

# Austin Police Department Background History Statement



A.	PERSONAL INFORMATION.....	Page 5
B.	EDUCATION HISTORY.....	Page 7
C.	WORK HISTORY.....	Page 9
D.	MILITARY RECORD.....	Page 13
E.	APPLICATIONS WITH OTHER DEPARTMENTS.....	Page 15
F.	RELATIONSHIP AND FAMILY HISTORY.....	Page 17
G.	PERSONAL REFERENCES.....	Page 21
H.	TRAFFIC RECORD AND COLLISIONS.....	Page 22
I.	CRIMINAL HISTORY.....	Page 25
J.	FINANCIAL HISTORY AND OBLIGATIONS.....	Page 28
K.	SPECIAL QUALIFICATIONS AND SKILLS.....	Page 32
L.	PERSONAL DECLARATIONS.....	Page 33
M.	SIGNATURE CONFIRMATION.....	Page 36
N.	PHYSICAL ABILITY TESTING FORM.....	Page 37

## **What is expected of you?**

You are expected to play an active role during the background investigation. You will be expected to assist your Background Investigator in getting any additional information that he/she may need. You are expected to play an active role by contacting your references and ensuring a quick response. Failure to do so will result in disqualification.

<p style="text-align: center;"><b>READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING YOUR BACKGROUND HISTORY STATEMENT</b></p>
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These instructions are provided as a guide to assist you in properly completing your Background History Statement (BHS). It is essential that the information be accurate in all respects. It will be used as the basis for your background investigation and any further job related interviews with this department. Be sure to read, sign, and date the BHS Affirmation and Declaration page prior to mailing in your application packet.

Avoid errors by reading the directions for each question carefully before making any entries on the form. Be sure everything is correct and in proper sequence before entering the information. It is recommended that you make copies of this statement to use as a rough draft. Before mailing in the final draft, make a copy to keep for your records. We do not make copies.

The BHS must be handwritten and printed legibly in black ink by the applicant.

We will not accept Background History Statements that are printed front to back (2-Sided) or photocopies of the BHS. Do not staple or punch holes in the BHS. Do not change the format of the BHS. Any of these actions will result in disqualification.

The BHS will not be accepted with any blanks. Failure to comply will result in disqualification.

All questions must be answered. If a question is not applicable to you, enter "NA" in the space provided.

You are responsible for obtaining correct addresses, phone numbers, and email addresses. If you are not sure of an address, check it. Your local library may have a directory service or copies of phone directories. All addresses must have zip codes. You can also use the internet as a useful source of information.

If there is insufficient space on the form to include all the information required, attach an addendum using extra sheets of copier paper to the application. Be sure to reference the relevant section, heading and page number before continuing your answer.

Answering all questions accurately will help expedite our investigation. Failure to respond to a question or failure to provide the information requested will result in disqualification.

After the BHS has been submitted, you are responsible for notifying the Recruiting Office of any changes in the information provided within ten (10) days of the change. Residence and job information frequently change. The best way to make notification of changes is by email to [APDRecruiting@austintexas.gov](mailto:APDRecruiting@austintexas.gov).

The references that are in your BHS must include first and last name with phone number and email address. If for any reason you exhaust all search possibilities and are unable to get this information, you must attach an addendum documenting in detail your efforts to attempt to obtain the information.

If you have prior law enforcement experience you should obtain a copy of your personnel file and any internal affairs investigations in which you have been involved and mail it with the packet. If for any reason there is a delay, a detailed explanation must be provided, along with the expected date that you will furnish the information. This should be as soon as possible as it could delay your background investigation.

Sections asking about traffic citations and collisions refer to your entire driving history. Be sure that when you list a police department you list the city and state that it was in. Do not rely on state DMV records being accurate; frequently they are not.

In reference to law enforcement agencies to which you have applied, be sure to detail for each one where you are in their process or the outcome if it is finished. Remember to update the information as it changes.

Family and personal references should contain contact numbers and e-mail addresses. If you are unable to get the information required you must explain on a supplemental page the efforts you took in trying to obtain the information.

All responses to questions in this application must be those of the person making the application. Read all questions carefully and respond completely as possible.

Failure to respond to all the questions or failure to provide accurate information will result in disqualification.

Once your application packet is completed with all required documents it must be mailed to the following address by private mail service such as UPS or FEDEX:

Austin Police Recruiting Unit  
1520 Rutherford Lane Building #3  
Austin, Texas 78754  
\*U.S. Postal Service will not be accepted.\*

If you have any questions, please contact us by phone at:  
(512) 974-4211 (Local)  
(800) 832-5264 ext. 2222 (Toll free)

## Required documents needed to be included in your Background History Statement Packet

<b>ITEM</b>
<b>Copy of Driver's License (need to show original at testing)</b>
<b>Copy of Social Security Card (need to show original at testing)</b>
<b>Last two earning statements/pay stubs (tax return if unemployed)</b>
<b>Sealed credit report from any credit reporting agency (printed version from home computer will be accepted for initial application, but sealed credit report will be needed during the background stage)</b>
<b>Copy of official birth certificate/naturalization documents</b>
<b>Copy of high school transcript or diploma or GED</b>
<b>Copy of college transcript(s)</b>
<b>Copy of official marriage license</b>
<b>Copy of all official divorce decree(s) and addendum(s)</b>
<b>Official copy of DD Form 214 long form or official letter from Commanding Officer stating that you are expected to be discharged with an honorable status on your expected separation date.</b>

Please note:

All of the above items become a permanent part of the complete packet when turned in with your BHS and are then the property of the Austin Police Department. Make copies of the items you may want for your own records. We will not make copies for you. All required documents are due at the time of application.

If you need to add additional information to any section, make a copy of that page or add a separate sheet of paper and attach it to your packet with an explanation that it is an addendum to that specific section.

## Section A. Personal Information

Position Applied For: **Police Cadet Recruit**

**Applicant Biographical Information:**

**Last Name:** \_\_\_\_\_ **First:** \_\_\_\_\_ **Middle:** \_\_\_\_\_

**Race:** \_\_\_\_\_ **Gender:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Telephone Numbers:**

**Home:** \_\_\_\_\_ **Work:** \_\_\_\_\_ **Cellular:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**Personal Web Page URL (MySpace, Facebook, other Social Media):**  
\_\_\_\_\_ / \_\_\_\_\_

**Place of Birth - Town:** \_\_\_\_\_ **County:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Nicknames/Alias:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Drivers License#:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Expires:** \_\_\_\_\_

**Eyes:** \_\_\_\_\_ **Hair:** \_\_\_\_\_ **Height:** \_\_\_\_\_ ft / \_\_\_\_\_ in **Weight:** \_\_\_\_\_ lbs

**Tattoos, Scars, or Distinguishing Marks:** \_\_\_\_\_  
**Please provide photos of all tattoos, except those located in discreet areas. Examples: for women, tattoos that would be visible if wearing a two-piece bikini; for men, those that would be visible if wearing traditional swim shorts.**

**Locations/Descriptions/Explanations or Meanings if applicable:**  
\_\_\_\_\_

**Are you a United States Citizen by birth:** \_\_\_\_\_

**Are you a Naturalized Citizen:** \_\_\_\_\_

**Date of Naturalization:** \_\_\_\_\_

**Residences:**

**Beginning with your present address, in chronological order list all addresses where you have lived during the past ten (10) years by month and year.**

**From: \_\_\_\_\_ To: \_\_\_\_\_ Street Address: \_\_\_\_\_**

**City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_**

**From: \_\_\_\_\_ To: \_\_\_\_\_ Street Address: \_\_\_\_\_**

**City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_**

**From: \_\_\_\_\_ To: \_\_\_\_\_ Street Address: \_\_\_\_\_**

**City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_**

**From: \_\_\_\_\_ To: \_\_\_\_\_ Street Address: \_\_\_\_\_**

**City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_**

**From: \_\_\_\_\_ To: \_\_\_\_\_ Street Address: \_\_\_\_\_**

**City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_**

**From: \_\_\_\_\_ To: \_\_\_\_\_ Street Address: \_\_\_\_\_**

**City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_**

**From: \_\_\_\_\_ To: \_\_\_\_\_ Street Address: \_\_\_\_\_**

**City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_**

**From: \_\_\_\_\_ To: \_\_\_\_\_ Street Address: \_\_\_\_\_**

**City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_**

**From: \_\_\_\_\_ To: \_\_\_\_\_ Street Address: \_\_\_\_\_**

**City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_**

**From: \_\_\_\_\_ To: \_\_\_\_\_ Street Address: \_\_\_\_\_**

**City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_**

***PLEASE NOTE THAT IF YOU NEED TO ADD ADDITIONAL INFORMATION TO ANY SECTION MAKE A COPY OF THAT PAGE OR ADD A SEPARATE SHEET OF PAPER AND ATTACH IT TO YOUR PACKET WITH AN EXPLANATION THAT IT IS AN ADDENDUM TO THAT SPECIFIC AREA.***

## Section B. Education History

### High School(s):

High School: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Dates Attended: \_\_\_\_\_ / \_\_\_\_\_  
Diploma or GED: \_\_\_\_\_ GPA: \_\_\_\_\_

High School: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Dates Attended: \_\_\_\_\_ / \_\_\_\_\_  
Diploma or GED: \_\_\_\_\_ GPA: \_\_\_\_\_

### College(s):

College/University: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Dates Attended: \_\_\_\_\_ / \_\_\_\_\_ Hours Completed : \_\_\_\_\_  
GPA: \_\_\_\_\_ Major/Minor: \_\_\_\_\_  
Degree & Date of Graduation: \_\_\_\_\_

College/University: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Dates Attended: \_\_\_\_\_ / \_\_\_\_\_ Hours Completed : \_\_\_\_\_  
GPA: \_\_\_\_\_ Major/Minor: \_\_\_\_\_  
Degree & Date of Graduation: \_\_\_\_\_

College/University: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Dates Attended: \_\_\_\_\_ / \_\_\_\_\_ Hours Completed : \_\_\_\_\_  
GPA: \_\_\_\_\_ Major/Minor: \_\_\_\_\_  
Degree & Date of Graduation: \_\_\_\_\_

College/University: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Dates Attended: \_\_\_\_\_ / \_\_\_\_\_ Hours Completed : \_\_\_\_\_  
GPA: \_\_\_\_\_ Major/Minor: \_\_\_\_\_  
Degree & Date of Graduation: \_\_\_\_\_

College/University: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Dates Attended: \_\_\_\_\_ / \_\_\_\_\_ Hours Completed : \_\_\_\_\_  
GPA: \_\_\_\_\_ Major/Minor: \_\_\_\_\_  
Degree & Date of Graduation: \_\_\_\_\_



## Section C. Work History

Beginning with your present or most recent job, list all periods of employment and non-employment for the past ten (10) years in chronological order. Include part time, temporary or seasonal work, all periods of unemployment, attendance at schools, and military service.

If you have additional jobs that cannot fit in the columns below, please make a copy of page 10 and attach as an addendum to your application. Email addresses required.

1) Employment Dates: \_\_\_\_\_

Current or most recent employer:

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

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

Hours per week and hourly wage: \_\_\_\_\_ / \_\_\_\_\_

Reason for leaving and any disciplinary action received:

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

Supervisor: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_

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

Co-Worker: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_

Email addresses: \_\_\_\_\_

Co-Worker: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_

Email addresses: \_\_\_\_\_

Co-Worker: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_

Email addresses: \_\_\_\_\_

2) Employment Dates: \_\_\_\_\_

Past Employer: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

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

Hours per week and hourly wage: \_\_\_\_\_ / \_\_\_\_\_

**Reason for leaving and any disciplinary action received:**

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**Supervisor:** \_\_\_\_\_

**Phone Numbers:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Co-Worker:** \_\_\_\_\_

**Phone Numbers:** \_\_\_\_\_

**Email addresses:** \_\_\_\_\_

**3) Employment Dates:** \_\_\_\_\_

**Past Employer:** \_\_\_\_\_

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

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Job Title:** \_\_\_\_\_

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

**Hours per week and hourly wage:** \_\_\_\_\_ / \_\_\_\_\_

**Reason for leaving and any disciplinary action received:**

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**Supervisor:** \_\_\_\_\_

**Phone Numbers:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Co-Worker:** \_\_\_\_\_

**Phone Numbers:** \_\_\_\_\_

**Email addresses:** \_\_\_\_\_

**4) Employment Dates:** \_\_\_\_\_

**Past Employer:** \_\_\_\_\_

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

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Job Title:** \_\_\_\_\_

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

**Hours per week and hourly wage:** \_\_\_\_\_ / \_\_\_\_\_

**Reason for leaving and any disciplinary action received:**

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**Supervisor:** \_\_\_\_\_

**Phone Numbers:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Co-Worker:** \_\_\_\_\_

**Phone Numbers:** \_\_\_\_\_

**Email addresses:** \_\_\_\_\_

**5) Employment Dates:** \_\_\_\_\_  
**Past Employer:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_ **Job Title:** \_\_\_\_\_  
**Duties:** \_\_\_\_\_  
**Hours per week and hourly wage:** \_\_\_\_\_ / \_\_\_\_\_  
**Reason for leaving and any disciplinary action received:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Supervisor:** \_\_\_\_\_  
**Phone Numbers:** \_\_\_\_\_  
**Email Address:** \_\_\_\_\_

**Co-Worker:** \_\_\_\_\_  
**Phone Numbers:** \_\_\_\_\_  
**Email addresses:** \_\_\_\_\_

**Have you listed all your employment within the last 10 years?** \_\_\_\_\_

**Have you ever been terminated or fired, asked to resign, or resigned in lieu of termination at any job?**  
\_\_\_\_\_

**If yes, explain to include the number of times, employer(s), when and why?**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Have you ever quit a job without giving sufficient (2-3 week) notice at any job? If yes, explain to include number of times, employer, when and why.**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Do you have any reason to believe that a former employer(s) may give you a negative job reference? \_\_\_\_\_**

**If yes, give the name of the employer(s) and why.**

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**Have you ever been employed or interned at the Austin Police Department?\_\_\_\_\_ If so, who was your supervisor and what unit did you work with?\_\_\_\_\_ / \_\_\_\_\_**

**Have you ever participated in any internship with any law enforcement agency? \_\_\_\_\_ If so, list the agency, your supervisor's name, phone number, email address and how long you were an intern.**

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**Have you ever applied with the City of Austin or the Austin Police Department, in any capacity? \_\_\_\_\_ If so, explain to include the date when you applied, if accepted, what department, supervisor and any phone numbers that will assist us in contacting those parties.**

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**If you applied and were not accepted, what part of the process eliminated you?**

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**Have you ever taken a polygraph? \_\_\_\_\_**

- **When?** \_\_\_\_\_
- **Where?** \_\_\_\_\_
- **Why?** \_\_\_\_\_
- **Results?** \_\_\_\_\_

## Section D. Military Record

### Military Service:

Branch Of Service: \_\_\_\_\_

Dates of Service: \_\_\_\_\_

Current or last unit: \_\_\_\_\_

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

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

Commendations: \_\_\_\_\_

Disability? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

If you had any disciplinary actions, include the charge, date, disposition and explanation below.

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Have you ever served any time in the Reserves/National Guard, if so, how long, what is your present status and are you still in either?

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### Military Assignments:

List the last five military bases at which you were stationed starting with the most recent, to include the city, state and military base name.

Military Base: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_



## Section E. Applications Law Enforcement Agencies

List all law enforcement agencies to which you have ever applied, beginning with your most recent application in chronological order. Include the Austin Police Department as well as any Law Enforcement Agency internships.

Agency: \_\_\_\_\_ State: \_\_\_\_\_  
Month/Year: \_\_\_\_\_/\_\_\_\_\_  
Status (Tested, Failed Test, Failed Board, Etc.) \_\_\_\_\_  
Explain: \_\_\_\_\_

Agency: \_\_\_\_\_ State: \_\_\_\_\_  
Month/Year: \_\_\_\_\_/\_\_\_\_\_  
Status (Tested, Failed Test, Failed Board, Etc.) \_\_\_\_\_  
Explain: \_\_\_\_\_

Agency: \_\_\_\_\_ State: \_\_\_\_\_  
Month/Year: \_\_\_\_\_/\_\_\_\_\_  
Status (Tested, Failed Test, Failed Board, Etc.) \_\_\_\_\_  
Explain: \_\_\_\_\_

Agency: \_\_\_\_\_ State: \_\_\_\_\_  
Month/Year: \_\_\_\_\_/\_\_\_\_\_  
Status (Tested, Failed Test, Failed Board, Etc.) \_\_\_\_\_  
Explain: \_\_\_\_\_

Agency: \_\_\_\_\_ State: \_\_\_\_\_  
Month/Year: \_\_\_\_\_/\_\_\_\_\_  
Status (Tested, Failed Test, Failed Board, Etc.) \_\_\_\_\_  
Explain: \_\_\_\_\_

Agency: \_\_\_\_\_ State: \_\_\_\_\_  
Month/Year: \_\_\_\_\_/\_\_\_\_\_  
Status (Tested, Failed Test, Failed Board, Etc.) \_\_\_\_\_  
Explain: \_\_\_\_\_

Did you list every agency you applied with? \_\_\_\_\_

List all Security agencies (Security companies) that you have applied for.

Security Agency: \_\_\_\_\_ Month/Year: \_\_\_\_\_/\_\_\_\_\_  
Outcome (Hired/Not Hired): \_\_\_\_\_

Security Agency: \_\_\_\_\_ Month/Year: \_\_\_\_\_/\_\_\_\_\_  
Outcome (Hired/Not Hired): \_\_\_\_\_

Security Agency: \_\_\_\_\_ Month/Year: \_\_\_\_\_/\_\_\_\_\_  
Outcome (Hired/Not Hired): \_\_\_\_\_

Security Agency: \_\_\_\_\_ Month/Year: \_\_\_\_\_/\_\_\_\_\_  
Outcome (Hired/Not Hired): \_\_\_\_\_



## Section F. Relationship and Family History

Beginning with present relationship, in chronological order list all relationships of six (6) months or more you have had in the last ten (10) years. Current relationship status: dating/single or divorced, co-habiting or married.

Current Relationship Status: \_\_\_\_\_  
Date of Marriage: \_\_\_\_\_ Date of Divorce: \_\_\_\_\_  
Dates of Co-habitation/Relationship: \_\_\_\_\_

Spouse/Partner Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Spouse/Partner Maiden Name: \_\_\_\_\_

Drivers' License State & Number: \_\_\_\_\_/\_\_\_\_\_  
Phone Number(s):  
Cell: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_

Email Address: \_\_\_\_\_  
Spouse's/Partner's Occupation: \_\_\_\_\_  
Company Name: \_\_\_\_\_

**Past Relationship(s) – Co-habited or Married/Divorced:**

Type of Relationship: \_\_\_\_\_  
Date of Marriage: \_\_\_\_\_ Date of Divorce: \_\_\_\_\_  
Dates: Beginning & Ending of Co-habitation/Dating: \_\_\_\_\_  
Spouse/Partner Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Spouse/Partner Maiden Name: \_\_\_\_\_  
Drivers' License State & Number: \_\_\_\_\_/\_\_\_\_\_  
Phone Number(s):  
Cell: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Spouse's/Partner's Occupation: \_\_\_\_\_  
Company Name: \_\_\_\_\_

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Type of Relationship: \_\_\_\_\_  
Date of Marriage: \_\_\_\_\_ Date of Divorce: \_\_\_\_\_  
Dates: Beginning & Ending of Co-habitation/Dating: \_\_\_\_\_  
Spouse/Partner Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Spouse/Partner Maiden Name: \_\_\_\_\_  
Drivers' License State & Number: \_\_\_\_\_/\_\_\_\_\_  
Phone Number(s):  
Cell: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Spouse's/Partner's Occupation: \_\_\_\_\_  
Company Name: \_\_\_\_\_



**Has an arrest warrant ever been issued for you because of non-support?**

\_\_\_\_\_

**If yes, when and what agency issued the warrant?** \_\_\_\_\_

**Has any agency, whether governmental or private, contacted you because of delinquent child support payments?** \_\_\_\_\_

**If yes, when and what agency contacted you?** \_\_\_\_\_

**What was the result?** \_\_\_\_\_

**Family Members:**

**Starting with Parent, Step-Parent, Brother, Sister, Son, Daughter, Adopted Child, Step Child, and Foster Child, list all family members. No other extended family is required. Emails addresses required.**

**Relationship:\_\_\_\_\_ Name:\_\_\_\_\_ Age:\_\_\_\_\_**  
**Address, Contact Numbers & Email Address, Occupation, or if they are Deceased:**

\_\_\_\_\_

**Relationship:\_\_\_\_\_ Name:\_\_\_\_\_ Age:\_\_\_\_\_**  
**Address, Contact Numbers & Email Address, Occupation, or if they are Deceased:**

\_\_\_\_\_

**Relationship:\_\_\_\_\_ Name:\_\_\_\_\_ Age:\_\_\_\_\_**  
**Address, Contact Numbers & Email Address, Occupation, or if they are Deceased:**

\_\_\_\_\_

**Relationship:\_\_\_\_\_ Name:\_\_\_\_\_ Age:\_\_\_\_\_**  
**Address, Contact Numbers & Email Address, Occupation, or if they are Deceased:**

\_\_\_\_\_

**Relationship:\_\_\_\_\_ Name:\_\_\_\_\_ Age:\_\_\_\_\_**  
**Address, Contact Numbers & Email Address, Occupation, or if they are Deceased:**

\_\_\_\_\_

**Relationship:\_\_\_\_\_ Name:\_\_\_\_\_ Age:\_\_\_\_\_**  
**Address, Contact Numbers & Email Address, Occupation, or if they are Deceased:**

\_\_\_\_\_

**Relationship:\_\_\_\_\_ Name:\_\_\_\_\_ Age:\_\_\_\_\_**  
**Address, Contact Numbers & Email Address, Occupation, or if they are Deceased:**

\_\_\_\_\_

Are you currently living with your parents? \_\_\_\_\_

Were you raised by adults that were not your parents? \_\_\_\_\_ If so please list:

Relationship: \_\_\_\_\_ Name: \_\_\_\_\_

Age: \_\_\_\_\_ Dates they raised you: \_\_\_\_\_

Contact Numbers & Email Address or Deceased:

\_\_\_\_\_

Relationship: \_\_\_\_\_ Name: \_\_\_\_\_

Age: \_\_\_\_\_ Dates they raised you: \_\_\_\_\_

Contact Numbers & Email Address or Deceased:

\_\_\_\_\_

**Family Member Arrest(s):**

Name/Relationship: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Offense: \_\_\_\_\_ Date: \_\_\_\_\_

Agency, City & State: \_\_\_\_\_ Disposition: \_\_\_\_\_

Name/Relationship: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Offense: \_\_\_\_\_ Date: \_\_\_\_\_

Agency, City & State: \_\_\_\_\_ Disposition: \_\_\_\_\_

Name/Relationship: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Offense: \_\_\_\_\_ Date: \_\_\_\_\_

Agency, City & State: \_\_\_\_\_ Disposition: \_\_\_\_\_

List two roommates with whom you have resided. Do not include family members or people listed elsewhere in this application.

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address and Phone Numbers: \_\_\_\_\_

Dates lived as roommates: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address and Phone Numbers: \_\_\_\_\_

Dates lived as roommates: \_\_\_\_\_

## Section G. Personal References

List five (5) persons who have known you for a minimum of two (2) years are not related to you, and who can provide current information about you. Do not list Austin Police Department employees or relatives, supervisors or coworkers, or roommates listed previously in this application. You may list Austin Police Department employees in another area of this application or on a separate page. Email addresses required if possible.

1.Reference's Full Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Numbers: \_\_\_\_\_  
Email Address: \_\_\_\_\_

2.Reference's Full Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Numbers: \_\_\_\_\_  
Email Address: \_\_\_\_\_

3.Reference's Full Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Numbers: \_\_\_\_\_  
Email Address: \_\_\_\_\_

4.Reference's Full Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Numbers: \_\_\_\_\_  
Email Address: \_\_\_\_\_

5.Reference's Full Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Numbers: \_\_\_\_\_  
Email Address: \_\_\_\_\_

Do you know any past or current Austin police officer(s)? List any that you may be acquainted with, related to, have been on a ride along with or know as a friend.

Name (First, Last): \_\_\_\_\_  
Agency (City, State): \_\_\_\_\_ Contact Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Relationship (how you know them) \_\_\_\_\_

Name (First, Last): \_\_\_\_\_  
Agency (City, State): \_\_\_\_\_ Contact Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Relationship (how you know them) \_\_\_\_\_

## Section H. Traffic Record and Collisions

### Driving History:

List all drivers licenses that you have ever held and whether or not any or all are currently active:

State: \_\_\_\_\_ Date Surrendered or Expired: \_\_\_\_\_  
License Number/Restrictions or Endorsements: \_\_\_\_\_

State: \_\_\_\_\_ Date Surrendered or Expired: \_\_\_\_\_  
License Number/Restrictions or Endorsements: \_\_\_\_\_

State: \_\_\_\_\_ Date Surrendered or Expired: \_\_\_\_\_  
License Number/Restrictions or Endorsements: \_\_\_\_\_

List your vehicle insurance company, policy number and phone number:

\_\_\_\_\_

For any reason, have you ever failed to pay or legally dispose of any traffic, parking, or any other misdemeanor citation? \_\_\_\_\_

If so, include the city, state, when, what the citation was for, and by what agency:

\_\_\_\_\_

Have you ever been arrested or received a ticket for not showing proof of insurance or driving without insurance? \_\_\_\_\_

If yes, explain (city, state, when, and by what agency):

\_\_\_\_\_

Has your license ever been suspended, revoked or put on probation in any county or any state? \_\_\_\_\_

If so, list any and all incidents to include the date, location and reason:

\_\_\_\_\_

Have you ever been stopped and/or arrested for Driving While Intoxicated or Driving Under the Influence, whether convicted or not? \_\_\_\_\_

Have you ever pled to a lesser charge? \_\_\_\_\_

If yes, explain the incident to include when, where, the agency and the outcome of the incident.

\_\_\_\_\_

\_\_\_\_\_

**List vehicles you own or drive:**

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_  
Color: \_\_\_\_\_ License# and State: \_\_\_\_\_

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_  
Color: \_\_\_\_\_ License# and State: \_\_\_\_\_

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_  
Color: \_\_\_\_\_ License# and State: \_\_\_\_\_

**Traffic Citations/ Stops:**

Starting with your most recent ticket, list in chronological order all moving and non-moving tickets, excluding parking tickets (i.e. speeding, ran red light, unsafe lane change, expired registration, no insurance, etc.), that you have received and the disposition of ticket. "Disposition of ticket" means how you chose to take care of the ticket (i.e. plead guilty, took defensive driving, paid a fine, ticket dismissed by a judge, received deferred adjudication, etc.). **Make sure to include traffic stops during which warnings and/or no citations were issued.**

Month/Year: \_\_\_\_\_/\_\_\_\_ Charge: \_\_\_\_\_  
City/State: \_\_\_\_\_/\_\_\_\_ Agency: \_\_\_\_\_  
Disposition: \_\_\_\_\_

Month/Year: \_\_\_\_\_/\_\_\_\_ Charge: \_\_\_\_\_  
City/State: \_\_\_\_\_/\_\_\_\_ Agency: \_\_\_\_\_  
Disposition: \_\_\_\_\_

Month/Year: \_\_\_\_\_/\_\_\_\_ Charge: \_\_\_\_\_  
City/State: \_\_\_\_\_/\_\_\_\_ Agency: \_\_\_\_\_  
Disposition: \_\_\_\_\_

Month/Year: \_\_\_\_\_/\_\_\_\_ Charge: \_\_\_\_\_  
City/State: \_\_\_\_\_/\_\_\_\_ Agency: \_\_\_\_\_  
Disposition: \_\_\_\_\_

Month/Year: \_\_\_\_\_/\_\_\_\_ Charge: \_\_\_\_\_  
City/State: \_\_\_\_\_/\_\_\_\_ Agency: \_\_\_\_\_  
Disposition: \_\_\_\_\_

Month/Year: \_\_\_\_\_/\_\_\_\_ Charge: \_\_\_\_\_  
City/State: \_\_\_\_\_/\_\_\_\_ Agency: \_\_\_\_\_  
Disposition: \_\_\_\_\_

Month/Year: \_\_\_\_\_/\_\_\_\_ Charge: \_\_\_\_\_  
City/State: \_\_\_\_\_/\_\_\_\_ Agency: \_\_\_\_\_  
Disposition: \_\_\_\_\_

Month/Year: \_\_\_\_\_/\_\_\_\_ Charge: \_\_\_\_\_  
City/State: \_\_\_\_\_/\_\_\_\_ Agency: \_\_\_\_\_  
Disposition: \_\_\_\_\_



## Section I. Criminal History

Have you ever committed or been involved in any of the following, whether you were arrested, suspected, or a victim, even if the police were not involved.

Crime	Yes/No	Approximate Date	Role / Involvement
Arson			
Assault			
Auto Theft			
Burglary			
Credit Card Abuse			
Criminal Mischief			
DWI/DUI			
Evading			
Family Violence			
Forgery			
Impersonating a Police Officer			
Illegal Possession of a Weapon			
<i>Specify weapon from above</i>			
Kidnapping			
Perjury			
Possession of Child Pornography			
Possession of Illegal Drugs			
Selling Illegal Drugs			
Selling Prescription Drugs			
Resisting Arrest			
Robbery			
Sexual Assault			
Theft			
Other			

If yes to any crime/question above, explain each incident in detail:

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Did you commit any criminal violation in which the victim was legally defined as a juvenile? \_\_\_\_\_

Have you ever made any false report or statement to any law enforcement officer, law enforcement employee, or any other governmental employee?

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Have you ever been detained, questioned, or arrested as a juvenile? \_\_\_\_\_

If yes list and explain (include month and year):

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**Have you ever engaged in any illegal activity that to your knowledge was not reported to any law enforcement agency?\_\_\_\_\_**

**Explain in detail to include whom, what, where, when and why for each occurrence. Do not include traffic violations.**

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**Have you ever been a suspect in a crime?\_\_\_\_\_**  
**(This includes being listed in an official police report as a suspect in a crime.)**

**If yes, explain and list why you were a suspect:**

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**List any and all cash and/or items that you have ever stolen or taken without permission. Include items you purchased that you knew or suspected to be stolen as well as any items you were given or received.**

**Item:\_\_\_\_\_ Quantity:\_\_\_\_\_ When(Month/Year):\_\_\_\_\_/\_\_\_\_\_  
Original Value:\_\_\_\_\_ From Whom or Amount Paid:\_\_\_\_\_**

**Item:\_\_\_\_\_ Quantity:\_\_\_\_\_ When(Month/Year):\_\_\_\_\_/\_\_\_\_\_  
Original Value:\_\_\_\_\_ From Whom or Amount Paid:\_\_\_\_\_**

**Item:\_\_\_\_\_ Quantity:\_\_\_\_\_ When(Month/Year):\_\_\_\_\_/\_\_\_\_\_  
Original Value:\_\_\_\_\_ From Whom or Amount Paid:\_\_\_\_\_**

**Item:\_\_\_\_\_ Quantity:\_\_\_\_\_ When(Month/Year):\_\_\_\_\_/\_\_\_\_\_  
Original Value:\_\_\_\_\_ From Whom or Amount Paid:\_\_\_\_\_**

**Item:\_\_\_\_\_ Quantity:\_\_\_\_\_ When(Month/Year):\_\_\_\_\_/\_\_\_\_\_  
Original Value:\_\_\_\_\_ From Whom or Amount Paid:\_\_\_\_\_**

**In your opinion, what is the worst thing that you have ever done?**

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## Section J. Financial History and Obligations

- A. Applicant Current Monthly Net Salary A. \_\_\_\_\_
- B. Spouse/Partner Monthly Net Income B. \_\_\_\_\_
- C. Applicant Other Monthly Income C. \_\_\_\_\_  
Source of income: \_\_\_\_\_  
Applicant Other Monthly Income C. \_\_\_\_\_  
Source of income: \_\_\_\_\_
- D. Total Monthly Net Income (Add A, B & C) D. \_\_\_\_\_
- E. Total Monthly Debts/Payments E. \_\_\_\_\_
- F. Income Remaining (Subtract line E from Line D) F. \_\_\_\_\_

**List any and all accounts or property that you had that has been repossessed or charged off:**

Account/Property \_\_\_\_\_ Date Contacted: \_\_\_\_\_  
Explanation: \_\_\_\_\_

**Financial Obligations:**

**List financial obligations: Give the names of individuals, companies, or others to whom you are indebted and the extent of your debt. Include payments for rent, mortgages, vehicles, charge accounts, credit cards, utilities, food, gas, any loans, any insurance, child support and any other debts that are paid monthly and/or payments made. The monthly payment total should match E. on page 28.**

**Round off dollar amounts to the nearest whole dollar.**

<b>Creditor</b>	<b>Reason</b>	<b>Monthly Payment</b>	<b>Balance</b>
<b>Total</b>		<b>\$</b>	<b>\$</b>

**Have you ever written any checks which were returned for insufficient funds, account closed and/or been notified by a bank or business that your account was overdrawn? \_\_\_\_\_**

**If yes, explain to include date, bank name, the payee and the amount of the check:**

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**Have you ever completed or attended any programs or classes in reference to insufficient funds check written? \_\_\_\_\_**

**If yes, explain reasons and circumstances of any class attended:**

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**Are you currently or have you ever been behind on any accounts?**

\_\_\_\_\_  
**Name Of Account:**\_\_\_\_\_ **Month/Year:**\_\_\_\_\_  
**Amount Behind:**\_\_\_\_\_ **Number of days behind:**\_\_\_\_\_

**Name Of Account:**\_\_\_\_\_ **Month/Year:**\_\_\_\_\_  
**Amount Behind:**\_\_\_\_\_ **Number of days behind:**\_\_\_\_\_

**Name Of Account:**\_\_\_\_\_ **Month/Year:**\_\_\_\_\_  
**Amount Behind:**\_\_\_\_\_ **Number of days behind:**\_\_\_\_\_

**Name Of Account:**\_\_\_\_\_ **Month/Year:**\_\_\_\_\_  
**Amount Behind:**\_\_\_\_\_ **Number of days behind:**\_\_\_\_\_

**Do you have any open/pending civil litigation? \_\_\_\_\_ If so, what court was it filed in? (Court, Case Number, County & State)**

\_\_\_\_\_

**Have you ever been referred to a collections agency? \_\_\_\_\_**

**If yes, explain -- include how many times, dates, the outcome and how much did you owe to each account:**

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

**Have you had any foreclosures? \_\_\_\_\_ Have you made attempts to resolve debt with a creditor without the debt being referred to collection or used a debt consolidation company? \_\_\_\_\_**

**If yes to either, explain -- include the amount of debt each time, number of times and/or the agreement reached:**

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

**Have you ever had a monetary judgment entered against you by a court of law? \_\_\_\_\_ Have you ever had a lien filed against you? \_\_\_\_\_ Were you ever a party to any pending or past lawsuit? \_\_\_\_\_**

**If yes to any, explain the reasons why – include amount, County & State of Court, and the names of the plaintiffs:**

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



## Section K. Special Qualifications and Skills

Language(s): List all in which you are fluent: \_\_\_\_\_

Other licenses - Concealed Handgun License, Peace Officer License, Pilot's License, etc.:

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

Weapons owned / Familiar with / Qualifications:

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

Memberships in organizations or volunteer (Former / Present memberships):

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

Are you currently or have you ever been a member of an organization which advocates the overthrow of the United States government or any government entity in the United States by force or violence? \_\_\_\_\_

If yes, explain your involvement:

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

Are you currently or have you ever been in or associated with a gang (street, motorcycle, etc.)? \_\_\_\_\_

If yes, explain your involvement or association with any gang:

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

Hobbies/Interests: \_\_\_\_\_

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

What are the reasons you are considering a career in law enforcement and when did you decide to pursue it?

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

Police work includes working weekends, changing hours, rotating shifts, short time turnaround for call backs to court, emergency activation & report to duty. Would this be a problem for you? Explain your answer, whether Yes or No.

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

## Section L. Personal Declarations

**Explain your use of alcohol including the type used.**

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**Define in your own words the difference between tipsy and intoxicated.**

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**List the last time you were tipsy and last time you were intoxicated.**

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**When was the last time (month/year) anyone used illegal drugs in your presence?  
How many times have you been in a situation or location when someone was using an illegal drug in your presence?**

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**What was the illegal drug and under what circumstances did you see the illegal drug used?**

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**Does anyone in your household currently use illegal drugs or prescriptions? If yes please explain.**

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**Use of Drugs:**

Answer if you have ever possessed, bought, sold, ingested, inhaled or injected any substance listed below. If yes, list the dates and number of times.

<b>Type</b>	<b>Yes/No</b>	<b>Approximate Date (month/year) Number of times</b>
<b>Marijuana</b>		
<b>Salvia</b>		
<b>Hashish</b>		
<b>Speed</b>		
<b>Methamphetamine</b>		
<b>Heroin</b>		
<b>Mushrooms</b>		
<b>Peyote</b>		
<b>LSD</b>		
<b>Cocaine</b>		
<b>Crack</b>		
<b>PCP</b>		
<b>Ice</b>		
<b>Ecstasy</b>		
<b>Mandrax/Qualudes</b>		
<b>Steroids</b>		
<b>Amphetamines</b>		
<b>Barbiturates</b>		
<b>Adderall</b>		
<b>Inhalants</b>		
<b>Any Substance you thought might be illegal</b>		
<b>Prescription medication not prescribed to you</b>		
<b>Any other Natural, Manufactured and/or Synthetic Drugs where its use could be questionable</b>		
<b>Other</b>		

**Explanation (who, what, where, when and why) to any yes answer listed above or any occasion you might have suspected the substance to be illegal.**

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## Section M. Signature Confirmation/ Physical Ability Form

# Background History Statement Affirmation & Declaration

\_\_\_\_\_  
Applicant Name Printed

\_\_\_\_\_  
Date

I, the aforementioned and undersigned do understand and affirm that the position of **Police Cadet** is a civilian position and that appointment to that position **does not guarantee** that I will later be commissioned and appointed to the entry level position of an Austin Police Officer.

I understand that my appointment as a Police Cadet will be contingent upon the results of a complete character and fitness investigation. I also understand that all personnel appointed as an Austin Police Officer must serve a probationary period of fifteen months (15) from time of graduation during which time the employee must demonstrate his or her fitness for continued employment by the Austin Police Department. (This probationary time does not include time in the academy).

I hereby certify that there are no willful misrepresentations, omissions or falsifications in all the statements and answers to questions contained herein. I further certify that all statements and answers are mine and are accurate and correct to the best of my knowledge. I am aware that should the investigation disclose such misrepresentations, falsifications or inaccuracies, my application will be rejected and **I will be disqualified for a minimum of two (2) years.**

**Furthermore, should I be offered employment as a Police Cadet, I understand that my employment may be terminated at a future date should it be discovered that I willfully misrepresented, omitted, or falsified any statements or answers within this background history statement.**

Lastly, I understand that should I be disqualified from eligibility to the position of Police Cadet for any reason, there is no right of appeal concerning this decision. The reason(s) for disqualification is private information pertaining to the Austin Police Department in regards to the hiring standards of the agency and therefore not subject to disclosure to the applicant or other public/private entities.

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

\_\_\_\_\_  
Date

# APD Physical Ability Testing Self-Evaluation Form

The Austin Police Department administers a Physical Ability Test during the application process. The exercise program may include progressive resistance training, flexibility exercises, muscular strength, endurance and a cardiovascular program. As with all physical assessments, risks are involved. The Austin Police Department recommends that you consult a physician before attempting the Physical Agility Self-Evaluation or the Physical Ability Test.

I acknowledge, agree, and represent that I understand the nature of the activity and that I am qualified, in good health, and in proper physical condition to participate in such activity. I further agree and warrant that if, at any time, I believe the conditions to be unsafe, I will immediately discontinue further participation in the activity. I fully understand that these activities involve risks and dangers and agree to consult a physician before attempting.

Applicant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

### AUSTIN POLICE DEPARTMENT'S PHYSICAL ABILITY TEST COMPONENTS

Physical Test	Minimum Entrance Requirements	Minimum Graduation Requirements
Push-ups	30 un-timed	33- un-timed
Sit-ups	33 completed in 1 minute	36 completed in 1 minute
Vertical Jump	16 inches	17 inches
300 Meter Sprint	70 seconds	63 seconds
1.5 Mile Run	14:32 minutes	13:05 minutes

Below is a self-evaluation to assess your preparedness for the Austin Police Department's Physical Ability Test. Completion of the form is required to advance in our application process. Please visit [www.APDrecruiting.org](http://www.APDrecruiting.org) for information and videos about preparing for the Physical Agility Test and APD requirements. If you have any questions regarding our Physical Ability Test, please contact the Recruiting Section at (512) 974-4211.

**List how many push-ups and sit-ups you can do; vertical jump & your run times.**

Push-ups	Sit-ups	Vertical Jump	300 Meter Sprint	1.5 Mile Run
	Within 1 minute	Inches	Seconds	Minutes Seconds

I have read the Physical Ability requirements on [www.APDrecruiting.org](http://www.APDrecruiting.org), conducted a self-evaluation, and understand that I must submit this form to the APD Recruiting Division with my completed application and other required documents. With my signature, I certify that I achieved the scores set forth above and that each event was administered and scored in strict accordance with APD's testing protocols. I understand that failure to have consistent scores during an official Physical Ability Test could be viewed as a lack in honesty during my background processing.

Applicant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

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