

# ATHENS POLICE DEPARTMENT

## ACKNOWLEDGMENT

A thorough investigation will be made into your background to determine your acceptability for the position of POLICE OFFICER for the City of Athens. A medical examination and a psychological examination will be administered by a physician and a doctor of psychology chosen by the Chief of Police. In addition, a polygraph examination will be administered by a licensed polygraph examiner chosen by the Chief of Police.

Information and sources concerning this investigation and psychological testing are of a confidential nature, and due to the confidentiality, the source or reason for rejection **will not** be released, except as may be required by law.

If the reason for rejection is of a temporary nature, you will be so notified and may again seek application for a position.

I, the undersigned, hereby acknowledge and understand that:

- The Personal History Statement, Acknowledgment, and Waivers must be completed, notarized, and returned to Athens Police Personnel immediately prior to the physical ability test on the date of my Civil Service examination.
- The list of documents, which I have received, must be satisfied by providing them to the Athens Police Department with the Personal History Statement unless other arrangements have been authorized by the Assistant Chief of Police.

I also understand that failure to comply with either of these requirements will result in the termination of my application.

\_\_\_\_\_  
**Applicant's signature**

\_\_\_\_\_  
**Date**

SUBSCRIBED AND SWORN TO BEFORE ME by the said affiant on this, the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Seal

\_\_\_\_\_  
NOTARY PUBLIC in and for the State of Texas

My commission expires \_\_\_\_\_

# ATHENS POLICE DEPARTMENT

## NOTICE AND AUTHORIZATION

Pursuant to the requirements of the Fair Credit Reporting Act (FCRA), notice is given that a consumer report will be obtained in connection with your application for employment. The term consumer report means any written, oral, or other communication of any information by a consumer reporting agency bearing on an individual's credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living.

If you are denied employment, because of information contained in a consumer report, the **Athens Police Department** will notify you and provide you with the name, address, and telephone number of the agency who prepared the report. You will also receive a copy of the report and a statement of your consumer rights under the FCRA.

I have read the above notice and understand what it means. I hereby authorize the **Athens Police Department** to review my consumer report for employment purposes.

Name \_\_\_\_\_  
(Please Print)

Signature \_\_\_\_\_

Social Security Number \_\_\_\_\_

Date of Birth \_\_\_\_\_

Date \_\_\_\_\_

Notice to Applicants: The **Athens Police Department** will be unable to consider your application for employment if this Notice and Authorization form is not completed, signed, and returned to the Department along with your Personal History Statement.

# ATHENS POLICE DEPARTMENT

## AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

To: \_\_\_\_\_

I, \_\_\_\_\_, hereby request and authorize a full disclosure, review and release of all records or photostats of records, concerning myself to the **Athens Police Department**. I authorize release of records of a public, private or confidential nature.

Authorization for release includes, but is not limited to records of employment and pre-employment including background investigation information, efficiency reports, complaints and disciplinary actions; educational records and transcripts; information regarding my reputation; financial and credit status, including records of loans, debts, bankruptcy, or credit reports; all complaints filed against or by me in any case whether criminal or civil.

I understand that this information will be utilized by the **Athens Police Department** to determine my qualification and fitness for employment in the position for which I am applying.

I hereby release any person(s) or organization from any liability or damage, which may result from furnishing such information.

This authorization shall be valid for twelve (12) months from the date below. A photocopy of this release form shall be valid as an original even though the said copy does not contain an original signature.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date and Time

\_\_\_\_\_  
Applicant's Address

\_\_\_\_\_  
Date of Birth

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

My commission expires \_\_\_\_\_

Seal

# ATHENS POLICE DEPARTMENT



## Personal History Statement

Applicant's Name: \_\_\_\_\_

Telephone #: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

(Cell) \_\_\_\_\_ (Other) \_\_\_\_\_

I am applying for the position of:

Peace Officer

Civilian Employment

TCOLE PID# \_\_\_\_\_

This Personal History Statement and the required documents are to be submitted to Athens Police Department personnel on the date of your Civil Service examination, immediately prior to taking the physical ability test.

**Applicant:**

**Detach and keep this page for your reference.**

To complete the background investigation, you must provide the following documents:

- Original, certified copy of your birth certificate or naturalization papers, if applicable.
- Copy of your Social Security card.
- Copy of your Texas driver license or a copy of your driver license from another State. Applicant must possess a valid Texas driver license prior to being offered employment.
- Copy of your High School diploma or GED certificate.
- Sealed, original certified copy of all college transcripts. Photocopies are not accepted.
- Copy of your college diploma, if applicable.
- Copy of your Peace Officer Certificate and/or Telecommunicator Certificate from your academy.
- Copy of your Texas peace officer license and/or Texas telecommunicator license, as applicable.
- For men who are at least 18 years old but not yet 26 years old, proof of Selective Service registration.
- Copy of your DD-214, if applicable. You must possess an honorable discharge.
- Copy of all marriage licenses and divorce decrees, if applicable.
- Copy of your current proof of automobile liability insurance.
- Current credit report from one of the following agencies: TransUnion / Equifax / Experian
- Copies of any other documents related to significant incidents in your personal history, including, but not limited to: bankruptcies, lawsuits, military discipline, commendation letters, letters of reprimand, etc.
- Copies of any licenses or certifications you claim.
- Any additional documents requested by the background investigator.

The Personal History Statement must be returned immediately prior to the physical ability test on the date of your Civil Service examination. If, by no fault of your own, you experience difficulty in obtaining a required document by the listed deadline, you must notify the Assistant Chief of Police. Unless other arrangements have been authorized by the Assistant Chief of Police, **all documents listed above must be submitted with your Personal History Statement.** Any supplemental or delayed documents should be mailed, or delivered in person, to:

**Athens Police Department  
ATTN: Assistant Chief of Police  
202 W. Scott Street  
Athens, Texas 75751**

Questions concerning the hiring process should be directed to:

**City of Athens  
ATTN: Human Resources Director  
508 E. Tyler Street  
Athens, Texas 75751  
903-675-5131**

# ATHENS POLICE DEPARTMENT

## PERSONAL HISTORY STATEMENT INSTRUCTIONS

### READ THESE INSTRUCTIONS CAREFULLY BEFORE PROCEEDING

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

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

Applicants requiring a reasonable accommodation to the application and/or selection process should notify the Human Resources Department.

1. You application must be **PRINTED** legibly in **INK** by the applicant only – **NOT TYPEWRITTEN**. Answer all questions truthfully and accurately.
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. Be sure your information is accurate and in proper sequence before you begin.
4. You are responsible for obtaining correct and full addresses. If you are not sure of an address, personally verify before making that entry on the form. Errors will not be viewed favorably. All addresses must be complete with zip codes.
5. If you need additional space for your answers, use the last page of this form, page 27, and identify the additional information by the question number. You may duplicate page 27, as needed, before you begin, to provide sufficient space for the additional information.
6. An accurate and complete form will help expedite your investigation. **Omissions or falsifications** will result in disqualification.
7. You are responsible for furnishing, in writing, any changes and/or updating your application as needed, such as address/telephone changes or new information that could impact the hiring process and/or change the responses given in the Personal History Statement, as soon as possible. Failure to do so will be regarded as a deliberate omission.
8. Any candidate submitting an incomplete application **WILL NOT BE CONSIDERED FOR EMPLOYMENT**. Your application **will be evaluated on completeness and neatness**.
9. Unless other arrangements have been authorized by the Assistant Chief of Police, **the following documents must be submitted with your Personal History Statement:**
  - Original, certified copy of your birth certificate or naturalization papers, if applicable.
  - Copy of your Social Security card.
  - Copy of your Texas driver license or a copy of your driver license from another State. Applicant must possess a valid Texas driver license prior to being offered employment.
  - Copy of your High School diploma or GED certificate.
  - Sealed, original certified copy of all college transcripts. Photocopies are not accepted.
  - Copy of your college diploma, if applicable.

- Copy of your Peace Officer Certificate and/or Telecommunicator Certificate from your academy.
  - Copy of your Texas peace officer license and/or Texas telecommunicator license, as applicable.
  - For men who are at least 18 years old but not yet 26 years old, proof of Selective Service registration.
  - Copy of your DD-214, if applicable. You must possess an honorable discharge.
  - Copy of all marriage licenses and divorce decrees, if applicable.
  - Copy of your current proof of automobile liability insurance.
  - Current credit report from one of the following agencies: TransUnion / Equifax / Experian
  - Copies of any other documents related to significant incidents in your personal history, including, but not limited to: bankruptcies, lawsuits, military discipline, commendation letters, letters of reprimand, etc.
  - Copies of any licenses or certifications you claim.
  - Any additional documents requested by the background investigator.
10. If you have questions, please contact the Assistant Chief of Police.
11. When submitting the completed documents, please place them in a sealed envelope marked 'Personal and Confidential'.
12. **THIS COMPLETED FORM AND ALL REQUIRED DOCUMENTS MUST BE RETURNED TO ATHENS POLICE DEPARTMENT PERSONNEL IMMEDIATELY PRIOR TO THE PHYSICAL ABILITY TEST ON THE DATE OF YOUR CIVIL SERVICE EXAMINATION.**

**WARNING:**

**THIS DOCUMENT IS A GOVERNMENTAL RECORD. KNOWINGLY MAKING A FALSE ENTRY IN A GOVERNMENTAL RECORD IS A CRIME.**

I, the undersigned, have read and understand all of the above instructions and the warning. I understand that any willful misstatements, misrepresentations, omissions, or falsifications in this Personal History Statement will result in my application being terminated, as any such act would constitute a crime.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**ATHENS POLICE DEPARTMENT  
PERSONAL HISTORY STATEMENT**

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**INSTRUCTIONS TO THE APPLICANT**

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

- I am a citizen of the United States of America.
- I have earned a high school diploma or a GED.
- I have never been convicted, pled guilty (nolo contendere), nor have I ever been on court-ordered community service/probation or deferred adjudication for a Class A misdemeanor, a felony, or any family violence offense.
- During the last ten (10) years, I have not been convicted, pled guilty (nolo contendere), been on community service/probation or deferred adjudication for a Class B misdemeanor in this state, other state, or while serving in the military.
- I have never had a military court martial that resulted in a dishonorable or bad conduct discharge.

**DISQUALIFICATION**

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

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

Once you begin:

- Neatly print, in ink, responses to all items and questions. Typewritten responses will not be accepted. If a question does not apply to you, write "N/A" (not applicable) in the space provided for your response. If you cannot obtain or remember certain information, indicate so in your response.
- If you need more space for any response, the last page of this form (page 27) has been designated for this purpose. You may duplicate the page as needed to provide the additional information. You must identify the additional information by the question number.

***Be as complete, honest and specific as possible in your responses.***

**Disclosure of Medically-Related Information**

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



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PERSONAL HISTORY STATEMENT**

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**SECTION 1: PERSONAL**

1. YOUR FULL NAME			
LAST	FIRST	MIDDLE	SUFFIX
2. OTHER NAMES, INCLUDING NICKNAMES, YOU HAVE USED OR BEEN KNOWN BY			
3. ADDRESS WHERE YOU RESIDE			
NUMBER / STREET			APT / UNIT
CITY		STATE	ZIP
4. MAILING ADDRESS, IF DIFFERENT FROM ABOVE			
5. CONTACT NUMBERS			
HOME ( )	WORK ( )	EXT	OTHER ( ) <input type="checkbox"/> CELL <input type="checkbox"/> FAX
6. EMAIL ADDRESS			
HOME		BUSINESS	
7. BIRTH PLACE (CITY / COUNTY / STATE / COUNTRY)			8. BIRTHDATE
			9. SOCIAL SECURITY # - -
10. DRIVER'S LICENSE		11. PHYSICAL DESCRIPTION	
NO.	STATE	EXP	HT.      WT.      HAIR      EYES

12. Have you ever attended a basic licensing course?  Yes  No  
If yes, provide the following information: PID:

A) ACADEMY NAME		FROM	TO	DID YOU GRADUATE? <input type="checkbox"/> Yes <input type="checkbox"/> No
LOCATION (CITY / STATE)		NAME OF TRAINING OFFICER / ACADEMY COORDINATOR		CONTACT NUMBER ( )
B) ACADEMY NAME		FROM	TO	DID YOU GRADUATE? <input type="checkbox"/> Yes <input type="checkbox"/> No
LOCATION (CITY / STATE)		NAME OF TRAINING OFFICER / ACADEMY COORDINATOR		CONTACT NUMBER ( )

13. Have you **ever** applied to any other law enforcement agency (city, county, state or federal)? .....  Yes    No

- If yes, list **ALL** agencies you have applied to, starting with the most recent (give complete and accurate addresses).
- **All agencies MUST be listed regardless of the outcome or current status. Check all boxes that apply for each agency.**
- If more space is needed, continue your response on page 27.

A) NAME OF AGENCY			DATE APPLIED	
ADDRESS (NUMBER / STREET)			BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)	
CITY	STATE	ZIP	CONTACT NUMBER ( )	EXT
POSITION APPLIED FOR			EMAIL	
Check each step in the process that you completed, and your status:				
STEPS: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical agility <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chief's oral <input type="checkbox"/> Conditional job offer				
STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified				

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B) NAME OF AGENCY				DATE APPLIED	
ADDRESS (NUMBER / STREET)			BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)		
CITY		STATE	ZIP	CONTACT NUMBER ( )	EXT
POSITION APPLIED FOR			EMAIL		
Check each step in the process that you completed, and your status:					
STEPS: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical agility <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chief's oral <input type="checkbox"/> Conditional job offer					
STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified					

C) NAME OF AGENCY				DATE APPLIED	
ADDRESS (NUMBER / STREET)			BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)		
CITY		STATE	ZIP	CONTACT NUMBER ( )	EXT
POSITION APPLIED FOR			EMAIL		
Check each step in the process that you completed, and your status:					
STEPS: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical agility <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chief's oral <input type="checkbox"/> Conditional job offer					
STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified					

**SECTION 2: RELATIVES AND REFERENCES**

**14. IMMEDIATE FAMILY**

- Provide all applicable information in the spaces below.
- Mark "N/A" if a category is not applicable or if the individual is deceased.
- If more space is needed, continue your response on page 27.

<input type="checkbox"/> N/A	<b>A. Father</b>				
NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
HOME PHONE ( )		WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
CELL PHONE ( )		CELL PHONE ( )	EMAIL		

<input type="checkbox"/> N/A	<b>B. Step-father</b>				
NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
HOME PHONE ( )		WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
CELL PHONE ( )		CELL PHONE ( )	EMAIL		

<input type="checkbox"/> N/A	<b>C. Mother</b>				
NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
HOME PHONE ( )		WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
WORK PHONE ( )		CELL PHONE ( )	EMAIL		

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<input type="checkbox"/> N/A <b>D. Step-mother</b>				
NAME		HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE ZIP
HOME PHONE ( )		WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE ZIP
WORK PHONE ( )		CELL PHONE ( )	EMAIL	

<input type="checkbox"/> N/A <b>E. Spouse / Cohabitant / Domestic Partner</b>				
NAME		HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE ZIP
HOME PHONE ( )		WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE ZIP
WORK PHONE ( )		CELL PHONE ( )	EMAIL	
YEARS OF MARRIAGE	Is there, or has there been, a restraining, protective, or stay-away order in effect for this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No			

<input type="checkbox"/> N/A <b>F. Father-in-law</b>				
NAME		HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE ZIP
HOME PHONE ( )		WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE ZIP
WORK PHONE ( )		CELL PHONE ( )	EMAIL	

<input type="checkbox"/> N/A <b>G. Mother-in-law</b>				
NAME		HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE ZIP
HOME PHONE ( )		WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE ZIP
WORK PHONE ( )		CELL PHONE ( )	EMAIL	

<input type="checkbox"/> N/A <b>H. Former Spouse(s) / Cohabitant</b>				
1) NAME		HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE ZIP
HOME PHONE ( )		WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE ZIP
CELL PHONE ( )		CELL PHONE ( )	EMAIL	
YEAR OF DISSOLUTION	Is there, or has there been, a restraining, protective, or stay-away order in effect for this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No			
2) NAME		HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE ZIP
HOME PHONE ( )		WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE ZIP
CELL PHONE ( )		CELL PHONE ( )	CELL PHONE ( )	
YEAR OF DISSOLUTION	Is there, or has there been, a restraining, protective, or stay-away order in effect for this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No			

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<input type="checkbox"/> N/A <b>I. Brothers and Sisters</b> – list all living siblings, including half-siblings, step-siblings, foster siblings, etc.				
1) NAME		HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE ZIP
<input type="checkbox"/> M	HOME PHONE ( )	WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE ZIP
<input type="checkbox"/> F				
<input type="checkbox"/> UNDER AGE 18	WORK PHONE ( )	CELL PHONE ( )	EMAIL	
2) NAME		HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE ZIP
<input type="checkbox"/> M	HOME PHONE ( )	WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE ZIP
<input type="checkbox"/> F				
<input type="checkbox"/> UNDER AGE 18	WORK PHONE ( )	CELL PHONE ( )	EMAIL	
3) NAME		HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE ZIP
<input type="checkbox"/> M	HOME PHONE ( )	WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE ZIP
<input type="checkbox"/> F				
<input type="checkbox"/> UNDER AGE 18	WORK PHONE ( )	CELL PHONE ( )	EMAIL	
4) NAME		HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE ZIP
<input type="checkbox"/> M	HOME PHONE ( )	WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE ZIP
<input type="checkbox"/> F				
<input type="checkbox"/> UNDER AGE 18	WORK PHONE ( )	CELL PHONE ( )	EMAIL	
5) NAME		HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE ZIP
<input type="checkbox"/> M	HOME PHONE ( )	WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE ZIP
<input type="checkbox"/> F				
<input type="checkbox"/> UNDER AGE 18	WORK PHONE ( )	CELL PHONE ( )	EMAIL	
6) NAME		HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE ZIP
<input type="checkbox"/> M	HOME PHONE ( )	WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE ZIP
<input type="checkbox"/> F				
<input type="checkbox"/> UNDER AGE 18	WORK PHONE ( )	CELL PHONE ( )	EMAIL	

<input type="checkbox"/> N/A <b>J. Children</b>				
List all of your living children, including natural, adopted, step, and/or foster care. Include any other children who reside with you. Provide the name and contact information of the custodial parent or guardian, if other than you.				
1) NAME		CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)		
<input type="checkbox"/> M	CHILD'S AGE	ADDRESS (NUMBER / STREET / APT)	CITY	STATE ZIP
<input type="checkbox"/> F				
		CONTACT NUMBER ( )	EMAIL	
2) NAME		CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)		
<input type="checkbox"/> M	CHILD'S AGE	ADDRESS (NUMBER / STREET / APT)	CITY	STATE ZIP
<input type="checkbox"/> F				
		CONTACT NUMBER ( )	EMAIL	

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3) NAME		CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)			
<input type="checkbox"/> M	CHILD'S AGE	ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
<input type="checkbox"/> F		CONTACT NUMBER ( )		EMAIL	
4) NAME		CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)			
<input type="checkbox"/> M	CHILD'S AGE	ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
<input type="checkbox"/> F		CONTACT NUMBER ( )		EMAIL	
5) NAME		CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)			
<input type="checkbox"/> M	CHILD'S AGE	ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
<input type="checkbox"/> F		CONTACT NUMBER ( )		EMAIL	
6) NAME		CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)			
<input type="checkbox"/> M	CHILD'S AGE	ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
<input type="checkbox"/> F		CONTACT NUMBER ( )		EMAIL	

<b>15. REFERENCES</b>					
List 7-10 people who know you well, such as social and family friends, co-workers, military acquaintances. <u>Do not include</u> relatives, employers or housemates, or other individuals listed elsewhere.					
A) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
	HOME PHONE ( )	WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
	WORK PHONE ( )	CELL PHONE ( )	EMAIL		
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)				HOW LONG HAVE YOU KNOWN THIS PERSON?	
B) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
	HOME PHONE ( )	WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
	WORK PHONE ( )	CELL PHONE ( )	EMAIL		
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)				HOW LONG HAVE YOU KNOWN THIS PERSON?	
C) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
	HOME PHONE ( )	WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
	WORK PHONE ( )	CELL PHONE ( )	EMAIL		
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)				HOW LONG HAVE YOU KNOWN THIS PERSON?	

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D) NAME		HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	HOME PHONE ( )	WORK ADDRESS (NUMBER / STREET / APT )	CITY	STATE	ZIP
	WORK PHONE ( )	CELL PHONE ( )	EMAIL		
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)				HOW LONG HAVE YOU KNOWN THIS PERSON?	
E) NAME		HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	HOME PHONE ( )	WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	WORK PHONE ( )	CELL PHONE ( )	EMAIL		
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)				HOW LONG HAVE YOU KNOWN THIS PERSON?	
F) NAME		HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	HOME PHONE ( )	WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	WORK PHONE ( )	CELL PHONE ( )	EMAIL		
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)				HOW LONG HAVE YOU KNOWN THIS PERSON?	
G) NAME		HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	HOME PHONE ( )	WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	WORK PHONE ( )	CELL PHONE ( )	EMAIL		
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)				HOW LONG HAVE YOU KNOWN THIS PERSON?	
H) NAME		HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	HOME PHONE ( )	WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	WORK PHONE ( )	CELL PHONE ( )	EMAIL		
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)				HOW LONG HAVE YOU KNOWN THIS PERSON?	
I) NAME		HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	HOME PHONE ( )	WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	WORK PHONE ( )	CELL PHONE ( )	EMAIL		
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)				HOW LONG HAVE YOU KNOWN THIS PERSON?	
J) NAME		HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	HOME PHONE ( )	WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	WORK PHONE ( )	CELL PHONE ( )	EMAIL		
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)				HOW LONG HAVE YOU KNOWN THIS PERSON?	

**ATHENS POLICE DEPARTMENT  
PERSONAL HISTORY STATEMENT**

**SECTION 3: EDUCATION**

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

16. Check applicable:  High School Diploma  GED

17. List high schools attended:

A) NAME	FROM	TO	DID YOU GRADUATE? <input type="checkbox"/> Yes <input type="checkbox"/> No
CITY	STATE		
B) NAME	FROM	TO	DID YOU GRADUATE? <input type="checkbox"/> Yes <input type="checkbox"/> No
CITY	STATE		

18. List all colleges or universities attended:

A) NAME	FROM	TO	TOTAL HOURS EARNED	TYPE OF DEGREE EARNED
CITY	STATE			
B) NAME	FROM	TO	TOTAL HOURS EARNED	TYPE OF DEGREE EARNED
CITY	STATE			
C) NAME	FROM	TO	TOTAL HOURS EARNED	TYPE OF DEGREE EARNED
CITY	STATE			
D) NAME	FROM	TO	TOTAL HOURS EARNED	TYPE OF DEGREE EARNED
CITY	STATE			

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

A) NAME	FROM	TO	DID YOU COMPLETE THE COURSE? <input type="checkbox"/> Yes <input type="checkbox"/> No
TYPE OF SCHOOL OR TRAINING	CITY	STATE	
B) NAME	FROM	TO	DID YOU COMPLETE THE COURSE? <input type="checkbox"/> Yes <input type="checkbox"/> No
TYPE OF SCHOOL OR TRAINING	CITY	STATE	
C) NAME	FROM	TO	DID YOU COMPLETE THE COURSE? <input type="checkbox"/> Yes <input type="checkbox"/> No
TYPE OF SCHOOL OR TRAINING	CITY	STATE	
D) NAME	FROM	TO	DID YOU COMPLETE THE COURSE? <input type="checkbox"/> Yes <input type="checkbox"/> No
TYPE OF SCHOOL OR TRAINING	CITY	STATE	

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

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SECTION 4: RESIDENCE**

21. LIST OF RESIDENCES

- List all residences during the last ten years or since age 15. Provide *complete* addresses (include markers such as Street, Drive, Road, East, West, etc., and unit or apartment number). Do not use P.O. Boxes.
- If the residence is a military base, identify name of base in address, nearest city, state and zip code. DO NOT LIST military barracks mates unless you shared individual quarters.
- If more space is needed, continue your response on page 27.

A) ADDRESS WHERE YOU NOW LIVE (NUMBER / STREET / APT)				FROM	TO <b>Present</b>
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER		
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)				CONTACT NUMBER ( )	
CITY	STATE	ZIP	EMAIL		
Names of those with whom you live:					

B) FORMER ADDRESS (NUMBER / STREET / APT)				FROM	TO
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER		
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)				CONTACT NUMBER ( )	
CITY	STATE	ZIP	EMAIL		
Names of those with whom you lived:					
Reason for moving:					

C) FORMER ADDRESS (NUMBER / STREET / APT)				FROM	TO
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER		
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)				CONTACT NUMBER ( )	
CITY	STATE	ZIP	EMAIL		
Names of those with whom you lived:					
Reason for moving:					



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D) FORMER ADDRESS (NUMBER / STREET / APT)				FROM	TO
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER		
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)				CONTACT NUMBER ( )	
CITY	STATE	ZIP	EMAIL		
Names of those with whom you lived:					
Reason for moving:					

E) FORMER ADDRESS (NUMBER / STREET / APT)				FROM	TO
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER		
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)				CONTACT NUMBER ( )	
CITY	STATE	ZIP	EMAIL		
Names of those with whom you lived:					
Reason for moving:					

F) FORMER ADDRESS (NUMBER / STREET / APT)				FROM	TO
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER		
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)				CONTACT NUMBER ( )	
CITY	STATE	ZIP	EMAIL		
Names of those with whom you lived:					
Reason for moving:					

G) FORMER ADDRESS (NUMBER / STREET / APT)				FROM	TO
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER		
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)				CONTACT NUMBER ( )	
CITY	STATE	ZIP	EMAIL		
Names of those with whom you lived:					
Reason for moving:					

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22. Provide contact information for all housemates listed in Question 21 with whom you have resided during the past 10 years, or since the age of 15. DO NOT list anyone for whom you have already provided contact information. If more space is needed, continue your response on page 27.

A) NAME		CONTACT NUMBER ( )	
CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)		CITY	STATE ZIP
NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY)		EMAIL	

B) NAME		CONTACT NUMBER ( )	
CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)		CITY	STATE ZIP
NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY)		EMAIL	

C) NAME		CONTACT NUMBER ( )	
CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)		CITY	STATE ZIP
NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY)		EMAIL	

D) NAME		CONTACT NUMBER ( )	
CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)		CITY	STATE ZIP
NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY)		EMAIL	

E) NAME		CONTACT NUMBER ( )	
CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)		CITY	STATE ZIP
NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY)		EMAIL	

F) NAME		CONTACT NUMBER ( )	
CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)		CITY	STATE ZIP
NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY)		EMAIL	

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

24. Have you ever left a residence owing rent? .....  Yes  No

If you answered yes to **Questions 23 and/or 24**, explain (include when, where and circumstances):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ATHENS POLICE DEPARTMENT  
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**SECTION 5: EXPERIENCE AND EMPLOYMENT**

**25. JOB EXPERIENCE**

- List **ALL** jobs you have had, including part-time, temporary, self-employment and volunteer, since the age of 15. (Begin with your most current. If more space is needed continue your response on page 27.)
- If you have **ANY** military experience, including reserve duty, enter your military base, assignments, or unit of assignment.
- List **ALL** periods of unemployment in excess of 30 days.

A) NAME OF EMPLOYER OR MILITARY UNIT				FROM	TO
ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER ( )	EXT	
JOB TITLE			EMAIL		
DUTIES / ASSIGNMENTS				<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)		2)		REASON FOR WANTING TO LEAVE	
Would there be a problem if we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		IF YES, EXPLAIN:			

B) PERIOD OF UNEMPLOYMENT				FROM	TO
Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other					

C) NAME OF EMPLOYER OR MILITARY UNIT				FROM	TO
ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER ( )	EXT	
JOB TITLE			EMAIL		
DUTIES / ASSIGNMENTS				<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)		2)		REASON FOR LEAVING	

D) PERIOD OF UNEMPLOYMENT				FROM	TO
Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other					

E) NAME OF EMPLOYER OR MILITARY UNIT				FROM	TO
ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER ( )	EXT	
JOB TITLE			EMAIL		
DUTIES / ASSIGNMENTS				<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)		2)		REASON FOR LEAVING	

**ATHENS POLICE DEPARTMENT  
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F) PERIOD OF UNEMPLOYMENT Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other					FROM	TO
--	--	--	--	--	------	----

G) NAME OF EMPLOYER OR MILITARY UNIT					FROM	TO
ADDRESS (NUMBER / STREET OR BASE)				SUPERVISOR		
CITY		STATE	ZIP	CONTACT NUMBER ( )		EXT
JOB TITLE				EMAIL		
DUTIES / ASSIGNMENTS					<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)		2)			REASON FOR LEAVING	

H) PERIOD OF UNEMPLOYMENT Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other					FROM	TO
--	--	--	--	--	------	----

I) NAME OF EMPLOYER OR MILITARY UNIT					FROM	TO
ADDRESS (NUMBER / STREET OR BASE)				SUPERVISOR		
CITY		STATE	ZIP	CONTACT NUMBER ( )		EXT
JOB TITLE				EMAIL		
DUTIES / ASSIGNMENTS					<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)		2)			REASON FOR LEAVING	

J) PERIOD OF UNEMPLOYMENT Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other					FROM	TO
--	--	--	--	--	------	----

K) NAME OF EMPLOYER OR MILITARY UNIT					FROM	TO
ADDRESS (NUMBER / STREET OR BASE)				SUPERVISOR		
CITY		STATE	ZIP	CONTACT NUMBER ( )		EXT
JOB TITLE				EMAIL		
DUTIES / ASSIGNMENTS					<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)		2)			REASON FOR LEAVING	

L) PERIOD OF UNEMPLOYMENT Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other					FROM	TO
--	--	--	--	--	------	----

**ATHENS POLICE DEPARTMENT  
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M) NAME OF EMPLOYER OR MILITARY UNIT				FROM	TO
ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER ( )	EXT	
JOB TITLE			EMAIL		
DUTIES / ASSIGNMENTS				<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)		2)		REASON FOR LEAVING	

N) PERIOD OF UNEMPLOYMENT				FROM	TO
Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other					

O) NAME OF EMPLOYER OR MILITARY UNIT				FROM	TO
ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER ( )	EXT	
JOB TITLE			EMAIL		
DUTIES / ASSIGNMENTS				<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)		2)		REASON FOR LEAVING	

P) PERIOD OF UNEMPLOYMENT				FROM	TO
Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other					

Q) NAME OF EMPLOYER OR MILITARY UNIT				FROM	TO
ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER ( )	EXT	
JOB TITLE			EMAIL		
DUTIES / ASSIGNMENTS				<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)		2)		REASON FOR LEAVING	

26. Have you ever been disciplined at work? (This includes written warnings, formal letters of counseling, reprimands, suspensions, reductions in pay, reassignments or demotions) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
27. Have you ever been fired, released from probation, or asked to resign from any place of employment? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
28. Were you ever involved in a physical/verbal altercation with a supervisor, co-worker, or customer? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
29. Have you ever quit without giving two weeks notice? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

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

32. Were you ever the subject of a written complaint at work? .....  Yes  No

33. Have you ever been counseled at work due to lateness or absences? .....  Yes  No

34. Did you ever receive an unsatisfactory performance review? .....  Yes  No

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

36. Have you ever called in sick when you were neither sick nor caring for a sick family member? .....  Yes  No  
If yes, how many sick days have you used in the past five years which were not due to illness?

37. If you answered yes to any of **Questions 26–36**, explain (include when, where and circumstances; indicate corresponding number):

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\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

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

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

WHEN?	NAME OF EMPLOYER
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**SECTION 6: MILITARY EXPERIENCE**

40. Are you required to register for the Selective Service? .....  Yes  No  
If yes, have you registered? .....  Yes  No  
If no, explain:

41. BRANCH OF SERVICE	43. DATES OF SERVICE From _____ To _____
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42. TYPE OF DISCHARGE:  Entry Level  Honorable  General  OTH (Other than Honorable)  
Re-entry Code (1–4) if applicable – refer to your DD-214:

43. Are you currently participating in one of the following? If checked, date obligation ends:  
 Military Reserve  National Guard

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

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

**ATHENS POLICE DEPARTMENT  
PERSONAL HISTORY STATEMENT**

If you answered yes to **Questions 44 and/or 45**, explain (include dates and circumstances):

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**SECTION 7: FINANCIAL**

**46. INCOME AND EXPENSES**  
For each of the following questions fill in the amounts to the nearest dollar.

A) From your employer(s), what is your take-home monthly income? .....	\$ _____	per month
B) Do you have income other than from your salary or wages? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, fill in amount:.....	\$ _____	per month
Explain:		
C) How much do you spend each month? .....	\$ _____	per month
<i>Estimate your monthly living expenses; include housing, utilities, credit cards or other loan payments, food, gas and car maintenance, entertainment, etc., as well as any other obligation(s) you may have.</i>		
47. Have you ever filed for or declared bankruptcy (Chapter 7, 11 or 13)? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
48. Have any of your bills ever been turned over to a collection agency? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
49. Have you ever had purchased goods repossessed? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
50. Have your wages ever been garnished? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
51. Have you ever been delinquent on income or other tax payments? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
52. Have you ever failed to file income tax or cheated/lie on an income tax form? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
53. Have you ever had an employment bond refused? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
54. Have you ever avoided paying any lawful debt by moving away? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
55. Have you ever defaulted on (failed to pay) a loan, including a student loan?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
56. Have you ever borrowed money to pay for a gambling debt?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, do you currently have any outstanding debts as a result of gambling? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
57. Have you ever spent money for illegal purposes (e.g., illegal drugs, prostitution, purchase of fraudulent documents, etc.)? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
58. Have you ever failed to make or been late on a court-ordered payment (e.g., child support, alimony, restitution, etc.)? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
59. Have you written three or more bad checks in a one-year period? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
60. Are you in arrears on court ordered child support? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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If you answered yes to **Questions 47 – 60**, explain (include when, where, and why; indicate corresponding number):

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**SECTION 8: LEGAL**

**Disclosure of Arrests and Convictions**

As an applicant for a **law enforcement position**, you are required to disclose any of the following which occurred on or after your 15th birthday, *even if the records were sealed, dismissed or pardoned*:

- **ALL** detentions or arrests, whether they resulted in a conviction or not
- **ALL** convictions
- **ALL** diversion programs that were not successfully completed

If more space is needed, continue your response on page 27.

61. Either as an adult or a juvenile, have you **EVER** been detained for investigation, held on suspicion, questioned, fingerprinted, arrested, indicted, criminally charged, or convicted of any misdemeanor or felony offense in this state or in any other legal jurisdiction (including offenses punishable under the Uniform Code of Military Justice)? .....  Yes  No

If yes, explain each incident.

A) APPROXIMATE DATE	ARRESTING OR DETAINING AGENCY
CHARGE	DISPOSITION OR PENALTY
B) APPROXIMATE DATE	ARRESTING OR DETAINING AGENCY
CHARGE	DISPOSITION OR PENALTY
C) APPROXIMATE DATE	ARRESTING OR DETAINING AGENCY
CHARGE	DISPOSITION OR PENALTY
D) APPROXIMATE DATE	ARRESTING OR DETAINING AGENCY
CHARGE	DISPOSITION OR PENALTY



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62. Have you ever been placed on court probation as an adult?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
63. Were you ever required to appear before a juvenile court for an act which would have been a crime if committed as an adult? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
64. Have you ever been a party in a civil lawsuit (e.g., small claims actions, dissolutions, child custody, paternity, support, etc.)?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
65. Have the police ever been called to your home for any reason?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
66. Have you or your spouse/partner ever been referred to Child Protective Services?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
67. Have you ever been the subject of an emergency protective order/restraining order/stay-away order? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
68. Have you settled any civil suit in which you, your insurance company, or anyone else on your behalf was required to make payment to the other party?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
69. Have you ever fraudulently received welfare, unemployment compensation, workers' compensation, or other state or federal assistance?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
70. Have you ever filed a false insurance or workers' compensation claim? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you answered yes to **Questions 62 – 70**, explain (include court cases or document, dates, and circumstances; indicate corresponding number):

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<b>71. UNDETECTED ACTS – PART 1</b>		
Within the past <b>ten</b> years <b>OR</b> at any time after you were first employed in law enforcement, have you <b>ever</b> committed any of the following misdemeanors?		
A) Annoying / obscene phone calls .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B) Assault (use of force or violence upon another) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
C) Assault (use of force or violence upon a family member) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
D) Brandishing a weapon (any type of weapon) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
E) Carrying a concealed weapon without a permit.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
F) Contributing to the delinquency of a minor.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
G) Defrauding an innkeeper (not paying for food or room at a hotel/motel) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
H). Driving under the influence of alcohol and/or drugs.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I) Drunk in public (being so intoxicated in a public place that you're not able to care for yourself) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
J) Hit & run collision (no injuries) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
K) Hunting/fishing without a license.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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L) Illegal gambling .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
M) Impersonating a peace officer (pretending to be a police officer) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
N). Indecent exposure (including flashing or mooning).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
O) Joyriding (using a car or other vehicle without owner's permission) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
P). Theft (value up to \$500, including shoplifting/switching price tags) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Q) Possession of alcohol as a minor.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
R). Possession of falsified or altered identification, including use of another person's ID (for any reason).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
S) Possession of stolen property (including vehicles) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
T). Prostitution or soliciting a prostitute .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
U) Resisting arrest (including running from the police).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
V) Trespassing.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
W) Vandalism (including "tagging," malicious mischief and/or property damage) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
X). Intentionally writing a bad check.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Y) Filing a false police report.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Z) Any other act amounting to a misdemeanor within the past seven years .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you answered yes to **any** item(s) in **Question 71**, fully explain circumstances, including date(s), names of individuals involved, and resolution. Indicate the corresponding letter (71-A, etc.) for each explanation.

If you answered yes to **Questions 44 and/or 45**, explain (include dates and circumstances):

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**ATHENS POLICE DEPARTMENT  
PERSONAL HISTORY STATEMENT**

72. UNDETECTED ACTS – PART 2		
At any time in your life have you <b>ever</b> committed any of the following?		
A) Arson (intentionally destroying property by setting a fire) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B) Assault with a deadly weapon.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
C) Theft of a vehicle and/or vehicle parts.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
D) Burglary (entering a structure or vehicle to commit theft or other crime).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
E) Child molestation (performing unlawful acts with a child) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
F) Accessing, producing, or possessing child pornography .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
G). Injury to a child/elderly/or disabled .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
H) Embezzlement (theft of money or other valuables entrusted to you) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I) Felony drunk driving (involving injuries) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
J) Forcible rape or other act of unlawful intercourse.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
K) Forgery (falsifying any type of document, check certificate, license, currency, etc.) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
L) Hit & run (with injuries).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
M). Hate crime .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
N) Insurance fraud .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
O). Theft (value of over \$500, or any firearm) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
P) Murder, homicide, or attempted murder .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Q). Perjury (lying under oath).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
R) Possession of an explosive/destructive device .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
S) Robbery (theft from another person using a weapon, force, or fear) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
T) Stalking .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
U) Blackmail or extortion .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
V) Any other act amounting to a felony.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No



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74. **Prior to the past ten years** (check all that apply):

I have ***never*** used any drug recreationally.

I have tried or used one or more drugs, but only under ***limited*** circumstances (*for example, experimentation, at parties, concerts, special events, etc.*).

If checked, give details including drug(s) used, number of times used, most recent date used, how obtained, and circumstances.

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

Sold     Purchased     Cultivated

Manufactured     Furnished     Carried or held for another

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

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**SECTION 9: MOTOR VEHICLE OPERATION**

76. CURRENT DRIVER'S LICENSE NUMBER	STATE OF ISSUE	EXPIRATION DATE	NAME UNDER WHICH LICENSE WAS GRANTED
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77. LIST OTHER STATES WHERE YOU HAVE BEEN LICENSED TO OPERATE A MOTOR VEHICLE:

State of issue	Type of license	Name under which license was granted and license number, if known

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

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

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**ATHENS POLICE DEPARTMENT  
PERSONAL HISTORY STATEMENT**

79. Has your driver's license ever been suspended or revoked?..... <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, explain (include when, where, and circumstances):
<hr/> <hr/> <hr/> <hr/>

80. List your current liability insurance on your vehicle(s):			
A) TYPE OF COVERAGE <input type="checkbox"/> Insured <input type="checkbox"/> Bonded <input type="checkbox"/> Cash Deposit	VEHICLE MAKE	YEAR	VEHICLE LICENSE PLATE
INSURANCE COMPANY	POLICY NUMBER		EXPIRES
ADDRESS (NUMBER / STREET)    CITY	STATE	ZIP	CONTACT NUMBER (    )
B) TYPE OF COVERAGE <input type="checkbox"/> Insured <input type="checkbox"/> Bonded <input type="checkbox"/> Cash Deposit	VEHICLE MAKE	YEAR	VEHICLE LICENSE PLATE
INSURANCE COMPANY	POLICY NUMBER		EXPIRES
ADDRESS (NUMBER / STREET)    CITY	STATE	ZIP	CONTACT NUMBER (    )
C) TYPE OF COVERAGE <input type="checkbox"/> Insured <input type="checkbox"/> Bonded <input type="checkbox"/> Cash Deposit	VEHICLE MAKE	YEAR	VEHICLE LICENSE PLATE
INSURANCE COMPANY	POLICY NUMBER		EXPIRES
ADDRESS (NUMBER / STREET)    CITY	STATE	ZIP	CONTACT NUMBER (    )
D) TYPE OF COVERAGE <input type="checkbox"/> Insured <input type="checkbox"/> Bonded <input type="checkbox"/> Cash Deposit	VEHICLE MAKE	YEAR	VEHICLE LICENSE PLATE
INSURANCE COMPANY	POLICY NUMBER		EXPIRES
ADDRESS (NUMBER / STREET)    CITY	STATE	ZIP	CONTACT NUMBER (    )

81. List all traffic citations, excluding parking citations, you have <b>ever</b> received:			
A) NATURE OF VIOLATION	DATE VIOLATION OCCURRED	ACTION TAKEN	
	Month            Year	<input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed	
LOCATION (STREET)	CITY	STATE	
B) NATURE OF VIOLATION	DATE VIOLATION OCCURRED	ACTION TAKEN	
	Month            Year	<input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed	
LOCATION (STREET)	CITY	STATE	
C) NATURE OF VIOLATION	DATE VIOLATION OCCURRED	ACTION TAKEN	
	Month            Year	<input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed	
LOCATION (STREET)	CITY	STATE	

D) Has a traffic citation ever resulted in a warrant or caused your driver's license to be withheld due to the following? (Check all that apply.)
<input type="checkbox"/> Failed to appear <input type="checkbox"/> Failed to complete traffic school <input type="checkbox"/> Failed to pay the required fine
If checked, explain circumstances:
<hr/> <hr/> <hr/>

**ATHENS POLICE DEPARTMENT  
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82. Have you <b>ever</b> been involved as the driver in a motor vehicle accident? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give details:				
A)	DATE	LOCATION (NUMBER / STREET / APT)	CITY	STATE ZIP
	POLICE REPORT <input type="checkbox"/> YES <input type="checkbox"/> NO	LAW ENFORCEMENT AGENCY	<input type="checkbox"/> INJURY <input type="checkbox"/> NON-INJURY	
B)	DATE	LOCATION (NUMBER / STREET / APT)	CITY	STATE ZIP
	POLICE REPORT <input type="checkbox"/> YES <input type="checkbox"/> NO	LAW ENFORCEMENT AGENCY	<input type="checkbox"/> INJURY <input type="checkbox"/> NON-INJURY	
C)	DATE	LOCATION (NUMBER / STREET / APT)	CITY	STATE ZIP
	POLICE REPORT <input type="checkbox"/> YES <input type="checkbox"/> NO	LAW ENFORCEMENT AGENCY	<input type="checkbox"/> INJURY <input type="checkbox"/> NON-INJURY	

83. Have you ever driven a vehicle without auto insurance, as required by law? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No				
IF YES, GIVE REASON:				
DATE	LOCATION (NUMBER / STREET / APT)	CITY	STATE	ZIP
Month          Year				

84. Have you ever been refused automobile liability insurance or a bond, or had them cancelled? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No				
IF YES, GIVE REASON:			INSURANCE COMPANY	
DATE	LOCATION (NUMBER / STREET / APT)	CITY	STATE	ZIP
Month          Year				

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

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**ATHENS POLICE DEPARTMENT  
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**SECTION 10: OTHER TOPICS**

85. Have you ever been refused a permit to carry a concealed weapon? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
86. Are you now, or have you ever been, a member or associate of a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, or disability? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
87. Do you have, or have you ever had, a tattoo signifying membership in, or affiliation with, a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, or disability? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
88. Since the age of 16, have you ever been involved in an anger-provoked physical fight, confrontation or other violent act? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
89. Have you ever hit or physically overpowered a spouse or romantic partner? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you answered yes to any of **Questions 85–89**, give details including dates and circumstances; indicate corresponding number.

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**SECTION 11: SOCIAL MEDIA SITES**

90. Have you ever had a social media site (i.e. Facebook, My Space, etc.)? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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91. List all social media sites and/or blogs or web sites created by you. Provide website (URL) and your username.

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**ATHENS POLICE DEPARTMENT  
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**SECTION 12: CERTIFICATION / AFFIDAVIT**

92. I hereby certify that I have personally completed and initialed each page of this document and any supplemental page(s) attached, and that all statements made are true and complete to the best of my knowledge and belief. I further certify that there are no willful misstatements, misrepresentations, omissions, or falsifications in the foregoing statements and answers to questions.

I understand that any misstatements, misrepresentations, omissions, or falsifications of material fact may subject me to disqualification; or, if I have been appointed, may disqualify me from continued employment.

I hereby certify that I will immediately notify the Athens Police Department if, following the submission of this personal history statement or during the hiring process, there are any changes that could impact the hiring process, change the responses given during the hiring process, or change the responses in the personal history statement. I further certify that I will submit all of the new and/or changed information in writing.

I have read and understand this entire affidavit, including the printed, typewritten, and handwritten portions thereof, and the statements therein are true and complete. By signing this Personal History Statement, I certify that all of my answers in this form are true, correct, and complete.

\_\_\_\_\_  
SIGNATURE (IN FULL) OF AFFIANT

\_\_\_\_\_  
DATE

Sworn to and subscribed before me by the said Affiant on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

SEAL

\_\_\_\_\_  
NOTARY PUBLIC

My commission expires \_\_\_\_\_





