits)

Yes  No

If Yes to any of the above, give details below. Attach other sheets as necessary.

This section is important. You must list any and all information relating to your driving record. Your records will be checked by a Background Investigator and documented in the Background Investigation.

Has your Driver's License ever been suspended or revoked?

Yes  No

What is the name of your Insurance Company and is it current?

Yes  No

Have you ever held or do you presently hold a Drivers License in another state?

Yes  No      State \_\_\_\_\_ Date it expired \_\_\_\_\_

List to the best of your memory all driving citations (tickets) you have received excluding Parking Tickets

Month & Year	Charge	City & State	Disposition

Describe in a brief narrative any traffic accidents in which you have been involved, giving approximate dates and Locations

**10 MARITAL AND FAMILY HISTORY****APPLICANT:**

This section addresses your Marital and Family History, be complete and accurate with your answers, and include all information requested. We will contact many of these sources for information to include in your Background Investigation.

Are you currently:

Single     Married     Divorced     Engaged     Separated     Widowed

If engaged, list name of fiancée, address and telephone number \_\_\_\_\_

If married

Date \_\_\_\_\_ City and State \_\_\_\_\_

Spouse's name (Wife's Maiden name) \_\_\_\_\_

If separated, divorced or widowed

Date of marriage(s) \_\_\_\_\_

City and State \_\_\_\_\_

Spouse's name(s)  
(Wife's Maiden name) \_\_\_\_\_

Date of order or decree \_\_\_\_\_

Court and State  
where issued \_\_\_\_\_

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

<u>Name</u>	<u>Relationship</u>	<u>DOB</u>	<u>Address</u>	<u>Supported by</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

List all other dependants (someone who lives with you or receives 50% of their support from you)

<u>Name</u>	<u>Address</u>	<u>Relation</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

List other relatives in the following order: Father, Mother (include maiden name), Brothers and Sisters. If deceased, so indicate in the Age column.

<u>Name</u>	<u>Relationship</u>	<u>Age</u>	<u>Address</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**11 FINANCIAL HISTORY****APPLICANT:**

Complete this section with accurate information; it will be verified by a credit check performed during the Background Investigation. Include account numbers and correct addresses. Income from spouses should be reported in the applicable sections.

What is your present salary or wages?

Do you have income from any source other than your principal occupation?

Yes     No

If you answered Yes, how much?

How often?

What is the source of this additional income?

Do you own any Real Estate?

Yes     No                      Value \_\_\_\_\_

Location of Real Estate (Address)

Do you own any bonds, government or other?

Yes     No                      Value \_\_\_\_\_

Do you own any corporate stock?

Yes     No                      Value \_\_\_\_\_

Do you have a bank account?

Yes     No                      Value \_\_\_\_\_

Savings Account  
Average balance \_\_\_\_\_

Name & Address of bank

Checking Account  
Average balance \_\_\_\_\_

Name & Address of bank

List any other type of income you have earned that is not addressed in the above areas.



**12 FINANCIAL OBLIGATION****APPLICANT:**

Give names and addresses of the individuals, companies, or others to whom you are indebted, and the extent of your debt. Include rent, mortgages, vehicle payments, charge accounts, credit cards, loans, child support payments, and any other debts and payments. Include account numbers where applicable.

Type	Name & Address of Creditor	Item Purchased	Last Four of Account Number	Total Balance	Monthly Payment

Have you ever defaulted on any type of a loan or financial obligation? (If yes, attach explanation, identify creditor and amount, and current status of debt.)

Yes    No

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In the past five (5) years, have you filed for bankruptcy?

Yes    No

**13 ORGANIZATIONS****APPLICANT:**

List all organizations in which you have been a member. Include all past and present memberships. This includes Professional, Social, Fraternal and other organizations.

Name and address	Type of Organization	From	To

**14 ALCOHOL/DRUG HISTORY****APPLICANT:**

Complete the table below and answer all questions accurately and completely.

Describe in your own words the frequency and extent of your use of intoxicating liquors.

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Have you ever used, sold, experimented with, or provided another with any of the following illegal drugs?

Illegal Substances	YES or NO	Number of times in life	Last time used	Form(s) of Drug(s)	Used, Sold, Experimented, Provided
Marijuana					
Hashish					
Speed (Meth)					
Heroin					
L.S.D.					
Cocaine					
P.C.P.					
Ecstasy ("XTC")					
Peyote					
Mushroom					
Quaalude					
Tranquilizer					
Any Designer Drug					
Steroids					
"Crack" Cocaine					
Inhalants					
Other Illegal Drugs					

Have you ever taken Amphetamines, Barbiturates, or any other Controlled Medication **not** prescribed to you?

Yes  No

What	Number of times in life	Last time - Month / Year

**15 REFERENCES****APPLICANT:**

List five (5) persons who know you well enough to provide current information about you. Do not list relatives or employers (former or current). List local persons first, then out of state. Include current mailing addresses and telephone numbers.

Name _____			Residence Address _____		
Residence Phone Number _____		Business/Cell Phone Number _____		Years Known? _____	
Business Address _____					
Name _____			Residence Address _____		
Residence Phone Number _____		Business/Cell Phone Number _____		Years Known? _____	
Business Address _____					
Name _____			Residence Address _____		
Residence Phone Number _____		Business/Cell Phone Number _____		Years Known? _____	
Business Address _____					
Name _____			Residence Address _____		
Residence Phone Number _____		Business/Cell Phone Number _____		Years Known? _____	
Business Address _____					
Name _____			Residence Address _____		
Residence Phone Number _____		Business/Cell Phone Number _____		Years Known? _____	
Business Address _____					

**16 LICENSED OFFICERS OR APPLICATIONS TO OTHER DEPARTMENTS**

**APPLICANT:**

This section is to be completed if you are a Licensed Police Officer, or if you have been employed by or applied with other Police Departments or with the Killeen Police Department in the past.

Have you ever applied with this department or any other law enforcement agency?

Yes  No

Agency, City, State	Date	Outcome	If rejected, why?

Have you ever been employed by a law enforcement agency?  Yes  No

Agency, City, State	Date	Outcome	If rejected, why?

List any suspensions, disciplinary actions while employed at the above agency.

Agency, City, State	Date	Outcome	If rejected, why?

Are you currently licensed with any state agency as a Police Officer?  Yes  No

Agency \_\_\_\_\_

PID \_\_\_\_\_

What agency or academy did you attend in order to obtain your license?

\_\_\_\_\_

Date(s) Attended \_\_\_\_\_ State \_\_\_\_\_

**17 PERSONAL DECLARATION**

**APPLICANT:**

It may become necessary for you to take a human life in the course of your duties as a Police Officer. Do you hold any beliefs that would prevent you from doing so?  Yes  No If yes, explain;

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We endeavor to accommodate our employees' religious observances, however that accommodation is subject to manpower requirements and public safety concerns. Do you have any religious, customs, or other beliefs which would prevent you from fully performing the duties of a Police Officer, such as taking your turn working on weekends, evening or night shifts?  Yes  No If yes, explain;

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Are there any incidents in your life or details not mentioned within this Personal History Statement, which may be relevant to this department's evaluation of your suitability for employment as a Police Officer?  Yes  No If yes, explain;

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**I hereby certify that there are no willful misrepresentations, deceptions, omissions, or falsifications in the foregoing statements and answers to questions. I am fully aware that any such will subject me to dismissal from the selection process.**

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

\_\_\_\_\_  
Date

**18**

**ADDITIONAL INFORMATION TO SECTION**

**APPLICANT:**

Use this supplemental page for additional information in any section of this Personal History Statement. Be sure and reference the section and question you are answering on this sheet. Add an additional sheet when you go to another section. Do not answer two or more sections on the same supplemental page. Insert this sheet after the page it references to when you submit this form.

Section Number and Title	Page Number

Continue your statement or answer below. Reference it to the question.




**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

Personnel & Training/Recruiting  
3304 Community Blvd. Killeen, TX 76542 254-200-7933





**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

Personnel & Training/Recruiting  
 3304 Community Blvd. Killeen, TX 76542 254-200-7933



# 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 Name

\_\_\_\_\_  
Date



**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?

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Signature



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



## **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?

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Signature



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



## **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?

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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?

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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:** \_\_\_\_\_