



MESQUITE POLICE DEPARTMENT PERSONAL HISTORY STATEMENT

This entire document is a governmental record. Knowingly making a false entry in a governmental record is a Class A Misdemeanor.

READ THESE INSTRUCTIONS CAREFULLY BEFORE PROCEEDING

It is very important that this form be completed *fully and accurately*. Incomplete applications may be cause for disqualification without further notice. Any misstatement, omission, or falsification of information could result in disqualification or rejection of employment. Any failure to follow instructions could reflect unfavorably on your suitability for employment.

- All answers should be printed legibly in black ink, or typed by you, and no other person.
- If any question does not apply to you, write "N/A" in the space provided.
- Avoid errors by reading the directions carefully before making entries in the questionnaire.
- Be sure your information is correct and in proper sequence before making entries in the questionnaire.
- If there is insufficient space on the form for you to include all information required, attach extra sheets to the questionnaire.

All waivers **must** be completed and included when this questionnaire is submitted. These waivers are located on Pages 2, 3, and 4.

The following documents will be required to be submitted when your background investigation is started. Documents previously submitted to the Human Resources Department to verify eligibility for testing do not satisfy this requirement.

- High School Transcript *certified copy in sealed envelope*
- College Transcript(s) *certified copy, in sealed envelope, from each college/university you attended or were enrolled in*
- Birth Certificate *original (will be returned) or certified copy*
- Naturalization Certificate *if applicable, original (will be returned) or certified copy*
- Marriage License(s) *if applicable, copy from each marriage*
- Divorce Decree(s) *if applicable, copy from each divorce*
- Military Form DD214, and OMPF *if applicable*
- Social Security Card *original will be returned after a copy is made*
- Current proof of automobile insurance
- Current valid driver's license *original will be returned after a copy is made*
- Copy of Peace Officers License or Telecommunicator's License and all training received *if applicable*
- Copy of TCOLE approved firearms qualification within the past 12 months *if applicable*

*Certified copy means an official copy sealed inside an envelope from the provider.

WARNING: THIS DOCUMENT IS A GOVERNMENTAL RECORD. KNOWINGLY MAKING A FALSE ENTRY IN A GOVERNMENTAL RECORD IS A CLASS A MISDEMEANOR.



Mesquite Police Department Authorization for Release of Information Waiver & Confidentiality Statement

I authorize any investigator, officer, or other duly accredited representative of the Mesquite Police Department conducting my background investigation to obtain any and all information and records regarding me. This authorization includes, but is not limited to, employment and pre-employment history, academic history, financial history, personnel records, background investigation files, disciplinary records, any and all internal affairs investigations, complaints or grievances filed by or against me, training files, arrest records, criminal history, probation, driving records, polygraph questionnaires and results, or any other information needed from any individual, business, employer, school, consumer reporting agency, credit bureau, collection agency, law enforcement agency, criminal justice agency, residential management agent, city, state, or federal government, any branch of the military, or other source of information. This authorization also includes photocopies and electronic files of the same.

I authorize any individual, business, employer, school, consumer reporting agency, credit bureau, collection agency, law enforcement agency, criminal justice agency, residential management agent, city, state or federal government, any branch of the military, or any other entity to release and furnish upon request to any officer, investigator, or other duly accredited representative of the Mesquite Police Department any and all information and records, including photocopies and electronic files of the same, regarding me, my reputation, academic history, employment and pre-employment history, financial history, criminal history, or other information as requested.

I hereby release any officer, investigator, or other duly accredited representative of the Mesquite Police Department and any individual, business, employer, school, consumer reporting agency, credit bureau, collection agency, law enforcement agency, criminal justice agency, residential management agent, city, state, or federal government, or any branch of the military, from any and all liability or damage which may result from gathering or furnishing the information listed above.

I understand that to a great extent my employment will depend on information obtained in confidential interviews with individuals and information gathered during my background investigation. I understand any details of said interviews and any information obtained during my background investigation will not be released to me whether or not I am accepted or rejected for employment.

In the event that this background investigation finds unethical, dishonest, or illegal conduct or I disclose such conduct, I hereby give the Mesquite Police Department permission to disclose the findings and results of this background investigation to my current employer or law enforcement authorities. I understand that this disclosure may result in adverse consequences for me in my current job, including but not limited to, termination from employment, negative references for future employment, and possible criminal prosecution. I understand that the Mesquite Police Department, in its sole discretion, will determine whether there has been any unethical, dishonest, or illegal conduct. I agree to hold the Mesquite Police Department harmless from any and all claims made by me as a result of this release of information.

I have read and fully understand the above statement. I freely and voluntarily give this waiver as a condition to be considered for a position with the Mesquite Police Department. Copies of this authorization that show my signature and accompanying notarization are as valid as the original release signed by me.

This form is to be completed in front of a Notary Public.

Please note: If you mail your application, this form must be completed prior to mailing.

Applicant's Signature

Notary Signature

Printed Name

_____ County, _____ State
Notary Public in and For

SS#

_____, 20_____
Date Notarized

(Notary Seal)

Initial this page to indicate you have provided complete and accurate information: _____



MESQUITE POLICE DEPARTMENT
Authorization for Release of Information
N-DEx/T-DEx Waiver

I authorize any employee or representative of the Mesquite Police Department to search N-DEx/T-DEx to obtain information regarding my qualifications and fitness to serve as any type of employee with the Mesquite Police Department. I understand that N-DEx/T-DEx is an electronic repository of information from federal, state, local, tribal, and regional criminal justice entities. This national information sharing system permits users to search and analyze data from the entire criminal justice cycle, including crime incident and investigation reports; arrest, booking, and incarceration reports; and probation and parole information. This release is executed with full knowledge, understanding, and consent that any information discovered in N-DEx/T-DEx may be used for the official purpose of conducting a complete employment background investigation. I also understand that any information found in N-DEx/T-DEx will not be disclosed to any other person or agency unless authorized and consistent with applicable law. I release the Mesquite Police Department from any liability or damage that may result from the use of information obtained from N-DEx/T-DEx.

The purpose for requesting this information is to conduct a complete background investigation pertaining to your fitness to serve as an employee for the Mesquite Police Department. I acknowledge if my employment with the Mesquite Police Department is denied solely due to the information obtained from N-DEx/T-DEx, I have the opportunity to challenge the accuracy or completeness of those records with the agency the records were obtained from. By signing this form, you are acknowledging that you have received notice and have provided consent for the Mesquite Police Department to use this information to conduct such a background investigation.

This form is to be completed in front of a Notary Public.
Please note: If you mail your application, this form must be completed prior to mailing.

Applicant's Signature

Notary Signature

Printed Name

_____ County, _____
Notary Public in and For State

SS#

_____, 20_____
Date Notarized

(Notary Seal)



Mesquite Police Department Application Disclosure

Pursuant to the requirements of the Fair Credit Report Act, notice is given that a consumer report may be made in connection with your application for employment.

If you are denied employment, either wholly or partly because of information obtained in a consumer report, a disclosure will be made to you of the name and address of the consumer reporting agency making such report. You will also receive a copy of the report and a statement of your consumer rights.

I have read and fully understand the above statement.

I hereby authorize the procurement of a consumer report for employment purposes.

Applicant's Signature

Date

Printed Name

Complete Address

Mesquite Police Department Applicant's Personal History Statement

Position applied for (check one):

- Peace Officer- TCOLE PID (if applicable) _____
- Telecommunicator- TCOLE PID (if applicable) _____
- Detention Officer- TCOLE PID (if applicable) _____
- Civilian Employment

Peace Officer and Telecommunicator applicants must meet the following requirements to be eligible for licensure by TCOLE:

- I am a citizen of the United States of America.
- I have earned a high school diploma, a GED, or an honorable discharge from the armed services of the United States after at least two (2) years of active service.
- I have never been convicted, plead guilty (nolo contendere), or been placed on court-ordered community service/probation, or deferred adjudication for a Class A misdemeanor or felony in this state, other state, or while serving in the military.
- I have never been convicted, plead guilty (nolo contendere), or been placed on court-ordered community service/probation, or deferred adjudication for any level offense involving family violence as defined under Chapter 71, Texas Family Code in this state, other state, or while serving in the military.
- During the last ten (10) years, I have not been convicted, plead guilty (nolo contendere), or been placed on court-ordered 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 other discharge based on misconduct which bars future military service.

In accordance with the US Americans with Disabilities Act, applicants are not expected or required to reveal any medical or other disability related information about themselves prior to receiving a conditional offer of employment.

Full Name: _____
Last First Middle Suffix

Other Names Used: _____
Maiden, Nickname, Preferred, Previous Married Names, Name on previous license if different from current

Home Address: _____
Street City State Zip Code

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email Addresses:(List all)

Date of Birth: _____ Social Security Number: _____

Place of Birth: _____
City County State

Driver's License: _____ Previous Driver's License: _____
State Number Exp. State Number

Handgun License: _____
State Number Expiration Date

U.S. Citizen: Yes No If Naturalized, list: _____
Date City State

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Yes No Do you have any tattoos, distinguishing scars, or marks?
If yes, provide the requested information below:

<i>Description</i>	<i>Location</i>	<i>Description</i>	<i>Location</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Yes No Do you have relatives currently or formerly employed with the City of Mesquite?
If yes, list names, relationships, and departments where employed:

Yes No Are you acquainted with any current or former members of the Mesquite PD?
If yes, list names:

Residence History

List all addresses you have lived at in your lifetime, regardless of the length of stay, and list who you resided with at each location. Begin with your current address. (include military and school addresses)

From MM/YYYY	To MM/YYYY	Street Address	Apt/Room/Lot Number	City	State/Zip
Name of Apartment Complex, Dormitory, etc.		Person(s) with whom you resided			
If renting; property manager, rent collector, or owner			Reason for Moving		
Address of property mgr., rent collector, or owner			Contact Number	Email	

From MM/YYYY	To MM/YYYY	Street Address	Apt/Room/Lot Number	City	State/Zip
Name of Apartment Complex, Dormitory, etc.		Person(s) with whom you resided			
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Residence History Continued

From MM/YYYY	To MM/YYYY	Street Address	Apt/Room/Lot Number	City	State/Zip
Name of Apartment Complex, Dormitory, etc.		Person(s) with whom you resided			
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Residence History Continued

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If renting; property manager, rent collector, or owner			Reason for Moving		
Address of property mgr., rent collector, or owner			Contact Number	Email	

Marital and Family Information

Check your current status: Single Married Separated Divorced Widowed

If in a relationship:

Name of boyfriend/girlfriend: _____
First *Middle* *Last*
Date of Birth: _____ Home Phone: _____ Cell Phone: _____
Engaged: Yes No Expected date of Marriage: _____
Address, if different from yours: _____
Work Address: _____ Email: _____

If married or separated:

Spouse's name: _____
First *Middle* *Last*
Date of Birth: _____ Home Phone: _____ Cell Phone: _____
Date Married: _____ City: _____ State: _____
Date of separation, if applicable: _____
Address, if different from yours: _____
Work Address: _____ Email: _____

If divorced (begin with most recent):

Name of former spouse: _____
First *Middle* *Last*
Date of Birth: _____ Home Phone: _____ Cell Phone: _____
Date Married: _____ City: _____ State: _____
Date Divorced: _____ County: _____ State: _____
Reason for Divorce: _____
Address: _____
Work Address: _____ Email: _____

Name of former spouse: _____
First *Middle* *Last*
Date of Birth: _____ Home Phone: _____ Cell Phone: _____
Date Married: _____ City: _____ State: _____
Date Divorced: _____ County: _____ State: _____
Reason for Divorce: _____
Address: _____
Work Address: _____ Email: _____

Have you been married or divorced more times than listed above: Yes ___ No ___ How many times ___

If widowed:

Spouse's name: _____
First *Middle* *Last*
Date of Birth: _____ Date of Death: _____

Marital and Family Information continued

List all children related to you or your spouse (include natural, step, adopted):

Full name	Gender	Date of Birth	Custodial Parent or Guardian (if other than you)
Complete Address		Contact Number	Email

Full name	Gender	Date of Birth	Custodial Parent or Guardian (if other than you)
Complete Address		Contact Number	Email

Full name	Gender	Date of Birth	Custodial Parent or Guardian (if other than you)
Complete Address		Contact Number	Email

List all information on parents to the above children if not listed on the previous page:

Parent's name (first, middle, last)	Date of Birth	Contact number	Parent to which child listed above

List any other individuals, not listed above or on the previous page, that reside in your home:

Full Name (first, middle, last)	Date of Birth	Relationship or How Acquainted

- Yes No Do you pay or receive child support or alimony?
- Yes No If you are required to pay child support or alimony, are you now or have you ever been delinquent on your payments?
- Yes No Have you or your spouse, a former spouse, or a parent of your child, ever been investigated by Child Protective Services or similar agency?

If you answered yes to any of the questions above, provide explanations in the space below:

Marital and Family Information continued

List your immediate relatives, including those related by marriage, below. If deceased, record date of death in address column. Include:

Mother/Father Step-Parents Siblings Step/Half Siblings Mother/Father-in-Law

Full name	Date of Birth	Relationship	Occupation
Complete Address		Cell Phone	Work Phone
Complete Work Address		Email	

Full name	Date of Birth	Relationship	Occupation
Complete Address		Cell Phone	Work Phone
Complete Work Address		Email	

Full name	Date of Birth	Relationship	Occupation
Complete Address		Cell Phone	Work Phone
Complete Work Address		Email	

Full name	Date of Birth	Relationship	Occupation
Complete Address		Cell Phone	Work Phone
Complete Work Address		Email	

Full name	Date of Birth	Relationship	Occupation
Complete Address		Cell Phone	Work Phone
Complete Work Address		Email	

Full name	Date of Birth	Relationship	Occupation
Complete Address		Cell Phone	Work Phone
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Complete Address		Cell Phone	Work Phone
Complete Work Address		Email	

Full name	Date of Birth	Relationship	Occupation
Complete Address		Cell Phone	Work Phone
Complete Work Address		Email	

Marital and Family Information continued

Yes No Have you ever filed for or been named in a restraining order?
Yes No Have you ever filed for or been named in a protective order?

If you answered yes to any of the questions above, provide explanations below. Include dates, city/county/state(s), court(s), and parties involved:

Memberships/Organizations

List all associations, clubs, unions, or fraternities you have been associated with in past or are currently associated with as a member or volunteer.

Association/Club/Union/Fraternity	Dates	Position/Title	Current/Former Member

Hobbies/Interests

List your hobbies and/or interests outside of work and school:

Hobby/Interest	Frequency

Employment History

Beginning with your current or most recent employment, list all jobs you have held in your lifetime. Include full-time, part-time, temporary, and seasonal employment. Use space provided to indicate any periods of unemployment

Employer: _____ Dates Employed (mm/yyyy) _____ to _____

Address: _____ Phone Number: _____

Job Title: _____ Current/Ending Salary _____

Duties: _____

Reason for Leaving: _____

Full-Time

Part-Time

Temporary___

Seasonal

Supervisor's name: _____ Phone: _____ Email: _____

Co-Worker's name: _____ Phone: _____ Email: _____

Co-Worker's name: _____ Phone: _____ Email: _____

Yes No Did you give this employer acceptable notice upon leaving? If no, explain:

Yes No Were you fired from or asked to resign by this employer? If yes, explain:

Any period of unemployment? From: _____ to _____ Reason (student, etc.): _____

Employer: _____ Dates Employed (mm/yyyy) _____ to _____

Address: _____ Phone Number: _____

Job Title: _____ Ending Salary: _____

Duties: _____

Reason for Leaving: _____

Full-Time

Part-Time

Temporary

Seasonal

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Any period of unemployment? From: _____ to _____ Reason (student, etc.): _____

Employment History Continued

Employer: _____ Dates Employed (mm/yyyy) _____ to _____

Address: _____ Phone Number: _____

Job Title: _____ Ending Salary: _____

Duties: _____

Reason for Leaving: _____

Full-Time Part-Time Temporary____ Seasonal

Supervisor's name: _____ Phone: _____ Email: _____

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Job Title: _____ Ending Salary: _____

Duties: _____

Reason for Leaving: _____

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Seasonal

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Full-Time

Part-Time

Temporary

Seasonal

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Employment History Continued

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Employment History Continued

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Full-Time Part-Time Temporary____ Seasonal

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Any period of unemployment? From: _____ to _____ Reason (student, etc.): _____

Employment History Continued

- | | | |
|-----|----|---|
| Yes | No | Have you ever resigned from a job to keep from being fired? |
| Yes | No | Have you ever walked off a job because you were under pressure or angry? |
| Yes | No | Have you ever filed a complaint or lawsuit against an employer? |
| Yes | No | Have you ever borrowed any money from any business and failed to pay it back? |
| Yes | No | Have you ever intentionally damaged an employer's property? |
| Yes | No | Have you ever failed to report for work without contacting your employer? |
| Yes | No | Have you ever taken part in a theft with another employee? |
| Yes | No | Have you ever filed a false report with an employer? |
| Yes | No | Have you ever witnessed or had knowledge that another employee was stealing from an employer? |
| Yes | No | Have you ever been reprimanded, counseled, or received any type of disciplinary action at work? |
| Yes | No | Have you ever taken any money, merchandise, materials, etc. from an employer without direct permission? |
| Yes | No | Have you ever committed an undetected act while working, which if detected, would result in disciplinary action? |
| Yes | No | Have you ever applied for or received unemployment benefits? |
| Yes | No | Have you ever been denied unemployment benefits? |
| Yes | No | Have you ever been placed on a "Brady List" or a no sponsorship list by a District Attorney, County Attorney, or any court? |
| Yes | No | Have you ever been involved in a physical/verbal altercation with a supervisor/co-worker/customer? |
| Yes | No | Have you ever been accused of discrimination by a supervisor/co-worker/customer? |
| Yes | No | Have you ever been accused of sexual harassment/racial bias/sexual orientation harassment by a supervisor/co-worker/customer? |
| Yes | No | Have you ever been the subject of a written complaint at work? |
| Yes | No | Have you ever received an unsatisfactory job 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 not sick or caring for a sick family member? |
| Yes | No | Have you ever reported to work while intoxicated? |
| Yes | No | Has your work performance ever been affected by your alcohol or drug usage? |
| Yes | No | Have you ever been warned or counseled by an employer about your alcohol or drug usage? |
| Yes | No | Would there be a problem if we contact your current employer? |

If you answered yes to any of the questions above, provide explanations below. Include dates, names of employers, states in which you filed for or were denied unemployment benefits:

Applications with other Law Enforcement/Public Safety Agencies

Have you ever applied to any other law enforcement or fire agency for any position? Yes No

If yes, list all police and fire agencies where you have ever applied or tested for any type of employment, currently or in the past, and provide the requested information for each. Start with the most recent. Include city, county, state, and federal agencies.

A. Name of Agency: _____ Position Applied For: _____

Date Applied: _____ Address: _____

City: _____ State: _____ Zip: _____

Background Investigator's Name (if known): _____

Contact Number, (ext): _____ Email: _____

Check each step in the process that you completed, and your status:

Application	Written	Physical agility	Oral	Polygraph/CVSA	Background
Conditional Job Offer	Psychological examination Date: _____	Medical	Date: _____		
Status: Hired	On List	Withdrawn	Disqualified		

B. Name of Agency: _____ Position Applied For: _____

Date Applied: _____ Address: _____

City: _____ State: _____ Zip: _____

Background Investigator's Name (if known): _____

Contact Number, (ext): _____ Email: _____

Check each step in the process that you completed, and your status:

Application	Written	Physical agility	Oral	Polygraph/CVSA	Background
Conditional Job Offer	Psychological examination Date: _____	Medical	Date: _____		
Status: Hired	On List	Withdrawn	Disqualified		

C. Name of Agency: _____ Position Applied For: _____

Date Applied: _____ Address: _____

City: _____ State: _____ Zip: _____

Background Investigator's Name (if known): _____

Contact Number, (ext): _____ Email: _____

Check each step in the process that you completed, and your status:

Application	Written	Physical agility	Oral	Polygraph/CVSA	Background
Conditional Job Offer	Psychological examination Date: _____	Medical	Date: _____		
Status: Hired	On List	Withdrawn	Disqualified		

Applications with other Law Enforcement/Public Safety Agencies Cont.

D. Name of Agency: _____ Position Applied For: _____
Date Applied: _____ Address: _____
City: _____ State: _____ Zip: _____
Background Investigator's Name (if known): _____
Contact Number, (ext): _____ Email: _____

Check each step in the process that you completed, and your status:

Application	Written	Physical agility	Oral	Polygraph/CVSA	Background
Conditional Job Offer	Psychological examination Date: _____	Medical	Date: _____		
Status:	Hired	On List	Withdrawn	Disqualified	

E. Name of Agency: _____ Position Applied For: _____
Date Applied: _____ Address: _____
City: _____ State: _____ Zip: _____
Background Investigator's Name (if known): _____
Contact Number, (ext): _____ Email: _____

Check each step in the process that you completed, and your status:

Application	Written	Physical agility	Oral	Polygraph/CVSA	Background
Conditional Job Offer	Psychological examination Date: _____	Medical	Date: _____		
Status:	Hired	On List	Withdrawn	Disqualified	

F. Name of Agency: _____ Position Applied For: _____
Date Applied: _____ Address: _____
City: _____ State: _____ Zip: _____
Background Investigator's Name (if known): _____
Contact Number, (ext): _____ Email: _____

Check each step in the process that you completed, and your status:

Application	Written	Physical agility	Oral	Polygraph/CVSA	Background
Conditional Job Offer	Psychological examination Date: _____	Medical	Date: _____		
Status:	Hired	On List	Withdrawn	Disqualified	

G. Name of Agency: _____ Position Applied For: _____
Date Applied: _____ Address: _____
City: _____ State: _____ Zip: _____
Background Investigator's Name (if known): _____
Contact Number, (ext): _____ Email: _____

Check each step in the process that you completed, and your status:

Application	Written	Physical agility	Oral	Polygraph/CVSA	Background
Conditional Job Offer	Psychological examination Date: _____	Medical	Date: _____		
Status:	Hired	On List	Withdrawn	Disqualified	

Applications with other Law Enforcement/Public Safety Agencies Cont.

H. Name of Agency: _____ Position Applied For: _____
Date Applied: _____ Address: _____
City: _____ State: _____ Zip: _____
Background Investigator's Name (if known): _____
Contact Number, (ext): _____ Email: _____

Check each step in the process that you completed, and your status:

Application	Written	Physical agility	Oral	Polygraph/CVSA	Background
Conditional Job Offer	Psychological examination Date: _____	Medical	Date: _____		
Status:	Hired	On List	Withdrawn	Disqualified	

I. Name of Agency: _____ Position Applied For: _____
Date Applied: _____ Address: _____
City: _____ State: _____ Zip: _____
Background Investigator's Name (if known): _____
Contact Number, (ext): _____ Email: _____

Check each step in the process that you completed, and your status:

Application	Written	Physical agility	Oral	Polygraph/CVSA	Background
Conditional Job Offer	Psychological examination Date: _____	Medical	Date: _____		
Status:	Hired	On List	Withdrawn	Disqualified	

J. Name of Agency: _____ Position Applied For: _____
Date Applied: _____ Address: _____
City: _____ State: _____ Zip: _____
Background Investigator's Name (if known): _____
Contact Number, (ext): _____ Email: _____

Check each step in the process that you completed, and your status:

Application	Written	Physical agility	Oral	Polygraph/CVSA	Background
Conditional Job Offer	Psychological examination Date: _____	Medical	Date: _____		
Status:	Hired	On List	Withdrawn	Disqualified	

K. Name of Agency: _____ Position Applied For: _____
Date Applied: _____ Address: _____
City: _____ State: _____ Zip: _____
Background Investigator's Name (if known): _____
Contact Number, (ext): _____ Email: _____

Check each step in the process that you completed, and your status:

Application	Written	Physical agility	Oral	Polygraph/CVSA	Background
Conditional Job Offer	Psychological examination Date: _____	Medical	Date: _____		
Status:	Hired	On List	Withdrawn	Disqualified	

Previous Law Enforcement Experience

Previous experience includes:

- City, county, or state peace officers
- City, county, or state correctional/detention officers
- Federal agents
- Military police officers
- City, county, or state telecommunications operators

Yes No Do you have previous law enforcement experience in this state, another state, or another country?

If yes, answer the questions listed below. If no, continue to the next section.

Yes No Are you currently under any type of investigation or punishment at your current agency?

Yes No Have you ever received disciplinary action of any kind (reprimands, suspensions, advisories, change of assignment, reduction in rank, loss of pay, etc.)?

Yes No Have you ever been subject to an Internal Affairs or similar type of investigation?

Yes No Have you ever had your certification or license suspended, revoked, or denied?

Yes No Have you ever used deadly force against anyone in the line of duty?

Yes No Are you currently or have you ever been a party to a lawsuit involving allegations of excessive force, wrongful death, etc.

Yes No Have you ever watched a fellow employee commit any type of criminal offense and not reported that incident to a supervisor or the proper authorities?

Yes No Have you ever committed an undetected act, which if discovered, could have resulted in disciplinary action (including termination) or criminal charges against you?

Yes No Have you ever solicited or attempted to solicit anything in return for not enforcing the law?

Yes No Have you ever accepted anything in return for not enforcing the law?

Yes No Have you ever been accused of making false statements or falsifying any type of report or document?

Yes No Have you ever been classified as ineligible for rehire by a former law enforcement agency?

Yes No Have you ever been placed on a "Brady List" or a no sponsorship list by a District Attorney, County Attorney, or any court?

If you answered yes to any of the questions above, provide explanations below. Be very specific as to the details of each incident or occurrence:

Driving History continued

List the vehicles you currently own and/or operate:

Year	Make	Model	LP number	LP State

What company carries your current automobile insurance policy? _____

Policy #: _____ Agent: _____ Phone Number: _____

Agent's Address: _____

Type of Coverage: Insured Bonded Cash Deposit

Date Coverage Expires: _____

Yes No Have you ever had your driver's license suspended, denied, withheld, or revoked in any state?

If yes:

Date Suspended: _____ Type: _____ Date Lifted: _____
 Date Suspended: _____ Type: _____ Date Lifted: _____

- Yes No Do you have any unpaid traffic, parking, or misdemeanor citations?
- Yes No Have your ever had a warrant issued for your arrest?
- Yes No Have you ever fled from a law enforcement agency in a vehicle?
- Yes No Have you ever knowingly driven a motor vehicle while your driver's license was under suspension or revocation?
- Yes No Have you ever been involved in a motor vehicle accident, as a driver, while operating a company or government vehicle?
- Yes No Have you ever been involved in a motor vehicle accident, as driver, after you had been consuming alcoholic beverages or using an illegal drug or substance?
- Yes No Have you ever operated a vehicle without auto insurance as required by law?
- Yes No Have you ever been refused auto liability insurance, or a bond, or had a policy canceled?

Has a traffic citation ever resulted in a warrant or caused your driver's license to be withheld due to any of the following? (Check all that apply)

Failed to Appear Failed to complete traffic School Failed to pay the required fine

If you answered yes to any of the questions above, provide explanations below. Be very specific as to the details of each incident or occurrence: (use additional paper if needed)

Criminal History

List any time you have been detained for investigation, held on suspicion, questioned, fingerprinted, arrested, indicted, criminally charged, or convicted of any offense (misdemeanor or felony) in any state, country, or other legal jurisdiction in your lifetime (including offenses punishable under the Uniform Code of Military Justice). List all incidents, regardless of the disposition or outcome of the case. List the most recent incident first (use additional pages if needed).

Date	Charge(s)	Arresting Agency	Disposition

List any other charges filed against you in your lifetime. List the most recent occurrence first.

Date	Charge(s)	Agency	Disposition

- | | | | |
|----|-----|----|---|
| 1. | Yes | No | Have you ever been placed on probation in any state or country? |
| 2. | Yes | No | Have you ever been convicted of any charge that would prevent you from legally possessing a firearm or ammunition in any state or country? |
| 3. | Yes | No | Were you ever required to appear before a juvenile court for any act which would be a crime if committed as an adult? |
| 4. | Yes | No | Have you ever been a party in a civil lawsuit (small claims, dissolutions, divorce, child custody, paternity, child support etc.)? |
| 5. | Yes | No | Have you or your spouse/partner ever been referred to Child Protective Services? |
| 6. | Yes | No | Have you ever been the subject of a Magistrates Order of Emergency Protection, ex-parte protective order, protective order, stay-away order, or restraining order in this state, any other state, the military, or any country? |
| 7. | Yes | No | Have you settled any civil suit in which you, your insurance company, or anyone else on your behalf was required to make payment to the other party? |
| 8. | Yes | No | Have you ever fraudulently received welfare, unemployment compensation, compensation, or other state or federal assistance? |

- | | | | |
|-----|-----|----|--|
| 9. | Yes | No | Have you ever filed a false insurance or worker's compensation claim? |
| 10. | Yes | No | Have you ever made annoying/obscene/ or harassing phone calls? |
| 11. | Yes | No | Have you ever committed an assault (used force upon another)? |
| 12. | Yes | No | Have you ever assaulted a family member (used force or violence upon a family member)? |
| 13. | Yes | No | Have you ever physically overpowered a spouse, romantic partner, or family member? |
| 14. | Yes | No | Have you ever unlawfully carried, displayed, or brandished any type of weapon? |
| 15. | Yes | No | Have you ever unlawfully carried a concealed weapon? |
| 16. | Yes | No | Have you ever contributed to the delinquency of a minor? |
| 17. | Yes | No | Have you ever failed to pay for food, rent, or lodging at any hotel/motel? |
| 18. | Yes | No | Have you ever operated a vehicle while under the influence of alcohol or drugs? |
| 19. | Yes | No | Have you ever been intoxicated in public? |
| 20. | Yes | No | Have you ever committed a hit and run vehicle collision, with or without I injuries? |
| 21. | Yes | No | Have you ever hunted or fished without a license? |
| 22. | Yes | No | Have you ever illegally gambled? |
| 23. | Yes | No | Have you ever impersonated a peace officer? |
| 24. | Yes | No | Have you ever illegally exposed yourself (includes flashing and mooning)? |
| 25. | Yes | No | Have you ever used another's vehicle without the owner's permission? |
| 26. | Yes | No | Have you ever, intentionally, or unintentionally, committed arson? |
| 27. | Yes | No | Have you ever assaulted any person with a deadly weapon? |
| 28. | Yes | No | Have you ever stolen a vehicle and/or vehicle parts? |
| 29. | Yes | No | Have you ever committed burglary (unlawfully entered a structure or vehicle to commit theft or any other crime)? |
| 30. | Yes | No | Have you ever committed an unlawful act with or on a child? |
| 31. | Yes | No | Have you ever accessed, produced, or possessed child pornography? |
| 32. | Yes | No | Have you ever injured a child, elderly, and/or a disabled person? |
| 33. | Yes | No | Have you ever stolen money or other valuables entrusted to you? |
| 34. | Yes | No | Have you ever injured another due to your operation of a vehicle while intoxicated? |
| 35. | Yes | No | Have you ever forced another or had unlawful intercourse or sexual activity with another? |
| 36. | Yes | No | Have you ever falsified any type of document, check, certificate, license, currency, etc. for any reason? |
| 37. | Yes | No | Have you ever committed a hate crime? |
| 38. | Yes | No | Have you ever committed insurance fraud? |
| 39. | Yes | No | Have you ever stolen anything? |
| 40. | Yes | No | Have you ever committed murder, homicide, or attempted murder? |
| 41. | Yes | No | Have you ever told a lie while under oath? |
| 42. | Yes | No | Have you ever unlawfully possessed an explosive or destructive device? |
| 43. | Yes | No | Have you ever committed a robbery (theft with some type of force or threat of force)? |
| 44. | Yes | No | Have you ever committed stalking? |
| 45. | Yes | No | Have you ever committed blackmail or extortion? |
| 46. | Yes | No | Have you ever committed any act which you felt was a felony? |

47. Yes No Have you ever been a member or associate of a criminal enterprise, street gang, or any group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, disability, or for any other reason?
48. Yes No Have you ever had a tattoo signifying membership in, or affiliation with, a criminal enterprise street gang, or any group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, disability, or for any other reason?
49. Yes No Have you ever been involved in an anger provoked physical fight, confrontation, or another violent act?
50. Yes No Do you now, or have you ever had an account on any social media site (Facebook, My Space, Instagram, Snapchat, etc)? If so, list the sites and your usernames.

51. Yes No Do you now, or have you ever had or used any sexually oriented social media site (Only fans, etc.)? If so, list the sites and your usernames.

52. Yes No Have you ever been denied a security clearance, or had a security clearance revoked, suspended, or downgraded, either in the military or any other federal, state, or municipal clearance?



The following questions about drug usage includes any illegal drug usage and unauthorized use of prescription drugs. Illegal/recreational drugs includes, but is not limited to the following: Marijuana, Amphetamines, Methamphetamines, Barbiturates, Cocaine, Crack Cocaine, GHB, Hallucinogens, Hashish, Hashish Oil, Heroin, Opium, Mescaline, Morphine, PCP, Steroids, THC, THC Oil, LSD, Peyote, and Quaaludes

53. Yes No Have you ever used any recreational drug? If so, list the drug(s):

54. Yes No Have you ever experimented with any type of recreational drug? If so, list the drug(s):

55. Yes No Have you ever used any illegal drug or a prescription drug which was not yours?

Miscellaneous

Yes No Are you proficient in sign language?

Yes No Are you proficient in any foreign languages? If yes, list below:

Language	Speak (yes/no)	Read (yes/no)	Write (yes/no)	Degree Proficiency

Yes No Do you have any income from a source other than your, and your spouse's (if applicable), present occupations? If yes, list below:

Source	Amount	Frequency

Yes No Have you ever been involved in any type of lawsuit not already mentioned?
If yes, explain:

Yes No Are you now, or have you ever been, a member of any party or group that advocates the violent overthrow of the United States government?

Yes No If appointed to a position in this department, do you agree to take a polygraph examination during your employment if requested to do so?

References

Include as many references as possible on this and the following page. **You must provide at least 7-10 references.** Do not list family members, relatives, or former/current supervisors listed previously in this document. **Include current and past friends, current and past associates, former boyfriends/girlfriends and any roommates/housemates you may have had at any time.**

Name _____ Cell Phone _____
Address _____ Other Phone _____
Company/Work Address _____ Email _____
Association _____ How long have you known this person _____

Name _____ Cell Phone _____
Address _____ Other Phone _____
Company/Work Address _____ Email _____
Association _____ How long have you known this person _____

Name _____ Cell Phone _____
Address _____ Other Phone _____
Company/Work Address _____ Email _____
Association _____ How long have you known this person _____

Name _____ Cell Phone _____
Address _____ Other Phone _____
Company/Work Address _____ Email _____
Association _____ How long have you known this person _____

Name _____ Cell Phone _____
Address _____ Other Phone _____
Company/Work Address _____ Email _____
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Name _____ Cell Phone _____
Address _____ Other Phone _____
Company/Work Address _____ Email _____
Association _____ How long have you known this person _____

Name _____ Cell Phone _____
Address _____ Other Phone _____
Company/Work Address _____ Email _____
Association _____ How long have you known this person _____

References continued

Name _____ Cell Phone _____
Address _____ Other Phone _____
Company/Work Address _____ Email _____
Association _____ How long have you known this person _____

Name _____ Cell Phone _____
Address _____ Other Phone _____
Company/Work Address _____ Email _____
Association _____ How long have you known this person _____

Name _____ Cell Phone _____
Address _____ Other Phone _____
Company/Work Address _____ Email _____
Association _____ How long have you known this person _____

Name _____ Cell Phone _____
Address _____ Other Phone _____
Company/Work Address _____ Email _____
Association _____ How long have you known this person _____

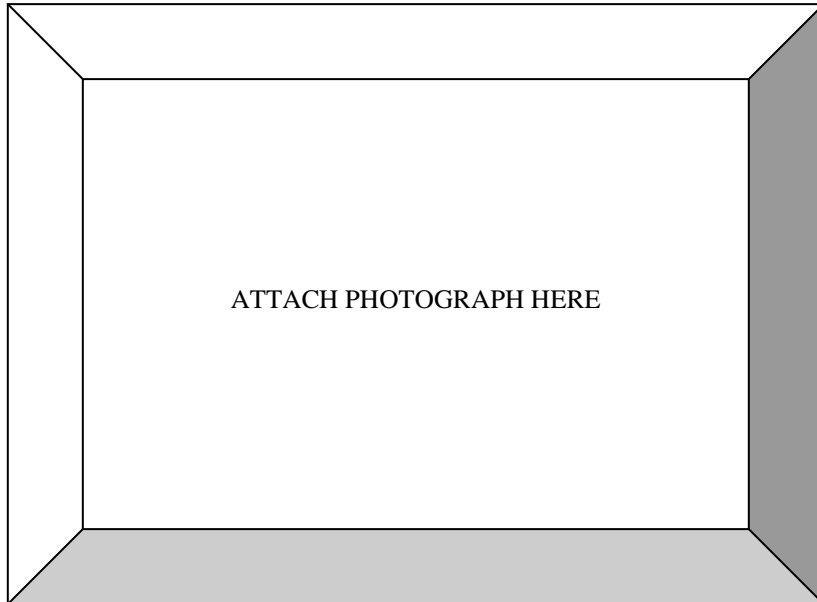
Name _____ Cell Phone _____
Address _____ Other Phone _____
Company/Work Address _____ Email _____
Association _____ How long have you known this person _____

Name _____ Cell Phone _____
Address _____ Other Phone _____
Company/Work Address _____ Email _____
Association _____ How long have you known this person _____

Name _____ Cell Phone _____
Address _____ Other Phone _____
Company/Work Address _____ Email _____
Association _____ How long have you known this person _____

Name _____ Cell Phone _____
Address _____ Other Phone _____
Company/Work Address _____ Email _____
Association _____ How long have you known this person _____

Securely attach a recent color photograph of yourself in the space provided below. The photograph will not be used for any purpose other than your background investigation. Photographs should not be in uniform.



I, _____, do hereby authorize all federal, state, county, and local governmental agencies, former employers, physicians, military branches, personal references, present and former family members and school personnel to furnish the City of Mesquite, Texas with any and all information regarding me in consideration of my suitability for employment. I hereby release from liability any person or company furnishing same. I hereby certify that I have personally completed and initialed each page of this form and any supplemental page(s) attached and there are no willful misrepresentations, omissions, or falsifications in the foregoing statements and answers to questions. I further understand that all foregoing statements will be verified through a background investigation and polygraph examination. I am fully aware that any such misrepresentations, omissions, or falsifications will be grounds for immediate rejection or termination of my application or my employment. I have read all the above information including the printed, typewritten, and handwritten portions thereof, and the statements therein are true and complete. By signing this questionnaire, I certify that all my answers in this form are true and correct.

Signature _____

Date _____

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

Notary public in and for, State of _____

My commission expires: ___/___/___

Printed name of Notary _____

Signature of Notary _____

Notary Seal or Stamp: