

# **FORT BEND COUNTY SHERIFF'S OFFICE VOLUNTEER PROGRAM APPLICATION**

**NAME OF APPLICANT**

**TELEPHONE NUMBER**

\_\_\_\_\_

\_\_\_\_\_

## **Application Checklist**

( )

\_\_\_\_\_ 1. Complete this Application Form as completely as possible

\_\_\_\_\_ 2. Hand Deliver the entire package to:

\_\_\_\_\_ 3. Copy of Drivers License or ID

## **You Are Not Alone (YANA) PROGRAM**

**1840 Richmond Parkway, Richmond, TX 77469**

**281-341-YANA (9262)**



# **Fort Bend County Sheriff's Office**

## **BACKGROUND INVESTIGATION**

### **PERSONAL HISTORY STATEMENT**

<b>SECTION</b>	<b>PAGE</b>
<b>Instructions</b>	<b>3</b>
<b>Applicant I.D.</b>	<b>4</b>
<b>Family</b>	<b>5</b>
<b>Social</b>	<b>6</b>
<b>Military</b>	<b>6</b>
<b>Employment</b>	<b>6</b>
<b>Legal</b>	<b>7</b>
<b>Drug Usage</b>	<b>7,8</b>
<b>Release Authorization</b>	<b>9</b>

**"WE SERVE WITH PRIDE"**

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

**INSTRUCTIONS**

**READ CAREFULLY**

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

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

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

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

Have you ever applied with the Fort Bend County Sheriff's Office or the Sheriff's Office Volunteer Program, Citizen Police Academy or any other contract position requiring a background investigation? \_\_\_\_\_ If yes, provide the following:

Date: \_\_\_\_\_ Reason why you separated from employment or program?

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**FAMILY HISTORY or EMERGENCY CONTACT**

17. PRESENT MARRIAGE (This includes common-law marriages)

Full name \_\_\_\_\_  
DOB: \_\_\_\_\_ Occupation \_\_\_\_\_ Date of marriage \_\_\_\_\_  
Number of children by this marriage: \_\_\_\_\_ Ages: \_\_\_\_\_  
Is your spouse employed? \_\_\_\_\_ If Yes, Title \_\_\_\_\_  
Name of spouse's employer: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

18. List all residences where you have lived for the past ten years. Attach additional sheet if necessary.

ADDRESS	FROM	TO
_____		
_____		
_____		
_____		
_____		

19. RELATIVES: List all immediate relatives living in the United States (Father, Mother, brothers, and sisters.)

NAME	RELATIONSHIP	ADDRESS	PHONE	AGE
_____				
_____				
_____				
_____				
_____				
_____				
_____				
_____				

**SOCIAL HISTORY**

20. List all clubs, societies and organizations of which you are or have been a member  
(Include civic, religious, outlaw gang, party crew, car club, fraternity, non-school athletics)

NAME ADDRESS CITY AND STATE DATES

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**MILITARY RECORD**

21. Have you served in the U.S. Armed Forces? Yes \_\_\_ No \_\_\_

Date of Service: From \_\_\_\_\_ To \_\_\_\_\_ Branch of Service \_\_\_\_\_

Unit Designation/City and State \_\_\_\_\_

Military Service Number \_\_\_\_\_ Highest rank held \_\_\_\_\_

Type of Discharge \_\_\_\_\_

**EMPLOYMENT HISTORY**

22. Have you ever been dismissed or asked to resign from any employment or position you have ever held? \_\_\_\_\_ If yes, give the following:

Employer's Name: \_\_\_\_\_

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

Date: \_\_\_\_\_ Reason(s) \_\_\_\_\_

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23. Have you ever had any disciplinary action taken against you? If yes, give the following:

Employer's Name: \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Date \_\_\_\_\_ Nature of disciplinary action and reason(s):

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**LEGAL HISTORY**

24. Have you ever been detained or arrested by a Peace Officer or summoned into court? If yes:

REASON                      DATE                      CITY & STATE                      DISPOSITION

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25. Has your driver license ever been suspended or revoked? If yes:

REASON                      DATE                      CITY & STATE                      DISPOSITION

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26. List to the best of ability all traffic citations you have received, excluding parking tickets:

Month/Year                      Charge                      City/State                      Disposition

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**DRUG USAGE**

27. Have you ever purchased any narcotics, illegal drugs, steroids or marijuana without a doctor's prescription for you or anyone else? This includes, but not limited to, giving someone else money to purchase any of them for you or to defray the cost, chip in, etc. If so, explain:

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

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**AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION**

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

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

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

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

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

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

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Sworn and subscribed before me this \_\_\_\_\_ day \_\_\_\_\_, 20\_\_\_\_  
Notary Public, in and for Fort Bend County, Texas.

\_\_\_\_\_  
Notary Public for Richmond, Texas

\_\_\_\_\_  
My Commission Expires

