DATE: ____/____/____

POSITION: _____

NAME: _____

The City of Bedford
Application for Employment

(www.bedfordpolice.com)

Statement of Equal Employment Opportunity: The City of Bedford will not discriminate against any applicant for employment because of race, color, religion, sex, sexual orientation, age, national origin, physical or mental disabilities or because they are disabled veterans or veterans of the Vietnam era.

Instructions to Applicant: Thank you for your interest in employment opportunities within the City of Bedford. In order for us to successfully process this application, we ask that you print clearly and use ink. Please answer all questions. We cannot process an incomplete application. If you require accommodations to complete this application or any pre-employment assessments, please notify the Human Resources Department.

Note: Applications must be mailed or submitted in person (Location below). Applications listing multiple positions or without original signatures will not be considered.

Personal

Last Name **First** **Middle**	**Date:** **Email:**
Street Address	**Home Telephone** **( )**
City, State, Zip	**Business Telephone** **( )**
Have you ever applied for employment with us? ☐ **Yes** ☐ **No** **If Yes, Month and Year**_____**Location**_____	**Alternate Telephone** **( )**
Position Desired (MUST be a specific and open position.)	**Will you work overtime if asked?** ☐ **Yes** ☐ **No**
Are you willing to work: ☐ **Full-Time** ☐ **Part-Time** ☐ **Shift** ☐ **Temporary/Seasonal**	**If temporary/seasonal or shift, specify availability.**
Are you legally eligible for employment in the United States?	**When will you be available to begin work?**
Have you ever been convicted of a misdemeanor or a felony other than minor traffic violations? ☐ **Yes** ☐ **No** **(Convictions will not necessarily disqualify you for employment)**	**If yes, please explain. Also, list what counties/states.**

Texas Driver's License Violation Guidelines with Regard to Applicants:

No more than two moving violations and/or accidents recorded against the applicant's driver's license by any licensing agency within the preceding 24 month period.

No more than four moving violations and/or accidents recorded against the applicant's driver's license by any licensing agency within the preceding 36 month period.

No DWI or DUID conviction during the preceding 36 month period.

The City of Bedford is an Equal Opportunity/Affirmative Action Employer

Applications may be mailed to:

Bedford Police Department
2121 L. Don Dodson Dr.
Bedford, TX 76021

Hours of operations are Monday through Friday, 8:00a.m. - 5:00p.m.

Employment History

Please give accurate, complete full-time and part-time employment records for the last seven (7) years. Use additional sheets of paper if necessary. Start with your present or most recent employer. **Do not write "see resume".**

1. Name of Employer	**Date Hired**	**Date Left**
Street Address	**Starting Position**	**Starting Rate of Pay**
City, State, Zip	**Last Position Held**	**Ending Rate of Pay**
Phone Number ( )	**Name and Title of Immediate Supervisor**	
Reason for Leaving		

2. Name of Employer	**Date Hired**	**Date Left**
Street Address	**Starting Position**	**Starting Rate of Pay**
City, State, Zip	**Last Position Held**	**Ending Rate of Pay**
Phone Number ( )	**Name and Title of Immediate Supervisor**	
Reason for Leaving		

3. Name of Employer	**Date Hired**	**Date Left**
Street Address	**Starting Position**	**Starting Rate of Pay**
City, State, Zip	**Last Position Held**	**Ending Rate of Pay**
Phone Number ( )	**Name and Title of Immediate Supervisor**	
Reason for Leaving		

4. Name of Employer	**Date Hired**	**Date Left**
Street Address	**Starting Position**	**Starting Rate of Pay**
City, State, Zip	**Last Position Held**	**Ending Rate of Pay**
Phone Number ( )	**Name and Title of Immediate Supervisor**	
Reason for Leaving		

We may contact the employers listed above unless you indicate those you do not want us to contact.	***DO NOT CONTACT*** **Employer Name(s)_____ Reason_____** **Have you been discharged or asked to resign from any job within the last seven (7) years? If so, explain.** ☐ **Yes** ☐ **No**

Education

	High School	Undergraduate College/University	Trade or Technical School	Graduate/Professional
School Name and Location				
Years Completed	9 10 11 12	1 2 3 4	1 2 3 4	1 2 3 4
Diploma/Degree				

Please describe any courses, programs, or other activities in which you participated that relate to the position for which you are applying.

Military Service

Did you serve in the U.S. Armed Forces? ☐ **Yes** ☐ **No**	**If yes, what Branch?**

Please describe any job-related training received in the United States Military

Miscellaneous

List any professional certificate / license or professional memberships related to the position for which you are applying. Also, list any foreign language skills you possess that may be of benefit in this position.

Do you have any relatives working for the City of Bedford? ☐ **Yes** ☐ **No** **If yes, please give name(s).**	**Have you ever worked for the City of Bedford?** ☐ **Yes** ☐ **No** **If yes, when and under what name?**

Business References

Name and Title	Company	Phone Number
		( )
		( )
		( )

Certification and Agreement

Please Read Carefully Before Signing:

I certify that the information contained in this application is true and correct to the best of my knowledge and understand that any false statement or omission on this application will be grounds for rejection of my application, or if employed, dismissal. I further understand that The City of Bedford is an at-will employer and that this application document is not a contract for employment.

- I consent and authorize the City of Bedford to conduct an investigation, including, but not limited to, verification of employment-related information. I authorize my former employers, schools and business references to provide any information they have regarding me and release them from any and all liability resulting from the release of such information to the City of Bedford. I understand that the information provided in this application will be used solely for determining my eligibility for employment.
- I understand that in accordance with the City of Bedford's Drug Free Workplace Policy, all applicants being considered for employment must satisfactorily pass a urine test for the purpose of determining the presence of illegal drugs or alcohol abuse.
- I understand that if an offer of employment is made, I must provide documentation evidencing my eligibility for employment in the United States, in accordance with the Immigration Reform and Control Act of 1986, as amended.
- I also understand and agree that if employed by the City of Bedford, I will be an employee-at-will. As an employee-at-will: (1) either the City of Bedford or I may terminate the employment relationship at any time, with or without cause; and, (2) there is no agreement, expressed or implied, between the City of Bedford and me for any specific period of employment or for continuing or long term employment. I understand that if hired, my at-will employment with the City of Bedford may only be modified by a separate written document signed by the City Manager and me.
- I consent and authorize the City of Bedford to solicit information about my background, including, but not limited to, information about my driving record, criminal record, and general public record history. I understand that I am entitled to be advised of the nature and scope of the investigation required within a reasonable time after I ask for this information in writing. I release the City of Bedford, its respective employees and agents, and all persons, agencies, and entities providing information or reports about me from any and all liabilities arising out of the release of such information and reports.
- I agree that if terminated from employment, I will participate in mediation before seeking litigation for any civil claims under the law.
- I further agree that in the event civil litigation is pursued, I will waive my right to a jury trial.
- If employment is obtained under this application, I will comply with all policies and regulations of the City of Bedford. I agree to be responsible for city property and equipment issued to me by the City of Bedford until returned by me and to pay for property and equipment not returned. I agree to submit to drug/alcohol tests (random or otherwise) and additional background checks (criminal, credit and motor vehicle), if required by the city.
- If hired, I understand that I must maintain an active bank account in order for the City of Bedford to direct deposit my payroll checks. Additionally, it is my responsibility to notify Human Resources of any changes to my banking information that would directly affect the direct deposit of my payroll checks.
- I am aware of the guidelines for violations on a Texas Driver's License with regard to an applicant as follows:
    1. No more than two moving violations and/or accidents recorded against the applicant's driver's license by any licensing agency within the preceding 24 month period
    2. No more than four moving violations and/or accidents recorded against the applicant's driver's license by any licensing agency within the preceding 36 month period.
    3. No DWI or DUID conviction during the preceding 36 month period.

_____ _____

Applicant Signature Date

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 forgoing 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

_____
Printed Name of Applicant

_____
Date Signed

The City of Bedford

Equal Employment Opportunity Form

Applicant Information

Full Name:

_____
Last First M.I.

Address:

_____
Street Address Apartment /Unit #

_____
City State Zip Code

Phone: (_____) _____ Date: _____

Position Applied for:

_____

Race/Ethnicity & Gender Information

This information is being requested in accordance with federal regulations. It is needed for compliance with The City of Bedford's Affirmative Action Plan. The information is ***voluntary and will not be used*** *when considering you for employment with our company.*

Gender

☐Female ☐Male

Check One: (only if not Hispanic)

☐Asian ☐Black/African American ☐Native American/Alaskan Native

☐Two or more Races ☐White ☐Native Hawaiian/Pacific Islander

☐Decline to Participate

Check One:

☐Hispanic ☐Not Hispanic

How did you hear about this position?

☐Newspaper ☐City of Bedford Website ☐Professional Publication

☐Job Fair ☐Placement Office ☐Company Employee Referral Site

☐Walk In ☐Internet site:_____ ☐Other: _____

Please forward this completed form to Human Resources

Statement Concerning Your Employment in a Job Not Covered by Social Security

Name of Applicant:_____

If hired, your earnings from this job are not covered under Social Security. When you retire, or if you become disabled, you may receive a pension based on earnings from this job. If you do, and you are also entitled to a benefit from Social Security based on either your own work or the work of your husband or wife, or former husband or wife, your pension may affect the amount of the Social Security benefit you receive. Your Medicare benefits, however, will not be affected. Under the Social Security law, there are two ways your Social Security benefit amount may be affected.

Windfall Elimination Provision

Under the Windfall Elimination Provision, your Social Security retirement or disability benefit is figured using a modified formula when you are also entitled to a pension from a job where you did not pay Social Security tax. As a result, you will receive a lower Social Security benefit than if you were not entitled to a pension from this job. For example, if you are age 62 in 2005, the maximum monthly reduction in your Social Security benefit as a result of this provision is $313.50. This amount is updated annually. This provision reduces, but does not totally eliminate, your Social Security benefit. For additional information, please refer to Social Security Publication, "*Windfall Elimination Provision.*"

Government Pension Offset Provision

Under the government Pension Offset Provision, any Social Security spouse or window(er) benefit to which you become entitled will be offset if you also receive Federal, State or local government pension based on work where you did not pay Social Security tax. The offset reduces the amount of your Social Security spouse or widow(er) benefit by two-thirds of the amount of your pension. For example, if you get a monthly pension of $600 based on earnings that are not covered under Social Security, two –thirds of that amount, $400, is used to offset your Social Security spouse or widow(er) benefit. If you are eligible for a $500 widow(er) benefit, you will receive $100 per month from Social Security ($500-$400=$100). Even if your pension is high enough to totally offset your spouse or widow(er) Social Security benefit, you are still eligible for Medicare at age 65. For additional information, please refer to Social Security Publication, *"Government Pension Offset."*

For More Information

Social Security publications and additional information, including information about exceptions to each provision, are available at www.socialsecurity.gov. You may also call toll free 1-800-772-1213, or for the deaf or hard of hearing call the TTY number 1-800-325-0778, or contact your local Social Security office.

I certify that I have read this information on Form SSA-1945 that contains information about the possible effects of the Windfall Elimination Provision and the Government Pension Offset Provision on my potential future Social Security benefits, if hired at the City of Bedford.

Signature of Applicant:_____ **Date:** _____

Form **SSA-1945 (12-2004)**

Information about Social Security Form SSA-1945

CONSENT DOCUMENT

DISCLOSURE AND AUTHORIZATION – EMPLOYMENT OR VOLUNTEER

In connection with my application for employment (including contract or volunteer services) with the City of Bedford, consumer reports will be requested. These reports may include the following types of information as applicable: names and dates of previous employers, reason for termination of employment, work experience, reasons for termination of tenancy, former landlords, education, accidents, licensure, credit, etc. I further understand that such reports may contain public record information such as, but not limited to: my driving record, workers' compensation claims, credit, judgments, bankruptcy proceedings, eviction's, criminal records, etc., from federal, state and other agencies that maintain such records.

In addition, investigative consumer reports gathered from personal interviews with former employers or landlords, past or current neighbors and associates of mine, etc. to gather information regarding my work or tenant performance, character, general reputation and personal characteristics and mode of living (lifestyle) may be obtained.

I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY THE CONSUMER REPORTING AGENCY TO OBTAIN AND FURNISH THE ABOVE-MENTIONED INFORMATION.

I have the right to make a request to the consumer reporting agency: First Check Applicant Screening, P.O. Box 92033, Southlake, TX 76092, telephone number (888) 588-2525, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including the sources of information and the agency, on our behalf, will provide a complete and accurate disclosure of the nature and scope of the investigation covered by any consumer report(s); and the recipients of any reports on me which the agency has previously furnished within the two year period for employment requests, and one year for other purposes preceding my request. I hereby consent to your obtaining the above information from the agency.

I HEREBY AUTHORIZE PROCUREMENT OF CONSUMER REPORT(S) AND INVESTIGATIVE CONSUMER REPORT(S). If hired, contracted or accepted for "employment", this authorization shall remain on file and shall serve as ongoing authorization for you to procure consumer reports at any time during my employment (or contract/volunteer) period.

☐ California, Minnesota and Oklahoma Applicants only: Check box if you request a copy of any consumer report ordered on you.

I acknowledge that I have been provided a copy of consumer's rights under the Fair Credit Reporting Act.

The following information is being requested in order to conduct a background check on you:

APPLICANT'S LEGAL NAME: _____

Last Name **First** **M.I.**

CURRENT HOME ADDRESS: _____

Street **City/State** **Zip**

DATE OF BIRTH: _____ **SOCIAL SECURITY #** _____

Month/Day/Year

DRIVER'S LICENSE #: _____ **ISSUING STATE:** _____

RESIDENTIAL HISTORY: LIST ALL RESIDENTIAL ADDRESSES IN THE LAST 7 YEARS

From: To:

Address **City** **State** **Zip**

Address **City** **State** **Zip** From: To:

Address **City** **State** **Zip** From: To:

Signature _____ Date _____

City of Bedford
Voluntary Self-Identification of Disability

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.[i] To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

●Blindness	●Autism	●Bipolar disorder	●Post-traumatic stress disorder (PTSD)
●Deafness	●Cerebral palsy	●Major depression	●Obsessive compulsive disorder
●Cancer	●HIV/AIDS	●Multiple sclerosis (MS)	●Impairments requiring the use of a wheelchair
●Diabetes	●Schizophrenia	●Missing limbs or partially missing limbs	●Intellectual disability (previously called mental retardation)
●Epilepsy	●Muscular dystrophy		

Please check one of the boxes below:

☐ YES, I HAVE A DISABILITY (or previously had a disability)

☐ NO, I DON'T HAVE A DISABILITY

☐ I DON'T WISH TO ANSWER

Your Name **Today's Date**

Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

---

[i]Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

City of Bedford
Veteran Self-Identification Form

Protected Veterans

Definition:

This employer is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These classifications are defined as follows:

A "disabled veteran" is one of the following:

-A veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; **or**

-A person who was discharged or released from active duty because of a service-connected disability.

A "recently separated veteran" means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.

An "active duty wartime or campaign badge veteran" means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.

An "Armed forces service medal veteran" means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces services medal was awarded pursuant to Executive Order 12985.

Protected veterans may have additional rights under USERRA – the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at **1-866-4-USA-DOL.**

City of Bedford
Veteran Self-Identification Form

Self Identification

If you believe you belong to any of the categories of protected veterans listed on the previous page, please indicate by checking the appropriate box below.

As a Government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

☐ I identify as one or more of the classifications of protected veteran listed

- ☐ Disabled Veteran
- ☐ Recently separated veteran
- ☐ Active wartime or campaign badge veteran
- ☐ Armed forces service medal veteran

Date of discharge (mm/dd/yyyy)

☐ I am a protected veteran, but I choose not to self-identify the classification to which I belong

☐ I am not a protected veteran

☐ I am not a veteran

Reasonable Accommodation Notice

If you are a disabled veteran it would assist us if you tell us whether there are accommodations we could make that would enable you to perform the essential functions of the job, including special equipment, changes in the physical layout of the job, changes in the way the job is customarily performed, provision of personal assistance services or other accommodations for your disability.

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are not inconsistent with the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended.

The information you submit will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans, and regarding necessary accommodations, (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that might require emergency treatment; and (iii) Government officials engaged in enforcing laws administered by the Office of Federal Contract Compliance Programs, or enforcing the Americans with Disabilities Act, may be informed.

Your Name **Today's Date**

City of Bedford
Applicant Frequently Asked Questions

Q. When will I be contacted about an interview?

A. Human Resources serves as a collection point for all employment applications. Once we receive an application we forward it to the department that has the vacancy. That department, in turn, will contact applicants that they feel are most qualified for an interview. Our goal is to fill all vacancies as quickly as possible.

Q. Why can't I just submit a resume instead of filling out an application?

A. The application is the City's official employment document. We require that a completed application be submitted for each position for which the applicant wishes to apply.

Q. Why do I have to fill out an application for each position that I want to apply for?

A. The City of Bedford is an affirmative action employer. We require (for record keeping purposes) a separate application for each position for which an applicant wishes to apply. Since it is likely that the vacancies are in different departments, an application filled out for multiple vacancies may not be forwarded out of the department to which it was originally sent.

Q. What does it mean when a job posting has a "closing date"?

A. This means that applications will be accepted through 5 p.m. on the closing date. Applications submitted and/or received after the closing date will not be forwarded to the interviewing department. NOTE: If an application is postmarked before the closing date it will be considered as received within the appropriate time frame.

Q. What does it mean if there is no closing date listed on the application?

A. This means that the department will accept applications until the position is filled.

Q. If typing skills are a job requirement, will I be given a typing test?

A. Yes, you will be given a typing test only if you are called in for an interview. If a typing test is administered, you must pass the test in order to be interviewed.

Q. What are the guidelines for violations on a Texas Drivers License with regard to an applicant?

A.

1. No more than two moving violations and /or accidents recorded against the applicant's drivers license by any licensing agency within the preceding 24 month period; and,
2. No more than four moving violations and/or accidents recorded against the applicant's drivers license by any licensing agency within the preceding 36 month period; and,
3. No DWI or DUID conviction during the preceding 36 month period.

Q. Can I follow up with a phone call to the interviewing supervisor to make sure my application was received?

A. If a contact name and phone number appears on the job posting you may feel free to contact that person regarding the status of your application. If no contact information appears on the job posting, that means that the interviewing supervisor does not wish applicants to contact him/her regarding the status of an application. Human Resources staff will honor that request and will not give out that information to job applicants. Human Resources will forward all job applications on the day that they are received.

Q. How may I submit an application for employment?

A. Applications may be submitted to Human Resources online, by mail, in person or over the fax machine. Specific information is located at the bottom of the employment application.

Q. Will I be notified when the position that I applied for is filled?

A. Unfortunately, due to the high volume of applications that we receive for each opening, we are unable to provide each applicant with a written notification that a position has been filled. However, you may check whether or not a position has been filled by accessing our city website at www.bedfordtx.gov.

BEDFORD POLICE
DEPARTMENT

APPLICANT
PERSONAL HISTORY STATEMENT

NAME: _____ **DATE:** _____
Last, First, Middle

POSITION APPLYING FOR:

- ☐ **Police Officer**
- ☐ **Crime Scene**
- ☐ **Detention Officer**
- ☐ **Dispatcher**
- ☐ **Property Technician**
- ☐ **Public Service Officer**
- ☐ **Record Technician**
- ☐ **Municipal Court / IT**

Personal History Statement Instructions

Employees are exposed to confidential and law enforcement sensitive information. A thorough background investigation is required to properly evaluate the suitability of applicants for employment with the agency. Although it is an achievement to reach the background phase of the hiring process, this is still a competitive process and does not, in any way, guaranty selection.

These instructions are provided as a guide to assist you in properly completing your Personal History Statement. **It is essential that the information is accurate in all respects so please read all instructions carefully before proceeding**. The Personal History Statement will be used as a basis for a background investigation that will determine your eligibility for becoming an employee.

1. Your application must be printed legibly in **BLACK INK** by the applicant or typed. Answer all questions truthfully and accurately.

2. If a question is not applicable to you, enter **N/A** in the space provided.

3. Avoid errors by reading the directions carefully before making any entries on the form. Be sure your information is accurate and in proper sequence before you begin.

4. You are responsible for obtaining correct and full addresses. If you are not sure of an address, personally verify before making that entry on this history statement. Errors will not be viewed favorably. **ALL ADDRESSES MUST BE COMPLETE WITH ZIP CODES.**

5. If you need additional space for your answers, attach an additional sheet or sheets as needed. Be sure to indicate what question number and page this refers to.

6. An accurate and complete form will help expedite your investigation. **Omissions or falsifications** will result in **disqualification.**

7. You are responsible for furnishing any changes and/or updating your application as needed, such as address changes or telephone changes in writing.

8. Any candidate submitting an incomplete application **WILL NOT BE CONSIDERED FOR EMPLOYMENT**. Your application **will be evaluated on completeness and neatness.**

9. All documents requested must be submitted with the application (photocopies are acceptable in most cases).

    - Copy of your Social Security card.
    - Original certified copy of your birth certificate. (No photo copy)
    - Copy of your valid Texas driver license or a copy of another State's driver license. Applicant must possess a valid Texas driver license prior to being offered employment.
    - Copy of your High School diploma or GED certificate.
    - Sealed original certified copy of your college transcript. (No photo copy)
    - Photocopy of your college diploma.
    - Copy of your Peace Officer Certificate from your police academy. (Peace Officer Applicants Only)
    - Copy of your Texas peace officer license and all training certificates awarded to you. (Peace Officer Applicants Only)
    - Copy of your DD-214 if applicable. Must possess an honorable discharge.
    - Original certified copy of your Naturalization papers, if applicable. (No photo copy)
    - Copy of current proof of automobile liability insurance.

10. If you have any questions, please contact your assigned background investigator

11. When submitting the completed documents, please place them in a sealed envelope marked Personal and Confidential to your assigned background investigator.

APPLICANT QUALIFICATION SECTION

Before you begin to fill out this personal history statement, please ensure that you meet the following requirements. You must meet all five of these requirements to qualify for licensure as a peace officer or jailer in Texas.

Initial:

_____I am a citizen of the United States of America.

_____I have earned a high school diploma or a GED.

_____I have never been convicted, plead guilty (nolo contendere), nor have I been on court-ordered community service/probation or deferred adjudication for a Class A misdemeanor or a felony.

_____During the last ten (10) years, I have not been convicted, plead guilty (nolo contendere), been on community service/probation or deferred adjudication for a Class B misdemeanor in this state, other state, or while serving in the military.

_____I have never had a military court martial that resulted in a dishonorable or bad conduct discharge.

DISQUALIFICATION

There are very few automatic basis for rejection. Even issues of prior misconduct, employee terminations, and arrests are usually not, in and of themselves, automatically disqualifying. However, deliberate misstatements or omissions can and often will result in your application being rejected, regardless of the nature or reason for the misstatements/omissions. In fact, the number one reason individuals “fail” background investigations is because they deliberately withhold or misrepresent job-relevant information from their prospective employer.

This personal history statement is a governmental document. Be truthful, as there are criminal consequences for lying on a governmental document.

APPLICANT IDENTIFICATION

INFORMATION PROVIDED IN THIS SECTION IS USED FOR IDENTIFICATION PURPOSES ONLY.

Last Name	First	Middle	Maiden
Street Address		Apt. No.	
City		State & Zip Code	
Mailing Address (if different from residence)		State & Zip Code	
Home Telephone No.	Work Telephone No.	Cellular No. Pager No.	
Date of Birth	Social Security No.	Drivers License No. & State	

Have you ever been known or gone by any other name (excluding nick-names)? If yes, give details.

_____

_____

Place of Birth (City, County, State, Country)_____

Are you a U.S. Citizen by Birth?_____ Are you a Naturalized Citizen?_____

Height_____ Weight_____ Eye Color_____ Hair Color_____

Scars, Tattoos (description and location) or other distinguishing marks_____

_____

Do you have a social networking, instant messaging, or other internet-based profile(s)? If yes, provide screen name(s), service provider(s)._____

List ALL E-Mail Addresses (S) _____

_____

MARITAL & FAMILY HISTORY

Single_____ Married_____ Engaged_____ Co-habiting_____

Spouse's/Co-habitant's name (include maiden name)_____

Address_____

Date of Birth_____ Date of Marriage_____

Employer(s)_____

Employer & Address_____

Home Telephone No._____ Work Telephone No._____

Roommate(s)(do not include parents or cohabitants)_____

Date(s) of birth_____

If you have been separated, divorced, or widowed, provide details below:

Date of Marriage_____
City & State_____
Separated_____ Date_____
Divorced_____ Date_____
Widowed_____ Date_____
Annulled_____ Date_____
Court or State issued_____
Ex-spouse's Name_____
Date of Birth_____
Telephone No._____

Date of Marriage_____
City & State_____
Separated_____ Date_____
Divorced_____ Date_____
Widowed_____ Date_____
Annulled_____ Date_____
Court or State issued_____
Ex-spouse's Name_____
Date of Birth_____
Telephone No._____

Identify children related to you or your spouse (Natural, Step-Children, Adopted, or Foster Children)

Relation	Name	Date of Birth	Address

Identify relatives in the following order: Father, Mother (include maiden name), step-parents (if any), brothers and sisters.

Relationship	Name	Complete Address	Phone Number	DOB

RESIDENCES

Identify all residences where you have lived in the last 10 years, **beginning with the most recent,_including your present address.** List date by month/year. **Include military assignments. (No TDY's)**

From	To	Address	City	Sate & Zip code

PERSONAL REFERENCES

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

Name_____ Years known_____

Address_____

Home Telephone _____ Alternate Telephone _____

Nature of Relationship_____

Name_____ Years known_____

Address_____

Home Telephone _____ Alternate Telephone _____

Nature of Relationship_____

Name_____ Years known_____

Address_____

Home Telephone _____ Alternate Telephone _____

Nature of Relationship_____

Name_____ Years known_____

Address_____

Home Telephone _____ Alternate Telephone _____

Nature of Relationship_____

Name_____ Years known_____

Address_____

Home Telephone _____ Alternate Telephone _____

Nature of Relationship_____

Identify below any employees of the Bedford Police Department with whom you are acquainted:

_____ _____

_____ _____

_____ _____

_____ _____

TRAFFIC RECORD

Identify all vehicles that you currently own or operate:

Year	Make	Model	Color	License Plate No.	Owner

Please list your current automobile insurance carrier: _____ Expires: _____

Have you ever possessed a driver's license issued by any state other than Texas? Yes_____ No_____
If yes, give details below:

Driver's License No._____ State_____ Date issued_____

Driver's License No._____ State_____ Date issued_____

Have you **ever** had your driver's license suspended or revoked? Yes___ No___ If yes, give reason, date, and length of suspension: _____

_____

Identify all motor vehicle accidents you have been involved in as a driver during the last 10 years.

Date	Location	Police Report: Yes/No
Cause of Accident (e.g., ran red light, failed to control speed)		
Date	Location	Police Report: Yes /No
Cause of Accident (e.g., ran red light, failed to control speed)		

Identify all traffic citations you have received within the last 10 years, excluding parking tickets:

Month/Year	Violation	City & State	Disposition (e.g., defensive driving, dismissed)

ARRESTS, DETENTIONS, AND LITIGATION

Have you **ever** been arrested or detained by law enforcement?

Yes_____ No_____ If yes, complete the following table:

Agency	Offense	Date	Location	Outcome

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.) (Texas Family Code Section 71.004) If yes, explain:_____

_____

_____

Have you **ever** assaulted another person since the age of seventeen (17)? ("Assault" means to cause bodily injury to another, threaten another with imminent bodily injury, or to cause physical contact with another when the person knows or should reasonably believe that the other will regard the contact as offensive or provocative.) (Texas Penal Code Section 22.01) If yes, explain:_____

_____

_____

Have you **ever** been considered or named a suspect in a criminal investigation or criminal offense? If yes, explain:_____

_____

_____

Have you **ever** been a party to a civil suit or action? If yes, explain: _____

_____

Have you **ever** been involved in any incident (do not include vehicular accidents) in which a police report was made or law enforcement was called? If yes, explain: _____

_____

Other than crimes that would have been sealed by juvenile records, have you ever committed – or assisted another person in the commission of – a felony crime, serious misdemeanor, or a crime involving moral turpitude that went undetected or unreported to law enforcement? If yes, explain: _____

_____

_____

Do you anticipate being sued or named in any type of lawsuit or proceeding? Yes_____ No_____

FAMILY AND RELATIVES' ARRESTS

Have members of your immediate family or close relatives have ever been arrested?

Yes_____ No_____ If yes, complete the following table:

Name/Relationship	Charge/Offense	Outcome	Year	Agency

FINANCIAL HISTORY

Your current net monthly income _____ Spouse's current net monthly income _____

Source Amount Frequency

_____ _____ _____

_____ _____ _____

_____ _____ _____

Do you have any accounts with a financial institution? Yes____ No____

Name(s) of financial institution(s)_____

Type(s) of account(s)_____

Identify any person or entity to whom you are indebted, and the extent of your indebtedness. Include mortgages, vehicle payments, charge accounts, credit cards, loans, child support payments, and any other debts or payments.

Name of Creditor (e.g., Sears, Citi financial)	Type of Debt (e.g., student loan, automobile)	Monthly Payment	Approx Balance

CREDIT INFORMATION

Have you **ever** filed bankruptcy personally or on behalf of a business? Yes_____ No_____

If "Yes" to above, indicate type _____

Have you **ever** had any personal or real property repossessed or foreclosed? Yes_____ No_____

Have you **ever** failed to pay Federal, state, or other taxes? Yes_____ No_____

Have you **ever** failed to file a tax return, when required by law? Yes_____ No_____

Have you **ever** had a lien placed against your property for failing to pay taxes or other debts? Yes_____ No_____

Have you **ever** had a judgment entered against you? Yes_____ No_____

Have you **ever** defaulted on any type of loan? Yes_____ No_____

Have you **ever** had bills or debts turned over to a collection agency? Yes_____ No_____

Have you **ever** had any credit account suspended, charged off, or cancelled for failure to pay? Yes_____ No_____

Have you **ever** written a check that was later returned for Non Sufficient Funds (NSF)? Yes_____ No_____

Have you **ever** been delinquent on court-imposed alimony or child support payments? Yes_____ No_____

Have you **ever** been disciplined regarding the use of a travel/credit card provided by an employer? Yes_____ No_____

Are you currently more than sixty (60) days delinquent on any debts? Yes_____ No_____

Have you **ever** applied for unemployment compensation? Yes_____ No_____ When? _____

Have you **ever** received unemployment compensation? Yes_____ No_____ When? _____

Identify any person or entity to which you are **more than 30 days late** in paying. Include mortgages, vehicle payments, charge accounts, credit cards, loans, child support payments, and any other debts or payments.

Name of Creditor (e.g., Sears, Citi financial)	Type of Debt (e.g., student loan, automobile)	Number of Days Late	Reason

EMPLOYMENT HISTORY

Beginning with your present or most recent job, list all employment since the age of seventeen (17). Include full-time, part-time, temporary, seasonal, military assignments, or unpaid internships, plus all periods of unemployment.

If you are currently employed, may we contact your present employer? Yes ____ No ____

1. Employer _____ From_____ To_____

Address _____

Telephone No._____

Job Title_____ Beginning and Ending Salary _____/_____

Work Schedule _____

Name of supervisor_____ Supervisor contact information _____

Name of a co-worker _____ Co-worker contact information _____

Duties:_____

_____

_____

_____

_____

_____

_____

Identify any disciplinary actions you received: _____

_____

_____

Reason for Leaving: _____

_____

_____

Was there an unemployment period between previous employment and the one listed above? ____**Yes** ____**No**

If yes, provide dates and explain: _____

_____

2. Employer _____ From_____ To_____

Address _____

Telephone No._____

Job Title_____ Beginning and Ending Salary _____/_____

Work Schedule _____

Name of supervisor_____ Supervisor contact information _____

Name of a co-worker _____ Co-worker contact information _____

Duties: _____

_____

_____

_____

_____

_____

_____

Identify any disciplinary actions you received: _____

_____

_____

Reason for Leaving: _____

_____

_____

Was there an unemployment period between previous employment and the one listed above? _____Yes ____No

If yes, provide dates and explain: _____

_____

3. Employer _____ From_____ To_____

Address _____

Telephone No._____

Job Title_____ Beginning and Ending Salary _____/_____

Work Schedule _____

Name of supervisor_____ Supervisor contact information _____

Name of a co-worker _____ Co-worker contact information _____

Duties: _____

_____

_____

_____

_____

_____

_____

Identify any disciplinary actions you received: _____

_____

_____

Reason for Leaving: _____

_____

_____

Was there an unemployment period between previous employment and the one listed above? _____Yes _____No

If yes, provide dates and explain: _____

_____

4. Employer _____ From_____ To_____

Address _____

Telephone No._____

Job Title_____ Beginning and Ending Salary _____/_____

Work Schedule _____

Name of supervisor_____ Supervisor contact information _____

Name of a co-worker _____ Co-worker contact information _____

Duties: _____

_____

_____

_____

_____

_____

_____

Identify any disciplinary actions you received: _____

_____

_____

Reason for Leaving: _____

_____

_____

Was there an unemployment period between previous employment and the one listed above? _____Yes _____No

If yes, provide dates and explain: _____

_____

5. Employer _____ From_____ To_____

Address _____

Telephone No._____

Job Title_____ Beginning and Ending Salary _____/_____

Work Schedule _____

Name of supervisor_____ Supervisor contact information _____

Name of a co-worker _____ Co-worker contact information _____

Duties: _____

_____

_____

_____

_____

_____

_____

Identify any disciplinary actions you received: _____

_____

_____

Reason for Leaving: _____

_____

_____

Was there an unemployment period between previous employment and the one listed above? _____Yes ____No

If yes, provide dates and explain: _____

_____

6. Employer _____ From_____ To_____

Address _____

Telephone No._____

Job Title_____ Beginning and Ending Salary _____/_____

Work Schedule _____

Name of supervisor_____ Supervisor contact information _____

Name of a co-worker _____ Co-worker contact information _____

Duties: _____

_____

_____

_____

_____

_____

_____

Identify any disciplinary actions you received: _____

_____

_____

Reason for Leaving: _____

_____

_____

Was there an unemployment period between previous employment and the one listed above? _____Yes _____No

If yes, provide dates and explain: _____

_____

7. Employer _____ From_____ To_____

Address _____

Telephone No._____

Job Title_____ Beginning and Ending Salary _____/_____

Work Schedule _____

Name of supervisor_____ Supervisor contact information _____

Name of a co-worker _____ Co-worker contact information _____

Duties: _____

_____

_____

_____

_____

_____

_____

Identify any disciplinary actions you received: _____

_____

_____

Reason for Leaving: _____

_____

_____

Was there an unemployment period between previous employment and the one listed above? _____Yes _____No

If yes, provide dates and explain: _____

_____

8. Employer _____ From_____ To_____

Address _____

Telephone No._____

Job Title_____ Beginning and Ending Salary _____/_____

Work Schedule _____

Name of supervisor_____ Supervisor contact information _____

Name of a co-worker _____ Co-worker contact information _____

Duties: _____

_____

_____

_____

_____

_____

_____

Identify any disciplinary actions you received: _____

_____

_____

Reason for Leaving: _____

_____

_____

Was there an unemployment period between previous employment and the one listed above? ☐ Yes ☐ No

If yes, provide dates and explain: _____

_____

Have you ever been disciplined at work? (This includes written warnings, formal letters of counseling, reprimands, suspensions, reductions in pay, reassignments or demotions)	☐ Yes	☐ No
Have ever you ever been fired, released from probation, or asked to resign from any place of employment?	☐ Yes	☐ No
Were you ever involved in a physical/verbal altercation with a supervisor, co-worker, or customer?	☐ Yes	☐ No

Have you ever quit without giving two weeks notice?	☐ Yes	☐ No
Have you ever resigned in lieu of termination?	☐ Yes	☐ No
Have you ever been accused of discrimination (such as sexual harassment, racial bias, sexual orientation harassment, etc.) by a co-worker, superior, subordinate or customer?	☐ Yes	☐ No
Were you ever the subject of a written complaint at work?	☐ Yes	☐ No
Have you ever been counseled at work due to lateness or absences?	☐ Yes	☐ No
Did you ever receive an unsatisfactory performance review?	☐ Yes	☐ No
Have you ever sold, released, or given away legally confidential information?	☐ Yes	☐ No
Have you ever called in sick when you were neither sick nor caring for a sick family member?	☐ Yes	☐ No
If yes, how many sick days have you used in the past five years which were not due to illness?		

If you answered yes to any of **questions on this page**, explain (include when, where and circumstances):

Has your work performance ever been affected by your use of alcohol or drugs?	☐ Yes	☐ No

WHEN?	NAME OF EMPLOYER

EDUCATIONAL HISTORY

High School(s) attended	Address	Dates attended From-To	Graduated Yes/No

Do you have a G.E.D. Certificate?_____

Were you **ever** expelled from school? If yes, give details: _____

_____

Identify all colleges, universities, or technical schools you have attended:

Name	City & State	Dates attended	Hours completed	Major	Degree & Date

MILITARY OBLIGATION

Have you ever served in the U.S. Armed Forces or State Military Forces? Yes_____ No_____

Served from_____ to_____ Highest Rank held_____
Date Date

Branch of Service_____ Unit _____

Job Title(s) (e.g., Rifleman, Security)_____

Type of discharge_____ Last Duty Station: _____

Are you actively serving in a Reserve Unit (including State Military Forces)? Yes _____ No_____

Serving from_____ to_____ Current Rank held_____
Date Date

Branch of Service_____ Unit _____

Job Title(s) (e.g., Rifleman, Security)_____

Have you **ever** been subject to court martial or any other disciplinary proceeding under the Uniform Code of Military Justice? (Include non-judicial, Captain's mast, etc.) If "Yes," provide date(s), charge(s), military court(s) or authority(ies), and outcome(s).

_____

_____

_____

SPECIAL QUALIFICATIONS & SKILLS

Identify any special licenses you hold (e.g., pilot, radio operator): _____

If you know a foreign language, indicate your fluency in each block below (excellent, good, fair)

Language	Understanding	Speaking	Reading	Writing

Do you have any experience with firearms? Yes_____ No_____

MEMBERSHIP IN ORGANIZATIONS (PAST AND PRESENT)

Name & Address	Type (e.g., social, fraternal, professional)	From	To

Have you **ever** been an officer or a member of, or made a contribution to, an organization that advocates or practices the commission of acts of force or violence to discourage others from exercising their rights under the U.S. Constitution or right granted by law. Yes_____ No_____

PERSONAL DECLARATIONS

Do you consume alcoholic beverages? Yes_____ No_____ If "Yes", how often? _____

Have you **ever** used marijuana or hashish? Yes_____ No_____ If yes, when last used?_____

Have you **ever** used any illegal drug (including a performance-enhancing steroid) not prescribed by a physician?

Yes _____ No _____ If yes how often_____ When last used_____

Provide explanation:_____

Have you **ever** sold or furnished controlled substances or prescription drugs to anyone? Yes_____ No_____

If yes, give details:_____

_____

Are there any incidents in your life, or details not mentioned herein, which may influence this department's evaluation of your suitability for employment as a police officer?

If yes, explain:

_____

_____

_____

Have you **ever** been employed by or applied with any other law enforcement agency? Yes _____ No _____

If yes, please identify to the best of your knowledge:

Agency Name & Address	Date Applied or Hired	Result

Identify any additional information you think should be considered in your application for the position you are seeking, and/or any further explanation of answers to previous questions:

_____

_____

_____

I hereby certify that there are no misrepresentations, omissions, or falsifications in the foregoing statements and answers to the above questions. I fully understand that any misrepresentation, omission, or falsification may deem me permanently unsuitable, or if hired, may lead to the termination my employment.

_____
Signature of applicant

_____
Date

Before me personally appeared_____who stated this document and its intent was explained to him/her that he/she has full knowledge of its purpose and that he/she executed this instrument of his/her free will and accord.

Sworn to and subscribed before me on this_____ day of_____, _____

SEAL

_____
Signature of Notary
My Commission Expires: _____

THE FOLLOWING THREE DOCUMENTS MUST BE SIGNED AND NOTARIZED AS APPROPRIATE AND SUBMITTED WITH THE COMPLETED PERSONAL HISTORY STATEMENT.

- **CITY OF BEDFORD ALCOHOL AND SUBSTANCE ABUSE SCREENING POLICY AND AGREEMENT**
- **RELEASE OF INFORMATION AGREEMENT**
- **CREDIT INQUIRY AUTHORIZATION**

<u>DO NOT</u> 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 forgoing 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

BEDFORD POLICE DEPARTMENT

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 Zip Name (Type or Print Legibly)

Previous Address:

_____ _____-_____-_____
Street Social Security Number

_____ _____
City State Zip 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

BEDFORD POLICE DEPARTMENT

Release of Information Agreement

_____ ____/_____/_____ _____-_____-_____
Full 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 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**

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