

COMMERCE POLICE DEPARTMENT POLICE OFFICER APPLICATION SUPPLEMENT

Thank you for your interest with the Commerce Police Department. The application process for this position is a key component in ensuring we meet your expectations for a career “home” and your personality, skills, and work ethics meet our expectations of community police service and protection.

The police officer selection process for the Commerce Police Department consists of:

- Job Posting
- Application Request
- Submission of Formal Application
- Application Review
- Verification of Qualifying Credentials
- Review of Criminal Record
- Background Investigation
- Oral Interview
- Conditional Job Offer
- Drug Screen, Medical Examination and Psychological Evaluation
- Completion of all applicable TCOLE mandated standards

Expected Duration

Dependent upon your response time to the personnel investigator’s requests for information and testing schedules, the application process will last from two to three months.

Re-Employment and Re-Application

An unsuccessful candidate for a police officer position may re-apply anytime an officer opening exists.

Any employee who terminates employment with the Police Department for any reason shall not be permitted to be re-employed by the Police Department without the express consent of the Chief of Police.

Former employees who are accepted for re-employment with the Police Department shall not have previous seniority restored.

COMMERCE POLICE DEPARTMENT



APPLICANT'S PERSONAL HISTORY STATEMENT

NAME _____

DATE ISSUED _____

COMPLETE AND RETURN BY _____

I am applying for:

- Peace Officer PID # _____
- County Jailer PID # _____
- Telecommunicator PID # _____
- Civilian Employment

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. If you cannot obtain or remember certain information, indicate so in your response.
3. Avoid errors by reading 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 falsification** 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 below 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 manuscript. (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 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 a 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 government document. Be truthful, as there are criminal consequences for lying on a government document.

If you need additional space for your answers, attach additional sheets as needed. Be sure to indicate which section, question number, and page this refers to.

Disclosure of Medically Related Information

In accordance with the U.S. Americans with Disabilities Act, at this stage of the hiring process, applicants are not expected or required to reveal any medical or other disability-related information about themselves in response to questions on this form, or to any other inquiry made prior to receiving a conditional offer of employment.

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.	Driver 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 of your E-Mail Addresses:

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 co-habitants) _____

Date(s) of birth _____

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

Date of Marriage _____

Date of Marriage _____

City & State _____

City & State _____

Separated Date _____

Separated Date _____

Divorced Date _____

Divorced Date _____

Widowed Date _____

Widowed Date _____

Annulled Date _____

Annulled Date _____

Court or State issued _____

Court or State issued _____

Ex-spouse's name _____

Ex-spouse's name _____

Date of Birth _____

Date of Birth _____

Telephone No. _____

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	State & 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 Texas Commission of Law Enforcement 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

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 during the last 10 years.

Date	Location (City & State)	Police Report	Cause of Accident (e.g., ran red light, failed to control speed)
		<input type="checkbox"/> Y / <input type="checkbox"/> N	
		<input type="checkbox"/> Y / <input type="checkbox"/> N	
		<input type="checkbox"/> Y / <input type="checkbox"/> N	
		<input type="checkbox"/> Y / <input type="checkbox"/> N	

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? (Y / N) If yes, complete the following table

Agency	Offense	Date	Location (City & State)	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 that is a threat that reasonably places the member in fear or 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 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 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 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 co-worker _____ Co-worker contact information _____

Duties & Responsibilities:

Identify any disciplinary actions you received:

Reason for Leaving:

Was there an employment 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 co-worker _____ Co-worker contact information _____

Duties:

Identify any disciplinary actions you received:

Reason for Leaving:

Was there an employment 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 co-worker _____ Co-worker contact information _____

Duties:

Identify any disciplinary actions you received:

Reason for Leaving:

Was there an employment 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 co-worker _____ Co-worker contact information _____

Duties:

Identify any disciplinary actions you received:

Reason for Leaving:

Was there an employment 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 co-worker _____ Co-worker contact information _____

Duties:

Identify any disciplinary actions you received:

Reason for Leaving:

Was there an employment 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 co-worker _____ Co-worker contact information _____

Duties:

Identify any disciplinary actions you received:

Reason for Leaving:

Was there an employment 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 co-worker _____ Co-worker contact information _____

Duties:

Identify any disciplinary actions you received:

Reason for Leaving:

Was there an employment 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 co-worker _____ Co-worker contact information _____

Duties:

Identify any disciplinary actions you received:

Reason for Leaving:

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

If yes, provide dates and explain:

- A) Have you ever been fired, released from probation, or asked to resign from any place of employment? Yes No
 - B) Were you ever involved in a physical/verbal altercation with a supervisor, co-worker, or customer? Yes No
 - C) Have you ever resigned without giving two weeks-notice? Yes No
 - D) Have you ever resigned in lieu of termination? Yes No
 - E) Have you ever been accused of discrimination (such as sexual harassment, racial bias, sexual orientation harassment, etc.) by a co-worker, superior, subordinate, and/or customer? Yes No
 - F) Were you ever the subject of a written complaint at work? Yes No
 - G) Have you ever been counseled at work due to lateness or absences? Yes No
 - H) Did you ever receive an unsatisfactory performance review? Yes No
 - I) Have you ever sold, released, or given away legally confidential information? Yes No
-

If you answered "Yes" to any of the above questions, please explain your answer (include when, where, and the circumstances; indicate the corresponding question letter):

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	Hrs. 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 _____

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 a 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? No

Yes 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 from employment as a police officer?

If yes, explain:

Within the past seven years OR at any time after you were first employed in law enforcement, have you ever committed any of the following misdemeanors?

- A) Annoying/obscene phone calls Yes No
- B) Assault (use of force or violence upon another) Yes No
- C) Assault on a family member (use of force or violence upon a family member) Yes No
- D) Brandishing a weapon (any type of weapon) Yes No
- E) Contributing to the delinquency of a minor Yes No
- F) Defrauding an innkeeper (not paying for food or room at a hotel/motel) Yes No
- G) Driving under the influence of alcohol and/or drugs Yes No
- H) Drunk in public (being so intoxicated in a public place that you're not able to care for yourself) Yes No
- I) Hit and run collision (no injuries) Yes No
- J) Impersonating a peace officer Yes No
- K) Indecent exposure (including flashing or mooning) Yes No
- L) Joyriding (using a car or other vehicle without owner's permission) Yes No

If you answered "Yes" to any of the above questions, please explain your answer (include when, where, and the circumstances; indicate the corresponding question letter):

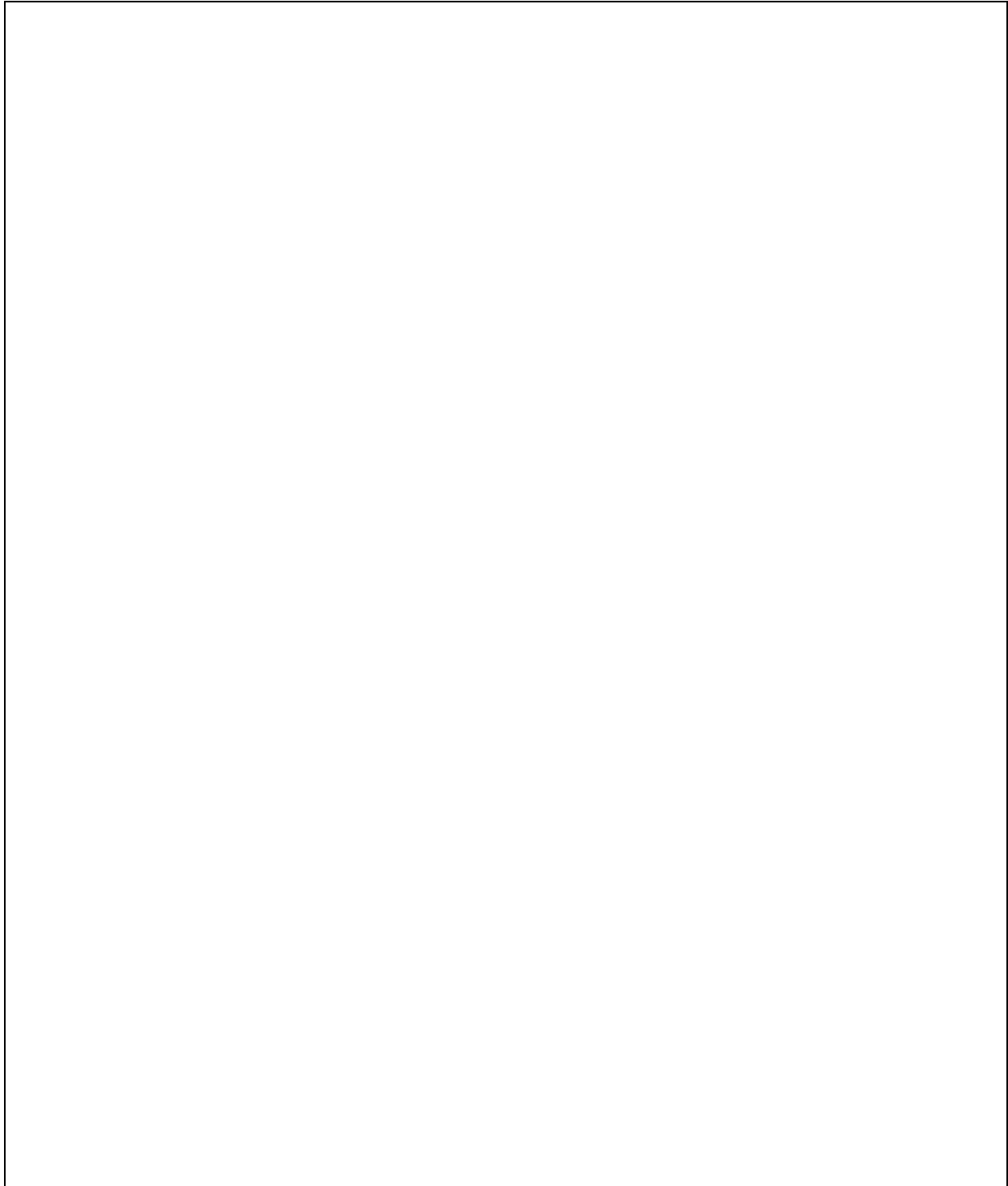
At any time in your life, have you ever committed any of the following?

- A) Arson (intentionally destroying property by setting a fire) Yes No
- B) Assault with a deadly weapon Yes No
- C) Theft of a vehicle and/or vehicle parts Yes No
- D) Burglary (entering a structure or vehicle to commit theft or other crime) Yes No
- E) Child molestation (performing unlawful acts with a child) Yes No
- F) Accessing, producing, or possessing child pornography Yes No
- G) Injury to a child, elderly, and/or disabled Yes No
- H) Embezzlement (theft of money or other valuables entrusted to you) Yes No
- I) Felony drunk driving (involving injuries) Yes No
- J) Forcible rape or other act of unlawful intercourse/sexual activity Yes No
- K) Forgery (falsifying any type of document, check certificate, license, currency, etc.) Yes No
- L) Hit and run (with injuries) Yes No
- M) Hate crime Yes No
- N) Insurance fraud Yes No
- O) Theft (value of over \$500 and/or any firearm) Yes No
- P) Murder, homicide, or attempted murder Yes No
- Q) Perjury (lying under oath) Yes No
- R) Possession of an explosive/destructive device Yes No
- S) Robbery (theft from another person using a weapon, force, or fear) Yes No
- T) Stalking Yes No
- U) Blackmail or extortion Yes No
- V) Any other act amounting to a felony Yes No

If you answered "Yes" to any of the above questions, please explain your answer (include when, where, and the circumstances; indicate the corresponding question letter):

ADDITIONAL SPACE

Duplicate this page as needed to include additional information that does not fit elsewhere on this form (e.g., additional family members, schools, residences, employers, explanations to questions, etc.). Identify the corresponding section, page number, and specific item being referenced.

A large, empty rectangular box with a thin black border, intended for providing additional information as described in the text above. The box is currently blank.

Have you **ever** been employed 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 misrepresentations, omission, or falsification may deem me permanently unsuitable, or if hired, may lead to the termination of 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: _____

**COMMERCE POLICE DEPARTMENT
POLICE OFFICER APPLICATION SUPPLEMENT**

EMPLOYMENT TERMINATION HISTORY RELEASE

NAME (LAST, FIRST, MIDDLE INITIAL) _____

SOCIAL SECURITY NUMBER _____

DEPARTMENT REQUESTING RECORDS _____

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

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

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

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

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

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

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

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

Signature of Licensee

Date

Sworn to and subscribed before me on this _____ day of _____,

Printed Name of Notary
Notary public in and for, State of Texas
Notary Seal or Stamp

Signature of Notary

My Commission Expires: _____

**COMMERCE POLICE DEPARTMENT
POLICE OFFICER APPLICATION SUPPLEMENT**

REPRESENTATION

I represent and warrant the answers I have made to each and all of the questions contained in this form are complete and true to the best of my knowledge and belief. **I understand that any false information or misrepresentation provided by me may result in and is sufficient cause for the Commerce Police Department immediately rejecting my application for employment and/or immediately terminating my employment.**

In submitting this Application Supplement, I authorize investigation of all statements contained herein and contained in my CPD Application for Employment. In order that the Commerce Police Department may be fully informed as to my personal character and qualifications for employment, I refer to each of my former employers and to any other person who is identified herein or who may have information concerning me. As this information is furnished at my express consent and for my benefit, I do hereby release such individuals from any and all liability for damage of whatsoever nature on account of furnishing such information.

I understand that this application is the property of Commerce Police Department. If I am accepted for employment, I understand that this application will become part of my permanent file maintained by the Police Department.

Signature of Applicant _____ **Date** _____

CITY OF COMMERCE POLICY STATEMENT

The City of Commerce is an Equal Employment Opportunity Employer and shall not discriminate against any employee or applicant for employment because of age, gender, marital status, national origin, religion, race, or disability.

COMMERCE POLICE DEPARTMENT

POLICE OFFICER APPLICATION SUPPLEMENT

PERSONAL INQUIRY WAIVER FORM AUTHORITY TO RELEASE INFORMATION



I, _____, request and authorize you to furnish the Commerce, Texas, Police Department, any and all information that you may possess concerning me, including any and all medical, physical, and psychological records or reports. This waiver expressly includes any and all records, recordings or reports of a confidential or privileged nature, and photocopies of same, if requested. I authorize full disclosure of all records concerning myself regardless of any agreement I may have made with you previously to the contrary, or any statute or policy that may make these records confidential.

I hereby release you, your organization or others from liability or damage that may result from furnishing the requested information.

I understand that any documents provided will not be returned to me and that confidential information will not be provided to me if I am not hired. I also give express permission to reveal any illegal and/or unbecoming conduct discovered to any department I am currently employed by.

Applicant's Signature

Date

Sworn and subscribed before me, a Notary Public, in and for the State of _____
this the _____ day of _____,

Print Notary Name

Notary Signature

My Commission expires: _____
(Seal)

**CERTIFICATE OF COMPLIANCE WITH
FEDERAL FIREARMS LAW**

I understand that under federal law, it is unlawful for a person who has been convicted in any court of a misdemeanor crime of domestic violence to ship or transport in interstate or foreign commerce, or possess in or affecting commerce, or to receive any firearm or ammunition which has been shipped or transported in interstate or foreign commerce.

I also understand that a misdemeanor crime of domestic violence is defined as an offense that is a misdemeanor under Federal or State law and that has an element of the use or attempted use of physical force, or the threatened use of a deadly weapon, committed by a current or former spouse, parent, or guardian of the victim, by a person with whom the victim shares a child in common, by a person who is cohabitating with or has cohabitated with the victim as a spouse, parent or guardian, by a person with whom the victim has or had a dating relationship or by a person similarly situated to a spouse, parent or guardian of a victim.

I hereby certify that I have never been convicted of a misdemeanor crime of domestic violence and that I am fully qualified under federal law to possess a firearm.

Signature of Employee

Printed Name

Sworn and subscribed before me, a Notary Public, in and for the State of _____
this the _____ day of _____,

Print Notary Name

Notary Signature

My Commission expires: _____
(Seal)