

**WISE COUNTY SHERIFF'S OFFICE  
APPLICATION FOR EMPLOYMENT AND  
PERSONAL HISTORY STATEMENT**



FULL NAME: \_\_\_\_\_

POSITION(S) APPLIED FOR:     DEPUTY     COMMUNICATIONS OFFICER  
    JAILER     OTHER (Specify) \_\_\_\_\_

DATE OF ISSUANCE: \_\_\_\_\_  
(This application must be returned within 14 days of issuance)

DATE OF RETURN: \_\_\_\_\_

IN CASE OF DELAY PLEASE CONTACT THE WISE COUNTY SHERIFF'S OFFICE AT  
940-627-5971.

WISE COUNTY SHERIFF'S OFFICE  
200 ROOK RAMSEY DRIVE  
DECATUR, TEXAS 76234



## Wise County Sheriff's Office

200 Rook Ramsey Drive  
Decatur, Texas 76234



(940) 627-5971

Fax (940) 627-3797

The Wise County Sheriff's Office, in an effort to increase the professionalism and to strive for excellence, has incorporated a new pre-employment program into the personnel system. The new pre-employment criterion requires entry level testing and background investigations.

This packet is the Personal History Statement and also serves as an application. The applicant will then be notified of qualification and of the next testing date for the position(s) qualified.

When the applicant has successfully completed and passed the entry-level testing, he or she will be placed on an eligibility list based on their test scores and advised of the next phase of the process.

Upon successful completion of all phases of the pre-employment process, an oral interview will be conducted. Based upon the cumulative results, a final eligibility list will be determined. Upon a conditional offer of employment, the new employee must pass a drug screen test, a physical examination, and a psychological examination as required by law. A polygraph may be required for certain positions.

The Wise County Sheriff's Office would like to reiterate its goal to bring efficient and effective law enforcement to Wise County, to increase the community's pride in the department and to promote professionalism and integrity within the department.

**Safe and Sound**

**IMPORTANT**  
**READ THESE INSTRUCTIONS CAREFULLY**

These instructions are provided as a guide to assist you in properly completing your Personal History Statement. ***It is essential that the information be correct, truthful and complete!***

Your personal history statement will be used as the basis for a background investigation that will determine your eligibility for the position(s) for which you have applied.

1. **Your Personal History Statement should be hand printed legibly in black ink if not typed.**
2. **Answer all questions completely. If a question does not apply to you, enter “N/A” in the 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 correct addresses (including zip codes). If you are not sure of an address, check it by personal verification. Your local library may have a directory service or copies of the required directories. Include the area code for all phone numbers listed.**
5. **If there is insufficient space on the Personal History Statement form, attach extra sheets. Be sure to reference the relevant section and question before continuing your answers.**
6. **Pages 28-31 must be signed in the presence of a Notary. (Wise County Sheriff's Office has notaries on staff who will notarize at the time of return.)**

**Your failure to properly and thoroughly complete this document will result in the rejection of your application. Deliberate omissions or a deliberate misstatement of required information is grounds for rejection.** In addition to the Personal History Statement, you are required to submit:

- An official high school transcript and a copy of your diploma or GED, if applicable.
- An official college transcript and a copy of any certifications or diploma, if applicable.
- Copies of any and all divorce and/or civil papers, if applicable.
- Copy of Military Form DD214 (Discharge), if applicable. Copy of birth certificate.
- Letters of recommendation, if applicable.
- Copies of any TCOLE or TDH training certificates or licenses Copy of Drivers License
- Copy of Social Security Card
- Proof of Citizenship or Passport

If you have any questions concerning the required documentation or the instructions, please call the Sheriff's Office, Personnel, at 940-627-5971.

*An Equal Opportunity Employer*

**PERSONAL IDENTIFICATION**

NAME \_\_\_\_\_  
Last First Middle

Other Names used (Maiden, Adoption, Nicknames, etc).

HOME ADDRESS \_\_\_\_\_  
Number Street City State Zip

PHONES: \_\_\_\_\_  
Home Alternate

\_\_\_\_\_ Cellular Preferred Email Address

DATE OF BIRTH: \_\_\_\_\_ PID #: \_\_\_\_\_ SEX: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ U.S. CITIZEN?  YES  NO

PLACE OF BIRTH: \_\_\_\_\_  
City County State

DRIVER'S LICENSE: \_\_\_\_\_  
Number Class Issuing State Expiration

HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ EYE COLOR: \_\_\_\_\_ HAIR COLOR: \_\_\_\_\_

IDENTIFYING MARKS (List all scars, marks, or tattoos)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EDUCATIONAL HISTORY**

List all High Schools, Colleges, Technological or Trade Schools you have ever attended, regardless of whether or not you graduated and/or completed the prescribed course of study.

If you are listing colleges and universities and you did not graduate, indicate the number of credit hours you are credited with.

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

NAME AND TYPE OF SCHOOL  (List City and State)	DATES ATTENDED		DEGREE, DIPLOMA, AND/OR CREDIT HOURS EARNED
	From	To	

Have you ever been expelled from any school that you have attended?  Yes  No

If YES, list school, dates expelled, and reason: \_\_\_\_\_

\_\_\_\_\_

Have you ever been placed on Academic Probation?  Yes  No

If YES, list school, dates of probation, and reason: \_\_\_\_\_

\_\_\_\_\_

**MILITARY SERVICE**

Have you ever been rejected by any branch of the U.S. Armed Forces?  Yes  No Have you ever been a member of any branch of the U.S. Armed Forces?  Yes  No If NO, continue to next page.

***If YES:***

Branch of Service: \_\_\_\_\_ Highest Rank obtained: \_\_\_\_\_

Date of Induction: \_\_\_\_\_ Date of Discharge: \_\_\_\_\_  
Month Day Year Month Day Year

Type of Discharge: \_\_\_\_\_

Awards (List type and date awarded)

\_\_\_\_\_  
\_\_\_\_\_

Special Schools/Training:

\_\_\_\_\_  
\_\_\_\_\_

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, list charge(s), date(s), and result(s):***

\_\_\_\_\_  
\_\_\_\_\_

Last Duty Station and Name of Commanding Officer: \_\_\_\_\_

\_\_\_\_\_

Are you currently a member of a U.S. Reserve or National or State Guard Organization or unit?

Yes  No

If YES: Branch of Service: \_\_\_\_\_ Grade and Service: \_\_\_\_\_

Are you:  Active  Inactive  Standby

Organization/Station/

Unit and Location: \_\_\_\_\_

**EMPLOYMENT HISTORY**

Beginning with your PRESENT or MOST RECENT job, list all jobs that you have held since the age of 17, including all part-time, temporary, or seasonal positions. **You may photocopy page 7 if you need additional pages.** (Jobs are considered as any position you accepted for pay, regardless of the length of the job). Complete addresses and contact information is required.

Full-time  Part-time  Seasonal

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

Employer Address: \_\_\_\_\_  
Number and Street City State Zip

Employer Phone: \_\_\_\_\_  
Area Code and Number Alternate Area Code and Number

Employment Dates: Starting: \_\_\_\_\_ Ending: \_\_\_\_\_  
Month, Day, Year Month, Day, Year

Position(s) held with company: (List duties and responsibilities also)

Title: \_\_\_\_\_ Pay Scale: \_\_\_\_\_  Salary/yr  Hourly

Duties and Responsibilities:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Time in Position: \_\_\_\_\_ Did you receive job performance evaluations?  Yes  No

Are you eligible for re-hire?  Yes  No

Name of Final Supervisor: \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Was notice given?  Yes  No If YES, how much? \_\_\_\_\_

If employed, would there be a problem with contacting your current employer?  Yes  No

INVESTIGATOR NOTES



**EMPLOYMENT HISTORY, continued.**

Full-time  Part-time  Seasonal

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

Employer Address: \_\_\_\_\_  
Number and Street City State Zip

Employer Phone: \_\_\_\_\_  
Area Code and Number Alternate Area Code and Number

Employment Dates: Starting: \_\_\_\_\_ Ending: \_\_\_\_\_  
Month, Day, Year Month, Day, Year

Position(s) held with company: (List duties and responsibilities also)

Title: \_\_\_\_\_ Pay Scale: \_\_\_\_\_  Salary/yr  Hourly

Duties and Responsibilities:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Time in Position: \_\_\_\_\_ Did you receive job performance evaluations?  Yes  No

Are you eligible for re-hire?  Yes  No

Name of Final Supervisor: \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Was notice given?  Yes  No If YES, how much? \_\_\_\_\_

INVESTIGATOR NOTES

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_





**EMPLOYMENT HISTORY, continued.**

Full-time  Part-time  Seasonal

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

Employer Address: \_\_\_\_\_  
Number and Street City State Zip

Employer Phone: \_\_\_\_\_  
Area Code and Number Alternate Area Code and Number

Employment Dates: Starting: \_\_\_\_\_ Ending: \_\_\_\_\_  
Month, Day, Year Month, Day, Year

Position(s) held with company: (List duties and responsibilities also)

Title: \_\_\_\_\_ Pay Scale: \_\_\_\_\_  Salary/yr  
 Hourly

Duties and Responsibilities:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Time in Position: \_\_\_\_\_ Did you receive job performance evaluations?  Yes  No

Are you eligible for re-hire?  Yes  No

Name of Final Supervisor: \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Was notice given?  Yes  No If YES, how much? \_\_\_\_\_

INVESTIGATOR NOTES

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Employment Declarations

Were you ever the subject of a written complaint that resulted in disciplinary action?  Yes  No

Have you ever been disciplined at work?  Yes  No

Have you ever been fired or asked to resign from any place of employment?  Yes  No

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

Have you ever quit without notice?  Yes  No

Have you ever resigned in lieu of termination?  Yes  No

Have you ever been counseled at work due to tardiness or absences?  Yes  No

Did you ever receive an unsatisfactory performance review?  Yes  No

Have you ever sold, released, or given away confidential information?  Yes  No

Have you ever called in sick when you were not sick or caring for a family member?  Yes  No

Has your job performance ever been affected by drug or alcohol consumption?  Yes  No

**If you answered “YES” to any of the above questions, explain below: (include when, where, and circumstances – *reference corresponding numbers*). If more space is needed use the blank pages at the end of this application.**

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**PERIODS OF UNEMPLOYMENT**

List any periods of unemployment and reasons since graduating from High School (a period of unemployment is any time that you did not have a job).

From (Month and Year)	To (Month and Year)	Length of Unemployment	Reason for being Unemployed

If you were a full-time student and held only seasonal employment during school breaks, indicate your beginning and ending school dates. Indicate under “Reason” that you were a full-time student. Do not give a length of time for unemployment in the “Work History” section. List only jobs that you worked.

**LAW ENFORCEMENT APPLICATIONS**

Have you ever made application to this or any other law enforcement agency?  Yes  No

If YES, list:

Name of Agency	Type of Position	Date of Application	Status of Application
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**ARRESTS, DETENTIONS OR OTHER LAW ENFORCEMENT INVOLVMENT**

Have you ever:

Been arrested by a law enforcement agency?  Yes  No

Been detained by a law enforcement agency for other than traffic offenses?  Yes  No

Been placed on probation including pretrial diversion?  Yes  No

Been summoned as a defendant to court for a criminal offense?  Yes  No

Had law enforcement called to your residence for any reason?  Yes  No

Been investigated by Child Protective Services?  Yes  No

If **YES** to any of the above questions, explain each incident with dates, charges, and disposition. Attach copies of court dispositions. If more space is needed use the blank pages at the end of this application.

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**LITIGATION**

Have you ever:

Been involved, as defendant or plaintiff, in any type of law suit?  Yes  No

Been sued?  Yes  No

Sued anyone?  Yes  No

Filed for bankruptcy?  Yes  No

Has anyone ever threatened to take you to court for non-payment of a bill?  Yes  No

If **YES** to any of the above questions, explain each incident with dates, charges, and disposition. Attach copies of court judgements. Please find additional pages at the end of this packet if necessary.

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**DRIVING RECORD**

How many moving violation citations have you received since you began driving? \_\_\_\_\_

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

Have you ever driven a motor vehicle without a valid driver's license for that vehicle?  Yes  No

Have you ever driven a motor vehicle with the past three years without valid insurance?  Yes  No

Have you ever had your driver's license suspended?  Yes  No

If YES: Date of suspension: \_\_\_\_\_ Date suspension lifted: \_\_\_\_\_  
Month Day Year Month Day Year

Type of suspension: \_\_\_\_\_

Have you ever:

Had your driver's license suspended for excessive number of moving violations?  Yes  No

Had a hearing for probation or suspension?  Yes  No

Been placed on assigned risk for insurance?  Yes  No

Had your insurance revoked due to the number of traffic citations you have received?  Yes  No

Knowingly driven a motor vehicle after your driver's license was suspended or after it had been revoked?  Yes  No

Do you have a valid driver's license issued in more than one state?  Yes  No

If YES, list State(s): \_\_\_\_\_

Have you ever been denied a driver's license for any reason?  Yes  No

How many motor vehicle accidents have you been involved in as a driver? \_\_\_\_\_

Have you ever had any reason to believe that you might have a problem with depth perception or other visual impairment?  Yes  No

Have you ever been involved in an accident when you were driving and then left the scene without identifying yourself?  Yes  No

Have you ever struck an unattended vehicle when you were driving and then left the scene without identifying yourself?  Yes  No

Have you ever been involved in an accident when you were driving after you had been drinking any type of alcoholic beverage?  Yes  No

With what company do you carry Automobile Liability Insurance? \_\_\_\_\_

Company Address: \_\_\_\_\_  
Number and Street or Mailing Address City State Zip

Policy Number: \_\_\_\_\_ Effective Date: \_\_\_\_\_

List license plates of all vehicles owned or operated by you \_\_\_\_\_  
\_\_\_\_\_



**DRUG USE**

Drug use covers all descriptive terms used to describe the ingestion, in any form, of any of the listed types of drugs into a person's system.

DRUG NAME	USED	Number of Times in Life	Approximate date of last use	Form Used
MARIJUANA	<input type="checkbox"/> Yes <input type="checkbox"/> No			
HASHISH	<input type="checkbox"/> Yes <input type="checkbox"/> Prescription <input type="checkbox"/> No			
AMPHETAMINES (SPEED)	<input type="checkbox"/> Yes <input type="checkbox"/> Prescription <input type="checkbox"/> No			
COCAINE	<input type="checkbox"/> Yes <input type="checkbox"/> Prescription <input type="checkbox"/> No			
LSD	<input type="checkbox"/> Yes <input type="checkbox"/> No			
PCP	<input type="checkbox"/> Yes <input type="checkbox"/> No			
PEYOTE	<input type="checkbox"/> Yes <input type="checkbox"/> No			
MUSHROOMS	<input type="checkbox"/> Yes <input type="checkbox"/> No			
QUAALUDES	<input type="checkbox"/> Yes <input type="checkbox"/> Prescription <input type="checkbox"/> No			
TRANQUILIZERS	<input type="checkbox"/> Yes <input type="checkbox"/> Prescription <input type="checkbox"/> No			
BARBITURATES	<input type="checkbox"/> Yes <input type="checkbox"/> Prescription <input type="checkbox"/> No			
HEROIN	<input type="checkbox"/> Yes <input type="checkbox"/> No			
STEROIDS	<input type="checkbox"/> Yes <input type="checkbox"/> Prescription <input type="checkbox"/> No			
ANY "DESIGNER DRUGS"	<input type="checkbox"/> Yes <input type="checkbox"/> No			
INHALANTS (Glue, paint, etc).	<input type="checkbox"/> Yes <input type="checkbox"/> No			

Have you ever used a drug that was not prescribed legally by a physician?  Yes  No

Have you ever sold, furnished, or bought marijuana, drugs, or a controlled substance?  Yes  No

If YES to any questions above, explain:

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Date of birth of former spouse: \_\_\_\_\_

Address of former spouse: \_\_\_\_\_  
Number Street City State Zip

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

Date divorce decree issued: \_\_\_\_\_

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

\*If you have been divorced more than once, list those on the blank sheets at the end of this application. (REMINDER: If divorced add a copy of your divorce decree.)

**If you are widowed:**

Date of marriage: \_\_\_\_\_

Name of former spouse: \_\_\_\_\_

Date of birth of former spouse: \_\_\_\_\_

Date of death: \_\_\_\_\_

Have you ever been married to more than one person at one time?  Yes  No

If you currently share a residence with any person(s) **other than family member(s)**, list:

1.	_____	_____	_____
	Full name of person	Date of birth	Relationship
	_____	_____	_____
	Occupation	Phone Number	Length of time lived together
2.	_____	_____	_____
	Full name of person	Date of birth	Relationship
	_____	_____	_____
	Occupation	Phone Number	Length of time lived together
3.	_____	_____	_____
	Full name of person	Date of birth	Relationship
	_____	_____	_____
	Occupation	Phone Number	Length of time lived together
4.	_____	_____	_____
	Full name of person	Date of birth	Relationship
	_____	_____	_____
	Occupation	Phone Number	Length of time lived together

List all children related to you or to your spouse (Natural, Step-children, adopted, or foster)

Child's Full Name	Date of Birth	Relationship	Home Address (if different)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List other immediate family members (father, mother, siblings) of both you and your spouse (including those related by marriage). If deceased, indicate the year of death.

Full Name	Date of Birth	Relationship	Phone Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



**PERSONAL DECLARATIONS**

If it becomes necessary to take a human life in the course of your duties, would you have any reason that would preclude or prevent you from doing so?  Yes  No (Not applicable for Communications)

If YES, explain:

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Do you know of anything that would disqualify you from being deputized or prevent you from discharging the official duties of a Deputy Sheriff, County Jailer, or Communications Officer?

Yes  No

If YES, explain:

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Have you ever abused any prescription medications?  Yes  No

If YES, explain:

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Have you ever been, in any form or fashion, involved in the manufacture, sale, or distribution of an illegal drug?  Yes  No

If YES, explain:

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Have you ever lied to a physician in order to obtain a pain medication, tranquilizer, or prescription drug?  Yes  No

If YES, explain:

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Do others you know, such as friends or family, use illegal drugs in your presence?  Yes  No

If YES, explain:

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**PERSONAL DECLARATIONS, continued**

Do you use alcoholic beverages?  Yes  No

If YES, describe amount, type, and frequency:

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Have you ever abused over the counter medications, such as cough medications or Nyquil?

Yes  No

If YES, explain:

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Do you use tobacco products?  Yes  No

If YES, describe amount, type, and frequency:

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**PERSONAL REFERENCES**

List five (5) persons who know you well enough to provide current information about you. **Do not list relatives or past or present employers or Law Enforcement or members of the same household.** Complete addresses and contact information is required.

1	Name	Occupation
	Home Address	Years Known
	Home Phone	Email Address
	Describe your Relationship with this person	
2	Name	Occupation
	Home Address	Years Known
	Home Phone	Email Address
	Describe your Relationship with this person	
3	Name	Occupation
	Home Address	Years Known
	Home Phone	Email Address
	Describe your Relationship with this person	
4	Name	Occupation
	Home Address	Years Known
	Home Phone	Email Address
	Describe your Relationship with this person	
5	Name	Occupation
	Home Address	Years Known
	Home Phone	Email Address
	Describe your Relationship with this person	



**FINANCIAL HISTORY**

What is your present gross yearly salary or wage? \$ \_\_\_\_\_

What is your spouse's present gross yearly salary or wage? \$ \_\_\_\_\_

Spouse's Employer: \_\_\_\_\_ Title: \_\_\_\_\_

Business Address: \_\_\_\_\_ Phone: \_\_\_\_\_

List any income, from any other source other than you and your spouse's principal occupation:

Source Frequency Amount

Source Frequency Amount

Source Frequency Amount

Do you own any real estate?  Yes  No Value: \$ \_\_\_\_\_

Do you own any bonds, government or otherwise?  Yes  No Value: \$ \_\_\_\_\_

Do you own any corporate stock?  Yes  No Value: \$ \_\_\_\_\_

Savings Account?  Yes  No Balance: \$ \_\_\_\_\_

Bank or institution name: \_\_\_\_\_

Account number: \_\_\_\_\_

Checking Account?  Yes  No Balance: \$ \_\_\_\_\_

Bank or institution name: \_\_\_\_\_

Account number: \_\_\_\_\_



**CREDIT INFORMATION**

Have you ever filed bankruptcy personally or on behalf of a business:  Yes  No

If "Yes" to above, indicate type \_\_\_\_\_

Have you ever had any personal or real property repossessed or foreclosed?  Yes  No

Have you ever failed to pay Federal, state or other taxes?  Yes  No

Have you ever failed to file a tax return, when required by law?  Yes  No

Have you ever had a lien placed against your property for failing to pay taxes or other debts?  Yes  No

Have you ever had a judgment entered against you:  Yes  No

Have you ever defaulted on any type of loan?  Yes  No

Have you ever had bills or debts turned over to a collection agency?  Yes  No

Have you ever had any credit account suspended, charged off, or cancelled for failure to pay?  Yes  No

Have you ever written a check that was later returned for Non-Sufficient Funds (NSF)?  Yes  No

Have you ever been delinquent on court-imposed alimony or child support payments?  Yes  No

Have you ever been disciplined regarding the use of a travel/credit card provided by an employer?  Yes  No

Are you currently more than sixty (60) days delinquent on any debts?  Yes  No

Have you ever applied for unemployment compensation?  Yes  No When? \_\_\_\_\_

Have you ever received unemployment compensation?  Yes  No When? \_\_\_\_\_

Identify any person or entity to which you are more than 30 days late in paying. Include mortgages, vehicle payments, charge accounts, credit cards, loans, child support payments, and any other debts or payments. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MISCELLANEOUS**

Are you prevented from lawfully becoming employed in the United States because of Visa or Immigration Status?  Yes  No (Proof of citizenship and/or work eligibility required upon employment)

Earliest date you would be available for work: \_\_\_\_\_

Are you on a lay-off and subject to recall?  Yes  No

Can you travel if the job requires it?  Yes  No

Summarize special skills and qualifications acquired from employment, hobbies, or other experience.

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Indicate languages you speak, read, and or write and classify your skill:

	<b>FLUENT</b>	<b>GOOD</b>	<b>FAIR</b>
<b>SPEAK</b>			
<b>READ</b>			
<b>WRITE</b>			

List professional, trade, business, or civic activities and offices held. You may exclude memberships that would reveal sex, race, religion, national origin, age, ancestry, handicap, or other protected status.

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Please use the following two pages to add any additional information you feel would be relevant to your application and/or as a continuance to any of the pages previously. When complete please sign and notarizes the following pages.

Lined area for providing additional information.

EMPLOYMENT AGREEMENT

As a condition of employment, I agree to conform to all rules, regulations, and/or the Wise County Sheriff's Office Policy Manual promulgated by the Wise County Sheriff's Office, the Wise County Sheriff and/or his or her designees, and acknowledge that these rules, regulations, and/or the Wise County Sheriff's Office Policy Manual may be changed, interpreted, withdrawn, or added to by the Wise County Sheriff or his designee(s) at any time at the Wise County Sheriff's sole option and without any prior notice to me. I further acknowledge that my employment may be terminated and any offer of employment, or my acceptance of an employment offer, if such is to occur, may be withdrawn with or without cause, and with or without prior notice, at any time, at the option of the Wise County Sheriff or myself and that any agreement to the contrary is invalid unless it is in writing and signed by the Wise County Sheriff.

I understand that any offer of employment by the Wise County Sheriff is contingent on me providing consent to the administration of, and the results of, any urinalysis, physical exam, psychological exam, or other recognized procedure including polygraph examination and that I may be required to undergo additional alcohol and/or drug screening, psychological exam or other recognized procedural testing, polygraph examination, or counseling during the course of my employment.

I HAVE READ AND FULLY UNDERSTAND AND AGREE TO THE ABOVE EMPLOYEE AGREEMENT WITHOUT ANY RESERVATIONS WHATSOEVER.

\*\*\*Must be signed in the presence of a notary\*\*\*

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

\_\_\_\_\_  
Date

**POLICY DISCLAIMER**

Wise County Sheriff retains the right to add to, subtract from, or otherwise modify any part of this policy as deemed necessary without providing advance notice or cause. Interpretations of the terms and provisions contained in this policy are reserved to the Wise County Sheriff. Any agreement with regard to this or any other policy is invalid unless it is in writing and signed by the Wise County Sheriff.

STATE OF TEXAS           §

COUNTY OF WISE           §

Before me personally appeared \_\_\_\_\_ who says he/she executed the above instrument of his own free will and accord with full knowledge and agreement to the purpose thereof.

SWORN AND SUBSCRIBED BEFORE ME this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

SEAL

Wise County Sheriff's Office  
Personal History Statement





**CONFIDENTIAL INFORMATION AGREEMENT**

A thorough investigation will be conducted to determine your qualifications for the position applied for. To a great extent your employment will depend on information obtained in confidential interviews with persons with whom you have been associated. Information will be obtained through interviews, polygraph examinations, psychological evaluations, credit reports, and documents of a confidential nature. Applicants will not have access to such information; furthermore, since the information is confidential, the department does not reveal the reason(s) of rejection for those applicants who are not accepted.

If the reason(s) for your non-acceptance is of a temporary nature whereby you could be accepted at a later date, you will be so notified.

\*\*\*Must be signed in the presence of a notary\*\*\*

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

\_\_\_\_\_  
Date

STATE OF TEXAS           §

COUNTY OF WISE           §

Before me personally appeared \_\_\_\_\_ who says he executed the above instrument of his own free will and accord with full knowledge and agreement to the purpose thereof.

SWORN AND SUBSCRIBED BEFORE ME this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

SEAL

**EMPLOYMENT POLICY**

I understand that if I fail to successfully complete my minimum six month probation period or if I terminate my employment with the Wise County Sheriff’s Office at any time and for any reason before completing one full year of service, that I will be responsible for the cost of any equipment and/or uniforms issued to me as well as the expense of any psychological and physical examinations.

\*\*\*Must be signed in the presence of a notary\*\*\*

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

\_\_\_\_\_  
Date

STATE OF TEXAS §

COUNTY OF WISE §

Before me personally appeared \_\_\_\_\_ who says he executed the above instrument of his own free will and accord with full knowledge and agreement to the purpose thereof.

SWORN AND SUBSCRIBED BEFORE ME this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

SEAL

**FREEDOM OF INFORMATION ACT**

Under the Freedom of Information Act, names, addresses, and telephone numbers of employees of the County may be released upon written request of any person, unless the employee has specifically requested the information not be made public.

I, \_\_\_\_\_,  DO  DO NOT want personal employment information released under the Freedom of Information Act.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Wise County Sheriff's Office**  
**Authorization for Disclosure of Social Networking Information**

I, \_\_\_\_\_, give my permission for the Wise County Sheriff's Office Recruiting Division to have access to my personal social networking accounts. If my accounts are set to "private" I will log into the account in the presence of the Recruiting Officer and allow them to review the contents of the account(s). Access to the account(s) must be granted upon request.

I understand that the information present on my personal social networking account(s) is part of my background investigation. Any information that is racist, sexist or would bring discredit upon my candidacy for the position that I am applying for, may disqualify me from further consideration with the Sheriff's Office.

I understand that refusal to allow the Wise County Sheriff's Office to access my personal social networking account(s) will disqualify me from further consideration for employment.

By signing this document, I am agreeing to provide the Wise County Sheriff's Office immediate access to my personal social networking account(s).

- I do not have any social network accounts.
- I authorize the Wise County Sheriff's Office to access my social network account(s).

List all accounts and usernames: (DO NOT LIST PASSWORDS)

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- I do not authorize the Wise County Sheriff's Office to access my social network account(s).

\_\_\_\_\_  
Candidate Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Recruiter Signature

\_\_\_\_\_  
Date