

Instructions: This **must** be completed in **BLACK ink** only. Answer all questions completely. If the question is not applicable write "N.A." Write "UNKNOWN" only if you do not know the answer and cannot obtain the answer from personal records.

Position applied for \_\_\_\_\_

**PERSONAL BACKGROUND**

**1 Full Name**

\_\_\_\_\_  
(First) (Middle) (Last)

Other Names (Aliases, maiden names, nick names, etc.) \_\_\_\_\_

**2 Residence Address**

\_\_\_\_\_  
(Street and Number) (City) (State) (Zip)

**Mailing Address**

\_\_\_\_\_  
(Street and Number) (City) (State) (Zip)

**Office Address**

\_\_\_\_\_  
(Street and Number) (City) (State) (Zip)

**3 Home Telephone:** ( \_\_\_ ) \_\_\_\_\_ **Office:** ( \_\_\_ ) \_\_\_\_\_ **Cellular:** ( \_\_\_ ) \_\_\_\_\_

**4 E-mail Address** \_\_\_\_\_ **Personal Web Page URL** \_\_\_\_\_

**5 DOB** \_\_\_\_\_ **SSN** \_\_\_\_\_ **DL No.** \_\_\_\_\_ **Class** \_\_\_\_\_ **State** \_\_\_\_\_

**DL Expires** \_\_\_\_\_

**6 Eye Color** \_\_\_\_\_ **Hair Color** \_\_\_\_\_

**Scars, tattoos or other distinguishing marks** \_\_\_\_\_

**USE ADDITIONAL PAGES AT BACK, IF NECESSARY, TO COMPLETELY ANSWER ALL QUESTIONS**

**BEXAR COUNTY CONSTABLE PCT 3-BEXAR COUNTY POLICE  
AUTHORIZATION FOR RELEASE OF INFORMATION**

To: \_\_\_\_\_  
(leave blank)

I, \_\_\_\_\_, do hereby authorize the review and full disclosure of all records and documentation concerning me to any agent of the BEXAR COUNTY CONSTABLE PCT 3-BEXAR COUNTY POLICE, regardless whether said records and documentation are of a public, private or confidential nature, or otherwise protected under state law. It is the intent of this authorization to give my consent to the full and complete disclosure of the records and documentation of: educational institutions I have attended; financial or credit institutions, including records of loans and collateral, credit reports and ratings, and other financial statements and records wherever filed; medical and psychiatric treatment and consultations, including records of hospitals, clinics, private practitioners and the United States Veterans Administration, if applicable; all employment and pre-employment records and documentation, including background reports, efficiency ratings, performance evaluations, criminal history background checks (to the extent permitted by law), complaints of any nature, disciplinary actions and grievances filed by or against me and the records and recollections of attorneys at law or other counsel involving any civil, criminal or administrative actions in which I presently am or have been involved in any way; and any other records or documentation deemed necessary by the Bexar County Constable PCT 3 in reviewing my application for employment. I understand that any information or documentation received or obtained through a background investigation of me, whether received or obtained directly or indirectly, will be considered in determining my suitability for employment with the Constable PCT 3-Bexar County Police. I hereby certify and agree that any person or persons who may furnish information or documentation concerning me shall not be held liable for giving such information or documentation, and I hereby release all persons from any and all liability resulting from the disclosure of such records and documentation. A copy of this Authorization for Release of Information will be valid as an original thereof.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Subscribed and sworn before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public in and for the State of Texas

\_\_\_\_\_

STAMP OR SEAL

My Commission Expires

THE STATE OF TEXAS, COUNTY OF BEXAR

WAIVER OF LIABILITY RELEASE, INDEMNIFICATION  
AND HOLD HARMLESS AGREEMENT

KNOW ALL MEN BY THESE PRESENTS:

That I, the undersigned \_\_\_\_\_, a private person, for and in the sole consideration of the privilege of riding as a guest in a police vehicle of the Constable Pct 3 Bexar County Police during the period from \_\_\_\_\_ to \_\_\_\_\_, and recognizing that routine police activities involves certain inherent dangers and risks to persons and property, do hereby agree to assume the risks and dangers attendant to such activity, including but not limited to: damage to my property and/or personal injury to me as a result of motor vehicle accidents or motor vehicle collisions on either public streets or private property; damage to my property and/or personal injury to me as a result of altercations, assaults, or any other acts associated with affecting arrests of criminal suspects; damage to my property and/or personal injury to me resulting from the acts of third parties whether caused by errors, omissions, or negligent acts of said third parties to myself; damage to my property and/or personal injury to me resulting from my own activities, errors, omissions, or negligent acts; property damage and/or personal injury to others resulting from my own activities, errors, omissions, or negligent acts.

I hereby waive all claims, release, indemnify, defend, and hold harmless the Constable Pct 3 Bexar County Police and Bexar County and all of its officials, officers, agents, employees, in both their public and private capacities, from any and all liabilities, claims, suits, demands, expenses of litigation, or causes of action which may arise by reason of injury to myself, other persons, loss of or damage to any property occasioned by error, omission, or negligent act of myself or any other person, including but not limited to Constable Pct 3 Bexar County Police Officers, in all situations contemplated by the terms and conditions hereof and I will at my own cost and expense defend and protect the Constable Pct 3 Bexar County Police and Bexar County against any and all such claims and demands.

I hereby agree to indemnify, defend, and hold harmless the Constable Pct 3 Bexar County Police and Bexar County and all of its officials, officers, agent and employees from and against any and all claims, losses, damages, causes of action, suits, and liability of every kind, including all expenses of litigation, including but not limited to court costs and attorney's fees for the death of, or injury to any person or for loss of, damage to, or loss of use of any property arising out of any and all activities contemplated by this Agreement. Such indemnity shall apply whether the claims, losses, damages, causes of action, suites, or liability, arise in who or in part from the negligence of the Constable Pct 3 Bexar County Police, it's officers, officials, agent, or employees. IT IS THE EXPRESS INTENTION OF THE PARTIES HERE TO, BOTH MYSELF AND THE Constable Pct 3 Bexar County Police THAT THE ENDEMNITY PROVIDED FOR IN THIS PARAGRAPH IS INDEMNITY BY THE UNDERSIGNED TO INDEMNIFY AND PROTECT THE Constable Pct 3 Bexar County Police FROM THE CONSEQUESNCES OF THE Constable Pct 3 Bexar County Police and

Bexar County OWN NEGLIGENCE, WHETHER THAT NEGLIGENCE IS THE SOLE OR ONCURRING CAUSE OF THE INJURY, DEATH, OR DAMAGE.

It is further agreed that the execution of the "Waiver of Liability, release, Indemnification, and Hold Harmless Agreement" will not constitute a waiver by the Constable Pct 3 Bexar County Police of the defense provided at Common Law Statutes of the State Of Texas or recognized by the courts of the State Of Texas.

The above named individual, \_\_\_\_\_, by his/her signature hereto, does request permission and authorization to ride as a guest observer with the Constable Pct 3 Bexar County Police for the purpose of \_\_\_\_\_. He has read the Constable Pct 3 Bexar County Police Ride –Along Observer Rules of Conduct and agrees to abide by them.

Signed, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Signature: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

Witness: \_\_\_\_\_

Requested Ride Date: \_\_\_\_\_ Time: \_\_\_\_\_

Approved Ride Date: \_\_\_\_\_ Time: \_\_\_\_\_

Authorized By: \_\_\_\_\_

TO BE COMPLETED BY OBSERVER OFFICER:

Officers Name and Radio Number: \_\_\_\_\_

Date And Times (Start and End) of observation: \_\_\_\_\_

Constable Pct 3 Bexar County Police

**STATE OF TEXAS:**

**COUNTY OF BEXAR:**

Constable Pct 3 Bexar County Police:

KNOW ALL MEN BY THESE PRESENT:

That I, \_\_\_\_\_, for and in consideration of privileges extended to me by the Constable Pct 3 Bexar County Police, Bexar County, Texas, duly organized under the laws of the State of Texas, hereby acknowledged by my signature on this instrument, do hereby for myself, my heirs, executors, administrators, and assigns, forever release and discharge the Constable Pct 3 Bexar County Police, its officers, employees, servants, and agents, of and from nay and all claims, demands, actions, causes of action, and suits at law or in equity arising from any and all known and all unknown injuries, disabilities, damages and losses which I may suffer while I am accompanying any Constable Pct 3 Bexar County Police Officer in our out of a motor vehicle, on public or private property ,under any and all circumstances, while said police officer is on his official tour of duty, providing I am accompanying such officer for the purpose of being escorted on his official tour of duty or have been with said officer during his official tour of duty, or any part thereof.

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

Signature: \_\_\_\_\_

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

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

Officer to Ride With: \_\_\_\_\_

SUBSCRIBED AND SWORN TO before me, the undersigned authority, on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, to certify which witness my hand of seal of office.

\_\_\_\_\_

**NOTARY PUBLIC IN AND FOR BEXAR COUNTY, TEXAS**

**ADDENDUM FOR MINORS-PARENTAL PERMISSION**

**Only minors with signed permission may participate.**

**EMERGENCY CONTACT**

In case of unusual circumstances, the Officer will contact:

Name: \_\_\_\_\_ Day Phone: \_\_\_\_\_

Evening Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Day Phone: \_\_\_\_\_

Evening Phone: \_\_\_\_\_

IF I CANNOT BE REACHED IN THE EVENT OF AN EMERGENCY, THE FOLLOWING PERSON IS AUTHORIZED TO IN MY BEHALF:

Name: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

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

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

My child has permission to:

- Ride with officers, non-emergency situations \*
- Observe or work in a controlled office environment
- Be trained in non-hazardous surveillance techniques and duties
- Perform non-hazardous support duties
- Other: \_\_\_\_\_

During the activity, I may be reached at (address) \_\_\_\_\_

City, \_\_\_\_\_ State, \_\_\_\_\_ Zip, \_\_\_\_\_

Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

\* I understand that even non-hazardous duties may become hazardous due to unforeseen or some unreasonably foreseeable situations such as motor vehicle crashes or other events. Officers are instructed to not engage in reasonable foreseeable activity that could place a rider or person attending to office duties in danger but I recognize some risk exists in every activity. I have read and signed the preceding Hold Harmless Agreement as it applied to my child's participation in any of these activities. If training is required, parents are invited to attend the classes to observe for themselves the nature and type of duties their child pay perform.

Parent of Guardian's Name: \_\_\_\_\_

Parent or Guardian's Signature: \_\_\_\_\_

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