



PERSONAL HISTORY STATEMENT

APPLICANT: _____

DATE: _____

RETURN BY: January 30, 2026 @ 4 p.m.

You have until **Friday, January 30th, 2026 at 4:00 p.m.** to return your packet to:

HR Specialist Christina Segrest – csegrest@co.walker.tx.us

Call: (936) 436-4941

Walker County

1301 Sam Houston Ave, Ste. 110

Huntsville, Texas 77340

REVISED 12/04/2025

Personal History Statement Instructions

Employees are exposed to personal, confidential, medical, and law enforcement sensitive information. A thorough background investigation is required to properly evaluate the suitability of applicants for employment with this agency. Although it is an achievement to reach the background phase of the hiring process, this is still a competitive process and does not, in any way, guaranty selection.

If for any reason you do not understand a question or you have a request for information, you may call HR Specialist Christina Segrest at Walker County Human Resources (936) 435-4941, between the hours of 8:00 a.m. and 5:00 p.m. Monday through Friday. If you are from out of town, you may return the Personal History Statement by mail along with copies of all the required documents. If you live locally, you will return this statement in person to the Walker County Human Resources between 8:00 a.m. and 12:00 p.m. and 1:00 p.m. and 5:00 p.m. Monday through Friday. The information will then be forward to Communications Director Anthony J. Tryon. The decision to interview you will be made upon completion of the background investigation. Once the background investigation is complete you **may or may not** be called for an interview. **If you pass the interview you will be required to complete a non-paid four-hour observation period in the Communications Center.** If you are selected for the position you will be sent for a physical/drug screen/psychological and hearing exam at the Center's expense. You will not receive a formal job offer until the physical/drug screen/psychological and hearing exam are completed and notification is received that you passed.

These instructions are provided as a guide to assist you in properly completing your Personal History Statement for the position of Public Safety Telecommunicator (Public Safety Dispatcher). The starting salary for non-licensed Telecommunicators is \$47,201 (\$22.69 / hour) while in training and \$48,501 annually (\$23.32 / hour) upon completion of training/licensure. **The starting salary range for Licensed Telecommunicators is \$48,501 - \$72,665 dependent upon experience, qualifications, and training. It is essential that the information is accurate in all respects so please read all instructions carefully before proceeding.** The Personal History Statement will be used as a basis for a background investigation that will determine your eligibility for becoming an employee.

INSTRUCTIONS FOR RETURNING YOUR PERSONAL HISTORY STATEMENT AND REQUIRED DOCUMENTS

1. Your application must be printed legibly in **BLACK INK** by the applicant or typed. Answer all questions truthfully and accurately.
2. If a question is not applicable to you, enter **N/A** in the space provided. **DO NOT** leave any question blank or unanswered.
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 full addresses. If you are not sure of an address, personally verify before making that entry on this history statement. Errors will not be viewed favorably. **ALL ADDRESSES MUST BE COMPLETE WITH ZIP CODES.**
5. If you need additional space for your answers, attach an additional sheet or sheets as needed. Be sure to indicate what question number and page this refers to.
6. An accurate and complete statement will help expedite your investigation. **Omissions or falsifications** will result in **disqualification.**
7. You are responsible for furnishing any changes and/or updating your application as needed, such as address changes or telephone changes in writing.
8. Any candidate submitting an incomplete application **WILL NOT BE CONSIDERED FOR EMPLOYMENT.** Your application **will be evaluated on completeness and neatness.**

Personal History Statement
Required Documents

All applicable documents requested must be submitted with the application (photocopies are acceptable in most cases).

- ☐ Completed Personal History Statement
- ☐ Copy of your Social Security card.
- ☐ Original certified copy of your birth certificate. (No photo copy)
- ☐ Copy of your valid Texas driver license or a copy of another State's driver license. Applicant must possess a valid Texas driver license prior to being offered employment.
- ☐ Copy of your High School diploma or GED certificate or an honorable discharge from the armed forces of the United States after at least 24 months of active service.
- ☐ Copy of High School Transcript
- ☐ Photocopy of your college diploma.
- ☐ Original certified copy of College Transcript (No Copy)
- ☐ Copy of your DD-214 and/or other military discharge documents (If applicable).
- ☐ Original certified copy of your Naturalization papers, if applicable. (No photo copy)
- ☐ Copy of current proof of automobile liability insurance.
- ☐ Copy of Texas Telecommunicator license and all training certificates awarded to you.
- ☐ Any additional certificates of training including public safety communications, law enforcement, CPR, computer, medical, fire or other related training.

If you are unable to obtain all of the required documents **by the deadline, you must contact Christina Segrest. You will be required to obtain the documents before proceeding to the background investigation phase** of the employment process. If the documents are not received by the deadline date your application may be rejected.

If you have any questions, contact Christina Segrest. Phone (936) 436-4941, Email csegrest@co.walker.tx.us

THIS SECTION FOR DEPARTMENTAL USE ONLY

REQUIRED DOCUMENT VERIFICATION

Reviewed by: _____

Date of Review: _____

	VIEWED	RETAINED ORG/COPY
Social Security Card	<input type="checkbox"/> Original <input type="checkbox"/> Copy	____/____
Birth Certificate	<input type="checkbox"/> Original <input type="checkbox"/> Copy <input type="checkbox"/> N/A	____/____
Driver License	<input type="checkbox"/> Original <input type="checkbox"/> Copy <input type="checkbox"/> N/A	____/____
High School Diploma	<input type="checkbox"/> Original <input type="checkbox"/> Copy <input type="checkbox"/> N/A	____/____
High School Transcript	<input type="checkbox"/> Original <input type="checkbox"/> Copy <input type="checkbox"/> N/A	____/____
G.E.D. Certificate	<input type="checkbox"/> Original <input type="checkbox"/> Copy <input type="checkbox"/> N/A	____/____
Automobile Insurance	<input type="checkbox"/> Original <input type="checkbox"/> Copy <input type="checkbox"/> N/A	____/____
TCOLE Certificates	<input type="checkbox"/> Original <input type="checkbox"/> Copy <input type="checkbox"/> N/A	____/____

Comments: _____

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 Telecommunicator in Texas.

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

_____ I have earned a high school diploma, a GED, or an honorable discharge from the armed forces of the United States after at least two years active service.

_____ 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 other discharge based on misconduct which bars future military service..

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 falsifying information on a governmental document.

Once you begin:

- Type or neatly print, in ink, responses to all items and questions. If a question does not apply to you, write "N/A" (not applicable) in the space provided for your response. If you cannot obtain or remember certain information, indicate so in your response.
- If you need additional space for your answers, attach additional sheets as needed. Be sure to indicate what question number and page this refers to
- Be as complete, honest and specific as possible in your responses.

Disclosure of Medically Related Information

In accordance with the U.S. Americans with Disabilities Act, at this stage of the hiring process applicants are not expected or required to reveal any medical or other disability-related information about themselves in response to questions on this form, or to any other inquiry made prior to receiving a conditional offer of employment.

APPLICANT IDENTIFICATION

INFORMATION PROVIDED IN THIS SECTION IS USED FOR IDENTIFICATION PURPOSES ONLY.

Last Name	First	Middle	Maiden
Street Address		Apt. No.	
City		State & Zip Code	
Mailing Address (if different from residence)		State & Zip Code	
Home Telephone No.	Work Telephone No.	Cellular No.	
Date of Birth	Social Security No.	Pager No. Driver's License No. & State	

TCOLE PID _____ License Proficiency _____

Have you ever been known or gone by any other name (excluding nick-names)? If yes, give details.

Place of Birth (City, County, State, Country) _____

Are you a U.S. Citizen by Birth? _____ Are you a Naturalized Citizen? _____

Height _____ Weight _____ Eye Color _____ Hair Color _____

Scars, Tattoos (description and location) or other distinguishing marks _____

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

List ALL E-Mail Addresses (S) _____

MARITAL & FAMILY HISTORY

Single _____ Married _____ Engaged _____ Co-habiting _____

Spouse's/Co-habitant's name (include maiden name) _____

Address _____

Date of Birth _____ Date of Marriage _____

Employer(s) _____

Employer & Address _____

Home Telephone No. _____ Work Telephone No. _____

Roommate(s)(do not include parents or cohabitants) _____

Date(s) of birth _____

If you have been separated, divorced, or widowed, provide details below:

Date of Marriage _____

City & State _____

Separated _____ Date _____

Divorced _____ Date _____

Widowed _____ Date _____

Annulled _____ Date _____

Court or State issued _____

Ex-spouse's Name _____

Date of Birth _____

Telephone No. _____

Date of Marriage _____

City & State _____

Separated _____ Date _____

Divorced _____ Date _____

Widowed _____ Date _____

Annulled _____ Date _____

Court or State issued _____

Ex-spouse's Name _____

Date of Birth _____

Telephone No. _____

Identify children related to you or your spouse (Natural, Step-Children, Adopted, or Foster Children)

Relation	Name	Date of Birth	Address

Identify relatives in the following order: Father, Mother (include maiden name), step-parents (if any), brothers and sisters, step-siblings (if any).

Relationship	Name	Complete Address	Phone Number	DOB

RESIDENCES

Identify all residences where you have lived in the last 10 years, **beginning with the most recent, including your present address.** List date by month/year. **Include military assignments. (No TDY's)**

From	To	Address	City	State & Zip code

PERSONAL REFERENCES

List five (5) persons who know you well enough to provide current information about you. Do not list relatives, former or present employers, supervisors or other individuals listed elsewhere.

Name _____ Years known: _____

Address _____

Home Telephone _____ Alternate Telephone _____

Email Address _____ Nature of Relationship _____

Name _____ Years known: _____

Address _____

Home Telephone _____ Alternate Telephone _____

Email Address _____ Nature of Relationship _____

Name _____ Years known: _____

Address _____

Home Telephone _____ Alternate Telephone _____

Email Address _____ Nature of Relationship _____

Name _____ Years known: _____

Address _____

Home Telephone _____ Alternate Telephone _____

Email Address _____ Nature of Relationship _____

Name _____ Years known: _____

Address _____

Home Telephone _____ Alternate Telephone _____

Email Address _____ Nature of Relationship _____

Identify below any employees of the Walker County Public Safety Communications Center with whom you are acquainted:

TRAFFIC RECORD

Identify all vehicles that you currently own or operate:

Year	Make	Model	Color	License Plate No.	Owner

Please list your current automobile insurance carrier: _____ Expires: _____

Have you ever possessed a driver's license issued by any state other than Texas? Yes _____ No _____
If yes, give details below:

Driver's License No. _____ State _____ Date issued _____

Driver's License No. _____ State _____ Date issued _____

Have you **ever** had your driver's license suspended or revoked? Yes _____ No _____ If yes, give reason, date, and length of suspension: _____

Identify all motor vehicle accidents you have been involved in during the last 10 years.

Date	Location	Police Report: Yes/No
Cause of Accident (e.g., ran red light, failed to control speed)		
Date	Location	Police Report: Yes /No
Cause of Accident (e.g., ran red light, failed to control speed)		

Identify all traffic citations you have received within the last 10 years, excluding parking tickets:

Month/Year	Violation	City & State	Disposition (e.g., defensive driving, dismissed)

ARRESTS, DETENTIONS, AND LITIGATION

Have you **ever** been arrested or detained by law enforcement?

Yes _____ No _____ If yes, complete the following table:

Agency	Offense	Date	Location	Outcome

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 a party to a civil suit or action? 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: _____

Do you anticipate being sued or named in any type of lawsuit or proceeding? Yes_____ No_____

FAMILY AND RELATIVES' ARRESTS

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

Yes_____ No_____ If yes, complete the following table:

Name/Relationship	Charge/Offense	Outcome	Year	Agency

FINANCIAL HISTORY

Your current net monthly income _____ Spouse's current net monthly income _____

Source	Amount	Frequency
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you have any accounts with a financial institution? Yes___ No___

Name(s) of financial institution(s) _____

Type(s) of account(s) _____

Identify any person or entity to whom you are indebted, and the extent of your indebtedness. Include mortgages, vehicle payments, charge accounts, credit cards, loans, child support payments, and any other debts or payments.

Name of Creditor (e.g., Sears, Citi financial)	Type of Debt (e.g., student loan, automobile)	Monthly Payment	Approx. Balance

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? _____

Identify any person or entity to which you are **more than 30 days late** in paying. Include mortgages, vehicle payments, charge accounts, credit cards, loans, child support payments, and any other debts or payments.

Name of Creditor (e.g., Sears, Citi financial)	Type of Debt (e.g., student loan, automobile)	Number of Days Late	Reason

EMPLOYMENT HISTORY

Beginning with your present or most recent job, list all employment since the age of sixteen (16). Include full-time, part-time, temporary, seasonal, military assignments, or unpaid internships, plus all periods of unemployment.

If you are currently employed, may we contact your present employer? Yes ____ No ____

1. Employer _____ From _____ To _____

Address _____

Telephone No. _____

Job Title _____ Beginning and Ending Salary _____ / _____

Work Schedule _____

Name of supervisor _____ Supervisor contact information _____

Name of a co-worker _____ Co-worker contact information _____

Duties: _____

Identify any disciplinary actions you received: _____

Reason for Leaving: _____

Was there an unemployment period between previous employment and the one listed above? ____ Yes ____ No

If yes, provide dates and explain: _____

2. Employer _____ From _____ To _____

Address _____

Telephone No. _____

Job Title _____ Beginning and Ending Salary _____ / _____

Work Schedule _____

Name of supervisor _____ Supervisor contact information _____

Name of a co-worker _____ Co-worker contact information _____

Duties: _____

Identify any disciplinary actions you received: _____

Reason for Leaving: _____

Was there an unemployment period between previous employment and the one listed above? ____ Yes ____ No

If yes, provide dates and explain: _____

Address _____

Job Title _____ Beginning and Ending Salary _____ / _____

Name of supervisor _____ Supervisor contact information _____

Name of a co-worker _____ Co-worker contact information _____

Duties: _____

Identify any disciplinary actions you received: _____

Reason for Leaving: _____

Was there an unemployment period between previous employment and the one listed above? _____Yes _____No

If yes, provide dates and explain: _____

4. Employer _____ From _____ To _____

Address _____

Telephone No. _____

Job Title _____ Beginning and Ending Salary _____ / _____

Work Schedule _____

Name of supervisor _____ Supervisor contact information _____

Name of a co-worker _____ Co-worker contact information _____

Duties: _____

Identify any disciplinary actions you received: _____

Reason for Leaving: _____

Was there an unemployment period between previous employment and the one listed above? ____ Yes ____ No

If yes, provide dates and explain: _____

8. Employer _____ From _____ To _____

Address _____

Telephone No. _____

Job Title _____ Beginning and Ending Salary _____ / _____

Work Schedule _____

Name of supervisor _____ Supervisor contact information _____

Name of a co-worker _____ Co-worker contact information _____

Duties: _____

Identify any disciplinary actions you received: _____

Reason for Leaving: _____

Was there an unemployment period between previous employment and the one listed above? ____ Yes ____ No

If yes, provide dates and explain: _____

EDUCATIONAL HISTORY

High School(s) attended	Address	Dates attended From-To	Graduated Yes/No

Do you have a G.E.D. Certificate? _____

Were you **ever** expelled from school? If yes, give details: _____

Identify all colleges, universities, or technical schools you have attended:

Name	City & State	Dates attended	Hours completed	Major	Degree & Date

MILITARY OBLIGATION

Have you ever served in the U.S. Armed Forces or State Military Forces? Yes _____ No _____

Served from _____ to _____ Highest Rank held _____
Date Date

Branch of Service _____ Unit _____

Job Title(s) (e.g., Rifleman, Security) _____

Type of discharge _____ Last Duty Station: _____

Are you actively serving in a Reserve Unit (including State Military Forces)? Yes _____ No _____

Serving from _____ to _____ Current Rank held _____
Date Date

Branch of Service _____ Unit _____

MOS/Job Title(s) (e.g., Rifleman) _____

Have you **ever** been subject to court martial or any other disciplinary proceeding under the Uniform Code of Military Justice? (Include non-judicial, Captain's mast, etc.) If "Yes," provide date(s), charge(s), military court(s) or authority(ies), and outcome(s).

SPECIAL QUALIFICATIONS & SKILLS

Identify any special licenses you hold (e.g., pilot, radio operator): _____

If you know a foreign language, indicate your fluency in each block below (excellent, good, fair)

Language	Understanding	Speaking	Reading	Writing

Do you have any experience with firearms? Yes _____ No _____

MEMBERSHIP IN ORGANIZATIONS (PAST AND PRESENT)

Name & Address	Type (e.g., social, fraternal, professional)	From	To

Have you **ever** been an officer or a member of, or made a contribution to, an organization that advocates or practices the commission of acts of force or violence to discourage others from exercising their rights under the U.S. Constitution or right granted by law. Yes _____ No _____

PERSONAL DECLARATIONS

Do you consume alcoholic beverages? Yes _____ No _____ If "Yes", how often? _____

Have you **ever** used marijuana or hashish? Yes _____ No _____ If yes, when last used? _____

Have you **ever** used any illegal drug (including a performance-enhancing steroid) not prescribed by a physician?

Yes _____ No _____ If yes how often _____ When last used _____

Provide explanation: _____

Have you **ever** sold or furnished controlled substances or prescription drugs to anyone? Yes _____ No _____

If yes, give details: _____

Are there any incidents in your life, or details not mentioned herein, which may influence this department's evaluation of your suitability for employment as a Telecommunicator?

If yes, explain:

Have you **ever** been employed by or applied with any other Law Enforcement agency or Emergency Communications Center? Yes ____ No ____

If yes, please identify to the best of your knowledge:

Agency Name & Address	Date Applied or Hired	Result

Identify any additional information you think should be considered in your application for the position you are seeking, and/or any further explanation of answers to previous questions:

I hereby certify that there are no misrepresentations, omissions, or falsifications in the foregoing statements and answers to the above questions. I fully understand that any misrepresentation, omission, or falsification may deem me permanently unsuitable, or if hired, may lead to the termination my employment.

Signature of applicant

Date

Before me personally appeared _____ who stated this document and its intent was explained to him/her that he/she has full knowledge of its purpose and that he/she executed this instrument of his/her free will and accord.

Sworn to and subscribed before me on this __ day of _____, _____

SEAL or STAMP

Signature of Notary

My Commission Expires: _____

WALKER COUNTY PUBLIC SAFETY COMMUNICATIONS CENTER
717 FM 2821 West Suite 100, Huntsville, Tx 77320
936-435-8001

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the Walker County Public Safety Communications Center, whether said records are of a public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions, financial statements, employment and pre-employment records including background reports, efficiency ratings, pre-employment physical results, complaints or grievances filed by or against me and the records of attorneys at law whether representing me or another person in all criminal or civil cases in which I presently have, or have had an interest.

I understand that any information obtained by a personal history background investigation, which is developed either directly or indirectly, in whole or in part, upon this release authorization will be considered to determine my suitability for employment by the Walker County Public Safety Communications Center. I also certify that any person(s) who may furnish such information, herein described, concerning me shall not be held accountable for giving this information, and I hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information. I understand that in the event I am not selected by the Walker County Public Safety Communications Center for employment no part of the background investigation information will be made available to me. A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

Signature (include maiden name)

Printed Name of Applicant Social Security Number Date of Birth

Applicant Street Address City State Zip Code

Subscribed and sworn to, before me, the undersigned, on this _____ day of _____, 20__.

Notary Public in and for the State of Texas

My Commission expires:_____