

# KENT COUNTY SHERIFF'S OFFICE



**227 S. MAIN ST. / P. O. BOX 7**

**JAYTON, TEXAS 79528**

**PH: (806) 237-3801 FAX: (806) 237-3306**

## APPLICANT PERSONAL HISTORY STATEMENT

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APPLICANT NAME

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DATE RECEIVED by KCSO

## INSTRUCTIONS FOR COMPLETING PERSONAL HISTORY STATEMENT

These instructions are provided as a guide to assist you in properly completing your Personal History Statement. It is essential that the information you provide be accurate. The information will be utilized as the basis for completing the background investigation that will determine, in part, your eligibility for employment.

If for any reason you do not understand a question or request for information, you may contact the Kent County Sheriff's Office for guidance. You may return the Personal History Statement by mail along with copies of all documents requested. If you live locally, you may return the statement in person.

**It is extremely important that the information you provide be truthful, accurate, detailed and complete. This information may be verified through a polygraph examination. A background investigation will also be conducted by criminal investigation personnel. Material omissions or falsifications on this statement or any subsequent applications will be grounds for disqualification.**

All responses in this statement should be hand printed, legibly, in black ink. **DO NOT TYPE.** The Personal History Statement must be completed by the applicant.

Answer all questions to the best of your ability. If a question is not applicable to you, enter N/A in the space provided. Do not leave any questions blank or unanswered.

Avoid errors by reading the directions carefully. Be sure your information is in the proper sequence requested.

You are responsible for obtaining and providing correct dates, addresses and telephone numbers. Investigators will not process your application if incorrect information is provided.

If there is insufficient space on the form to properly respond to the question, you may use additional sheets. Be certain to correctly connect the information to the question.

When completed, return your Personal History Statement and proper documentation as requested to the below listed address.

**KENT COUNTY SHERIFF'S OFFICE  
P. O. BOX 7  
JAYTON, TEXAS 79528**



**KENT COUNTY SHERIFF'S OFFICE  
PERSONAL HISTORY STATEMENT  
REQUIRED DOCUMENTS**

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Applicants must furnish copies of all applicable documents listed below. If original documents are needed at some point in the background investigation, you will be advised. Attach copies to the back of this background packet, in this order.

1. **Driver's License**
2. **Social Security Card**
3. **Birth Certificate**
4. **High School Diploma or GED Certificate**
5. **College Diplomas and Transcripts**
6. **Marriage Certificates**
7. **Divorce Decree**
8. **Military Discharge Papers (DD-214)**
9. **TCLEOSE Certificates**
10. **Additional Certificates of Training Applicable to this Position**

**KENT COUNTY SHERIFF'S OFFICE  
RESIDENCE HISTORY**

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**LIST ALL ADDRESSES THAT YOU HAVE LIVED FOR THE PAST (10) TEN YEARS**

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_ OWN:  RENT:

LANDLORD / MANAGER: \_\_\_\_\_ PHONE: \_\_\_\_\_

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ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_ OWN:  RENT:

LANDLORD / MANAGER: \_\_\_\_\_ PHONE: \_\_\_\_\_

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ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_ OWN:  RENT:

LANDLORD / MANAGER: \_\_\_\_\_ PHONE: \_\_\_\_\_

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ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_ OWN:  RENT:

LANDLORD / MANAGER: \_\_\_\_\_ PHONE: \_\_\_\_\_

**KENT COUNTY SHERIFF'S OFFICE  
RESIDENCE HISTORY**

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ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_ OWN:  RENT:

LANDLORD / MANAGER: \_\_\_\_\_ PHONE: \_\_\_\_\_

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ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_ OWN:  RENT:

LANDLORD / MANAGER: \_\_\_\_\_ PHONE: \_\_\_\_\_

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ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_ OWN:  RENT:

LANDLORD / MANAGER: \_\_\_\_\_ PHONE: \_\_\_\_\_

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ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_ OWN:  RENT:

LANDLORD / MANAGER: \_\_\_\_\_ PHONE: \_\_\_\_\_

**KENT COUNTY SHERIFF'S OFFICE  
EMPLOYMENT HISTORY**

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**LIST ALL EMPLOYMENT WITHIN THE PAST (10) TEN YEARS. IN ADDITION, LIST ALL PERIODS OF UNEMPLOYMENT.**

EMPLOYED FROM: \_\_\_\_\_ EMPLOYED TO: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME OF EMPLOYER: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

POSITION HELD: \_\_\_\_\_ SUPERVISOR'S NAME: \_\_\_\_\_

JOB DUTIES: \_\_\_\_\_

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TYPE OF JOB: FULL-TIME  PART-TIME  UNPAID  OTHER

WHERE YOU DISCHARGED OR ASKED TO RESIGN? YES  NO

WHERE YOU EVER SUBJECTED TO DISCIPLINARY ACTION? YES  NO

IF YOU ANSWERED YES ON EITHER QUESTION, EXPLAIN. \_\_\_\_\_

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**KENT COUNTY SHERIFF'S OFFICE  
EMPLOYMENT HISTORY**

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EMPLOYED FROM: \_\_\_\_\_ EMPLOYED TO: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME OF EMPLOYER: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

POSITION HELD: \_\_\_\_\_ SUPERVISOR'S NAME: \_\_\_\_\_

JOB DUTIES: \_\_\_\_\_

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TYPE OF JOB:    FULL-TIME             PART-TIME             UNPAID             OTHER

WHERE YOU DISCHARGED OR ASKED TO RESIGN?    YES             NO

WHERE YOU EVER SUBJECTED TO DISCIPLINARY ACTION?    YES             NO

IF YOU ANSWERED YES ON EITHER QUESTION, EXPLAIN. \_\_\_\_\_

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**KENT COUNTY SHERIFF'S OFFICE  
EMPLOYMENT HISTORY**

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EMPLOYED FROM: \_\_\_\_\_ EMPLOYED TO: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME OF EMPLOYER: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

POSITION HELD: \_\_\_\_\_ SUPERVISOR'S NAME: \_\_\_\_\_

JOB DUTIES: \_\_\_\_\_

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TYPE OF JOB: FULL-TIME  PART-TIME  UNPAID  OTHER

WHERE YOU DISCHARGED OR ASKED TO RESIGN? YES  NO

WHERE YOU EVER SUBJECTED TO DISCIPLINARY ACTION? YES  NO

IF YOU ANSWERED YES ON EITHER QUESTION, EXPLAIN. \_\_\_\_\_

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**KENT COUNTY SHERIFF'S OFFICE  
EMPLOYMENT HISTORY**

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EMPLOYED FROM: \_\_\_\_\_ EMPLOYED TO: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME OF EMPLOYER: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

POSITION HELD: \_\_\_\_\_ SUPERVISOR'S NAME: \_\_\_\_\_

JOB DUTIES: \_\_\_\_\_

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TYPE OF JOB: FULL-TIME  PART-TIME  UNPAID  OTHER

WHERE YOU DISCHARGED OR ASKED TO RESIGN? YES  NO

WHERE YOU EVER SUBJECTED TO DISCIPLINARY ACTION? YES  NO

IF YOU ANSWERED YES ON EITHER QUESTION, EXPLAIN. \_\_\_\_\_

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**KENT COUNTY SHERIFF'S OFFICE  
EMPLOYMENT HISTORY**

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EMPLOYED FROM: \_\_\_\_\_ EMPLOYED TO: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME OF EMPLOYER: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

POSITION HELD: \_\_\_\_\_ SUPERVISOR'S NAME: \_\_\_\_\_

JOB DUTIES: \_\_\_\_\_

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TYPE OF JOB:    FULL-TIME             PART-TIME             UNPAID             OTHER

WHERE YOU DISCHARGED OR ASKED TO RESIGN?    YES             NO

WHERE YOU EVER SUBJECTED TO DISCIPLINARY ACTION?    YES             NO

IF YOU ANSWERED YES ON EITHER QUESTION, EXPLAIN. \_\_\_\_\_

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**KENT COUNTY SHERIFF'S OFFICE  
MILITARY HISTORY**

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**HAVE YOU EVER SERVED IN THE MILITARY SERVICE, INCLUDING THE RESERVE AND/OR NATIONAL  
GUARD?      YES       NO**

**IF YES, COMPLETE THE FOLLOWING SECTION**

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BRANCH OF SERVICE: \_\_\_\_\_      ENDING RANK: \_\_\_\_\_

DATE SERVICE BEGIN: \_\_\_\_\_      DATE ENDED: \_\_\_\_\_

TYPE OF DISCHARGE: \_\_\_\_\_

ARE YOU CURRENTLY SERVING IN THE MILITARY FORCES IN ANY MANNER?      YES       NO

DID YOU RECEIVE ANY DISCIPLINARY ACTION WHILE IN THE MILITARY?      YES       NO

IF YES, GIVE DATE, DESCRIPTION AND DISPOSITION: \_\_\_\_\_

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ADDITIONAL COMMENTS REGARDING MILITARY SERVICE: \_\_\_\_\_

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**KENT COUNTY SHERIFF'S OFFICE  
EDUCATIONAL HISTORY**

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**LIST ALL HIGH SCHOOLS, COLLEGES AND UNIVERSITIES ATTENDED INCLUDING TRADE SCHOOLS**

SCHOOL NAME: \_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
                    NUMBER                    STREET                    CITY                    STATE                    ZIP

NUMBER OF HOURS OR HIGHEST GRADE COMPLETED: \_\_\_\_\_

TYPE OF DEGREE, CERTIFICATE OR DIPLOMA: \_\_\_\_\_

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SCHOOL NAME: \_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
                    NUMBER                    STREET                    CITY                    STATE                    ZIP

NUMBER OF HOURS OR HIGHEST GRADE COMPLETED: \_\_\_\_\_

TYPE OF DEGREE, CERTIFICATE OR DIPLOMA: \_\_\_\_\_

---

SCHOOL NAME: \_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
                    NUMBER                    STREET                    CITY                    STATE                    ZIP

NUMBER OF HOURS OR HIGHEST GRADE COMPLETED: \_\_\_\_\_

TYPE OF DEGREE, CERTIFICATE OR DIPLOMA: \_\_\_\_\_

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**KENT COUNTY SHERIFF'S OFFICE  
EDUCATIONAL HISTORY**

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SCHOOL NAME: \_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
                    NUMBER                    STREET                    CITY                    STATE                    ZIP

NUMBER OF HOURS OR HIGHEST GRADE COMPLETED: \_\_\_\_\_

TYPE OF DEGREE, CERTIFICATE OR DIPLOMA: \_\_\_\_\_

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SCHOOL NAME: \_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
                    NUMBER                    STREET                    CITY                    STATE                    ZIP

NUMBER OF HOURS OR HIGHEST GRADE COMPLETED: \_\_\_\_\_

TYPE OF DEGREE, CERTIFICATE OR DIPLOMA: \_\_\_\_\_

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SCHOOL NAME: \_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
                    NUMBER                    STREET                    CITY                    STATE                    ZIP

NUMBER OF HOURS OR HIGHEST GRADE COMPLETED: \_\_\_\_\_

TYPE OF DEGREE, CERTIFICATE OR DIPLOMA: \_\_\_\_\_



**KENT COUNTY SHERIFF'S OFFICE  
DRIVING RECORD**

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DRIVER'S LICENSE # \_\_\_\_\_ CLASS: \_\_\_\_\_ STATE: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_ RESTRICTION / ENDORSEMENTS: \_\_\_\_\_

DO YOU PRESENTLY HAVE, OR HAVE YOU EVER HAD, A DRIVER'S LICENSE ISSUED FROM ANOTHER STATE?

YES  NO

IF YES, LIST STATE AND LICENSE NUMBER: \_\_\_\_\_

LIST ALL TRAFFIC CITATIONS WHETHER OR NOT YOU WERE CONVICTED AND/OR PAID A FINE.

DATE:	AGENCY ISSUING:	CHARGE:	DISPOSITION:
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LIST ANY TRAFFIC CITATIONS THAT HAVE NOT BEEN DISPOSED OF OR REMAIN UNPAID.

DATE:	AGENCY ISSUING:	CHARGE:
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HAS YOUR DRIVER'S LICENSE EVER BEEN SUSPENDED FOR ANY REASON? YES  NO

IF YES, EXPLAIN: \_\_\_\_\_

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**KENT COUNTY SHERIFF'S OFFICE  
CRIMINAL HISTORY**

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**LIST ALL UNLAWFUL ACTS, WHETHER OR NOT YOU WERE EVER ARRESTED OR CHARGED, NOT INCLUDING TRAFFIC VIOLATIONS.**

DATE:

OFFENSE:

AGENCY:

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HAVE ANY PERSONS YOU ASSOCIATE WITH, OR ANY FAMILY MEMBERS EVER BEEN CONVICTED OF A FELONY OFFENSE?

YES

NO

IF YES, EXPLAIN: \_\_\_\_\_

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DESCRIBE YOUR INVOLVMENT WITH ILLEGAL DRUGS. INCLUDE ALL TYPES WHETHER CONSUMPTION, POSSESSION, SELL, PURCHASE, DELIVERY, EXCHANGE, ETC.

DATE:

ACTIVITY:

TYPE OF DRUG:

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DESCRIBE YOUR CONSUMPTION IN TERMS OF QUANTITY AND FREQUENCY OF ALCOHOL USE.

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**KENT COUNTY SHERIFF'S OFFICE  
MEMBERSHIPS – HOBBIES – SPECIAL SKILLS**

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**LIST ALL PAST OR PRESENT ORGANIZATIONS IN WHICH YOU ARE, WHERE, A MEMBER.**

NAME:	ADDRESS:	TYPE OF ORGANIZATION:
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

**LIST ALL HOBBIES AND SPECIAL SKILLS YOU MAY HAVE.**

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**LIST ANY LANGUAGES YOU ARE FLUENT IN AND THE DEGREE OF FLUENCY.**

LANGUAGE:	READING:	SPEAKING:	UNDERSTANDING:	WRITING:
<hr/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**KENT COUNTY SHERIFF'S OFFICE  
REFERENCES**

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**LIST (4) FOUR PERSONAL REFERENCES, NOT INCLUDING SUPERVISORS, CO-WORKERS OR RELATIVES.**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
                    NUMBER                    STREET                    CITY                    STATE                    ZIP CODE

HOME TELEPHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

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NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
                    NUMBER                    STREET                    CITY                    STATE                    ZIP CODE

HOME TELEPHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

---

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
                    NUMBER                    STREET                    CITY                    STATE                    ZIP CODE

HOME TELEPHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

---

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
                    NUMBER                    STREET                    CITY                    STATE                    ZIP CODE

HOME TELEPHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

**KENT COUNTY SHERIFF'S OFFICE  
STATEMENT OF FACTS**

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I certify that all answers given by me are true, accurate and complete. I understand that any falsification, misrepresentation or omission of fact on this application (or any other accompanying or required documentation) will be cause for denial of employment or immediate termination of employment regardless of when or how discovered.

I understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with the Kent County Sheriff's Office is an "at will" employment relationship, which means that I may resign at any time and the Kent County Sheriff's Office may terminate my employment at any time without cause. I further understand that this "at will" employment relationship may not be changed by any written documentation or by conduct unless the change is specially acknowledged in writing by the Commissioners' Court.

I authorize the investigation of all statements and information contained in the application and any accompanying or required documentation. I further authorize checking with any and all references listed in this application.

If employed, I agree to engage in no outside activity which would involve material conflict of interest which could reflect adversely on the Kent County Sheriff's Office. I understand this decision is to rest with Kent County Sheriff.

I agree to hold in strictest confidence any information concerning the Kent County Sheriff's Office. If I am employed by the Kent County Sheriff's Office, I agree to conform to the employment policy of the Kent County Sheriff's Office.

I understand that completion of this application does not guarantee that I will be employed by the Kent County Sheriff's Office.

I acknowledge that I have read and understand the above statement. I hereby affirm that the answers and information provided in this application and any accompanying documents is true and correct to the best of my knowledge. I have not knowingly withheld any fact or circumstance that would, if disclosed, affect my application unfavorably.

Today's Date: \_\_\_\_\_ Applicant's Signature: \_\_\_\_\_

The Kent County Sheriff's Office does not discriminate on the basis of race, color, national origin, sex, religion, age or handicapped status in employment or the provisions of services.

Date Application Received by the Kent County Sheriff's Office: \_\_\_\_\_

**KENT COUNTY SHERIFF'S OFFICE**  
**AUTHORIZATION FOR RELEASE OF INFORMATION**

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Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle \_\_\_\_\_

Place of Birth: \_\_\_\_\_ State: \_\_\_\_\_ Country \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Race \_\_\_\_\_ SS# \_\_\_\_\_

I, \_\_\_\_\_, do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to ANY duly authorized agent of the Kent County Sheriff's Office, whether the said records are of public, private or confidential nature. **I authorize the Kent County Sheriff's Office to act as my agent in obtaining any personnel information maintained by your organization.**

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; records of the Social Security Administration; financial or credit institutions; including records of deposits, withdrawals and balances of checking and saving accounts, and loans, and also records of commercial or retail credit agencies (including credit reports and/or ratings); public utility companies; employment and pre-employment records; including background reports, efficiency ratings, complaints or grievances filed by or against me, and salary records; real and personal property tax statements and records, and other financial statements and records wherever filed; records of complaint, arrest, trial and/or convictions for alleged or actual violations of law, including criminal, civil and/or traffic records; the results of any polygraph examinations; records of complaint of a civil nature made by or against me, wherever located, and to include the records and recollections of attorney attorneys at law, or of other counsel, whether representing me or another person in any case in which I presently have, or have had an interest.

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 life, for the specific purpose of pursuing a background investigation that may provide pertinent data for the Kent County Sheriff's Office to consider in determining my suitability for employment by that department. It is my specific intent to provide access to personal information, however personal or confidential it may appear to be, and the source of information specifically identified herein.

I understand that any information obtained by a personal history background investigation that is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the Kent County Sheriff's Office. I understand that all materials pertaining to this background investigation becomes the property of the Kent County Sheriff's Office.

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, damage, loss and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request. I further understand that in the event my application is disapproved, the sources of confidential information cannot be revealed to me.

A photocopy of this release form will be valid as an original hereof; even though the said photocopy does not contain an original writing of my signature.

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

Subscribed and Sworn before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_

My Commission expires \_\_\_\_\_ 20\_\_

Notary Signature: \_\_\_\_\_

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