Personal History Statement

Allen Police Department

“Serving Our Community”
INSTRUCTIONS

IMPORTANT! READ THESE INSTRUCTIONS CAREFULLY - IT IS ESSENTIAL THAT THE INFORMATION BE CORRECT AND COMPLETE!

These instructions are provided as a guide to assist you in properly completing your Personal History Statement. It is essential that all information be accurate in all respects so please read all instructions carefully before proceeding. This Personal History Statement will be used to conduct a background investigation that will determine your eligibility for employment.

1. Your Personal History Statement must be printed legibly in black ink in your own handwriting. 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 complete addresses and telephone numbers. If you are not sure of an address, check it by personal verification. Errors will not be viewed favorably. All requested information must be supplied by you. The Police Department will not be responsible for acquiring the required information.

5. If there is insufficient space on the form to include the information requested, attach extra sheets to the Personal History Statement. Be sure to reference the appropriate section and question before continuing your answer. An accurate and complete Personal History Statement will expedite your background investigation; deliberate omissions or falsifications will result in disqualifications.

6. Failure to properly complete the Personal History Statement may result in the rejection of your application.

7. It is your responsibility to have the Personal Inquiry Waiver Form notarized.

8. Once having submitted your application for employment, it is important that you keep the department informed of circumstances that could affect your application, for example, changes of address, telephone number, employment, marital status, arrest record, or loss of interest in employment with the City of Allen.

ATTACH THE FOLLOWING DOCUMENTS:

➢ Copy of Driver’s License
➢ Copy of Vehicle Insurance
➢ Copy of Social Security Card
➢ Original Certified copy of Birth Certificate
➢ Marriage Certificate(s)
➢ Divorce Decree(s)
➢ High School Diploma or GED
➢ High School Transcripts
➢ Sealed original certified College Transcripts
➢ College Diploma
➢ DD-214/Military Discharge
➢ Copy of your Peace Officer Certificate from your police academy (Certified Applicants only)
➢ Copy of your Peace Officer license
➢ Any Training/Educational Certificates

ONCE SUBMITTED, THIS DOCUMENT BECOMES THE PERMANENT PROPERTY OF THE ALLEN POLICE DEPARTMENT

NO DOCUMENT, ONCE SUBMITTED, WILL BE RETURNED.

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

10. When submitting the completed documents, please place them in a sealed envelope marked Personal and Confidential to your assigned background investigator
Applicant Qualification Section

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 or jailer in Texas.

Initial:  

_____ I am a citizen of the United States of America.

_____ I have earned a high school diploma or a GED.

_____ 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 bad conduct discharge.

DISQUALIFICATION

There are very few automatic basis 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.
THE FOLLOWING INFORMATION IS USED FOR IDENTIFICATION PURPOSES:

Name: ________________________________ Position applied for: ____________________

Last  First  Middle

____________________________________________  ______________________________
Other names used: Maiden, Adoption, Etc.  Name by which you prefer to be addressed

Home Address:

Street Number & Name  City  State  Zip

Home Telephone #: (___)_____________________  Alternate Phone #: (___)________________________

Email Address: ____________________________________

Social Security Number: _______ - _______ - _______  U.S. Citizen?  Yes  No

Driver’s License: ____________________________________

Number  State of Issue  Date Expires

Date of Birth: ____________________

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

Hair Color: _____________  Eye Color: _____________  Height: ______________  Weight: __________

Identifying Marks/Scars/Tattoos:

__________________________________________

Telephone Number where you can be reached between 8:00 am and 5:00 pm: (___) _______________

Do you have a social networking, instant messaging, or other internet-based profile(s)?  If yes, provide name(s), and service provider.

_______________________________________________________________________________________

NOTE: IT IS EXTREMELY IMPORTANT THAT THE CONTACT NUMBER YOU PROVIDE BE KEPT CURRENT. SHOULD IT CHANGE, PLEASE CONTACT THE BACKGROUND INVESTIGATOR IMMEDIATELY. FAILURE TO DO SO CAN RESULT IN THE REJECTION OF YOUR APPLICATION
EMPLOYMENT HISTORY:

Beginning with your present or most recent job, list all of the jobs you have had since the age of sixteen (16). Include all part-time, temporary, and seasonal jobs.

A JOB IS ANY POSITION YOU ACCEPTED REGARDLESS OF LENGTH OF EMPLOYMENT

Circle appropriate job description(s):  Full Time  Part Time  Temporary  Seasonal

Employer: ________________________________________________________________

Employer’s Address: _______________________________________________________

Street Number & Name ____________________________ City ___________ State ___________ Zip ___________

Employer’s Telephone Number: (____) ____________________________

Employment began on: ___ / ___ / ___  Ended on: ___ / ___ / ___  = Total Time: __________________________

Position(s) held with company/duties and responsibilities:

Title: ___________________________________________ Salary: __________________________________________

Duties/Responsibilities: __________________________________________________________

__________________________________________________________

__________________________________________________________

Time in position(s): __________________________________________

Co-worker’s Name and Phone number: __________________________________________

Did you receive job evaluations while with this company:     YES      NO

Identify any disciplinary actions you received: __________________________________________

__________________________________________________________________________

Are you eligible for rehire?     YES     NO

Name of final supervisor: ___________________________________ Telephone Number (____) __________

Reason for leaving this position: __________________________________________

__________________________________________________________________________

Was notice given?    YES    NO

INVESTIGATOR'S NOTES: __________________________________________

__________________________________________________________________________

__________________________________________________________________________
Circle appropriate job description(s): Full Time  Part Time  Temporary  Seasonal

Employer: ________________________________________________________________

Employer’s Address:_____________________________________________________________________________________

Employer’s Telephone Number: (_____) _____________________________________________________________

Employment began on: ___ / ___ / ____ Ended on: ___ / ___ / ____ = Total Time: __________________________

Position(s) held with company/duties and responsibilities:

Title: ___________________________________________ Salary: __________________________________________

Duties/Responsibilities: _________________________________________________________________________________

_______________________________________________________________________________________________

Time in position(s): _________________________________________________________________________________

Co-worker’s Name and Phone number: __________________________________________________________________

Did you receive job evaluations while with this company: YES      NO

Identify any disciplinary actions you received: ___________________________________________________________

_______________________________________________________________________________________________

Are you eligible for rehire? YES      NO

Name of final supervisor: ___________________________ Telephone Number (____) __________________

Reason for leaving this position: _____________________________________________________________________

_______________________________________________________________________________________________

Was notice given? YES      NO

INVESTIGATOR'S NOTES: ________________________________________________________________

_______________________________________________________________________________________________

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_______________________________________________________________________________________________
Circle appropriate job description(s): Full Time  Part Time  Temporary  Seasonal

Employer: ______________________________________________________

Employer's Address: ____________________________________________

Employer's Telephone Number: (______) ____________________________

Employment began on: __/__/____  Ended on: __/__/____ = Total Time: _______________________

Position(s) held with company/duties and responsibilities:

Title: ___________________________________________  Salary: __________________________________________

Duties/Responsibilities: ___________________________________________

________________________________________________________________________________

Time in position(s): _______________________________________________

Co-worker’s Name and Phone number: ________________________________

Did you receive job evaluations while with this company:  YES  NO

Identify any disciplinary actions you received: _________________________

________________________________________________________________________________

Are you eligible for rehire?  YES  NO

Name of final supervisor: ___________________________  Telephone Number (____) __________________

Reason for leaving this position: _________________________________

________________________________________________________________________________

Was notice given?  YES  NO

INVESTIGATOR'S NOTES: __________________________________________

________________________________________________________________________________

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Circle appropriate job description(s): Full Time  Part Time  Temporary  Seasonal

Employer: ________________________________________________________________

Employer's Address: ________________________________________________________
Street Number & Name City State Zip

Employer's Telephone Number: (____) __________________________

Employment began on: ____/____/____ Ended on: ____/____/____ = Total Time: __________________________

Position(s) held with company/duties and responsibilities:

Title: ___________________________________________ Salary: __________________________________________

Duties/Responsibilities: ____________________________________________________________

________________________________________________________________________________

Time in position(s): ________________________________________________________________

Co-worker’s Name and Phone number: ________________________________________________

Did you receive job evaluations while with this company: YES  NO

Identify any disciplinary actions you received: __________________________________________

________________________________________________________________________________

Are you eligible for rehire? YES  NO

Name of final supervisor: ___________________________ Telephone Number (____) __________

Reason for leaving this position: ______________________________________________________

________________________________________________________________________________

Was notice given? YES  NO

INVESTIGATOR'S NOTES: __________________________________________________________

________________________________________________________________________________

________________________________________________________________________________
Circle appropriate job description(s): Full Time  Part Time  Temporary  Seasonal

Employer: ________________________________________________________________

Employer's Address: ________________________________________________________
Street Number & Name ____________________________ City __________ State __________ Zip __________

Employer's Telephone Number: (_____) ________________________________

Employment began on: ____  /  ____  /  ____  Ended on: ____  /  ____  /  ____  = Total Time: __________________________

Position(s) held with company/duties and responsibilities:

Title: ___________________________________________ Salary:  __________________________________________

Duties/Responsibilities: _____________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________
Time in position(s): ______________________________________________________________________________

Co-worker’s Name and Phone number: _________________________________________________________________

Did you receive job evaluations while with this company:     YES      NO

Identify any disciplinary actions you received: __________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________

Are you eligible for rehire?     YES     NO

Name of final supervisor: ___________________________ Telephone Number (____) ____________________

Reason for leaving this position: ______________________________________________________________________
______________________________________________________________________________________________

Was notice given?    YES    NO

INVESTIGATOR'S NOTES:  __________________________________________________________________________
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______________________________________________________________________________________________
Circle appropriate job description(s):  Full Time  Part Time  Temporary  Seasonal

Employer: _____________________________________________________________________________________

Employer's Address:  Street Number & Name  City  State  Zip

Employer's Telephone Number: (_____) _____________________________________________________________

Employment began on: _____ / _____ / _____ Ended on: _____ / _____ / _____ = Total Time: __________________________

Position(s) held with company/duties and responsibilities:

Title: ___________________________________________ Salary:  __________________________________________

Duties/Responsibilities: _________________________________________________________________________

______________________________________________________________________________________________

Time in position(s): ____________________________________________________________________________

Co-worker’s Name and Phone number: _________________________________________________________________

Did you receive job evaluations while with this company:     YES      NO

Identify any disciplinary actions you received: _________________________________________________________

______________________________________________________________________________________________

Are you eligible for rehire?     YES     NO

Name of final supervisor: ___________________________________________ Telephone Number (____) ________________

Reason for leaving this position: ________________________________________________________________

______________________________________________________________________________________________

Was notice given?    YES    NO

INVESTIGATOR'S NOTES:  __________________________________________________________

______________________________________________________________________________________________

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______________________________________________________________________________________________
Circle appropriate job description(s):  
- Full Time  
- Part Time  
- Temporary  
- Seasonal

Employer: ____________________________________________  

Employer's Address: ___________________________________________________________________________  

Employer's Telephone Number: (____)_ ________________________________  

Employment began on: ___ / ___ / ___  Ended on: ___ / ___ / ___ = Total Time: ___________________________  

Position(s) held with company/duties and responsibilities:

Title: ________________________________  
Salary: ________________________________  

Duties/Responsibilities: ___________________________________________________________________________

________________________________________________________________________________

Time in position(s): ______________________________________________________________________

Co-worker’s Name and Phone number: ____________________________________________________________

Did you receive job evaluations while with this company:     YES      NO

Identify any disciplinary actions you received: __________________________________________________________________________

________________________________________________________________________________

Are you eligible for rehire?     YES     NO

Name of final supervisor: ________________________________  Telephone Number (___) ____________________

Reason for leaving this position: ______________________________________________________________________

________________________________________________________________________________

Was notice given?     YES     NO

INVESTIGATOR'S NOTES: __________________________________________________________________________

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Circle appropriate job description(s):  Full Time  Part Time  Temporary  Seasonal

Employer: _______________________________________________________________________

Employer’s Address: _______________________________________________________________
Street Number & Name  City  State  Zip

Employer’s Telephone Number: (_____) ____________________

Employment began on: ____ / ____ / ____  Ended on: ____ / ____ / ____ = Total Time: __________________________

Position(s) held with company/duties and responsibilities:

Title: ______________________________________________  Salary: __________________________________________

Duties/Responsibilities: _____________________________________________________________________________

_______________________________________________________________________________________________

Time in position(s): ______________________________________________________________________________

Co-worker’s Name and Phone number: _________________________________________________________________

Did you receive job evaluations while with this company:  YES    NO

Identify any disciplinary actions you received: _______________________________________________________________________

_______________________________________________________________________________________________

Are you eligible for rehire?  YES    NO

Name of final supervisor: ______________________________  Telephone Number (____) __________________

Reason for leaving this position: _____________________________________________________________________

_______________________________________________________________________________________________

Was notice given?  YES    NO

INVESTIGATOR'S NOTES: ___________________________________________________________________________

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PERIODS OF UNEMPLOYMENT

RECORD ANY PERIOD OF UNEMPLOYMENT SINCE GRADUATING FROM HIGH SCHOOL.
(A PERIOD OF UNEMPLOYMENT IS ANY TIME YOU DID NOT HAVE A JOB)

<table>
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<tr>
<th>FROM: (MO/YR)</th>
<th>TO: (MO/YR)</th>
<th>LENGTH OF UNEMPLOYMENT</th>
<th>REASON FOR BEING UNEMPLOYED</th>
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If you were a full time college student and held only seasonal employment during school breaks, indicate that you were a full time student and give your beginning and ending school dates, do not give a length of time for your unemployment. In the work history section list job(s) you worked.
EDUCATIONAL HISTORY

List all high schools, colleges, technological or trade schools you have ever attended, regardless of whether or not you graduated and/or completed the prescribed course of study.
If you are listing colleges/universities and you did not graduate, indicate the correct number of credit hours you are credited with.
If you attended a technological or trade school, indicate your course of study; also indicate if you were awarded a diploma or certificate.

<table>
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<tr>
<th>NAME, TYPE OF SCHOOL AND LOCATION (CITY &amp; STATE)</th>
<th>DATES ATTENDED</th>
<th>DEGREE AND/OR CREDIT HRS. EARNED, IF NO DEGREE</th>
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Have you ever been placed on academic suspension or expelled from any school you have attended?  YES  NO
Schools: __________________________________________ Date: _______________ Reason: _________________________
________________________________________________________________________________________

Have you ever been placed on academic probation?  YES  NO
Schools: __________________________________________ Date: _______________ Reason: _________________________
________________________________________________________________________________________
ADDITIONAL EDUCATION AND PERSONAL INFORMATION

**Education (Circle the highest grade completed)**

**High School:** 9th 10th 11th 12th  
**College:** 0-30 hrs. 31-60 hrs. 61-90 hrs. 91-120 + hrs.  Bachelor  Masters  Doctorate

Positions of Leadership: (Indicate position / organization / dates held)

___________________________________________________
___________________________________________________

Community Activities:

___________________________________________________
___________________________________________________

School Activities:

___________________________________________________
___________________________________________________

Awards / Commendations or Special Recognition:

___________________________________________________
___________________________________________________

If you are fluent in a **foreign** language, indicate in each area your degree of fluency (Excellent, Good, Fair):

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<tr>
<th>Language</th>
<th>Reading</th>
<th>Speaking</th>
<th>Comprehension</th>
<th>Writing</th>
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If you are a certified Peace Officer, list certificates and training hours for each course successfully completed. Attach copies of each diploma if applicable or provide training records from former departments.

___________________________________________________
___________________________________________________

___________________________________________________
___________________________________________________

___________________________________________________
___________________________________________________
MILITARY SERVICE

Have you registered with Selective Service?  YES  NO  When? ________________________________

Have you ever been rejected by any branch of the armed forces?  YES  NO

Have you ever been a member of any branch of the U.S. Armed Forces?  YES  NO

Branch of Service: ___________________________  Highest Rank Obtained: ___________________________

Date of Induction: mm/dd/yy  Date of Discharge: mm/dd/yy  Type of Discharge: __________________

Awards (Type and date awarded):

________________________________________   _______________________________________

________________________________________   _______________________________________

Special Schools/Training:

________________________________________   _______________________________________

________________________________________   _______________________________________

While in the military service, were you ever arrested for an offense which resulted in a trial by deck court or by summary, special or general court-martial?  YES  NO

If YES, give date, place, law enforcing authority or type of court martial, charge and action taken for each incident:

Charge: ___________________________  Date:  ___________  Results: _____________________________

________________________________________   _______________________________________

Identify any disciplinary actions you received:

________________________________________   _______________________________________

________________________________________   _______________________________________

Last duty station and name of commanding officer:

________________________________________

Are you currently a member of a U.S. Reserve or National or State Guard organization?  YES  NO

Branch of Service: ___________________________  Grade & Service #: __________________  Are You: Active  Inactive  Standby

Organization/Station/Unit and Location: ________________________________
ARRESTS, DETENTIONS

Have you ever been arrested by the police?  

YES  NO

Have you ever been detained by the police?  (Other than a traffic ticket)  

YES  NO

Have you ever been summoned into court for a criminal offense?  

YES  NO

If YES, explain each incident (list juvenile as well as adult occurrences).

Have you ever committed an act of family violence?  (“Family violence” means an act by a member of a family or household against another member of the family or household that is intended to result in physical harm, bodily injury, assault, or sexual assault or that is a threat that reasonably places the member in fear of imminent physical harm, bodily injury, assault, or sexual assault, but does not include defensive measures to protect oneself.) (Texas Family Code Section 71.004) If yes, explain:

Have you ever assaulted another person since the age of seventeen (17)? (“Assault” means to cause bodily injury to another, threaten another with imminent bodily injury, or to cause physical contact with another when the person knows or should reasonably believe that the other will regard the contact as offensive or provocative.) (Texas Penal Code Section 22.01) If yes, explain:

Have you ever been considered or named a suspect in a criminal investigation or criminal offense? If yes, explain:

Have you ever been involved in any incident (do not include vehicular accidents) in which a police report was made or law enforcement was called? If yes, explain:

Other than crimes that would have been sealed by juvenile records, have you ever committed – or assisted another person in the commission of – a felony crime, serious misdemeanor, or a crime involving moral turpitude that went undetected or unreported to law enforcement? If yes, explain:
LITIGATION

Have you ever been involved in any type of lawsuit? (even as a witness)  YES  NO

Have you ever been sued?  YES  NO

Have you ever sued anyone?  YES  NO

Have you ever filed bankruptcy?  YES  NO

Do you anticipate being sued or named in any type of lawsuit or proceeding?  YES  NO

Has anyone ever threatened to take you to court for non-payment of a bill?  YES  NO
(Explain any "yes" answers and dates of occurrence(s)): ________________________________
_____________________________________________________________________
_____________________________________________________________________

DRIVING RECORD

How many traffic citations have you received since you began driving? _____  in the past three years? _____

List, to the best of your memory, all traffic citations you have received:

<table>
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<tr>
<th>Date Received</th>
<th>Type of Violation</th>
<th>Issuing Agency</th>
<th>Disposition (Paid, N.G., ETC.)</th>
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DRIVING RECORD (Continued)

List all accidents in which you have been involved as a driver:

<table>
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<tr>
<th>DATE</th>
<th>LOCATION</th>
<th>POLICE REPORT YES/NO &amp; CAUSE OF ACCIDENT</th>
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Have you ever driven a motor vehicle, since your 17th birthday, without a valid driver’s license for the vehicle?  
YES    NO

Have you ever driven a motor vehicle, within the past three years, without proper insurance?  YES    NO

If YES, give dates:________________________________________________________________________________

Have you ever had your driver’s license suspended?  YES    NO

If YES, 
Date of Suspension: ___________ Type of Suspension: ___________ Date Lifted: ___________

Have you ever had your driver’s license placed on probation for receiving an excessive number of traffic violations?  YES    NO

Have you ever had a hearing for probation/suspension, etc?  YES    NO  City/State?: ___________

Have you ever been placed as an assigned risk for vehicle insurance?  YES    NO

Have you ever had your insurance revoked due to the number of traffic citations you have received?  YES    NO

Have you ever knowingly driven a motor vehicle while your driver’s license was suspended or revoked?  YES    NO
DRIVING RECORD (Continued)

Do you have a valid driver’s license in more than one state? YES NO

If YES, List: ____________________________________________________________

Have you ever possessed a driver’s license by any state other than Texas? YES NO

If yes, DL #_________ State: _______ Date Issued: _________

Have you ever been denied a driver’s license for any reason? YES NO

How many automobile accidents have you been involved in as a driver? __________

Have you ever been involved in an accident while you were driving intoxicated by a narcotic substance or an alcoholic beverage? YES NO

Have you ever struck an unattended vehicle and then left without leaving identification? YES NO

Have you ever been involved in an accident and then left the accident scene without identifying yourself? YES NO

With what company do you carry automobile insurance? ________________________________

Company Address: _______________________________________________________________

Street Number & Name City State Zip

Policy Number: ___________________________ Effective Dates: _______________________

MARITAL AND FAMILY HISTORY

Circle your current marital status:

SINGLE ENGAGED MARRIED SEPARATED DIVORCED WIDOWED CO-HABITING

If you are engaged:

Name of Fiancé: __________________________ Date of Birth: ______________

Address: ___________________________ Home #: (___) _______ Bus #: (___) _______

Email: __________________________

If you are married:

Name of Spouse: __________________________ Date of Birth: ______________

Spouse's Maiden Name: __________________________ Date of Marriage: ______________

Address: ___________________________ Home #: (___) ______ Bus #: (___) _______

Email: __________________________

If you are separated:

Name of Spouse: __________________________ Date of Birth: ______________

Address: ___________________________ Home #: (___) ______ Bus #: (___) _______

Email: __________________________
MARITAL AND FAMILY HISTORY (Continued)

*If you are divorced:

   Former Spouse's Name: _______________________________ Date of Marriage: ______________

   Date of Birth: _______ Current Address: _______________________________________________

   Email: _________________________________________________________________

   Home #: (___) _______________ Date divorce decree issued: ______________________________

   Court & State where issued: _________________________________________________

   *If you have more than one divorce, list those on a separate sheet of paper and attach.

If you are widowed:

   Former Spouse's Name: _______________________________ Date of Birth: ______________

   Date of Death: _____________________

Have you ever been married to more than one person at one time?    YES    NO

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

<table>
<thead>
<tr>
<th>CHILD'S FULL NAME</th>
<th>DATE OF BIRTH</th>
<th>RELATIONSHIP</th>
<th>CURRENT ADDRESS (If different than your own)</th>
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If you currently share a residence with person(s) other than immediate family member(s), please list:

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<th>FULL NAME</th>
<th>DATE OF BIRTH</th>
<th>RELATIONSHIP</th>
<th>OCCUPATION/WORK NUMBER</th>
<th>LENGTH OF TIME LIVED TOGETHER</th>
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</table>
List other immediate family members (father, mother, siblings) of both you and your spouse, if deceased, indicate the year of death.

<table>
<thead>
<tr>
<th>FULL NAME</th>
<th>DATE OF BIRTH</th>
<th>RELATIONSHIP</th>
<th>OCCUPATION</th>
<th>ADDRESS City, State and Zip</th>
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**FAMILY AND RELATIVES’ ARRESTS**

Have members of your immediate family or close relatives ever been arrested?

Yes_______ No________ If yes, complete the following table:

<table>
<thead>
<tr>
<th>Name/Relationship</th>
<th>Charge/Offense</th>
<th>Outcome</th>
<th>Year</th>
<th>Agency</th>
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</table>
List all addresses where you have lived during the past ten (10) years, beginning with your present address. List date by month/year. Include military assignments (No TDY’s)

<table>
<thead>
<tr>
<th>FROM</th>
<th>TO</th>
<th>LENGTH OF RESIDENCY (yrs./mos.)</th>
<th>ADDRESS</th>
<th>NAME OF APARTMENT COMPLEX OR LANDLORD (Include Office Telephone)</th>
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</table>
FINANCIAL HISTORY

APPLICANT’S SPOUSE:

What is your spouse's present salary or wages? $______________________________ (take home per month)

Employer: ____________________________  Job Title: ____________________________

Business Address: _______________________________________________________________________________

Business Phone #: (_____) ___________________ Hours/Days Work: _______________________________

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<tr>
<th>SOURCE</th>
<th>AMOUNT</th>
<th>FREQUENCY</th>
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</table>

List any income from any source other than your principal occupation. (excluding spouse's income)

Savings Account No. ____________________________ Balance $ ____________________________

Bank: ___________________________________________ Phone #: (_____) ___________________

Address: ___________________________________ Street Number and Name

City State Zip

Checking Account No.: ____________________________ Balance $ ____________________________

Bank: ___________________________________________ Phone #: (_____) ___________________

Address: ___________________________________

Do you own any real estate?  YES  NO  Value: $_____________ Location: _______________________

Do you own any bonds, IRA’s government or other?  YES  NO  Value: $_____________

Do you have any investments?  YES  NO  Value: $_____________
FINANCIAL OBLIGATIONS

Give the names and addresses of the individuals, companies, or others to whom you owe money and the amount of your debt. Include rent, mortgages, vehicle payments, charge accounts, credit cards, loans, child support payments, and any other debts and payments. Include all debts owed by your spouse.

<table>
<thead>
<tr>
<th>Name &amp; Address of Creditors</th>
<th>Reason for Debt</th>
<th>Account Number</th>
<th>Total Balance</th>
<th>Monthly Payments</th>
<th>If Past Due # of Months</th>
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</table>

TOTALS

LIST ANY VEHICLE YOU OWN OR DRIVE:

<table>
<thead>
<tr>
<th>Make</th>
<th>Model</th>
<th>Color</th>
<th>Year</th>
<th>License Plate/Date of Registration/State</th>
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<th>Model</th>
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<th>Year</th>
<th>License Plate/Date of Registration/State</th>
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<th>Make</th>
<th>Model</th>
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<th>Year</th>
<th>License Plate/Date of Registration/State</th>
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</table>
CREDIT INFORMATION

Have you ever filed bankruptcy personally or on behalf of a business?  
Yes____ No____

If “Yes” to above, indicate type ______________________

Have you ever had any personal or real property repossessed or foreclosed?  
Yes____ No____

Have you ever failed to pay Federal, state, or other taxes?  
Yes____ No____

Have you ever failed to file a tax return, when required by law?  
Yes____ No____

Have you ever had a lien placed against your property for failing to pay taxes or other debts  
Yes____ No____

Have you ever had a judgment entered against you?  
Yes____ No____

Have you ever defaulted on any type of loan?  
Yes____ No____

Have you ever had bills or debts turned over to a collection agency?  
Yes____ No____

Have you ever had any credit account suspended, charged off, or cancelled for failure to pay?  
Yes____ No____

Have you ever written a check that was later returned for Non-Sufficient Funds (NSF)?  
Yes____ No____

Have you ever been delinquent on court-imposed alimony or child support payments?  
Yes____ No____

Have you ever been disciplined regarding the use of a travel/credit card provided by an employer?  
Yes____ No____

Are you currently more than sixty (60) days delinquent on any debts?  
Yes____ No____

Have you ever applied for unemployment compensation?  
Yes_______ No_______  When? __________

Have you ever received unemployment compensation?  
Yes_______ No_______  When? __________
**CRIMINAL ACTIVITY – ILLEGAL DRUGS/POSSESSION**

It is important that the Department be aware of your past and current illegal drug usage. As a peace officer you may be called to testify as a witness in a criminal prosecution of an individual charged with illegal drug usage and the defense could ask about your personal drug usage in an effort to attack or impeach your credibility.

By usage we mean the ingestion of drugs into your system. Ingestion is defined as, but not limited to; snort, sniff, inject (needle), smoke, puff, toke, oral (by pill, tab, tasting, or mixed with food or drink), or absorbed into the body by any means. Each separate instance of usage, regardless of quantity consumed, constitutes “one time used”.

Identify exactly when you used a drug. You will be given an opportunity to explain the number of times that you used each drug and the last time you used each drug.

Explain how you used the drug. If the drug was smoked, snorted, injected, eaten, or used in any other manner, you must explain how it was used.

When asked to give the number of times that you used the drug, you must give the **ABSOLUTE MAXIMUM NUMBER OF TIMES YOU USED THE DRUG**. For instance, if you have snorted cocaine six times, and you state that you used cocaine five times, you will appear to be deceptive when questioned on the polygraph. If you are not sure how many times you used a drug, then state the absolute maximum number of times you could have used the drug.

On the following page, explain your usage of each of the drugs mentioned; the number of times in your lifetime, the approximate last date (month / year) of the usage and how you used the drug. If you have never used the particular drug, then circle no. Prescription drugs of another person, even though legally prescribed, that you used should be listed in the **ANY OTHER DRUG NOT LISTED SECTION**. Attach additional sheets if necessary.
PERSONAL DECLARATIONS

Drug use covers all descriptive terms used to describe the illegal use (ingestion, injection, snorting, etc.) of any of the listed types into a person’s system. Drug use includes all types of experimentation. Please circle either YES or NO.

<table>
<thead>
<tr>
<th>Have you ever used:</th>
<th># of Times In Life:</th>
<th>Approx. Last Date:</th>
<th>Forms Used:</th>
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</thead>
<tbody>
<tr>
<td>Marijuana</td>
<td>YES NO</td>
<td>_______</td>
<td>_______</td>
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<tr>
<td>Hashish</td>
<td>YES NO</td>
<td>_______</td>
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<tr>
<td>Methamphetamine</td>
<td>YES NO</td>
<td>_______</td>
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<tr>
<td>Amphetamine</td>
<td>YES NO</td>
<td>_______</td>
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<tr>
<td>Cocaine</td>
<td>YES NO</td>
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<td>LSD</td>
<td>YES NO</td>
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<tr>
<td>Ecstasy</td>
<td>YES NO</td>
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<td>PCP</td>
<td>YES NO</td>
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<tr>
<td>Peyote</td>
<td>YES NO</td>
<td>_______</td>
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<tr>
<td>Mushrooms</td>
<td>YES NO</td>
<td>_______</td>
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<tr>
<td>Quaaludes</td>
<td>YES NO</td>
<td>_______</td>
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<tr>
<td>Tranquilizers</td>
<td>YES NO</td>
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<td>Barbiturates</td>
<td>YES NO</td>
<td>_______</td>
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<tr>
<td>Heroin</td>
<td>YES NO</td>
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<tr>
<td>Any Other Drug Not Listed</td>
<td>YES NO</td>
<td>_______</td>
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Have you ever sold any of the items specified above? YES NO

Which Drug ___________ When: ___________ # Times: ___________

Have you ever illegally bought any of the items specified above? YES NO

Which Drug ___________ When: ___________ # Times: ___________

Have you ever had an illegal drug injection? YES NO

If yes, of what: ______________________________________________________________________________________

Have you ever been involved, in any way, in the manufacturing of an illegal drug? YES NO

What drug? __________________________ How were you involved? ______________________________________________________________________________________
PERSONAL DECLARATIONS (continued)

Have you ever inhaled or huffed any volatile chemical (paint, glue, freon, aerosol products, correction fluid, etc.)?  
  YES  NO

If yes, when was the last time?  _______________________________________________________

Have you ever abused any prescribed medication?  YES  NO

If yes, how did you abuse?  __________________________________________________________

Have you ever lied to a doctor about symptoms in order to get a prescription, such as valium or a pain killer, etc.?  
  YES  NO

If YES, explain:  _________________________________________________________________

Do others use drugs in your presence?  YES  NO  If YES, when and where?  ____________________

Have you ever been intoxicated in a public place?  YES  NO  If YES, when and where?  ____________________

Have you ever been arrested for a DWI violation?  YES  NO  If YES, when and where?  ____________________

Have you ever been arrested for public intoxication?  YES  NO  If YES, when and where?  ____________________

PERSONAL REFERENCES
List five (5) persons who know you well enough to provide current information about you. Do not list relatives or past/present employers or supervisors.

Name:  __________________________________________________  Occupation:  ____________________________

Home Address:  __________________________________________________  Years known:  _______

  Street  City  State  Zip

Home Phone #:  (____)____________________________  Work Phone #:  (____)____________________________

Email:  __________________________________________________

Briefly describe your relationship with this person:  ________________________________________________

Name:  __________________________________________________  Occupation:  ____________________________

Home Address:  __________________________________________________  Years known:  _______

  Street  City  State  Zip

Home Phone #:  (____)____________________________  Work Phone #:  (____)____________________________

Email:  __________________________________________________

Briefly describe your relationship with this person:  ________________________________________________
PERSONAL REFERENCES (Continued)

Name: ________________________________________________ Occupation: _____________________________

Home Address: __________________________________________________________ Years known: _______
Street   City   State  Zip

Home Phone #: (____)______________________________ Work Phone #: (____)____________________________

Email: ________________________________________________

Briefly describe your relationship with this person:
_________________________________________________________________________________________

Name: ________________________________________________ Occupation: _____________________________

Home Address: __________________________________________________________ Years known: _______
Street   City   State  Zip

Home Phone #: (____)______________________________ Work Phone #: (____)____________________________

Email: ________________________________________________

Briefly describe your relationship with this person:
_________________________________________________________________________________________

Name: ________________________________________________ Occupation: _____________________________

Home Address: __________________________________________________________ Years known: _______
Street   City   State  Zip

Home Phone #: (____)______________________________ Work Phone #: (____)____________________________

Email: ________________________________________________

Briefly describe your relationship with this person:
_________________________________________________________________________________________

MISCELLANEOUS INFORMATION

Are there any incidents in your life not mentioned herein which may reflect upon your suitability to perform the duties which you may be called upon to complete or which might require further explanation?  YES   NO

If YES, explain: ___________________________________________________________________________

Do you or your spouse have a relative currently employed with the City of Allen?   YES   NO

If YES, give name, relationship, and position held with the city:
Have you ever made an application for employment (any position) with this or any other law enforcement or law enforcement related agency?  YES  NO  (Include past / present Reserve Peace Officer affiliations)

<table>
<thead>
<tr>
<th>Name of Agency</th>
<th>Date of application/Position Sought</th>
<th>Status of Application</th>
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If there are additional agencies, please list on a separate sheet of paper and attach.

I hereby certify that there are no intentional misrepresentations, omissions, or falsifications in the foregoing statements and answers to questions.

I am fully aware that any such misrepresentations, omissions, or falsifications will be grounds for immediate rejection of my application, or if hired, termination of my employment.

Signature of Applicant  
Date of Preparation
Why is becoming a City of Allen Officer (or position applied for) important to you?
AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, ______________________, do hereby authorize a review, full disclosure and release of all records, including but not limited to photocopies of records concerning myself to any duly authorized agent of the Allen Police Department, whether the said records are of public, private, or confidential nature.

The intent of this authorization is to give my consent for a full and complete disclosure and release of the records of education institutions; financial or credit institutions, including records of loans, the records of commercial or retail credit agencies (including credit reports and/or ratings), and other financial statements and records wherever filed; medical and psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners, and the U.S. Veterans Administration; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me or another person in any case, either criminal or civil, in which I presently have or have had an interest.

I authorize the Allen Police Department to make an investigation of all information contained in this application for employment, and I release from all liability all persons and agencies supplying such information. I understand that any false answers, statements or implications made by me on this application or other required documents shall be considered sufficient cause for denial of employment or discharge. Upon termination of my employment for whatever reason, I release the Allen Police Department from all liability for supplying any information concerning my employment to any potential employer. I authorize the Allen Police Department, if applicable, to request a copy of my credit report, motor vehicle driving record and any other investigative report they deem necessary through various third party sources. I realize I hereby agree to submit to any drug test that may be required of me whether prior to my employment or if employed by the Allen Police Department at any time thereafter. If requested I will take a physical examination post job offer and employment will be conditional upon passing such examination. During such employment, I understand and agree that in the event that I receive medical treatment for any condition, including a physical, psychological, emotional, or psychiatric condition, I hereby authorize the limited release of exchange of such medical information relating to my condition between the treatment provider and the physician designated by the Allen Police Department. I further understand that this is an application for employment and that no employment contract is being offered. I understand that if I am employed, such employment is for an indefinite period of time and that the Allen Police Department can change wages, benefits and conditions at any time. I have read and understand the above.

I further agree to waive any right whatsoever to the background investigation report or psychological report developed through this waiver.

A photocopy of this release form will be valid as an original thereof, even though the said copy does not contain an original writing of my signature.

_______________________________________
Applicant's Signature

_______________________________________
Applicant's Address

_______________________________________
Date of Birth

_______________________________________
Social Security Number

STATE OF ____________________________

______________________________
SWORN AND SUBSCRIBED
BEFORE ME,

This ___ Day of __________________, 20__.

______________________________
NOTARY PUBLIC SEAL AND SIGNATURE