



# Personal History Statement

Cedar Hill DeSoto Duncanville

## READ THESE INSTRUCTIONS CAREFULLY BEFORE PROCEEDING

These instructions are provided as a guide to assist you in properly completing your personal history statement. It is essential that the information be accurate in "ALL" respects. It will be used as the basis for a background investigation that will determine your eligibility for employment. It is your responsibility to keep the Southwest Regional Communications Center Administration notified if there are changes in the information that you provide after turning in your personal history statement.

1. Your Personal History Statement should be printed or typed in blue or black ink in a legible manner. Answer all questions to the best of your ability.
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 correct and in proper sequence before you begin.
4. If there is insufficient space on the form for you to include all the information required you may attach extra sheets to the personal history statement. Be sure to reference the relevant section and question number to your attachment.
5. Attach Copies Of The Following:
  - Birth Certificate
  - Marriage License(s) (If Applicable)
  - Divorce Decree(s) (If Applicable)
  - Driver's License
  - DD-214 (Long Form) (If Applicable)
  - Social Security Card
  - Copies Of Educational Transcripts/Training Certificates

An accurate and complete form will assist to expedite your investigation.

DELIBERATE OMISSIONS OR FALSIFICATIONS MAY RESULT IN DISQUALIFICATION.

### Selection Process

The selection process is a key factor in the operational effectiveness of the Center. Our purpose is to select those individuals best qualified to help maintain a public safety communications environment that is responsive to the total community, including our participating agencies. The actual time involved in the selection process is determined by the applicant's availability for processing, testing, background investigations and the number of applicants under consideration.

After receiving your Personal History Statement (PHS) and application, we will begin the process of reviewing your qualifications. Following this review (which could take several weeks) you may expect the following: Critical Test, an observation period in the communication center, interview, fingerprinting, drug test and hearing screening. In the event the vacant position is filled prior to the completion of your hiring process, it is recommended that you retain a copy of the contents of your personal history statement for future consideration.

If you have questions about the form, please contact the Communications Manager at 972-230-5662.

A city application must accompany this form to be eligible for consideration.

Return this form and city application to:  
City of Desoto Human Resources  
211 E. Pleasant Run Road  
Desoto, TX 75115  
Or FAX:  
972-230-5719

# PERSONAL INFORMATION

_____ Last Name	_____ First Name	_____ Middle Name	
_____ Current Residence Street Address	_____ Current Residence City	_____ Current Residence State	_____ Current Residence Zip Code
_____ Home Phone #:	_____ Work Phone #:	_____ Cell Phone #:	_____ Other Phone #:
_____ E-mail address:			
_____ Birth Date	_____ Social Sec. #	_____ DL # / State	<input type="checkbox"/> Yes <input type="checkbox"/> No U. S. Citizen
_____ Height	_____ Weight	_____ Hair Color	_____ Eye Color
_____ Scars/Marks	_____ Tattoos	_____ Place of Birth	_____ Other Identifiers

\_\_\_\_\_  
List any other names, social security numbers, or dates of birth you have used.

## EMERGENCY CONTACT INFO

_____ Contact Last Name	_____ Contact First Name	_____ Relationship
_____ Address		<input type="checkbox"/> Home <input type="checkbox"/> Work
_____ Home Phone #:	_____ Work Phone #:	
_____ Cell Phone #:		

**EMPLOYMENT HISTORY:**

Beginning with your present or most recent job, list **all** of the jobs you have had for the past 20 years. Include all part time, temporary, seasonal, military or contract positions. List periods of unemployment with the employer name of "Unemployed" with the correct dates. Attach additional pages if necessary.

<b>Employer:</b>			
<b>Address:</b>		<b>Telephone Number:</b>	
<b>Job Title:</b>		<b>Supervisor:</b>	
<b>Month &amp; Year: Start:</b>	<b>Duties/Responsibilities:</b>		
<b>Month &amp; Year: End:</b>			
<b>Reason for Leaving (i.e.: resigned, fired, laid off):</b>			
Are you eligible for re-hire?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Did you receive any written reprimands or suspensions while employed?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>Employer:</b>			
<b>Address:</b>		<b>Telephone Number:</b>	
<b>Job Title:</b>		<b>Supervisor:</b>	
<b>Month &amp; Year: Start:</b>	<b>Duties/Responsibilities:</b>		
<b>Month &amp; Year: End:</b>			
<b>Reason for Leaving (i.e.: resigned, fired, laid off):</b>			
Are you eligible for re-hire?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Did you receive any written reprimands or suspensions while employed?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>Employer:</b>			
<b>Address:</b>		<b>Telephone Number:</b>	
<b>Job Title:</b>		<b>Supervisor:</b>	
<b>Month &amp; Year: Start:</b>	<b>Duties/Responsibilities:</b>		
<b>Month &amp; Year: End:</b>			
<b>Reason for Leaving (i.e.: resigned, fired, laid off):</b>			
Are you eligible for re-hire?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Did you receive any written reprimands or suspensions while employed?		<input type="checkbox"/> YES	<input type="checkbox"/> NO

**EMPLOYMENT HISTORY – Continued**

<b>Employer:</b>			
<b>Address:</b>		<b>Telephone Number:</b>	
<b>Job Title:</b>		<b>Supervisor:</b>	
<b>Month &amp; Year: Start:</b>	<b>Duties/Responsibilities:</b>		
<b>Month &amp; Year: End:</b>			
<b>Reason for Leaving (i.e.: resigned, fired, laid off):</b>			
Are you eligible for re-hire?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Did you receive any written reprimands or suspensions while employed?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>Employer:</b>			
<b>Address:</b>		<b>Telephone Number:</b>	
<b>Job Title:</b>		<b>Supervisor:</b>	
<b>Month &amp; Year: Start:</b>	<b>Duties/Responsibilities:</b>		
<b>Month &amp; Year: End:</b>			
<b>Reason for Leaving (i.e.: resigned, fired, laid off):</b>			
Are you eligible for re-hire?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Did you receive any written reprimands or suspensions while employed?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>Employer:</b>			
<b>Address:</b>		<b>Telephone Number:</b>	
<b>Job Title:</b>		<b>Supervisor:</b>	
<b>Month &amp; Year: Start:</b>	<b>Duties/Responsibilities:</b>		
<b>Month &amp; Year: End:</b>			
<b>Reason for Leaving (i.e.: resigned, fired, laid off):</b>			
Are you eligible for re-hire?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Did you receive any written reprimands or suspensions while employed?		<input type="checkbox"/> YES	<input type="checkbox"/> NO

**EDUCATIONAL & CERTIFICATION 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/universities and you did not graduate, indicate the correct number of credit hours you completed.
- If you attended a technical or trade school (including military schools), indicate your course of study; also indicate if you were awarded a diploma or certificate.
- If you are certified in any area of public safety (communications or otherwise), list certificates and training hours for each course successfully attended. Attach a copy of each diploma if applicable or provide training record(s) from former employers:

Name and Type of School/Class	Dates Attended		Degree, Credit Hours, Certification, etc.
	FROM:	TO:	

**AWARD, COMMENDATIONS OR ITEMS OF SPECIAL RECOGNITION:**

**ORGANIZATIONS:** List the organization and position held, if any.

	<b>YES</b>	<b>NO</b>
--	------------	-----------

<b>Military Service</b>		
Have you registered with selective service?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been rejected by any branch of the armed services?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been a member of any branch of the U.S. armed forces?	<input type="checkbox"/>	<input type="checkbox"/>
Branch of service:	Highest rank obtained:	
Date of induction:	Date of discharge:	
Type of discharge:		
While in the military service were you ever arrested for an offense which resulted in a trial at an article 15 hearing or court martial (summary, special or general)?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, Date:      Charge:      Action/Result:		
Are you currently a member of a U.S. Reserve or National Guard organization?	<input type="checkbox"/>	<input type="checkbox"/>
Branch of service:      Grade :		
Organization/station/unit and location:	<input type="checkbox"/>	<input type="checkbox"/>
Are you: <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Standby <input type="checkbox"/> I.R.R		

<b>Criminal History</b>		
As an adult, (since age 17) have you ever been arrested by the police?	<input type="checkbox"/>	<input type="checkbox"/>
As an adult, (since age 17), have you ever been detained (other than traffic ticket) by the police? If yes why?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been arrested or charged with a felony?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been summoned into court for a criminal offense?	<input type="checkbox"/>	<input type="checkbox"/>

If yes, explain each incident (attach additional sheets as necessary).

	YES	NO
<b>Litigation</b>		
Other than worker compensation claims, have you ever been involved in any type of lawsuit (even as a witness)?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever sued anyone?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever filed bankruptcy?	<input type="checkbox"/>	<input type="checkbox"/>
Has anyone ever threatened to take you to court for non-payment of a bill?	<input type="checkbox"/>	<input type="checkbox"/>
Explain any yes answers:		

<b>Driving Record</b>			
How many moving citations have you received since you began driving?			
How many moving citations have you received in the last three years?			
As an adult, (since age 17) have you ever driven a motor vehicle without a valid driver's license?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you driven a motor vehicle, within the past three years, without insurance?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you ever had your driver's license suspended?	<input type="checkbox"/>	<input type="checkbox"/>	
Date:            Type:            _    Date lifted:			
Have you ever been placed on probation or had your driver's license suspended for receiving an excessive number of traffic violations?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you ever had a hearing for probation/suspension, etc?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you ever been placed as an assigned risk for vehicle insurance?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you ever had your insurance revoked due to the number of traffic citations you have received?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you ever knowingly driven a motor vehicle after your driver's license was suspended/or after it had been revoked?	<input type="checkbox"/>	<input type="checkbox"/>	
Did you or do you currently have a valid driver's license in more than one state?	<input type="checkbox"/>	<input type="checkbox"/>	
If yes, please list the state and number:			
Are there any reasons you would be unable to qualify for a driver's license?	<input type="checkbox"/>	<input type="checkbox"/>	
How many motor vehicle accidents have you been involved in as a driver?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you ever been involved in an accident and then left the scene without identifying yourself?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you ever been involved in an accident when you were driving after you had been drinking any type of alcoholic beverage?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you ever struck an unattended vehicle and then left without leaving identification?	<input type="checkbox"/>	<input type="checkbox"/>	
List all accidents in which you have been involved as a driver			
DATE	LOCATION	BRIEF DESCRIPTION	
List, to the best of your memory, <b>all</b> driving citations you have ever received.			
DATE	VIOLATION	ISSUING AGENCY	DISPOSITION

## Marital Status and Family History

Status :  Married  Single  Separated  Divorced  Widowed  Co-Habitate

If male and married, list spouse's maiden name:

---



---

Spouse's Name Date of Birth Occupation

Have you ever been married to more than one person at a time?  YES  NO

---

### Residences

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

Full Name	DOB	Relationship	Occupation	Work Phone #	Length Of Time

List all residences in the last 10 years:

Address	City	State	ZIP CODE	LENGTH OF TIME

List any vehicles you own or drive:					
Year	Make	Model	License Plate	State	Expiration

**PERSONAL DECLARATIONS**

Have you ever used illegal or illicit drugs, controlled substances, or misused prescription drugs?  
 YES       NO

If **yes**, list what, when, how much and how frequently

What	When	How Much	How frequently

**Miscellaneous Information**

List the names of any acquaintances employed by this Department:

Have you ever applied to, or been employed by, the City of Desoto, Cedar Hill, or Duncanville as a paid employee or as a volunteer?       YES       NO

If YES, date & position:

Are there any incidents in your life not mentioned herein which may reflect upon your suitability to perform the duties which you may be called upon to take or which might require further explanation?       YES       NO

If YES, explain:

## References

List three (3) references (not relatives or former employers) who are responsible adults, and who have known you well during the past five (5) years (include area code):

<b>Name</b>	<b>Complete Address</b>	<b>Home Telephone</b>
-------------	-------------------------	-----------------------

<b>How Long known</b>	<b>Occupation &amp; Business Address</b>	<b>Work Telephone</b>
-----------------------	--	-----------------------

<b>Name</b>	<b>Complete Address</b>	<b>Home Telephone</b>
-------------	-------------------------	-----------------------

<b>How Long known</b>	<b>Occupation &amp; Business Address</b>	<b>Work Telephone</b>
-----------------------	--	-----------------------

<b>Name</b>	<b>Complete Address</b>	<b>Home Telephone</b>
-------------	-------------------------	-----------------------

<b>How Long known</b>	<b>Occupation &amp; Business Address</b>	<b>Work Telephone</b>
-----------------------	--	-----------------------

**SOUTHWEST REGIONAL COMMUNICATIONS CENTER  
CITY OF DESOTO  
CONFIDENTIAL INFORMATION AGREEMENT FORM**

---

**A thorough investigation will be conducted to determine your qualifications for a position with SWRCC. To a great extent, your employment will depend on information obtained in confidential interviews with persons with whom you have been associated. As such, the information will remain confidential to your exclusion.**

---

I have read and fully understand the above statement. I also hereby certify that there are no willful misrepresentations, omissions or falsifications in the statements and answers to questions on this, my Personal History Statement.

I am fully aware that such misrepresentations, omissions or falsifications will be grounds for immediate rejection of my application, or if hired, termination of my employment.

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

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

**STATE OF TEXAS  
COUNTY OF DALLAS**

**Sworn and subscribed to before me this the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_**

\_\_\_\_\_  
**Signature of Notary Public**

\_\_\_\_\_  
**Printed name of Notary Public**

Notary expiration \_\_\_\_\_

(Seal Stamp)



CEDAR HILL DESOTO DUNCANVILLE

**PERSONAL INQUIRY WAIVER FORM**

**AUTHORITY TO RELEASE INFORMATION**

I, \_\_\_\_\_ hereby request and authorize you to furnish the Southwest Regional Communications Center on behalf of the City of DeSoto Human Resources with any and all information they may request concerning my work record, educational/training history, military record, financial status, criminal record(s), and general reputation. This authorization is specifically intended to include any and all information of a confidential or privileged nature, as well as, photocopies of such documents, if requested.

**THE INFORMATION WILL BE USED FOR THE PURPOSE OF DETERMINING MY ELIGIBILITY FOR EMPLOYMENT WITH SWRCC.**

I hereby release you and your organization from any liability which may or could result from furnishing the information requested above or from any subsequent use of such information in determining my qualifications to serve SWRCC.

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

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

STATE OF TEXAS  
COUNTY OF DALLAS

Sworn and subscribed to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

\_\_\_\_\_  
**Signature of Notary Public**

\_\_\_\_\_  
**Printed name of Notary Public**

Notary expiration \_\_\_\_\_

(Seal Stamp)