



DEPUTY APPLICATION
An Equal Opportunity Employer®



NAME: Last		First	Middle	Maiden
ADDRESS:	Street #	Street Name		Apt. #
City		State	Zip Code	
TELEPHONE NUMBER:				
Home ()		Work ()	Mobile ()	

PERSONAL INFORMATION

DATE OF BIRTH	PLACE OF BIRTH (City, County, State)			
DRIVER=S LICENSE NUMBER	State	Type		
Restrictions	Height	Weight	Hair Color	Eye Color
Identifying Marks (Scars, Tattoos, Etc.)				
Social Security #			Alien #	
Marital Status (Circle One) SINGLE MARRIED DIVORCED WIDOWED Are you a U.S. Citizen? 9 Yes 9 No Specify:				
List ANY and ALL relatives employed with Dallas County:				

EDUCATION: Do you meet the requirement of high school diploma, GED, or 12 hours accredited college? 9 Yes 9 No

List High School, College, or Training Schools, including City and State (attach a separate sheet for additional information)	Major Subject Studied	Type of Degree	Period of Attendance	
			FROM	TO

EMPLOYMENT

List all places where you have worked for the last 10 years (if additional space is needed, list on next page)	Title or Occupation	Full (F), Part-Time (PT), or Temporary (T)	Period of Employment	
	Reason for Leaving		FROM	TO

CONTINUE ON THE BACK SIDE



**DEPUTY SHERIFF
STATEMENT OF QUALIFICATIONS**

PRINTED NAME:

SSN:

Date:

To qualify for the position of Deputy Sheriff, you must certify that each of these statements is true and correct by initialing next to each statement and signing at the conclusion:

Initial beside each statement if it applies to you.

Legal Requirements

- _____ I have completed at least 30 semester hours of accredited college course work with grades of at least a C average, received an honorable discharge from the armed forces of the United States after at least twenty four months of active duty; currently serve as a Texas Peace Officer with two years continuous employment with an agency in the State of Texas as a Peace Officer and currently possess a Basic Peace Officer Certificate issued by TCLEOSE, or I have served as a Detention Service Officer for at least 2 years.
- _____ I am at least twenty-one (21) years of age.
- _____ I am a citizen of the United States.
- _____ I have not had a peace officer, jailer, or reserve license issued by the Texas Commission on Law Enforcement Officer Standards and Education (or any other like issuing authority) revoked or suspended for any reason.
- _____ I have never been convicted of or received probation for any offense Class A misdemeanor or above.
- _____ I have not been convicted of or received probation for a Class B misdemeanor within the past ten (10) years.
- _____ I have never been convicted at any level of an offense involving Family Violence.
- _____ If applicable, when discharged from the military, I must have been discharged under Honorable conditions.
- _____ I have one of the following: a high school diploma, a GED, or an honorable discharge after at least 24 months of active duty.

Departmental Requirements

- _____ I never sold or disposed of any drug, including marijuana, for money or other compensation.
- _____ I have never been involved in the manufacture or delivery of any controlled substance or illegal drug.
- _____ I have never purchased any illegal drugs.
- _____ I have not used (experimented, tried, etc.) marijuana in the last twelve (12) months.
- _____ I have never used (experimented, tried, etc.) any controlled substance not prescribed or recommended by a physician, or illegal drug.
- _____ I do not have any criminal charges of any kind pending against me.
- _____ I have never executed, at any time, a confession to a felony offense, such confession being admissible as evidence against me in any criminal proceeding in any state or federal court.
- _____ I have a current Texas drivers license, or qualify to obtain one and am willing to do so.
- _____ I have never been convicted of Driving While License Suspended.
- _____ I have not had my drivers license suspended for any reason during the last five(5) year period.
- _____ I have not had three (3) or more hazardous moving traffic convictions within the last twelve (12) months.
- _____ I have not had six (6) or more hazardous moving traffic convictions within the last twenty-four (24) months.
- _____ I am of good moral character.
- _____ If divorced, all support payments are current with no history of contempt citations.
- _____ I have never had a sustained allegation for false statement, untruthfulness, false report, or any form of lying during my present or past employment.
- _____ I have not had a sustained allegation, receiving a written reprimand or greater discipline in the past two (2) years. I understand that any disciplinary action older than two (2) years will be reviewed by the Executive Staff.
- _____ I have not been a defendant in a civil suit. (Please provide explanation if you have been a defendant in a civil suit).

I certify that all of the above statements are true and correct. I understand that if there are omissions, misstatements, or falsification, I will be rejected from consideration and/or terminated. If I am denied consideration for the position of Deputy Sheriff, I understand that **I MAY NOT BE ADVISED AS TO THE REASON FOR THE REJECTION.**

Signature of Applicant

Date Completed



**DALLAS COUNTY SHERIFF'S DEPARTMENT
 RESOURCE DEVELOPMENT DIVISION
 PERSONNEL SECTION
 PERSONAL HISTORY STATEMENT**



These instructions are provided to assist you in properly completing your PERSONAL HISTORY STATEMENT.

IT IS ESSENTIAL THAT THE INFORMATION BE CORRECT AND COMPLETE. If any of the questions do not apply to you, please line completely through the section that does not apply and mark it "N/A."

Your Personal History Statement will be used as the basis for a background investigation that will determine your eligibility for the position for which you are applying with the Dallas County Sheriff's Department.

1. Your Personal History Statement should be **TYPED** or **PRINTED** legibly in **BLACK INK**.
2. Answer all questions completely. If a question does not apply to you, enter "N/A" in the appropriate space provided.
3. Avoid errors by reading the directions carefully before making any entries on the form. Be sure your information is correct and in sequence before you begin.
4. You are responsible for obtaining a correct and complete mailing address (including street numbers, apartment or suite numbers, street names, cities, states, and zip codes) for each former employer, each personal reference, and where indicated in the statement. If you are not sure of an address, check it by personal verification. Phone numbers should include area codes. If you are not certain, LOOK IT UP!
5. If there is insufficient space on this form for your answers, attach extra sheets. Please place your printed name and social security number on each sheet of paper you attach to this document to prevent loss if separated from the whole.

Your failure to properly complete this document may result in the rejection of your application. If you are unsure about any portion, please ask.

I certify that all of the following information is true and correct. I understand that if my paperwork contains omissions, misstatements, or falsifications, I will be rejected or terminated. If I am denied employment, I understand that I WILL NOT be advised as to the reason for rejection.

SIGNATURE OF APPLICANT: _____
 PRINTED NAME OF APPLICANT: _____
 SOCIAL SECURITY NUMBER: _____ DATE: _____

PERSONAL HISTORY STATEMENT

PLEASE PRINT OR TYPE ALL INFORMATION

DATE: _____

NAME: _____

POSITION REQUESTED: _____

TELEPHONE number where you can be reached between 8:00 a.m. and 4:30 p.m. Monday through Friday (please indicate if it is home, work, or mobile).

Home Work Mobile _____

Home Address: _____

Date of Birth: _____

Place of Birth (city, county, state): _____

Driver's License Number: _____ State Issued: _____

Social Security Number: _____

Have you ever made application for employment (any position) with this or any other law enforcement or law enforcement-related agency? Yes No If yes, please provide the following:

Name of Agency	Date Applied	Status of Application (hired, rejected, pending, etc.)

If there are additional agencies, list them on a separate sheet of paper. Be sure to include you printed name and social security number on any attached papers.

DRIVING RECORD

Instructions: If you answer "yes" to any of these questions, provide explanation in the area beneath each question. If additional space for explanations is needed, please attach a piece of paper with your printed name and social security number and identify the question number with your response.

- 1. How many moving citations have you received since you began driving? _____
- 2. How many moving citations have you received in the past three (3) years? _____
- 3. Have you ever driven a motor vehicle without proper legally required insurance? Yes No
- 4. Have you ever had your driver's license suspended? Yes No If yes, date of suspension: _____
type: _____ date lifted: _____
- 5. Have you ever had your driver's license place on probation for receiving an excessive number of traffic violations? Yes No
- 6. Have you ever had a hearing for probation/suspension, etc.? Yes No
- 7. Have you ever been placed as an "assigned risk" for vehicle insurance? Yes No
- 8. Have you ever had your insurance revoked due to the number of traffic citations you have received?
 Yes No
- 9. Have you ever driven a motor vehicle after your driver's license was suspended or revoked? Yes No
- 10. Do you have a valid driver's license in more than one state? Yes No
- 11. Have you ever been denied a driver's license for any reason? Yes No
- 12. How many motor vehicle accidents have you been involved in as a driver? _____
- 13. Have you ever been involved in an accident and then left the accident scene without identifying yourself?
 Yes No
- 14. Have you ever been involved in an accident when you were driving after you had been drinking any type of alcoholic beverage? Yes No
- 15. Have you ever struck an unattended vehicle and left without leaving identification? Yes No
- 16. With what company do you carry automobile insurance?

Name of Company	Address	City, State, Zip Code
Policy Number: _____		Expiration Date: _____
Premiums are paid: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annually <input type="checkbox"/> Annually		

EMPLOYMENT HISTORY

Instructions: Beginning with you **PRESENT OR MOST RECENT JOB**, list **ALL** of the jobs which you have had in the **PAST TEN YEARS**. Include all full-time, part-time, temporary or seasonal positions. If additional space is needed, attach a separate sheet of paper. Be sure you put your printed name and social security number on all attached papers. **A JOB IS ANY POSITION YOU ACCEPTED REGARDLESS OF HOW LONG YOU ACTUALLY WORKED AND FOR WHICH YOU WERE PAID MONEY TO PERFORM.**

May we contact your current employer without jeopardizing your job? Yes No

CURRENT (OR MOST RECENT POSITION)

FROM: _____ TO: _____

Employer: _____ Telephone No. (____) _____

Employer's address: _____
Street Address City State Zip Code

Job Title: _____ Duties/Responsibilities: _____

Reason for leaving: _____

Are you eligible for rehire? Yes No

If you voluntarily resigned, was a two-week notice provided? Yes No

FROM: _____ TO: _____

Employer: _____ Telephone No. (____) _____

Employer's address: _____
Street Address City State Zip Code

Job Title: _____ Duties/Responsibilities: _____

Reason for leaving: _____

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If you voluntarily resigned, was a two-week notice provided? Yes No

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Employer's address: _____
Street Address City State Zip Code

Job Title: _____ Duties/Responsibilities: _____

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Employer's address: _____
Street Address City State Zip Code

Job Title: _____ Duties/Responsibilities: _____

Reason for leaving: _____

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If you voluntarily resigned, was a two-week notice provided? Yes No

PERSONAL REFERENCES

List **FIVE (5)** persons who know you well enough to provide current information about you. **DO NOT LIST RELATIVES OR PAST/PRESENT EMPLOYERS. IF YOU FAIL TO LIST FIVE PERSONS, YOUR APPLICATION WILL BE CONSIDERED INCOMPLETE.**

Name: _____ Occupation: _____

Homes Address: _____
Street # and Name City State Zip Code

Telephone Number:() _____ Years Known: _____

Name: _____ Occupation: _____

Homes Address: _____
Street # and Name City State Zip Code

Telephone Number:() _____ Years Known: _____

Name: _____ Occupation: _____

Homes Address: _____
Street # and Name City State Zip Code

Telephone Number:() _____ Years Known: _____

Name: _____ Occupation: _____

Homes Address: _____
Street # and Name City State Zip Code

Telephone Number:() _____ Years Known: _____

Name: _____ Occupation: _____

Homes Address: _____
Street # and Name City State Zip Code

Telephone Number:() _____ Years Known: _____

REMINDER: Have you provided **FIVE** personal references?

MARITAL AND FAMILY HISTORY

Circle your current marital status:

SINGLE ENGAGED MARRIED SEPARATED DIVORCED WIDOWED

Complete all of the following which apply to you:

IF YOU ARE ENGAGED:

Name of Fiancé: _____ Date of Birth: _____

Address: _____ Phone No.: () _____

IF YOU ARE MARRIED:

Date of Marriage: _____

Spouses's Name: _____ Date of Birth: _____

Address: _____ Phone No.: () _____

IF YOU ARE SEPARATED:

Date of Separation: _____

Spouses's Name: _____ Date of Birth: _____

Address: _____ Phone No.: () _____

IF YOU ARE DIVORCED:

Date of Divorce: _____

County and State where divorce decree issued: _____

Former Spouse's Name: _____ Date of Birth: _____

(If you have more than one divorce, please list those on a separate sheet of paper. Be sure to print your full name and social security number on all attached pages.)

IF YOU ARE WIDOWED:

Date of Death: _____

Deceased Spouse's Name: _____ Date of Birth: _____

MILITARY SERVICE

Have you registered with the selective service as required by law? Yes No If so, when? _____

Have you ever been rejected by any branch of the armed forces? Yes No

If yes, please explain: _____

Have you ever been a member of any branch of the U. S. Armed Forces? Yes No

Branch of Service: _____ Highest Rank Attained: _____

Date of Induction: _____ Date of Discharge: _____

Type of Discharge: _____

Awards (Type and date awarded):

TYPE	DATE
_____	_____
_____	_____
_____	_____

While in the military service, were you ever arrested for an offense which resulted in a trial by deck court or by summary, special, or general court-martial? Yes No

If yes, give date, place, law enforcing authority or type of court or court-martial, charge and action taken for each instance:

List duty station and name of commanding officer: _____

Are you currently a member of a U. S. Reserve or National or State Guard organization? Yes No

If yes, provide the following information:

Branch of Service: _____ Grade/Service #: _____

Are you: ACTIVE INACTIVE STANDBY (Circle only one)

Organization / Station / Unit and Location: _____
