

# BEDFORD POLICE DEPARTMENT

2121 L. Don Dodson Drive  
Bedford, Texas 76021  
817 952-2465

## PERSONAL HISTORY STATEMENT

### APPLICANT

Name \_\_\_\_\_ Position \_\_\_\_\_

### CITY OF BEDFORD BEDFORD POLICE DEPARTMENT PERSONAL HISTORY STATEMENT

#### **IMPORTANT! READ THESE INSTRUCTIONS CAREFULLY.**

These instructions are provided as a guide to assist you in properly completing your Personal History Statement (P.H.S.)

#### **IT IS ESSENTIAL THAT THE INFORMATION IS ACCURATE AND COMPLETE!**

Your Personal History Statement will be used as the basis for a background investigation that will determine your eligibility for the position for which you are applying.

The Personal History Statement must be legibly printed in ink, and someone else other than applicant may not complete the application or personal history statement on behalf of the applicant.

Avoid errors by reading the directions carefully before making any entries on the form. Answer all contact information questions completely, correctly, and in sequence (ex. Addresses with zip codes, and telephone numbers with area codes) for former employers and personal references.

If there is insufficient space on the P.H.S. form, attach extra sheets. Be sure your name is on the page and reference the relevant section and question, before continuing your answer.

An applicant may be disqualified from the application process for the following factors: any moral character issue demonstrated prior to or during the application process (i.e. failure to pay child support, disorderly conduct, demonstration of bad character, etc.).

Have this document notarized before returning it.

Your failure to complete this document accurately and thoroughly may result in the rejection of your application. Any misstatement or misrepresentations, including omitted information given in the Personal History Statement or interview(s) may result in the rejection of your application and /or immediate termination, without right of appeal, unless subject to an appeal pursuant to the City's Personnel Rules.

If you have any questions regarding the required information, contact the background investigation section prior to returning the document. You may reach that section from 8a.m. to 5p.m., Monday through Friday at 817-952-2489.

**Attach copies (not originals) of the following documents to your completed  
Personal History Statement:**

High School transcript and a copy of the diploma or G.E.D., if applicable

College transcript and a copy of the diploma, if applicable

**College Transcripts Must be Sealed Certified Copies**

Any marriage licenses, divorce decrees or other civil papers that may apply

Military Form DD214 discharge papers, showing an Honorable Discharge, if applicable

Birth certificate or a proof of legal residence

Government issued photo ID card or a driver's license (for positions that require driving of a city vehicle)

Social security card

Liability Insurance

Job evaluations from the employers within the last three years, if applicable

Military performance evaluations, if applicable

# City of Bedford Police Department Personnel Unit

## Importance of Honesty

The City of Bedford Police Department is seeking public safety applicants who demonstrate certain characteristics. Honesty is the most important characteristic that you must demonstrate. It is extremely important that you are completely honest in all of your answers.

The importance of honesty from the time of application, completion of all documents, questionnaires and the Personal History Statement as well as during all interviews cannot be overemphasized. **Failure to respond to any question accurately and completely, whether orally or in writing, will result in your application being removed from the process.** Deception is the primary reason why applications are disqualified in the selection process.

While filling out documents, you are cautioned to take your time and to be thorough and specific in all answers. If you have any doubt in your mind concerning a particular question, or if you are unaware whether to include certain information, the answer is, "Yes, include it".

You may think that something you have done will disqualify you from further consideration. It may or may not. What will certainly disqualify you is lying or distorting the truth. For example, an arrest (either when you were a juvenile or as an adult) may or may not disqualify you. However, lying about the arrest will disqualify you from further consideration. Or, you may have been fired from a job, which by itself, may or may not disqualify you. However, lying about it will disqualify you from further consideration. The use of drugs, including marijuana, may or may not disqualify you. However, lying about it will disqualify you from further consideration.

I have read and understand the importance of being honest throughout this entire process.

\_\_\_\_\_  
Applicant's Printed Name

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

\_\_\_\_\_  
Date

# Directions for completing the Personal History Statement

1. **Print legibly and use black ink only.**
2. If a question doesn't apply to you, answer "N/A."
3. **You are responsible** for obtaining addresses and telephone numbers to fill in the appropriate blanks.
4. If additional space is needed, you can make additional copies of the appropriate sections or please attach additional sheets of paper and reference the section and question number.
5. An accurate and complete personal history statement will expedite your background investigation. Any deliberate omissions or falsifications will result in disqualification from this process.

If you have questions regarding this booklet, contact the background investigator at 817 952-2489

## IDENTIFICATION SECTION

Name:

\_\_\_\_\_  
Last First Middle

Alias Name(s):

\_\_\_\_\_

Address:

\_\_\_\_\_  
Number Street

\_\_\_\_\_  
City State Zip Code

Telephone numbers:

Home: \_\_\_\_\_ Cell: \_\_\_\_\_  
Area Code Number Area Code Number

Email Address:

\_\_\_\_\_

Social security number:

\_\_\_\_\_

Driver's license number:

\_\_\_\_\_  
Number State

Date of birth:

\_\_\_\_\_  
Month Day Year

Place of birth:

\_\_\_\_\_  
City County State

Physical description:

\_\_\_\_\_  
Height Weight Eye Color Hair Color

\_\_\_\_\_  
Scars Tattoos

\_\_\_\_\_  
Distinguishing Marks

Are you a citizen of the United States of America?  Yes  No

Are you a naturalized citizen?  Yes  No

Naturalized Certificate number \_\_\_\_\_

Date, Place, and Court \_\_\_\_\_

Do you, or your spouse, have a relative (by blood or marriage) employed by the City of Bedford?

Yes  No

If the answer is "yes", list the name/position of such person and how that person is related to you. \_\_\_\_\_

---

**List all addresses where you have lived since your tenth birthday.** Include apartment complex names. **Begin with present address and work backward:** List the dates you resided at the addresses you list: (Attach additional sheets if necessary).

1. Date: \_\_\_\_\_

Address: \_\_\_\_\_

2. Date: \_\_\_\_\_

Address: \_\_\_\_\_

3. Date: \_\_\_\_\_

Address: \_\_\_\_\_

4. Date: \_\_\_\_\_

Address: \_\_\_\_\_

5. Date: \_\_\_\_\_

Address: \_\_\_\_\_

6. Date: \_\_\_\_\_

Address: \_\_\_\_\_

7. Date: \_\_\_\_\_

Address: \_\_\_\_\_

8. Date: \_\_\_\_\_

Address: \_\_\_\_\_

9. Date: \_\_\_\_\_

Address: \_\_\_\_\_

10. Date: \_\_\_\_\_

Address: \_\_\_\_\_

11. Date: \_\_\_\_\_

Address: \_\_\_\_\_

12. Date: \_\_\_\_\_

Address: \_\_\_\_\_

13. Date: \_\_\_\_\_

Address: \_\_\_\_\_

## EDUCATIONAL HISTORY SECTION

List all formal educational schools, colleges, vocational, professional, and certification programs you have attended or been qualified in, as requested.

**Documentation will be required. Transcripts are required from each attended college or university, regardless of successful graduation from that institution.**

Did you graduate from high school?  Yes  No

Name of high school: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

What dates did you attend high school? \_\_\_\_\_ to \_\_\_\_\_

Did you attend any other high school than one mentioned above? \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Dates: \_\_\_\_\_

### Graduate Equivalency Diploma (GED)

If you did not graduate from high school, complete the following:

What grade were you in when you quit school? \_\_\_\_\_

Did you enroll in a GED program?  Yes  No

Did you successfully complete a GED program?  Yes  No

Have you been involved in more than one GED program? \_\_\_\_\_

If you completed a GED program, complete the following:

Institution's name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Date GED issued: \_\_\_\_\_

Name of person in charge of GED institution: \_\_\_\_\_

What were the reasons you dropped-out of school?

Explain: \_\_\_\_\_

\_\_\_\_\_

**COLLEGE(S) FROM WHICH YOU GRADUATED**

Name of college or university: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Dates attended: \_\_\_\_\_

Name of dean or professor: \_\_\_\_\_

Degree received: \_\_\_\_\_ Grade point average: \_\_\_\_\_ Number of hours \_\_\_\_\_

Major: \_\_\_\_\_ Minor: \_\_\_\_\_

List the names of all groups/organizations that you are a member of or associate with.

\_\_\_\_\_

\_\_\_\_\_

List any special achievements and awards.

\_\_\_\_\_

\_\_\_\_\_

\*\*\*\*\*

Name of college or university: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Dates attended: \_\_\_\_\_

Name of dean or professor: \_\_\_\_\_

Degree received: \_\_\_\_\_ Grade point average: \_\_\_\_\_ Number of hours \_\_\_\_\_

Major: \_\_\_\_\_ Minor: \_\_\_\_\_

List the names of all groups/organizations that you are a member of or associated with.

\_\_\_\_\_

\_\_\_\_\_

List any special achievements and awards.

\_\_\_\_\_

\_\_\_\_\_

**COLLEGE(S) WHICH YOU ATTENDED, BUT DID NOT GRADUATE**

If you attended a college or university, but did not graduate, please complete the following:

Name of college or university: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Dates attended: \_\_\_\_\_

College dean or professor's name: \_\_\_\_\_

Degree received: \_\_\_\_\_ Grade point average: \_\_\_\_\_ Number of hours \_\_\_\_\_

Major: \_\_\_\_\_ Minor: \_\_\_\_\_

List the names of all groups/organizations that you are a member of or associated with:

\_\_\_\_\_  
\_\_\_\_\_

State the true reasons for leaving and not graduating from this college or university.

\_\_\_\_\_  
\_\_\_\_\_

\*\*\*\*\*

If you attended a college or university, but did not graduate, please complete the following:

Name of college or university: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Dates attended: \_\_\_\_\_

College dean or professor's name: \_\_\_\_\_

Degree received: \_\_\_\_\_ Grade point average: \_\_\_\_\_ Number of hours \_\_\_\_\_

Major: \_\_\_\_\_ Minor: \_\_\_\_\_

List the names of all groups/organizations that you are a member of or associated with:

\_\_\_\_\_  
\_\_\_\_\_

State the true reasons for leaving and not graduating from this college or university.

\_\_\_\_\_  
\_\_\_\_\_

## LAW ENFORCEMENT CERTIFICATION

If you have ever been certified by the Texas Commission on Law Enforcement Officers Standards and Education, or a similar governmental agency or commission, complete the following:

Name of commission or agency: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Classification of certificate: \_\_\_\_\_

## VOCATIONAL TRAINING/PROFESSIONAL CERTIFICATION

If you attended a vocational or professional occupational training school, please complete the following:

School name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Dates attended: \_\_\_\_\_

Type of vocational training or professional schooling: \_\_\_\_\_

Number of credits/hours: \_\_\_\_\_

Name of vocational/professional license: \_\_\_\_\_

If you have had a vocational/professional license canceled, revoked, or suspended, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been expelled from any school you have attended for any disciplinary reasons?

Yes  No

School: \_\_\_\_\_ Dates: \_\_\_\_\_ Reason: \_\_\_\_\_

School: \_\_\_\_\_ Dates: \_\_\_\_\_ Reason: \_\_\_\_\_

Have you ever been placed on academic probation?

Yes  No

School: \_\_\_\_\_ Dates: \_\_\_\_\_

School: \_\_\_\_\_ Dates: \_\_\_\_\_

## CURRENT FULL-TIME JOB

Employer name: \_\_\_\_\_

Normal work hours and days: \_\_\_\_\_

Employment dates: \_\_\_\_\_

Complete address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Job title: \_\_\_\_\_

Salary: \_\_\_\_\_

Supervisor's name: \_\_\_\_\_

Supervisor's phone number: \_\_\_\_\_

Duties: \_\_\_\_\_

State the true reason wanting to leave this employer: \_\_\_\_\_

Have you ever stolen anything from this place of employment?  Yes  No

Is your employer aware of the theft?  Yes  No

List **any** punitive or disciplinary action taken against you by this employer (reprimands, suspensions, reductions etc.).

\_\_\_\_\_

Were you asked to resign or were you fired from this position?  Yes  No

Are you eligible for rehire by this employer?  Yes  No

Would you work for this employer again?  Yes  No

## PREVIOUS JOBS

**Complete one for each full-time/part-time job in your employment history and list ALL jobs. (Make additional copies if needed.)**

Employer name: \_\_\_\_\_

Complete address: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Employed from: \_\_\_\_\_ to \_\_\_\_\_ Salary: \_\_\_\_\_

Job title: \_\_\_\_\_ Supervisor's name: \_\_\_\_\_

Duties: \_\_\_\_\_

State the true reason for leaving this employer: \_\_\_\_\_

Have you ever stolen anything from the above place of employment?  Yes  No

List any punitive or disciplinary action taken against you by this employer (reprimands, suspensions, reductions, etc.)  
\_\_\_\_\_

Was your income from this job reported to the IRS  Yes  No

Were you asked to resign or were you fired from this position?  Yes  No

Are you eligible for rehire by this employer?  Yes  No

Would you work for this employer again?  Yes  No

**Complete one for each full-time/part-time job in your employment history and list ALL jobs. (Make additional copies if needed.)**

Employer name: \_\_\_\_\_

Complete address: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Employed from: \_\_\_\_\_ to \_\_\_\_\_ Salary: \_\_\_\_\_

Job title: \_\_\_\_\_ Supervisor's name: \_\_\_\_\_

Duties: \_\_\_\_\_

State the true reason for leaving this employer: \_\_\_\_\_

Have you ever stolen anything from the above place of employment?  Yes  No

List any punitive or disciplinary action taken against you by this employer (reprimands, suspensions, reductions, etc.)  
\_\_\_\_\_

Was your income from this job reported to the IRS  Yes  No

Were you asked to resign or were you fired from this position?  Yes  No

Are you eligible for rehire by this employer?  Yes  No

Would you work for this employer again?  Yes  No

**Complete one for each full-time/part-time job in your employment history and list ALL jobs. (Make additional copies if needed.)**

Employer name: \_\_\_\_\_

Complete address: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Employed from: \_\_\_\_\_ to \_\_\_\_\_ Salary: \_\_\_\_\_

Job title: \_\_\_\_\_ Supervisor's name: \_\_\_\_\_

Duties: \_\_\_\_\_

State the true reason for leaving this employer: \_\_\_\_\_

Have you ever stolen anything from the above place of employment?  Yes  No

List any punitive or disciplinary action taken against you by this employer (reprimands, suspensions, reductions, etc.)  
\_\_\_\_\_

Was your income from this job reported to the IRS  Yes  No

Were you asked to resign or were you fired from this position?  Yes  No

Are you eligible for rehire by this employer?  Yes  No

Would you work for this employer again?  Yes  No

**Complete one for each full-time/part-time job in your employment history and list ALL jobs. (Make additional copies if needed.)**

Employer name: \_\_\_\_\_

Complete address: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Employed from: \_\_\_\_\_ to \_\_\_\_\_ Salary: \_\_\_\_\_

Job title: \_\_\_\_\_ Supervisor's name: \_\_\_\_\_

Duties: \_\_\_\_\_

State the true reason for leaving this employer: \_\_\_\_\_

Have you ever stolen anything from the above place of employment?  Yes  No

List any punitive or disciplinary action taken against you by this employer (reprimands, suspensions, reductions, etc.)  
\_\_\_\_\_

Was your income from this job reported to the IRS  Yes  No

Were you asked to resign or were you fired from this position?  Yes  No

Are you eligible for rehire by this employer?  Yes  No

Would you work for this employer again?  Yes  No

**Complete one for each full-time/part-time job in your employment history and list ALL jobs. (Make additional copies if needed.)**

Employer name: \_\_\_\_\_

Complete address: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Employed from: \_\_\_\_\_ to \_\_\_\_\_ Salary: \_\_\_\_\_

Job title: \_\_\_\_\_ Supervisor's name: \_\_\_\_\_

Duties: \_\_\_\_\_

State the true reason for leaving this employer: \_\_\_\_\_

Have you ever stolen anything from the above place of employment?  Yes  No

List any punitive or disciplinary action taken against you by this employer (reprimands, suspensions, reductions, etc.)  
\_\_\_\_\_

Was your income from this job reported to the IRS  Yes  No

Were you asked to resign or were you fired from this position?  Yes  No

Are you eligible for rehire by this employer?  Yes  No

Would you work for this employer again?  Yes  No

**Complete one for each full-time/part-time job in your employment history and list ALL jobs. (Make additional copies if needed.)**

Employer name: \_\_\_\_\_

Complete address: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Employed from: \_\_\_\_\_ to \_\_\_\_\_ Salary: \_\_\_\_\_

Job title: \_\_\_\_\_ Supervisor's name: \_\_\_\_\_

Duties: \_\_\_\_\_

State the true reason for leaving this employer: \_\_\_\_\_

Have you ever stolen anything from the above place of employment?  Yes  No

List any punitive or disciplinary action taken against you by this employer (reprimands, suspensions, reductions, etc.)  
\_\_\_\_\_

Was your income from this job reported to the IRS  Yes  No

Were you asked to resign or were you fired from this position?  Yes  No

Are you eligible for rehire by this employer?  Yes  No

Would you work for this employer again?  Yes  No

**Complete one for each full-time/part-time job in your employment history and list ALL jobs. (Make additional copies if needed.)**

Employer name: \_\_\_\_\_

Complete address: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Employed from: \_\_\_\_\_ to \_\_\_\_\_ Salary: \_\_\_\_\_

Job title: \_\_\_\_\_ Supervisor's name: \_\_\_\_\_

Duties: \_\_\_\_\_

State the true reason for leaving this employer: \_\_\_\_\_

Have you ever stolen anything from the above place of employment?  Yes  No

List any punitive or disciplinary action taken against you by this employer (reprimands, suspensions, reductions, etc.)  
\_\_\_\_\_

Was your income from this job reported to the IRS  Yes  No

Were you asked to resign or were you fired from this position?  Yes  No

Are you eligible for rehire by this employer?  Yes  No

Would you work for this employer again?  Yes  No

**Complete one for each full-time/part-time job in your employment history and list ALL jobs. (Make additional copies if needed.)**

Employer name: \_\_\_\_\_

Complete address: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Employed from: \_\_\_\_\_ to \_\_\_\_\_ Salary: \_\_\_\_\_

Job title: \_\_\_\_\_ Supervisor's name: \_\_\_\_\_

Duties: \_\_\_\_\_

State the true reason for leaving this employer: \_\_\_\_\_

Have you ever stolen anything from the above place of employment?  Yes  No

List any punitive or disciplinary action taken against you by this employer (reprimands, suspensions, reductions, etc.)  
\_\_\_\_\_

Was your income from this job reported to the IRS  Yes  No

Were you asked to resign or were you fired from this position?  Yes  No

Are you eligible for rehire by this employer?  Yes  No

Would you work for this employer again?  Yes  No

---

---

## MISCELLANEOUS PERSONAL QUALIFICATIONS

If you are fluent in a **foreign language**, indicate, in each area, your degree of fluency (excellent, good, fair)

| Language | Reading | Speaking | Understanding | Writing |
|----------|---------|----------|---------------|---------|
|          |         |          |               |         |
|          |         |          |               |         |
|          |         |          |               |         |

List any other special skills or qualifications you may possess:

---

---

---

List any special licenses you hold (such as pilot, radio, operator, scuba, etc.) showing licensing authority, original date of issue and date of expiration.

---

---

---

Is there anything that would prevent you from fully performing the duties of an employee of a law enforcement agency, including working weekends, holidays, evenings, or at night?

---

---

---

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 do or which might require further explanation?

Yes    No

If it becomes necessary, could you defend yourself or another person even if it meant taking a human life in the performance of your duties (be sure to consider any religious or other beliefs that may prevent you from doing so)?

Yes    No **(police officer position only)**

Do you have any religious or other beliefs, which would prevent you from fully performing your duties as a police officer, including working on weekends, evenings, nights or holidays?

Yes    No **(police officer position only)**

## Applications or Testing's with other city, state, or county agencies

List **all** the job applications or testing for governmental agencies where you were **not** employed (include all police applications and testing).

| Date: | Agency: | Position applied/tested for: | Current status of application: |
|-------|---------|------------------------------|--------------------------------|
| _____ | _____   | _____                        | _____                          |
| _____ | _____   | _____                        | _____                          |
| _____ | _____   | _____                        | _____                          |
| _____ | _____   | _____                        | _____                          |
| _____ | _____   | _____                        | _____                          |
| _____ | _____   | _____                        | _____                          |
| _____ | _____   | _____                        | _____                          |
| _____ | _____   | _____                        | _____                          |

## CITATIONS (TICKETS)

List **all** citations (tickets) you have been issued. This includes **moving violations and non-moving violations** (examples: speeding, no insurance, no seatbelt, assault by contact, MIP, Red light camera etc.), whether you were convicted or not. Include out of state citations and those incidents in which you attended defensive driving and/or received deferred adjudication:

| Charge on ticket: | Date: | Agency issuing citation: | Disposition: |
|-------------------|-------|--------------------------|--------------|
| _____             | _____ | _____                    | _____        |
| _____             | _____ | _____                    | _____        |
| _____             | _____ | _____                    | _____        |
| _____             | _____ | _____                    | _____        |
| _____             | _____ | _____                    | _____        |
| _____             | _____ | _____                    | _____        |
| _____             | _____ | _____                    | _____        |
| _____             | _____ | _____                    | _____        |
| _____             | _____ | _____                    | _____        |
| _____             | _____ | _____                    | _____        |
| _____             | _____ | _____                    | _____        |
| _____             | _____ | _____                    | _____        |
| _____             | _____ | _____                    | _____        |
| _____             | _____ | _____                    | _____        |
| _____             | _____ | _____                    | _____        |
| _____             | _____ | _____                    | _____        |
| _____             | _____ | _____                    | _____        |
| _____             | _____ | _____                    | _____        |
| _____             | _____ | _____                    | _____        |
| _____             | _____ | _____                    | _____        |

## DRIVING RECORD

1. How many citations have you received since you began driving? \_\_\_\_\_
2. How many citations have you received in the past three years? \_\_\_\_\_
3. Do you have a valid Texas driver's license?  Yes  No
4. Have you ever driven a motor vehicle, since your 17<sup>th</sup> birthday, without a valid driver's license?  
 Yes  No
5. Have you ever had your driver's license suspended?  
 Yes  No If Yes, give date of suspension, type of suspension and date lifted: \_\_\_\_\_
6. Have you ever had your driver's license placed on probation for receiving an excessive number of traffic violations?  
 Yes  No
7. Have you ever had a hearing for probation/suspension, etc.?  
 Yes  No
8. Have you ever knowingly driven a motor vehicle after your driver's license was suspended or after it had been revoked?  
 Yes  No
9. Have you had a driver's license in any other state?  Yes  No  
If yes, list driver's license number and state \_\_\_\_\_
10. Have you ever been denied a driver's license for any reason other than medical or a disability?  
 Yes  No
11. Have you ever been involved in an accident, or struck an unattended vehicle, then left the accident scene without leaving identification?  
 Yes  No
12. Have you ever been involved in an accident while operating a motor vehicle while under the influence of an alcoholic beverage?  
 Yes  No
13. Have you ever had your insurance revoked due to the number of traffic citations you have received or the number of traffic accidents you were involved in as a driver?  
 Yes  No
14. Have you ever driven a motor vehicle within the past three years without proper insurance?  
 Yes  No
15. Who is your automobile insurance provider? \_\_\_\_\_  
Insurance Company Address \_\_\_\_\_  
Policy Number: \_\_\_\_\_ Effective Dates: \_\_\_\_\_

**16. List all accidents in which you were involved in as a driver:**

| Date | Location (Street, City, and State) | Brief Description | Your Fault |
|------|------------------------------------|-------------------|------------|
|      |                                    |                   | Y / N      |
|      |                                    |                   | Y / N      |
|      |                                    |                   | Y / N      |

**CRIMINAL CONVICTIONS**

All Applicants, unless otherwise prohibited by law, will be subject to a criminal history check. Convictions or other criminal history may be relevant if job related, but does not necessarily bar you from employment.

1. Have you ever been convicted of any crime, or received deferred adjudication, community supervision or probation for any offense including driving while intoxicated and excluding traffic citations?  
 Yes  No

2. Have you ever had charges dismissed under a plea bargain?  
 Yes  No  
 If yes, please explain \_\_\_\_\_  
 \_\_\_\_\_

3. Are you currently under indictment or have any criminal charges pending?  
 Yes  No

4. Indicate the following for any current indictments, charges pending or prior convictions:

a. Arresting Agency: \_\_\_\_\_

b. Date(s) of Arrest: \_\_\_\_\_

c. What were you charged with? \_\_\_\_\_

d. When were you convicted? \_\_\_\_\_

e. What was the final disposition of the case?  
 Probation: Starting \_\_\_\_\_ Ending \_\_\_\_\_  
 Jail or Prison: Complete Below.  Fine: \$ \_\_\_\_\_  
 Other Explain \_\_\_\_\_

f. If you were sent to a detention facility, when did you start your sentence? \_\_\_\_\_

g. When and under what conditions were you released?  
 Paroled \_\_\_\_\_  
 Sentence Completed \_\_\_\_\_  
 If presently on parole, when will your parole be finished? \_\_\_\_\_

## MILITARY SERVICE

1. Have you ever registered with selective (draft) service?

Yes  No

2. Have you ever been a member of any branch of the U. S. Armed Forces?

Yes  No

Branch of Service: \_\_\_\_\_ Highest Rank Obtained: \_\_\_\_\_

Induction Date: \_\_\_\_\_ Discharge Date: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

A dishonorable discharge is not an absolute bar to employment and other factors will affect the decision to hire or not to hire a civilian in the police department.

Last duty station and name of Commanding Officer: \_\_\_\_\_

Awards: (Type and Date awarded)

Special Schools / Training

|       |       |       |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

3. While in the military, were you ever awarded non-judicial punishment? (Captain's Mast, Article 15)

Yes  No

4. Were you ever reduced in rank?

Yes  No

When? \_\_\_\_\_ Reason: \_\_\_\_\_

5. While in the military service, were you ever convicted of an offense as a result of summary, special or general court-martial?

Yes  No

If yes, give date, place, law enforcing authority or type of court-martial, charge and action taken for each incident.

Charge: \_\_\_\_\_ Date: \_\_\_\_\_ Results: \_\_\_\_\_

Charge: \_\_\_\_\_ Date: \_\_\_\_\_ Results: \_\_\_\_\_

6. Are you currently a member of a U.S. Reserve or National or State Guard Organization?

Yes  No

Branch of Service: \_\_\_\_\_ Grade & Service #: \_\_\_\_\_ Are you:  Inactive  Standby

Organization / Station/ Unit and Location: \_\_\_\_\_

## LITIGATION

1. Other than workers' compensation claims made by you, have you ever been involved in any type of lawsuit or civil court action, including divorce and child custody issues?

Yes  No

If yes, list and explain:

---

---

2. Have you ever had a vehicle repossessed?  Yes  No

When and what \_\_\_\_\_

3. Have you ever been evicted or asked to move from a place you lived?  Yes  No

If so, date and address \_\_\_\_\_

## FINANCIAL HISTORY

1. What is your current combined household income? \_\_\_\_\_ (Monthly-net)

2. Have you ever filed for a bankruptcy?

Yes  No

If yes, explain (including when) \_\_\_\_\_

---

---

3. What are your current combined household monthly expenses? \_\_\_\_\_

4. Are you currently past due on any payments?

Yes  No

If yes, explain \_\_\_\_\_

---

---

## FINANCIAL OBLIGATIONS

Indicate all individuals, companies, or others to whom you owe money and the amount of your debt. Include rent, mortgages, vehicle payments, charge accounts, credit cards, loans, child support payments, and any other debts and payments. Include all debts owed by your wife/husband. Continue on a separate page if needed.

| Name of Creditor       | Total Balance | Monthly Payment | Past Due? |
|------------------------|---------------|-----------------|-----------|
| <b>Mortgage / Rent</b> |               |                 | YES / NO  |
|                        |               |                 | YES / NO  |
| <b>TOTAL</b>           |               |                 |           |

If past due, explain

---



---



---



---



---

## PERSONAL DECLARATIONS

Drug use covers all terms used to describe the ingestion of any of the listed types into a person's system. Example: experimented, tried, etc.

Have you used:

| Substance   | Yes / No | Approximate<br>First Date Used | Approximate<br>Last Date Used | Total Number<br>of Times used? |
|---|----------|--------------------------------|-------------------------------|--------------------------------|
| PCP (Angle Dust)                                    |          |                                |                               |                                |
| THC (Hashish/ <b>Marijuana</b> )                    |          |                                |                               |                                |
| LSD   |          |                                |                               |                                |
| Heroin  |          |                                |                               |                                |
| Cocaine   |          |                                |                               |                                |
| Amphetamine/<br>Methamphetamines                    |          |                                |                               |                                |
| Ecstasy / XTC / Ice                                 |          |                                |                               |                                |
| Inhalants (glue/paint)                              |          |                                |                               |                                |
| GHB / Rohypnol (date-rape<br>drug)                  |          |                                |                               |                                |
| Steroids (Other than<br>prescription)               |          |                                |                               |                                |
| Any other recreational / non-<br>prescription drugs |          |                                |                               |                                |

If you answered yes to any of the above questions, please explain circumstances: \_\_\_\_\_

---



---



---

## PERSONAL DECLARATIONS / DRUG USE (Continued)

Have you ever possessed any of the items specified on previous page?

Yes  No

Which \_\_\_\_\_ When \_\_\_\_\_ #Times \_\_\_\_\_

Have you ever sold any of the items specified on previous page?

Yes  No

Which \_\_\_\_\_ When \_\_\_\_\_ #Times \_\_\_\_\_

Have you ever bought any of the items specified on previous page?

Yes  No

Which \_\_\_\_\_ When \_\_\_\_\_ #Times \_\_\_\_\_

Have you ever been involved, in any way, in the manufacturing of an illegal drug?

Yes  No

What drug? \_\_\_\_\_ How were you involved? \_\_\_\_\_

Have you ever been involved in the delivery of any illegal drugs to another person?

Yes  No

If yes, please explain \_\_\_\_\_

Have you ever transported any illegal drugs across a state or U.S. border?

Yes  No

If yes, please explain \_\_\_\_\_

\_\_\_\_\_

Have you ever cultivated or grown any illegal drug or substance?

Yes  No

If yes, please explain \_\_\_\_\_

\_\_\_\_\_

Have you ever used prescription or over the counter medication or products for any purpose other than intended or those listed in the directions, or grossly exceeded the recommended dosage?

Yes  No

If yes, please explain \_\_\_\_\_

\_\_\_\_\_

Have you ever taken prescription medication not prescribed for you?

Yes  No

If yes, what type? \_\_\_\_\_

From whom (relation)? \_\_\_\_\_ When? \_\_\_\_\_

## ALCOHOL USE

Do you use alcoholic products?

Yes  No

If yes, how often do you drink and approximately how much at any given time? \_\_\_\_\_

---

Have you ever consumed alcohol during work, in violation of company policy or procedures?

Yes  No

Have you ever been disciplined as a result of an alcohol related incident?

Yes  No

Have you ever sought medical help or counseling for alcohol / substance abuse related reasons?

Yes  No

Have you ever consumed alcohol as a minor? If yes, at what age(s)? \_\_\_\_\_

Yes  No provided by whom? \_\_\_\_\_

## GROUPS, CLUBS AND ORGANIZATIONS SECTION

- \_\_\_\_\_ 1. Have you ever been a member of, or associated with, a white supremacy group or organization?
- \_\_\_\_\_ 2. Have you ever been a member of, or associated with, a civilian militia group or organization?
- \_\_\_\_\_ 3. Have you ever been a member of, or associated with, a group or organization that advocates the overthrow of the U.S. Federal Government?
- \_\_\_\_\_ 4. Have you ever been a member of, or associated with, an organization that recommends to its membership that they not adhere to, or comply with, specific federal law?
- \_\_\_\_\_ 5. Have you ever been a member of, or associated with, a group or organization that is preparing for a confrontation with the U.S. Government?
- \_\_\_\_\_ 6. Have you ever been a member of, or associated with, a group or organization that advocates violence of any kind?
- \_\_\_\_\_ 7. Have you ever been a member of, or associated with, a group or organization that advocates discrimination against individuals based on gender, race, creed, or ethnic origin?
- \_\_\_\_\_ 8. Have you ever participated in a riot or civil disturbance?
- \_\_\_\_\_ 9. Have you ever been a member of, or associated with, a nazi or neo-nazi group or organization?
- \_\_\_\_\_ 10. Have you ever been a member of, or associated with, the communist party?
- \_\_\_\_\_ 11. Have you ever been a member of, or associated with, a group or organization that has been classified as subversive or terrorist by the U.S. Government?
- \_\_\_\_\_ 12. Have you ever been a member of, or associated with, any street or neighborhood gang, club, group, or organization that engaged in violence, drugs, or any type of illegal activity?
- \_\_\_\_\_ 13. Have you ever been a member of, or associated with, a club, group, or organization such as, or similar to, the Hells' Angels, Crips, or Bloods?
- \_\_\_\_\_ 14. Have you ever been a member of, or associated with, a paramilitary group or organization?
- \_\_\_\_\_ 15. Have you ever engaged in any anti-semitic activity?
- \_\_\_\_\_ 16. Have you ever financially supported a terrorist group, club, organization, state, or country?

List the names and addresses of all clubs, groups, and organizations of which you are a member. List the dates of membership and any office that you held as a member.

1. Organization: \_\_\_\_\_

Date: \_\_\_\_\_ Office: \_\_\_\_\_

2. Organization: \_\_\_\_\_

Date: \_\_\_\_\_ Office: \_\_\_\_\_

3. Organization: \_\_\_\_\_

Date: \_\_\_\_\_ Office: \_\_\_\_\_

## PERSONAL AND MARITAL INFORMATION SECTION

Please answer the following questions:

1. Are you married?  Yes  No If answer is Yes, please answer the questions:

Birth certificate name of spouse: \_\_\_\_\_

Married name of spouse: \_\_\_\_\_ Cell Phone \_\_\_\_\_

4. Have you been married to anyone else?  Yes  No  
If Yes, list the name of all former spouses and dates of marriage and divorce.

Name: \_\_\_\_\_ Date married: \_\_\_\_\_ Date divorced: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Have you been ordered by a magistrate to pay child support?  Yes  No  
If Yes, indicate amount below:

\_\_\_\_\_

6. Have you been ordered to appear in court due to non-payment of child support?  Yes  No  
If Yes, indicate the number of payments you are/were behind:

\_\_\_\_\_

7. Have you been ordered by a magistrate to pay alimony to a former spouse?  Yes  No  
If Yes, indicate the amount of your alimony payments below:

\_\_\_\_\_

8. Are you behind on alimony payments to a former spouse?  Yes  No

9. Have your wages ever been garnished due to non-payment of child support or alimony?  Yes  No

10. Do your personal convictions prohibit you from working on any certain day of the week?  Yes  No

11. Do you understand that members of the Bedford Police Department are subject to call to duty at all times?  
Yes  No

12. Is there any reason you would not be able to work any shift?  Yes  No

Explain: \_\_\_\_\_

## PERSONAL REFERENCES

**List five (5)** persons who know you well enough to provide current information about you. Do not list relatives or past/present employers.

Name \_\_\_\_\_ Occupation \_\_\_\_\_

Home Address: \_\_\_\_\_  
(street, city, state, and zip)

Daytime Phone # \_\_\_\_\_ Other Phone # \_\_\_\_\_ Years known \_\_\_\_\_

Briefly describe your relationship with this person \_\_\_\_\_

Email address \_\_\_\_\_

Name \_\_\_\_\_ Occupation \_\_\_\_\_

Home Address: \_\_\_\_\_  
(street, city, state, and zip)

Daytime Phone # \_\_\_\_\_ Other Phone # \_\_\_\_\_ Years known \_\_\_\_\_

Briefly describe your relationship with this person \_\_\_\_\_

Email address \_\_\_\_\_

Name \_\_\_\_\_ Occupation \_\_\_\_\_

Home Address: \_\_\_\_\_  
(street, city, state, and zip)

Daytime Phone # \_\_\_\_\_ Other Phone # \_\_\_\_\_ Years known \_\_\_\_\_

Briefly describe your relationship with this person \_\_\_\_\_

Email address \_\_\_\_\_

Name \_\_\_\_\_ Occupation \_\_\_\_\_

Home Address: \_\_\_\_\_  
(street, city, state, and zip)

Daytime Phone # \_\_\_\_\_ Other Phone # \_\_\_\_\_ Years known \_\_\_\_\_

Briefly describe your relationship with this person \_\_\_\_\_

Email address \_\_\_\_\_

Name \_\_\_\_\_ Occupation \_\_\_\_\_

Home Address: \_\_\_\_\_  
(street, city, state, and zip)

Daytime Phone # \_\_\_\_\_ Other Phone # \_\_\_\_\_ Years known \_\_\_\_\_

Briefly describe your relationship with this person \_\_\_\_\_

Email address \_\_\_\_\_

## ACCURACY OF INFORMATION

I have reviewed each page to make sure all parts are correct and complete. I understand that my eligibility will be based on the information contained on this application. I also understand that the City of Bedford is an at-will employer and that this document is not an offer of employment nor does it constitute an employment contract.

I hereby certify that there are no willful misrepresentations, omissions, or falsifications in the foregoing statements and answers to questions.

I am fully aware that any 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

The City of Bedford is an equal opportunity/affirmative action employer. If you have a disability that requires special needs in the employment process, please notify the ADA Coordinator 48 hours in advance at (817) 952-2167.

### For Department Use Only

| Documents  | Copy Attached | Document Verified By |
|--|---------------|----------------------|
| Copies of HS Diploma/GED and College Diploma                 | Yes / No      |                      |
| Copies of HS and College Transcripts, if applicable          | Yes / No      |                      |
| A copy of Marriage License(s)                                | Yes / No      |                      |
| A copy of Divorce/Custody Decree's and Addendums             | Yes / No      |                      |
| Copies of Training Documentation                             | Yes / No      |                      |
| Photographic copy of Valid Driver's License (Class___)       | Yes / No      |                      |
| A copy of Birth Certificates/Naturalization Cert.            | Yes /No       |                      |
| A copy of Military Discharge Papers/DD214                    | Yes / No      |                      |
| A copy of Proof of Financial Responsibility (Insurance Card) | Yes / No      |                      |
| Copies of Job Evaluations from the last three years          | Yes / No      |                      |
| Copies of Military Performance Evaluations                   | Yes / No      |                      |
| Copy of Social Security Card                                 | Yes / No      |                      |



# **THE FOLLOWING THREE DOCUMENTS**

**CITY OF BEDFORD ALCOHOL AND SUBSTANCE ABUSE SCREENING  
POLICY AND AGREEMENT**

**RELEASE OF INFORMATION AGREEMENT**

**CREDIT INQUIRY AUTHORIZATION**

**MUST BE SIGNED AND NOTARIZED AS  
APPROPRIATE AND SUBMITTED WITH THE  
COMPLETED PERSONAL HISTORY STATEMENT.**

**DO NOT SIGN THE NOTORIZED DOCUMENTS  
UNTIL IN THE PRESENCE OF A NOTARY.**



## **Notice to Job Applicants of the City of Bedford's Alcohol and Substance Abuse Screening Policy and Agreement**

I acknowledge that I have been informed that the City of Bedford (the City) requires each job applicant, as a condition of employment, to submit to a urine or other testing procedures for controlled substances and alcohol. These procedures will be conducted by the City's medical facility and paid for by the City.

I agree to submit to such tests and hereby authorize release and disclosure of the results to the City. Prior to taking such tests or examinations, I will declare any prescribed control substances that I am taking as well as any over-the-counter medications.

I further acknowledge that any test results which show the presence of a controlled substance in the absence of a medically acceptable prescription will result in denial of employment or dismissal, once employed. Any test results which show the presence of alcohol will result in denial of employment or discipline up to and including possible dismissal, once employed. Any initial positive test result on urine will automatically be confirmed by running a gas chromatography/mass spectrometry (GC/MS) test on the same sample. No positive test result will be released unless or until it is confirmed by the GC/MS test. After a confirmed positive test result, an employee or applicant may, at their own expense, have a third test conducted on the same sample at a laboratory selected by the City. Any employment actions taken as a result of a confirmed positive test result can be addressed under the City's grievance procedure contained in the Personnel Policies.

I agree to sign any documents that may be necessary to consent to the testing and to permit release of and disclosure to the City of any medical examination or medical tests for controlled substances or alcohol. The failure to sign such documents will result in denial of employment or dismissal, once employed.

While I am employed with the City, I agree as a condition to my continued employment to submit to any additional examinations or tests required by said policies, rules and regulations. This includes but is not limited to unannounced random controlled substances and alcohol tests or examinations. I hereby authorize release and disclosure of the results of such tests or examinations to the City.

I hereby release and hold harmless the laboratory and any person(s) involved with the taking of such specimens from any liability arising from the taking of fluids and for any ill effects that may result from the substance testing procedures.

I have read the foregoing agreement. I understand that I may refuse to sign this document; however, my refusal will result in rejection of my application for employment. I have thoroughly read the foregoing and hereby consent to its terms. I understand that my compliance with such terms is a condition of continued employment with the City of Bedford and that employment is At-will.

---

Signature of Applicant

---

Date Signed

## CREDIT INQUIRY AUTHORIZATION

In accordance with the Federal Privacy Act and other applicable statutes, I hereby authorize agents of the Bedford Police Department to make any and all necessary inquiries into my personal credit history. I am aware and do consent that such inquiries will be made through the appropriate Credit Reporting Bureau, and that the report obtained as a result of said inquiry will contain detailed financial information about me. I am also aware, and do further consent and authorize that such credit information obtained under this authorization will be used to evaluate my candidacy for employment with the Bedford Police Department.

---

Current Address:

\_\_\_\_\_  
(Street)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
(City)                      (State)

\_\_\_\_\_  
Name (type or print legibly)

Previous Address:

\_\_\_\_\_  
(Street)

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

\_\_\_\_\_  
(City)                      (State)

\_\_\_\_\_  
Date of birth

### NOTARY

The State of \_\_\_\_\_

County of \_\_\_\_\_

Before me \_\_\_\_\_ on this day personally appeared \_\_\_\_\_

Known to me (or proved to me on the oath of) \_\_\_\_\_

or through \_\_\_\_\_ (description of identification card or other document) to be the person

whose name is subscribed to the foregoing instrument and acknowledged to me that he executed the same for the purposes and consideration therein expressed.

Given under my hand and seal of office this \_\_\_\_ day of \_\_\_\_\_, AD \_\_\_\_

(SEAL)

\_\_\_\_\_  
Signature of the notary

# **RELEASE OF INFORMATION AGREEMENT**

\_\_\_\_\_  
Name (printed)

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

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

\_\_\_\_\_  
Address (City, State, Zip)

To Whom It May Concern:

I am an applicant for a position with the Bedford 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 applied. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed to the above department.

I hereby authorize any representative of the Bedford 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 full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the Bedford 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, for the specific purpose of pursuing a background investigation that may provide pertinent data for the Bedford 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 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 another person in any case, either criminal or civil, in which I presently have, or have had an interest, attendance records, polygraph 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 the custodian of such records, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which 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 of the duly accredited representative of the Bedford 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 Bedford Police Department's acceptance and processing of my application for employment. I agree to hold the Bedford Police Department, 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 Bedford 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.

Release of Information Agreement (Continued)

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access and disclosure of records, and I waive those rights with the understanding that information furnished will be used by the Bedford 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 copy does not contain an original writing of my signature.

This waiver is valid for a period of one year 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 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.

\_\_\_\_\_  
Name (signature)

\_\_\_\_\_  
Date

**NOTARY**

The State of \_\_\_\_\_

County of \_\_\_\_\_

Before me \_\_\_\_\_ on this day personally appeared \_\_\_\_\_

Known to me (or proved to me on the oath of) \_\_\_\_\_

or through \_\_\_\_\_ (description of identification card or other document) to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he executed the same for the purposes and consideration therein expressed.

Given under my hand and seal of office this \_\_\_\_ day of \_\_\_\_\_, AD \_\_\_\_

(SEAL)

\_\_\_\_\_  
Signature of the notary

---

**THE FOLLOWING DOCUMENT:**

---

**A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT  
REPORTING ACT**

**IS YOUR PERSONAL COPY AND DOES NOT NEED  
TO BE SUBMITTED WITH YOUR PERSONAL  
HISTORY STATEMENT**

## **A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT**

The Federal Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every "Consumer Reporting Agency" (CRA). Most CRAs are credit bureaus that gather and sell information about you, such as if you pay your bills on time or have filed bankruptcy, to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. 1681-1681U, at the Federal Trade Commission's Web Site (<http://www.ftc.gov>). The FCRA gives you specific rights, as outlined below. You may have additional rights under State Law. You may contact a state or local consumer protection agency or a State Attorney General to learn those rights. You must be told if information in your file has been used against you. Anyone who uses information from a CRA to take action against you, such as denying an application for credit, insurance, or employment, must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.

You can find out what is in your file. At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA. If you request the report within 60 days of receiving notice of the action, you are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.

You can dispute inaccurate information with the CRA. If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items, usually within 30 days, by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. The source also must advise national CRA's, to which it has provided the data, of any error. The CRA must give you a written report of the investigation, and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.

Inaccurate information must be corrected or deleted. A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. However, the CRA is not required to remove accurate data from your file unless it is outdated, as described below, or cannot be verified. If you dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.

You can dispute inaccurate items with the source of the information. If you tell anyone, such as a creditor who reports to a CRA, that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.

Outdated information may not be reported. In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.

Access to your file is limited. A CRA may provide information about you only to people with a need recognized by the FCRA, usually to consider an application with a creditor, insurer, employer, landlord, or other business.

Your consent is required for reports that are provided to employers, or reports that contain medical information. A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.

You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers. Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.

You may seek damages from violators. If a CRA, a user, or, in some cases, a provider of CRA data, violates the FCRA, you may sue them in State or Federal Court. The FCRA give several different federal agencies authority to enforce the FCRA.

For questions or concerns regarding, please contact:

Federal Trade Commission  
Consumer Response Center  
Washington, DC 20580  
202-326-3761

or

Office of Thrift Supervision  
Consumer Programs  
Washington, DC 20552  
800-842-6929