**City of Austin**

**Applicant Personal History Form**

*To fill out the application, save the document to your computer, complete all highlighted fields, save and email to* [*APDCPA@austintexas.gov*](mailto:APDCPA@austintexas.gov)*. This form must be completed in its entirety and emailed to the aforementioned address for the applicant to be considered for a position in the academy. Printed, mailed and /or partially completed applications will not be considered. If there are specific circumstances that prohibit emailing the form, please contact the APD CPA Coordinator, Officer Surei Scanlon, at 512-974-9204.*

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| **Emp. #:** | Click here to enter. | **Applicant #:** | | Click here to enter. | | **ID Expiration Date:** | | Click here to enter. |
| **Section Volunteer/Intern/Employed By:** | | | Click here to enter. | | **Title/Occupation:** | | Click here to enter. | |

**FOR OFFICIAL USE ONLY**

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| **Name:** | Last Name | | | | | First Name | | | | | | Middle Name | | |
| **Maiden Name:** | | Click here to enter. | | | | | **Nickname(s):** | | | | Click here to enter. | | | |
| **Other Names Used:** | | | | | Click here to enter. | | | | | | | | | |
| **Residence Address:** | | | | | Number/Street | | | City/State | | | | | | Zip Code |
| **Phone Number:** | | | Click here to enter. | | | | **Email:** | | Click here to enter. | | | | | |
| **Employer Name:** | | | | Click here to enter. | | | | | | **Occupation:** | | | Click here to enter. | |

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| **Social Security Number:** | | | Click here to enter. | | | | | | | **Driver’s License Number:** | | | Number | | | | | State | |
| **Other Identification Numbers:** | | | | | Click here to enter. | | | | | | | | | | | | | | |
| **Place of Birth:** | | City | | | | | | | County | | | | | | State | | | | |
| **Date of Birth:** | | Click here to enter. | | | | | **Race:** | | Click here to enter. | | | | | **Sex:** | | Choose one. | | | |
| **Hair Color:** | Click here. | | | **Eye Color:** | | | | Click here. | | | **Height:** | Click here. | | | | | **Weight:** | | Click here. |
| **Scars/Marks/Tattoos/Amputations:** | | | | | | Click here to enter. | | | | | | | | | | | | | |

**I authorize the City of Austin Police Department’s *Crime Records Section* to conduct a background investigation, to obtain any information relating to my activities from individuals, employers, criminal justice agencies, consumer-reporting agencies, or other sources of information. This information may include, but is not limited to: criminal history record information. I authorize the agency conducting my investigation to disclose the record of my background investigation to the requesting agency for the purpose of making a determination of suitability or eligibility for the position I applied for.**

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| **Select Class Day:** | Choose One |

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| **Applicant’s Signature:** | Click here to sign. | **Date:** | Click here to enter a date. |

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| **Records Check Performed By:** | | | Click here to enter name. | | **Date:** | | Click here to enter a date. | | |
| **Result of History Check:** | | **APD #:** | | Click here to enter. | | **No APD #:** | | | Click here to enter. |
| **Warrant Check:** | **Negative:** | | | Click here to enter. | | **Positive:** | | Click here to enter. | |
| **DPS Preliminary Check:** | **Negative:** | | | Click here to enter. | | **Positive:** | | Click here to enter. | |
| **FBI Preliminary Check:** | **Negative:** | | | Click here to enter. | | **Positive:** | | Click here to enter. | |
| **DPS Returns:** | **Negative:** | | | Click here to enter. | | **Positive:** | | Click here to enter. | |
| **FBI Returns:** | **Negative:** | | | Click here to enter. | | **Positive:** | | Click here to enter. | |

**APD number found – contact Records Manager to report your findings.**

**DPS Return positive – contact HR Supervisors.**

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| **Initialed by Central Records Manager for TLETS access:** | **Approved:** | Initial here. | **Disapproved:** | Initial here. |



APD Citizen Police Academy

Participant Policies

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| Initial | The Austin Citizen Police Academy is offered to participants one time only. |
| Initial | A participant may be dismissed from the Austin Citizen Police Academy at the discretion of the Coordinator, with concurrence of the Chain of Command. |
| Initial | Two (2) absences from class is grounds for dismissal. |
| Initial | If a participant of the Citizen Police Academy is dismissed or an Alumni member is removed from any APD sponsored activity, that participant or Alumni member may not be eligible to participate in future APD volunteer opportunities and/or APD sponsored groups. |
| Initial | Specified parking is provided for a participant of the Citizen Police Academy on the participant’s assigned class days and only while class is in session. A participant’s vehicle that is parked in the specified parking location at any other time is subject to tow at the owner’s expense. |
| Initial | Weapons and/or personal defense devices are not permitted in class. |
| Initial | Handgun license holders may not carry or possess a handgun while in class. |
| Initial | Attending the Class Graduation is required. Graduation is on Thursday during the last week of class; please plan appropriately. |
| Initial | This class provides the public with a working knowledge of the Austin Police Department. The instruction is comprehensive and officer led with the majority being classroom instruction and discussion. |
| Initial | I have reviewed the class schedule and I understand and agree to the 14-week/15-evening commitment. |
| Initial | I agree to attend the mandatory CPA Graduation Ceremony on 12/13/2018 at 6:00pm. |

Please list any civic or social groups you participate in.

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| Click here to enter text. |

I understand and agree to comply with the aforementioned policies and class rules. Further, I understand that any violation of the aforementioned policies and/or class rules may result in my immediate dismissal from the APD Citizen Police Academy.

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| **Signature:** | Sign Here | **Date:** | Select |