August 2020

Law Enforcement Academy Application Package
Thank you for your interest in joining the 2020 Cadet Class at the Sul Ross H. Joaquin Jackson Law Enforcement Academy. If you successfully complete the application process and are fully accepted in the Cadet Class, the 2020 Basic Peace Officer Course will begin on Monday August 10, 2020 at 7:00 AM.

IN ORDER TO BE CONSIDERED FOR ADMISSION TO THE 2020 CADET CLASS, ALL REQUIRED FORMS MUST BE RETURNED NO LATER THAN AUGUST 3, 2020.

The SRSU H. Joaquin Jackson Law Enforcement Academy is dedicated to training and graduating the highest cohort of Law Enforcement officers. Our past graduation are, or have been, employed at over 200 agencies throughout the state. You can expect the best instructors and the most current of training philosophies available at the SRSU Law Enforcement Academy. Financial Aid may be available for cadets who are currently enrolled or plan to enroll in Sul Ross State University academic classes.

Military veterans with an honorable discharge may be eligible for funding through VA-more information is available in the application packet. Other financial aid opportunities may be available through the Big Bend Community Action. Finally, University housing is available for cadets.

This packet contains the following:

1. Application Check Off Sheet  
   □ Complete the TOP portion ONLY.

2. Application for Admission  
   □ Fill this form out COMPLETELY.

3. Statement of Education  
   □ Complete this form. **IT MUST BE NOTARIZED.**
4. Release of Liability
   □ Complete this form. IT MUST BE NOTARIZED.

5. Basic Peace Officer Cadet Consent Statement and Waiver
   □ Complete this form. IT MUST BE NOTARIZED.

6. TCOLE Form C-1
   □ DO NOT ENTER ANYTHING IN BOX 1
   □ Complete the top portion of this form.
   □ Sign and date the form in the middle of the page. DO NOT sign at the bottom of the page.

7. FAST Fingerprint Pass (Do this AS SOON AS POSSIBLE. You cannot begin the academy until the results are received. This can take 4 – 6 weeks.)
   □ Go to www.identogo.com
   □ Enter Service Provider: 11G4J8
   □ Schedule an appointment to be fingerprinted.

8. TCOLE Form L-2
   □ DO NOT ENTER ANYTHING IN BOX 1
   □ Complete the top portion of this form.
   □ Make an appointment with the approved physicians listed for a physical and drug screen.
   □ Have your physical complete the bottom portion of the form and have them sign the supplemental information sheet.

9. TCOLE Form L-3
   □ DO NOT ENTER ANYTHING IN BOX 1
   □ Complete the top portion of this form.
   □ Make an appointment with the approved psychologist or psychiatrists listed for a pre-employment psychological exam.
   □ Have the psychologist or psychiatrist complete the bottom portion of the form and have them sign the supplemental information sheet.

10. Personal History Statement (PHS)
    □ Read the instructions in the PHS CAREFULLY.
    □ Complete all sections of this form. IT MUST BE NOTARIZED.

“A heritage of service; a commitment to quality”
You must also provide:

- Copy of your TEXAS Driver License (Bring Original to LEA office to make copy)
- Copy of your Driving Record
- Certified copy of your Social Security Card (Bring Original to LEA office to make copy)
- Certified copy of your Birth Certificate. You must also provide proof of citizenship if born outside of the United States. (Bring Original to LEA office to make copy)
- Copy of your DD-214, if you are a veteran
- Copy of your High School Diploma
- OFFICIAL copy of your high school transcript (Seal must not be broken)
- OFFICIAL copy of any college transcripts (Seal must not be broken)
- Proof of meningitis vaccine, if you are under 30 years of age.

Should you need assistance in this process, please feel free to contact us at any time by phone at 432-837-8166 or email administrate assistant Melissa Fierro at Melissa.fierro@sulross.edu. We wish you the best and hope to see you in our next Academy.

Sincerely,

Liza Ware
Interim Training Coordinator

Dr. Oguzhan Basibuyuk

Dr. Ismail D. Gunes

“A heritage of service; a commitment to quality”
COST OF ATTENDANCE (DETAILED)

Tuition:
Tuition must be PAID IN FULL prior to August 10, 2020 to the Cashier’s Office at Sul Ross State University, Briscoe Administration Building.

Tuition:
$2,950.00

Uniforms:
Cadets must purchase the following uniform items prior to the beginning of Week 1 (August 10, 2020). Any cadet failing to appear in uniform on the first day of class will be subject to disciplinary action.
NO VARIATIONS ARE PERMITTED WITHOUT THE EXPRESS PERMISSION OF THE TRAINING COORDINATOR.

Class A Uniform (at least 2 or each suggested)

The Class A uniform will be worn Monday – Thursday during classroom sessions. It is the default uniform.

□ Pants: 5.11 Stryke Pant, Black (Color 019) $74.99
  - Available at:
    □ Atlantic Tactical (www.atlantictactical.com)
    □ Galls (www.galls.com)
    □ Quartermaster (www.qmuniforms.com)
    □ And other retailers

□ Shirt: 5.11 TacLite Pro, Long Sleeve, White (Color 010) $54.99
  - Available at:
    □ Atlantic Tactical (www.atlantictactical.com)
    □ Galls (www.galls.com)
    □ Quartermaster (www.qmuniforms.com)
    □ And other retailers

□ Tie: Law Pro Poly Clip On, Color Black $3.99
  - Available at:
    □ Galls (www.galls.com)
    □ Quartermaster (www.qmuniforms.com)

□ Belt: 5.11 Trainer Belt, Black (Color 019) $39.99
  - Available at:
    □ Atlantic Tactical (www.atlantictactical.com)
    □ Galls (www.galls.com)
    □ Quartermaster (www.qmuniforms.com)
    □ And other retailers

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Jacket: 5.11 Tactical Fleece, Black (Color 019) $109.99
- Available at:
  - Atlantic Tactical (www.atlantictactical.com)
  - Galls (www.galls.com)
  - Quartermaster (www.qmuniforms.com)
  - And other retailers

Boots: Black Tactical-Style boots $ Varies
- The academy staff recommends Magnum Response iii boot
  - Available at:
    - Amazon (www.amazon.com)
    - And other retailers

Class B Uniform (at least 1 of each suggested)

The Class B uniform will be worn for outdoor training (Firearms, Driving, etc.) as well as on Fridays

- Pants: Same as Class A

- Shirt: 5.11 Tactical Polo, Short Sleeve, Color 160 (Silver Tan) $39.99
  - Available at:
    - Atlantic Tactical (www.atlantictactical.com)
    - Galls (www.galls.com)
    - Quartermaster (www.qmuniforms.com)
    - And other retailers

- Boots: Same as Class A

Class C Uniform (at least 2 of each suggested)

The Class C uniform will be used for PT and Mechanics of Arrest “Hands-On” days.

- Shorts: 5.11 Utility PT Short, Black (Color 019) $29.99
  - Available at:
    - Atlantic Tactical (www.atlantictactical.com)
    - Galls (www.galls.com)
    - Quartermaster (www.qmuniforms.com)
    - And other retailers

- Academy T-Shirt
  - Provided by the academy (must be picked up from academy office prior to the first day of class)

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Patches:
The academy office will provide you with the patches that will go on the left and right sleeves of the Class A uniform shirt and on the left side of your Class B uniform shirt. They must be picked up from the academy office.

Books:
The following book will be provided by the academy:

Classroom Supplies:
- Three-Ring Binder
- Loose leaf notebook paper
- One notebook
- Pen and pencils
- Highlighter
- Index Cards

Ammunition:
Cadets will be responsible for purchasing the ammunition

Incidental Costs:
Cadets will be responsible for purchasing 2 Taser Cartridges for Taser Training. The cost (approximately $50.00) will be determined at a later date.
**ALL CADETS ARE REQUIRED TO TAKE A TSIA TEST.**

The cadets must satisfy Texas Success Initiative (TSI) Assessment requirements, unless they qualify for a TSI exemptions, exceptions, and waivers (see Texas Administrative Code, Title 19, Part 1, Chapter 4, Subchapter C, Rule 4.54). The TSIA test passing standards for the academy are as follow:

Reading 351; and

Writing:

1. a placement score of at least 340, and an essay score of at least 4; or
2. a placement score of less than 340 and an ABE Diagnostic level of at least 4 and an essay score of at least 5.

If one has been taken, attach a copy of the results.

If you have not taken the TSIA TEST, please contact Rocio Aguado at 432-837-8178 to schedule a testing time.

Cadets with NO prior college credits MUST take the Reading and Writing TSIA Tests. Each test costs $15.00 and the cost of these tests is the sole responsibility of the cadet.

**Cadets MUST have a passing TSIA score or have college level courses to be accepted.**

If a cadet wishes to take academic classes, the cadet must also take the TSIA Math test.
Academic Classes

In addition to the 2020 Cadet Class, cadets may be eligible to take Criminal Justice courses for up to 21 semester hours of academic credit. Courses are offered during the summer and Fall Semesters. If the cadet is a registered student with Sul Ross State University, they may qualify for FAFSA-based federal financial aid. (Recommended for senior level students.)

If choosing to apply for federal financial aid (FAFSA-based), a cadet MUST be enrolled in the following classes:

- CJ 1320 Police Academy I
- CJ 1321 Police Academy II
- CJ 1322 Police Academy III
- CJ 1323 Police Academy IV
- CJ 3312 Criminal Investigation*
- CJ 3320 Emergency Management*
- CJ 4302 Legal Issues in CJ*

*Can only be taken by students that have 30 or more credited school hours.

To apply for Federal Financial Aid, you must complete a FAFSA application at [www.fafsa.gov](http://www.fafsa.gov). The code for Sul Ross State University is 003625.

Registration for these classes is with the approval of Liza Ware or Dr. Oguzhan Basibuyuk-Homeland Security and Criminal Justice Department.

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IMPORTANT!

If you are under 22 years of age, the law requires you to have a meningitis immunization AT LEAST 10 days prior to the start of class.

Ask a doctor to administer during your physical exam.

If you do not have medical insurance:
Alpine’s Region 10 DSHS Office provides the Bacterial Meningitis Immunization free of charge, depending on availability. Please call their office to make an appointment:

Alpine region 10DSHS
205 N. Cockrell Street
Alpine, Texas
(432) 837-3877

“A heritage of service; a commitment to quality”
On-campus housing is available for cadets.

For further information, contact Residential Living at

(432) 837-8190

or visit

http://www.sulross.edu/section/304/residential-living
For Financial Aid Funds:

American Legion:

American Legion provides partial or full scholarships to cadets attending Sul Ross State University Law Enforcement Academy if applicant qualifies. Qualifications include being directly related to someone who service in one of the U.S. military branches.

☐ For those living in fort Davis, Alpine, Presidio, Marfa, or Marathon call (432) 837-2545 for an application

☐ For other areas, visit the American Legion Website: http://www.legion.org

Veteran with Honorable Military Discharge:

If you fulfill certain qualifications, you may be eligible to attend the academy at no cost to you. Please contact Debbie Tout at (432) 837-8048.

BBLEOA:

Big Bend Law Enforcement Officers Association offers partial or full scholarships to those attending the SRSU Law Enforcement Academy. Inquire at SRSU LEA Office for application and instructions.

FAFSA:

If applicant is a registered student with Sul Ross State University, they may qualify for financial aid. If choosing to apply for aid, applicant MUST be enrolled in the following classes:

☐ CJ 1320 Police Academy I
☐ CJ 1321 Police Academy II
☐ CJ 1322 Police Academy III
☐ CJ 1323 Police Academy IV
☐ CJ 3312 Criminal Investigation*
☐ CJ 3320 Emergency Management*
☐ CJ 4302 Legal Issues in CJ*

*can only be taken by students that have 30 or more scheduled credit hours

Registration to these classes can only be done by Liza Ware-Chair and Lecturer, Homeland Security and Criminal Justice Department.

☐ To apply to FAFSA (Federal Student Aid), complete the online application at: www.fafsa.gov and add the Sul Ross State University Code: 00362

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### ***APPLICATION CHECK OFF SHEET***

**APPLICANT NAME:** __________________________  **SS #** __________________________  
**ADDRESS:** __________________________  **PHONE NUMBER:** __________________________  
**CITY:** __________________________  **STATE:** __________________________  **ZIP CODE:** __________________________  
**DATE OF BIRTH:** __________________________  **DRIVER’S LICENSE #:** __________________________  
**E-MAIL:** __________________________  **IF ALREADY A SUL ROSS STUDENT, A#** __________________________  

FOR USE BY SRSU LEA: 2 LEA initials needed to be completed for admissions  
**Received by:** __________________________

- [ ] Academy Application for Admission  
- [ ] Complete SRSU On-Line Application for Admissions – (For cadets enrolling for academic credit)  
- [ ] Personal History Statement (Must be signed by student and Notarized)  
- [ ] TSIA Assessment Exam **Score** __________________________  **Date** __________________________ (N/A if taken college level classes)  
- [ ] FAST Fingerprint Screen-App. Must be done online or make arrangements with SRSU LEA Secretary  
- [ ] C-1 Form-PID Assignment # __________________________  
- [ ] **Certified Copy** of Birth Certificate  
- [ ] Copies of Driver License and driving record  
- [ ] **Certified Copy** of Social Security Card  
- [ ] Statement of Education (Must be signed by student & Notarized)  
- [ ] Copy of high school diploma, GED certificate, transcripts or equivalent  
- [ ] Official High School or GED Certificate/College or University Transcript  
- [ ] Copy of DD214 for all former military personnel (Must be Honorably Discharged)  
- [ ] TCOLE L-2 Form Declaration of Medical Condition/Drug Screen  
- [ ] TCOLE L-3 Form Declaration of Psychological and Emotional Health  
- [ ] Proof of meningitis shot (if applicant is 30 years old or younger)  
- [ ] Complete Academy Liability Waiver – (Must be signed by student & Notarized)  
- [ ] Cadet Consent & Waiver – (Must be signed by student & Notarized)

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APPLICATION FOR ADMISSION

First Name: ____________________ Middle: ____________________ Last: ____________________

Age: __________ DOB: __/__/______ Marital Status: ____________________

MM DD YYYY

Address: ____________________ City: ____________________ State: ____________________

Mailing Address: ____________________ City: ____________________ State: ____________________

(If different form above)

Telephone #: ____________________ 2nd Telephone #: ____________________

Driver’s License #: ____________________ State: ____________________ SS#: __________ - ______ - ______

Military Service: Yes ☐ No ☐ Branch: ____________________

Type of Discharge: ____________________

If other than honorable, explain: ____________________

Attach copy of DD-214

HAVE YOU EVER BEEN ARRESTED FOR, CHARGED WITH, INDICTED OR CONVICTED OF ANY
OFFENSE OTHER THAN A TRAFFIC VIOLATION IN THIS STATE, ANY OTHER STATE OR FOREIGN
COUNTRY? (INCLUDING JUVENILE ARRESTS)

Yes ☐ No ☐

Disposition (Provide documentation):

Education: (name of schools) Please attach extra sheet if more space is needed.

High school: ____________________ Graduated: Yes ☐ No ☐

Attach copy of diploma

College/University: ____________________ Graduated: Yes ☐ No ☐

Degree (s): ____________________

Attach copy of diploma

Do you have prior law enforcement experience? Yes ☐ No ☐

Years of experience: ____________________

☐ Terminated ☐ Resigned ☐ Retired ☐ Year: _________

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STATEMENT OF EDUCATION

I, ___________________________, attest that I have successfully completed the equivalent of a Texas High School Education through public or private school, home school, internet school, or foreign school. I have provided an official transcript as documentation that I meet the Minimum Enrollment Standards and Minimum Licensing Standards of the Texas Commission on Law Enforcement (TCOLE). I understand that Sul Ross State University Law Enforcement Academy will make the final decision as to the validity of the transcript. Sul Ross State University Law Enforcement Academy will keep my official documentation for at least five (5) years after graduation day from the Basic Peace Officer Course.

________________________________________
Cadet Signature

________________________________________
Date

________________________________________
Notary Public Name, Please Print

________________________________________
Commission Expiration Date

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RELEASE OF LIABILITY

I, ___________________________ as a condition of participation with the Sul Ross H. Joaquin Jackson Law Enforcement Academy in the BASIC PEACE OFFICER PROGRAM (Which activities include, but are not limited to, physical fitness, defensive tactics, firearms training, drivers/vehicle training, and physical restraint tactics), agree to hereby release, discharge, and indemnify the Sul Ross H. Joaquin Jackson Law Enforcement Academy, its agents and volunteers, employees and officers from all costs, claims, actions, demands, judgments, and liabilities of any kind arising from improper negligent use of, participation in, or involvement with the training conducted by the Sul Ross H. Joaquin Jackson University Law Enforcement Academy.

I further agree to forever release the Sul Ross H. Joaquin Jackson Law Enforcement Academy, its agents, Big Bend Sportsman Club and other shooting range facilities and volunteers, employees and officers from any and all causes of action including personal injury, illness, death, property damage, costs, charges, claims, demands and liabilities of whatever kind, in any manner arising out of said participation with the BASIC PEACE OFFICER PROGRAM.

I also agree to forever release the Sul Ross H. Joaquin Jackson Law Enforcement Academy, its agents, Big Bend Sportsman Club and any other shooting range facilities, volunteers, employees and officers from any and all causes of action which may family, my guardians, executors, administrators, assigns, and present or future heirs may have against the Sul Ross H. Joaquin Jackson Law Enforcement, its agents and volunteers, employees and officers and/or any of the other training participants.

I have acknowledged and accepted the fact that the BASIC PEACE OFFICER PROGRAM training activities bear certain known risks and other unanticipated risks which could result in injury, death, illness, damage to health and wellness, and damage to property.

This release shall remain in effect for as long as training is conducted by the Sul Ross H. Joaquin Jackson Law Enforcement Academy or until I notify the Sul Ross H. Joaquin Jackson Law Enforcement Academy staff in writing the nullification of this release.

Applicant’s/Participant’s Authorization ___________________________ Date ___________________________

Date of Birth ___________________________ Social Security or A# ___________________________

Sworn and subscribed before me this ___________________________ day of ___________________________

Notary Public in and for, State of Texas

Printed Name of Notary ___________________________

My Commission expires ___________________________ / ___________________________ / ___________________________

Signature of Notary ___________________________

NOTARY PUBLIC SEAL

“A heritage of service; a commitment to quality”
Basic Peace Officer Cadet Consent Statement and Waiver

Name: ____________________________ DOB: ______________________
(Please Print)
Driver’s License/ I.D. #: ______________________ Phone #: ______________________
Address: ________________________________________________________________
(Street Number) (City) (State) (Zip Code)

PERSONS TO NOTIFY IN CASE OF AN EMERGENCY:

Name: _________________________________________________________________
Phone Number: ______________________ Relationship to Cadet: ______________________

Name: _________________________________________________________________
Phone Number: ______________________ Relationship to Cadet: ______________________

PLEASE INITIAL THE YES/NO BLANKS.

1. I have voluntarily enrolled in the Basic Peace Officer training program provided by the H. Joaquin Jackson Law Enforcement Academy at Sul Ross State University.
   Yes__________ No __________

2. I understand that the Public Safety field, specifically Law Enforcement, is potentially dangerous and that there is a real risk of injury or death.
   Yes__________ No __________

3. I understand that the training I receive at the H. Joaquin Jackson Law Enforcement Academy is intended to increase skill competencies that will serve to reduce the risks associated with a high-risk environment.
   Yes__________ No __________

4. I understand that although the training methodologies have been designed to produce a safe training environment, it would be unrealistic to think or expect that every aspect of training is risk free.
   Yes__________ No __________

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5. I understand that the risks associated with this training potentially range from minor injuries, including, but not limited to, pulled muscles, bruises, sprains, and lacerations to serious injury, such as broken bones, gunshot wounds and even death.
   Yes___________ No ___________

6. I understand that the trainings that will be conducted at the Big Bend Sportsman Club and any other shooting range that is utilized are to be taken seriously and any form of misbehavior will not be tolerated.
   Yes___________ No ___________

7. I agree to report any pre-existing injury or condition to my instructor prior to any physical activity or training.
   Yes___________ No ___________

8. I understand that there will be physical activities and contact with other students and/or instructors and such activities and contact with other students and/or instructors are necessary to provide realistic training.
   Yes___________ No ___________

9. I understand that I will be exposed to graphic language which is intended to add realism to the training, as well as a condition and prepare me for a “real world” environment and the “Police Culture”.
   Yes___________ No ___________

10. I am in good physical health/condition.
    Yes___________ No ___________

   If No, explain:

   _____________________________________________________________________________

11. I understand that if I have indicated “No” in item number 10 that I may be required to submit a medical release from a physician stating any specific limitations and stating that I am able to participate in the required training.
    Yes___________ No ___________

12. I am between the ages of 20 and 65.
    Yes___________ No ___________

13. I understand that there may be additional rules that will apply to the academy and given the case, the instructor will be sure to provide us with them.
    Yes___________ No ___________

Continue on next page
EXPRESS WAIVER

I __________________________ voluntarily accept the risks associated with the Basic Peace Officer’s Course and agree to waive any action, to include any action by my heirs and assignees, for injuries and damages occurring during the normal course of legitimate training against the H. Joaquin Jackson Law Enforcement Academy, Sul Ross State University, their employees, or any other person participating in the Basic Peace Officer’s Course.

STUDENT CERTIFICATION

I certify that I have read this informed consent statement and waiver in its entirety and that I have truthfully answered all questions contained in the document.

Cadet Signature: ____________________________ Date: ____________________________

Sworn and subscribed before me this ________________ day of ______________, ____________

Notary public in and for, State of Texas

Printed Name of Notary: ____________________________

My commission expires _______/_____/_______

Signature of Notary: ____________________________

NOTARY PUBLIC SEAL

“A heritage of service; a commitment to quality”
PID ASSIGNMENT (C-1)
Completion of all fields required.

INDIVIDUAL INFORMATION

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6. Race / Ethnicity
- American Indian or Alaskan Native
- Black
- Hispanic
- Multicultural
- White

7. Date of Birth

8. Gender
- Male
- Female

9. Driver's License
   - State:
   - Num.:

10. Home Mailing Address
11. City
12. State
13. Zip Code

14. Height
15. Weight
16. Hair Color
17. Eye Color

18. U.S. Citizen
- Yes
- No

19. Phone Number (include area code)
20. Email

21. Select One Completed:
- High School
- GED

This form is to be submitted only for the express purpose of having a personal identification number (PID) assigned by TCOLE to the above named individual therein creating a TCOLE record and allowing training to be reported for that individual.

Agency administrator or training coordinator check appropriate box for their student or employee.

- Applying for entry into a basic licensing course.
  - Applicant has read and received a copy of §217.1 Minimum Standards for Initial Licensure.

  ____________________________  ____________________________
Signature of Applicant        Date

- Future appointment as a Telecommunicator, Temporary or Licensed
- Future appointment as a County or Contract Jailer, Temporary or Licensed
- Future Appointment as a Probation Officer, Juvenile or Adult
- Ability to track training hours

TCOLE agency / training provider number________ and Name

______________________________  ____________________________
Agency Administrator or Training Coordinator (Type or Print)  Signature  Date

Individuals not associated with a training provider or agency check below.

- Applying for instructors certificate
- Applying for Retired Federal Firearms ID
- Applying for consideration of prior out-of-state, federal, military, special forces or TDCJ training.

Signature of Applicant  Date
This document is your FAST Fingerprint Pass for a national criminal history record check. Please schedule a fingerprint appointment by visiting http://www.identogo.com or by calling 1-888-457-2080. Any data requested is required by the Texas Department of Public Safety to process your background personal information. You must pay the fee for FAST services online with a credit card or onsite with a check or money order. Cash is not accepted! Your fingerprints will be submitted to the Texas Department of Public Safety and the Federal Bureau of Investigation.

1. Logon to http://www.identogo.com
2. Select: Texas
3. Select: Online Scheduling
4. Select: English or Español
5. Enter: First and Last Name
6. Select: TCOLE or TCLEOSE
7. Select: Option A – Electronic Submission
8. Select: Yes, I have a FAST Fingerprint Pass
9. Enter: TX923466Z
10. Enter: Academy Provider Number LE-511385
11. Follow the prompts to enter requested information
12. Bring this completed form with you to your appointment

Section One: Qualified Entity Information

TCOLE ORI# TX923466Z Academy Provider Number: LE-511385 Original TCN: ___________

☐ Jailer  ☐ Peace Officer  ☐ Telecommunicator

Hiring Agency or Academy Name: Sul Ross H. Joaquin Jackson LEA
Contact: Liza Ware, Interim Training Coordinator

Hiring Agency or Academy Address: SRSU Box C-26 Alpine, TX 79830
Street Address City State Zip
The FAST Fingerprinting centers nearest to Sul Ross State University, Alpine, Texas are located in the following areas:

**The Courtyard**  
7500 Viscount Blvd., El Paso, Texas 79925

**Westwood Village Shopping Center**  
4200 W. Illinois Avenue, Suite 200, Midland, Texas 79703

**Alpine Independent School District Administration Building**  
704 W. Sul Ross Avenue, Alpine, Texas 79830

**Presidio Independent School District**  
701 E. Market Street, Presidio, Texas 79845  
Monday-Friday 9:00-4:30

Refer to the FAST fingerprint pass that is included in order to schedule an appointment. The fee is $45.00 and must be paid online via credit card or onsite with a check or money order. Be sure to take your FAST fingerprint pass document with you to the appointment and have them provide you with the tracking number.

FAST fingerprint pass with receipt must be returned with the rest of the application packet. Appointment must be scheduled at least 2 weeks before the start of the Academy.
### LICENSEE MEDICAL CONDITION DECLARATION (L-2) Commission Rule §217.1, 217.7

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<th>1. TCOLE PID</th>
<th>2. Last Name</th>
<th>3. First Name</th>
<th>4. M.I.</th>
<th>5. Suffix (Jr., etc.)</th>
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#### APPOINTMENT
(Do not check if student is in an academy)

10. ☐ Initial Appointment, Never Licensed  ☐ License holder with more than a 180 day break in service

11. ☐ Peace Officer  ☐ Reserve Officer  ☐ County Jailer  ☐ Telecommunicator

#### DEPARTMENT / ACADEMY INFORMATION

An agency hiring a person for whom a license is sought shall select the examining physician. The hiring agency shall maintain a copy of the report on file in a format readily accessible to the commission.

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<th>12. TCOLE Number</th>
<th>13. Appointing Agency or Academy</th>
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#### Attention Examing Professional:
The above information must be completed by the requesting agency prior to the examining professional completing and signing the L-2 form.

**INITIAL APPOINTMENTS:** Peace Officer (both exams), County Jailer (both exams), Telecommunicator (drug screen only).

**MORE THAN 180 day break in service:** Peace Officer, County Jailer, and Telecommunicator: Drug Screen ONLY.

I certify that I have completed my examination of the examinee, on this date and determine the examinee is found:

☐ **MEDICAL EXAM** - To be physically sound and free from any defect which may adversely affect the performance of duty appropriate to the type of license sought.

☐ Physician  ☐ Physician’s Assistant  ☐ Nurse Practitioner (State License # not required)

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<th>14. Name (type or print)</th>
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16. Street Address

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</tbody>
</table>

21. Date of Examination  22. Signature  23. Date

I certify that I have completed my examination of the examinee, on this date and determine the examinee is found:

☐ **DRUG SCREEN** - To show no trace of drug dependency or illegal drug use after a physical examination, blood test or other medical test.

☐ Physician  ☐ Physician’s Assistant  ☐ Nurse Practitioner (State License # not required)  ☐ DoT Provider

<table>
<thead>
<tr>
<th>24. Name (type or print)</th>
<th>25. License No</th>
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<tbody>
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26. Street Address

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</tbody>
</table>

31. Date of Examination  32. Signature  33. Date

**THIS DECLARATION IS NOT PUBLIC INFORMATION PER TEXAS OCCUPATIONS CODE 1701.306.** **VALID FOR 180 DAYS FROM GRADUATION DATE OF ACADEMY, IF ACCEPTED BY APPOINTING AGENCY OR VALID FOR 180 DAYS FROM DATE SIGNED UNLESS WITHDRAWN OR INVALIDATED.** **MUST BE SIGNED BY A LICENSED PHYSICIAN, NURSE PRACTITIONER, or PHYSICIANS ASSISTANT WITH A VALID PHYSICIANS ID, or in the case of a DoT drug screen only, authorized DoT personnel.**
Essential Information:

The work as a law enforcement officer requires a special set of skills, personal attributes, and qualifications. First of all, a peace officer must be physically and mentally strong to carry out the daily activities associated with the academy training and the job to be performed after completing the academy. The conditions herein are representative of those that must be met by a cadet to successfully perform the essential functions of this training and future profession. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential job functions. Cadets will attend the academy which is 789 hours in length; they will complete training programs that will teach them law enforcement basic skills which will allow them to become licensed peace officers in Texas.

Environment:

A peace officer is regularly exposed to outside weather conditions; occasionally exposed to fumes or airborne particles, toxic or caustic chemicals, extreme cold, extreme heat, risk of electrical shock, risk of radiation, and vibration; potentially hostile environments; extensive public contact. The noise level in the work environment is usually moderate but may be very loud due to sirens, firearms training, etc…Officers are required to work various shifts, including evenings and weekends, travel may be required occasionally. During training, cadets perform rigorous physical condition including self-defense, ground fighting, mechanics of arrest, etc… They also learn driving techniques, first aid, crime scene control and how to use firearms, batons, pepper spray and taser.

Physical:

Primary functions require sufficient ability to work in a law enforcement setting and an office setting; restrain or subdue individuals; walk, stand, sit, or run for prolonged periods of time; occasionally stoop, bend, kneel, crouch, reach, and twist; occasionally climb and balance; regularly push, pull, lift, and/or carry light to moderate weights; frequently lift and/or move moderate weights; occasionally lift heavy weights; operate office equipment including use of computer keyboard; requires a sense of touch, finger dexterity, and gripping with hands or fingers; ability to speak and hear to exchange information; ability to operate a vehicle to travel to various locations; ability to use and operate law enforcement tools and equipment including but not limited to handcuffs and weapons.

Vision:

See in the normal visual range with or without correction. Adequate vision is most important to a peace officer, for several reasons, among which are; self-protection, protection to others, ability to focus on action whether near or at a distance, as an aid in criminal investigation or as a qualified witness in court.

Hearing:

Hear in the normal range with or without correction. Hearing ability should not interfere with ordinary police duty, such as inability to clearly perceive sounds within the normal voice range, or such sounds as are transmitted by police sirens, police radios, or police commands, within normal decibel limits.

Psychological Screens:

There are a lot of demands placed upon law enforcement, and a day in the life of a police officer can be emotionally, mentally, and physically taxing. There will be days when you are forced to stand firm yet polite in the face of tremendous verbal abuse, and there will be time when they will be exposed to horrific scenes.

“A heritage of service; a commitment to quality”
Police Officer Job Responsibilities

The duties of a police officer, also known as a law enforcement officer, focus on protecting people and property by preventing crime, enforcing laws, apprehending suspects, monitoring traffic.

- Prevents crime by explaining and enforcing applicable federal, state, and local laws and ordinances; teaching preventive, protective, and defensive tactics; mediating disputes; patrolling assigned area; responding to notices of disturbances; conducting searches; observing suspicious activities; detaining suspects;
- Apprehends suspects by responding to complaints and calls for help; observing violations; making arrests with due regard for the human rights, security and health and safety of detained individuals, members of the public, colleagues and self;
- Conducts criminal investigations by gathering evidence; interviewing victims and witnesses; interrogating suspects; attends and give evidence in court and at other hearings;
- Documents observations and actions by radioing information; completing reports;
- Reports observations and actions by testifying in court;
- Fulfills court orders by serving warrants and commitments;
- Maintains safe traffic conditions by monitoring and directing traffic, enforcing laws and ordinances, investigating accidents, providing escort, reporting unsafe streets and facilities;
- Minimizes personal injury by rescuing and reviving victims, radioing for medical assistance;
- Maintains operations by following department policies and procedures, recommending changes;
- Ensures operation of equipment by practicing use, completing preventive maintenance requirements, following manufacturer’s instructions, troubleshooting malfunctions, notifying supervisor of needed repairs, evaluating new equipment and techniques;
- Maintains professional and technical knowledge by studying applicable federal, state, and local laws and ordinances, attending education workshops, reviewing professional publications, practicing skills, participating in professional societies;
- Contributes to team effort by accomplishing related results as needed. Skills/Qualifications: Decision Making, Legal Compliance, Handles Pressure, Deals with Uncertainty, Lifting, Physical Fitness, Judgment, Objectivity, Dependability, Emotional Control, Integrity.

Psychologist, Doctor, Physician Assistant, or Nurse Practitioner acknowledgement of position/cadet description describes in the front and back of this document:

_________________________________________  _______________________________
Signature                                      Date

_________________________________________  _______________________________
Name (Printed)                                 License #

“A heritage of service; a commitment to quality”
### Acceptable Licensed Doctors and Practitioners

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Phone</th>
<th>License #</th>
<th>Fee:</th>
<th>E-mail:</th>
</tr>
</thead>
<tbody>
<tr>
<td>James Luecke</td>
<td>1 Memorial Square, #0792, Fort Davis, TX</td>
<td>432-426-3217</td>
<td>H4504 Full Medical License</td>
<td></td>
<td></td>
</tr>
<tr>
<td>David Sanchez</td>
<td>202 N. 2nd Street, Alpine, TX</td>
<td>432-837-5505</td>
<td>J1567 Full Medical License</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rebecca Lewis</td>
<td>506 E. Ave. A, Alpine, TX</td>
<td>432-837-9887</td>
<td>248736</td>
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</table>
Throughout the 700+ hour academy, cadets will be required to perform vigorous physical exertion activities daily. These activities include, but are not limited to the following:

1. Running up to three miles daily
2. Push-ups
3. Sit-ups
4. Mountain climbing
5. Chin-ups
6. Leg raises
7. Jumping jacks
8. Hand-to-hand fighting
9. Baton training
10. Firearms training
11. Any other physical exercise the coordinator or instructors feel is necessary to prepare the cadet for a law enforcement career.

These activities may take place outside during varied temperature and weather conditions based on the time of day/year. Some of these activities may also take place in a temperature-controlled environment.

Physician Statement:

__________________________________________________________
(Name of Applicant) is determined physically and mentally capable of participating in the physical activities of the Sul Ross State University H. Joaquin Jackson Law Enforcement Academy.

__________________________  _____________________________
Physician’s Printed Name  Office/Clinic Phone Number

__________________________  _____________________________
Mailing Address  City, State, Zip Code

__________________________  _____________________________
Physician Signature  Date of Examination
TEXAS COMMISSION ON LAW ENFORCEMENT  
6330 E. Highway 290, STE 200, Austin, Texas 78723-1035  
Phone: (512) 936-7700  
http://www.tcole.texas.gov

LICENSEE PSYCHOLOGICAL AND EMOTIONAL HEALTH DECLARATION (L-3)  
Commission Rule 217.01, 217.1, 217.7, 221.35

INDIVIDUAL INFORMATION

<table>
<thead>
<tr>
<th>1. TCOLE PID</th>
<th>2. Last Name</th>
<th>3. First Name</th>
<th>4. M.I.</th>
<th>5. Suffix (Jr., etc.)</th>
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</table>

6. Home Mailing Address  
7. City  
8. State  
9. Zip Code

Is this exam for a student enrolling in an academy?  Yes  No.

If yes, check one:  Peace Officer  County Corrections  Telecommunicators  School Marshal  
Juvenile Probation Officer  Public Security Off.

APPOINTMENT (Do not check if student)

10.  Peace Officer  Reserve Officer  County Jailer  Telecommunicator  School Marshal  
Juvenile Probation Officer  Public Security Off.

ACADEMY / DEPARTMENT INFORMATION

<table>
<thead>
<tr>
<th>11. TCOLE Number</th>
<th>12. Agency/Academy Name</th>
<th>13. Mailing Address</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>H. Joaquin Jackson Law Enforcement Academy</td>
<td>SRSU Box C-26</td>
</tr>
</tbody>
</table>

14. City  
15. County  
16. Zip Code  
17. Phone Number

Alpine  
Brewster  
79832  
432-837-8614

Attention Requesting Agency: State Law and Commission Rule require that this psychological examination be performed by a licensed psychologist or a psychiatrist except in an exceptional circumstance when, upon prior approval by the Commission, it may be performed by a qualified licensed physician. The Chief Administrator of the requesting agency must request prior approval in writing and must receive specific written approval before an examination under exceptional circumstances is acceptable.

Attention Examining Professional: State Law and Commission Rule require that this psychological examination be performed by a licensed psychologist or a psychiatrist except in an exceptional circumstance when, upon prior approval by the Commission, it may be performed by a qualified licensed physician. The agency must request prior approval in writing and must receive specific written approval before an examination under exceptional circumstances is acceptable.

STATEMENT OF EXAMINER: (Please check the appropriate box and provide the requested information)
I am a [ ] Licensed Psychologist, [ ] Psychiatrist, and I certify that I have completed a psychological examination of the above named individual pursuant to professionally recognized standards and methods. I have concluded that, on this date, the individual IS in satisfactory psychological and emotional health to perform the duties, accept the responsibilities and meet the qualifications established by the appointing agency.

Examiner: ____________________________  
Name (type or print)  
State License Number

Mailing Address:  
Street  
City  
State  
Zip

Phone Number: ____________________________  
Date of Examination(s): ____________________________

Signature: ____________________________  
Date

THIS DECLARATION IS NOT PUBLIC INFORMATION AND IS VALID UNLESS WITHDRAWN OR INVALIDATED, AND IS VALID ONLY IF SIGNED BY A LICENSED PSYCHOLOGIST OR PHYSICIAN.

Licensee Psychological and Emotional Health Declaration 8.21.2014  
Licensee: ____________________________  
Date: ____________________________
Sul Ross State University
H. Joaquin Jackson Law Enforcement Academy
L-3 Supplemental Information

Essential Information:

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- Reports observations and actions by testifying in court;

- Fulfills court orders by serving warrants and commitments;

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<thead>
<tr>
<th>Signature</th>
<th>Date</th>
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<thead>
<tr>
<th>Name (Printed)</th>
<th>License #</th>
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“A heritage of service; a commitment to quality”
Acceptable Psychological Doctors

<table>
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<tr>
<th>Name:</th>
<th>Address:</th>
<th>Phone:</th>
<th>License #:</th>
<th>Fee:</th>
<th>E-mail:</th>
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</thead>
<tbody>
<tr>
<td>Bibiana Gutierrez</td>
<td>500 West Avenue H, Suite 102E, Alpine, TX</td>
<td>432-386-3223</td>
<td>30732</td>
<td>$260</td>
<td><a href="mailto:mydrbibi@gmail.com">mydrbibi@gmail.com</a></td>
</tr>
<tr>
<td>David A. Koch</td>
<td>24 Smith Rd, Ste 260, Midland, TX 79705</td>
<td>432-684-8113</td>
<td>2225</td>
<td>$350</td>
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</tr>
</tbody>
</table>
SUL ROSS STATE UNIVERSITY
LAW ENFORCEMENT ACADEMY

APPLICANT’S PERSONAL HISTORY STATEMENT

NAME: ________________________________________________________________

DATE ISSUED: _______________________________________________________

COMPLETED BY: _____________________________________________________

RETURNED BY: _______________________________________________________


2020 POLICE ACADEMY
CRIMINAL HISTORY STATEMENT

<table>
<thead>
<tr>
<th>Last Name, First, Middle</th>
<th>Date of Birth</th>
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<tbody>
<tr>
<td>Current Mailing Address</td>
<td>Texas Driver License Number</td>
</tr>
<tr>
<td>City, State &amp; Zip Code</td>
<td>Social Security Number</td>
</tr>
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</table>

The following information is true and correct. I understand that any misrepresentation of facts will lead to my immediate expulsion from the 2020 Police Academy.

Please initial each of the following if the statement is true about you.

1. ______ I have never been, nor am I currently on court-ordered community supervision or probation for any criminal offense above the grade of Class B Misdemeanor or a Class B Misdemeanor within the last ten years.

2. ______ I am not currently under indictment for any criminal offense.

3. ______ I have never been convicted for any criminal offense above the grade of a Class B misdemeanor or a Class B Misdemeanor within the past ten years.

4. ______ I have never been convicted of any family violence offense.

5. ______ I am not prohibited by state or federal law from operating a motor vehicle.

6. ______ I am not prohibited by state or federal law from possessing firearms or ammunition.

_________________________________________  ________________________
Applicant’s Signature                       Date

_________________________________________  ________________________
Witness Signature                           Date

Witness Printed Name

“A heritage of service; a commitment to quality”
Personal History Statement Instructions

Cadets are exposed to confidential and law enforcement sensitive information. A thorough background investigation is required to properly evaluate the suitability of cadets for potential law enforcement employment following the academy.

These instructions are provided as a guide to assist you in properly completing your Personal History Statement.

It is essential that the information is accurate in all respects, so please read all instructions carefully before proceeding.

The Personal History Statement will be used as a basis for a background investigation that will determine your eligibility for becoming a cadet.

1. Your application must be printed legibly in BLACK INK by the cadet applicant. Answer all questions truthfully and accurately.

2. Initial at the bottom of EACH AND EVERY page indicating that your responses are true and correct and that you have completed the specific page.

3. If a question is not applicable to you, enter N/A in the space provided.

4. Avoid errors by reading the directions carefully before making any entries on the form. Be sure your information is accurate and in proper sequence before you begin.

5. You are responsible for obtaining correct and full addresses. If you are not sure of an address, personally verify before making that entry on this history statement. Errors will not be viewed favorably. **ALL ADDRESSES MUST BE COMPLETE WITH ZIP CODES.**

6. If you need additional space for your answers, attach an additional sheet or sheets as needed. Be sure to indicate what question number and page this refers to.

7. An accurate and complete form will help expedite your investigation. Omissions or falsifications will result in disqualification.

8. You are responsible for furnishing any changes and/or updating your application as needed, such as address changes or telephone number changes in writing.

9. Any candidate submitting an incomplete application WILL NOT BE CONSIDERED FOR THE CADET CLASS. Your application will be evaluated on completeness and neatness.

10. If you have any questions, please contact the Interim Training Coordinator, Liza Ware at 432-837-8166.

11. When submitting the completed documents, please place them in a sealed envelope marked Personal and Confidential and return them to the Interim Training Coordinator at the Sul Ross H. Joaquin Jackson Law Enforcement Academy, Morelock Academic Building, Room 106 or 109.
Applicant Qualification Section

Before you begin completing the Personal History Statement, please ensure that you meet the following requirements. You must meet all seven of these requirements to qualify for training as a cadet at the Sul Ross H. Joaquin Jackson Law Enforcement Academy.

Initial:

_______ I am a citizen of the United States of America.

_______ I have earned a high school diploma or a GED.

_______ I have never been convicted, plead guilty (nolo contendere), nor have I been on court-ordered community service/probation or deferred adjudication for a Class A misdemeanor or a felony, even if the record has been expunged.

_______ I have never been convicted, plead guilty (nolo contendere), nor have I been on court-ordered community service/probation or deferred adjudication for ANY assaultive offense, even if the record has been expunged.

_______ During the last ten (10) years, I have not been convicted, plead guilty (nolo contendere), been on community service/probation or deferred adjudication for a Class B misdemeanor in this state, other state, or while serving in the military, even if the record has been expunged.

_______ In the last 10 years, I have never been convicted, plead guilty (nolo contendere), nor have I been on court-ordered community service/probation or deferred adjudication of a DWI or Possession of a Controlled Substance including marijuana, even if the record has been expunged.

_______ I have never had a military court martial that resulted in a dishonorable or bad conduct discharge.

DISQUALIFICATION

There are very few automatic basis for rejection. Even issues of prior misconduct, employee terminations, and arrests are usually not, in and of themselves, automatically disqualifying. However, deliberate misstatements or omissions can and often will result in your application being rejected, regardless of the nature or reason for the misstatements/omissions. In fact, the number one reason individuals “fail” background investigations is because they deliberately withhold or misrepresent job-relevant information from their prospective employer.

This personal history statement is a governmental document. Be truthful, as there are criminal consequences for lying on a governmental document.
### APPLICANT IDENTIFICATION

INFORMATION PROVIDED IN THIS SECTION IS USED FOR IDENTIFICATION PURPOSES ONLY.

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First</th>
<th>Middle</th>
<th>Maiden</th>
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<table>
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<tr>
<th>Street Address</th>
<th>Apt. No.</th>
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<tr>
<th>City</th>
<th>State &amp; Zip Code</th>
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<table>
<thead>
<tr>
<th>Mailing Address (If different from residence)</th>
<th>State &amp; Zip Code</th>
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</thead>
</table>

|--------------------|-------------------|--------------|

<table>
<thead>
<tr>
<th>Date of Birth</th>
<th>Social Security No.</th>
<th>Drivers License No. &amp; State</th>
</tr>
</thead>
</table>

Have you ever been known or gone by any other name (excluding nick-names)? If yes, give details:  
__________________________________________________________________________

Are you a U.S. Citizen by Birth? _________ Are you a Naturalized Citizen? ________

Place of birth? (City, County, State, Country) _______________________________________________

Height _________ Weight _________ Eye Color _________ Hair Color _________

Scars, Tattoos (description and location) or other distinguishing marks __________________________

Do you have social networking, instant messaging, or other internet-based profile(s) _____ No _____ Yes

If yes, provide screen name(s), service provider(s).  
Facebook: __________________ Twitter: __________________ Other: __________________

List ALL E-Mail Addresses: _____________________________________________________________
MARITAL & FAMILY HISTORY

Single __________ Married __________ Engaged __________ Co-habiting __________

Spouse’s/Co-habitant’s name (Including maiden name) ______________________________________

Address _____________________________________________________________________________

Date of Birth __________________ Date of Marriage __________________

Employer (s) ________________________________________________________________________

Employer & Address ___________________________________________________________________

Home Telephone No __________________ Work Telephone No. __________________

Roommate (s) (Do not include parents or cohabitants) _________________________________

___________________________________________________________________________________

Date (s) of birth ____________________________________________________________________

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

Date of Marriage __________________ Date of Marriage __________________

City & State __________________ City & State __________________

Separated __________ Date __________ Separated __________ Date __________

Divorced __________ Date __________ Divorced __________ Date __________

Widowed __________ Date __________ Widowed __________ Date __________

Annulled __________ Date __________ Annulled __________ Date __________

Court or State Issued ______________ Court or State Issued ______________

Ex-Spouse’s Name ______________ Ex-Spouse’s Name ______________

Date of Birth ______________ Date of Birth ______________

Telephone No. ______________ Telephone No. ______________
Identify children related to you or your spouse (Natural, Stepchildren, Adopted, or Foster Children)

<table>
<thead>
<tr>
<th>Relation</th>
<th>Name</th>
<th>Date of Birth</th>
<th>Address</th>
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Identify relatives in the following order: Father, Mother (include maiden name), step-parents (if any), brothers and sisters.

<table>
<thead>
<tr>
<th>Relationship</th>
<th>Name</th>
<th>Complete Address</th>
<th>Phone Number</th>
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RESIDENCES

Identify all residences where you have lived in the last 10 years, beginning with the most recent, including your present address. List date by month/year. Include military assignments. (No TDY’s)

<table>
<thead>
<tr>
<th>From</th>
<th>To</th>
<th>Address</th>
<th>City</th>
<th>State &amp; Zip Code</th>
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</table>
PERSONAL REFERENCES

List five (5) persons who know you well enough to provide current information about you. Do not list relatives, former or present employers, or supervisors.

Name ___________________________ Years Known ________________
Address _______________________________________________________
Home Telephone _____________________ Alternate Telephone ________________
Nature of Relationship ________________________________

Name ___________________________ Years Known ________________
Address _______________________________________________________
Home Telephone _____________________ Alternate Telephone ________________
Nature of Relationship ________________________________

Name ___________________________ Years Known ________________
Address _______________________________________________________
Home Telephone _____________________ Alternate Telephone ________________
Nature of Relationship ________________________________

Name ___________________________ Years Known ________________
Address _______________________________________________________
Home Telephone _____________________ Alternate Telephone ________________
Nature of Relationship ________________________________

Name ___________________________ Years Known ________________
Address _______________________________________________________
Home Telephone _____________________ Alternate Telephone ________________
Nature of Relationship ________________________________
Identify below any employees of any law enforcement agency with whom you are acquainted, and with which agency they are employed.


**TRAFFIC RECORD**

Identify all vehicles that you currently own or operate:

<table>
<thead>
<tr>
<th>Year</th>
<th>Make</th>
<th>Model</th>
<th>Color</th>
<th>License Plate No.</th>
<th>Owner</th>
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Please list your current automobile insurance carrier: ________________ Expires: ________________

Have you ever possessed a driver’s license issued by any state other than Texas? Yes ______ No ______
If yes, give details below:

Driver’s License No. ________________ State ________________ Date Issued ________________

Driver’s License No. ________________ State ________________ Date Issued ________________

Have you ever had your driver’s license suspended or revoked? Yes ______ No ______ If yes, give reason, date and length of suspension: ________________

Identify all motor vehicle accidents you have been involved in during the last 10 years.

<table>
<thead>
<tr>
<th>Date</th>
<th>Location</th>
<th>Police Report: Yes/No</th>
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<tbody>
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Cause of Accident (e.g. ran red light, failed to control speed)

<table>
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<tr>
<th>Date</th>
<th>Location</th>
<th>Police Report: Yes/No</th>
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</table>

Cause of Accident (e.g. ran red light, failed to control speed)
Identify all traffic citations you have received within the last 10 years, excluding parking tickets:

<table>
<thead>
<tr>
<th>Month/Year</th>
<th>Violation</th>
<th>City &amp; State</th>
<th>Disposition (e.g., defensive driving, dismissed)</th>
</tr>
</thead>
<tbody>
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</table>

**ARRESTS, DETENTIONS AND LITIGATIONS**

Have you ever been arrested or detained by law enforcement?

Yes ☐ No ☐ If yes, complete the following table:

<table>
<thead>
<tr>
<th>Agency</th>
<th>Offense</th>
<th>Date</th>
<th>Location</th>
<th>Outcome</th>
</tr>
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</table>

Have you ever committed an act of family violence? ("Family violence" mean an act by a member of a family or household against another member of the family or household that is intended to result in physical harm, bodily injury, assault, or sexual assault or that is a threat that reasonably places the member in fear of imminent physical harm, bodily injury, assault, or sexual assault, but does not include defensive measures to protect oneself.) (Texas Family Code Section 71.004) If yes, explain:

__________________________________________________________

Have you ever assaulted another person since the age of seventeen (17)? ("Assault" means to cause bodily injury to another, threaten another with imminent bodily injury, or to cause physical contact with another when the person knows or should reasonably believe that the other will regard the contact as offensive or provocative.) (Texas Penal Code Section 22.01) If yes, explain:

__________________________________________________________

Have you ever been considered or named a suspect in a criminal investigation or criminal offense? If yes, explain:

__________________________________________________________

Have you ever been a party to a civil suit or action? If yes, explain:

__________________________________________________________
Have you ever been involved in any incident (do not include vehicular accidents) in which a police report was made or law enforcement was called? If yes, explain: ____________________________________________

Other than crimes that would have been sealed by juvenile records, have you ever committed or assisted another person in the commission of a felony crime, serious misdemeanor, or a crime involving moral turpitude that went undetected or unreported to law enforcement? If yes, explain:

__________________________________________________________________________

__________________________________________________________________________

Do you anticipate being sued or named in any type of lawsuit or proceeding? Yes ______ No _______

FAMILY AND RELATIVE’S ARRESTS

Have members of your immediate family or close relatives ever been arrested?

Yes ______ No ______ If yes, complete the following table:

<table>
<thead>
<tr>
<th>Name/Relationship</th>
<th>Charge/Offense</th>
<th>Outcome</th>
<th>Year</th>
<th>Agency</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

FINANCIAL HISTORY

Your current net monthly income ___________________ Spouse’s current net income ___________________

Source: ___________________ Amount: ______________ Frequency: ___________________

__________________________________________________________________________

Do you have any accounts with a financial institution? Yes ______ No _______

Name(s) of financial institution(s) ___________________________________________

Type of account(s) _______________________________________________________

Sul Ross H. Joaquin Jackson LEA

Personal History Statement
Identify any person or entity to whom you are indebted, and the extent of your indebtedness. Include mortgages, vehicle payments, charge accounts, credit cards, loans, child support payments, and any other debts or payments.

<table>
<thead>
<tr>
<th>Name of Creditor (e.g., Sears, Citi Financial)</th>
<th>Type of Debt (e.g., student loan, automobile)</th>
<th>Monthly Payment</th>
<th>Approx. Balance</th>
</tr>
</thead>
<tbody>
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</table>

**CREDIT INFORMATION**

- □ Have you ever filed bankruptcy personally or on behalf of a business? Yes_______ No ______
  If “yes” to above, indicate type __________________________

- □ Have you ever had any personal or real property repossessed or foreclosed? Yes_______ No ______

- □ Have you ever failed to pay federal, state, or other taxes? Yes_______ No ______

- □ Have you ever failed to file a tax return, when required by law? Yes_______ No ______

- □ Have you ever had a lien placed against your property for failing to pay taxes or other debts? Yes_______ No ______

- □ Have you ever had a judgment entered against you? Yes_______ No ______

- □ Have you ever defaulted on any type of loan? Yes_______ No ______

- □ Have you ever had bills or debts turned over to a collection agency? Yes_______ No ______

- □ Have you ever had any credit account suspended, charged off, or cancelled for failure to pay? Yes_______ No ______

- □ Have you ever written a check that was later returned for Non-Sufficient Funds (NSF)? Yes_______ No ______

- □ Have you ever been delinquent on court-imposed alimony or child support payments? Yes_______ No ______

- □ Have you ever been disciplined regarding the use of a travel/credit card provided by an employer? Yes_______ No ______

- □ Are you currently more than sixty (60) days delinquent on any debts? Yes_______ No ______

- □ Have you ever applied for unemployment compensation? Yes_______ No ______ When? ______

- □ Have you ever received unemployment compensation? Yes_______ No ______ When? ______
EMPLOYMENT HISTORY

Beginning with your present or most recent job, list all employment since the age of seventeen (17). Include full-time, part-time, temporary, seasonal, military assignments, or unpaid internships, plus all periods of unemployment.

If you are currently employed, may we contact your present employer? Yes _____ No _____

1. Employer_________________________________________ From_________ To ___________

Address ________________________________________________

Telephone No __________________________________________

Job Title________________________________________Begining and Ending Salary_________/___________

Work Schedule______________________________________

Name of Supervisor________________________Contact Information ________________________________

Name of a co-worker________________________Contact Information ________________________________

Duties: ____________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

Identify any disciplinary actions you received: ____________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

Reason for leaving ____________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

Was there an unemployment period between previous employment and the one listed above?

Yes_______No_______ If yes, provide dates and explain: __________________________________________

__________________________________________________________________________________________
EMPLOYMENT HISTORY

Beginning with your present or most recent job, list all employment since the age of seventeen (17). Include full-time, part-time, temporary, seasonal, military assignments, or unpaid internships, plus all periods of unemployment.

If you are currently employed, may we contact your present employer? Yes ______ No ________

2. Employer_________________________________ From_________ To ________

Address ____________________________________________________________

Telephone No _______________________________________________________

Job Title_________________________________ Beginning and Ending Salary ______ / ______

Work Schedule_________________________________

Name of Supervisor________________________ Contact Information ______________________________

Name of a co-worker________________________ Contact Information ______________________________

Duties: ________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Identify any disciplinary actions you received: _________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Reason for leaving _______________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Was there an unemployment period between previous employment and the one listed above?

Yes _________ No ________ If yes, provide dates and explain: ________________________________

__________________________________________________________________________
EMPLOYMENT HISTORY

Beginning with your present or most recent job, list all employment since the age of seventeen (17). Include full-time, part-time, temporary, seasonal, military assignments, or unpaid internships, plus all periods of unemployment.

If you are currently employed, may we contact your present employer? Yes ______ No ______

3. Employer____________________________________________ From__________ To __________

Address ______________________________________________

Telephone No __________________________________________

Job Title________________________________________________

Beginning and Ending Salary ___________/ __________

Work Schedule__________________________________________

Name of Supervisor________________________ Contact Information __________________________

Name of a co-worker________________________ Contact Information __________________________

Duties: __________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Identify any disciplinary actions you received:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Reason for leaving __________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Was there an unemployment period between previous employment and the one listed above?

Yes ______ No ______ If yes, provide dates and explain: __________________________________________

________________________________________________________________________
EMPLOYMENT HISTORY

Beginning with your present or most recent job, list all employment since the age of seventeen (17). Include full-time, part-time, temporary, seasonal, military assignments, or unpaid internships, plus all periods of unemployment.

If you are currently employed, may we contact your present employer? Yes _______ No _______

4. Employer __________________________________ From __________ To __________
   Address ________________________________________________________________
   Telephone No __________________________________________________________
   Job Title ___________________________ Beginning and Ending Salary _______/_______
   Work Schedule _________________________________________________________
   Name of Supervisor __________________________ Contact Information ____________
   Name of a co-worker __________________________ Contact Information ____________
   Duties:
   ______________________________________________________________________
   ______________________________________________________________________
   ______________________________________________________________________
   Identify any disciplinary actions you received: ______________________________
   ______________________________________________________________________
   ______________________________________________________________________
   ______________________________________________________________________
   Reason for leaving ______________________________________________________
   ______________________________________________________________________
   ______________________________________________________________________
   ______________________________________________________________________
   Was there an unemployment period between previous employment and the one listed above?
   Yes _______ No _______ If yes, provide dates and explain: ______________________
EMPLOYMENT HISTORY

Beginning with your present or most recent job, list all employment since the age of seventeen (17). Include full-time, part-time, temporary, seasonal, military assignments, or unpaid internships, plus all periods of unemployment.

If you are currently employed, may we contact your present employer? Yes ______ No ______

5. Employer _______________________________ From __________ To __________

Address ________________________________________________________________

Telephone No ___________________________________________________________

Job Title ___________________________ Beginning and Ending Salary _________ / ________

Work Schedule __________________________

Name of Supervisor ___________________ Contact Information _______________________

Name of a co-worker ___________________ Contact Information _______________________

Duties: ____________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Identify any disciplinary actions you received: ______________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Reason for leaving ________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Was there an unemployment period between previous employment and the one listed above?

Yes ______ No ______ If yes, provide dates and explain: ________________________________

__________________________________________________________________________

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**EDUCATIONAL HISTORY**

<table>
<thead>
<tr>
<th>High School (s) Attended</th>
<th>Address</th>
<th>Dates attended (From/To)</th>
<th>Graduated Yes/No</th>
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Do you have a G.E.D. Certificate? Yes ________ No ________

Were you ever expelled from school? Yes ________ No ________

If yes, give details ________________________________________________________________

Identify all colleges and universities, or technical schools you have attended.

<table>
<thead>
<tr>
<th>Name of School</th>
<th>City &amp; State</th>
<th>Dates Attended</th>
<th>Hours Completed</th>
<th>Major</th>
<th>Degree &amp; Date</th>
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</table>
MILITARY OBLIGATION

Have you ever served in the U.S. Armed Forces or State Military Forces? Yes ______  No ______

Served From ___________ To ___________ Highest Rank Held ______________

Branch of Service ___________________________ Unit ___________________________

Job Title(s) (e.g., Rifleman, Security) ________________________________

Type of discharge ___________________________ Last Duty Station____________________

Are you actively serving in a Reserve Unit (including State Military Forces)? Yes ______  No ______

Serving From ___________ To ___________ Highest Rank Held ______________

Branch of Service ___________________________ Unit ___________________________

Job Title(s) (e.g., Rifleman, Security) ________________________________

Have you ever been subject to court martial or any other disciplinary proceeding under the Uniform Code of Military Justice? (Include non-judicial, Captain’s mast, etc.) If “Yes”, provide date(s), charge(s), military court(s) or authority(ies), and outcome(s)

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________
MEMBERSHIP IN ORGANIZATIONS (PAST AND PRESENT)

Have you ever been an officer or a member of, or made a contribution to, an organization that advocates or practices the commission of acts of force or violence to discourage others from exercising their rights under the U.S. Constitution or right granted by law? Yes_________No_________

<table>
<thead>
<tr>
<th>Name &amp; Address</th>
<th>Type (e.g. social, fraternal, professional)</th>
<th>From</th>
<th>To</th>
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</table>

PERSONAL DECLARATIONS

Do you consume alcoholic beverages? Yes_______No_______ If yes, how often? ______________

Have you ever used marijuana or hashish? Yes ______No ______If yes, when last used? _________

Have you ever used any illegal drug (including a performance-enhancing steroid) not prescribed by a physician?

Yes_______No_______ If yes, how often? _________When last used? _________

Provide explanation: _______________________________________________________________________
_____________________________________________________________________________________

Have you ever sold or furnished controlled substances or prescription drugs to anyone?

Yes_______No_______ If yes, give details: ___________________________________________________
_____________________________________________________________________________________

Are there any incidents in your life, or details not mentioned herein, which may influence this department’s evaluation of your suitability for employment as a police officer? If yes, explain: __________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Identify any additional information you think should be considered in your application for the position you are seeking, and/or any further explanation of answers to previous questions:

_____________________________________________________________________________________
_____________________________________________________________________________________

_____________________________________________________________________________________
I hereby certify that there are no misrepresentations, omissions, or falsifications in the foregoing statements and answers to the above questions. I fully understand that any misrepresentation, omission, or falsification may deem me permanently unsuitable, or if hired, may lead to the termination of my employment.

Signature of Applicant

Date

Before me personally appeared ____________________________ who stated this document and its intent was explained to him/her that he/she has full knowledge of its purpose and that he/she executed this instrument of his/her free will and accord.

Sworn to and subscribed before me on this __________ day of ____________________.

Signature of Notary

My Commission Expires: ____________

SEAL OR STAMP
STUDENT AGREEMENT

I have read the following rules prescribed by the Texas Commission of Law Enforcement (TCOLE) pertaining to the eligibility requirements for enrollment in a law enforcement training program which provides instruction in defensive tactics, arrest procedures, firearms training, and use of a motor vehicle for law enforcement purposes. The assistant coordinator has discussed these eligibility requirements with me.

1. I have read and am aware of TCOLE rules regarding entrance standards for enrollment into law enforcement training course and I am in compliance with the rules.

2. I am aware of TCOLE minimum licensing requirements and I am aware that if I do not meet the licensing requirements a license will not be issued to me despite successful completion of the academy. I am also aware that is my obligation and responsibility not to accept a license if I am not eligible to obtain a license.

3. The Basic Peace Officer Course is physically demanding and I realize I must engage in all physical activities with reasonable accommodation. I will commit full participation in the exercises with reasonable accommodation.

4. Each student must maintain an overall average of 75% or above throughout the academy in order to remain in the academy. If I fail two (2) major exams, it will make me subject to dismissal.

5. If the overall academic average falls below a 75%, it will make you ineligible to take the TCOLE exam; therefore will make you subject to dismissal.

I, __________________________, understand and agree to and with all of the above conditions and I state that I meet minimum requirements, as established by TCOLE. I further agree to follow all The Sul Ross State University H. Joaquin Jackson Law Enforcement Academy guidelines.

______________________________  __________________________
Printed Name                Signature

______________________________  __________________________
Address, City, State, Zip    Home/Cell Phone

______________________________  __________________________
Date                        Witness (printed name and Signature)
WAIVER OF LIABILITY (APPLICANT)

THE STATE OF TEXAS

COUNTY OF ___________________________ KNOW ALL MEN BY THESE PRESENT:

That I, ___________________________________, as a duly authorized trainee of The Sul Ross State University H. Joaquin Jackson Law Enforcement Academy and meeting all of the minimum required standards for appointment as a peace officer in the State of Texas, dealing with the Texas Commission of Law Enforcement (TCOLE) for and in consideration of the privilege of attending peace officer training conducted by the The Sul Ross State University H. Joaquin Jackson Law Enforcement Academy and The Sul Ross State University, Texas and recognizing the said training activity involves certain inherent dangers of liability, accident and injury do hereby agree to assume all the risks and liability attendant to such activity and furthermore stipulate that the The Sul Ross State University H. Joaquin Jackson Law Enforcement Academy and The Sul Ross State University is held harmless and is released from any and all liability, claims, suits, demands, or causes of action which may arise from this attendance of the prescribed training programs. It is further stipulated that I have been released from this attendance of the prescribed training programs. I agree that I will either maintain medical injury insurance or that I will pay for my own medical expenses, should I incur such.

It is further agreed that the execution of this release shall not constitute a waiver by The Sul Ross State University H. Joaquin Jackson Law Enforcement Academy, The Sul Ross State University, or the defense of governmental immunity, where applicable, or any other defense recognized by the Courts of this State.

SIGNED:____________________________________

TITLE: TRAINEE

STATE OF TEXAS

COUNTY OF ___________________________

BEFORE ME, A NOTARY public in and for the County of ____________, Texas, on this ___ day of _________, 20___ personally appeared ___________________________________ acting in his / her capacity as Trainee of The Sul Ross State University H. Joaquin Jackson Law Enforcement Academy known to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he is authorized and does execute for the purposes and consideration therein expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE, at ____________________________, Texas, this _________ day of __________________________, 20__________.

__________________________________________________________________________

(Personalized Seal) Notary Public's Signature

__________________________________________________________________________

Date 55 | Page
Exercise itself is not a threat to your individual health. On a routine basis, aerobic exercise can improve your fitness level. However, beginning an exercise routine after a period of idleness or after an illness or injury can be a serious health risk. It is for this reason that you will be asked to honestly answer the following questions.

Your answers might affect your attendance in the academy. We are attempting to avoid a health or injury problem for you personally. All answers to these questions will be held in confidence.

<table>
<thead>
<tr>
<th>Yes / No</th>
<th>Question</th>
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<tbody>
<tr>
<td>1. Y N</td>
<td>Do you suffer from hypertension (high blood pressure) or are you under medical treatment for hypertension?</td>
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<tr>
<td>2. Y N</td>
<td>Have you been diagnosed with diabetes?</td>
</tr>
<tr>
<td>3. Y N</td>
<td>Is there a history of diabetes in your family?</td>
</tr>
<tr>
<td>4. Y N</td>
<td>Do you smoke?</td>
</tr>
<tr>
<td>5. Y N</td>
<td>Do you suffer from asthma or any other respiratory illnesses?</td>
</tr>
<tr>
<td>6. Y N</td>
<td>Have you ever suffered from any respiratory illnesses in the past?</td>
</tr>
<tr>
<td>7. Y N</td>
<td>Is there a history of heart or artery problems in your family?</td>
</tr>
<tr>
<td>8. Y N</td>
<td>Has anyone in your family died before age 55 from any cardiovascular disease or complications?</td>
</tr>
<tr>
<td>9. Y N</td>
<td>Do you or have you ever had any heart or circulatory problems?</td>
</tr>
<tr>
<td>10. Y N</td>
<td>Do you have or have you ever had an elevated blood cholesterol level?</td>
</tr>
<tr>
<td>11. Y N</td>
<td>Have you ever experience any of the following listed conditions after exercise:</td>
</tr>
<tr>
<td></td>
<td>o felt light headed or dizziness</td>
</tr>
<tr>
<td></td>
<td>o numbness in fingers or toes</td>
</tr>
<tr>
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<td>o pain in the chest or arms</td>
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<tr>
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<td>o out of breath, or had difficulty breathing, or being able to “catch your breath”</td>
</tr>
<tr>
<td></td>
<td>(Check above if applicable)</td>
</tr>
<tr>
<td>12. Y N</td>
<td>Are you a male over 35 or a female over 40?</td>
</tr>
<tr>
<td>13. Y N</td>
<td>Are you 20 or more pounds overweight?</td>
</tr>
<tr>
<td>14. Y N</td>
<td>Have you experienced any sudden weight gain or loss (more than 10 lbs.) in the last 6 months?</td>
</tr>
<tr>
<td>15. Y N</td>
<td>Within the last 5 years have you been advised by your Dr. to reduce your level of activity?</td>
</tr>
<tr>
<td>16. Y N</td>
<td>Do you live a sedentary lifestyle? (exercise or engage in aerobic activity less than three times per week for less than 30 minutes per session)</td>
</tr>
<tr>
<td>17. Y N</td>
<td>Do you suffer or have you ever suffered from a disease or injury to the spine, back, or neck?</td>
</tr>
<tr>
<td>18. Y N</td>
<td>Do you suffer from any of the following:</td>
</tr>
</tbody>
</table>
18. □ Y □ N Have you ever had a procedure after which you were limited in your physical activity?

19. □ Y □ N Do you have limited range of motion?

20. □ Y □ N Are you currently experiencing high levels of “stress” in your life?

21. □ Y □ N Are you unable to sleep an average of 8 hours per night?

22. □ Y □ N Do you consume more than 2 oz. of distilled spirits/alcohol a day?

23. □ Y □ N Are you currently taking any prescribed or “over the counter” medication?

24. □ Y □ N Is there any reason which would prelude you from participation in distance running, strength training and conditioning, and strenuous calisthenics?

25. □ Y □ N Please use the space below to document the number of the question(s) to which you have answered “yes” and provide an explanation for each “yes” response.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

If you have answered yes to any of these questions, you may be at an increased risk for health problems when engaging in physical activity.

This questionnaire is to be reviewed by a physician when you arrive for your physical examination.

_________________________________________  _______________________________________
Applicant Signature                           Coordinator Signature

_________________________________________
Date                                         _______________________________________
Date