



University of North Texas Police Department

Application Supplement

Note: This application supplement is ONLY to be completed after successfully applying for an open position with the police department through the UNT Human Resources website, and only if that application requests the completion of this supplemental application.

Return to: Ofc. Scott Windham
By email:
Scott.Windham@unt.edu
In person:
University of North Texas Police Department
1700 Wilshire St. Denton, TX 76201-6572

Name: _____

Turned in on: _____

I am applying for:

- Peace Officer
- Telecommunicator (Dispatcher)
- Civilian Employment

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 what question number and page this refers to.

Be as complete, honest and specific as possible in your responses.

Keep a copy of this supplemental application for your records. If you are asked to complete the more detailed Personal History Statement later, you will be asked these same questions.

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.

PERSONAL

Last Name		First		MI	Suffix
Other Names, including nicknames, you have used or been known by.					
Street Address, (Apt, Unit)		City		State	Zip
Address if different from above.					
Phone #. Home	Cell	Work	Ext.	Fax	Other
Email: Home		Business		Other	
Birth Place (City / County / State / Country)			DOB	Social Security #	
Driver License #		Physical description			
State:		HT.	WT.	Hair Color	Eye Color
Exp:					

Have you ever attended a basic licensing course? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, provide the PID you were assigned: _____			
A. Academy Name	From	To	Did you Graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>
B. Academy Name	From	To	Did you Graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>

Have you **ever** applied to any other law enforcement agency (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.

A. Name of Agency	Position Applied For	Date Applied
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Check each step in the process that you completed, and your status:

Steps: Application Written Physical agility Oral Polygraph/CVSA Background Chief's oral
 Conditional job offer Psychological Examination Date _____ Medical Date: _____

Status: Hired On List Withdrawn Disqualified

B. Name of Agency	Position Applied For	Date Applied
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Check each step in the process that you completed, and your status:

Steps: Application Written Physical agility Oral Polygraph/CVSA Background Chief's oral
 Conditional job offer Psychological Examination Date _____ Medical Date: _____

Status: Hired On List Withdrawn Disqualified

C. Name of Agency	Position Applied For	Date Applied
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Check each step in the process that you completed, and your status:

Steps: Application Written Physical agility Oral Polygraph/CVSA Background Chief's oral
 Conditional job offer Psychological Examination Date _____ Medical Date: _____

Status: Hired On List Withdrawn Disqualified

D. Name of Agency	Position Applied For	Date Applied
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Check each step in the process that you completed, and your status:

Steps: Application Written Physical agility Oral Polygraph/CVSA Background Chief's oral
 Conditional job offer Psychological Examination Date _____ Medical Date: _____

Status: Hired On List Withdrawn Disqualified

EDUCATION**NOTE:** You may be required to furnish transcripts or other proof to support all of your educational claims later in the process.Check applicable: High School Diploma GED Discharge documents from armed services with 2 years active duty

List all colleges or universities attended:

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

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

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

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

A. Name	From	To	Did you complete the course? <input type="checkbox"/> Yes <input type="checkbox"/> No
Type of school or training		City	State
B. Name	From	To	Did you complete the course? <input type="checkbox"/> Yes <input type="checkbox"/> No
Type of school or training		City	State
C. Name	From	To	Did you complete the course? <input type="checkbox"/> Yes <input type="checkbox"/> No
Type of school or training		City	State

EDUCATION *continued.*

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 and all disciplinary actions received in any school or educational institution. Include when the disciplinary action(s) occurred, name of school(s), and explanation of circumstances.

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 an additional page.)
- 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.

A. Name of employer or military unit.		From	To
Address or Base	City	State	Zip
Job Title	Reason for leaving		
Duties /Assignments		<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	

D. PERIOD OF UNEMPLOYMENT Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other	From	To
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C. Name of employer or military unit.		From	To
Address or Base	City	State	Zip
Job Title	Reason for leaving		
Duties /Assignments		<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	

D. PERIOD OF UNEMPLOYMENT		From	To
Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other			

E. Name of employer or military unit.		From	To
Address or Base	City	State	Zip
Job Title	Reason for leaving		
Duties /Assignments		<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	

F. PERIOD OF UNEMPLOYMENT		From	To
Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other			

G. Name of employer or military unit.		From	To
Address or Base	City	State	Zip
Job Title	Reason for leaving		
Duties /Assignments		<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	

H. PERIOD OF UNEMPLOYMENT		From	To
Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other			

I. Name of employer or military unit.		From	To
Address or Base	City	State	Zip
Job Title	Reason for leaving		
Duties /Assignments		<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	

J. PERIOD OF UNEMPLOYMENT		From	To
Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other			

K. Name of employer or military unit.		From	To
Address or Base	City	State	Zip
Job Title	Reason for leaving		
Duties /Assignments		<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	

L. PERIOD OF UNEMPLOYMENT		From	To
Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other			

M. Name of employer or military unit.		From	To
Address or Base	City	State	Zip
Job Title	Reason for leaving		
Duties /Assignments		<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	

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

Are you required to register for the Selective Service <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, have you registered <input type="checkbox"/> Yes <input type="checkbox"/> No If no explain: _____		
Branch of Service	Date of Service From	To:
Type of Discharge <input type="checkbox"/> Entry Level <input type="checkbox"/> Honorable <input type="checkbox"/> General <input type="checkbox"/> Other than Honorable Re-entry Code (1-4) if applicable; <i>refer to your DD-214</i>		
Are you currently participating in one of the following? <input type="checkbox"/> Military Reserve <input type="checkbox"/> National Guard	If checked,	date obligation ends:
Have you ever been the subject of any judicial or non-judicial disciplinary action (such as, court martial, captain's mast, office hours, company punishment)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
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? <input type="checkbox"/> Yes <input type="checkbox"/> No		

If you answered YES to the last two questions, Explain (Include dates and circumstances)

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 peace officer 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 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 question number and page this refers to.

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.

A. Approximate Date	Arresting or detaining agency
Charge	
Disposition or Penalty	

B. Approximate Date	Arresting or detaining agency
Charge	
Disposition or Penalty	

C. Approximate Date	Arresting or detaining agency
Charge	
Disposition or Penalty	

D. Approximate Date	Arresting or detaining agency
Charge	
Disposition or Penalty	

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

If you answered yes to any of the above Questions, explain:

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.
Barbiturates (Downers)
Cocaine / Crack Cocaine
Designer Drugs (Ecstasy, Synthetic Heroin, etc.)
GHB (Date Rape Drug)
Glue
Hallucinogens (Peyote, LSD, Mushrooms)
Hashish / Hashish Oil

Heroin / Opium
Marijuana
Mescaline
Morphine
PCP / Angel Dust
Quaaludes
Steroids
Tetrahydrocannabinol (THC)

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:

CERTIFICATION

I hereby certify that I have personally completed 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

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 question and specific item being referenced.

Essay

- In your own words, tell us about yourself. This should give the hiring committee a good understanding of you as a potential employee of the police department. **Minimum 100 words**