

Have you ever had your driver's license revoked? (Y/N) _____ If "Yes", when and where and the circumstances: _____

List your traffic citations for the last three (3) years:

Date:	Place:	Violation:	Disposition:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you have reliable transportation to and from work? (Y/N) _____

Have you ever been involved in any alcoholic related incidents? (Y/N) _____

Has alcoholic ever interfered with your work? (Y/N) _____

Are you currently a TCLEOSE certified peace officer? (Y/N) _____

Attach copy of TCLEOSE certification.

Number of TCLEOSE certified training hours? _____

Are you currently employed as a Peace Officer? (Y/N) _____ If "Yes", give the department: _____ May we contact this department? (Y/N) _____

Branch of Military Service: _____ Present Service: _____

Type of discharge: _____ What specialized training, if any, did you receive while in the military? _____

Are you presently under any medical treatment? (Y/N) _____ Are there any medical

Illnesses or injuries that could be considered a work restriction? (Y/N) _____

If "Yes", give restrictions: _____

List the qualifications and skills you possess which are required for the job as stated in the official announcement of vacancy. (Typing, Shorthand, Computer skills, Interpreter, Medical, etc.)

List all professional registrations or licensing: _____

Give the last 5 employers (including part-time) starting with your current employer.

Present employer's name and address: _____

Type of Business: _____ Date of Initial Employment: _____

Date of Departure: _____ Duties: _____

Reason for leaving: _____

Employer's name and address: _____

Type of Business: _____ Date of Initial Employment: _____

Date of Departure: _____ Duties: _____

Reason for leaving: _____

Employer's name and address: _____

Type of Business: _____ Date of Initial Employment: _____

Date of
Departure: _____ Duties: _____

Reason for leaving: _____

Employer's name and address: _____

Type of Business: _____ Date of Initial Employment: _____

Date of
Departure: _____ Duties: _____

Reason for leaving: _____

Employer's name and address: _____

Type of Business: _____ Date of Initial Employment: _____

Date of
Departure: _____ Duties: _____

Reason for leaving: _____

Signature of applicant _____ Date: _____