

☐ **LAW ENFORCEMENT ACADEMY** **APPLICATION CHECKLIST**

Date: <small>Date</small>	Academy Interest: Day <input type="checkbox"/> Night <input type="checkbox"/>
Name:	Last Name First Name Middle Name
Address:	Street Address
City, State, Zip:	City, State Zip
Home Phone:	000-000-0000
Work Phone:	000-000-0000
Contact Person/Phone other than yourself:	Contact Name 000-000-0000

* **FOR OFFICE USE ONLY** *

Document/Information	Obtained	Date
COM Application	<input checked="" type="radio"/> Yes <input type="radio"/> No	Date
Driver 's License	<input type="radio"/> Yes <input type="radio"/> No	Date
Social Security card	<input type="radio"/> Yes <input type="radio"/> No	Date
Proof of Education	<input type="radio"/> Yes <input type="radio"/> No	Date
Fingerprints	<input type="radio"/> Yes <input type="radio"/> No	Date
TCOLE Return	<input type="radio"/> Yes <input type="radio"/> No	Date
DD 214	<input type="radio"/> Yes <input type="radio"/> No	Date
Proof of Citizenship/Birth Cert/ Passport/Nat. Papers	<input type="radio"/> Yes <input type="radio"/> No	Date
Clearance Letter(s)	<input type="radio"/> Yes <input type="radio"/> No	Date
L2	<input type="radio"/> Yes <input type="radio"/> No	Date
L3	<input type="radio"/> Yes <input type="radio"/> No	Date
Proof of Auto Liability Insurance	<input type="radio"/> Yes <input type="radio"/> No	Date
APPLICANT STATUS	<input type="radio"/> Complete <input type="radio"/> Incomplete	Date
ADMISSION	<input type="radio"/> Accepted <input type="radio"/> Rejected	Date

COLLEGE OF THE MAINLAND LAW ENFORCEMENT TRAINING CENTER APPLICANT QUESTIONNAIRE

BACKGROUND

Have you ever been arrested/convicted of any of the following offenses?

Family Violence

☐ Yes ☐ No

If yes- Stop now!

Class A Misdemeanor or Felony

If yes- Stop now!

Class B Misdemeanor in the last 10 years

☐ Yes ☐ No

Status/Outcome of case(s)?

Have you participated in **ANY** recreational drug usage in the last three (3) years? ☐ Yes ☐ No ***If yes- Stop Now!***

If you have any questions regarding the above questions, see the Academy Director.

EDUCATION

Applicants who possess a high school diploma, or GED, or Honorable Discharge from military service must apply to the college and meet College of the Mainland entrance requirements. In addition, applicants must obtain the approval of the director of Law Enforcement Training.

☐ High School Diploma

☐ GED

☐ College Hours

☐ TSI

MILITARY

Years of continual Service 00

Type of Discharge Enter Type

Disabilities?

☐ Yes ☐ No

Type of Disability Enter Type

Accommodations can be made for some disabilities, but the type of training conducted is physical in nature and required by TCOLE, the State licensing agency. A physician must certify your ability to perform the outlined tasks to enter the program.

Law Enforcement Academy application instructions and checklist for student:

- ☐ Apply to College of the Mainland to be accepted as a student at www.com.edu. Select **Apply Now** in the top red banner.
- ☐ MAKE APPOINTMENTS FOR: (*within 90 days prior to the start of the Academy*)
Mention you are **applying to the College of Mainland Police Academy**
 - ☐ Ident-to-GO (Fingerprinting) (*electronic fingerprinting form*)
1-888-467-2080 www.IdentoGo.com
 - ☐ Wellnow Health (physical, drug screen) (**L2 form**)
409-572-2535 - 676 FM 517 West, Dickinson TX 77539
 - ☐ Dr. Victor Hirsch or Dr. Kimberly Grimsley (Psychological evaluation) *Dr. must fill out L3 form*
281-332-3852 - 1025 East Main, Suite 100, League City, TX - Hirsch
409-797-4174 – 1501 N. Amburn, Suite 12, Texas City, TX – Dr. Grimsley
- ☐ Documents needed:
 - ☐ Driver's license
 - ☐ Social Security card
 - ☐ Proof of Citizenship (Birth certificate or passport or Naturalization papers)
 - ☐ High School diploma and/or GED verification form
 - ☐ High School Transcripts (send to COM Admissions)
 - ☐ College transcripts (send to COM Admissions)
 - ☐ Proof of auto liability insurance
- ☐ Clearance letters needed: **Local Area Background check from each city you have lived in since you were 17 years old.**
 - a. Go to that city's police department, tell them you are applying to College of the Mainland's Police Academy and ask for a *Local Area Background check*. You will be given a report while you wait.
 - b. If you have lived outside of our area or state, the Public Careers Office can fax a request to that city's police department for your local background check.
 - c. For more information call:
Michele Brown 409-933-8285, *Administrative Assistant*
Robert Williamson 409-933-8299, *LE Academy Program Director*

All students applying for the Basic Peace Officer Academy are required to complete and submit an application packet **prior** to Orientation. It is **your responsibility** to make sure that all completed paperwork is submitted on time. Students who fail to submit the completed packet in a timely manner will be denied entry.

**** Please retain this sheet for reference. ****

Application Packet Contents & Required Paperwork

1. Applicant checklist

Fill out the top portion only for contact information purposes. Must be completed and left with the Program Assistant before leaving.

2. Liability Release for Criminal History Background. Fill out and leave with the Program Assistant before leaving.

3. Academy Application

Fill out all portions of the application and return to the Program Assistant at least one (1) month prior to the academy start date. Fingerprints will be completed at that time.

4. Medical Exam- Two (2) parts.

- a. Part 1- Students must fill out this portion and **have it notarized**.
- b. Part 2- Must be completed and signed by a physician.

We are in compliance with ADA regulations governing persons with disabilities. Due to the nature of the job and training only “**reasonable**” allowances can be made.

Any student with a documented disability needing academic accommodations is requested to contact the Coordinator of Services for Students with Disabilities in the Student Advisement Office at ext. 8379. The Office of Services for Students with Disabilities is located on the second floor of the Student Center Building in room 203A.

5. Students who do not possess transferable college hours must meet college requirements for entry.

6. Registration and Fee Payment Documentation

Students who have met all the criteria **will be allowed to register on the Orientation date**. Documentation that the fees are paid must be brought to the Program Assistant on that day.

Loans/Grants/Military

If you have any loans, grants, or military financial aid please supply us with all of the documentation available and a contact person. If there is no documentation or a contact person to approve your payment/attendance, you will not be allowed in the class.

LAW ENFORCEMENT TRAINING ACADEMY CADET APPLICATION

PERSONAL INFORMATION

Name:	First Name Last Name	Date of Birth:	Enter Date
D.L. #	000000000000	SS# or COM ID#	Enter ID
Address:	Street Address		
City, State, Zip:	City	State	Zip
Cell Phone:	000-000-0000	Alt Phone:	000-000-0000

EMERGENCY NOTIFICATION

Name:	First Name Last Name	Relationship:	Relationship
Address:	Street Address		
City, State, Zip:	City	State	Zip
Home Phone:	000-000-0000	Cell/Work Phone:	000-000-0000

LAW ENFORCEMENT AFFILIATION *(Only for agency sponsored cadets)*

Agency Name:	Agency Name	Phone:	000-000-0000
Address:	Street Address		
City, State, Zip:	City	State	Zip
Agency Contact Person:	Agency Contact	Phone:	000-000-0000

Have you previously attended a Police Academy? ☐ Yes ☐ No

If yes, give year: Year Name/Location of Academy: Academy Name

Did you complete the academy? ☐ Yes ☐ No If yes, month & year? Month/Year

Did you take the licensing exam? ☐ Yes ☐ No If yes, year and state? Year/State

Outcome? ☐ Passed ☐ Failed

If you passed, what is the reason for attending this program? Reason

I have read the requirements set forth by the Texas commission on Law Enforcement Standards and Education and meet the standards for entry. Any false or misleading information furnished on any part of the application is grounds for dismissal without a refund. Attached are the rules for entry.

X

Cadet's Signature

COLLEGE OF THE MAINLAND LAW ENFORCEMENT TRAINING PROGRAM

(Name of Law Enforcement Agency)

AUTHORITY TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I hereby authorize the College of the Mainland Law Enforcement Training Program and its authorized representatives bearing this release, or a copy thereof, within one year of its date, to obtain any information in your files pertaining to my employment, military, credit, education or medical records, including not limited to academic, achievement, attendance, athletic, personal history, and disciplinary records, medical records, and credit records.

I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for official use. Consent is granted to all parties to furnish such information, as described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, as custodian of such records, and any school, college, university, or other educational institution, hospital, or other repository of medical records, credit bureau, lending institution, consumer reporting agency, or retail business establishment including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or attempt to comply with it.

I am furnishing my Social Security Account Number on a voluntary basis with the understanding such is not required by any law or regulation. I have been advised that all parties will utilize this number only to facilitate the location of employment, military, credit, and educational records concerning me in connection with this application. Should there be any question as to the validity of this release, you may contact me as indicated below:

Applicant's Printed Full Name: _____

Address: _____

Telephone Number: _____

Applicant's Notarized Signature: _____

Sworn to and signed before me, on this the _____ day of _____, _____,
in and for _____ county, in the state of _____.

Signature of Notary Public: _____

NOTARY SEAL

Printed Name of Notary Public: _____

My Commission Expires: _____

Authorization for Release of Criminal History Information and Waiver of Liability

The City of Texas City
County of Galveston
The State of Texas

KNOW ALL MEN BY THESE PRESENTS:

I, _____, do hereby authorize the Texas Department of Public Safety, any and all of its employees, and/or any Federal, State, and Local Governmental agency and their employees to obtain and review any and all Criminal Histories concerning myself, whether such records are public, private, or confidential in nature.

I further authorize the Texas Department of Public Safety, any and all of its employees, and/or any Federal, State, and Local Governmental agency and their employees to release to the College of the Mainland Law Enforcement Training Center and its Director and/or other employees any and all Criminal Histories concerning myself, whether such records are public, private, or confidential in nature.

It is my intent that this Release is to give my consent for a full and complete disclosure of any and all records, which contain or may contain information relating to any and all Criminal Histories concerning myself, if any do in fact exist. I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly from any source utilized by the above name agencies and the College of the Mainland Law Enforcement Training Center will be considered in determining my eligibility and suitability for attending Law Enforcement Training at the College of the Mainland Law Enforcement Training Center.

I further waive any and all rights I may have to the confidential nature of any and all information contained in any Criminal History reports generated concerning myself; provided that such information is used solely for the purposes for which this Release and Waiver is being given. I further hold harmless the Texas Department of Public Safety, any and all of its employees, and/or any Federal, State, And Local Governmental agency, the College of the Mainland and the College of the Mainland Law Enforcement Training Center and their employees from any and all liability, if any, which might arise or could arise from obtaining, copying, reviewing, and utilizing such information for the purposes state herein.

The Criminal History information to be obtained pursuant to this Release and Waiver is to by used for the purpose of determining my eligibility and suitability for attending Law Enforcement Training at the College of the Mainland Law Enforcement Training Center and the Texas Commission on Law Enforcement [T.C.O.L.E.]. A photocopy of this release form will be valid as an original, even though the photocopy contains only a photocopy of my signature.

Signature (Including Maiden Name)

Date of Birth

Address

Social Security Number

City/State/Zip Code

Phone Number

BASIC LICENSING ACADEMY

PHYSICAL EXAMINATION RECORD

Name: First Name Last Name SSN: 000-00-0000 DOB: Birth Date

Person to notify in an Emergency: Contact Name

Phone: 000-000-0000

Address: Street Address

City, State, Zip: City State Zip

Do you take maintenance medication? ☐ Yes ☐ No

If yes, explain here:

Do you have any condition that could affect your safety or the safety of others while performing strenuous physical activities in firing of live ammunition, PT, or other practical exercise in academy training? ☐ Yes ☐ No

If yes, explain here:

I certify that the above answers are true and complete, and I am aware that any material omission or falsification will result in immediate dismissal from the Academy with no refund of tuition.

X

Signature

POLICE ACADEMY APPLICANT DECLARATION OF PHYSICAL CONDITION AND PHYSICAL EXAMINATION BY LICENSED PHYSICIAN

INSTRUCTIONS:

Step 1: **Part One** is to be filled out by the Applicant. Once the Applicant has completed this part, he/she shall sign and turn the packet over to the physician for use during the actual physical examination.

Step 2: **Part Two** is to be filled out by the examining Physician. Once the examination is completed, the physician shall sign and date this part.

Step 3: Once **Part One and Part Two** have been properly filled out and signed by the applicant and the physician, the document is to be returned to the Director of Training.

Applicant's Name: First Name Last Name Applicant's Social Security #: 000-00-0000

PART ONE

TO BE PRESENTED TO PHYSICIAN

Applicant's Statement of Physical Condition, Past and Present

Instructions: Applicant is to check the items which apply to present or past medical history.

Heart and Related Areas:

- ☐ Previous Heart Problems
- ☐ Previous Blood Pressure Problems
- ☐ Presently being treated for Heart Problems
- ☐ On medication for Blood Pressure
- ☐ Have taken treatment and/or medication
- ☐ No problems with Heart and/or Blood Pressure

Back Injury and/or Problems:

- ☐ Previous injury to back
- ☐ Taken/presently taking medication for back problems
- ☐ Undergone surgery for back injury or problems
- ☐ Limited movement, bending, etc., due to surgery
- ☐ Existing injury or problem not being treated
- ☐ No problems with back
- ☐ Can perform all range of motions and movements

Paralysis and Muscle Injury:

- ☐ Limited function of one or more limbs
- ☐ Nerve and/or muscle injury in past
- ☐ Presently being treated for Nerve/Muscle injury problems
- ☐ Presently taking medication for Nerve or Muscle problems
- ☐ No problems with Paralysis and/or Muscle Injury

Non-Paralytic Orthopedic:

- ☐ Chronic pain in one or more limbs affecting movement
- ☐ Weakness in bones or joints affecting movement
- ☐ Numbness in one or more limbs
- ☐ No problem in this area
- ☐ Other problems present:

PART ONE (CONTINUED)**TO BE PRESENTED TO PHYSICIAN****Have you ever or do you presently suffer from:**

- ☐ Tuberculosis Emphysema Asthma
- ☐ Diabetes which DOES limit your physical activities
- ☐ Diabetes which does NOT limit your physical activities
- ☐ Vision impairment which requires glasses
- ☐ Vision impairment which limits use in one/both eyes
- ☐ Disease/Sickness which is transmitted by contact
- ☐ State any sickness/disease/condition that would prevent you from participating in physical training as described in the Memorandum of Physical Activities:

- ☐ Bone Injuries that were treated by a Physician. If yes, describe:

- ☐ Soft Tissue Injuries that were treated by a Physician. If yes, describe:

Medication and/or Drugs:

- ☐ Presently using depressants
- ☐ Presently using amphetamines
- ☐ Presently using medication for dizziness/headaches
- ☐ Presently using medication for depression/mental disorders
- ☐ Presently using Marijuana [Meaning past 180 days]
- ☐ Presently using Cocaine [Meaning past 180 days]
- ☐ Presently using Heroin [Meaning past 180 days]
- ☐ Presently using medication for pain, injury, illness

AFFIDAVIT OF APPLICANT

I, _____, swear or affirm that all of the above statements are true and correct.

Applicant's Signature

Date Signed

Before me the undersigned authority personally appeared _____,
who after being by me duly sworn stated upon his/her oath or affirmation on the ____ day of _____,
that all of the above statements are true and correct.

Notary Public in and for the State of Texas
STAMP BELOW:

PART TWO**TO BE COMPLETED BY PHYSICIAN****Instructions to Physician:**

Please read the Applicant's Statement of Physical Condition, Past and Present before you conduct the actual physical examination and sign on the form "OK" with your signature that you have done so. Also, please read the description of the physical activities accompanying this form in which the applicant shall be involved. If in your opinion, there exists any condition, past or present, or discovered by you during the actual examination of the Applicant that would impede or be critical to the Applicant's participation in the described activities, then provide your opinion in writing in the space provided on this form for that purpose.

Please provide the following information:

Applicant examined: _____ Date Examined: ____/____/____
Last First Middle

Height: ____ Ft. ____ In. Weight: ____ Lbs. Bone structure: Large Medium Small

Physical appearance _____

Eyes: Color: _____ Appearance/Apparent Defects _____

Vision: R 201 with Glasses R 201
L 201 with Glasses L 201

Color Sense: Red _____ field Wide _____
Green _____ field Medium _____
Yellow _____ field Narrow _____

Blood Pressure: _____ Reading: _____ High: ____ Low: ____ Normal: ____

Is the person taking medication to control their blood pressure? YES ____
NO ____

If "YES," does it limit Applicant's ability to actively participate in full physical activities? YES ____ NO ____

Heart Rate/Beat: Reading: _____ High: ____ Low: ____ Normal: ____ MURMURS: ____
Would the heart rate prohibit full participation in the described physical activities? YES ____ NO ____
Comments: _____

Lungs/Breathing: Normal _____ Abnormal _____ Taking Medication YES ____ NO ____
Does Applicant's Lungs/Breathing condition prohibit full participation in the stated physical activities:
YES ____ NO ____
Comments: _____

Does the Applicant have any injuries and/or illnesses that would prohibit the Applicant from fully participating in the described physical activities? YES ____ NO ____

If any injury and/or illness is temporary and will prohibit participation on a temporary basis, state:

Description of Injury and/or Illness: _____

Description of Activities Prohibited: _____

Provide Estimated Length of Time Activities Prohibited: Number of Calendar Days: _____

Will a Physician's Release be Required for the applicant to participate in the activities: YES ____ NO ____

Flexibility: Does the applicant demonstrate a limited motion or movement when bending over: YES_____ NO_____

Does the applicant demonstrate a limited motion or movement in
arms: YES_____ NO_____

legs: YES_____ NO_____

hands: YES_____ NO_____

other, specify _____

In your opinion is applicant physically capable and fit to participate in the described activities: YES_____ NO_____

Additional Comments:

Print Physician's Name: _____ Physician's Address: _____

City: _____ State: _____ Zip: _____ Phone Number: (_____) _____

Physician's Signature

Date

COLLEGE OF THE MAINLAND LAW ENFORCEMENT TRAINING CENTER

Required Documentation to Accompany the Basic Licensing Academy Application

- Copy of Driver License and Social Security Card
- Education – *It is **highly recommended** that any applicant who does not possess college hours take the T.S.I. Exam (administered in the Testing Department). The recommended score on this test is at least 351 on reading and comprehension.*
 - If you possess a GED, proof of successful completion must be attached.
 - If you possess a high school diploma, a copy of the diploma or official transcript must be attached.
 - If you possess a college degree, a copy of the diploma or official transcript must be attached.
- A clearance or disposition letter from each agency/city you have lived in from age 17 to present that lists any charges and the disposition of those charges, if any.
- Proof of citizenship which can be any of the following:
 - Valid U.S. Passport
 - Birth Certificate
 - Naturalization Papers

<i>Applications will not be accepted without the above attached documents!</i>



FINGER PRINT INSTRUCTION FORM

TEXAS COMMISSION ON LAW ENFORCEMENT

(TCOLE/Service Code 11G4J8)

1. Schedule an appointment to be electronically fingerprinted by MorphoTrust USA at one of their Identogo enrollment centers.
 - Internet based scheduling is the quickest and most convenient way to obtain a fingerprint appointment.
 - a. **You may begin the process now by simply clicking on this link:**
<https://identogo.com>
 - b. Click – Texas
 - c. On-line scheduling
 - d. Service Code: **11G4J8**
 - e. Schedule your appointment accordingly.
 - f. Academy Number: **LE-511264**
 - If you prefer to schedule over the telephone, you must:
 - a. Have your Service Code ready (**11G4J8**), then call **888.467.2080**;
 - b. MorphoTrust will prompt you for the Service Code (**11G4J8**);
 - c. Schedule your appointment accordingly.
2. Arrive at your scheduled appointment with your photo identification and fee (\$39.75).
 - If you plan on bringing a form of identification other than a valid (unexpired) TX Driver License, please refer to the Department of Public Safety's acceptable document types here:
<http://www.tl enrollment.com/state/forms/tx/55fc619a7f7aa.doc>
 - MorphoTrust accepts Visa/MasterCard/Discover/American Express, business checks, money orders and coupon codes (employer accounts) at the time of service.
 - Please note that personal checks and cash are **not accepted**.
3. Your fingerprints will be submitted electronically to DPS and the FBI. You will not receive a printed fingerprint card.
4. At the conclusion of your appointment, the MorphoTrust enrollment agent will provide you with an Identogo receipt stating that you were fingerprinted.
 - Do not throw away the receipt;
 - You may check status on your submission by clicking on this link:
<https://uenroll.identogo.com/servicecode/11G4J8> and then;
 - Click **"Check Status"**

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 MEDICAL CONDITION DECLARATION (L-2)

Commission Rule §217.23(c)(1), 217.1(a)(11), 217.7(e)(4)

INDIVIDUAL INFORMATION

1. TCOLE PID	2. Last Name.	3. First Name	4. M.I.	5. Suffix (Jr., etc.)
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 ☐ Telecommunicator

APPOINTMENT (Do not check if student)

10. <input type="checkbox"/> Peace Officer <input type="checkbox"/> Reserve Officer <input type="checkbox"/> County Jailer <input type="checkbox"/> Telecommunicator
--

DEPARTMENT / ACADEMY INFORMATION

11. TCOLE Number	12. Appointing Agency or Academy	13. Mailing Address	
14. City	15. County	16. Zip Code	17. Phone Number

Attention Examining Professional: The above information must be completed by the requesting agency prior to the examining professional completing and signing this form.

NEW APPLICANTS MUST COMPLETE BOTH EXAMS

LICENSEE(S) WITH MORE THAN A 180 DAY BREAK IN SERVICE NEED(S) DRUG SCREEN ONLY

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

Check the appropriate box(s)

☐ **PHYSICAL 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.

☐ **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

Name (type or print) _____ Physicians State License No. (not required for nurse practitioner)

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. MUST BE SIGNED BY A **LICENSED PHYSICIAN, NURSE PRACTITIONER, or PHYSICIANS ASSISTANT WITH A VALID PHYSICIANS ID.**

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(c)(2), 217.1(a)(12), 217.7(e), 221.35**INDIVIDUAL INFORMATION**

1. TCOLE PID	2. Last Name	3. First Name	4. M.I.	5. Suffix (Jr., etc.)
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

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.

APPOINTMENT (Do not check if student)

10. <input type="checkbox"/> Peace Officer <input type="checkbox"/> Reserve Officer <input type="checkbox"/> County Jailer <input type="checkbox"/> Telecommunicator <input type="checkbox"/> School Marshal
<input type="checkbox"/> Juvenile Probation Officer <input type="checkbox"/> Public Security Off.

ACADEMY / DEPARTMENT INFORMATION

11. TCOLE Number	12. Agency/Academy Name	13. Mailing Address		
14. City	15. County	16. Zip Code	17. Phone Number	

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 NumberMailing 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.

IMPORTANT INFORMATION

TCOLE Personal History Statement Template Instructions

The attached Personal History Statement (PHS) is intended as a sample of what TCOLE considers to be the minimum information necessary to meet the required background investigation (BI) for any law enforcement licensee appointed to an agency, as defined under TCOLE Rule 211.1(a)(8).

Agency administrators may add additional information or agency identifiers without deletion or elimination of any information in this document. They may also decide at which stage in the pre-appointment process the PHS/BI will be completed as long as it is done before the applicant is appointed. The objective is to help the agency's chief administrator to make an informed decision based on factual and verifiable information.

The PHS/BI is an auditable document which must be retained along with all other required TCOLE appointment documents through the licensee's employment and five (5) years after he or she leaves the agency. For training academies, the record must be retained for five (5) years from the last date at the academy.

TEXAS COMMISSION ON LAW ENFORCEMENT

TCOLE

AGENCY NAME:

APPLICANT'S PERSONAL HISTORY STATEMENT

PERSONAL HISTORY STATEMENT FOR TEXAS

Appointment/Employment

Name:

Date Issued:

Complete and Return By:

I am applying for:

Peace Officer

PID #:

County Jailer

PID #:

Telecommunicator

PID #:

Civilian Employment

Personal History Statement Instructions

Employees are exposed to confidential and law enforcement sensitive information. A thorough background investigation is required to properly evaluate the suitability of applicants for employment with the agency. Although it is an achievement to reach the background phase of the hiring process, this is still a competitive process and does not, in any way, guaranty selection.

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 an employee.

1. Your application must be printed legibly in **BLACK INK** by the applicant or typed. Answer all questions truthfully and accurately.
2. If a question is not applicable to you, enter **N/A** in the space provided.
3. 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.
4. 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.**
5. If you need additional space for your answers, attach additional sheets as needed. Be sure to indicate what question number and page this refers to.
6. An accurate and complete form will help expedite your investigation. Omissions or falsifications will result in disqualification.
7. You are responsible for furnishing any changes and/or updating your application as needed, such as address changes or telephone changes in writing.
8. Any candidate submitting an incomplete application **WILL NOT BE CONSIDERED FOR EMPLOYMENT.** Your application will be evaluated on completeness and neatness.
9. **All documents requested must be submitted with the application** (photocopies are acceptable in most cases). *Required documents vary according to the position being sought and the history of the applicant. Hiring agency please check off documents required– modify list as necessary.*

Completed Personal History Statement

Copy of your Social Security card

Original certified copy of your birth certificate (no photo copy)

Copy of your valid Texas driver license or a copy of another State's driver license (applicant must possess a valid Texas driver license prior to being offered employment)

Copy of your High School diploma or GED certificate or an honorable discharge from the armed forces of the United States after at least twenty-four months of active service

Sealed original certified copy of your college transcript (no photo copy)

Photocopy of your college diploma

Copy of your Peace Officer Certificate from your police academy (Peace Officer Applicants Only)

Copy of your Texas peace officer license & all training certificates awarded to you (Peace Officer Applicants Only)

Copy of your DD-214 and/or other military discharge documents (if applicable)

Original certified copy of your Naturalization papers, if applicable (no photo copy)

Copy of current proof of automobile liability insurance

Copy of a TCOLE approved Firearms Qualifications within the last 12 months

10. If you have questions, please contact your assigned background investigator.

11. When submitting the completed documents, please place them in a sealed envelope marked 'Personal and Confidential' to your assigned background investigator.

Instructions to the Applicant

Before you begin to fill out this personal history statement, please ensure that you meet the following requirements. You must meet all five of these requirements to qualify for licensure as a peace officer, jailer, or telecommunicator in Texas.

I am a citizen of the United States of America.

I have earned a high school diploma, a GED, or an honorable discharge from the armed services of the United States after at least two (2) years of active service.

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

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.

I have never had a military court martial that resulted in a dishonorable or other discharge based on misconduct which bars future military service.

DISQUALIFICATIONS

There are very few automatic bases 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.

Once you begin:

- Type or neatly print, in ink, responses to all items and questions. If a question does not apply to you, write “N/A” (not applicable) in the space provided for your response. If you cannot obtain or remember certain information, indicate so in your response.
- If you need additional space for your answers, attach additional sheets as needed. Be sure to indicate which section, question number, and page this refers to.
- Be as complete, honest, and specific as possible in your responses.

Disclosure of Medically Related Information

In accordance with the U.S. Americans with Disabilities Act, at this stage of the hiring process, applicants are not expected or required to reveal any medical or other disability-related information about themselves in response to questions on this form, or to any other inquiry made prior to receiving a conditional offer of employment.

SECTION 1: PERSONAL

Last Name: First Name: Middle Name: Suffix:

Other Names, including nicknames, you have used or been known by:

Maiden: SSN #: Date of Birth:

Driver License #: State: Exp:

Street Address, (Apt/Unit):

City: State: Zip Code:

Mailing Address (if different than above):

City: State: Zip Code:

Home Phone #: Cell: Work (Ext.):

Fax: Other Phone #(s):

List ALL Email Addresses:

Place of Birth (City, County, State, Country):

Physical Description:

Height: Weight: Hair Color: Eye Color:

Have you ever attended a basic licensing course? Yes No

If yes, provide the PID you were assigned:

A. Academy Name: From: To:

Location (City, State):

Name Training Coordinator: Contact Number:

Did you graduate? Yes No

B. Academy Name: From: To:

Location (City, State):

Name Training Coordinator: Contact Number:

Did you graduate? Yes No

Have you **ever** applied to any other law enforcement agency in the last ten years (city, county, state or federal)?

Yes No

- If yes, list ALL agencies you have applied to, starting with the most recent (give complete and accurate addresses).
- All agencies MUST be listed regardless of the outcome or current status. Check all boxes that apply for each agency.
- If you need additional space for your answers, attach additional sheets as needed. Be sure to indicate what section number and page this refers to.

A. Name of Agency:

Position Applied For:

Date Applied:

Address:

City:

State:

Zip:

Background Investigator's Name (if known):

Contact Number, (ext):

Email:

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

Steps:	Application	Written	Physical agility	Oral	Polygraph/CVSA	Background
	Conditional job offer		Psychological examination	Date:	Medical	Date:
Status:	Hired	On List	Withdrawn	Disqualified		

B. Name of Agency:

Position Applied For:

Date Applied:

Address:

City:

State:

Zip:

Background Investigator's Name (if known):

Contact Number, (ext):

Email:

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

Steps:	Application	Written	Physical agility	Oral	Polygraph/CVSA	Background
	Conditional job offer		Psychological examination	Date:	Medical	Date:
Status:	Hired	On List	Withdrawn	Disqualified		

C. Name of Agency:

Position Applied For:

Date Applied:

Address:

City:

State:

Zip:

Background Investigator's Name (if known):

Contact Number, (ext):

Email:

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

Steps:	Application	Written	Physical agility	Oral	Polygraph/CVSA	Background
	Conditional job offer		Psychological examination	Date:	Medical	Date:
Status:	Hired	On List	Withdrawn	Disqualified		

SECTION 2: RELATIVES AND REFERENCES

IMMEDIATE FAMILY

- Provide all applicable information in the spaces below.
- Mark "N/A" if a category is not applicable or if the individual is deceased.

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

N/A **A. Father's Name:** _____ D.O.B.: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Work Address: _____

City: _____ State: _____ Zip: _____

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

Email: _____

N/A **B. Step-Father's Name:** _____ D.O.B.: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Work Address: _____

City: _____ State: _____ Zip: _____

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

Email: _____

N/A **C. Mother's Name:** _____ D.O.B.: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Work Address: _____

City: _____ State: _____ Zip: _____

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

Email: _____

N/A **D. Step-Mother's Name:** _____ D.O.B.: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Work Address: _____

City: _____ State: _____ Zip: _____

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

Email: _____

N/A **E. Spouse/Registered Domestic Partner's Name:**

D.O.B.:

Home Address:

City: State: Zip:

Work Address:

City: State: Zip:

Home Phone: Cell Phone: Work Phone:

Email: Years of Marriage:

Is there, or has there been, a restraining or stay-away order in effect for this individual? Yes No

N/A **F. Father-in-Law's Name:**

D.O.B.:

Home Address:

City: State: Zip:

Work Address:

City: State: Zip:

Home Phone: Cell Phone: Work Phone:

Email:

N/A **G. Mother-in-Law's Name:**

D.O.B.:

Home Address:

City: State: Zip:

Work Address:

City: State: Zip:

Home Phone: Cell Phone: Work Phone:

Email:

N/A **H. Former Spouse/Cohabitant's Name(s):**

D.O.B.: Male Female

Home Address:

City: State: Zip:

Work Address:

City: State: Zip:

Home Phone: Cell Phone: Work Phone:

Email: Years of Dissolution:

Is there, or has there been, a restraining or stay-away order in effect for this individual? Yes No

N/A I. Former Spouse/Cohabitant's Name(s):

D.O.B.: Male Female

Home Address:

City: State: Zip:

Work Address:

City: State: Zip:

Home Phone: Cell Phone: Work Phone:

Email: Years of Dissolution:

Is there, or has there been, a restraining or stay-away order in effect for this individual? Yes No

J. BROTHERS AND SISTERS: List all living siblings, including half-siblings, foster siblings, etc.

N/A 1. Name:

D.O.B.: Male Female

Home Address:

City: State: Zip:

Work Address:

City: State: Zip:

Home Phone: Cell Phone: Work Phone:

Email:

N/A 2. Name:

D.O.B.: Male Female

Home Address:

City: State: Zip:

Work Address:

City: State: Zip:

Home Phone: Cell Phone: Work Phone:

Email:

N/A 3. Name:

D.O.B.: Male Female

Home Address:

City: State: Zip:

Work Address:

City: State: Zip:

Home Phone: Cell Phone: Work Phone:

Email:

N/A 4. Name:

D.O.B.: Male Female

Home Address:

City: State: Zip:

Work Address:

City: State: Zip:

Home Phone: Cell Phone: Work Phone:

Email:

N/A 5. Name:

D.O.B.: Male Female

Home Address:

City: State: Zip:

Work Address:

City: State: Zip:

Home Phone: Cell Phone: Work Phone:

Email:

N/A 6. Name:

D.O.B.: Male Female

Home Address:

City: State: Zip:

Work Address:

City: State: Zip:

Home Phone: Cell Phone: Work Phone:

Email:

K. CHILDREN: List all of your living children, including natural, adopted, step, and/or foster care. Include any other children who reside with you. Provide the name and contact information of the custodial parent or guardian, if other than you

N/A 1. Name: Male Female

D.O.B.: Custodial parent or guardian (if other than you):

Address:

City: State: Zip:

Contact Number: Email:

N/A	2. Name:	Male	Female
D.O.B.:		Custodial parent or guardian (if other than you):	
Address:			
City:	State:	Zip:	
Contact Number:	Email:		

N/A	3. Name:	Male	Female
D.O.B.:		Custodial parent or guardian (if other than you):	
Address:			
City:	State:	Zip:	
Contact Number:	Email:		

N/A	4. Name:	Male	Female
D.O.B.:		Custodial parent or guardian (if other than you):	
Address:			
City:	State:	Zip:	
Contact Number:	Email:		

N/A	5. Name:	Male	Female
D.O.B.:		Custodial parent or guardian (if other than you):	
Address:			
City:	State:	Zip:	
Contact Number:	Email:		

N/A	6. Name:	Male	Female
D.O.B.:		Custodial parent or guardian (if other than you):	
Address:			
City:	State:	Zip:	
Contact Number:	Email:		

L. REFERENCES: List 7-10 people who know you well, such as social and family friends, co-workers, military acquaintances. Do not include relatives, employers, or housemates, or other individuals listed elsewhere.

1. Name:	Address:		
City:	State:	Zip:	
Company/Work Address:			
City:	State:	Zip:	
Home Phone:	Work Phone:	Cell Phone:	Email:
How do you know this person (friend, teacher, family, co-worker)?			
How long have you known this person?			

2. Name: Address:
City: State: Zip:
Company/Work Address:
City: State: Zip:
Home Phone: Work Phone: Cell Phone: Email:
How do you know this person (friend, teacher, family, co-worker)?
How long have you known this person?

3. Name: Address:
City: State: Zip:
Company/Work Address:
City: State: Zip:
Home Phone: Work Phone: Cell Phone: Email:
How do you know this person (friend, teacher, family, co-worker)?
How long have you known this person?

4. Name: Address:
City: State: Zip:
Company/Work Address:
City: State: Zip:
Home Phone: Work Phone: Cell Phone: Email:
How do you know this person (friend, teacher, family, co-worker)?
How long have you known this person?

5. Name: Address:
City: State: Zip:
Company/Work Address:
City: State: Zip:
Home Phone: Work Phone: Cell Phone: Email:
How do you know this person (friend, teacher, family, co-worker)?
How long have you known this person?

6. Name: Address:

City: State: Zip:

Company/Work Address:

City: State: Zip:

Home Phone: Work Phone: Cell Phone: Email:

How do you know this person (friend, teacher, family, co-worker)?

How long have you known this person?

7. Name: Address:

City: State: Zip:

Company/Work Address:

City: State: Zip:

Home Phone: Work Phone: Cell Phone: Email:

How do you know this person (friend, teacher, family, co-worker)?

How long have you known this person?

8. Name: Address:

City: State: Zip:

Company/Work Address:

City: State: Zip:

Home Phone: Work Phone: Cell Phone: Email:

How do you know this person (friend, teacher, family, co-worker)?

How long have you known this person?

SECTION 3: EDUCATION

NOTE: You will be required to furnish transcripts or other proof to support all of your educational claims.

Check applicable: High School Diploma GED Discharge documents from armed services with 2 years active duty

List high schools attended or where you obtained your GED:

1. Name: City: State:

From: To: Did you graduate? Yes No

2. Name: City: State:

From: To: Did you graduate? Yes No

List all colleges or universities attended:

1. Name: City: State:

From: To: Type of Degree Earned: Total Units Earned:

2. Name: City: State:

From: To: Type of Degree Earned: Total Units Earned:

3. Name:	City:	State:
From:	To:	Type of Degree Earned:
		Total Units Earned:

List any trade, vocational, or business schools/institutes attended:

1. Name:	From:	To:
Type of school or training:	City:	State:
Did you complete the course?	Yes	No
2. Name:	From:	To:
Type of school or training:	City:	State:
Did you complete the course?	Yes	No
3. Name:	From:	To:
Type of school or training:	City:	State:
Did you complete the course?	Yes	No

Have you ever been placed on academic discipline, suspended, or expelled from any high school, college/university, business, or trade school? Yes No

If yes, describe in detail below. Starting with high school, list any disciplinary actions received in any school or educational institution. Include when the disciplinary action(s) occurred, name of school(s), and explanation of circumstances.

SECTION 4: RESIDENCES

LIST OF RESIDENCES

- List all residences during the last ten years or since age 17. Provide complete addresses (include markers such as Street, Drive, Road, East, West, etc., and unit or apartment number). Do not use P.O. Boxes.
- If the residence is a military base, identify the name of the base in the address, nearest city, state, and zip code. DO NOT LIST military barracks mates, unless you shared individual quarters.
- If you need additional space for your answers, attach additional sheets as needed. Be sure to indicate what section number and page this refers to.

1. Current Residence Address:

City: State: Zip:

If renting; property manager, rent collector, or owner: Contact Number:

Address of property mgr., rent collector, or owner: Email:

City: State: Zip:

From: To:

N/A Name(s) of those with whom you live:

2. Former Address:

City: State: Zip:

If renting; property manager, rent collector, or owner: Contact Number:

Address of property mgr., rent collector, or owner: Email:

City: State: Zip:

From: To:

N/A Name(s) of those with whom you live:

Reason for moving:

3. Former Address:

City: State: Zip:

If renting; property manager, rent collector, or owner: Contact Number:

Address of property mgr., rent collector, or owner: Email:

City: State: Zip:

From: To:

N/A Name(s) of those with whom you live:

Reason for moving:

4. Former Address:

City: State: Zip:

If renting; property manager, rent collector, or owner: Contact Number:

Address of property mgr., rent collector, or owner: Email:

City: State: Zip:

From: To:

N/A Name(s) of those with whom you live:

Reason for moving:

5. Former Address:

City: State: Zip:

If renting; property manager, rent collector, or owner: Contact Number:

Address of property mgr., rent collector, or owner: Email:

City: State: Zip:

From: To:

N/A Name(s) of those with whom you live:

Reason for moving:

6. Former Address:

City: State: Zip:

If renting; property manager, rent collector, or owner: Contact Number:

Address of property mgr., rent collector, or owner: Email:

City: State: Zip:

From: To:

N/A Name(s) of those with whom you live:

Reason for moving:

7. Former Address:

City: State: Zip:

If renting; property manager, rent collector, or owner: Contact Number:

Address of property mgr., rent collector, or owner: Email:

City: State: Zip:

From: To:

N/A Name(s) of those with whom you live:

Reason for moving:

Provide contact information for all housemates listed in the above entries for Section 4 that you have resided with during the past 10 years, or since the age of 17. DO NOT list anyone for whom you have already provided contact information. If you need additional space for your answers, attach additional sheets as needed. Be sure to indicate what section number and page this refers to.

1. Housemate Name: Contact Number: Email:
Current Street Address:
City: State: Zip:
Nature of relationship (friend, relative, landlord, housemate only):

2. Housemate Name: Contact Number: Email:
Current Street Address:
City: State: Zip:
Nature of relationship (friend, relative, landlord, housemate only):

3. Housemate Name: Contact Number: Email:
Current Street Address:
City: State: Zip:
Nature of relationship (friend, relative, landlord, housemate only):

4. Housemate Name: Contact Number: Email:
Current Street Address:
City: State: Zip:
Nature of relationship (friend, relative, landlord, housemate only):

5. Housemate Name: Contact Number: Email:
Current Street Address:
City: State: Zip:
Nature of relationship (friend, relative, landlord, housemate only):

6. Housemate Name: Contact Number: Email:
Current Street Address:
City: State: Zip:
Nature of relationship (friend, relative, landlord, housemate only):

Have you ever been evicted or asked to leave a residence? Yes No

Have you ever left a residence owing rent? Yes No

If you answered "Yes" to either of the two questions above, explain (include when, where, and circumstances):

SECTION 5: EXPERIENCE AND EMPLOYMENT

JOB EXPERIENCE

- Have you EVER served as a Peace Officer, Jailer, or Telecommunicator in another state OR another country? Yes No
If YES, list below.
- List ALL jobs you have had in the last ten years, including part-time, temporary, self-employment, and volunteer. (Begin with your most current. If more space is needed, continue your response on the additional space page at the end of the Personal History Statement).
- If you have military experience, including reserve duty, enter your military base, assignments, or unit of assignment. Include ALL military services.
- List ALL periods of unemployment in excess of 30 days.

1. Name of Employer or Military Unit: From: To:

Address or Base:

City: State: Zip:

Supervisor: Contact Number: Email:

Job Title: Reason for Leaving:

Duties/Assignments:

Full-Time Part-Time Temporary Self-Employed Unemployed

Names of Co-Worker(s) and their Phone Number(s):

Would there be a problem if we contact your current employer? Yes No

If yes, explain:

2. Period of Unemployment

From: To:

Check if applicable: Student Between jobs Leave of absence Travel Other

3. Name of Employer or Military Unit:

From:

To:

Address or Base:

City:

State:

Zip:

Supervisor:

Contact Number:

Email:

Job Title:

Reason for Leaving:

Duties/Assignments:

Full-Time

Part-Time

Temporary

Self-Employed

Unemployed

Names of Co-Worker(s) and their Phone Number(s):

4. Period of Unemployment

From:

To:

Check if applicable:

Student

Between jobs

Leave of absence

Travel

Other

5. Name of Employer or Military Unit:

From:

To:

Address or Base:

City:

State:

Zip:

Supervisor:

Contact Number:

Email:

Job Title:

Reason for Leaving:

Duties/Assignments:

Full-Time

Part-Time

Temporary

Self-Employed

Unemployed

Names of Co-Worker(s) and their Phone Number(s):

6. Period of Unemployment

From:

To:

Check if applicable:

Student

Between jobs

Leave of absence

Travel

Other

7. Name of Employer or Military Unit:

From:

To:

Address or Base:

City:

State:

Zip:

Supervisor:

Contact Number:

Email:

Job Title:

Reason for Leaving:

Duties/Assignments:

Full-Time

Part-Time

Temporary

Self-Employed

Unemployed

Names of Co-Worker(s) and their Phone Number(s):

8. Period of Unemployment

From:

To:

Check if applicable:

Student

Between jobs

Leave of absence

Travel

Other

9. Name of Employer or Military Unit:

From:

To:

Address or Base:

City:

State:

Zip:

Supervisor:

Contact Number:

Email:

Job Title:

Reason for Leaving:

Duties/Assignments:

Full-Time

Part-Time

Temporary

Self-Employed

Unemployed

Names of Co-Worker(s) and their Phone Number(s):

10. Period of Unemployment

From:

To:

Check if applicable:

Student

Between jobs

Leave of absence

Travel

Other

11. Name of Employer or Military Unit:

From:

To:

Address or Base:

City:

State:

Zip:

Supervisor:

Contact Number:

Email:

Job Title:

Reason for Leaving:

Duties/Assignments:

Full-Time

Part-Time

Temporary

Self-Employed

Unemployed

Names of Co-Worker(s) and their Phone Number(s):

12. Period of Unemployment

From:

To:

Check if applicable:

Student

Between jobs

Leave of absence

Travel

Other

13. Name of Employer or Military Unit:

From:

To:

Address or Base:

City:

State:

Zip:

Supervisor:

Contact Number:

Email:

Job Title:

Reason for Leaving:

Duties/Assignments:

Full-Time

Part-Time

Temporary

Self-Employed

Unemployed

Names of Co-Worker(s) and their Phone Number(s):

14. Period of Unemployment

From:

To:

Check if applicable:

Student

Between jobs

Leave of absence

Travel

Other

15. Name of Employer or Military Unit:

From:

To:

Address or Base:

City:

State:

Zip:

Supervisor:

Contact Number:

Email:

Job Title:

Reason for Leaving:

Duties/Assignments:

Full-Time

Part-Time

Temporary

Self-Employed

Unemployed

Names of Co-Worker(s) and their Phone Number(s):

16. Period of Unemployment

From:

To:

Check if applicable:

Student

Between jobs

Leave of absence

Travel

Other

17. Name of Employer or Military Unit:

From:

To:

Address or Base:

City:

State:

Zip:

Supervisor:

Contact Number:

Email:

Job Title:

Reason for Leaving:

Duties/Assignments:

Full-Time

Part-Time

Temporary

Self-Employed

Unemployed

Names of Co-Worker(s) and their Phone Number(s):

18. Have you ever been disciplined at work? (This includes written warnings, formal letters of reprimands, suspensions, reductions in pay, reassignments, or demotions). Yes No

19. Have you ever been fired, released from probation, or asked to resign from any place of employment? Yes No

20. Were you ever involved in a physical/verbal altercation with a supervisor, co-worker, or customer? Yes No

21. Have you ever resigned without giving two weeks-notice? Yes No

22. Have you ever resigned in lieu of termination? Yes No

23. Have you ever been accused of discrimination (such as sexual harassment, racial bias, sexual orientation harassment, etc.) by a co-worker, superior, subordinate, and/or customer? Yes No

24. Were you ever the subject of a written complaint at work? Yes No
25. Have you ever been counseled at work due to lateness or absences? Yes No
26. Did you ever receive an unsatisfactory performance review? Yes No
27. Have you ever sold, released, or given away legally confidential information? Yes No
28. Have you ever called in sick when you were neither sick nor caring for a sick family member? Yes No

If yes, how many sick days have you used in the past five years which were not due to illness?

If you answered "Yes" to any of Questions 18 – 28 (at the bottom of the previous page and above), explain (include when, where, and circumstances; indicate the corresponding question number):

Has your work performance ever been affected by your use of alcohol or drugs? Yes No

When? Name of Employer:

In the past ten years, have you been warned by an employer about your drinking or drug habits and their impact on your performance? Yes No

When? Name of Employer:

SECTION 6: MILITARY EXPERIENCE

(Complete for all branches of the military served. Add pages if necessary).

1. Are you required to register for the Selective Service? Yes No

2. If yes, have you registered? Yes No

If no, explain:

Branch of Service: Dates Served From: To:

Type of Discharge: Entry Level Honorable General Other than Honorable

Re-entry Code (1 – 4) if applicable; *refer to your DD-214*:

3. Are you currently participating in one of the following? Military Reserve National Guard

If checked, date obligation ends:

4. Have you ever been the subject of any judicial or non-judiciary disciplinary action (such as, court martial, captain's mast, office hours, company punishment)? Yes No

5. Were you ever denied a security clearance, or had a clearance revoked, suspended or downgraded, either military or any other federal, state, or municipal clearance? Yes No

If you answered "Yes" to either of the last two questions (questions 4 and 5), explain. Include dates and circumstances.

SECTION 7: FINANCIAL

INCOME AND EXPENSES:

For each of the following questions, fill in the amounts to the nearest dollar.

1. From your employer(s), what is your monthly income?

2. Do you have income other than from your salary or wages? Yes No

If yes, fill in amount: per month Explain:

3. Approximately how much do you spend each month? (Estimate your monthly living expenses, include housing, utilities, credit cards or other loan payments, food, gas and car maintenance, entertainment, etc., as well as any other obligations you may have).

4. Have you ever filed for or declared bankruptcy (Chapter 7, 11 or 13)? Yes No

5. Have any of your bills ever been turned over to a collection agency? Yes No

6. Have you ever had purchased goods repossessed? Yes No

7. Have your wages ever been garnished? Yes No

8. Have you ever been delinquent on income or other tax payments? Yes No

9. Have you ever failed to file income tax or cheated/lie on an income tax form? Yes No

10. Have you ever had an employment bond refused? Yes No

11. Have you ever avoided paying any lawful debt by moving away? Yes No

12. Have you ever defaulted on a loan, including a student loan? Yes No

13a. Have you ever borrowed money to pay for a gambling debt? Yes No

13b. If "Yes," do you currently have any outstanding debts as a result of gambling? Yes No

14. Have you ever spent money for illegal purposes (e.g., illegal drugs, prostitution, purchase fraudulent documents, etc.)?
Yes No

15. Have you ever failed to make or been late on a court-ordered payment e.g., child support, alimony, restitution, etc.)?
Yes No

16. Have you written three or more bad checks in a one-year period? Yes No

17. Are you in arrears on court-ordered child support? Yes No

If you answered “Yes” to any of Questions 4 – 17 (on the previous page and above), explain. Include when, where, and why and indicate the corresponding question number:

SECTION 8: LEGAL

Disclosure of Citations, Arrests, and Convictions:

This section requires you to report detentions, arrest, and convictions, including diversion programs and, in some cases, offenses that may have been pardoned. As a licensed applicant, you are required to disclose this information, unless specifically exempted by state or federal law.

- ALL detentions or arrests, whether they resulted in a conviction or not
- ALL convictions
- ALL diversion programs
- ALL citations, excluding traffic tickets (may have been detained and/or received a Class C for disorderly conduct, prostitution, assault, etc., without actual arrest)

If you need additional space for your answers, attach additional sheets as needed. Be sure to indicate what section, question number, and page it refers.

Have you EVER been detained for investigation, held on suspicion, questioned, fingerprinted, arrested, indicted, criminally charged, or convicted of any misdemeanor or felony offense in this state or in any other legal jurisdiction (including offenses punishable under the Uniform Code of Military Justice)? Yes No

If yes, explain each incident:

1. Approximate Date: Arresting or detaining agency:

Charge:

Disposition or Penalty:

2. Approximate Date: Arresting or detaining agency:

Charge:

Disposition or Penalty:

3. Approximate Date: Arresting or detaining agency:

Charge:

Disposition of Penalty:

4. Approximate Date: Arresting or detaining agency:

Charge:

Disposition or Penalty:

5. Have you ever been placed on court probation as an adult? Yes No
6. Have you ever been convicted of any charge that would prevent you from legally possessing a firearm or ammunition?
Yes No
7. Were you ever required to appear before a juvenile court for an act which would have been a crime, if committed as an adult? Yes No
8. Have you ever been a party in a civil lawsuit (e.g., small claims actions, dissolutions, child custody, paternity, support, etc.)?
Yes No
9. Have the police ever been called to your home for any reason? Yes No
10. Have you or your spouse/partner ever been referred to Child Protective Services? Yes No
11. Have you ever been the subject of an emergency protective, restraining, or stay-away order? Yes No
12. Have you settled any civil suit in which you, your insurance company, or anyone else on your behalf was required to make payment to the other party? Yes No
13. Have you ever fraudulently received welfare, unemployment compensation, compensation, or other state or federal assistance? Yes No
14. Have you ever filed a false insurance or workers' compensation claim? Yes No

If you answered "Yes" to any of Questions 5 – 14 (above), explain. Include court case or document, dates, and circumstances. Indicate the corresponding question number:

Undetected Acts – Part 1

Within the past **seven** years **OR** at any time after you were first employed in law enforcement, have you ever committed any of the following misdemeanors?

15. Annoying/obscene phone calls Yes No
16. Assault (use of force or violence upon another) Yes No
17. Assault on a family member (use of force or violence upon a family member) Yes No
18. Brandishing a weapon (any type of weapon) Yes No
19. Carrying a concealed weapon without a permit Yes No
20. Contributing to the delinquency of a minor Yes No
21. Defrauding an innkeeper (not paying for food or room at a hotel/motel) Yes No
22. Driving under the influence of alcohol and/or drugs Yes No

- | | | |
|--|-----|----|
| 23. Drunk in public (being so intoxicated in a public place that you're not able to care for yourself) | Yes | No |
| 24. Hit and run collision (no injuries) | Yes | No |
| 25. Hunting or fishing without a license | Yes | No |
| 26. Illegal gambling | Yes | No |
| 27. Impersonating a peace officer | Yes | No |
| 28. Indecent exposure (including flashing or mooning) | Yes | No |
| 29. Joyriding (using a car or other vehicle without owner's permission) | Yes | No |

Undetected Acts – Part 1

At any time in your life, have you **ever** committed any of the following?

- | | | |
|---|-----|----|
| 30. Arson (intentionally destroying property by setting a fire) | Yes | No |
| 31. Assault with a deadly weapon | Yes | No |
| 32. Theft of a vehicle and/or vehicle parts | Yes | No |
| 33. Burglary (entering a structure or vehicle to commit theft or other crime) | Yes | No |
| 34. Child molestation (performing unlawful acts with a child) | Yes | No |
| 35. Accessing, producing, or possessing child pornography | Yes | No |
| 36. Injury to a child, elderly, and/or disabled | Yes | No |
| 37. Embezzlement (theft of money or other valuables entrusted to you) | Yes | No |
| 38. Felony drunk driving (involving injuries) | Yes | No |
| 39. Forcible rape or other act of unlawful intercourse/sexual activity | Yes | No |
| 40. Forgery (falsifying any type of document, check certificate, license, currency, etc.) | Yes | No |
| 41. Hit and run (with injuries) | Yes | No |
| 42. Hate crime | Yes | No |
| 43. Insurance fraud | Yes | No |
| 44. Theft (value of over \$500 and/or any firearm) | Yes | No |
| 45. Murder, homicide, or attempted murder | Yes | No |
| 46. Perjury (lying under oath) | Yes | No |
| 47. Possession of an explosive/destructive device | Yes | No |
| 48. Robbery (theft from another person using a weapon, force, or fear) | Yes | No |
| 49. Stalking | Yes | No |
| 50. Blackmail or extortion | Yes | No |
| 51. Any other act amounting to a felony | Yes | No |

If you answered “**YES**” to **any** of the Questions 15 – 51 (on the previous two pages), fully explain circumstances, including dates, names of individuals involved, and resolution. Indicate the corresponding question number for each explanation.

Questions about your current and past recreational drug use. This covers the use of **any** drug, including the unauthorized use of prescription drugs. Your answers should include, **but not limited to**, your use of any of the following drugs.

Amphetamines/Methamphetamine Uppers, Speed, Crank, etc.	Heroin/Opium
Barbiturates (Downers)	Marijuana
Cocaine/Crack Cocaine	Mescaline
Designer Drugs (Ecstasy, Synthetic Heroin, etc.)	Morphine
GHB (Date Rape Drug)	PCP/Angel Dust
Glue	Quaaludes
Hallucinogens (Peyote, LSD, Mushrooms)	Steroids
Hashish/Hashish Oil	Tetrahydrocannabinol (THC)

52. Within the past three years, have you used any non-prescribed drug(s) as indicated above or unauthorized prescription drugs? Yes No

If yes, give details, including drug(s) used and circumstances:

53. Prior to the past three years (check all that apply):

I have never used any drug recreationally.

I have tried or used one or more drugs listed above, but only under limited circumstances (for example: experimentation, at parties, concerts, special events, etc.).

If you have, give details including drug(s) used, most recent date used, and circumstances:

Have you **ever** engaged in any of the activities listed below for drugs, narcotics, or illegal substances – including marijuana?

Sold Manufactured Purchased Furnished Cultivated Carried or held for another

If you checked any of the items above, give details including drug(s) involved, over what time period(s), and circumstances:

SECTION 9: MOTOR VEHICLE OPERATION

Current Driver License #: State of Issue: Expiration Date:

Full name under which license was granted:

List other states where you have been licensed to operate a motor vehicle:

1. N/A State of Issue: Type of License: License Number:

Name under which license was granted:

2. N/A State of Issue: Type of License: License Number:

Name under which license was granted:

3. N/A State of Issue: Type of License: License Number:

Name under which license was granted:

Have you ever been refused a driver's license by any state? Yes No

If yes, explain (include when, where, and circumstances):

Has your driver's license ever been suspended or revoked? Yes No

If yes, explain (include when, where, and circumstances):

List your current liability insurance on your vehicle(s):

4. Type of Coverage: Insured Bonded Cash Deposit

Vehicle Make/Model: Year: Vehicle License:

Insurance Company: Policy Number: Expires:

Address:

City: State: Zip: Contact Number:

5. Type of Coverage: Insured Bonded Cash Deposit

Vehicle Make/Model: Year: Vehicle License:

Insurance Company: Policy Number: Expires:

Address:

City: State: Zip: Contact Number:

6. Type of Coverage: Insured Bonded Cash Deposit

Vehicle Make/Model: Year: Vehicle License:

Insurance Company: Policy Number: Expires:

Address:

City: State: Zip: Contact Number:

7. Type of Coverage: Insured Bonded Cash Deposit

Vehicle Make/Model: Year: Vehicle License:

Insurance Company: Policy Number: Expires:

Address:

City: State: Zip: Contact Number:

List all traffic citations, excluding parking citations, that you have received within the past seven years:

8. Nature of Violation:

Location (Street, City, State, Zip):

Date Violation Occurred: Action Taken: Not Guilty Fined Traffic School Dismissed

9. Nature of Violation:

Location (Street, City, State, Zip):

Date Violation Occurred: Action Taken: Not Guilty Fined Traffic School Dismissed

10. Nature of Violation:

Location (Street, City, State, Zip):

Date Violation Occurred:	Action Taken:	Not Guilty	Fined	Traffic School	Dismissed
01/15/2024	Not Guilty				
02/20/2024	Fined				
03/10/2024	Traffic School				
04/05/2024	Dismissed				

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

Failed to appear	Failed to complete traffic school	Failed to pay the required fine
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9
10	10	10
11	11	11
12	12	12
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88	88	88
89	89	89
90	90	90
91	91	91
92	92	92
93	93	93
94	94	94
95	95	95
96	96	96
97	97	97
98	98	98
99	99	99
100	100	100

If checked, explain circumstances:

Have you been involved as the driver in a motor vehicle accident within the past seven years? Yes No

If yes, give details:

11. Date: _____ Location (Street, City, State, Zip): _____

Police Report?	Yes	No	Injury or Non-Injury?	Injury	Non-Injury
----------------	-----	----	-----------------------	--------	------------

Law Enforcement Agency:

12. Date: _____ **Location (Street, City, State, Zip):** _____

Police Report?	Yes	No	Injury or Non-Injury?	Injury	Non-Injury
----------------	-----	----	-----------------------	--------	------------

Law Enforcement Agency:

13. Date: _____ **Location (Street, City, State, Zip):** _____

Police Report?	Yes	No	Injury or Non-Injury?	Injury	Non-Injury
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Law Enforcement Agency:

14. Date: _____ Location (Street, City, State, Zip): _____

Police Report?	Yes	No	Injury or Non-Injury?	Injury	Non-Injury
----------------	-----	----	-----------------------	--------	------------

Law Enforcement Agency:

SECTION 10: SOCIAL MEDIA SITES

Have you ever had a social media site (i.e. Facebook, My Space, Instagram, Snapchat etc.)? Yes No

List all social media sites, blogs, and/or websites you have created. Provide the website URL and your username.

SECTION 11: ADDITIONAL SPACE

- Duplicate this page as needed to include additional information that does not fit elsewhere on this form (e.g., additional family members, schools, residences, employers, explanations to questions, etc.).
- Identify the corresponding section, question number, and specific item being referenced.

SECTION 12: CERTIFICATION

I hereby certify that I have personally completed and initialed each page of this form and any supplemental page(s) attached, and that all statements made are true and complete to the best of my knowledge and belief. I understand that any misstatement of material fact may subject me to disqualification; or, if I have been appointed, may disqualify me from continued employment.

Signature of Applicant

Date

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

Notary public in and for, State of _____.

My commission expires: _____ / _____ / _____.

Printed Name of Notary

Signature of Notary

Notary Seal or Stamp:

TEXAS COMMISSION ON LAW ENFORCEMENT
6330 E Highway 290, STE 200, Austin, Texas 78723-1035
Phone: (512) 936-7700
<http://www.tcole.texas.gov>

PID ASSIGNMENT (C-1)
Completion of all fields required.

INDIVIDUAL INFORMATION

1. Social Security Number		2. First Name		3. M.I.	4. Last Name		5. Suffix (Jr., etc.)	
6. Race / Ethnicity <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Multicultural <input type="checkbox"/> White				7. Date of Birth / /		8. Gender <input type="checkbox"/> Male <input type="checkbox"/> 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 <input type="checkbox"/> Yes <input type="checkbox"/> No		19. Phone Number (include area code)		20. Email				
21. Select One Completed: <input type="checkbox"/> High School <input type="checkbox"/> 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
☐ Ability to utilize a TCOLE system as an authorized user for this agency

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

Texas Administrative Code

[TITLE 37](#)

PUBLIC SAFETY AND CORRECTIONS

[PART 7](#)

TEXAS COMMISSION ON LAW ENFORCEMENT

[CHAPTER 217](#)

ENROLLMENT, LICENSING, APPOINTMENT, AND SEPARATION

RULE §217.1

Minimum Standards for Enrollment and Initial Licensure

(a) In order for an individual to enroll in any basic licensing course the provider must have on file documentation, acceptable to the Commission, that the individual meets eligibility for licensure.

(b) The commission shall issue a license to an applicant who meets the following standards:

(1) minimum age requirement:

(A) for peace officers and public security officers, is 21 years of age; or 18 years of age if the applicant has received:

(i) an associate's degree; or 60 semester hours of credit from an accredited college or university; or

(ii) has received an honorable discharge from the armed forces of the United States after at least two years of active service;

(B) for jailers and telecommunicators is 18 years of age;

(2) minimum educational requirements:

(A) has passed a general educational development (GED) test indicating high school graduation level;

(B) holds a high school diploma; or

(C) for enrollment purposes in a basic peace officer academy only, has an honorable discharge from the armed forces of the United States after at least 24 months of active duty service.

(3) is fingerprinted and is subjected to a search of local, state and U.S. national records and fingerprint files to disclose any criminal record;

(4) has never been 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 from the date of the court order;

(5) is not currently charged with any criminal offense for which conviction would be a bar to licensure;

(6) has never been convicted of an offense above the grade of a Class B misdemeanor or a Class B misdemeanor within the last ten years;

(7) has never been convicted or placed on community supervision in any court of an offense involving family violence as defined under Chapter 71, Texas Family Code;

(8) for peace officers, is not prohibited by state or federal law from operating a motor vehicle;

(9) for peace officers, is not prohibited by state or federal law from possessing firearms or ammunition;

(10) has been subjected to a background investigation completed by the enrolling or appointing entity into the applicant's personal history. A background investigation shall include, at a minimum, the following:

(A) An enrolling entity shall:

- (i) require completion of the Commission-approved personal history statement;
- (ii) verify that the applicant meets each individual requirement for licensure under this rule based on the personal history statement and any other information known to the enrolling entity; and
- (iii) contact all previous enrolling entities.

(B) In addition to subparagraph (A) of this paragraph, a law enforcement agency or law enforcement agency academy shall:

- (i) require completion of a personal history statement that meets or exceeds the Commission-approved personal history statement;
- (ii) contact at least three personal references;
- (iii) contact all employers for at least the last ten years, if applicable;
- (iv) contact the chief administrator or the chief administrator's designee at each of the applicant's previous law enforcement employers; and
- (v) complete criminal history and driving records checks.

(11) examined by a physician, selected by the appointing or employing agency, who is licensed by the Texas Medical Board. The physician must be familiar with the duties appropriate to the type of license sought and appointment to be made. The appointee must be declared by that professional, on a form prescribed by the commission, within 180 days before the date of appointment by the agency to be:

(A) physically sound and free from any defect which may adversely affect the performance of duty appropriate to the type of license sought;

(B) show no trace of drug dependency or illegal drug use after a blood test or other medical test; and

(C) for the purpose of meeting the requirements for initial licensure, an individual's satisfactory medical exam that is conducted as a requirement of a basic licensing course may remain valid for 180 days from the individual's date of graduation from that academy, if accepted by the appointing agency;

(12) examined by a psychologist, selected by the appointing, employing agency, or the academy, who is licensed by the Texas State Board of Examiners of Psychologists. This examination may also be conducted by a psychiatrist licensed by the Texas Medical Board. The psychologist or psychiatrist must be familiar with the duties appropriate to the type of license sought. The individual must be declared by that professional, on a form prescribed by the commission, to be in satisfactory

psychological and emotional health to serve as the type of officer for which the license is sought. The examination must be conducted pursuant to professionally recognized standards and methods. The examination process must consist of a review of a job description for the position sought; review of any personal history statements; review of any background documents; at least two instruments, one which measures personality traits and one which measures psychopathology; and a face to face interview conducted after the instruments have been scored. The appointee must be declared by that professional, on a form prescribed by the commission, within 180 days before the date of the appointment by the agency;

(A) the commission may allow for exceptional circumstances where a licensed physician performs the evaluation of psychological and emotional health. This requires the appointing agency to request in writing and receive approval from the commission, prior to the evaluation being completed; or

(B) the examination may be conducted by qualified persons identified by Texas Occupations Code §501.004. This requires the appointing agency to request in writing and receive approval from the commission, prior to the evaluation being completed; and

(C) for the purpose of meeting the requirements for initial licensure, an individual's satisfactory psychological exam that is conducted as a requirement of a basic licensing course may remain valid for 180 days from the individual's date of graduation from that academy, if accepted by the appointing agency;

(13) has never received a dishonorable discharge;

(14) has not had a commission license denied by final order or revoked;

(15) is not currently on suspension, or does not have a surrender of license currently in effect;

(16) meets the minimum training standards and passes the commission licensing examination for each license sought;

(17) is a U.S. citizen.

(c) For the purposes of this section, the commission will construe any court-ordered community supervision, probation or conviction for a criminal offense to be its closest equivalent under the Texas Penal Code classification of offenses if the offense arose from:

(1) another penal provision of Texas law; or

(2) a penal provision of any other state, federal, military or foreign jurisdiction.

(d) A classification of an offense as a felony at the time of conviction will never be changed because Texas law has changed or because the offense would not be a felony under current Texas laws.

(e) A person must meet the training and examination requirements:

(1) training for the peace officer license consists of:

(A) the current basic peace officer course(s);

(B) a commission recognized, POST developed, basic law enforcement training course, to include:

(i) out of state licensure or certification; and

(ii) submission of the current eligibility application and fee; or

(C) a commission approved academic alternative program, taken through a licensed academic alternative provider and at least an associate's degree.

(2) training for the jailer license consists of the current basic county corrections course(s) or training recognized under Texas Occupations Code §1701.310;

(3) training for the public security officer license consists of the current basic peace officer course(s);

(4) training for telecommunicator license consists of telecommunicator course; and

(5) passing any examination required for the license sought while the exam approval remains valid.

(f) The commission may issue a provisional license, consistent with Texas Occupations Code §1701.311, to an agency for a person to be appointed by that agency. An agency must submit all required applications currently prescribed by the commission and all required fees before the individual is appointed. Upon the approval of the application, the commission will issue a provisional license. A provisional license is issued in the name of the applicant; however, it is issued to and shall remain in the possession of the agency. Such a license may neither be transferred by the applicant to another agency, nor transferred by the agency to another applicant. A provisional license may not be reissued and expires:

(1) 12 months from the original appointment date;

(2) on leaving the appointing agency; or

(3) on failure to comply with the terms stipulated in the provisional license approval.

(g) The commission may issue a temporary jailer license, consistent with Texas Occupations Code §1701.310. A jailer appointed on a temporary basis shall be enrolled in a basic jailer licensing course on or before the 90th day after their temporary appointment. An agency must submit all required applications currently prescribed by the commission and all required fees before the individual is appointed. Upon the approval of the application, the commission will issue a temporary jailer license. A temporary jailer license may not be renewed and expires:

(1) 12 months from the original appointment date; or

(2) on completion of training and passing of the jailer licensing examination.

(h) The commission may issue a temporary telecommunicator license, consistent with Texas Occupations Code §1701.405. An agency must submit all required applications currently prescribed by the commission and all required fees before the individual is appointed. Upon the approval of the application, the commission will issue a temporary telecommunicator license. A temporary telecommunicator license expires:

- (1) 12 months from the original appointment date; or
- (2) on completion of training and passing of the telecommunicator licensing examination. On expiration of a temporary license, a person is not eligible for a new temporary telecommunicator license for one year.
- (i) A person who fails to comply with the standards set forth in this section shall not accept the issuance of a license and shall not accept any appointment. If an application for licensure is found to be false or untrue, it is subject to cancellation or recall.
- (j) The effective date of this section is February 1, 2020.

Source Note: The provisions of this §217.1 adopted to be effective November 1, 2014, 39 TexReg 7935; amended to be effective February 1, 2016, 41 TexReg 274; amended to be effective May 1, 2018, 43 TexReg 1879; amended to be effective February 5, 2020, 45 TexReg 765