

# Weatherford Police Department Junior Police Academy Applicant Personal History Statement

**CONFIDENTIAL**



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

Applicant phone: \_\_\_\_\_

Applicant email: \_\_\_\_\_

Parent name: \_\_\_\_\_

Parent phone: \_\_\_\_\_

Parent email: \_\_\_\_\_

Chief of Police  
Lance Arnold



## Weatherford Police Department Junior Police Academy

The Weatherford Police Department is pleased to announce, applications are being accepted for the Weatherford Police Department Jr Police Academy Class 2019. The Academy is a free, six day “day camp” (Monday through Saturday) offered to qualified young men and women, who will enter the 9<sup>th</sup> thru 12<sup>th</sup> grade in August 2019, or who have graduated from high school in the spring of 2019.

The Academy will begin on Monday, June 24<sup>th</sup>, 2019 and run through Saturday June 29, 2019, hours are 7:45 am – 4:00 pm. This year’s Academy will be limited to 10 cadets.

The Academy curriculum consists of educational activities as well as physical training exercises. The format is similar to an actual police academy cadet.

Our objective is to educate the cadets about public service including law enforcement, emergency services, and the judiciary system. There will be structured events offered in a fun, informative, and interactive manner. The daily programs will include educational presentations, interaction with public agencies, field trips, and physical activities.

For the Academy to be successful both individually and overall, full participation is required. **EACH ACCEPTED CADET IS REQUIRED TO ATTEND EACH DAY OF THE ACADEMY.** There are no exceptions for driving tests, vacations, sports programs, or other activities. As such, both parents/guardians and applicants should review the entire application and apply to the program with an understanding of what is required and expected.

Attached: please find the required application that MUST BE completed and returned to the Weatherford Police Department, 801 Santa Fe Dr. Weatherford Tx, 76086, **no later than April 19, 2019 at 5:00 pm.** The application must be complete and legible, or it will not be accepted. Submission of an application prior to the deadline does not guarantee acceptance into the Academy. If accepted, you will be notified, by May 20, 2019

If you have any questions, contact Officer Allen Taylor at 817-598-4310 or [ataylor@weatherfordtx.gov](mailto:ataylor@weatherfordtx.gov)



## Weatherford Police Department Junior Police Academy

### READ THESE INSTRUCTIONS CAREFULLY BEFORE STARTING

These instructions are provided as a guide to assist you in properly completing your Personal History Statement. It is essential that the information be accurate in all respects. It will be used as the basis for a background investigation that will determine your eligibility for the Junior Police Academy.

The Personal History Statement should be printed legibly in **INK**. Answer all questions to the best of your ability. If a question is not applicable to you, enter N/A in the space provided.

Avoid errors by reading the directions carefully before making any entries on the form. Be sure your information is correct and in proper sequence before you begin.

If there is insufficient space on the form for you to include all required information, attach an extra sheet to the Personal History Statement. Be sure to reference the relevant section and question number before continuing your answer.

An accurate and complete form will help expedite your investigation.

Deliberate omissions or falsifications will result in disqualification.

Return the Personal History Statement and all related paperwork to the Weatherford Police Department located at 801 Santa Fe Dr. Weatherford, TX 76086; Attention: Officer Allen Taylor, by April 19, 2019 at 5:00pm. Although a deadline is posted for submission of all required documents, early submission is desirable as it allows more time for the application processes.



## Weatherford Police Department Junior Police Academy

### BACKGROUND WAIVER

A background investigation will be conducted into your personal history. This questionnaire will be used for those who will be considering you for selection with the Weatherford Police Department Junior Police Academy. Where written explanations are required on this form, it is **MANDATORY** that the information be listed **ACCURATELY** and **COMPLETELY**. If the questionnaire is not completed properly, your application will not be considered.

Furthermore, I understand that I will not receive, and I am not entitled to, a copy of the background report or to know its contents, and that the contents will be used in the evaluation process for selection with the Weatherford Police Department Junior Police Academy. I also understand that no document submitted by me will be returned and no copies of any other reports or documents utilized for or during my application process for selection will be furnished or given to me.

**I FULLY AND COMPLETELY UNDERSTAND THAT I WILL NOT BE ADVISED OF THE REASONS FOR NON-SELECTION.**

\_\_\_\_\_  
Applicant Signature

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian of Applicant

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

\_\_\_\_\_  
Date



**Weatherford Police Department Junior Police Academy**

**A. APPLICANT IDENTIFICATION** – Information provided in this section is for identification and notification.

NAME: \_\_\_\_\_  
Last First Middle

ADDRESS: \_\_\_\_\_  
Street City State Zip

HOME or CELL PHONE NUMBER: ( \_\_\_\_\_ ) \_\_\_\_\_

OTHER NUMBER WHERE YOU CAN BE REACHED: ( \_\_\_\_\_ ) \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

PLACE OF BIRTH: \_\_\_\_\_

ARE YOU A U.S. CITIZEN? \_\_\_\_\_ YES \_\_\_\_\_ NO

DRIVER'S LICENSE/ID NUMBER \_\_\_\_\_ STATE \_\_\_\_\_

TYPE \_\_\_\_\_

NICKNAME(S), MAIDEN NAME, OR ANY OTHER NAMES BY WHICH YOU HAVE BEEN KNOWN:

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

What school do you attend? \_\_\_\_\_

What grade will you be entering in August 2019? \_\_\_\_\_



**Weatherford Police Department Junior Police Academy**

**B. ARRESTS, DETENTION, AND LITIGATION**

Have you ever been arrested or summoned into court?

\_\_\_\_\_ Yes \_\_\_\_\_ No

OFFENSE CHARGED

POLICE  
AGENCY  
CITY/STATE

DATE

DISPOSITION

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

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## Weatherford Police Department Junior Police Academy

### C. TRAFFIC RECORD

If you drive, with what company do you carry auto insurance? (Company name, address, phone number and policy number)

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List ALL traffic citations you have received in the last 3 years, excluding parking tickets. **DO NOT EXCLUDE CITATIONS IN WHICH YOU HAVE TAKEN DEFENSIVE DRIVING.**

MONTH & YEAR	CHARGE	CITY & STATE	DISPOSITION
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List any traffic accidents in which you have been involved in as the driver, during the last 3 years. Include dates and locations, city and state, and describe what happened.

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## Weatherford Police Department Junior Police Academy

**\*\*\*Admitted drug and/or alcohol use will not necessarily disqualify you from the application process, but omission or falsification will disqualify you\*\*\***

### D. DRUG/ ALCOHOL USE

Use reverse side if more space is needed to explain YES answers. Method pertains to how the substance was used (i.e. ingestion, injection).

**Mark a check next to answer boxes and substances used.**

1. Have you ever tried or used an illegal narcotic, prescription drug or dangerous drug, either in pill form or by injection, or any other manner of ingestion or inhalation, that was not prescribed specifically to you? YES \_\_\_\_\_ NO \_\_\_\_\_

If "Yes", explain...

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2. Have you ever been given or sold prescription drugs, marijuana, or illegal narcotics or dangerous drugs? YES \_\_\_\_\_ NO \_\_\_\_\_

Marijuana \_\_\_\_\_ Date First Used: \_\_\_\_\_ Date Last Used: \_\_\_\_\_ Method: \_\_\_\_\_

Cocaine \_\_\_\_\_ Date First Used: \_\_\_\_\_ Date Last Used: \_\_\_\_\_ Method: \_\_\_\_\_

Meth \_\_\_\_\_ Date First Used: \_\_\_\_\_ Date Last Used: \_\_\_\_\_ Method: \_\_\_\_\_

Heroin \_\_\_\_\_ Date First Used: \_\_\_\_\_ Date Last Used: \_\_\_\_\_ Method: \_\_\_\_\_

3. Have you ever consumed an alcoholic beverage? YES \_\_\_\_\_ NO \_\_\_\_\_

a. On what date did you first try an alcoholic beverage? \_\_\_\_\_

b. On what date did you have your last alcoholic beverage? \_\_\_\_\_

c. Have you ever committed any illegal activity while under the influence of alcohol or an illegal drug? YES \_\_\_\_\_ NO \_\_\_\_\_

If "Yes" then explain...

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## Weatherford Police Department Junior Police Academy

### E. Personal Website and Bios

Please list every personal website, profile/bio page that you currently use or have ever used in the past? (for example, TWITTER, PINTEREST, FACEBOOK, ETC.) Please list domain and screen/user name.

Domain: \_\_\_\_\_

Screen/User name: \_\_\_\_\_

Domain: \_\_\_\_\_

Screen/User name: \_\_\_\_\_

Domain: \_\_\_\_\_

Screen/User name: \_\_\_\_\_

Domain: \_\_\_\_\_

Screen/User name: \_\_\_\_\_

Domain: \_\_\_\_\_

Screen/User name: \_\_\_\_\_

Domain: \_\_\_\_\_

Screen/User name: \_\_\_\_\_

Domain: \_\_\_\_\_

Screen/User name: \_\_\_\_\_



## Weatherford Police Department Junior Police Academy

**F. REFERENCES** – List two persons who know you well enough to provide current information about you. DO NOT list relatives, former employers, supervisors, or anyone previously in this application.

Name \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Business Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Hours of Work \_\_\_\_\_ Years Known \_\_\_\_\_

Name \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Business Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Hours of Work \_\_\_\_\_ Years Known \_\_\_\_\_







Weatherford Police Department Junior Police Academy

**\*\*Absent of any unforeseen emergencies, are you able to commit to attending the entire Academy, June 24-29?\***

**(Yes) or (No)**

**T-shirt size: (S) (M) (L) (XL) (XXL)**

**Hat size: (S/M) (L/XL)**

**Please ensure the following are attached to this packet.**

- 1. Letter of reference from current teacher, counselor, or school administrator.**
- 2. Copy of State ID, Learner's Permit, or State DL (if applicable)**

**For any questions regarding this packet, please contact Officer Allen Taylor at 817-598-4310 or [ataylor@weatherfordtx.gov](mailto:ataylor@weatherfordtx.gov).**



## Weatherford Police Department Junior Police Academy

### WEATHERFORD POLICE DEPARTMENT RELEASE AND WAIVER OF LIABILITY FOR THE JR. POLICE ACADEMY

I, the undersigned parent or legal guardian of \_\_\_\_\_, a minor, as an inducement to the City of Weatherford to allow the minor the privilege of participating in the Weatherford Police Department Junior Police Academy (the "Academy"), including participating in simulated traffic stops and building searches, exposure to crime scene images that may be graphic in nature and may include images from investigations into violent crimes, riding as a guest and voluntary observer in a police patrol vehicle, and accompanying an officer or officers of the Weatherford Police Department on patrol and in the exercise of their duties, including but not limited to training exercises and competitions. With full knowledge and understanding of the inherent dangers of police work in general and vehicle operation specifically, including but not limited to: motor vehicle accidents, vehicular pursuits, foot pursuits, apprehension of suspects, answering calls for assistance from citizens and other officers, and further recognizing the distinct and inherent possibility of physical danger, harm, accidents, and injuries which may result from such activities, I do hereby agree to allow \_\_\_\_\_, a minor, to participate in activities associated with the Program.

**I DO HEREBY AGREE TO ASSUME ANY AND ALL RISKS ATTENDANT TO SUCH ACTIVITIES WHETHER OCCURRING ON PUBLIC OR PRIVATE PROPERTY, WHICH MIGHT AFFECT THE MINOR OR ME IN ANY MANNER WHATSOEVER, AND DO HEREBY RELEASE AND AGREE TO HOLD HARMLESS THE CITY OF WEATHERFORD, ITS POLICE DEPARTMENT, OFFICERS, AGENTS AND EMPLOYEES, IN BOTH THEIR PUBLIC AND PRIVATE CAPACITIES, FROM ANY DANGER, PERSONAL INJURY, LIABILITY, CLAIMS, SUITS, DEMANDS OR CAUSES OF ACTION BELONGING TO THE MINOR OR TO ME AS A PARENT OR GUARDIAN WHICH MAY ARISE IN ANY MANNER WHATSOEVER FROM SUCH ACTIVITIES OR ON ACCOUNT OF THE JUNIOR POLICE ACADEMY, INCLUDING DAMAGES, PERSONAL INJURY, LIABILITY, CLAIMS, SUITS, DEMANDS OR CAUSES OF ACTION WHICH ARISE FROM THE NEGLIGENCE OR ACTS OR OMISSIONS OF THE CITY OF WEATHERFORD, ITS POLICE DEPARTMENT, OFFICERS, AGENTS OR EMPLOYEES.**

I further consent to the taking of photographs, videotape, or other visual reproductions of the minor's participation in the Academy, and to the use of such visual reproductions in any media or print format, publication, or promotion related to the Academy, including but not limited to dissemination on social media platforms with or without use of the minor's name.

It is further understood and agreed that the execution of this release shall not constitute a waiver by the City of Weatherford, its officers, agents, or employees of the defense of governmental or official immunity, where applicable, or any other defense, claim, cause of action or assertion of any kind or nature, recognized by any court of law, administrative agency, or other entity.

*Continue to following page*



## Weatherford Police Department Junior Police Academy

By signing this Parent's Authorization/Release Affidavit, I certify that the minor is good physical health and condition and is capable of mild physical activity. In the event that the minor is the subject of serious injury or illness while participating in the Academy, I hereby grant my permission for the minor to receive emergency medical treatment as recommended by the attending physician.

I acknowledge and understand that while participating in the Program the minor will be under the direction and supervision of the law enforcement officers of the Weatherford Police Department and that he/she will be expected to obey any and all directions given by the officers and/or supervisors. I further understand that the Weatherford Police Department reserves the right to dismiss any participant from the Academy at any time for any reason, including failure to comply with instructions or directions given by the officers and/or supervisors.

I certify that I have read the foregoing instrument, that I understand its terms and conditions, that I make this release and waiver voluntarily, and that I have not relied upon any representations made by the City of Weatherford, or its officers, agents, or employees in signing this release. It is understood that this permission and release is given by me individually and as parent or guardian of the minor. I further certify that I understand that in making this waiver of liability I am making a decision of substantial significance concerning the minor and myself.

PRINTED NAME:

SIGNATURE:

\_\_\_\_\_  
Parent/Guardian, individually  
and as next friend of  
\_\_\_\_\_, minor

\_\_\_\_\_  
Parent/Guardian, individually  
and as next friend of  
\_\_\_\_\_, minor

If you are an adult 18 years of age or older, this form is to be signed by the Academy Applicant.

SWORN TO AND SUBSCRIBED before me, the undersigned authority, on this the \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public



## Weatherford Police Department Junior Police Academy

### OPTIONAL HEALTH HISTORY INFORMATION

This information is ***optional*** but will assist the academy in ensuring the safety of all involved.

The information in this packet is accurate to the best of my knowledge

\_\_\_\_\_  
(Applicant's signature)

This information has been reviewed and verified by

\_\_\_\_\_  
(Parent's/Guardian's signature required if under 18 yrs of age)

the parent/guardian of

\_\_\_\_\_  
(Applicant's name)

This line should **ONLY** be completed if the applicant or parent/guardian refused to complete the health history information form:

Refused to provide information

\_\_\_\_\_  
(Applicant's signature or signature of parent's/guardian's if under 18 yrs of age)

Are you allergic to any medications? \_\_\_\_\_ If yes, list and explain: \_\_\_\_\_

Do you have any illness or condition that may prevent you from taking part in Academy Activities?

\_\_\_\_\_ If yes explain: \_\_\_\_\_

Are you taking any medications on a regular basis? \_\_\_\_\_ If yes, please list medication and dosage:

Do you have any hearing impairments? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

Have you ever been diagnosed with a mental or nervous disorder? \_\_\_\_\_ If yes, explain:

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





**Weatherford Police Department Junior Police Academy**

**HEALTH HISTORY INFORMATION**

Do you have, or have you ever had the following:

- Asthma
- Diabetes
- Fainting Spells
- Heart Trouble
- Convulsions
- Bleeding Disorders
- Any conditions that may require special care, medication, or diet

If yes to any of the above explain:

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Any restriction of activity for medical reasons?

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