# FORT BEND COUNTY SHERIFF'S OFFICE VOLUNTEER PROGRAM APPLICATION



# NAME OF APPLICANT TELEPHONE NUMBER Application Checklist () 1. Complete this Application Form as completely as possible 2. Hand Deliver the entire package to: 3. Copy of Drivers License or ID

You Are Not Alone (YANA) PROGRAM

1840 Richmond Parkway, Richmond, TX 77469

281-341-YANA (9262)



## Fort Bend County Sheriff's Office

### **BACKGROUND INVESTIGATION**

### PERSONAL HISTORY STATEMENT

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"WE SERVE WITH PRIDE"

Volunteer Position Applied for: You Are Not Alone (YANA) Program

### **INSTRUCTIONS**

### **READ CAREFULLY**

Your Personal History Statement is subject to a complete background investigation consisting of family, personal, and employment history. Questions relating to age, height, weight and physical characteristics, when not specifically related to the job requirements are used for the purpose of identification in our background investigation and for <u>no other purpose</u>.

Any misstatement of fact or omission of material information reported in this Personal History Statement, or withholding new information that may affect your clearance from completing the background section for the condition of employment under contract or volunteer service within the Fort Bend County Sheriff's Office. If more space is needed to answer any question, use a separate piece of 8  $^{1}/2$  X 11 lined notebook paper; be sure to number the question to which you are responding. All responses made by you will be held in the strictest confidence.

### Print all answers in ink. **DO NOT** TYPE.

- 1. Answer every question. If the information requested does not apply to you, print "N/A" in the blank space provided.
- 2. If you cannot remember or do not know the requested information print "I cannot remember" or "I do not know" in the blank space. Do not use this as a scratch however, make all attempts to gather the information that you are lacking.
- 3. Once you have completed this personal history statement, notarize the last page and return it to your employment agency. Do not return it to any other person as it could possibly be misplaced.

Volunteer Program, Citizen Pol	Fort Bend County Sheriff's Office or the Sheriff's Office lice Academy or any other contract position gation?If yes, provide the following:
Date:	Reason why you separated from employment or program?

### APPLICANT'S IDENTIFICATION

			-
FIRST	MIDDLE	MAIDEN	
Business Phone	Cellular/Pager	Email:	_
ved at your present address?	,		
nave you been known (nick	names, monikers, alias-re	efer to question #7)	
Age:	Social Security Nu	mber	
County:	State:	Country:	
Married:	Divorced:	Separated:	
Weight:S	Sex:Do you v	vear glasses:	_
Hair:	_ Distinguishing Marl	(S:	
	nte Numbe	r Expiration	Date
		No	
	Business Phone	Business PhoneCellular/Pager whom you live with and relationship:  yed at your present address? have you been known (nicknames, monikers, alias-re y changed your name? If yes, Date Reason: Social Security Nu County: State: Married: Divorced: Weight: Sex: Do you w Hair: Distinguishing Mark  se/Identification Card: No Naturalized? Yes_ er: acted during the day at home or at work, list a teleph	FIRST MIDDLE MAIDEN  Business Phone Cellular/Pager Email: whom you live with and relationship:  yed at your present address? nave you been known (nicknames, monikers, alias-refer to question #7)  y changed your name? If yes, Date Place Reason: Social Security Number  County: State: Country:  Married: Divorced: Separated: Weight: Sex: Do you wear glasses:  Hair: Distinguishing Marks:  se/Identification Card: State

### **FAMILY HISTORY or EMERGENCY CONTACT**

	ENT MARRIAGE (This incl	udes common-law marriag	ges)	
Full name				-
	Occupation			
	f children by this marriage:_			
	ouse employed?			
	pouse's employer:			-
Address:		Phone:		-
18. List a	all residences where you h	nave lived for the past	ten years. Atta	nch additional
sheet if ne	ecessary.			
ADDRES	S	FROM	TO	
19. REL <i>A</i>	ATIVES: List all immediate	e relatives living in the U	nited States (Fat	her, Mother,
	and sisters.)	8		,
NAME	RELATIONSHIP	ADDRESS	PHONE	AGE

### **SOCIAL HISTORY**

NAME ADI	DRESS	CITY AND STATE	nool athletics) DATES
	MILITARY		
21. Have you served	in the U.S. Armed Forces?	YesNo	
		Branch of Service _	
Military Service Num		Highest rank held	
	EMPLOYMENT	HISTORY	
	dismissed or asked to resig yes, give the following:	n from any employment or p	oosition you hav
Employer's Name:			
Address:			
Date:	Reason	n(s)	
23. Have you ever had Employer's Name:	any disciplinary action tak	en against you? If ves. give	the following:
Address		Phone Number	
	Nature of discipli	inary action and reason(s):	

### **LEGAL HISTORY**

24. Have you eve	er been detained or a	arrested by a Peace Offic	er or summoned into court? If yes:
REASON	DATE	CITY & STATE	DISPOSITION
25 Has your dr	iver license ever k	peen suspended or revo	sked? If ves:
REASON	DATE	CITY& STATE	
26. List to the be	st of ability all traff	ic citations you have red	ceived, excluding parking tickets:
Month/Year	Charge	City/State	Disposition
		DRUG USAGE	
			, steroids or marijuana without a
			cludes, but not limited to, giving r to defray the cost, chip in, etc. If
so, explain:	money to purchase	e any of them for you o	i to demay the cost, emp in, etc. If

28.	Have you ever sold or traded anything of value, OTHER THAN MONEY, to purchase any
	illegal drugs, or narcotics? If so, explain:

### AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I have reviewed this complete personal data statement and believe it to be true and correct to the best of my knowledge and recollection. I understand what willfully withholding information or making false statements concerning this statement will be basis for rejection.

I also understand that after I have turned in this personal history statement, I must inform the Sheriffs Human Resource Section immediately, of any changes or updates of information contained in this statement. Failure to do so could be basis for rejection.

I also do hereby authorize a review and full disclosure of all records concerning myself to any duty authorized agent of the Fort Bend County Sheriffs Office, whether the said records are of public, private confidential nature.

The intent of this authorization is to give my consent for a full and complete disclosure of the records of educational institutions; financial or credit institutions including records of loans, the records of commercial and retail credit agencies, credit reports and ratings, and other financial statements and records wherever filed. Employment and pre-employment records including background reports, efficiency ratings, complaints or grievances filed by or against me and the records and recollections of any person who may have any record or recollection about me.

I certify that any person(s) who may furnish such information concerning me shall not be held liable for giving this information; and I do hereby release said persons from any and all liability which might otherwise be incurred as a result of furnishing such information.

A copy of this release form will be valid as an original thereof, even though which copy does not contain an original writing of my signature.

Name:	Address:			
Signature:	Date:			
Sworn and subscribed before me this Notary Public, in and for Fort Bend		day	, 20	
Notary Public for Richmond, Texas			My Commission Expires	_
(Notary Stamp)				