



FORT BEND COUNTY
 Sheriff's Office
 APPLICANT
 PERSONAL HISTORY STATEMENT



NAME Manuel F. Zamora

DATE ISSUED: _____

COMPLETE AND RETURN BY: _____

11-19-20P02:30 RCVD

I am applying for:

Peace Officer PID# [REDACTED]

County Jailer PID# _____ *

Telecommunicator PID# _____ *

Civilian Employment: Detention Officer Civilian / Bonding Clerk / Administrative Assistant /
 Records Clerk

*Put None if you do not have a PID from the Texas Commission on Law Enforcement (TCOLE)

Personal History Statement Instructions

Employees are exposed to confidential and law enforcement sensitive information. A thorough background investigation is required to properly evaluate the suitability of applicants for employment with the 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.

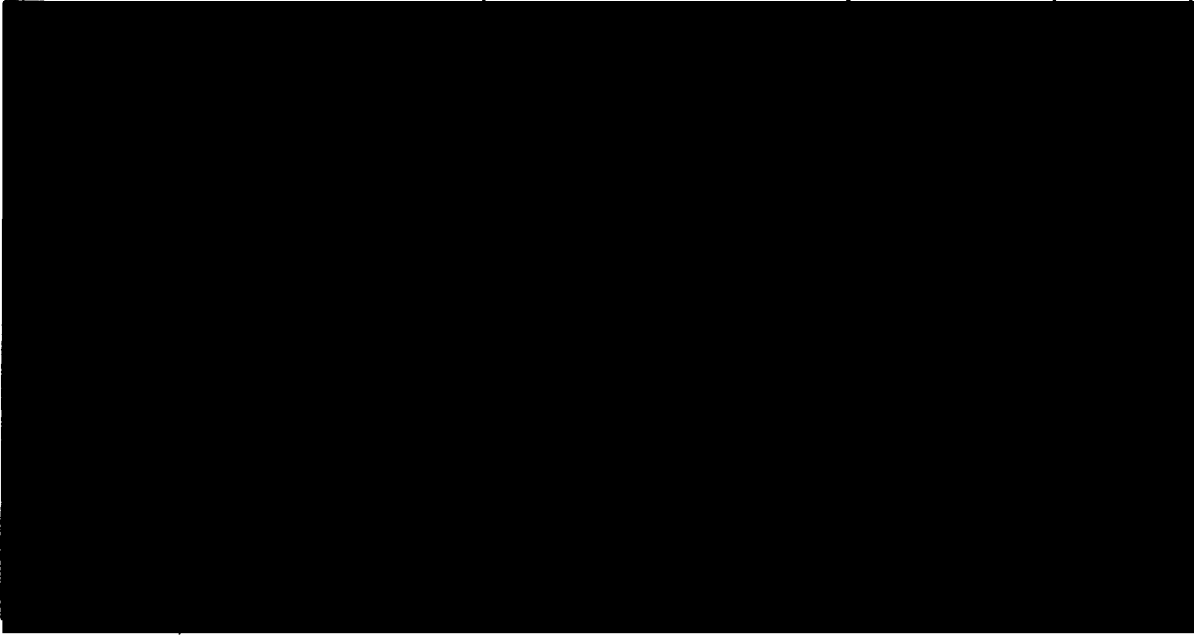
These instructions are provided as a guide to assist you in properly completing your Personal History Statement. It is essential that the information is accurate in all respects so please read all instructions carefully before proceeding. The Personal History Statement will be used as a basis for a background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

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.
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 additional sheets as needed. Be sure to indicate what question number and page this refers to.
6. An accurate and complete form 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.
9. **All documents requested must be submitted with the application** (photocopies are acceptable in most cases). *Required documents vary according to the position being sought and the history of the applicant. ***THE SHERIFF'S OFFICE HR DOES NOT NOTARIZE APPLICATIONS.*
 - Copy of your Social Security Card
 - Original certified copy of your birth certificate **No Photocopy** ****The HR staff will make a copy from your original**
 - Copy of your valid Texas driver's 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/transcript or GED certificate
 - Sealed original certified copy of your college transcript (**No photocopy**)
 - Photocopy of your college diploma
 - Copy of your Peace officer Certificate from your police academy (**Peace Officer Applicants Only**)
 - Copy of your Texas peace officer license and all training certificates awarded to you. (**Peace Officer Applicants Only**)
 - Copy of your DD-214 if applicable. Must possess an honorable discharge.
 - Original certified copy of your Naturalization papers, if applicable (**No photocopy**)
 - Copy of current proof of automobile liability insurance
 - Copy of a TCOLE Approved Firearms Qualifications within the last 12 months.
 - A 2" x 2" "passport" style Color photograph of you taken within the last 90 days.
 - Copy of all criminal dispositions for charges listed on page 44
10. If you have any questions, please contact Fort Bend County Sheriff's office HR (281) 238-1586 or E-Mail **FBCSOHR@fortbendcountytexas.gov** .
11. When submitting the completed documents, please place them in an envelope marked with your name and position you applying for.

Initial this page to indicate that you have provided complete and accurate information: _____

SECTION 1: PERSONAL

1. Last Name <i>Zamora</i>	First <i>Manuel</i>	MI <i>F</i>	Suffix
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12. Scars, Tattoos (description and location) or other distinguishing marks:

None

13. Have you ever attended a basic licensing course? Yes No

If yes, provide the PID you were assigned:

A. Academy Name <i>Houston Police Academy</i>	From <i>1981</i>	To <i>1981</i>	Did you Graduate? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Location (City / State) <i>Houston, TX 77002</i>	Name of Training Coordinator <i>Unknown</i>		Contact Number <i>[Redacted]</i>
B. Academy Name <i>N/A</i>	From <i>N/A</i>	To <i>N/A</i>	Did you Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No
Location (City / State) <i>N/A</i>	Name of Training Coordinator <i>N/A</i>		Contact Number <i>N/A</i>

14. Have you ever applied to any other law enforcement agency in the last ten years (city, county, state or federal)?

Yes No

- If yes, list ALL agencies you have applied to, starting with the most recent (give complete and accurate addresses).
- All agencies MUST be listed regardless of the outcome or current status. Check all boxes that apply for each agency.
- 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.

A. Name of Agency

Katy Independent School District

Position Applied For

Police Chief

Date Applied

2020

B. Name of Agency

Rice University Police

Position Applied For

Commander

Date Applied

2019

C. Name of Agency

Richmond Police Dept

Position Applied For

Chief of Police

Date Applied

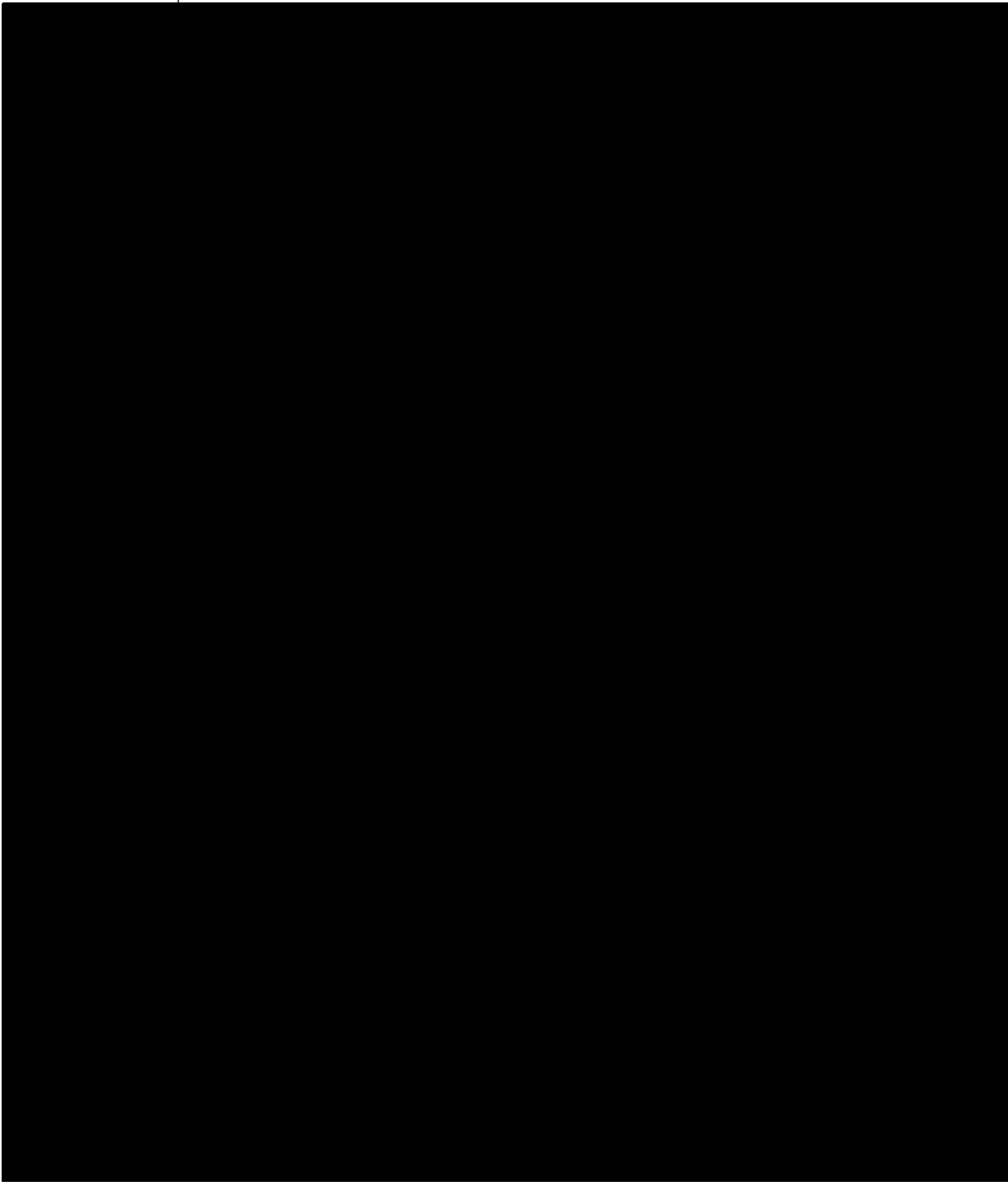
2020

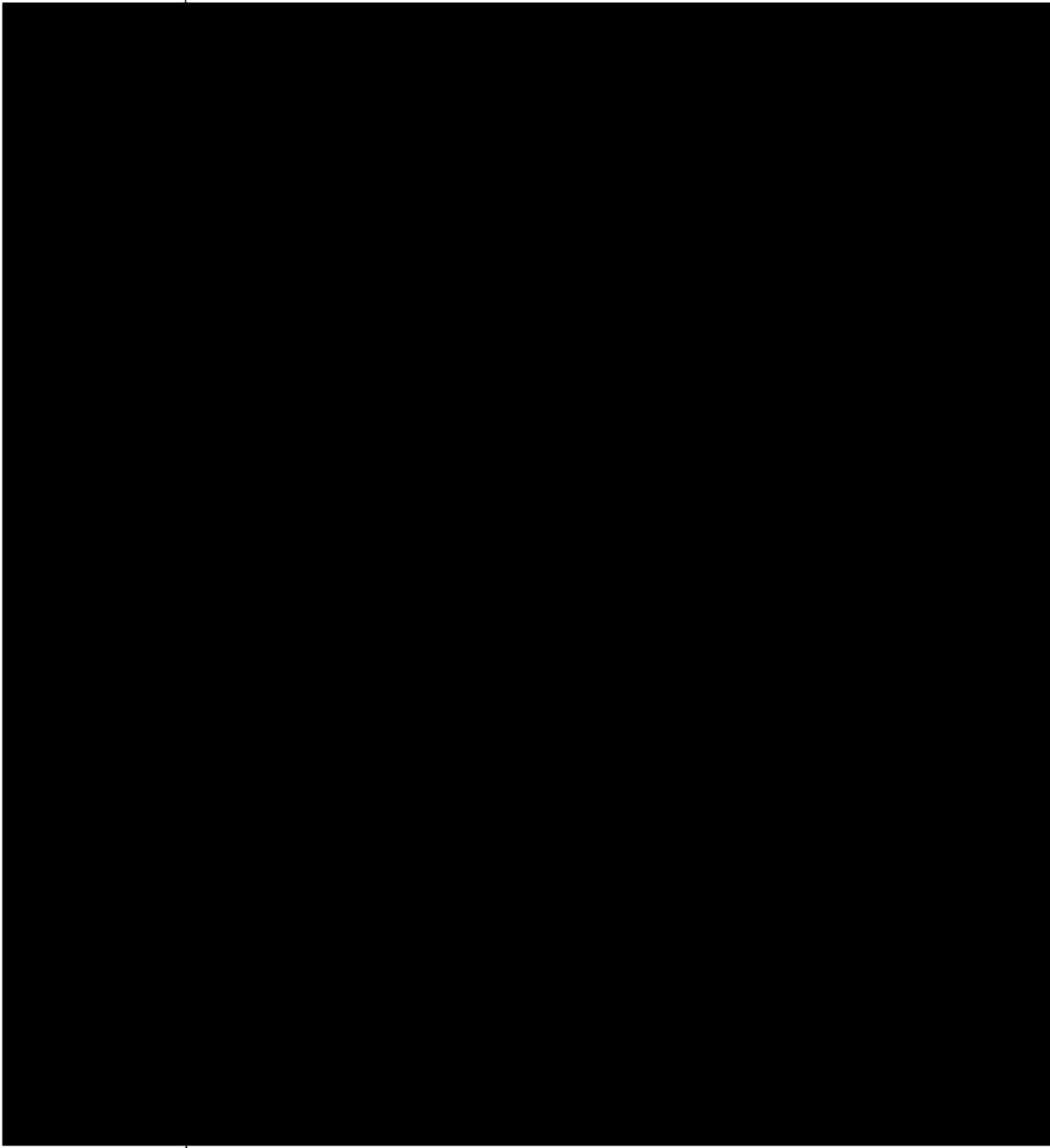
SECTION 2: RELATIVES AND REFERENCES

15. IMMEDIATE FAMILY

- Provide all applicable information in the spaces below.
- Mark "N/A" if a category is not applicable. If Deceased or No Contact, please indicate that in Address field.
- 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.







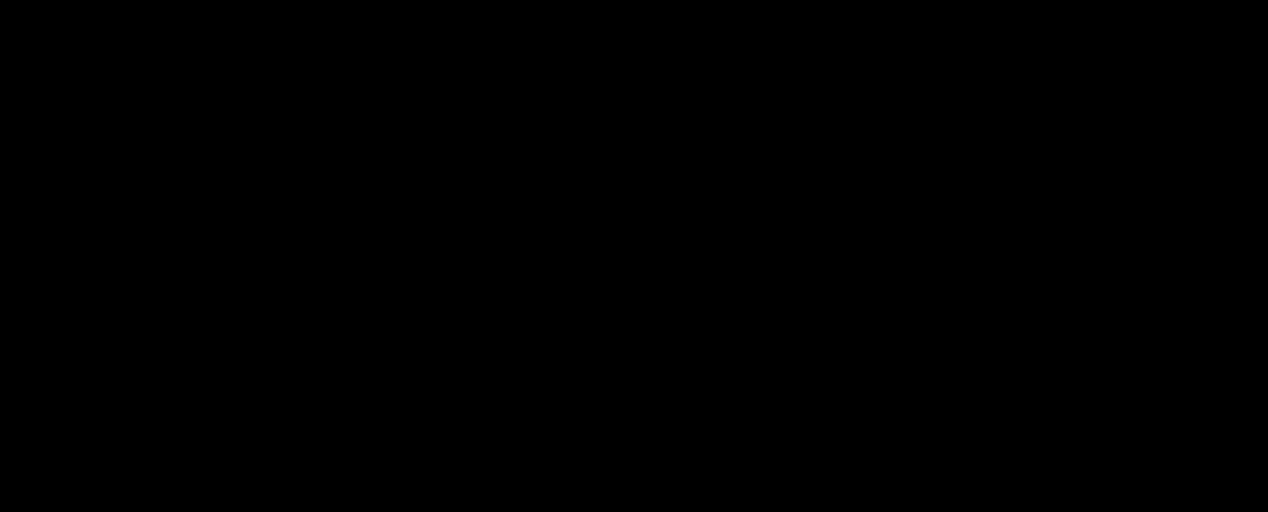
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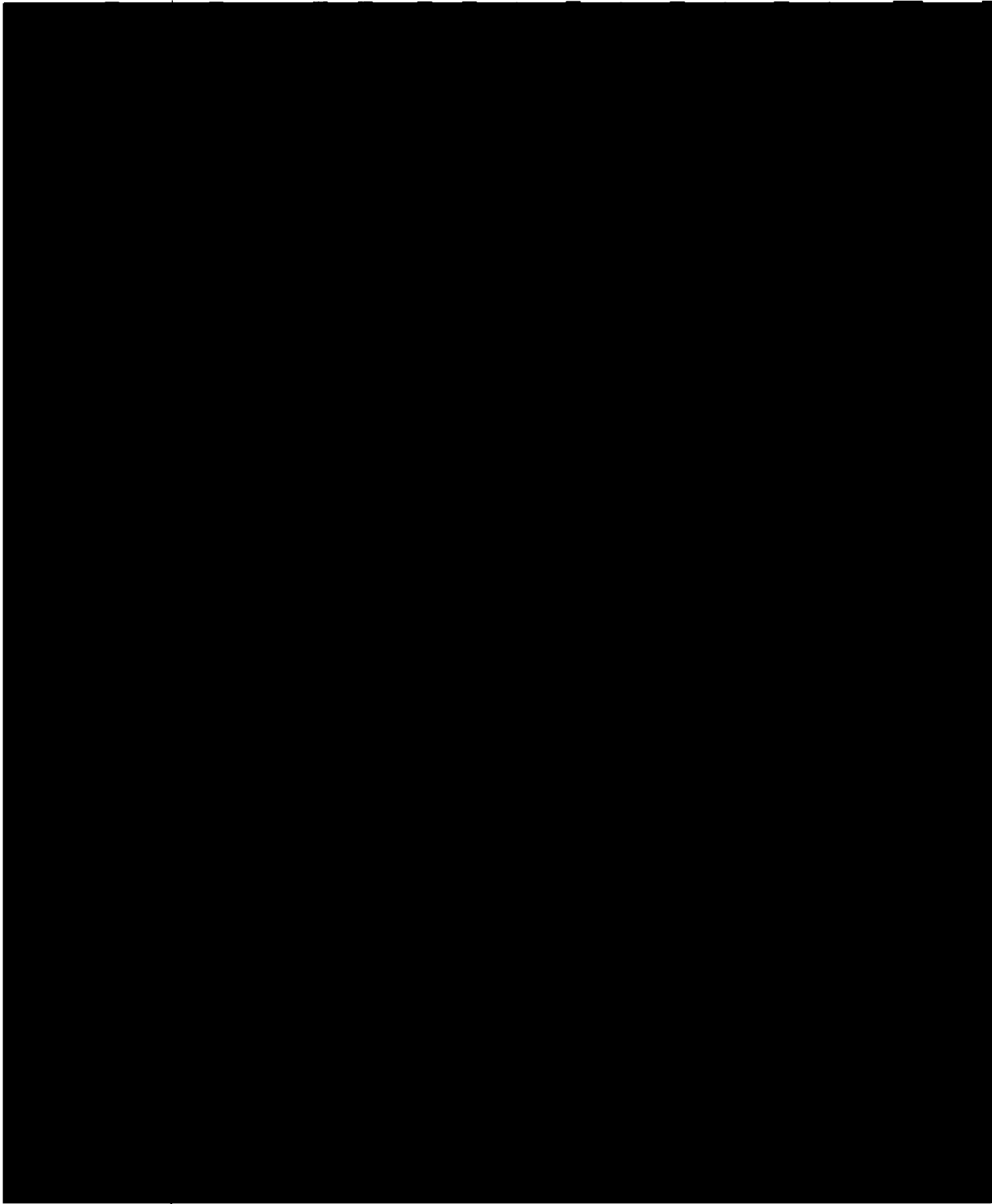
4. Name		N/A		DOB	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Home Address	N/A	City	State	Zip	Phone #	
Work Address	N/A	City	State	Zip	Phone #	
Cell	Email					

5. Name		N/A		DOB	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Home Address	N/A	City	State	Zip	Phone #	
Work Address	N/A	City	State	Zip	Phone #	
Cell	Email					

6. Name		N/A		DOB	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Home Address	N/A	City	State	Zip	Phone #	
Work Address	N/A	City	State	Zip	Phone #	
Cell	N/A	Email				

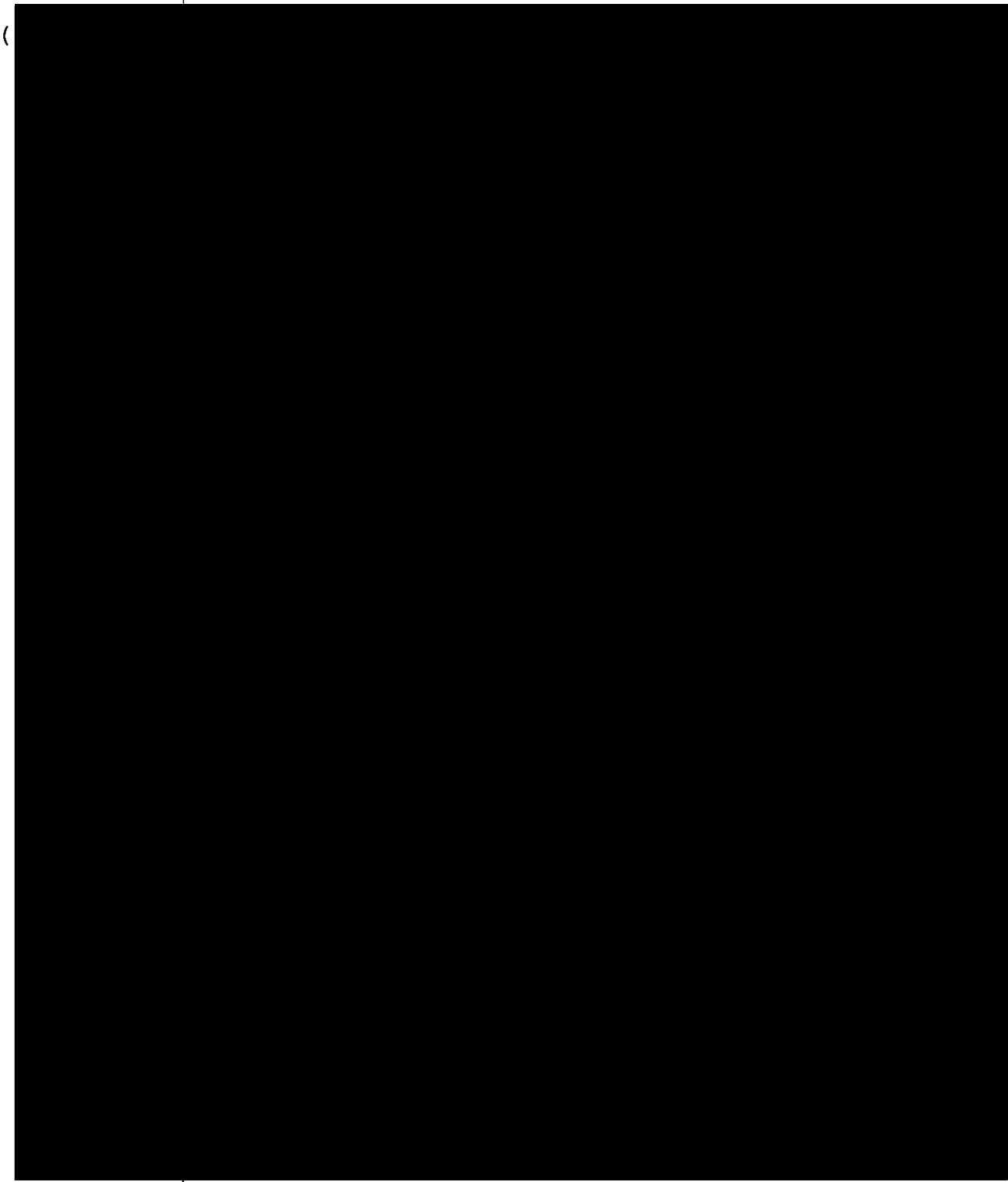
<input type="checkbox"/> N A	K. CHILDREN List all of your children, including natural, adopted, step, and/or foster care. Include any other children who reside with you. Provide the name and contact information of the custodial parent or guardian, if other than you.
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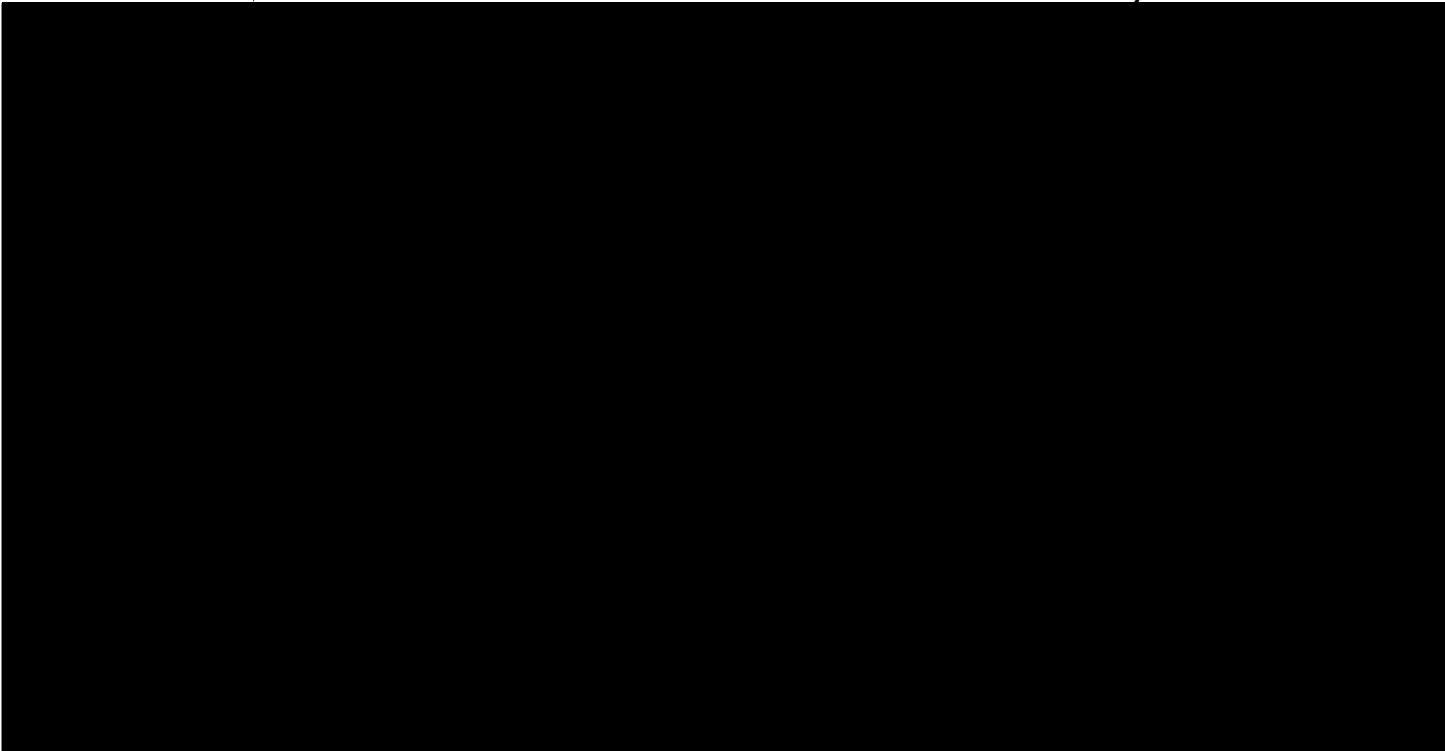
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SECTION 3: EDUCATION

NOTE: You will be required to furnish transcripts or other proof to support all of your educational claims.			
16. Check applicable: <input checked="" type="checkbox"/> High School Diploma <input type="checkbox"/> GED <input type="checkbox"/>			
17. List High Schools Attended or where you obtained your GED. East Central High School			
A. Name	East Central High School	City	San Antonio State TX
From	1973	To	1976 Did you graduate? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B. Name	N/A	City	N/A State —
From	—	To	— Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No
18 List all colleges or universities attended:			
A. Name	San Antonio Junior College	City	San Antonio State TX
From	1976	To	1977 Type of Degree Earned None Total Units Earned 39

B. Name		University of Houston	City	Houston	State	TX
From	To	Type of Degree Earned		Total Units Earned		
1986	2006	B.S. / M.A. / Ph.D		174 hours		

C. Name		University of Virginia	City	Quantico	State	VA FX
From	To	Type of Degree Earned		Total Units Earned		
1995	1995	Certificate		15 hrs.		

19. List any trade, vocational, or business schools / institutes attended.

A. Name	N/A	From	To	Did you complete the course?
Type of school or training	N/A	City	State	<input type="checkbox"/> Yes <input type="checkbox"/> No
B. Name	N/A	From	To	Did you complete the course?
Type of school or training	N/A	City	State	<input type="checkbox"/> Yes <input type="checkbox"/> No
C. Name	N/A	From	To	Did you complete the course?
Type of school or training	N/A	City	State	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 3: EDUCATION *continued.*

20. Have you ever been placed on academic discipline, suspended or expelled from any high school, college/university, business or trade school? Yes No

If yes, describe in detail below. Starting with high school, list any and all disciplinary actions received in any school or educational institution. Include when the disciplinary action(s) occurred, name of school(s), and explanation of circumstances.

N/A

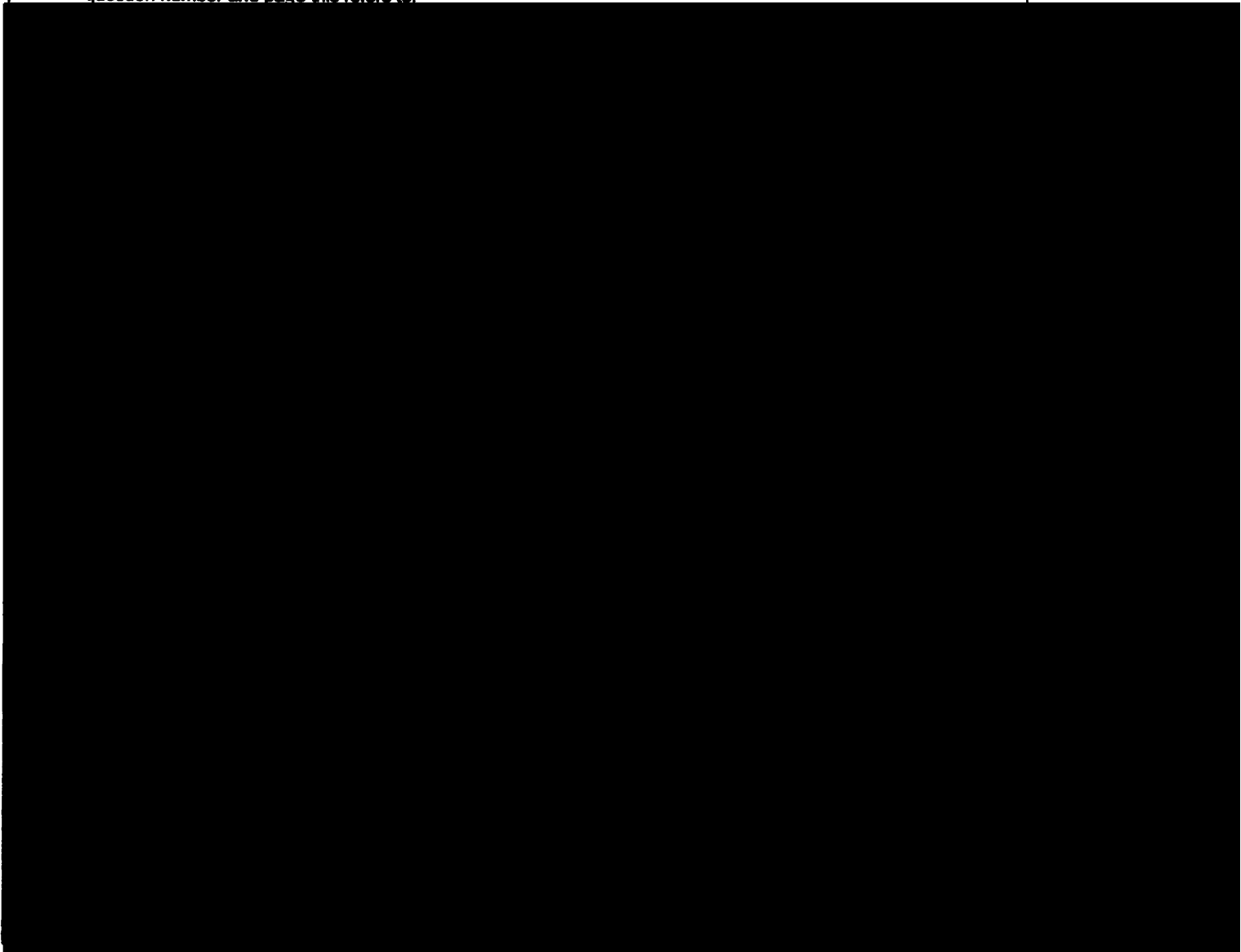
SECTION 4: RESIDENCE

21. LIST OF RESIDENCES

57 Like a 1/11/11

List all residences during the last ten years or since age 17. Provide complete addresses (include markers such as Street, Drive, Road, East, West, etc., and unit or apartment number). Do not use P.O. Boxes.

- If the residence is a military base, identify name of base in address, nearest city, state and zip code. DO NOT LIST military barracks mates unless you shared individual quarters.
- 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.



D. Former Address		N/A	City	State	Zip
From	To	If renting; property manager, rent collector or owner			Contact Number
		N/A			
Address of property mgr., rent collector, owner		City / State / Zip		Email	
N/A		N/A		N/A	
<input type="checkbox"/> NA	Names of those with whom you lived.				
N/A					
Reason for moving					
N/A					

E. Former Address		N/A	City	State	Zip
From	To	If renting; property manager, rent collector or owner			Contact Number
		N/A			
Address of property mgr., rent collector, owner		City / State / Zip		Email	
N/A		N/A		N/A	
<input type="checkbox"/> NA	Names of those with whom you lived.				
N/A					
Reason for moving					
N/A					

F. Former Address		N/A	City	N/A	State	Zip
From	To	If renting; property manager, rent collector or owner			Contact Number	
Address of property mgr., rent collector, owner		City / State / Zip		Email		
N/A		N/A		N/A		
<input type="checkbox"/> NA	Names of those with whom you lived.					
N/A						
Reason for moving						
N/A						

G. Former Address		N/A	City	N/A	State	Zip
From	To	If renting; property manager, rent collector or owner			Contact Number	
Address of property mgr., rent collector, owner		City / State / Zip		Email		
N/A		N/A		N/A		
<input type="checkbox"/> NA	Names of those with whom you lived.					
N/A						
Reason for moving						
N/A						

22. Provide contact information for all housemates listed in Question 21 with whom you have resided during the past 10 years, or since the age of 17. DO NOT list anyone for whom you have already provided contact information. 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.

A. Name		N/A		Contact Number	
Current Address Street		N/A		City	N/A
				State	Zip
Nature of relationship (friend, relative, landlord, housemate only)				Email	
N/A				N/A	

B. Name		N/A		Contact Number	
Street		N/A		City	N/A
				State	Zip
Nature of relationship (friend, relative, landlord, housemate only)				Email	
N/A				N/A	

C. Name		N/A		Contact Number	
Street		N/A		City	N/A
				State	Zip
Nature of relationship (friend, relative, landlord, housemate only)				Email	
N/A				N/A	

D. Name		N/A		Contact Number	
Street		N/A		City	N/A
				State	Zip
Nature of relationship (friend, relative, landlord, housemate only)				Email	
				N/A	

E. Name		N/A		Contact Number	
Street		N/A		City	N/A
				State	Zip
Nature of relationship (friend, relative, landlord, housemate only)				Email	
N/A				N/A	

F. Name		N/A		Contact Number	
Street		N/A		City	N/A
				State	Zip
Nature of relationship (friend, relative, landlord, housemate only)				Email	
N/A				N/A	

23. Have you ever been evicted or asked to leave a residence?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
24. Have you ever left a residence owing rent?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

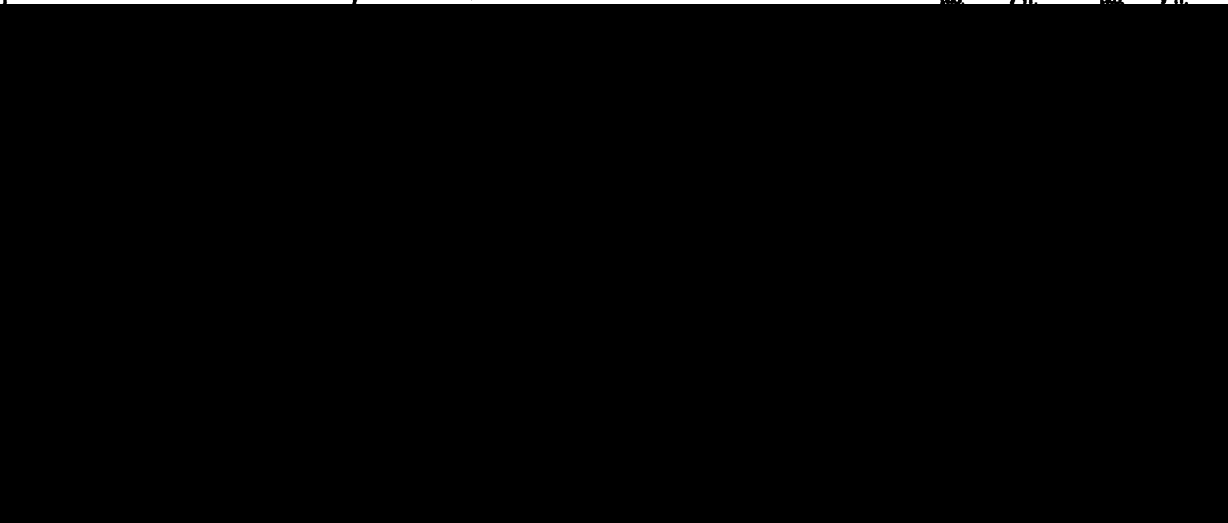
If you answered yes to Questions 23 and / or 24 explain (include when, where and circumstances).
 N/A

SECTION 5: EXPERIENCE AND EMPLOYMENT

25. JOB EXPERIENCE

- List ALL jobs you have had in the last ten years, including part-time, temporary, self-employment and volunteer. (Begin with your most current. If more space is needed, continue your response on page 33.)
- If you have military experience, including reserve duty, enter your military base, assignments, or unit of assignment.
- List ALL periods of unemployment in excess of 30 days.

A. Name of employer or military unit	From	To
waller county Sheriff's office	10 / yr 2017	Present / yr T.m.c



B. PERIOD OF UNEMPLOYMENT	From	To
Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other	N/A	N/A

C. Name of employer or military unit. Waller County District Attorney's office	From 5/1/2017	To 12/1/2017

D. PERIOD OF UNEMPLOYMENT <i>N/A</i>	From	To
Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other	-	-

E. Name of employer or military unit. Angelo State University	From 3/2011	To Jun/2018

F. PERIOD OF UNEMPLOYMENT <i>N/A</i>	From	To
Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other	-	-

G. Name of employer or military unit. Houston Police Department	From Mo. 7 /yr. 1981	To Mo. 12 /yr. 2012

H. PERIOD OF UNEMPLOYMENT Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other	From -	To -
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I. Name of employer or military unit. N/A	From Mo. /yr.	To Mo. /yr.
Address or Base N/A	City N/A	State Zip
Supervisor N/A	Contact Number Ext.	Email N/A
Job Title N/A	Reason for leaving N/A	
Duties /Assignments N/A	<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
Name & Phone Number of co-worker N/A	Starting Salary N/A	Ending Salary N/A

J. PERIOD OF UNEMPLOYMENT Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other	From -	To -
---	-----------	---------

K. Name of employer or military unit N/A		From Mo / Yr.	To Mo. / Yr.
Address or Base N/A		City	State Zip
Supervisor N/A		Contact Number Ext.	Email
Job Title N/A		Reason for leaving	
Duties /Assignments N/A		<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
Name & Phone Number of co-worker N/A		Starting Salary	Ending Salary

L. PERIOD OF UNEMPLOYMENT Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other	N/A	From	To
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M. Name of employer or military unit N/A		From Mo / Yr.	To Mo. / Yr.
Address or Base N/A		City	State Zip
Supervisor N/A		Contact Number Ext.	Email
Job Title N/A		Reason for leaving	
Duties /Assignments N/A		<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
Name & Phone Number of co-worker N/A		Starting Salary	Ending Salary

N. PERIOD OF UNEMPLOYMENT Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other	N/A	From	To
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32. Were you ever the subject of a written complaint at work?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
33. Have you ever been counseled at work due to lateness or absences	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
34. Did you ever receive an unsatisfactory performance review?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
35. Have you ever sold, released, or given away legally confidential information?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
36. Have you ever called in sick when you were neither sick nor caring for a sick family member? If yes, how many sick days have you used in the past five years which were not due to illness?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

37. If you answered yes to any of Questions 26-36, explain (include when, where and circumstances; indicate corresponding number): 26/32 ~ 2009, suspended during life of a class action suit I filed (20 days). In this case, I filed an appeal to the 5th Circuit Court of Appeals and prevailed on one count. About 10 years earlier, I was suspended after I filed an appeal to a grievance.

38. Has your work performance ever been affected by your use of alcohol or drugs?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
When?	Name of Employer	
N/A	N/A	
39. In the past ten years, have you been warned by an employer about your drinking or drug habits and their impact on your performance?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
When?	Name of Employer	
N/A	N/A	

SECTION 6: MILITARY EXPERIENCE

40. Are you required to register for the Selective Service		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, have you registered		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If no explain: _____		
41. Branch of Service	Date of Service From	To:
N/A	N/A	N/A
42. Type of Discharge <input type="checkbox"/> Entry Level <input type="checkbox"/> Honorable <input type="checkbox"/> General <input type="checkbox"/> Other than Honorable		
Re-entry Code (1-4) if applicable; refer to your DD-214 N/A		
43. Are you currently participating in one of the following?		If checked, date obligation ends:
<input type="checkbox"/> Military Reserve <input type="checkbox"/> National Guard N/A		N/A
44. Have you ever been the subject of any judicial or non-judicial disciplinary action (such as, court martial, captain's mast, office hours, company punishment)?		
N/A <input type="checkbox"/> Yes <input type="checkbox"/> No		
45. Were you ever denied a security clearance, or had a clearance revoked, suspended or downgraded, either military or any other federal, state, or municipal clearance?		
N/A <input type="checkbox"/> Yes <input type="checkbox"/> No		

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U (if you answered YES to questions 44 and/or 48, Explain (Include dates and circumstances)

N/A

SECTION 7 FINANCIAL

46. INCOME AND EXPENSES

For each of the following questions fill in the amounts to the nearest dollar

A. From your employer(s), what is your take home monthly income? \$ 48,854⁰⁰

B. Do you have income other than from your salary or wages? Yes No
 If yes, fill in amount: \$ 66,000⁰⁰ per month Explain: Houston Police officer Pension System

C. Approximately how much do you spend each month? \$ 6,000⁰⁰
 Estimate your monthly living expenses, include housing, utilities, credit cards or other loan payments, food, gas and car maintenance, entertainment, etc. as well as any other obligations you may have.

47. Have you ever filed for or declared bankruptcy (Chapter 7, 11 or 13)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
48. Have any of your bills ever been turned over to a collection agency?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
49. Have you ever had purchased goods repossessed?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
50. Have your wages ever been garnished?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
51. Have you ever been delinquent on income or other tax payments?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
52. Have you ever failed to file income tax or cheated/ lied on an income tax form	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
53. Have you ever had an employment bond refused?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
54. Have you ever avoided paying any lawful debt by moving away?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
55. Have you ever defaulted on a loan, including a student loan?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
56. Have you ever borrowed money to pay for a gambling debt? If yes, do you currently have any outstanding debts as a result of gambling	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
57. Have you ever spent money for illegal purposes (e.g., illegal drugs, prostitution, purchase fraudulent documents, etc.)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
58. Have you ever failed to make or been late on a court-ordered payment e.g., child support, alimony, restitution, etc.)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
59. Have you written three or more bad checks in a one-year period?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
60. Are you in arrears on court ordered child support?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

If you answered YES to questions 47-60, indicate question number. Explain (include, when, where and why).

48/55 ~ 1995 during my estranged marriage, my responsibilities for child support increased; There were also increased costs of monthly fiscal responsibilities.
The loss of a second income led to default.

SECTION 8: LEGAL

Disclosure of Arrests and Convictions

This section requires you to report detentions, arrest and convictions, including diversion programs and in some cases, offenses that may have been pardoned. As a peace officer applicant, you are required to disclose this information, unless specifically exempted by state or federal law.

- ALL detentions or arrests, whether they resulted in a conviction or not
- ALL convictions
- ALL diversion programs

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.

61. Have you EVER been detained for investigation, held on suspicion, questioned, fingerprinted, arrested, indicted, criminally charged, or convicted of any misdemeanor or felony offense in this state or in any other legal jurisdiction (including offenses punishable under the Uniform Code of Military Justice)? Yes No

If yes, explain each incident.

A. Approximate Date 1975	Arresting or detaining agency San Antonio Police Department
Charge	Traffic violation (failure to appear. Contracted attorney failed to appear.)
Disposition or Penalty	Dismissed case.

B. Approximate Date	Arresting or detaining agency N/A
Charge	N/A
Disposition or Penalty	N/A

C. Approximate Date	Arresting or detaining agency N/A
Charge	N/A
Disposition or Penalty	N/A

D. Approximate Date	N/A	Arresting or detaining agency	N/A
Charge	N/A	Disposition or Penalty	N/A

62. Have you ever been placed on court probation as an adult?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
63. Were you ever required to appear before a juvenile court for an act which would have been a crime if committed as an adult?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
64. Have you ever been a party in a civil lawsuit (e.g., small claims actions, dissolutions, child custody, paternity, support, etc.)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
65. Have the police ever been called to your home for any reason?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
66. Have you or your spouse/partner ever been referred to Child Protective Services?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
67. Have you ever been the subject of an emergency protective, restraining or stay-away order?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
68. Have you settled any civil suit in which you, your insurance company, or anyone else on your behalf was required to make payment to the other party?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
69. Have you ever fraudulently received welfare, unemployment compensation, compensation or other state or federal assistance?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
70. Have you ever filed a false insurance or workers' compensation claim?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

If you answered yes to any of Questions 62-70, explain (include court case or document, dates, and circumstances; indicate corresponding number):

64. Divorce, 1996 - 2000
 65. Disturbance 1995, reported spouse for assault
 Burglary 1989, residence was burglarized

71. UNDETECTED ACTS - PART 1
 Within the past seven years OR at any time after you were first employed in law enforcement, have you ever committed any of the following misdemeanors?

A. Annoying / obscene phone calls	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B. Assault (use of force or violence upon another)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

C. Assault (use of force or violence upon a family member)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
D. Brandishing a weapon (any type of weapon)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
E. Carrying a concealed weapon without a permit	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
F. Contributing to the delinquency of a minor	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
G. Defrauding an innkeeper (not paying for food or room at a hotel/motel)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
H. Driving under the influence of alcohol and/or drugs	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
I. Drunk in public (being so intoxicated in a public place that you're not able to care for yourself)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
J. Hit and run collision (no injuries)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
K. Hunting or fishing without a license.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
L. Illegal gambling	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
M. Impersonating a peace officer	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
N. Indecent exposure (including flashing or mooning)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
O. Joyriding (using a car or other vehicle without owner's permission)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
72. UNDETECTED ACTS - PART 2 At any time in your life have you ever committed any of the following?	
A. Arson (intentionally destroying property by setting a fire)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B. Assault with a deadly weapon	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
C. Theft of a vehicle and / or vehicle parts	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
D. Burglary (entering a structure or vehicle to commit theft or other crime)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
E. Child molestation (performing unlawful acts with a child)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
F. Accessing, producing, or possessing child pornography	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
G. Injury to a child/elderly/or disabled	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
H. Embezzlement (theft of money or other valuables entrusted to you)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
I. Felony drunk driving (involving injuries)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
J. Forcible rape or other act of unlawful intercourse / sexual activity	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
K. Forgery (falsifying any type of document, check certificate, license, currency, etc.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
L. Hit and run (with injuries)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

M. Hate crime	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
N. Insurance fraud	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
O. Theft (value of over \$500, or any firearm)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
P. Murder, homicide, or attempted murder	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Q. Perjury (lying under oath)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
R. Possession of an explosive / destructive device	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
S. Robbery (theft from another person using a weapon, force, or fear)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
T. Stalking	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
U. Blackmail or extortion	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
V. Any other act amounting to a felony	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

If you answered yes to any item(s) in section 72 fully explain circumstances, including dates(s), names of individuals involved and resolution. Indicate the corresponding letter (72-A etc) for each explanation.

N/A

Do you consume Alcoholic Beverages? Yes No

If yes, how often? *Infrequently, twice per week*

Questions about your current and past recreational drug use. This covers the use of any drug, including the unauthorized use of prescription drugs. Your answers should include, but not limited to, your use of any of the following drugs.

- | | |
|---|----------------------------|
| Amphetamines / Methamphetamine Uppers, Speed, Crank, etc. | Heroin / Opium |
| Barbiturates (Downers) | Marijuana |
| Cocaine / Crack Cocaine | Mescaline |
| Designer Drugs (Ecstasy, Synthetic Heroin, etc.) | Morphine |
| GHB (Date Rape Drug) | PCP / Angel Dust |
| Glue | Quaaludes |
| Hallucinogens (Peyote, LSD, Mushrooms) | Steroids |
| Hashish / Hashish Oil | Tetrahydrocannabinol (THC) |

73. Have you used any non-prescribed illegal drug(s) or unauthorized prescription drugs?
 Yes No (if yes, give details, including drug(s) used and circumstances (including most recent date(s) of usage);
 N/A

99 ___ 100

? /

74. Have you ever engaged in any of the activities listed below for any illegal drugs? *No*

- Sold
- Manufactured
- Purchased
- Furnished
- Cultivated
- Carried or held for another

Any items check above, give details including drug(s) involved, over what time period(s) and circumstances.

N/A

SECTION 9: MOTOR VEHICLE OPERATION



76. List other states where you have been licensed to operate a motor vehicle.

State of issue	Type of license	Name under which license was granted and license number
<i>N/A</i>		
<i>N/A</i>		
<i>N/A</i>		

77. Have you ever been refused a driver's license by any state

- Yes
- No

If yes, explain (include when, where and circumstances):

N/A

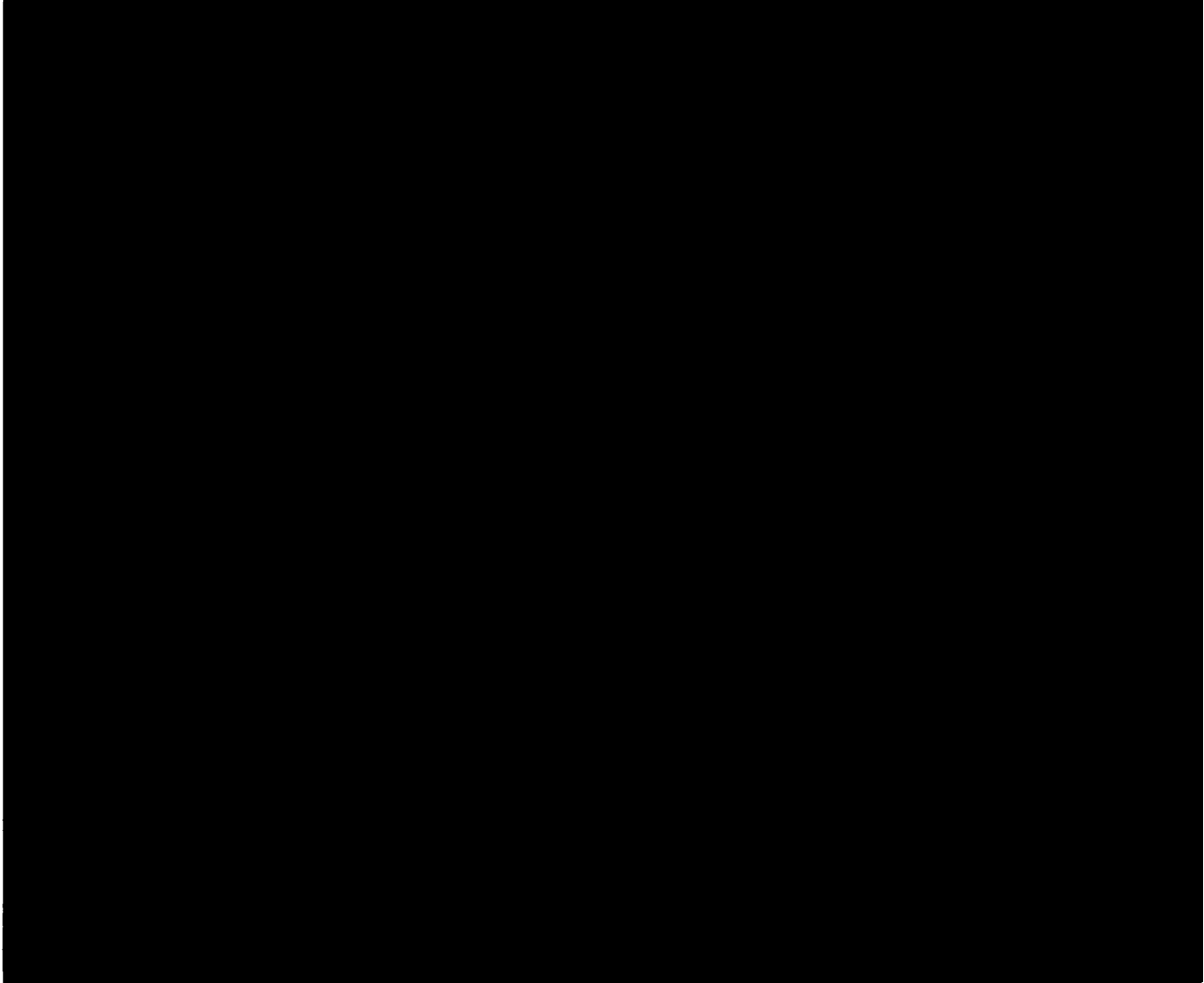
78. Has your driver's license ever been suspended or revoked?

Yes No

If yes, explain (include when, where and circumstances):

N/A

79. List your current liability insurance on your vehicle(s)



80. List all traffic citations, excluding parking citations, you have received within the past seven years:

A. Nature of Violation None	Location Street, City, State, Zip N/A
Date Violation Occurred N/A	Action Taken <input type="checkbox"/> Not Guilty <input checked="" type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed

B. Nature of Violation N/A		Location Street, City, State, Zip N/A	
Date Violation Occurred N/A	Action Taken <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed		
C. Nature of Violation N/A		Location Street, City, State, Zip N/A	
Date Violation Occurred N/A	Action Taken <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed		
D. Has a traffic citation ever resulted in a warrant or caused your driver's license to be withheld due to the following? (Check all that apply.) <input type="checkbox"/> Failed to appear <input type="checkbox"/> Failed to complete traffic school <input type="checkbox"/> Failed to pay the required fine			
If checked, explain circumstances: N/A			

81. Have you been involved as the driver in a motor vehicle accident within the past seven years? Yes No
If yes, give details.

A. Date 1/20/2014	Location (Street, City, State, Zip) 1445 N @ Sam Houston Tollway	
Police Report <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Law Enforcement Agency Houston Police Department	<input type="checkbox"/> Injury <input checked="" type="checkbox"/> Non Injury
A. Date N/A	Location (Street, City, State, Zip) N/A	
Police Report <input type="checkbox"/> Yes <input type="checkbox"/> No	Law Enforcement Agency N/A	<input type="checkbox"/> Injury <input type="checkbox"/> Non Injury
A. Date	Location (Street, City, State, Zip) N/A	
Police Report <input type="checkbox"/> Yes <input type="checkbox"/> No	Law Enforcement Agency N/A	<input type="checkbox"/> Injury <input type="checkbox"/> Non Injury

82. Have you ever driven a vehicle without auto insurance, as required by law? Yes No
If yes, give reason

N/A	
Date N/A	Location Street, City, State, Zip N/A

83. Have you ever been refused automobile liability insurance or a bond, or had policy cancelled? Yes No
If yes, give reason:

N/A		Insurance Company N/A
Date N/A	Location Street, City, State, Zip N/A	

84. Use this space for additional information you would like to include regarding your driving record.

No at-fault crashes. In the 1/20/2014 crash, an unlicensed 16 year old driver struck my vehicle and was cited for multiple violations.

85. Are you now, or have you ever been, a member or associate of a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, or disability? Yes No

86. Do you have, or have you ever had, a tattoo signifying membership in, or affiliation with, a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, or disability Yes No

87. Since the age of 17, have you ever been involved in an anger-provoked physical fight, confrontation or other violent act? Yes No

88. Have you ever hit or physically overpowered a spouse, romantic partner or family members? Yes No

If you answered yes to any of Questions 85-88, give details dates and circumstances; indicate corresponding number.

N/A

SECTION 11: SOCIAL MEDIA SITES

89. Have you ever had a social media site (i.e. Facebook, My Space, etc.)? Yes No

90. List all social media sites, blogs or websites you have created. (Provide website URL and your username)

[Redacted]

ADDITIONAL SPACE

- Duplicate this page as needed to include additional information that does not fit elsewhere on this form (e.g., additional family members, schools, residences, employers, explanations to questions, etc.
- Identify the corresponding question and specific item being referenced.

N/A

Initial this page to indicate that you have provided complete and accurate information: mfz



AFFIDAVIT

PLEASE READ CAREFULLY BEFORE SIGNING:

This is to inform you that as part of our procedure for processing your application it is understood that an investigative background report may be made whereby information is obtained through personal interviews with third parties. This inquiry includes information as to your character, general reputation, personal characteristics and mode of living, whichever may be applicable. To become a Fort Bend County employee, you must pass an illegal substance abuse screening test. Those testing positive for an illegal drug will not be considered for employment by Fort Bend County.

By my signature below, I certify, authorize and acknowledge all of the following:

I understand that an inquiry may include, but is not limited to: criminal records, motor vehicle records, credit records, address verification, civil court records, bankruptcy records, personal or professional references, education verification, and copies of prior personnel files. An inquiry may be made as part of a pre-employment screening process as well as at any time during the course of employment with your company.

If I am employed in certain positions, I understand employment is subject to a physical examination in which my ability to perform the essential requirements of the job is found to be satisfactory to the county. I understand if I am employed, satisfactory proof of employment authorization and identity is required within three days of being hired, along with any applicable copies of licenses, certifications and/or diplomas. Failure to submit such proof within the required time shall result in immediate employment termination.

As an applicant for a position with Fort Bend County, I have been requested to furnish information for use in determining my qualification. In this connection, I do hereby authorize the release and full disclosure of any information that you may have concerning my employment with your company. I give my consent to drug screening in order to be considered for employment by Fort Bend County and understand that my refusal to consent to the screening will disqualify me as a candidate for employment. I authorize you to release such employment information to those employees and agents of Fort Bend County who require such information in order to make a decision with respect to any matter pertaining to my status as an employee.

I hereby release any former or current employer, its employees, and anyone acting on former or current employer's behalf from any and all claims, actions, liability and/or damage of any nature which may result from furnishing the information requested, including, but not limited to, claims of negligence. A photocopy of this release will be valid as an original even though the photocopy does not contain an original writing of my signature.

Texas is an "Employment At-Will" state and as an employee of Fort Bend County, you have the right to terminate your employment at any time. Fort Bend County retains the right to terminate your employment at any time, with or without notice, for any legal reason or no reason. The County also retains the right to change any terms, conditions, benefits, or privileges of employment at any time without notice. No employment contract, either expressed or implied, shall exist between the County and any employee for duration, either specified or non-specified. Fort Bend County retains the same right to terminate your employment, regardless of any other documents, oral or written statements issued by Fort Bend County or its representatives. I understand misrepresentation, falsification, or omission of facts called for within this application will be sufficient cause for cancellation of employment consideration or termination from employment with Fort Bend County.

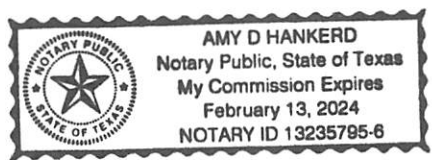
CERTIFICATE

I represent and warrant the answers I have made to each and all of the foregoing questions are full, true and correct to the best of my knowledge and belief. In order that the officials of the Fort Bend County District Attorney's Office may be fully informed as to my personal character and qualifications for employment, I refer to each of my former employers and to any other person who may have information concerning me, including the search of social network sites, blogs or other internet searches for job-related information concerning me. As this information is furnished at my express request and for my benefit, I do hereby release them from any and all liability for damage which occurs as a result of furnishing such information. I acknowledge that any false statement knowingly made in answering the above questions is good cause for removal from employment or discharge during or after probation. I am also aware that any willful and intentional misrepresentation of fact of any answer or statement made by me herein will subject me to immediate rejection or dismissal and to criminal prosecution. I further acknowledge that I am aware that once submitted, this application and any other records submitted become the property of the Fort Bend County District Attorney's Office.

Signature of Applicant Manuel F. Zamora Date: 11/17/2020

Subscribed and sworn before me this 17th day of November, 2020.

Amy Hankerd
Notary Public





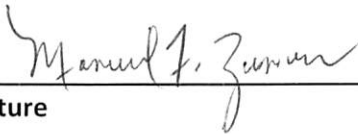
FORT BEND COUNTY DISTRICT ATTORNEYS OFFICE

CONFIDENTIAL INFORMATION AGREEMENT

A thorough background investigation will be conducted to determine your qualifications for a position with the Fort Bend County District Attorney's Office. To a great extent, your employment will depend on information obtained in confidential interviews with current and past employers and with persons with whom you have associated. All information, to include test results, will remain confidential and the property of the District Attorney's Office. Your background investigation file is proprietary, and will be strictly used by the District Attorney's Office to determine your employment eligibility. The District Attorney's Office is under no obligation to reveal to you any eligibility disqualifiers. If the reason for your non-acceptance is of a temporary nature whereby you could be accepted for employment at a later date, you will be notified.

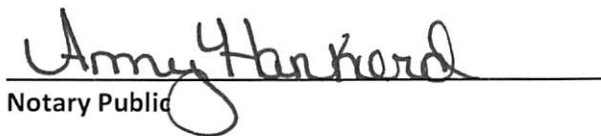
I understand that if offered a position with the Fort Bend County District Attorney's Office, my assignment will be in accordance with the needs of the District Attorney's Office, without regard to shift or days off.

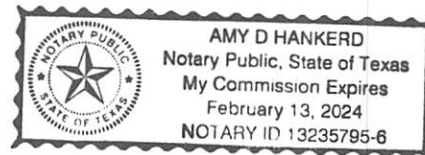
I have read and fully understand the above statement and agree that all information obtained during the application process will remain confidential.



Signature

Subscribed to and Sworn before me, this 17th day of November, 2020.


Notary Public





FORT BEND COUNTY DISTRICT ATTORNEY'S OFFICE AUTHORITY TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I hereby authorize the Fort Bend County District Attorney's Office and its authorized representatives bearing this release, or a copy thereof, within one year of its date, to obtain any information in your files pertaining to my employment, military, credit, education or medical records, including but not limited to academic, achievement, attendance, athletic, personal history, and disciplinary records, medical records, and credit records.

I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for official use. Consent is granted to all parties to furnish such information, as described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, as custodian of such records, and any school, college, university, or other educational institution, hospital, or other repository of medical records, credit bureau, lending institution, consumer reporting agency, or retail business establishment including its officers, employees or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or attempt to comply with it.

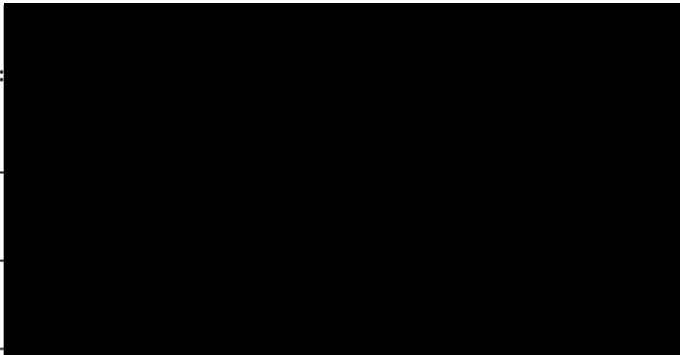
I am furnishing my Social Security Account Number on a voluntary basis with the understanding such is not required by any law or regulation. I have been advised that all parties will utilize this number only to facilitate the location of employment, military, credit, and educational records concerning me in connection with this application. Should there be any question as to the validity of this release, you may contact me as indicated below:

Applicant's Printed Full Name: Manuel F. Zamora

Social Security Number:

Address: _____

Telephone Number: _____

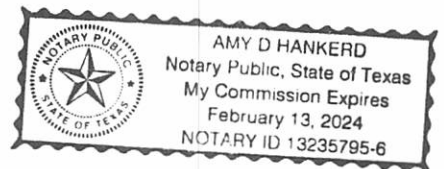


Applicant's Notarized Signature: Manuel F. Zamora

Sworn to and signed before me, on this the 17th day of November, in and for

Waller County County, in the State of TEXAS.

Signature of Notary Public: Amy Hankerd





FORT BEND COUNTY DISTRICT ATTORNEY'S OFFICE

CONSUMER REPORT AUTHORIZATION SUPPLEMENT

I, Manuel F. Zamora, understand that before being considered for employment with the Fort Bend County District Attorney's Office, a consumer credit report (commonly known as a credit check) is required information regarding a potential background investigation. This inquiry includes, but is not limited to, credit reports and credit ratings.

I also understand that should I be denied employment based in whole or in part on the information obtained from a consumer report, I have the right to dispute its accuracy if I so choose.

I fully understand the conditions stated above and authorize the release of this information, as it relates to me, to be released to the Fort Bend County District Attorney's Office for the purposes of the employment application and background investigation process.

Manuel F. Zamora

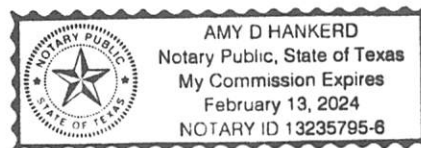
Signature

I DO NOT WISH TO AUTHORIZE THE RELEASE OF THE ABOVE STATED INFORMATION.

Signature

Subscribed to and Sworn before me, this 17th day of November, 2020.

Amy D Hankerd
Notary Public





FORT BEND COUNTY DISTRICT ATTORNEY'S OFFICE

APPLICANT'S INFORMATION REGARDING DOMESTIC VIOLENCE

The purpose of this information sheet is to provide the applicant with information regarding the Omnibus Consolidated Appropriations Act of 1997 as amended the National Gun Control Act of 1968.

This makes it unlawful for any person convicted of a criminal offense of domestic violence to ship, transport, possess, or receive firearms or ammunition. It is also unlawful for any person to sell or otherwise dispose of a firearm or ammunition to any person convicted of domestic violence. This prohibition applies to peace officers. However, with respects to all persons, a conviction of domestic violence would not be disabling if it has been expunged, set aside, pardoned, or the person has had his or her civil rights restored (if applicable) and the person is not otherwise prohibited from possessing a firearm or ammunition.

Thus, peace officers that have been convicted of acts of domestic violence will not be able to lawfully possess or receive firearms or ammunition for any purpose, including performing their official duties.

Domestic violence is defined as any act committed against any family member under the Texas Penal Code, Title 5, OFFENSES AGAINST THE PERSON, CHAPTER 19. CRIMINAL HOMICIDE; CHAPTER 20. KIDNAPPING AND UNLAWFUL RESTRAINT; CHAPTER 21. SEXUAL OFFENSES; CHAPTER 22. ASSAULTIVE OFFENSES; and Title 6. OFFENSES AGAINST THE FAMILY.

Any person that has been convicted of an act of domestic violence will no longer be able to lawfully possess firearms or ammunition on or after September 30, 1996.



FORT BEND COUNTY DISTRICT ATTORNEY'S OFFICE

APPLICANT'S STATEMENT
REGARDING
DOMESTIC VIOLENCE

I have read the attached information sheet regarding domestic violence and the National Gun Control Act of 1968.

I do hereby affirm that I HAVE NEVER BEEN CONVICTED of any act of domestic violence, I HAVE NEVER BEEN the subject of a protective order, and this law in any manner does not affect me.

Manuel F. Zamora
Signature

11 / 17 / 2020
Month Day Year

Manuel F. Zamora
Printed Name

.....
I do hereby affirm that I HAVE BEEN CONVICTED of an act of domestic violence and/or I HAVE BEEN the subject of a protective order and/or that there is, or may be an incident in my personal life that makes me subject to the restrictions imposed by this law.

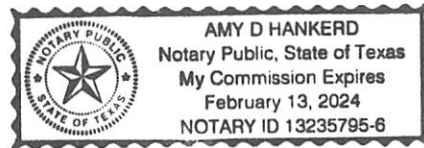
Signature

_____/_____/_____
Month Day Year

Printed Name

.....
Sworn and subscribed before me this 17 day of November, 2020.

Amy Hankerd
NOTARY PUBLIC





Waller County Sheriff's Office
Firearms Proficiency Record

Name: *Manuel F. Zamora*

PID#: [REDACTED]

Date: *10/22/19*

Serial Number:	[REDACTED]	Department Issued?:	Yes / No
PISTOL	[REDACTED]	PRECISION RIFLE	PATROL RIFLE
Make	[REDACTED]	Safety & Function	<u>PASS</u> / FAIL
Model	[REDACTED]	Care & Cleaning	<u>PASS</u> / FAIL
Caliber	[REDACTED]	Course of Fire	<u>PASS</u> / FAIL

Serial Number:	[REDACTED]	Department Issued?:	Yes / No
PISTOL	[REDACTED]	PRECISION RIFLE	PATROL RIFLE
Make	[REDACTED]	Safety & Function	<u>PASS</u> / FAIL
Model	[REDACTED]	Care & Cleaning	<u>PASS</u> / FAIL
Caliber	[REDACTED]	Course of Fire	<u>PASS</u> / FAIL

Serial Number:	[REDACTED]	Department Issued?:	Yes / No
PISTOL	[REDACTED]	PRECISION RIFLE	PATROL RIFLE
Make	[REDACTED]	Safety & Function	<u>PASS</u> / FAIL
Model	[REDACTED]	Care & Cleaning	<u>PASS</u> / FAIL
Caliber	[REDACTED]	Course of Fire	<u>PASS</u> / FAIL

Serial Number:	[REDACTED]	Department Issued?:	Yes / No
PISTOL	SHOTGUN	PRECISION RIFLE	PATROL RIFLE
Make	[REDACTED]	Safety & Function	PASS / FAIL
Model	[REDACTED]	Care & Cleaning	PASS / FAIL
Caliber	[REDACTED]	Course of Fire	PASS / FAIL

Serial Number:	[REDACTED]	Department Issued?:	Yes / No
PISTOL	SHOTGUN	PRECISION RIFLE	PATROL RIFLE
Make	[REDACTED]	Safety & Function	PASS / FAIL
Model	[REDACTED]	Care & Cleaning	PASS / FAIL
Caliber	[REDACTED]	Course of Fire	PASS / FAIL

Serial Number:	[REDACTED]	Department Issued?:	Yes / No
PISTOL	SHOTGUN	PRECISION RIFLE	PATROL RIFLE
Make	[REDACTED]	Safety & Function	PASS / FAIL
Model	[REDACTED]	Care & Cleaning	PASS / FAIL
Caliber	[REDACTED]	Course of Fire	PASS / FAIL

Range Officer Signature *[Signature]*

Date *10/22/19*

Firearms Instructor Signature *[Signature]*

Date *10/22/19*



**OFFICE OF THE SHERIFF
WALLER COUNTY**

701 Calvit Street, Hempstead Texas 77445
979-826-8282 • 281-391-8755 • Fax 979-826-7781

R. GLENN SMITH
SHERIFF

SYDNEY JOE HESTER
CHIEF DEPUTY

Firearms Proficiency Record

Name: Manuel F. Zamora PID: [REDACTED] Date: 4/16/2020

Pistol Shotgun Patrol Rifle Precision Rifle

Serial Number: [REDACTED] Department Issue: Yes No Off Duty: Yes No

Make: [REDACTED] Safety/Function: Pass / Fail

Model: [REDACTED] Care/Cleaning: Pass / Fail

Caliber: [REDACTED] Course of Fire: Pass / Fail

Pistol Shotgun Patrol Rifle Precision Rifle

Serial Number: [REDACTED] Department Issue: Yes No Off Duty: Yes No

Make: [REDACTED] Safety/Function: Pass / Fail

Model: [REDACTED] Care/Cleaning: Pass / Fail

Caliber: [REDACTED] Course of Fire: Pass / Fail

Pistol Shotgun Patrol Rifle Precision Rifle

Serial Number: [REDACTED] Department Issue: Yes / No Off Duty: Yes No

Make: [REDACTED] Safety/Function: Pass / Fail

Model: [REDACTED] Care/Cleaning: Pass / Fail

Caliber: [REDACTED] Course of Fire: Pass / Fail

Range Officer Signature: R. Hill 4/15/2020

Firearms Instructor Signature: