

Name: \_\_\_\_\_

Date Applied: \_\_\_\_\_

# Personal History Statement

## Application for Law Enforcement Explorer



**The Plano Police Department**

*Explorer Post 911*

909 14<sup>th</sup> Street  
Plano, Texas 75086-0358

# Instructions

## Read these instructions carefully before proceeding

These instructions are provided as a guide to assist you in properly completing your **Personal History Statement (PHS)**. It is essential that all information be accurate. This information will be used to conduct a background investigation that will determine your eligibility to the Plano Police Department Law Enforcement Explorer Post 911.

1. Your PHS, and any additional explanation pages should be printed legibly in black ink. Documents submitted in pencil will be returned as unacceptable.
2. If a question is not applicable to you, enter N/A in the space provided.
3. Avoid errors by reading the directions carefully before making any entries on the form.
4. **You** are responsible for obtaining correct information (addresses, email accounts, and telephone numbers, etc). You must supply all requested information to complete your PHS. All requested information must be supplied by you; the Police Department Explorer Post 911 will not be responsible for acquiring information. However, do not guess at information. If you do not know an answer and you do not know where/how to find it, indicate that on the form.
5. As you complete your PHS, carefully consider each question. It is imperative that you answer each question accurately and thoroughly. Certain responses will prompt you for additional information and you will be required to "explain." When an explanation is requested, a detailed explanation is required for each instance, no matter how insignificant the event was or how long ago it may have occurred.
6. An accurate and complete Personal History Statement will expedite your background investigation. You will have ample opportunity to explain any issues that are addressed. Intent to deceive, falsify, mislead, or withhold information will result in disqualification.
7. The background investigator and oral board members will use this packet to determine if you have been completely and totally truthful. Do not falsify, lie, misrepresent, leave out or neglect to mention any information about your background no matter how significant you believe it is. You are not expected to be perfect, but you are expected to be honest. **Be completely open and truthful with all of your responses.**

### **Please attach copies of the following:**

- Most recent school report card
- Driver license (if applicable)
- Current photo

# Personal History Statement

*The information provided in this section is used for identification purposes.*

1. Name \_\_\_\_\_

LAST

FIRST

MIDDLE

2. Aliases \_\_\_\_\_

NICKNAME OR ANY CHANGED NAME

3. Home Address: \_\_\_\_\_

PRESENT ADDRESS / NAME OF APT. COMPLEX & NUMBER / STREET / CITY / ZIP

4. Home Phone (\_\_\_\_\_) \_\_\_\_\_ 5. Cell Phone (\_\_\_\_\_) \_\_\_\_\_

6. Primary Email: \_\_\_\_\_

7. Date of Birth: \_\_\_\_\_ 8. Age \_\_\_\_\_ 9. Race: \_\_\_\_\_ 10. Sex: Male / Female

11. Social Security Number: \_\_\_\_\_

12. Drivers License: \_\_\_\_\_

(INCLUDE CLASS, NUMBER, STATE OF ISSUE AND EXPIRATION)

13. Height: \_\_\_\_\_ 14. Weight: \_\_\_\_\_ 15. Hair Color: \_\_\_\_\_ 16. Eye Color: \_\_\_\_\_

17. Identifying Marks: \_\_\_\_\_

18. Scars – describe: \_\_\_\_\_

19. Tattoos – describe: \_\_\_\_\_

20. Name by which you prefer to be addressed: \_\_\_\_\_

21. Do you have a social networking site such as Facebook, Instagram, etc... ? YES / NO

If yes, list your **USERNAME** for the social networking sites you use below:

Facebook: \_\_\_\_\_

Tumblr: \_\_\_\_\_

Twitter: \_\_\_\_\_

Instagram: \_\_\_\_\_

Pinterest: \_\_\_\_\_

Vine: \_\_\_\_\_

Other: \_\_\_\_\_

# Educational History

List all high schools, colleges, technological or trade schools you have ever attended regardless of whether you graduated and/or completed the prescribed curriculum.

If you are listing colleges/universities, and you did not graduate, indicate the number of credit hours you have earned.

If you attended a technological or trade school, indicate your course of study and also note if you were awarded a diploma or certificate.

Education (Check Highest Grade Completed)

8th  9th  10th  11th  12th

Year of Graduation: \_\_\_\_\_ Circle one: Diploma / GED

College:

Freshman  Sophomore  Junior  Senior

Name & Type of School Location (City & State)	Dates Attended (From – To)	Credit Hours Earned & G.P.A.	Degree Earned

**IF YOU ANSWER YES TO ANY QUESTION IN THE SECTION BELOW, EXPLAIN.**

1. Have you ever been expelled from any school you have attended? YES / NO

If yes, explain why: \_\_\_\_\_  
\_\_\_\_\_

2. Have you ever received any school related disciplinary action? YES / NO

If yes, explain why: \_\_\_\_\_  
\_\_\_\_\_

# Employment History

Beginning with your present or most recent job, list all jobs you have had, including all part time, temporary, seasonal or volunteer/intern positions. Attach additional pages if necessary. **If you have been terminated or asked to resign, are not eligible for re-hire, or received any type of disciplinary action, explain in detail these circumstances.**

1. Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Employer's Telephone Number: \_\_\_\_\_

Employment Began On: \_\_\_\_\_ Ended On: \_\_\_\_\_ Total Time (years & months): \_\_\_\_\_

Position(s) Held with Organization and Duties/Responsibilities: \_\_\_\_\_

Reason of leaving: \_\_\_\_\_

2. Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Employer's Telephone Number: \_\_\_\_\_

Employment Began On: \_\_\_\_\_ Ended On: \_\_\_\_\_ Total Time (years & months): \_\_\_\_\_

Position(s) Held with Organization and Duties/Responsibilities: \_\_\_\_\_

Reason of leaving: \_\_\_\_\_

3. Have you ever been fired or asked to resign from any job? YES / NO

If yes, explain why: \_\_\_\_\_

4. Have you been a member of any Explorer Post? YES / NO If yes, which one?

Post/Agency \_\_\_\_\_ Post # \_\_\_\_\_ Advisor's Name \_\_\_\_\_

# References

You must list four references: Persons who know you best – preferably adults and person must know you at least 1 year. **Please inform your references that we will contact them and ask questions about you. (DO NOT INCLUDE PARENTS IN THIS SECTION)**

1. Name: \_\_\_\_\_ Years Known: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Business Name / Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Relationship: \_\_\_\_\_

2. Name: \_\_\_\_\_ Years Known: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Business Name / Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Relationship: \_\_\_\_\_

3. Name: \_\_\_\_\_ Years Known: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Business Name / Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Relationship: \_\_\_\_\_

4. Name: \_\_\_\_\_ Years Known: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Business Name / Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Relationship: \_\_\_\_\_

# Relatives

## 1. Father or Guardian:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Business Name / Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

## 2. Mother or Guardian:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Business Name / Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

# Residences

List all residences you have lived in the past 10 years. Begin with the current and go backwards.

From / To Month & Year	Address	City	State	Zip Code

# Driving Record

1. Do you possess a valid driver's license? YES / NO

If no, explain why: \_\_\_\_\_

2. How many moving citations have you received in the past three years? \_\_\_\_\_

3. Have you been involved in a hit-and-run accident? YES / NO

4. Have you failed to appear in court for a traffic citation? YES / NO

5. Have you ever failed to pay a parking citation? YES / NO

6. What company carries your automobile insurance policy? \_\_\_\_\_

Company Address: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

7. List all vehicles you own, possess, and/or that are registered to you:

Year	Make	Model and Body Style	Color	License Plate Number (Include State)

8. List **ALL** traffic accidents from the past three years in which you have been involved as the driver regardless of whether the accident was reported or placed on your record.

Date	Location	Police Report?	Your Fault?

9. List **ALL** parking violations, traffic violations and warnings you have been involved in or received in the past three years regardless of whether you are on your driving record.

Date	City / State	Agency	Charge	Disposition



# Criminal Activity

1. Have you ever used any drugs, alcohol, marijuana, etc. to get “high”? YES / NO

If yes, list what was used, how many times, the date of use and explain the circumstances: \_\_\_\_\_

\_\_\_\_\_

2. Have you ever used any tobacco products? YES / NO

If yes, list the date of use, how many times and explain the circumstances: \_\_\_\_\_

\_\_\_\_\_

3. Have you had an alcoholic beverage? YES / NO

If yes, list the date of use, how many times and explain the circumstances: \_\_\_\_\_

\_\_\_\_\_

# Organizations

1. List memberships past and/or present in **ANY** organization.

Organization Name and Address	Type (Social, Professional, Etc.)	Office Held	Membership From / To

2. List hobbies and sports past and/or present in **ANY** organization.

Hobbies & Sports	Length of Participation	Level of Proficiency

3. Community Activities: \_\_\_\_\_

\_\_\_\_\_

4. Awards, Commendations or Special Recognitions: \_\_\_\_\_

\_\_\_\_\_



# Parental Consent Form

9/7/01

Whereas, \_\_\_\_\_, desires to  
(Print Name of Explorer Applicant)

participate in a program being conducted by the Plano Police Department for young adults with an interest in Law Enforcement.

It is HEREBY UNDERSTOOD AND AGREED that in consideration of the Plano Police Department conducting such activities and providing facilities for a program in connection with the Exploring Division of the Boy Scouts of America, ( we / I ) hereby agree to allow him / her to participate.

\_\_\_\_\_  
Parent's Signature Date

\*\*\*\*\*

## CONSENT TO MEDICAL TREATMENT FORM

I / We are the natural parents or guardian of, \_\_\_\_\_  
(Print Name of Explorer Applicant)

a minor, who is participating in certain programs sponsored by the Plano Police Department. In the event that I / We cannot be contacted and the said minor shall, by reason of accident, illness, or injury, require any character of medical treatment or surgery, including any and all diagnostic procedures or drugs related thereto, this instrument will authorize the Chief of Police, of the Plano Police Department, or his designate, including any sworn Police Office of the Plano Police Department, Plano, Texas, to consent to the medical treatment of said minor and to do each and every act necessary to provide for said medical treatment.

\_\_\_\_\_  
Parent's Signature Date

\_\_\_\_\_  
Parent's Printed Name

\_\_\_\_\_  
Street Address City/State/Zip code

\_\_\_\_\_  
Home Number Work Number Cell Number

**Please list below or on the back any allergies or medication used by the above minor:**

\_\_\_\_\_

# Waiver of Liability

Explorer's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

Parents or Guardians:

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Relationship to Explorer: \_\_\_\_\_

THE STATE OF TEXAS @

COUNTY OF COLLIN @

CITY OF PLANO @

KNOW ALL MEN BY THESE PRESENTS:

That we the undersigned \_\_\_\_\_, and \_\_\_\_\_, the legal parents and guardians of \_\_\_\_\_ minor (16 years of age or younger) / not minor (17 years of age or older), as an inducement to the City of Plano to allow him/her to participate in its ride along and/or Exploring programs, and for and in consideration of the City of Plano granting the privilege to him/her to participate in the ride along and/or Exploring programs including riding as a guest and voluntary observer in a police patrol vehicle, and to accompany an officer or officers of the Plano Police Department on patrol and in the exercise of their duties, and recognizing that police activity involves certain inherent dangers, including but not limited to: motor vehicle accidents, vehicular pursuits, foot pursuits, apprehension of suspects, answering calls for assistance from citizens and other officers, and the possibility of physical danger, harm, accidents, and injuries, do hereby agree to and assume any and all risks attendant to any incident, action, occurrence or activity occurring on public, private, or other property, which affects him/her or us in any manner whatsoever, and do hereby release the City of Plano, its officials, Police Department, officers, agents and employees, in both their public and private capacities, from any liability, claims, suits, demands or causes of action belonging to him/her or to us as parents or guardians which may arise in any manner whatsoever from riding with or accompanying an officer or officers of the Police Department as guest and voluntary observer, including liability, claims, suits, demands or causes of action which arise from the negligence or acts or omissions of the City of Plano, its officers, agents, employees and officials.

It is further agreed that the execution of this release shall not constitute a waiver by the City of Plano, its officers, agents, officials, and employees, of the defense of governmental immunity, where applicable, or to defenses predicated on the Texas Automobile Guest Statute, Article 6701b, V.A.T.S., or any other defense, claim, cause of action or assertion of any kind or nature, recognized by any court of law, administrative agency, or other entity.

We certify that we have read the foregoing instrument, that we understand its terms and conditions, that we make this waiver voluntarily, and that we have not relied upon any representations made by the City of Plano, or its officers, agents, officials, or employees in signing this release. We further certify that we understand that in making this waiver of liability, we are making a decision of substantial legal significance concerning our child and ourselves.

Parent/Guardian Signature	Parent/Guardian Signature
Parent/Guardian Name	Parent/Guardian Name

of \_\_\_\_\_  
(Print Name of Explorer Applicant)

BEFORE ME, the undersigned authority, on this day personally appeared \_\_\_\_\_, known to me to be the person whose name is subscribed to the foregoing instrument, and having been by me first duly sworn on oath, acknowledged that he or she has executed the same for the purposes and considerations therein expressed and that the foregoing statements are true and correct.

GIVEN under my hand and seal of office, this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, Notary Public in and for \_\_\_\_\_ County, Texas.

Signature of Notary

Name of Notary

Date Commission Expires