

Personal History Statement

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

1. Name: _____

Last

First

Middle

2. Address: _____

Number

Street

City

State

ZIP

3. Telephone Number: (_____) _____

4. Date of Birth: _____

5. Maiden name, Nicknames, or other names by which you have been known: _____

6. Social Security Number: _____ - _____ - _____

7. Place of Birth: _____

8. Drivers License Number: _____

State of Issue: _____

9. Height: _____

10. Weight: _____

11. Color of Eyes: _____

12. Color of Hair: _____

B. RESIDENCES -List all addresses where you have lived during the past 10 years, beginning with your present address. List date by month and year. Attach extra sheets if needed.

From	To	Addresses
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

C. WORK HISTORY – Beginning with your present, or most recent job, list employment since the Age of 17, including part-time, temporary, or seasonal employment. Include all periods of unemployment. Attach extra sheets if needed.

1. Employer _____

Address _____

From _____ To _____ Phone (_____) _____

Job Title _____

Supervisor _____ Co-worker _____

Reason for Leaving _____

2. Employer _____

Address _____

From _____ To _____ Phone (_____) _____

Job Title _____

Supervisor _____ Co-worker _____

Reason for Leaving _____

3. Employer _____

Address _____

From _____ To _____ Phone (_____) _____

Job Title _____

Supervisor _____ Co-worker _____

Reason for Leaving _____

4. Employer _____

Address _____

From _____ To _____ Phone (_____) _____

Job Title _____

Supervisor _____ Co-worker _____

Reason for Leaving _____

5. Employer _____

Address _____

From _____ To _____ Phone (_____) _____

Job Title _____

Supervisor _____ Co-worker _____

Reason for Leaving _____

6. Employer _____

Address _____

From _____ To _____ Phone (_____) _____

Job Title _____

Supervisor _____ Co-worker _____

Reason for Leaving _____

7. Employer _____

Address _____

From _____ To _____ Phone (_____) _____

Job Title _____

Supervisor _____ Co-worker _____

Reason for Leaving _____

D. EDUCATIONAL HISTORY

High School Attended _____ City/State _____ From _____ To _____ Graduated Yes/No _____

College/University _____

City/State _____ From _____ To _____

Semester Hours Completed _____ Major/Minor _____

Degree Received _____

College/University _____

City/State _____ From _____ To _____

Semester Hours Completed _____ Major/Minor _____

Degree Received _____

College/University _____

City/State _____ From _____ To _____

Semester Hours Completed _____ Major/Minor _____

Degree Received _____

LIST OTHER SCHOOLS ATTENDED (Trade, Vocational, Business, Etc.)

School _____ City/State _____

Subject Matter _____ From _____ To _____

Diplomas/Certificates _____

School _____ City/State _____

Subject Matter _____ From _____ To _____

Diplomas/Certificates _____

E. MILITARY RECORD

Branch _____ From _____ To _____

Service Number _____ Rank _____

Type Discharge _____

Disciplinary Actions Received _____

F. SPECIAL QUALIFICATIONS AND SKILLS

List any special licenses you hold (Pilots, Radio Operator, Scuba, etc.) Show licensing authority, date of issue and date of expiration.

List any specialized machinery or equipment you can operate.

Indicate your degree of fluency in any foreign language

Language	Reading	Writing	Speaking	Understanding
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____



G. ARREST, DETENTIONS, LITIGATION (Include all felonies, misdemeanors, except traffic violations)

Charge	Agency	Date	Disposition
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List all civil litigations in which you have been involved as a party or witness (Except those involving Workers' Compensation)

H. Traffic Record - List all traffic citations you have received.

City/State	Month/Year	Charge	Disposition
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List all traffic accidents in which you have been involved

City/State	Month/Year	At Fault Y/N	Driver/Passenger
_____	_____	_____	_____
_____	_____	_____	_____

Auto Insurance Company _____ Policy # _____

If you drivers' license has ever been suspended or revoked, list details, dates, and reason for suspension or revocation:

I. MARITAL AND FAMILY HISTORY -Check appropriate status.

Single _____ Engaged _____ Married _____ Separated _____ Divorced _____

If engaged, name of fiancé _____

Address _____ Phone _____

If married, name of spouse _____

Maiden name of wife (if applicable) _____

If ever separated, divorced, or widowed

Date Married	City/State	Spouse's name	Present Address
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List all children related to you or our spouse (natural, adopted, step-children, and foster children)

Name	Relation	DOB	Address	Supported by
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Name all other dependents

Name	Address	Phone	Relation
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List all other relatives including father, mother, brothers, and sisters

Name	Address	Phone	Relation
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I. REFERENCES -List three persons, other than relatives or employers, who know you well enough to give detailed information about you.

Name Address Phone

Name	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

K. MEMBERSHIPS IN GROUPS, CLUBS, AND ASSOCIATIONS -List name, address, type of organization (professional, fraternal, social, etc.) and dates of participation.

Name/Address	Type of Organization	From	To
_____	_____	_____	_____
_____	_____	_____	_____

L. PERSONAL DECLARATIONS

Describe in your own words the frequency and extent of your use of alcoholic beverages.

Describe the level, frequency and circumstances surrounding any use of marijuana or illegal use of drugs not prescribed by a physician.

Describe, in detail, any incident in which you sold or furnished any marijuana, illegal drugs, or narcotics to anyone.

Describe any beliefs or precepts you may have which would prevent you from taking a human life in the course of your law enforcement duties if required to do so.

Describe any beliefs or precepts you may have which would prevent you from fully performing the duties of a law enforcement officer, including working weekends, holidays, evenings, or at night.

List all law enforcement agencies with which you have ever applied

Agency	Date	Position Sought
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

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

Signature of applicant _____ Date _____

On a separate sheet, attach a brief and concise summary of your views on the following:

1. What is your general attitude about Student Services and Student Activities, as it relates to an academic environment?
2. What professional development, if any, do you feel would be necessary to succeed at South Plains College?
3. In your opinion, is a law enforcement officer on a college campus a part of the educational process? How?

AUTHORIZATION TO RELEASE INFORMATION

TO: _____

I hereby request and authorize you to furnish the South Plains College Police Department with any and all information they may request concerning my work record, educational and training record, military record, financial status, criminal record, and general reputation. This authorization is specifically intended to include any and all information of a confidential or privileged nature as well as photocopies of such documents, if requested. The information will be used for the purpose of determining my eligibility for employment as a peace officer.

I hereby release you and your organization from any liability, which may or could result from furnishing the information requested above or from any subsequent use of such information in determining my qualifications to serve as a peace officer.

Applicant's signature _____

Witness signature _____

Date _____

Applicant's name _____

Date of Birth _____

Social Security Number _____



SOUTH PLAINS COLLEGE

EMPLOYMENT APPLICATION

Classified, Maintenance and Auxiliary Positions

OFFICE OF HUMAN RESOURCES • 1401 S. COLLEGE AVE. • LEVELLAND, TEXAS 79336

GENERAL INSTRUCTIONS

We appreciate your interest in South Plains College. Please attach your resume and complete the application in its entirety so that we can fully evaluate your qualifications. **Please type or print legibly.** Attach supplementary sheets with additional information if allotted space is not sufficient. Official transcripts of all college work must be submitted. South Plains College is an equal opportunity/affirmative action employer. We will not discriminate on the basis of race, color, national origin, religion, gender, age, or disability. Information provided on this application will not be used for discriminatory purposes. Submit all required employment information to the Office of Human Resources, South Plains College, 1401 S. College Ave., Levelland, TX 79336.

Date of Application: _____

Position(s) Desired: 1) _____ 2) _____

Name: _____ Social Security Number _____
Last First MI

Mailing Address _____ City _____ State _____ Zip _____

Home Phone: _____ Work Phone: _____

Date Available: _____ Are you legally eligible to work in the U.S.? Yes No

Preferred Employment: Full -Time Part - Time

Have you been previously employed with South Plains College? Yes No If so, when? _____ What position? _____

Do you have relatives currently employed at South Plains College? Yes No If yes, Relationship: _____

Have you ever been convicted of a felony? Yes No (Conviction will not necessarily disqualify an applicant for employment.)
If yes, please describe conditions on a separate sheet.

EDUCATION

Name of High School Attended: _____ City _____ State _____

Highest Grade Completed: 9 10 11 12

Name of last College Attended: _____

Highest Year Completed: 1 2 3 4 Did you graduate? Yes No

College Degrees Earned _____

Major Field(s) of Study: _____

MILITARY RECORD

Have you served in U.S. Armed Forces? Yes No What Branch? _____ Date of Duty: From _____ To _____

Describe any training/experience relevant to position for which you are applying: _____

Rank at Separation _____

SKILLS

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Typing | <input type="checkbox"/> Word Processor | <input type="checkbox"/> Shorthand | <input type="checkbox"/> Systems Programming |
| <input type="checkbox"/> Systems Analysis | <input type="checkbox"/> 10 Key by Touch | <input type="checkbox"/> Data Entry | <input type="checkbox"/> Grounds Maintenance |
| <input type="checkbox"/> Maintenance Work | <input type="checkbox"/> Custodial | <input type="checkbox"/> Security Guard / Police | |
| <input type="checkbox"/> Other: _____ | | | |

List Licenses and Certificates presently or formerly held: _____

GENERAL INFORMATION

What chemicals are you allergic to? _____

Have you ever been bonded? Yes No Drivers License Number _____ State _____

In case of emergency notify: Name: _____ Phone _____

Address: _____

EMPLOYMENT RECORD

Please list last three positions held. Complete all applicable data. Do not refer to resume. List most recent experience first.

1. Name of Employer: _____ From _____ To _____
Address: _____ City _____ State _____
Job Title: _____ Name of Supervisor _____
Starting Pay Rate: \$ _____ Hour Week Month Ending Pay Rate: \$ _____ Hour Week Month
Reason for leaving: _____ May we contact this employer? Yes No

2. Name of Employer: _____ From _____ To _____
Address: _____ City _____ State _____
Job Title: _____ Name of Supervisor _____
Starting Pay Rate: \$ _____ Hour Week Month Ending Pay Rate: \$ _____ Hour Week Month
Reason for leaving: _____ May we contact this employer? Yes No

3. Name of Employer: _____ From _____ To _____
Address: _____ City _____ State _____
Job Title: _____ Name of Supervisor _____
Starting Pay Rate: \$ _____ Hour Week Month Ending Pay Rate: \$ _____ Hour Week Month
Reason for leaving: _____ May we contact this employer? Yes No

REFERENCES

List name, address and telephone numbers of three references who are not related to you and are not previous employers:

CERTIFICATION OF APPLICATION

I hereby authorize any former employer, except as noted, or any other person given as a reference, to answer any and all questions that may be asked concerning me. I certify that the information on this application is true and complete. I understand that any misrepresentation or omission of facts may be considered cause for rejection of my application or termination of employment. I understand that nothing contained in this application or in the granting of an interview is intended to create an employment contract between South Plains College and myself for either employment or the provision of any benefit. No promises regarding employment have been made to me. If I am offered and accept employment with the College, I acknowledge that I am an "at-will" employee subject to the "at-will" provisions of the applicable laws of the United States and the State of Texas.

Signature

Date

Public Law 91-508 requires that we advise you that a routine inquiry may be made during our initial or subsequent processing of your application for employment which will provide applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the inquiry, if one is made, will be provided.

Office of Human Resources, South Plains College, 1401 S. College Ave., Levelland, TX 79336. (806) 894-9611, ext. 2177.

AN EQUAL OPPORTUNITY – AFFIRMATIVE ACTION EMPLOYER