



The City of Lago Vista Police Department is looking for professional emergency dispatchers for a growing Department.

**TO CONTACT THE LAGO VISTA POLICE DEPARTMENT
CALL (512) 267-7141 or FAX (512) 267-9576**

TO WRITE TO OR PICK UP IN PERSON:

**Lago Vista Police Department
5901 Municipal Complex Way
Lago Vista, Texas 78645**

The City of Lago Vista offers:

- Starting salary \$28,600, salary range is \$28,600 - \$50,242 per year.
- 20 year retirement at any age through TMRS with 5 year vesting.
- Retirement currently at 6% employee contribution with 2 for 1 matching by the City.
- 10 paid vacation days per year with 1 additional day per year after the first 5 years up to a maximum of 20 days per year.
- 12 paid holidays per year.
- 12 paid sick days per year.
- Group life, medical and dental employee coverage and contributions toward dependant coverage.
- Initial uniforms provided, uniform allowance \$433.00 each year after that.
- Longevity Pay.

LAGO VISTA POLICE DEPARTMENT

All responses to questions in this application must be those of the person making the application and the accuracy or inaccuracy of any of the responses is the responsibility of the applicant. Read all questions carefully and respond as completely and clearly as possible. FAILURE TO RESPOND TO THE QUESTIONS, OR FAILURE TO ACCURATELY PROVIDE THE INFORMATION REQUESTED, WILL RESULT IN DISQUALIFICATION!

FULL-TIME EMERGENCY TELECOMMUNICATOR

PERSONAL HISTORY STATEMENT

APPLICANT IDENTIFICATION - Information provided in this section is used for identification purposes only.

NAME _____
LAST FIRST MIDDLE

MAILING ADDRESS _____
CITY STATE ZIP CODE

RESIDENCE ADDRESS _____
(DO NOT PUT "SAME")
CITY STATE ZIP CODE

HOME PHONE# (_____) _____ CELL# (_____) _____

E-MAIL _____ SOCIAL NETWORKING CONTACT INFORMATION:

MAIDEN NAME _____ OTHER MARRIED NAMES _____

NICKNAMES _____

SOCIAL SECURITY # _____ DATE OF BIRTH _____

PLACE OF BIRTH _____
CITY COUNTY STATE COUNTRY

CURRENT DRIVER'S LICENSE # _____ STATE OF ISSUE _____

OTHER D.L.'S EVER ISSUED # _____ STATE OF ISSUE _____

HEIGHT _____ WEIGHT _____ EYE COLOR _____ HAIR COLOR _____

SCARS, TATTOOS, OR DISTINGUISHING MARKS (Describe marks & locations)

DATE APPLICATION WAS RECEIVED _____

FAILURE TO RESPOND TO THE QUESTIONS, OR FAILURE TO ACCURATELY PROVIDE THE INFORMATION REQUESTED, WILL RESULT IN DISQUALIFICATION.

RESIDENCES - BEGINNING WITH YOUR PRESENT ADDRESS, LIST ALL ADDRESSES WHERE YOU HAVE LIVED. LIST DATE BY MONTH AND YEAR. ATTACH EXTRA PAGES IF NECESSARY.

FROM	TO	ADDRESS
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

WORK HISTORY - BEGINNING WITH YOUR PRESENT OR MOST RECENT JOB, LIST ALL EMPLOYMENT FOR ALL PAST YEARS, INCLUDING PART-TIME, TEMPORARY OR SEASONAL EMPLOYMENT. INCLUDE ALL PERIODS OF UNEMPLOYMENT, ATTENDANCE IN SCHOOL, AND MILITARY. ATTACH EXTRA PAGES, IF NECESSARY. INCLUDE STREET ADDRESS, CITY, STATE, AND ZIP CODES.

FROM _____ TO _____ EMPLOYER _____
ADDRESS _____
PHONE NUMBER _____ JOB TITLE _____
DUTIES _____

SUPERVISOR _____ NAME OF CO-WORKER _____
REASON FOR LEAVING _____

FROM _____ TO _____ EMPLOYER _____
ADDRESS _____
PHONE NUMBER _____ JOB TITLE _____
DUTIES _____

SUPERVISOR _____ NAME OF CO-WORKER _____
REASON FOR LEAVING _____

FROM _____ TO _____ EMPLOYER _____
ADDRESS _____
PHONE NUMBER _____ JOB TITLE _____
DUTIES _____

SUPERVISOR _____ NAME OF CO-WORKER _____
REASON FOR LEAVING _____

FROM _____ TO _____ EMPLOYER _____
ADDRESS _____
PHONE NUMBER _____ JOB TITLE _____
DUTIES _____

SUPERVISOR _____ NAME OF CO-WORKER _____
REASON FOR LEAVING _____

FROM _____ TO _____ EMPLOYER _____
ADDRESS _____
PHONE NUMBER _____ JOB TITLE _____
DUTIES _____

SUPERVISOR _____ NAME OF CO-WORKER _____
REASON FOR LEAVING _____

FROM _____ TO _____ EMPLOYER _____
ADDRESS _____
PHONE NUMBER _____ JOB TITLE _____
DUTIES _____

SUPERVISOR _____ NAME OF CO-WORKER _____
REASON FOR LEAVING _____

MILITARY RECORD

HAVE YOU SERVED IN THE U.S. ARMED FORCES? YES NO

DATES OF SERVICE FROM _____ TO _____ BRANCH OF SERVICE _____

MILITARY OCCUPATIONAL SPECIALTY (SPECIFY) _____

LAST UNIT ASSIGNED _____ MILITARY SERVICE NUMBER _____

HIGHEST RANK HELD _____ TYPE OF DISCHARGE _____

*SUBMIT COPY OF DD-214 OR OTHER DISCHARGE DOCUMENTS

WERE YOU EVER DISCIPLINED WHILE IN MILITARY SERVICE (INCLUDE COURT-MARTIAL, CAPTAIN'S MASTS, COMPANY PUNISHMENT, ETC.)

YES NO

CHARGE	DATE	AGE AT TIME	DISPOSITION
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EDUCATIONAL HISTORY - INCLUDE STREET ADDRESS, CITY, STATE, AND ZIP CODES.

HIGH SCHOOL ATTENDED	CITY & STATE	DATES ATTENDED		GRADUATED	GRADE PT. AVERAGE
		FROM	TO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
_____	_____	_____	_____	<input type="checkbox"/>	_____
_____	_____	_____	_____	<input type="checkbox"/>	_____
_____	_____	_____	_____	<input type="checkbox"/>	_____
_____	_____	_____	_____	<input type="checkbox"/>	_____

*SUBMIT COPY OF HIGH SCHOOL DIPLOMA OR G.E.D.

COLLEGE OR UNIVERSITY ATTENDED _____

CITY, STATE, & ZIP _____ DATES ATTENDED _____

HOURS COMPLETED _____ MAJOR/MINOR _____

DEGREE RECEIVED, IF ANY & DATE _____ GRADE POINT AVERAGE _____

COLLEGE OR UNIVERSITY ATTENDED _____

CITY, STATE, & ZIP _____ DATES ATTENDED _____

HOURS COMPLETED _____ MAJOR/MINOR _____

DEGREE RECEIVED, IF ANY & DATE _____ GRADE POINT AVERAGE _____

COLLEGE OR UNIVERSITY ATTENDED _____
CITY, STATE, & ZIP _____ DATES ATTENDED _____
HOURS COMPLETED _____ MAJOR/MINOR _____
DEGREE RECEIVED, IF ANY & DATE _____ GRADE POINT AVERAGE _____
*SUBMIT COPIES OF DEGREES, DIPLOMAS, CERTIFICATES, ETC.

LIST OTHER SCHOOLS ATTENDED (TRADE, VOCATIONAL, BUSINESS, ETC.) GIVE NAME AND ADDRESS OF SCHOOL, DATES ATTENDED, COURSE OF STUDY, CERTIFICATE, AND ANY OTHER PERTINENT INFORMATION. *SUBMIT COPIES OF CERTIFICATES, DIPLOMAS, DEGREES, ETC.

HAVE YOU EVER BEEN CERTIFIED/LICENSED, BY THIS OR ANY OTHER STATE, AS A TELECOMMUNICATOR, PEACE OFFICER, OR JAILER? *SUBMIT COPY OF LICENSE(S)

YES NO

WHERE? _____

WHEN? _____ LICENSE # _____

WHILE BEING A CERTIFIED/LICENSED TELECOMMUNICATOR OR OFFICER, WHERE YOU EVER DISCIPLINED (WRITTEN REPRIMAND, SUSPENSION, TERMINATION, ETC.) BY YOUR EMPLOYER FOR CONDUCT ON OR OFF DUTY?

YES NO

IF YES, EXPLAIN FULLY (ATTACH ADDITIONAL PAGES IF NECESSARY)

SPECIAL QUALIFICATIONS & SKILLS

LIST ANY SPECIAL LICENSES YOU HOLD (SUCH AS PILOT, RADIO OPERATOR, ETC.) SHOWING LICENSING AUTHORITY, LICENSE NUMBER, ORIGINAL DATE OF ISSUE AND DATE OF EXPIRATION. *SUBMIT COPIES OF LICENSE(S)

LIST ANY SPECIALIZED MACHINERY OR EQUIPMENT WHICH YOU CAN OPERATE.

IF YOU ARE FLUENT IN A FOREIGN LANGUAGE, INDICATE IN EACH AREA YOUR DEGREE OF FLUENCY. (EXCELLENT, GOOD, FAIR)

LANGUAGE	READING	SPEAKING	UNDERSTANDING	WRITING
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>

LIST ANY OTHER SPECIAL SKILLS OR QUALIFICATIONS YOU MAY POSSESS.

* SUBMIT COPIES OF ANY CERTICATES, ETC.

ARREST, DETENTION, AND LITIGATION

HAVE YOU EVER BEEN ARRESTED OR TAKEN INTO POLICE CUSTODY FOR ANY REASON?

YES NO IF YES, COMPLETE THE FOLLOWING:

<u>OFFENSE CHARGED</u>	<u>CITY & STATE</u>	<u>DATE</u>	<u>POLICE AGENCY</u>	<u>DISPOSITION OF CASE</u> (Final Outcome)
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>

HAVE YOU EVER BEEN STOPPED AND QUESTIONED BY POLICE FOR ANY REASON OTHER THAN FOR A TRAFFIC VIOLATION?

YES NO

IF YES, EXPLAIN

HAVE YOU EVER BEEN SUMMONED INTO COURT? (OTHER THAN FOR TRAFFIC VIOLATION)

YES NO

IF YES, EXPLAIN

HAVE YOU EVER BEEN OR ANTICIPATE BEING INVOLVED AS A PARTY IN A LITIGATION?

YES NO

IF YES, GIVE DATE, LOCATION, AND REASONS

HAVE YOU EVER COMMITTED AN ACT OF FAMILY VIOLENCE? ("Family violence" means an act by a member of a family or household against another member of the family or household that is intended to result in physical harm, bodily injury, assault, or sexual assault or that is a threat that reasonably places the member in fear of imminent physical harm, bodily injury, assault, or sexual assault, but does not include defensive measures to protect oneself.) If yes, explain:

YES NO

TRAFFIC RECORD

HAS YOUR DRIVER'S LICENSE EVER BEEN SUSPENDED OR REVOKED? (In any state or country)

YES NO

IF YES, GIVE DATE, LOCATION AND REASONS _____

WITH WHAT COMPANY DO YOU CARRY AUTO INSURANCE? _____ Policy Number

LIST BELOW ANY VEHICLES OWNED OR USED REGULARLY BY YOU:

<u>YEAR</u>	<u>MAKE</u>	<u>MODEL</u>	<u>COLOR</u>	<u>LICENSE NUMBER</u> (Including state of issue)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

LIST ALL CITATIONS YOU HAVE RECEIVED IN THE PAST FIVE YEARS IN THIS STATE OR ANY OTHER STATE, EXCLUDING PARKING TICKETS. (Include no D.L., inspection, seat belts, etc.)

<u>MONTH AND YEAR</u>	<u>CHARGE</u>	<u>CITY & STATE</u>	<u>DISPOSITION</u> (Final outcome)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

DESCRIBE IN A BRIEF NARRATIVE, ANY TRAFFIC ACCIDENTS IN WHICH YOU HAVE BEEN INVOLVED IN, IN THE PAST FIVE YEARS IN THIS STATE OR ANY OTHER STATE

<u>APPROXIMATE DATE</u>	<u>LOCATION</u>	<u>EXPLANATION</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

APPROXIMATELY HOW MANY MILES DO YOU DRIVE PER YEAR? _____

MARITAL & FAMILY HISTORY

ARE YOU? SINGLE SEPARATED
 ENGAGED DIVORCED/ANNULLED
 MARRIED WIDOWED

IF ENGAGED

NAME OF FIANCÉ _____
HOME ADDRESS _____ HOME PHONE _____
EMPLOYER _____ OCCUPATION _____
WORK ADDRESS _____ WORK PHONE _____
FIANCÉ'S DRIVERS LICENSE NUMBER _____ DATE OF BIRTH _____

IF MARRIED (OR SEPARATED) STATE WHICH _____

SPOUSE'S NAME _____ MAIDEN NAME _____
HOME ADDRESS _____ HOME PHONE _____
EMPLOYER _____ OCCUPATION _____
WORK ADDRESS _____ WORK PHONE _____
DATE MARRIED _____ CITY AND STATE _____
SPOUSE'S DRIVERS LICENSE NUMBER _____ DATE OF BIRTH _____

IF DIVORCED/ANNULLED STATE WHICH _____

DATE OF MARRIAGE 1. _____ 2. _____
CITY AND STATE _____
SPOUSE'S NAME _____
(WIFE'S MAIDEN NAME)
SPOUSE'S DATE OF BIRTH _____
PRESENT ADDRESS & PHONE _____

DATE OF ORDER OR DECREE _____
COUNTY & STATE WHERE ISSUED _____

IF WIDOWED

DATE OF MARRIAGE 1. _____ 2. _____
CITY & STATE _____
SPOUSE'S NAME _____
(WIFE'S MAIDEN NAME)
DATE OF DEATH _____
CITY/COUNTY & STATE _____
OF DEATH CERTIFICATE _____

LIST ALL CHILDREN RELATED TO YOU OR YOUR SPOUSE (Natural, Stepchildren, Adopted, Foster Children)

<u>NAME</u>	<u>RELATION</u>	<u>DATE OF BIRTH</u>	<u>ADDRESS</u>	<u>SUPPORTED BY</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

LIST ALL OTHER DEPENDENTS

<u>NAME</u>	<u>ADDRESS</u>	<u>RELATION</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

LIST OTHER RELATIVES IN THE FOLLOWING ORDER: FATHER, MOTHER (INCLUDE MAIDEN NAME), BROTHER & SISTER, IN THEIR BIRTH ORDER. IF ANY FAMILY MEMBER IS DECEASED, SO INDICATE UNDER ADDRESS

<u>NAME</u>	<u>ADDRESS</u>	<u>PHONE #</u>	<u>RELATION</u>	<u>AGE</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

LIST ANY PERSON LIVING IN YOUR HOUSEHOLD NOT DIRECTLY RELATED TO YOU AND STATE WHAT CAPACITY (ROOMATES, EXCHANGE STUDENTS, ETC.)

FAMILY AND RELATIVES' ARRESTS

HAVE MEMBERS OF YOUR IMMEDIATE FAMILY/CLOSE RELATIVES EVER BEEN ARRESTED?

YES NO IF YES, COMPLETE THE FOLLOWING:

NAME	RELATIONSHIP	CHARGE/OFFENSE	OUTCOME	YEAR	AGENCY
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

FINANCIAL HISTORY

WHAT IS YOUR PRESENT SALARY OR WAGES? _____

DO YOU HAVE INCOME FROM ANY SOURCE OTHER THAN YOUR PRINCIPAL OCCUPATION?

YES NO

IF YES, HOW MUCH? _____ SPOUSE'S INCOME (If applicable)? _____

HOW OFTEN? _____ HOW OFTEN? _____

THE SOURCE? _____ THE SOURCE? _____

DO YOU OWN ANY REAL ESTATE? YES NO

LOCATION _____

DO YOU OWN ANY BONDS, STOCKS, OR MUTUAL FUNDS? YES NO

DO YOU HAVE A BANK ACCOUNT? YES NO

CHECKING ACCOUNT AVERAGE BALANCE? \$ _____

NAME & ADDRESS OF BANK _____

SAVINGS ACCOUNT AVERAGE BALANCE? \$ _____

NAME & ADDRESS OF BANK _____

HAVE YOU EVER HAD ANY REPOSSESSIONS, BANKRUPTCIES, OR CHARGE-OFFS ON YOUR ACCOUNT?

YES NO IF YES, HOW MANY? _____ EXPLAIN: _____

HAVE YOU EVER WRITTEN ANY CHECKS WHICH WERE RETURNED AS "INSUFFICIENT" OR BEEN NOTIFIED BY A BANK THAT YOUR ACCOUNT WAS OVERDRAWN? YES NO

DATE _____ DATE _____ DATE _____

CITY _____ CITY _____ CITY _____

STATE _____ STATE _____ STATE _____

*SUBMIT COPY OF CREDIT REPORT

HAVE YOU EVER BEEN DELINQUENT PAYING COURT ORDERED CHILD SUPPORT? YES NO

FINANCIAL OBLIGATIONS

GIVE NAMES AND ADDRESSES OF THE INDIVIDUALS, COMPANIES, OR OTHERS TO WHOM YOU ARE INDEBTED, AND THE EXTENT OF YOUR DEBT. INCLUDE RENT, MORTGAGE, VEHICLE PAYMENT, CHARGE ACCOUNTS, CREDIT CARDS, LOANS, CHILD SUPPORT PAYMENTS, AND ANY OTHER DEBTS AND PAYMENTS. INCLUDE ACCOUNTS NUMBERS, WHERE APPLICABLE, TOTAL BALANCES AND PAYMENTS.

INCLUDE STREET ADDRESS, CITY, STATE, AND ZIP CODES

TYPE	NAME & ADDRESS OF CREDITOR	REASON FOR DEBT OF ITEM PURCHASED	TOTAL BALANCE	MONTHLY PAYMENTS

REFERENCES - LIST FIVE PERSONS NOT EMPLOYED BY THIS DEPARTMENT WHO KNOW YOU WELL ENOUGH TO PROVIDE CURRENT INFORMATION ABOUT YOU. DO NOT LIST RELATIVES, CURRENT SUPERVISORS OR CO-WORKERS. (References at LVPD should be listed separately)

INCLUDE STREET ADDRESS OR RURAL ROUTE, CITY, STATE, AND ZIP CODES.

1. NAME _____ YEARS KNOWN _____ HOME PHONE _____
 ADDRESS _____
 BUSINESS NAME & ADDRESS _____
 BUSINESS PHONE _____ OCCUPATION/TITLE _____

2. NAME _____ YEARS KNOWN _____ HOME PHONE _____
 ADDRESS _____
 BUSINESS NAME & ADDRESS _____
 BUSINESS PHONE _____ OCCUPATION/TITLE _____

3. NAME _____ YEARS KNOWN _____ HOME PHONE _____
 ADDRESS _____
 BUSINESS NAME & ADDRESS _____
 BUSINESS PHONE _____ OCCUPATION/TITLE _____

4. NAME _____ YEARS KNOWN _____ HOME PHONE _____
 ADDRESS _____
 BUSINESS NAME & ADDRESS _____
 BUSINESS PHONE _____ OCCUPATION/TITLE _____

5. NAME _____ YEARS KNOWN _____ HOME PHONE _____
 ADDRESS _____
 BUSINESS NAME & ADDRESS _____
 BUSINESS PHONE _____ OCCUPATION/TITLE _____

MEMBERSHIPS IN ORGANIZATIONS (PAST AND/OR PRESENT)

NAME & LOCATION	TYPE (SOCIAL, FRATERNAL, PROFESSIONAL, ETC.)	FROM	TO
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PERSONAL DECLARATIONS

DESCRIBE, IN YOUR OWN WORDS, THE FREQUENCY AND EXTENT OF YOUR USE OF INTOXICATING LIQUORS AND/OR TOBACCO PRODUCTS.

HAVE YOU EVER TRIED MARIJUANA? YES NO

IF, YES, HOW MANY TIMES? _____

WHEN WAS THE LAST TIME? (MONTH AND YEAR) _____

DESCRIBE THE CIRCUMSTANCES _____

HAVE YOU EVER TRIED ANY DRUG (BESIDES MARIJUANA) NOT PRESCRIBED BY YOUR PHYSICIAN?

YES NO

IF YES, WHAT DRUGS? _____

HOW MANY TIMES? _____ DATE LAST TRIED (MONTH & YEAR) _____

DESCRIBE CIRCUMSTANCES _____

HAVE YOU EVER SOLD OR FURNISHED DRUGS OR NARCOTICS TO ANYONE? YES NO

IF YES, EXPLAIN IN DETAIL _____

DO YOU HAVE RELIGIOUS OR OTHER BELIEFS WHICH WOULD PREVENT YOU FROM FULLY PERFORMING THE DUTIES OF AN EMERGENCY DISPATCHER, INCLUDING WORKING ON WEEKENDS, EVENINGS, OR NIGHT SHIFTS, FOLLOWING DRESS CODES, ETC.? YES NO

IF YES, EXPLAIN _____

HAVE YOU EVER APPLIED OR ATTEMPTED TO APPLY FOR EMPLOYMENT WITH THIS OR ANY OTHER LAW ENFORCEMENT OR RELATED AGENCY? YES NO

IF YES, GIVE AGENCY, DATE(S), AND STATUS

AGENCY	DATE	STATUS (DID NOT RETURN APPLICATION, TESTED, FAILED TEST, FAILED BOARD, ETC.)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

ACKNOWLEDGEMENT & CERTIFICATION

I UNDERSTAND THAT ALL APPOINTMENTS ARE PROBATIONARY FOR A PERIOD OF ONE (6) MONTHS, DURING WHICH TIME THE EMPLOYEE MUST DEMONSTRATE HIS OR HER FITNESS/ SUITABILITY FOR CONTINUED EMPLOYMENT WITH THE LAGO VISTA POLICE DEPARTMENT.

I UNDERSTAND THAT ANY APPOINTMENT TENDERED ME WILL BE CONTINGENT UPON THE RESULTS OF A COMPLETE CHARACTER AND FITNESS/ SUITABILITY INVESTIGATION.

I AM AWARE THAT SHOULD INVESTIGATION DISCLOSE MISREPRESENTATIONS, OMISSIONS, FALSIFICATIONS, OR INTENTIONAL INACCURACIES, MY APPLICATION WILL BE REJECTED.

I ALSO UNDERSTAND THAT SHOULD IT BE REVEALED AFTER ANY APPOINTMENT THAT I MISREPRESENTED, OMITTED, OR FALSIFIED INFORMATION THAT SUCH INFORMATION MAY CONSTITUTE GROUNDS FOR TERMINATION.

I HEREBY CERTIFY THAT THERE ARE NO WILLFUL MISREPRESENTATIONS, OMISSIONS, OR FALSIFICATIONS IN THE ABOVE STATEMENTS AND ANSWERS TO QUESTIONS.

I FURTHER CERTIFY THAT ALL STATEMENTS ARE MINE AND ARE ACCURATE, TRUE, AND CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE OF APPLICANT ACKNOWLEDGING
AND CERTIFYING ABOVE STATEMENTS

SUBSCRIBED AND SWORN TO BEFORE ME, BY THE SAID _____

THIS _____ DAY OF _____, 20 _____.

NOTARY PUBLIC (PRINT OR TYPE)

SIGNATURE OF NOTARY PUBLIC

NOTARY SEAL OR STAMP

NOTARY COMMISSION EXPIRES

AUTHORIZATION FOR RELEASE OF INFORMATION

Applicants Full Name _____

Current Address _____

Telephone Number _____

Date of Birth _____

Social Security Number _____

TO WHOM IT MAY CONCERN: I am an applicant for a position with the **Lago Vista Police Department**. The department needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I have applied. It is in the public's best interest that all relevant information concerning my personal and employment history be disclosed to the above department.

I hereby authorize any representative of the **Lago Vista Police Department** bearing this release to obtain **any** information in your files pertaining to my employment records and I hereby direct you to release such information upon request of the bearer. I do hereby authorize a review of and full disclosure of **all** records, or any part thereof, concerning myself, by and to any duly authorized agent of the **Lago Vista Police Department**, whether said records are of public, private, or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure.

I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation that may provide pertinent data for the **Lago Vista Police Department** to consider in determining my suitability for employment in that department. It is my specific intent to provide access to personnel information, however personal or confidential it may appear to be.

I consent to your release of **any** and **all** public and private information that you may have concerning me, my work record, my background and reputation, my military service records, educational records, my financial status, my criminal history record, including any arrest records, any information contained in investigatory files, efficiency ratings, complaints, or grievances filed by or against me, the records or recollections of attorneys at law, or other counsel, whether representing me or any other person in any case, either criminal or civil, in which I presently have or have had an interest, attendance records, polygraph or voice-stress analysis examinations, and any internal affairs investigations and discipline, including any files which are deemed to be confidential, and/or sealed.

I hereby release you, your organization, and all others from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I hereby release you, as custodian of such records of _____ organization, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever

kind may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it.

I direct you to release such information upon request to the duly accredited representative of the **Lago Vista Police Department** regardless of any agreement I may have made with you previously to the contrary. The law enforcement organization requesting the information pursuant to this release will discontinue processing my application if you refuse to disclose the information requested.

For and in consideration of the **Lago Vista Police Department's** acceptance and processing of my application for employment, I agree to hold the _____, its agents and employees harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the **Lago Vista Police Department**.

I understand that should information of a serious criminal nature surface as a result of this investigation, such information may be turned over to the proper authorities.

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access and to disclosure of records, and I waive those rights with the understanding that information furnished will be used by the **Lago Vista Police Department** in conjunction with employment procedures. A photocopy or FAX copy of this release form will be valid as an original thereof, even though the said photocopy or FAX does not contain an original writing of my signature.

The waiver is valid for a period of _____, from the date of my signature.

Should there be any questions as to the validity of this release, you may contact me at the address listed on this form.

I agree to pay any and all charges of fees concerning this request and can be billed for such charges at the address listed on this form.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses, and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request.

Signature of Applicant

SWORN TO AND SUBSCRIBED before me by the said _____
this _____ day of _____, 20____.

Notary Seal or Stamp

Printed Name of Notary Public

Signature of Notary

Notary Commission Expires

WAIVER OF LIABILITY

EMPLOYMENT TERMINATION HISTORY RELEASE

NAME (LAST, FIRST, MIDDLE INIT.) _____

SOCIAL SECURITY NUMBER _____

DEPARTMENT REQUESTING RECORDS _____

I understand that a report is submitted to the Commission each time I resign or am terminated from employment or appointment with a law enforcement agency.

I understand the report must include an explanation of the circumstances of my resignation or termination.

I understand the chief administrator of each law enforcement agency with which I apply for employment may request the contents of each report that pertains to resignation or termination due to substantiated incidents of excessive force or violations of law other than traffic offenses.

I understand the Commission is not liable for civil damages for providing information contained in a report concerning the circumstances cited above, **when a written request, on agency letterhead, from a chief administrator and this release is presented to the Commission;** and

I understand a law enforcement agency, chief administrator of a law enforcement agency or other law enforcement official is not liable for civil damages for a report made by that agency or person if the report is made in good faith.

I expressly waive my right to hold the Commission, law enforcement agency, chief administrator of the law enforcement agency, or other law enforcement official liable for civil damages for the contents of reports concerning my resignation or termination as a peace officer, reserve law enforcement officer, county jailer, or public security officer which are on file with the Commission, if the law enforcement agency, chief administrator of the law enforcement agency, or other law enforcement official made the report in good faith; and

I expressly waive my right to hold the Commission, law enforcement agency, chief administrator of a law enforcement agency, or other law enforcement official liable for civil damages for any action based on information contained in my reports concerning the circumstance of my resignation or termination from prior employment or appointment with a law enforcement agency.

I have read and understand the foregoing statements. I hereby authorize the Commission to release all reports concerning my resignation or termination pertaining to circumstances cited above as a peace officer, reserve law enforcement officer, county jailer, telecommunicator, or public security officer which are on file with the Commission to the department named above.

Signature of Licensee

Date

Sworn to and subscribed before me, this

the _____ day of _____

Notary public in and for, State of Texas
My Commission expires

Printed Name of Notary

Notary Seal or Stamp

Signature of Notary