



[pdadmin@palestine-tx.org](mailto:pdadmin@palestine-tx.org)

## **MISSION STATEMENT:**

It is the mission of the Palestine Police Department to safeguard the lives and property of the citizens in our Community, resident or visitor. It is the responsibility of our department to reduce the incidence and fear of crime and provide safety and security for our citizens through the enforcement of laws. This shall be done with honor and integrity instilled in each member of this department. We are professionals conducting ourselves with the highest ethical standards to maintain the confidence of the public.

**APPLICANTS MUST BE ABLE TO PROVIDE THE FOLLOWING DOCUMENTS BEFORE ADMITTANCE TO THE TEST:**

1. Valid Driver's License
2. Military Discharge Document DD-214, if applicable

**PROCESS OF BECOMING A PATROL OFFICER INCLUDES THE FOLLOWING:**

1. Written Test
2. Placement on Eligibility list
3. Job Fitness Evaluation (Physical Agility test given directly after written exam, dress appropriately)
4. Extensive Background Check
5. Psychological Test
6. Oral Interview Board
7. Conditional Job Offer by Chief of Police
8. Medical Examination and Drug Screen

Application for Employment, Personal History Statement, Pre-Poly Packet, Waiver of Liability, Pre-Employment Inquiry Release, Minimum Qualifications, and the Physical Agility Information can be found on the City of Palestine website: [www.cityofpalestinetx.com](http://www.cityofpalestinetx.com) Job Opening/Police Department.

For additional questions or information, please contact:

Susie Streb  
Human Resource Director  
903-731-8432  
[ssstreb@palestine-tx.org](mailto:ssstreb@palestine-tx.org)

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Police Dept. Administrative Assistant  
903-731-8436  
[dsthornell@palestine-tx.org](mailto:dsthornell@palestine-tx.org)

# **PALESTINE POLICE DEPARTMENT**

## **POLICE ENTRY LEVEL PHYSICAL AGILITY TEST**

### **PASS OR FAIL/TIMED EVENTS**

**(You will have to run through the course)**

- (1) 43" Fence – Over the top vault, hands may touch, feet may touch top only.**
- (2) 43" Wall – Over the top vault, hands may touch, feet may touch top only.**
- (3) 70" Wall – Free Climb, may use hands and feet, must go over the top.**
- (4) 48" Drain Pipe – Work through the entire length.**
- (5) Balance Beam – Walk the length of two sections, restart if you fall.**
- (6) Stair Climb – Run to the top, turn, run to the bottom.**
- (7) Rescue Drag – Drag 165 lbs. Dead weight 30 ft.**

**Cumulative time, event #1 through #7, maximum of 2 minutes and 18 seconds.**

# APPLICATION FOR EMPLOYMENT

PLEASE PRINT

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Position(s) applied for \_\_\_\_\_ Date of application \_\_\_\_/\_\_\_\_/\_\_\_\_

Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
 LAST FIRST MIDDLE

Address \_\_\_\_\_  
 Street City State Zip

Telephone # ( ) \_\_\_\_\_ Cell/Beeper/Other Phone# \_\_\_\_\_ E-mail \_\_\_\_\_

If you are under 18, and it is required, can you furnish a work permit? YES NO

If no, explain \_\_\_\_\_

Have you ever been employed here before? If yes, give dates and positions YES NO

Are you legally eligible for employment in this country? YES NO

Date available for work \_\_\_\_\_ What is your desired salary range? \$ \_\_\_\_\_

Type of employment desired \_\_\_Full-Time \_\_\_Part-Time \_\_\_Temporary \_\_\_Seasonal \_\_\_Ed Co-op

Are you able to meet the attendance requirements of the position? YES NO

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime? YES NO

If yes, please provide date(s) and details

Answering "YES" to these questions does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

Driver's license number if driving is an essential job function \_\_\_\_\_ State \_\_\_\_\_

## EMPLOYMENT HISTORY

Provide the following information of your past four (4) employers, assignments or volunteer activities, starting with the most recent.

FROM	TO	Employer	Telephone#
Starting Job Title/Final Job Title		Address	
Immediate Supervisor and Title	Summarize the Nature of work performed and job responsibilities		
May we contact for reference?'	Yes	No	Later
Reason For Leaving	Hourly Rate/Salary		
	Start \$	Per	Final \$ Per
FROM	TO	Employer	Telephone#
Starting Job Title/Final Job Title		Address	
Immediate Supervisor and Title	Summarize the Nature of work performed and job responsibilities		
May we contact for reference?'	Yes	No	Later
Reason For Leaving	Hourly Rate/Salary		
	Start \$	Per	Final \$ Per
FROM	TO	Employer	Telephone#
Starting Job Title/Final Job Title		Address	
Immediate Supervisor and Title	Summarize the Nature of work performed and job responsibilities		
May we contact for reference?'	Yes	No	Later
Reason For Leaving	Hourly Rate/Salary		
	Start \$	Per	Final \$ Per
FROM	TO	Employer	Telephone#
Starting Job Title/Final Job Title		Address	
Immediate Supervisor and Title	Summarize the Nature of work performed and job responsibilities		
May we contact for reference?'	Yes	No	Later
Reason For Leaving	Hourly Rate/Salary		
	Start \$	Per	Final \$ Per

**CITY OF PALESTINE**

**PRE-EMPLOYMENT INQUIRY RELEASE**

In connection with my application for employment with the City of Palestine, I understand that inquiries will be made concerning my employment and criminal and driving records and other related matters. Accordingly, I hereby authorize all former employers and all other public and private concerns including (but not limited to) consumer reporting agencies to release any and all information maintained by any such employer, concern, agency or entity concerning my personal history. I understand, if employment with the City is denied wholly or partly because of information contained in a consumer report obtained from a consumer reporting (or similar) agency, that I will be entitled to receive from the City only the name and address of the consumer reporting agency or agencies from which the report was obtained.

In consideration of the City's acceptance and consideration of my application for employment, I hereby, and by these presents do for my heirs, agents, executors, administrators and assigns, release and forever discharge the City and all affiliated entities from all claims, demands, damages, actions and causes of action pertaining to or arising out of the City's consideration of my application for employment and use, so long as not malicious, of all information obtained in the course or as a result of all inquiries made into my personal history, and release and forever discharge all former employers from all liability arising out of disclosure to the City of information pertaining to my personal history.

Applicant

Print Name \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_

Current Address \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Texas DL# \_\_\_\_\_

**SUBSCRIBED AND SWORN TO BEFORE ME**, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public in and for the State of Texas

CITY OF PALESTINE POLICE DEPARTMENT  
POLICE ENTRY-LEVEL PHYSICAL AGILITY TEST

WAIVER OF LIABILITY

By affixing my signature to this document, I acknowledge that I fully and completely understand that my failure to **successfully** complete **any one segment** of the Physical Agility Test will result in my failure to pass the test and will further result in my being unconditionally disqualified as candidate for employment in the capacity of police officer with the Palestine Police Department.

By affixing my signature to this document, I further, without **any** condition or reservation whatsoever release the City of Palestine, the City of Palestine Civil Service Commission, its Police Department, agents, and employees, separately and collectively, in both their public and private capacities, from **any** and **all** liability, claims, suits, demands or causes of action for any damages which may arise from **any** condition, aggravation injury or death which may result from my participating in the said Police Department Entry Level Physical Agility Test. I also understand that I have the opportunity to consult with a physician of my choice **prior to my scheduled test date**.

I further agree that in taking this test, I do so of my own free will, free of duress, and of sound mind and competent to give this waiver of liability. I further agree that while taking this test **I am not an employee or servant of the City**.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Type or Print Name

**SUBSCRIBED AND SWORN TO BEFORE ME**, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public in and for the  
State of Texas  
My Commission Expires \_\_\_\_\_

**City of Palestine**  
**Minimum Qualifications for Police Applicants**

1. United States Citizen.
2. High School graduate. If not a high school graduate and not currently certified by the Texas Commission on Law Enforcement Standards and Education, must have G.E.D. and 12 college hours from an accredited college with a minimum 2.0 ("C") average.
3. Good moral character and reputation.
4. Stable past employment and financial responsibility (credit) history.
5. Applicants must possess a DD214, which documents an *Honorable Discharge* if he or she has served in the United States military.
6. Applicant must be at least 21 years of age on the date the written examination is given or 18 years of age if the applicant has received an associate's degree or 60 semester hours of credit from an accredited college or university or has received an honorable discharge from the armed forces of the United States after two years of active service. A person who has reached his or her 45<sup>th</sup> birthday at the time of the Civil Service examination is not eligible for employment.
7. Applicants must be certified by the Texas Commission on Law Enforcement Officers Standards and Education, or if not certified, meet *all legal requirements* for future licensing and certification as required by the Texas Commission on Law Enforcement Officers Standards and Education (T.C.L.E.O.S.E.).
8. Free from disease of physical/mental defects that would prevent the individual from performing all of the essential duties of a peace officer.
9. Applicants must possess eyesight correctable to 20/30 acuity in each eye, and possess appropriate color vision. Applicants must possess normal hearing.

10. Applicants must possess a valid Texas Driver's License on the date of appointment and have a good driving record. Applicants with more than three events (moving violations or at-fault accidents) in the preceding 36 months from the date of the Civil Service test will not be eligible for employment.
11. Prior criminal record:
  - a. A person who has ever been adjudged guilty of a Felony or a Class A misdemeanor anywhere at any time is not eligible for licensing.
  - b. A person currently under indictment for any criminal offense is not eligible for licensing.
  - c. A person who has ever been on court ordered probation or community supervision for an offense above the grade of "Class B Misdemeanor" is not eligible for licensing.
  - d. A person who or has been adjudged guilty of a Class B Misdemeanor within 10 years prior to the date of the Civil Service examination is not eligible for licensing.
  - e. A person who is currently on court ordered probation or deferred adjudication for any offense other than Class C traffic offenses is not eligible for licensing.
  - f. A person who has at any time been adjudged guilty of any Family Violence offense is not eligible for licensing.

## **City of Palestine Police Applicant Processing**

After successful completion of the Civil Service examination (minimum score of 70%), applicants are processed in the following manner:

1. Physical agility testing.
2. Interview with a background investigator.
3. Thorough background investigation.
4. Polygraph examination.
5. Review by the Chief of Police.
6. Conditional job offer.
7. Psychological evaluation by a licensed Psychologist or Psychiatrist designated by the City of Palestine. The cost of examination will be paid by the City of Palestine.
8. Medical examination including drug screening by a physician designated by the City of Palestine. The cost of this examination will be paid by the City of Palestine.

Applicants must pass each phase of the process in order to proceed to the next phase. Failure at any stage of the process will eliminate the applicant from further processing.

Applicants must keep the designated official informed of any changes of address, telephone number, and place of employment during the application process. Any of these changes must be reported in writing or by telephone communication within three (3) calendar days of the change. Failure to do so will result in disqualification of the applicant.

# CITY OF PALESTINE, TEXAS

## Voluntary Disclosure Statement

**IMPORTANT: The City of Palestine is an Equal Opportunity Employer and does not discriminate against any individual on the basis of race, color, sex, religion, national origin, age or disability. You are invited to complete the following information to assist us in complying with federal record keeping requirements. Your response shall remain confidential, will be kept separately from your application, and shall in no way affect a decision regarding your employment.**

NAME: \_\_\_\_\_ SS # \_\_\_\_\_

AGE:  Under 40  Over 40      SEX:  Male  Female

### RACE/ETHNIC IDENTIFICATION

- White      Includes persons having origins in any of the original peoples of Europe, North Africa, or Middle East.
- Black      Includes persons having origins in any of the black racial groups of Africa.
- Hispanic      Includes persons of Mexican, Puerto Rican, Cuban, Central, or South American, or their Spanish culture or origin, regardless of race.
- Asian or Pacific Islander      Includes persons having origins in any other original peoples of the Far East, Southeast, Asian, the Indian Subcontinent, or the Pacific Islands. This area includes: China, Japan, Korea, The Philippine Islands, and Samoa.
- American Indian or Alaska Native      Includes persons having origins in any original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition.

### VETERAN STATUS

- None (includes those with insufficient military service to qualify for Veteran Status)
- Non-Disabled Vietnam-era Veteran
- Non-Disabled Veteran other than Vietnam Conflict
- Disabled Veteran-era Veteran
- Disabled Veteran

### AMERICAN WITH DISABILITIES ACT (ADA) STATUS

Do you have a disability under ADA?  Yes  No  
(Physical or mental impairment that substantially limits one or more life activities, record of such an impairment, or regarded as having such an impairment.)

### SOURCE OF REFERRAL:

How did you find out about us/this position?

- Walk-in     City Employee     Job Line     Cable Television     Internet Web Page
- Radio \_\_\_\_\_     Professional Journal \_\_\_\_\_
- Newspaper \_\_\_\_\_     Recruiting Drive \_\_\_\_\_
- Job Fair \_\_\_\_\_     Other \_\_\_\_\_



## **CITY OF PALESTINE**

**Human Resources**

**504 North Queen Street**

**Palestine, Texas 75801**

**Telephone: (903) 731-8421**

**Fax: (903) 731-8486**

**[www.cityofpalestinetx.com](http://www.cityofpalestinetx.com)**

### **City of Palestine, Texas Employment Information Page**

#### **An Equal Opportunity Employer**

Thank you for your interest in employment with the City of Palestine. The City of Palestine is an equal opportunity employer and does not discriminate in employment practices based on race, color, sex, religion, national origin, age, or disability. Reasonable accommodation for persons with disabilities will be made upon request. Please provide at least 48 hours advance notice of your need for an accommodation.

#### **Information for Applicants (Please Read Carefully)**

- The City of Palestine requires all individuals who wish to be considered for employment to **complete and sign a City of Palestine Employment Application Form**. A resume may be attached to the application but not substituted for the application. Incomplete applications will not be processed.
- Completed application must be received in the Human Resource Office by 5:00 p.m. on the date of the deadline to apply. Application forms postmarked by the date of the deadline to apply may be accepted if received in a timely manner.
- The application form and all attachments become the official property of the City of Palestine. Any questions, concerns, and/or complaints regarding the application process should be directed to the Human Resources Department.
- The process takes a **minimum of 2-3 weeks** from the date of the deadline to apply; however, some positions may take longer. The Hiring Department will contact applicants selected for interviews and will make the final hiring decision.
- For information concerning the status of your application, please call the Human Resources Department at (903) 731-8421.
- All information on the application form and any attached resume you submit is subject to verification by the Hiring Department or Human Resources Department. As a condition of employment, applicants will be subject to a criminal background check, drug test, and verification/review of driver's license record. Applicants refusing to cooperate, failing to show up for a scheduled appointment or failing to successfully pass required tests will be disqualified for consideration for employment with the City of Palestine for a one year period.

**PERSONAL HISTORY STATEMENT**

**POLICE APPLICANT**

**PALESTINE POLICE DEPARTMENT**

**504 N. QUEEN STREET**

**PALESTINE, TEXAS 75801**

**(903) 731-8436**

**(If you have questions, E-mail: [dsthornell@palestine-tx.org](mailto:dsthornell@palestine-tx.org))**

**DUE DATE:**

**Revised 07/2007**

**INSTRUCTIONS**  
**READ THESE INSTRUCTIONS CAREFULLY**

**BEFORE PROCEEDING**

**Please remember that proper completion of this document is an evaluated portion of the hiring process.**

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

1. Your Personal History Statement should be printed legibly in ink. Answer all questions (completely).
2. If a question is not applicable to you, you must enter **N/A** in the spaces provided.
3. Avoid errors by reading the directions carefully before making any entries on the form. Be sure your information is correct and in proper sequence before you begin. (You may want to make a copy of this form to use as a rough draft before filling in your completed information).
4. You are responsible for obtaining **COMPLETE** addresses on all past/present employers, personal references, schools, medical doctors, etc. This includes correct zip and area codes.
5. If there is insufficient space on the form for you to include all information required, attach extra sheets to the Personal History Statement. Be sure to reference the relevant section and question number before continuing your answer.
6. An accurate and complete form is required to conduct the Background Investigation. An incomplete form will result in automatic removal from the eligibility list. Deliberate omissions, partial answers or falsifications will result in disqualification.

**PERSONAL HISTORY STATEMENT**

**A. APPLICANT IDENTIFICATION** – Information provided in this section is used for identification purposes only.

1. Name: \_\_\_\_\_

2. Address: \_\_\_\_\_  
\_\_\_\_\_

3. Telephone Number: Home: \_\_\_\_\_ Cell: \_\_\_\_\_  
Work: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

4. Date of Birth: \_\_\_\_\_

5. Nickname(s), maiden name, or other names by which you have been known:  
\_\_\_\_\_

6. Social Security Number: \_\_\_\_\_

7. Place of Birth: \_\_\_\_\_

8. Are you a U.S. Citizen? \_\_\_\_\_

9. Driver's License #: \_\_\_\_\_

10. Color of Eyes: \_\_\_\_\_

11. Color of Hair: \_\_\_\_\_

12. Scars, Tattoos or other distinguishing marks:  
\_\_\_\_\_

**ATTACH  
PASSPORT  
PHOTO  
HERE**

13. For identification purposes, include a photograph of yourself taken within the past year. Frontal face, no hats or sunglasses. Attach photo (**PASSPORT PHOTO ONLY**) onto the left side of this page.

**B. RESIDENCES** – List all addresses where you have lived during the past ten (10) years, beginning with your present address. List date by month and year. Attach extra page if necessary.

FROM	TO	ADDRESS
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**C. WORK HISTORY** – Beginning with your present or most recent job, list all employment since the age of 16, including part-time, temporary, or seasonal employment. Include all periods of unemployment. Attach extra pages if necessary.

1. From:\_\_\_\_\_ To:\_\_\_\_\_ Employer:\_\_\_\_\_

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

Phone Number:\_\_\_\_\_ Job Title:\_\_\_\_\_

Duties:\_\_\_\_\_

\_\_\_\_\_

Supervisor:\_\_\_\_\_ Name of Co-Worker:\_\_\_\_\_

Reason for leaving:\_\_\_\_\_

2. From: \_\_\_\_\_ To: \_\_\_\_\_ Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Duties: \_\_\_\_\_  
\_\_\_\_\_  
Supervisor: \_\_\_\_\_ Name of Co-Worker: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

3. From: \_\_\_\_\_ To: \_\_\_\_\_ Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Duties: \_\_\_\_\_  
\_\_\_\_\_  
Supervisor: \_\_\_\_\_ Name of Co-Worker: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

4. From: \_\_\_\_\_ To: \_\_\_\_\_ Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Duties: \_\_\_\_\_  
\_\_\_\_\_  
Supervisor: \_\_\_\_\_ Name of Co-Worker: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

5. From: \_\_\_\_\_ To: \_\_\_\_\_ Employer: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Job Title: \_\_\_\_\_

Duties: \_\_\_\_\_  
\_\_\_\_\_

Supervisor: \_\_\_\_\_ Name of Co-Worker: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

6. From: \_\_\_\_\_ To: \_\_\_\_\_ Employer: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Job Title: \_\_\_\_\_

Duties: \_\_\_\_\_  
\_\_\_\_\_

Supervisor: \_\_\_\_\_ Name of Co-Worker: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**D. MILITARY RECORD**

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

2. Date of Service: From: \_\_\_\_\_ To: \_\_\_\_\_

Branch of Service: \_\_\_\_\_

Unit Designation: \_\_\_\_\_

Military Service #: \_\_\_\_\_

Highest Rank Held: \_\_\_\_\_

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

3. Were you ever disciplined while in the Military Service (included Court-Martial, Captain's Masts, Company Punishment, etc.)?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

<u>Charge:</u>	<u>Agency</u>	<u>Date:</u>	<u>Age at Time</u>	<u>Disposition</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

If you received a discharge other than honorable, give complete details:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**E. EDUCATIONAL HISTORY**

1.	High School Attended	Address	Dates Attended From – To	Graduated Yes/No
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

2. College or University Attended: \_\_\_\_\_  
Address: \_\_\_\_\_  
Dates Attended: \_\_\_\_\_  
Units Completed: \_\_\_\_\_ GPA: \_\_\_\_\_  
Major/Minor: \_\_\_\_\_  
Degree Received, if any and date: \_\_\_\_\_  
\_\_\_\_\_

College or University Attended: \_\_\_\_\_  
Address: \_\_\_\_\_  
Dates Attended: \_\_\_\_\_  
Units Completed: \_\_\_\_\_ GPA: \_\_\_\_\_  
Major/Minor: \_\_\_\_\_  
Degree Received, if any and date: \_\_\_\_\_  
\_\_\_\_\_

College or University Attended: \_\_\_\_\_

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

Dates Attended: \_\_\_\_\_

Units Completed: \_\_\_\_\_ GPA: \_\_\_\_\_

Major/Minor: \_\_\_\_\_

Degree Received, if any and date: \_\_\_\_\_

\_\_\_\_\_

College or University Attended: \_\_\_\_\_

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

Dates Attended: \_\_\_\_\_

Units Completed: \_\_\_\_\_ GPA: \_\_\_\_\_

Major/Minor: \_\_\_\_\_

Degree Received, if any and date: \_\_\_\_\_

\_\_\_\_\_

3. List other schools or training attended (Trade, Vocational, Business, etc.). Give name and address of school, dates attended, course of study, certificate, and any other pertinent information.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**F. SPECIAL QUALIFICATION AND SKILLS**

1. List any Special Licenses you hold (such as pilot, radio operator, security, etc.) showing licensing authority, original date of issue, and date of expiration.

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2. List any specialized machinery or equipment that you can operate.

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3. If you are fluent in a foreign language, indicate in each area your degree of fluency (excellent, good, fair).

<u>Language</u>	<u>Reading</u>	<u>Speaking</u>	<u>Understanding</u>	<u>Writing</u>
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4. List any other skills or qualifications you may possess.

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**G. ARRESTS, DETENTIONS AND LITIGATION**

1. Have you ever been arrested, detained by police, questioned in reference to a criminal offense or summoned into court? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If Yes, complete the following:

<u>Offense</u>	<u>Police Agency City &amp; State</u>	<u>Date</u>	<u>Disposition of Case</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. Have you ever been involved as a party in civil litigation as a private citizen or in reference to a job you have held? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If Yes, give details:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**H. TRAFFIC RECORD**

1. Has your driver's license ever been suspended or revoked?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

If Yes, give date, location and reasons.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. List the name of your current auto insurance carrier and please attach current proof of Auto Liability Insurance.

\_\_\_\_\_

3. List to the best of your memory all traffic citations you have received, excluding parking tickets.

<u>Month &amp; Year</u>	<u>Charge</u>	<u>City &amp; State</u>	<u>Disposition</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. Describe in a brief narrative any traffic accidents in which you have been involved, giving approximate dates and locations.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I. MARITAL AND FAMILY HISTORY**

1. **Are you?**      Single      \_\_\_\_\_  
                                 Married      \_\_\_\_\_  
                                 Separated      \_\_\_\_\_  
                                 Divorced      \_\_\_\_\_  
                                 Widowed      \_\_\_\_\_

2. **If Married:**

Date: \_\_\_\_\_  
City & State: \_\_\_\_\_  
Spouse's Name: \_\_\_\_\_  
(Wife's Maiden Name)  
Spouse's Date of Birth: \_\_\_\_\_

3. **If ever separated, divorced or widowed:**

Date of Marriage: \_\_\_\_\_  
City and State: \_\_\_\_\_  
Spouse's Name: \_\_\_\_\_  
(Wife's Maiden Name)  
\_\_\_\_\_  
\_\_\_\_\_  
Present Address &  
Phone Number \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Separated, Divorced  
Or Annulled (state which): \_\_\_\_\_  
Date of Order or Decree: \_\_\_\_\_  
Court & State Where Issued: \_\_\_\_\_

List all children related to you or your spouse (natural, stepchildren, adopted and foster children).

<u>Name:</u>	<u>Relation:</u>	<u>Date of Birth</u>	<u>Address</u>	<u>Supported by Whom</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

4. List all other dependents or persons that reside with you.

<u>Name:</u>	<u>Address:</u>	<u>Phone #:</u>	<u>Relation:</u>	<u>DOB</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

5. List other relatives in the following order: Father, Mother (including maiden name), brothers and sisters. If deceased, so indicate:

<u>Name:</u>	<u>Address:</u>	<u>Phone #:</u>	<u>Relation:</u>	<u>DOB:</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**J. FINANCIAL HISTORY**

**Sources of Income:**

1. What is your present salary or wages? \_\_\_\_\_

2. Do you have income from any source other than your principal occupation?  
Yes: \_\_\_\_\_ No: \_\_\_\_\_ If Yes, please explain

\_\_\_\_\_  
\_\_\_\_\_

3. Do you have a bank account? Yes: \_\_\_\_\_ No: \_\_\_\_\_

**Savings:**

Name and Address of Bank:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Checking:**

Name and Address of Bank:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. If you have ever had any difficulty with your credit record, state briefly what the difficulty was and how it was resolved.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**K. REFERENCES** – List five persons who know you well enough to provide current information about you. Do not list relatives or former employers; do not list more than one reference from the same source (work, church, club).

(1) Name: \_\_\_\_\_

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

Residence Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Business Name & Address: \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Yrs Known \_\_\_\_\_

(2) Name: \_\_\_\_\_

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

Residence Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Business Name & Address: \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Yrs Known \_\_\_\_\_

(3) Name: \_\_\_\_\_

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

Residence Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Business Name & Address: \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Yrs Known \_\_\_\_\_

(4) Name: \_\_\_\_\_

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

Residence Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Business Name & Address: \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Yrs Known \_\_\_\_\_

(5) Name: \_\_\_\_\_

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

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

Residence Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Business Name & Address: \_\_\_\_\_

E-Mail: \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_ Yrs Known \_\_\_\_\_

**L. MEMBERSHIP IN ORGANIZATIONS (PAST AND/OR PRESENT)**

<u>Name &amp; Address:</u>	<u>Type (Social, Fraternal, Professional, etc.):</u>	<u>From:</u>	<u>To:</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**M. PERSONAL DECLARATIONS**

1. If it became necessary to take a human life in the course of your duties as a police officer, would any beliefs prevent you from doing so?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Do you have any beliefs that would prevent you from fully performing the duties of a police officer, including working on weekends, evening or night shifts?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

3. Have you ever made an application with this or any other law enforcement or related agency?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

If so, give agency, date(s), and status of application.

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4. Have you ever received any type of disciplinary action or counseling in any job that you have held?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

If so, explain: \_\_\_\_\_

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5. Have you ever resigned from a job you held because your employer requested such action to avoid being fired or while under investigation for job misconduct?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

If so, explain: \_\_\_\_\_

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

Yes: \_\_\_\_\_ No: \_\_\_\_\_

If so, explain: \_\_\_\_\_

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- N. On a lined sheet of paper, write two paragraphs. The first should describe why you want to be a police officer. The second should explain why you want to work in Palestine. This must be handwritten in cursive. No printing. At the end of the page, sign your signature. Attach the page to this document.**

The following forms must accompany the Personal History Statement when returned to the Police Department.

Provide copies of the following:

1. Birth Certificate
2. Naturalization Papers
3. High School Diploma or G.E.D. Certificate
4. College Diplomas
5. College Transcripts (Certified Copies sent to PD Administrative Office)
6. Marriage Certificate
7. Dissolution of Marriage Papers (if applicable)
8. Military Discharge Papers (Certified copy of Form DD-214)
9. Copy of Drivers License
10. Social Security Card
11. Current Credit History Report (Accessible from Experian, TransUnion or Equifax on the Internet)

**I hereby certify that there are no willful misrepresentations, omissions, or falsifications in the foregoing statements and answers to questions. I am fully aware that any such willful misrepresentations, deliberate omissions, or falsifications may be grounds for immediate rejection or termination of employment.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**PALESTINE POLICE DEPARTMENT**  
**PRE-EMPLOYMENT POLYGRAPH REPORT**

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PLEASE ANSWER THE FOLLOWING QUESTIONS COMPLETELY:

FULL LEGAL NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_

POSITION FOR WHICH YOU ARE APPLYING: \_\_\_\_\_

IF YOU HAVE EVER HAD A POLYGRAPH EXAMINATION BEFORE, PLEASE GIVE THE DATE AND REASON FOR THE EXAMINATION BELOW.

DATE	REASON (BE SPECIFIC)
____/____/____	_____
____/____/____	_____
____/____/____	_____

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SECTION BELOW TO BE COMPLETED BY DEPARTMENT PERSONNEL ONLY

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EXAMINER: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

TIME: \_\_\_\_\_

BACKGROUND INVESTIGATOR: \_\_\_\_\_

TEST DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

**PALESTINE POLICE DEPARTMENT**  
**PRE-EMPLOYMENT POLYGRAPH REPORT**

**READ THE FOLLOWING VERY CAREFULLY**

YOU ARE TAKING THE POLYGRAPH PRETEST FOR THE PURPOSE OF EMPLOYMENT WITH THE PALESTINE POLICE DEPARTMENT. THROUGHOUT THE REMAINDER OF THIS BOOKLET, YOU WILL BE ASKED TO MAKE STATEMENTS ABOUT YOUR LIFE. BASED ON THOSE STATEMENTS, THE POLYGRAPH EXAMINER WILL ASK YOU A SERIES OF QUESTIONS, INCLUDING RELEVANT AND IRRELEVANT QUESTIONS, TO DETERMINE IF YOU HAVE BEEN COMPLETELY AND TOTALLY TRUTHFUL IN THIS BOOKLET. IN ORDER FOR YOU TO AVOID PROBLEMS ON YOUR POLYGRAPH EXAMINATION PLEASE, **DO NOT** FALSIFY, MISREPRESENT, LIE ABOUT FACTS, LEAVE OUT, NEGLECT TO MENTION OR PURPOSELY WITHHOLD ANY INFORMATION ABOUT YOUR BACKGROUND.

YOUR POLYGRAPH EXAMINATION WILL COVER ONLY THE ISSUES REVIEWED IN ADVANCE DURING YOUR PRETEST INTERVIEW. THERE WILL BE NO SURPRISE OR PRYING QUESTIONS. HOWEVER, IN EVERY AREA, YOU MUST BE SURE THAT YOU ARE COMPLETELY FRANK AND TOTALLY HONEST IN ANSWERING THE QUESTIONS.

IF YOU HAVE A QUESTION ABOUT ANY OF THE SECTIONS IN THIS BOOKLET, ASK THE INVESTIGATOR WHO STARTED YOU ON THE TEST OR THE POLYGRAPH EXAMINER. YOUR FAILURE TO ASK QUESTIONS WILL BE CONSTRUED AS UNDERSTANDING THE QUESTION.

IF YOU NEED ADDITIONAL SPACE IN ORDER TO ANSWER ANY QUESTIONS, CHECK THE APPROPRIATE BOX AND **WRITE ON THE BACK OF THE PAGE.**

BE SURE TO READ EACH LINE CAREFULLY AS THERE ARE BOXES THAT MUST BE CHECKED IN THE TEXT OF THIS BOOKLET.

**SECTION 2**

**THEFT FROM EMPLOYERS**

Many people have taken things from a place where they worked which they did not have permission to take. The items taken may have been cash, merchandise or property. Whether you realize it or not the act of taking any of these items from an employer is theft. You may have simply borrowed one of these items and forgotten to return it, given merchandise to another person, or padded your expense account; however, if you have taken anything from an employer, which you did not have permission to take, then you have committed theft. The Palestine Police Department is concerned about incidents of theft from an employer that you have committed since your seventeenth (17) birthday.

In the space provided below, please list everything you have ever taken from an employer, since your seventeenth (17) birthday, which you did not have permission to take. Please include the item taken, the name of the employer from whom the item was taken and the length of time in months that you were employed by the employer.

<b>ITEM TAKEN</b>	<b>VALUE</b>	<b>DATE</b>	<b>EMPLOYER</b>	<b>LENGTH OF EMPLOYMENT</b>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

- Check this box if you need additional space, and continue on back of this page.
- Check this box if you have NEVER taken any item from any employer.

**THE POLYGRAPH EXAMINER IS AUTHORIZED TO ASK YOU QUESTIONS ABOUT YOUR FAILURE TO LIST ANY THEFT FROM AN EMPLOYER, WHICH YOU RECALL HAVING COMMITTED, BUT WHICH YOU DID NOT LIST ABOVE.**

BEFORE GOING TO THE NEXT SECTION, BE SURE THAT YOU HAVE NOT FAILED TO LIST ANY THEFT FROM AN EMPLOYER THAT YOU MIGHT HAVE COMMITTED.

### SECTION 3

#### CRIMINAL ACTIVITY

You are applying for a position that is responsible for upholding the law. Consequently, the Palestine Police Department is concerned with your participation in or commission of any crime listed below. If, since your seventeenth (17) birthday, you have committed or participated in any of the acts listed below, you must check the box indicating participation in the act. Obviously, there are some acts of criminal behavior that may not preclude your selection for employment for the Palestine Police Department. Nonetheless, you must submit those acts to successfully complete the polygraph examination. Following this section, you will be given ample opportunity to explain your participation in these acts.

Again, be sure to acknowledge participation, commission, arrest, conviction or questioning for any of the following acts which occurred after your seventeenth (17) birthday.

ITEM  
NO.

ACT

1. Any act of unlawfully taking the life of another human being. Yes ( ) No ( )
2. Any act of unlawfully abducting another person. Yes ( ) No ( )
3. Any sexual act after you were age 17 with another person who was less than 15 years of age at the time of the act (Examples: sexual intercourse, oral sex, anal sex or touching the genitals, breasts or anus of another person. Yes ( ) No ( )
4. Any act of exposing your anus or genitals in public to arouse sexually or gratify yourself or another person. Yes ( ) No ( )
5. Any act of assault by striking another person with the intent to hurt the other person. Yes ( ) No ( )
6. Any act of cruelty to any creature or animal which results in harm, injury, or death other than legally licensed sport hunting or fishing. Yes ( ) No ( )

7. Any act of rape, either by force or by threats of injury. Yes ( ) No ( )
8. Any act involving hurting, harming or attempting to hurt or harm another person using a firearm, knife, club or any other deadly weapon. Yes ( ) No ( )
9. Any act involving hurting, harming, abusing, striking or injuring any person under the age of 15 years. Yes ( ) No ( )
10. Being married to two persons at the same time. Yes ( ) No ( )
11. Any incestuous act or knowingly inflicting sexual contact or sexual penetration to include sexual intercourse, oral sexual intercourse or anal sexual intercourse with your natural child, stepchild or child by adoption; natural grandchild, step-grandchild or grandchild by adoption; sister or half-sister, brother or half-brother, niece or nephew. Yes ( ) No ( )
12. Any act involving taking or keeping a child under 18 years of age out of the state in which the child resides, in violation of a judgment or order of a court disposing of the child's custody. Yes ( ) No ( )
13. Any act of causing, planning or starting a fire or explosion to damage or destroy a building, habitation or vehicle belonging to another person or building, habitation, vehicle or property belonging to you which was insured Yes ( ) No ( )
14. Any act of involving the intentional damage or destruction of any property belonging to another person. Yes ( ) No ( )
15. Any act involving the use of a firearm, knife, club, deadly weapon, physical force, threats or intimidation in order to steal or take property from another person. Yes ( ) No ( )
16. Any act involving breaking into a building, habitation or any portion of a habitation or building in order to take or steal cash, property or merchandise, or with the intent of committing any other criminal act. Yes ( ) No ( )
17. Any act involving breaking into a coin operated device in order to steal property, merchandise, and cash or to obtain services. Yes ( ) No ( )
18. Any act involving breaking into or entering a vehicle of any kind, including cars, pickups, trucks, trailers, box cars, vans or motor homes, in order to steal any cash, property or merchandise. Yes ( ) No ( )

19. Any act involving entering or remaining on the property of another, knowing that you did not have the permission of the owner to do so. Yes ( ) No ( )
20. Any act which unlawfully deprives and individual of property, cash or merchandise through appropriation, theft, theft by false pretext, theft from a person, shoplifting, swindling passing a worthless check, embezzlement, extortion, changing price tags, receiving stolen property, unlawfully receiving a service without paying for it or stealing vehicle accessories, walking a check, or any form of theft – including making a false claim to an insurance company. This does not include previously mentioned thefts from employers. Yes ( ) No ( )
21. Any act, involving forgery of any writing document, signature, money, any legal document, license, contract, credit card, check, security agreement, will, deed, or any deed of trust with the intention to defraud or harm any person or business. Yes ( ) No ( )
22. Any act involving stealing a credit card, presenting a credit card to obtain property or services fraudulently, using a credit card without the consent of the person to whom the credit card was issued, using an expired card, using a fictitious card or number, using a stolen credit card, any involvement in the manufacture of the counterfeit of credit cards, buying a credit card, selling a credit card, forging a signature on a credit card receipt or in any way attempting to commit theft or to steal from anyone by using a credit card. Yes ( ) No ( )
23. Any act involving theft of a vehicle, use of a vehicle without the owner's consent or joy riding in a stolen vehicle. Yes ( ) No ( )
24. Any act involving bribing or attempting to bribe any governmental officer or employee. Yes ( ) No ( )
25. Any act involving telling any lie, falsehood or misrepresentation of any act while under oath or upon a sworn or notarized document. Yes ( ) No ( )
26. Any act relating to filing a false report to any peace officer. Yes ( ) No ( )
27. Any act involving impersonating a peace officer, police officer, law enforcement official or other governmental official. Yes ( ) No ( )
28. Any act involving resisting or interfering with any peace officer in making any arrest or detention of any person, including you. Yes ( ) No ( )
29. Any act involving fleeing from, running from or evading by any means, including on foot or by vehicle, a peace officer who is attempting to arrest, detain or questions you or any other person. Yes ( ) No ( )

30. Any act involving disturbing the peace, including using abusive, profane or vulgar language to incite a breach of the peace, fighting in a public place, threatening another in a public place or looking into a window or any opening of a building for lewd purposes. Yes ( ) No ( )
31. Any act involving the production, sale, distribution, promotion or possession with the intent to sell any picture, magazine, film, device, tape, book or any other item which depicts any patently offensive sexual acts, including any form of copulation, masturbation, excretory functions, sadism, masochism or lewd exhibition. Yes ( ) No ( )
32. Any act involving engaging in any sexual act, including intercourse, oral intercourse, anal intercourse or sexual contact with the genitals, breasts or anus of another person in return for cash, property, merchandise or anything of value. Yes ( ) No ( )
33. Any act involving the receipt of compensation or anything of value for any act of prostitution committed by any person, or forcing any person by threat or physical force to commit an act of prostitution. Yes ( ) No ( )
34. Any act involving the unlawful possession of any explosive device, machine gun, sawed off shotgun or rifle, armor piercing ammunition or silencer. Yes ( ) No ( )
35. Any act of carrying a pistol, switchblade knife or other illegal weapon. Yes ( ) No ( )
36. Any act involving gambling, except for gambling in a private place in which all persons engaged in gambling have an equal chance of winning or losing and no person received anything other than his own winnings, including promotion of gambling, keeping a gambling house or possessing a gambling device, excluding dice or cards. Yes ( ) No ( )
37. Any act involving any participation in any criminal enterprise or organized activity which seeks to further murder, arson, robbery, burglary, theft, kidnapping, aggravated assault, forgery, gambling, prostitution, promotion or distribution of drugs, promotion or sale of obscene materials or any other criminal act. Yes ( ) No ( )
38. Any act, involvement and/or participation in any type of activity that resulted in police investigation, arrest, detention, and/or incarceration (other than traffic). This includes any instance where charges are filed, warrants issued and/or bond was posted. Yes ( ) No ( )

**BEFORE GOING ANY FURTHER BE SURE THAT YOU HAVE CHECKED "YES" IN ALL AREAS THAT YOU RECALL HAVING PARTICIPATED IN BY COMMISSION, ARREST, CONVICTION OR BEING QUESTIONED ABOUT.**



THE POLYGRAPH EXAMINER IS AUTHORIZED BY THE PALESTINE POLICE DEPARTMENT TO ASK YOU QUESTIONS ABOUT ANY DETECTED OR UNDETECTED CRIME IN WHICH YOU HAVE BEEN INVOLVED.

**SECTION 4**

**CRIMINAL ACTIVITY – ILLEGAL DRUGS – SALES**

The sale of illegal drugs is common in our society. For the purposes of employment, the Palestine Police Department treats the sale of each illegal drug differently. In all cases the department is concerned with the illegal sale of drugs to another person (with or without profit to you); delivery of illegal drugs to another person; transporting illegal drugs to be sold; trading illegal drugs of anything of value; manufacturing illegal drugs; and the cultivation of illegal drug plants or in any other way being involved in a transaction involving illegal drugs.

In the space provided below, please list the type of illegal drug sold, the amount of the illegal drug sold, your age at the time, and the number of times you sold the illegal drug.

<b>TYPE OF DRUG</b>	<b>AMOUNT OF DRUG</b>	<b>AGE</b>	<b># OF TIMES</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

( ) CHECK THIS BOX IF YOU NEED ADDITIONAL SPACE, AND CONTINUE ON BACK OF THIS PAGE.

( ) CHECK THIS BOX IF YOU HAVE NEVER SOLD OR DELIVERED ANY DRUG FOR ANY REASON AT ALL.

**BEFORE CONTINUING, BE SURE THAT YOU HAVE LISTED ALL ILLEGAL DRUG SALES IN WHICH YOU RECALL BEING INVOLVED.**

**THE POLYGRAPH EXAMINER IS AUTHORIZED BY THE PALESTINE POLICE DEPARTMENT TO ASK YOU QUESTIONS REGARDING YOUR TRUTHFULNESS ABOUT THE SALE OF ILLEGAL DRUGS.**

## **SECTION 5**

### **CRIMINAL ACTIVITY – ILLEGAL DRUG-POSSESSION**

In recent years, drug crimes have become extremely common in our society. The Palestine Police Department recognizes that it would be almost impossible to hire anyone who has not experimented with some drugs. However, it is important that the Department be aware of your past (and current) ILLEGAL drug possession, because as a peace officer, you may in the future be called to testify as a witness in a criminal prosecution of an individual charged with illegal drug possession, and the defense could ask about your own personal drug possession in an effort to attack or impeach your credibility.

Let us discuss what we mean by usage. Usage in itself is not a crime, however in order to use an ILLEGAL drug, you must possess the drug. With drugs such as amphetamines, we are interested in the number of times you have taken one of these pills. With drugs such as cocaine, we are interested in the number of times you have snorted, eaten or INGESTED the drug. With marijuana, we are interested in the number of times you have smoked marijuana. This includes taking a hit, puff, or toke from a joint of marijuana. Each separate instance of usage, regardless of quantity used or consumed, constitutes "one criminal offense of ILLEGAL possession.

We are also interested in identifying exactly when you possessed a drug. You will be given an opportunity to explain the first date that you possessed each drug and the last time you possessed each drug.

You also must explain how you used the drug. If the drug was smoked, snorted, ejected, eaten or used in any other manner, you must explain how it was used.

When asked to give the maximum number of times that you possessed the drug, you must give the **ABSOLUTE MAXIMUM NUMBER OF TIMES YOU POSSESSED AND/OR USED THE DRUG**. For instance, if you have snorted cocaine six times and you state that you used cocaine five times, you will appear to be deceptive when questioned on the polygraph. Likewise, if you are not sure how many times you used a drug, such as marijuana, then state the absolute maximum number of times that you could used the drug.

Now, please complete the following chart, explaining if you have used each of the drugs mentioned, the first time (year) you used the drug, the last time (year) you used the drug, the maximum number of times you used the drug, and how you used the drug. If you never have used the particular drug, then check the appropriate NEVER area. Please list only drugs not prescribed to you that you have used since your seventeenth (17) birthday.

DRUG	DATES POSSESSED/ USED		MAXIMUM POSSIBLE TIMES MAXIMUM	HOW USED	NEVER
	YR	THRU YR			
Marijuana	_____	thru _____	_____	_____	_____
Hashish	_____	thru _____	_____	_____	_____
PCP	_____	thru _____	_____	_____	_____
Angel Dust	_____	thru _____	_____	_____	_____
THC	_____	thru _____	_____	_____	_____
LSD	_____	thru _____	_____	_____	_____
Peyote	_____	thru _____	_____	_____	_____
Mescaline	_____	thru _____	_____	_____	_____
Heroin	_____	thru _____	_____	_____	_____
Cocaine	_____	thru _____	_____	_____	_____
Quaaludes	_____	thru _____	_____	_____	_____
Downers	_____	thru _____	_____	_____	_____
Tranquilizers	_____	thru _____	_____	_____	_____

DRUG	DATES POSSESSED/ USED YR THRU YR	MAXIMUM POSSIBLE TIMES MAXIMUM	HOW USED	NEVER
Amphetamine	_____ thru _____	_____	_____	_____
Biphphetamine	_____ thru _____	_____	_____	_____
Ecstasy/XTC	_____ thru _____	_____	_____	_____
Preludin	_____ thru _____	_____	_____	_____
Dilaudid	_____ thru _____	_____	_____	_____
Talwin/PBZ	_____ thru _____	_____	_____	_____
Speed	_____ thru _____	_____	_____	_____
Inhalants	_____ thru _____	_____	_____	_____
Methamphetamine	_____ thru _____	_____	_____	_____
Psilocybin (Mushrooms)	_____ thru _____	_____	_____	_____
Others	_____ thru _____	_____	_____	_____

If there are any other **ILLEGAL DRUGS** that you have possessed since your seventeenth birthday that are not listed above, please list those below.

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( ) Check this box if you need additional space, and continue on back of this page.

( ) Check this box if you have NEVER used any of the above listed drugs or any other drug.

BEFORE CONTINUING, THINK CAREFULLY TO INSURE THAT YOU HAVE NOT FORGOTTEN TO LIST ANY ILLEGAL DRUG USAGE THAT YOU CAN RECALL.

THE POLYGRAPH EXAMINER IS AUTHORIZED TO ASK YOU QUESTIONS TO DETERMINE IF YOU WERE TRUTHFUL ABOUT YOUR ILLEGAL DRUG USAGE.

**SECTION 7**

**CRIMINAL ACTIVITY – ALCOHOL**

While it is not a violation of the law for any adult to possess and use alcohol, it is against the law to operate any motor vehicle (car, truck, motorcycle, boat, and airplane) under the influence of alcohol. Furthermore, it is also unlawful to be intoxicated in public. Normally, three beers, mixed drinks or glasses of wine within an hour of operation of a motor vehicle can/will result in a person being legally intoxicated.

1. Based on the above criteria, how many times in the last 24 months have you operated any motor vehicles while intoxicated?

NUMBER OF TIMES: \_\_\_\_\_

2. How many times have you been intoxicated in public in the last 24 months?

NUMBER OF TIMES: \_\_\_\_\_

3. When was the last time you were intoxicated in public?

DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**SECTION 8**

**TRAFFIC VIOLATIONS**

The position of peace officer requires that an individual have good driving skills. Consequently, the Palestine Police Department requires information about your driving record. Please list all information required about your traffic behaviors since your seventeenth (17) birthday.

Below please list all traffic citations, arrests, detentions, tickets, questionings, or driver's license revocations you might have received for any traffic violation of any type you might have committed since your seventeenth (17) birthday, the date (month and year only), the violation, the disposition (guilty, not guilty, no contest, fined, jailed, etc.)

<b>VIOLATION</b>	<b>DATE</b>	<b>DISPOSITION</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- ( ) Check this box if you need additional space, and continue on back of this page.
- ( ) Check this box if you have NEVER received any traffic violations at all.

**BEFORE CONTINUING, THINK FOR A MOMENT TO BE SURE THAT YOU DO NOT RECALL ANOTHER TRAFFIC VIOLATION THAT YOU MIGHT HAVE COMMITTED.**

**THE POLGRAPH EXAMINER IS AUTHORIZED TO ASK YOU IF YOU HAVE BEEN TRUTHFUL IN REVEALING ALL TRAFFIC VIOLATIONS THAT YOU MIGHT HAVE COMMITTED.**

**SECTION 9**

**PALESTINE POLICE DEPARTMENT'S TESTING PROCESS**

**1. Did you have someone else take your Palestine Police Department (PPD) written exam for this year? Yes ( ) No ( ) If yes, please explain**

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**2. Did you cheat, in any manner, on your PPD exam this year? Yes ( ) No ( ) If yes, please explain**

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**( ) Check this box if you need additional space, and continue on back of this page.**

**( ) Check this box if you DID NOT take part in any of the misconduct above.**

THE POLYGRAPH EXAMINER IS AUTHORIZED TO ASK YOU QUESTIONS TO DETERMINE IF YOU WERE TRUTHFUL REGARDING THE PPD PROCESS.

**SECTION 10**

**PRIOR LAW ENFORCEMENT SERVICE**

- ( ) Check this box if you have never served in a position as a sworn or commissioned law enforcement officer, peace officer, sheriff's deputy, state or federal agent, commissioned reserve officer or any other position charged and sworn to uphold the law. If you check this box, go to the next section (Section 11).
- ( ) Check this box if you have had prior law enforcement service and please complete the following questions. These questions deal only with your employment as a law enforcement officer.

1. While employed as a law enforcement officer, did you commit a felony or misdemeanor that would have been punishable by incarceration?  
Yes ( ) No ( ) If yes, please explain below

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2. While employed as a law enforcement officer, have you ever abused a prisoner or violated a prisoner's civil rights?

Yes ( ) No ( ) If yes, please explain below

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3. Have you ever been terminated or asked to resign from a position as a law enforcement officer as a result of an internal investigation or allegation of misconduct?

Yes ( ) No ( ) If yes, please explain

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4. While employed as a law enforcement officer, have you ever used any illegal drug or obtained illegal drugs?

Yes ( ) No ( ) If yes, please explain

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5. While employed as a law enforcement officer, have you ever confiscated a prisoner's property and made personal use of it?

Yes ( ) No ( ) If yes, please explain

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6. While employed as a law enforcement officer, have you ever received any disciplinary action? Have you ever been formally investigated for misconduct? Have you ever received a suspension or any written reprimands?

Yes ( ) No ( ) If yes, please explain

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7. While employed as a law enforcement officer, have you ever filed a false police report?

Yes ( ) No ( ) If yes, please explain

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( ) Check this box if you need additional space, and continue on back of this page.

( ) Check this box if you have NEVER been involved in any of the above-listed acts as a law enforcement officer.

**BEFORE CONTINUING, BE SURE THAT YOU HAVE NOT FAILED TO LIST ANY OF THE INFORMATION REQUESTED IN THE PRECEDING QUESTIONS, WHICH YOU MIGHT RECALL.**

**THE POLGRAPH EXAMINER IS AUTHORIZED TO ASK YOU QUESTIONS REGARDING THE TRUTHFULNESS OF YOUR STATEMENTS ABOUT PRIOR LAW ENFORCEMENT SERVICE.**

**SECTION 11**

**PLEASE READ, SIGN AND DATE**

You have completed the polygraph pre-test booklet. You should stop for a moment and think about your answers to insure that you have accurately portrayed all of the information that was requested. Should you now recall any information that was requested which you did not place in the booklet, go back now and make the correction.

All of the information that I have revealed in this booklet is true, correct and complete. I have not withheld, falsified or misrepresented any information requested in this booklet.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**END OF POLYGRAPH PRETEST BOOKLET**

**DO NOT WRITE BEYOND THIS PAGE**

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