

TEXAS COMMISSION ON LAW ENFORCEMENT

TCOLE

AGENCY NAME: **Moulton Police Department**

APPLICANT'S PERSONAL HISTORY STATEMENT

PERSONAL HISTORY STATEMENT FOR TEXAS

Appointment/Employment

Name: **Derrick Washington**

Date Issued: **7/10/2025**

Complete and Return By:

I am applying for:



Peace Officer

PID #:

480152



County Jailer

PID #:



Telecommunicator

PID #:



Civilian Employment

DW

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. Hiring agency please check off documents required— modify list as necessary.*

- ☒ 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 twenty-four months of active service
- ☐ Sealed original certified copy of your college transcript (no photo copy)
- ☐ 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 & all training certificates awarded to you (Peace Officer Applicants Only)
- ☐ 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 a TCOLE approved Firearms Qualifications within the last 12 months

10. If you have questions, please contact your assigned background investigator.
11. When submitting the completed documents, please place them in a sealed envelope marked 'Personal and Confidential' to your assigned background investigator.

Instructions to the Applicant

Before you begin to fill out this personal history statement, please ensure that you meet the following requirements. You must meet all five of these requirements to qualify for licensure as a peace officer, jailer, or telecommunicator in Texas.

- ☒ 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 services of the United States after at least two (2) years of 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.

DISQUALIFICATIONS

There are very few automatic bases for rejection. Even issues of prior misconduct, employee terminations, and arrests are usually not, in and of themselves, automatically disqualifying. However, deliberate misstatements or omissions can and often will result in your application being rejected, regardless of the nature or reason for the misstatements/omissions. In fact, the number one reason individuals "fail" background investigations is because they deliberately withhold or misrepresent job-relevant information from their prospective employer.

This personal history statement is a governmental document. Be truthful, as there are criminal consequences for lying on a governmental document.

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 which section, 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.

SECTION 1: PERSONAL

Last Name: **Washington** First Name: **Derrick** Middle Name: **Lewayne** Suffix:

Other Names, including nicknames, you have used or been known by:

Maiden: SSN #: Date of Birth:

Driver License #: State: **Texas** Exp: **01/10/2032**

Street Address, (Apt/Unit): **101 East Airline Apt.71**

City: **Brenham** State: **Texas** Zip Code: **77833**

Mailing Address (if different than above): **P.O Box 503**

City: **Brenham** State: **Texas** Zip Code: **77834**

Home Phone #: Cell: **9795251918** Work (Ext.):

Fax: Other Phone #(s):

List ALL Email Addresses:

dwash48@yahoo.com/derrickwashington411@yahoo.com

Place of Birth (City, County, State, Country): **Houston, Harris, Texas, USA**

Physical Description:

bald head b/m

Height: **5'8** Weight: **250** Hair Color: **Black** Eye Color: **Brown**

Have you ever attended a basic licensing course? ☒ Yes ☐ No

If yes, provide the PID you were assigned: **480152**

A. Academy Name: **Teex** From: **10/10/2019** To: **11/19/2019**

Location (City, State): **Bryan Texas**

Name Training Coordinator: **Online** Contact Number:

Did you graduate? ☒ Yes ☐ No

B. Academy Name: **Teex** From: **08/14/2021** To: **12/10/2021**

Location (City, State): **Bryan, Texas**

Name Training Coordinator: Contact Number:

Did you graduate? ☒ Yes ☐ No

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 section number and page this refers to.

A. Name of Agency: Washington County Position Applied For: Detention Officer
Date Applied: 03/04/2019 Address: 1206 Old Independence Road
City: Brenham State: Texas Zip: 77833
Background Investigator's Name (if known): Catherine Krueger
Contact Number, (ext): [REDACTED] Email: [REDACTED]

Check each step in the process that you completed, and your status:

Steps: ☒ Application ☐ Written ☐ Physical agility ☐ Oral ☐ Polygraph/CVSA ☒ Background
☒ Conditional job offer ☒ Psychological examination Date: ☒ Medical Date:
Status: ☒ Hired ☐ On List ☐ Withdrawn ☐ Disqualified

B. Name of Agency: Prairie View A&M Position Applied For: Patrol Officer
Date Applied: 03/17/2025 Address: 100 University Dr
City: Prairie View State: Texas Zip: 77446
Background Investigator's Name (if known): Mark Lavene
Contact Number, (ext): Email: malevene@PVAMU.EDU

Check each step in the process that you completed, and your status:

Steps: ☒ Application ☐ Written ☐ Physical agility ☐ Oral ☐ Polygraph/CVSA ☒ Background
☐ Conditional job offer ☐ Psychological examination Date: ☐ Medical Date:
Status: ☐ Hired ☐ On List ☐ Withdrawn ☒ Disqualified

C. Name of Agency: Fayette County Position Applied For: Deputy
Date Applied: 5/15/2025 Address:
City: LaGrange State: Texas Zip: 78945
Background Investigator's Name (if known):
Contact Number, (ext): Email:

Check each step in the process that you completed, and your status:

Steps: ☒ Application ☐ Written ☐ Physical agility ☐ Oral ☐ Polygraph/CVSA ☒ Background
☐ Conditional job offer ☐ Psychological examination Date: ☐ Medical Date:
Status: ☐ Hired ☐ On List ☐ Withdrawn ☒ Disqualified

SECTION 2: RELATIVES AND REFERENCES

IMMEDIATE FAMILY

- Provide all applicable information in the spaces below.
- Mark "N/A" if a category is not applicable or if the individual is deceased.

If you need additional space for your answers, attach additional sheets as needed. Be sure to indicate what section number and page this refers.

☒ N/A A. Father's Name: D.O.B.:

Home Address:

City: State: Zip:

Work Address:

City: State: Zip:

Home Phone: Cell Phone: Work Phone:

Email:

☒ N/A B. Step-Father's Name: D.O.B.:

Home Address:

City: State: Zip:

Work Address:

City: State: Zip:

Home Phone: Cell Phone: Work Phone:

Email:

☐ N/A C. Mother's Name: Theresa Coleman D.O.B.: 04/26/1958

Home Address:

City: State: Zip:

Work Address: Nursing Home

City: State: Zip:

Home Phone: Cell Phone: Work Phone:

Email:

☒ N/A D. Step-Mother's Name: D.O.B.:

Home Address:

City: State: Zip:

Work Address:

City: State: Zip:

Home Phone: Cell Phone: Work Phone:

Email:

☒ N/A E. Spouse/Registered Domestic Partner's Name: _____ D.O.B.: _____
Home Address: _____
City: _____ State: _____ Zip: _____
Work Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____ Work Phone: _____
Email: _____ Years of Marriage: _____

Is there, or has there been, a restraining or stay-away order in effect for this individual? ☐ Yes ☐ No

☒ N/A F. Father-in-Law's Name: _____ D.O.B.: _____
Home Address: _____
City: _____ State: _____ Zip: _____
Work Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____ Work Phone: _____
Email: _____

☒ N/A G. Mother-in-Law's Name: _____ D.O.B.: _____
Home Address: _____
City: _____ State: _____ Zip: _____
Work Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____ Work Phone: _____
Email: _____

☐ N/A H. Former Spouse/Cohabitant's Name(s): Kourtney Moore
D.O.B.: 07/20/1984 ☐ Male ☒ Female
Home Address: 320 Shed Johnson Lane
City: Brenham State: Texas Zip: 77833
Work Address: 305 N. Park Street
City: Brenham State: Texas Zip: 77833
Home Phone: _____ Cell Phone: _____ Work Phone: _____
Email: _____ Years of Dissolution: _____

Is there, or has there been, a restraining or stay-away order in effect for this individual? ☐ Yes ☒ No

☐ N/A I. Former Spouse/Co-habitant's Name(s): _____
D.O.B.: _____ ☐ Male ☐ Female
Home Address: _____
City: _____ State: _____ Zip: _____
Work Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____ Work Phone: _____
Email: _____ Years of Dissolution: _____
Is there, or has there been, a restraining or stay-away order in effect for this individual? ☐ Yes ☐ No

J. BROTHERS AND SISTERS: List all living siblings, including half-siblings, foster siblings, etc.

☐ N/A 1. Name: Carvis Washington
D.O.B.: 01/16/1975 ☒ Male ☐ Female
Home Address: 7846 TX 90
City: Navasota State: Texas Zip: 77868
Work Address: 7846 TX 90
City: Navasota State: Texas Zip: 77868
Home Phone: _____ Cell Phone: _____ Work Phone: _____
Email: _____

☐ N/A 2. Name: Donnale Washington
D.O.B.: 04/25/1977 ☒ Male ☐ Female
Home Address: 22221 FM 1155 East
City: Washington State: Texas Zip: 77880
Work Address: 1697 FM 980
City: Huntsville State: Texas Zip: 77320
Home Phone: _____ Cell Phone: _____ Work Phone: _____
Email: donnale1977@yahoo.com

☐ N/A 3. Name: Shantaye Thomas
D.O.B.: 02/20/1978 ☐ Male ☒ Female
Home Address: 19610 fm 362 road apt. 1901
City: Waller State: Texas Zip: 77848
Work Address: n/a
City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____ Work Phone: _____
Email: _____

☐ N/A 4. Name: Natasha Taylor
D.O.B.: 03/10/1986 ☐ Male ☒ Female
Home Address: _____
City: Bryan State: Texas Zip: _____
Work Address: Bryan School District
City: Bryan State: Texas Zip: 77802
Home Phone: _____ Cell Phone: _____ Work Phone: _____
Email: _____

☐ N/A 5. Name: Cedric Washington
D.O.B.: 06/19/1982 ☒ Male ☐ Female
Home Address: 7405 TX-75 H1
City: Huntsville State: Texas Zip: 77340
Work Address: 3695 fm 3514
City: Beaumont State: Texas Zip: 77705
Home Phone: _____ Cell Phone: _____ Work Phone: _____
Email: _____

☐ N/A 6. Name: Alicia Sharpe
D.O.B.: 11/24/1983 ☐ Male ☒ Female
Home Address: 24623 lakecrest bend
City: Katy State: Texas Zip: 77493
Work Address: _____
City: Brookshire State: Texas Zip: 77423
Home Phone: _____ Cell Phone: _____ Work Phone: _____
Email: _____

K. CHILDREN: List all of your living 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

☐ N/A 1. Name: Kobe Washington ☒ Male ☐ Female
D.O.B.: 04/27/2004 Custodial parent or guardian (if other than you): Kourtney Moore
Address: 370 Shed Johnson
City: Brenham State: Texas Zip: 77833
Contact Number: _____ Email: _____

☐ N/A 2. Name: **Denali Washington** ☐ Male ☒ Female
 D.O.B.: **10/02/2007** Custodial parent or guardian (if other than you): **Kourtney Moore**
 Address: **320 Shed Johnson Lane**
 City: **Brenham** State: **Texas** Zip: **77833**
 Contact Number: [REDACTED] Email: [REDACTED]

☐ N/A 3. Name: [REDACTED] ☐ Male ☐ Female
 D.O.B.: [REDACTED] Custodial parent or guardian (if other than you): [REDACTED]
 Address: [REDACTED]
 City: [REDACTED] State: [REDACTED] Zip: [REDACTED]
 Contact Number: [REDACTED] Email: [REDACTED]

☐ N/A 4. Name: [REDACTED] ☐ Male ☐ Female
 D.O.B.: [REDACTED] Custodial parent or guardian (if other than you): [REDACTED]
 Address: [REDACTED]
 City: [REDACTED] State: [REDACTED] Zip: [REDACTED]
 Contact Number: [REDACTED] Email: [REDACTED]

☐ N/A 5. Name: [REDACTED] ☐ Male ☐ Female
 D.O.B.: [REDACTED] Custodial parent or guardian (if other than you): [REDACTED]
 Address: [REDACTED]
 City: [REDACTED] State: [REDACTED] Zip: [REDACTED]
 Contact Number: [REDACTED] Email: [REDACTED]

☐ N/A 6. Name: [REDACTED] ☐ Male ☐ Female
 D.O.B.: [REDACTED] Custodial parent or guardian (if other than you): [REDACTED]
 Address: [REDACTED]
 City: [REDACTED] State: [REDACTED] Zip: [REDACTED]
 Contact Number: [REDACTED] Email: [REDACTED]

L. REFERENCES: List 7-10 people who know you well, such as social and family friends, co-workers, military acquaintances. Do not include relatives, employers, or housemates, or other individuals listed elsewhere.

1. Name: **Matthew Saldana** Address: **Lakeview Road**
 City: **Brenham** State: **Texas** Zip: **77833**
 Company/Work Address: **Burleson County Sheriff's Office 1334 hwy 21 east**
 City: **Caldwell** State: **Texas** Zip: [REDACTED]
 Home Phone: [REDACTED] Work Phone: [REDACTED] Cell Phone: [REDACTED] Email: [REDACTED]
 How do you know this person (friend, teacher, family, co-worker)? **friend**
 How long have you known this person? **6 years**

2. Name: Christopher Holmes Address:
City: College station State: Texas Zip: 77845
Company/Work Address: Washington County Sheriff's Office
City: Brenham State: Texas Zip: 77833
Home Phone: Work Phone: Cell Phone: Email:
How do you know this person (friend, teacher, family, co-worker)? friend, co-worker
How long have you known this person? 4 years

3. Name: Ray Hooks Address:
City: State: Zip:
Company/Work Address: Washington County Sheriff's Office
City: Brenham State: Texas Zip: 77833
Home Phone: Work Phone: Cell Phone: Email:
How do you know this person (friend, teacher, family, co-worker)? Friend, Co-worker
How long have you known this person? 2 years

4. Name: Corey Himebaugh Address:
City: Katy State: Texas Zip:
Company/Work Address: Washington County Sheriff's Office
City: Brenham State: Texas Zip: 77833
Home Phone: Work Phone: Cell Phone: Email:
How do you know this person (friend, teacher, family, co-worker)? Friend, Co-worker
How long have you known this person? 6 years

5. Name: Ruth Belman Address:
City: Brenham State: Texas Zip: 77833
Company/Work Address: Washington County Sheriff's Office
City: Brenham State: Texas Zip: 77833
Home Phone: Work Phone: Cell Phone: Email:
How do you know this person (friend, teacher, family, co-worker)? Friend, Co-worker
How long have you known this person? 6 years

6. Name: Tommy Snow Address:
City: Carmine State: Texas Zip:
Company/Work Address: Burton ISD
City: Burton State: Texas Zip: 77835
Home Phone: Work Phone: Cell Phone: Email:
How do you know this person (friend, teacher, family, co-worker)? Friend
How long have you known this person? 4 years

7. Name: Quentin Mantey Address: Rehburg Road
City: Burton State: Texas Zip: 77835
Company/Work Address: Lauren Concrete
City: Brenham State: Texas Zip: 77833
Home Phone: Work Phone: Cell Phone: Email:
How do you know this person (friend, teacher, family, co-worker)? Friend
How long have you known this person? 3 years

8. Name: Address:
City: State: Zip:
Company/Work Address:
City: State: Zip:
Home Phone: Work Phone: Cell Phone: Email:
How do you know this person (friend, teacher, family, co-worker)?
How long have you known this person?

SECTION 3: EDUCATION

NOTE: You will be required to furnish transcripts or other proof to support all of your educational claims.

Check applicable: ☐ High School Diploma ☒ GED ☐ Discharge documents from armed services with 2 years active duty

List high schools attended or where you obtained your GED:

1. Name: Brenham High School City: Brenham State: Texas
From: 09/15/1996 To: 01/25/2000 Did you graduate? ☐ Yes ☒ No

2. Name: City: State:
From: To: Did you graduate? ☐ Yes ☐ No

List all colleges or universities attended:

1. Name: City: State:
From: To: Type of Degree Earned: Total Units Earned:
2. Name: City: State:
From: To: Type of Degree Earned: Total Units Earned:

3. Name: City: State:
From: To: Type of Degree Earned: Total Units Earned:

List any trade, vocational, or business schools/institutes attended:

1. Name: From: To:
Type of school or training: City: State:
Did you complete the course? ☐ Yes ☐ No

2. Name: From: To:
Type of school or training: City: State:
Did you complete the course? ☐ Yes ☐ No

3. Name: From: To:
Type of school or training: City: State:
Did you complete the course? ☐ Yes ☐ No

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 disciplinary actions received in any school or educational institution. Include when the disciplinary action(s) occurred, name of school(s), and explanation of circumstances.

SECTION 4: RESIDENCES

LIST OF RESIDENCES

- 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 the name of the base in the 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 section number and page this refers to.

1. Current Residence Address:			101 East Airline Drive		
City:	Brenham	State:	Texas	Zip:	77833
If renting; property manager, rent collector, or owner:			Bren Sha Heights	Contact Number:	[REDACTED]
Address of property mgr., rent collector, or owner:			101 East Airline Dr	Email:	
City:	Brenham	State:	Texas	Zip:	77833
From:	5/12/2019	To:			
☐	N/A Name(s) of those with whom you live: Shanika Ray				
2. Former Address:					
City:	Navasota	State:	Texas	Zip:	77868
If renting; property manager, rent collector, or owner:				Contact Number:	
Address of property mgr., rent collector, or owner:				Email:	
City:	Navasota	State:	Texas	Zip:	77868
From:	8/1/2018	To:	5/12/2019		
☐	N/A Name(s) of those with whom you live:				
Reason for moving:					
3. Former Address: 1501 Residence Drive					
City:	Navasota	State:	Texas	Zip:	77868
If renting; property manager, rent collector, or owner:			TDCJ	Contact Number:	[REDACTED]
Address of property mgr., rent collector, or owner:			1800 Luther Drive	Email:	
City:	Navasota	State:	Texas	Zip:	77868
From:	8/5/2010	To:	8/1/2018		
☒	N/A Name(s) of those with whom you live:				
Reason for moving: Law Enforcement Career					

4. Former Address: 320 Shed Johnson Lane

City: Brenham State: Texas Zip: 77833

If renting; property manager, rent collector, or owner: Contact Number:

Address of property mgr., rent collector, or owner: Email:

City: State: Zip:

From: 2/5/2005 To: 8/5/2010

☐ N/A Name(s) of those with whom you live: Kourtney Washington

Reason for moving: Divorce

5. Former Address: 10140 FM 2447

City: Chappell Hill State: Texas Zip: 77426

If renting; property manager, rent collector, or owner: Contact Number:

Address of property mgr., rent collector, or owner: Email:

City: State: Zip:

From: 2/8/1992 To: 2/5/2005

☒ N/A Name(s) of those with whom you live:

Reason for moving: Got Married

6. Former Address:

City: State: Zip:

If renting; property manager, rent collector, or owner: Contact Number:

Address of property mgr., rent collector, or owner: Email:

City: State: Zip:

From: To:

☐ N/A Name(s) of those with whom you live:

Reason for moving:

7. Former Address:

City: State: Zip:

If renting; property manager, rent collector, or owner: Contact Number:

Address of property mgr., rent collector, or owner: Email:

City: State: Zip:

From: To:

☐ N/A Name(s) of those with whom you live:

Reason for moving:

Provide contact information for all housemates listed in the above entries for Section 4 that you have resided with 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 section number and page this refers to.

1. Housemate Name:		Contact Number:		Email:	
Current Street Address:					
City:		State:		Zip:	
Nature of relationship (friend, relative, landlord, housemate only):					
2. Housemate Name:		Contact Number:		Email:	
Current Street Address:					
City:		State:		Zip:	
Nature of relationship (friend, relative, landlord, housemate only):					
3. Housemate Name:		Contact Number:		Email:	
Current Street Address:					
City:		State:		Zip:	
Nature of relationship (friend, relative, landlord, housemate only):					
4. Housemate Name:		Contact Number:		Email:	
Current Street Address:					
City:		State:		Zip:	
Nature of relationship (friend, relative, landlord, housemate only):					
5. Housemate Name:		Contact Number:		Email:	
Current Street Address:					
City:		State:		Zip:	
Nature of relationship (friend, relative, landlord, housemate only):					
6. Housemate Name:		Contact Number:		Email:	
Current Street Address:					
City:		State:		Zip:	
Nature of relationship (friend, relative, landlord, housemate only):					



Have you ever been evicted or asked to leave a residence? ☐ Yes ☒ No

Have you ever left a residence owing rent? ☐ Yes ☒ No

If you answered "Yes" to either of the two questions above, explain (include when, where, and circumstances):

SECTION 5: EXPERIENCE AND EMPLOYMENT

JOB EXPERIENCE

- Have you EVER served as a Peace Officer, Jailer, or Telecommunicator in another state OR another country? ☐ Yes ☒ No
If YES, list below.
- 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 the additional space page at the end of the Personal History Statement).
- If you have military experience, including reserve duty, enter your military base, assignments, or unit of assignment. Include ALL military services.
- List ALL periods of unemployment in excess of 30 days.

1. Name of Employer or Military Unit: **Giddings Police Department** From: **5/26/2025** To: **3/10/2025**

Address or Base: **179 East Industry Street**

City: **Giddings** State: **Texas** Zip: **78942**

Supervisor: **Chief Weems** Contact Number: **(979) 481-2566** Email: **cweems@giddings.net**

Job Title: **Dispatcher** Reason for Leaving:

Duties/Assignments: **Dispatcher**

☒ Full-Time ☐ Part-Time ☐ Temporary ☐ Self-Employed ☐ Unemployed

Names of Co-Worker(s) and their Phone Number(s):

Would there be a problem if we contact your current employer? ☐ Yes ☒ No

If yes, explain:

2. Period of Unemployment

From: **3/10/2025** To: **5/26/2025**

Check if applicable: ☐ Student ☒ Between jobs ☐ Leave of absence ☐ Travel ☐ Other

3. Name of Employer or Military Unit: **Washington County** From: **5/25/2025** To: **3/10/2025**

Address or Base: **1206 Old Independence Road**

City: **Brenham** State: **Texas** Zip: **77833**

Supervisor: **David Blakey** Contact Number: **(979) 277-8111** Email: **dblakey@washingtoncountytexas.gov**

Job Title: **Corporal** Reason for Leaving: **Terminated**

Duties/Assignments: **Detention Officer, School Resource Officer, Deputy**

☒ Full-Time ☐ Part-Time ☐ Temporary ☐ Self-Employed ☐ Unemployed

Names of Co-Worker(s) and their Phone Number(s):

Albert Vasquez 9792321373
Edward Ortega 9795510858
Faye Janes Busse 9792772720

4. Period of Unemployment

From: **7/1/2018** To: **11/10/2018**

Check if applicable: ☐ Student ☒ Between jobs ☐ Leave of absence ☐ Travel ☐ Other

5. Name of Employer or Military Unit: **TDCJ** From: **8/24/2006** To: **7/1/2018**

Address or Base: **1800 Luther Drive**

City: **Navasota** State: **Texas** Zip: **77868**

Supervisor: **Crystal Brantley** Contact Number: Email:

Job Title: **Captain** Reason for Leaving: **Wanted a Patrol Career**

Duties/Assignments: **Maintaining custody and control**

☐ Full-Time ☐ Part-Time ☐ Temporary ☐ Self-Employed ☐ Unemployed

Names of Co-Worker(s) and their Phone Number(s):

So many changes have been made at this agency I really do not know anyone there anymore.

6. Period of Unemployment

From: To:

Check if applicable: ☐ Student ☐ Between jobs ☐ Leave of absence ☐ Travel ☐ Other

7. Name of Employer or Military Unit: From: To:

Address or Base:

City: State: Zip:

Supervisor: Contact Number: Email:

Job Title: Reason for Leaving:

Duties/Assignments:

☐ Full-Time ☐ Part-Time ☐ Temporary ☐ Self-Employed ☐ Unemployed

Names of Co-Worker(s) and their Phone Number(s):

8. Period of Unemployment

From: To:

Check if applicable: ☐ Student ☐ Between jobs ☐ Leave of absence ☐ Travel ☐ Other

9. Name of Employer or Military Unit: From: To:

Address or Base:

City: State: Zip:

Supervisor: Contact Number: Email:

Job Title: Reason for Leaving:

Duties/Assignments:

☐ Full-Time ☐ Part-Time ☐ Temporary ☐ Self-Employed ☐ Unemployed

Names of Co-Worker(s) and their Phone Number(s):

10. Period of Unemployment

From: To:

Check if applicable: ☐ Student ☐ Between jobs ☐ Leave of absence ☐ Travel ☐ Other

11. Name of Employer or Military Unit: From: To:

Address or Base:

City: State: Zip:

Supervisor: Contact Number: Email:

Job Title: Reason for Leaving:

Duties/Assignments:

☐ Full-Time ☐ Part-Time ☐ Temporary ☐ Self-Employed ☐ Unemployed

Names of Co-Worker(s) and their Phone Number(s):

12. Period of Unemployment

From: To:

Check if applicable: ☐ Student ☐ Between jobs ☐ Leave of absence ☐ Travel ☐ Other

13. Name of Employer or Military Unit: From: To:

Address or Base:

City: State: Zip:

Supervisor: Contact Number: Email:

Job Title: Reason for Leaving:

Duties/Assignments:

☐ Full-Time ☐ Part-Time ☐ Temporary ☐ Self-Employed ☐ Unemployed

Names of Co-Worker(s) and their Phone Number(s):

14. Period of Unemployment

From: To:

Check if applicable: ☐ Student ☐ Between jobs ☐ Leave of absence ☐ Travel ☐ Other

15. Name of Employer or Military Unit: From: To:

Address or Base:

City: State: Zip:

Supervisor: Contact Number: Email:

Job Title: Reason for Leaving:

Duties/Assignments:

☐ Full-Time ☐ Part-Time ☐ Temporary ☐ Self-Employed ☐ Unemployed

Names of Co-Worker(s) and their Phone Number(s):

16. Period of Unemployment

From: To:

Check if applicable: ☐ Student ☐ Between jobs ☐ Leave of absence ☐ Travel ☐ Other

17. Name of Employer or Military Unit: From: To:

Address or Base:

City: State: Zip:

Supervisor: Contact Number: Email:

Job Title: Reason for Leaving:

Duties/Assignments:

☐ Full-Time ☐ Part-Time ☐ Temporary ☐ Self-Employed ☐ Unemployed

Names of Co-Worker(s) and their Phone Number(s):

18. Have you ever been disciplined at work? (This includes written warnings, formal letters of reprimands, suspensions, reductions in pay, reassignments, or demotions). ☒ Yes ☐ No

19. Have you ever been fired, released from probation, or asked to resign from any place of employment? ☒ Yes ☐ No

20. Were you ever involved in a physical/verbal altercation with a supervisor, co-worker, or customer? ☐ Yes ☒ No

21. Have you ever resigned without giving two weeks-notice? ☐ Yes ☒ No

22. Have you ever resigned in lieu of termination? ☐ Yes ☒ No

23. Have you ever been accused of discrimination (such as sexual harassment, racial bias, sexual orientation harassment, etc.) by a co-worker, superior, subordinate, and/or customer? ☐ Yes ☒ No

24. Were you ever the subject of a written complaint at work? ☐ Yes ☒ No
25. Have you ever been counseled at work due to lateness or absences? ☐ Yes ☒ No
26. Did you ever receive an unsatisfactory performance review? ☐ Yes ☒ No
27. Have you ever sold, released, or given away legally confidential information? ☐ Yes ☒ No
28. Have you ever called in sick when you were neither sick nor caring for a sick family member? ☐ Yes ☒ No

If yes, how many sick days have you used in the past five years which were not due to illness?

If you answered "Yes" to any of Questions 18 – 28 (at the bottom of the previous page and above), explain (include when, where, and circumstances; indicate the corresponding question number):

18, 19 I was only disciplined at my last place of employment and fired due to an incident that happened 21 years ago in which I was questioned by Brenham Police Department. The case ended up being no-billed and dismissed by a grand jury. I filled out an application at Washington County Sheriff's Office 15 years later. I totally moved on from the situation. I really did not think about it while filling out an application. I did not leave it out on purpose as if I had something to hide. I want to be transparent as possible about this situation. I was only questioned not detained or arrested. I worked six years as a county employee. I did none of this as a peace officer.

Has your work performance ever been affected by your use of alcohol or drugs? ☐ Yes ☒ No

When?

Name of Employer:

In the past ten years, have you been warned by an employer about your drinking or drug habits and their impact on your performance? ☐ Yes ☒ No

When?

Name of Employer:

SECTION 6: MILITARY EXPERIENCE

(Complete for all branches of the military served. Add pages if necessary).

1. Are you required to register for the Selective Service? ☐ Yes ☒ No

2. If yes, have you registered? ☐ Yes ☒ No

If no, explain:

Branch of Service:

Dates Served From:

To:

Type of Discharge: ☐ Entry Level ☐ Honorable ☐ General ☐ Other than Honorable

Re-entry Code (1 – 4) if applicable; refer to your DD-214:

3. Are you currently participating in one of the following? ☐ Military Reserve ☐ National Guard

If checked, date obligation ends:

4. Have you ever been the subject of any judicial or non-judiciary disciplinary action (such as, court martial, captain's mast, office hours, company punishment)? ☐ Yes ☒ No

5. 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? ☐ Yes ☒ No

If you answered "Yes" to either of the last two questions (questions 4 and 5), explain. Include dates and circumstances.

SECTION 7: FINANCIAL

INCOME AND EXPENSES:

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

1. From your employer(s), what is your monthly income?

2. Do you have income other than from your salary or wages? ☐ Yes ☒ No

If yes, fill in amount: per month Explain:

3. Approximately how much do you spend each month? (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).

4. Have you ever filed for or declared bankruptcy (Chapter 7, 11 or 13)? ☐ Yes ☒ No

5. Have any of your bills ever been turned over to a collection agency? ☒ Yes ☐ No

6. Have you ever had purchased goods repossessed? ☒ Yes ☐ No

7. Have your wages ever been garnished? ☐ Yes ☒ No

8. Have you ever been delinquent on income or other tax payments? ☐ Yes ☒ No

9. Have you ever failed to file income tax or cheated/lied on an income tax form? ☐ Yes ☒ No

10. Have you ever had an employment bond refused? ☐ Yes ☒ No

11. Have you ever avoided paying any lawful debt by moving away? ☐ Yes ☒ No

12. Have you ever defaulted on a loan, including a student loan? ☐ Yes ☒ No

13a. Have you ever borrowed money to pay for a gambling debt? ☐ Yes ☒ No

13b. If "Yes," do you currently have any outstanding debts as a result of gambling? ☐ Yes ☒ No

14. Have you ever spent money for illegal purposes (e.g., illegal drugs, prostitution, purchase fraudulent documents, etc.)? ☐ Yes ☒ No

15. Have you ever failed to make or been late on a court-ordered payment e.g., child support, alimony, restitution, etc.)? ☐ Yes ☒ No

16. Have you written three or more bad checks in a one-year period? ☐ Yes ☒ No

17. Are you in arrears on court-ordered child support? ☐ Yes ☒ No

If you answered "Yes" to any of Questions 4 – 17 (on the previous page and above), explain. Include when, where, and why and indicate the corresponding question number:

5,6 I was in a bind going through a hard financial situation was working in the Washington County Jail was not making a lot of money and with child support. I just let my car go back to GM financial.

SECTION 8: LEGAL

Disclosure of Citations, 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 licensed 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
- ALL citations, excluding traffic tickets (may have been detained and/or received a Class C for disorderly conduct, prostitution, assault, etc., without actual arrest)

If you need additional space for your answers, attach additional sheets as needed. Be sure to indicate what section, question number, and page it refers.

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:

1. Approximate Date:	04/02/2004	Arresting or detaining agency:	Brenham Police Department
Charge:	Sexual Assault		
Disposition or Penalty:	No Billed		
2. Approximate Date:		Arresting or detaining agency:	
Charge:			
Disposition or Penalty:			
3. Approximate Date:		Arresting or detaining agency:	
Charge:			
Disposition or Penalty:			
4. Approximate Date:		Arresting or detaining agency:	
Charge:			
Disposition or Penalty:			

5. Have you ever been placed on court probation as an adult? ☐ Yes ☒ No
6. Have you ever been convicted of any charge that would prevent you from legally possessing a firearm or ammunition? ☐ Yes ☒ No
7. Were you ever required to appear before a juvenile court for an act which would have been a crime, if committed as an adult? ☐ Yes ☒ No
8. Have you ever been a party in a civil lawsuit (e.g., small claims actions, dissolutions, child custody, paternity, support, etc.)? ☐ Yes ☒ No
9. Have the police ever been called to your home for any reason? ☐ Yes ☒ No
10. Have you or your spouse/partner ever been referred to Child Protective Services? ☐ Yes ☒ No
11. Have you ever been the subject of an emergency protective, restraining, or stay-away order? ☐ Yes ☒ No
12. 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? ☐ Yes ☒ No
13. Have you ever fraudulently received welfare, unemployment compensation, compensation, or other state or federal assistance? ☐ Yes ☒ No
14. Have you ever filed a false insurance or workers' compensation claim? ☐ Yes ☒ No

If you answered "Yes" to any of Questions 5 – 14 (above), explain. Include court case or document, dates, and circumstances. Indicate the corresponding question number:

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?

15. Annoying/obscene phone calls ☐ Yes ☒ No
16. Assault (use of force or violence upon another) ☐ Yes ☒ No
17. Assault on a family member (use of force or violence upon a family member) ☐ Yes ☒ No
18. Brandishing a weapon (any type of weapon) ☐ Yes ☒ No
19. Carrying a concealed weapon without a permit ☐ Yes ☒ No
20. Contributing to the delinquency of a minor ☐ Yes ☒ No
21. Defrauding an innkeeper (not paying for food or room at a hotel/motel) ☐ Yes ☒ No
22. Driving under the influence of alcohol and/or drugs ☐ Yes ☒ No

23. Drunk in public (being so intoxicated in a public place that you're not able to care for yourself) ☐ Yes ☒ No
24. Hit and run collision (no injuries) ☐ Yes ☒ No
25. Hunting or fishing without a license ☐ Yes ☒ No
26. Illegal gambling ☐ Yes ☒ No
27. Impersonating a peace officer ☐ Yes ☒ No
28. Indecent exposure (including flashing or mooning) ☐ Yes ☒ No
29. Joyriding (using a car or other vehicle without owner's permission) ☐ Yes ☒ No

Undetected Acts – Part 1

At any time in your life, have you **ever** committed any of the following?

30. Arson (intentionally destroying property by setting a fire) ☐ Yes ☒ No
31. Assault with a deadly weapon ☐ Yes ☒ No
32. Theft of a vehicle and/or vehicle parts ☐ Yes ☒ No
33. Burglary (entering a structure or vehicle to commit theft or other crime) ☐ Yes ☒ No
34. Child molestation (performing unlawful acts with a child) ☐ Yes ☒ No
35. Accessing, producing, or possessing child pornography ☐ Yes ☒ No
36. Injury to a child, elderly, and/or disabled ☐ Yes ☒ No
37. Embezzlement (theft of money or other valuables entrusted to you) ☐ Yes ☒ No
38. Felony drunk driving (involving injuries) ☐ Yes ☒ No
39. Forcible rape or other act of unlawful intercourse/sexual activity ☐ Yes ☒ No
40. Forgery (falsifying any type of document, check certificate, license, currency, etc.) ☐ Yes ☒ No
41. Hit and run (with injuries) ☐ Yes ☒ No
42. Hate crime ☐ Yes ☒ No
43. Insurance fraud ☐ Yes ☒ No
44. Theft (value of over \$500 and/or any firearm) ☐ Yes ☒ No
45. Murder, homicide, or attempted murder ☐ Yes ☒ No
46. Perjury (lying under oath) ☐ Yes ☒ No
47. Possession of an explosive/destructive device ☐ Yes ☒ No
48. Robbery (theft from another person using a weapon, force, or fear) ☐ Yes ☒ No
49. Stalking ☐ Yes ☒ No
50. Blackmail or extortion ☐ Yes ☒ No
51. Any other act amounting to a felony ☐ Yes ☒ No

If you answered "YES" to any of the Questions 15 – 51 (on the previous two pages), fully explain circumstances, including dates, names of individuals involved, and resolution. Indicate the corresponding question number for each explanation.

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)

52. Within the past three years, have you used any non-prescribed drug(s) as indicated above or unauthorized prescription drugs? ☐ Yes ☒ No

If yes, give details, including drug(s) used and circumstances:

53. Prior to the past three years (check all that apply):

- ☒ I have never used any drug recreationally.
- ☐ I have tried or used one or more drugs listed above, but only under limited circumstances (for example: experimentation, at parties, concerts, special events, etc.).

If you have, give details including drug(s) used, most recent date used, and circumstances:

Have you **ever** engaged in any of the activities listed below for drugs, narcotics, or illegal substances – including marijuana?

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

If you checked any of the items above, give details including drug(s) involved, over what time period(s), and circumstances:

SECTION 9: MOTOR VEHICLE OPERATION

Current Driver License #: State of Issue: Expiration Date:

Full name under which license was granted:

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

1. ☒ N/A State of Issue: Type of License: License Number:

Name under which license was granted:

2. ☒ N/A State of Issue: Type of License: License Number:

Name under which license was granted:

3. ☒ N/A State of Issue: Type of License: License Number:

Name under which license was granted:

Have you ever been refused a driver's license by any state? ☐ Yes ☒ No

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

Has your driver's license ever been suspended or revoked? ☐ Yes ☒ No

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

List your current liability insurance on your vehicle(s):

4. Type of Coverage: ☒ Insured ☐ Bonded ☐ Cash Deposit

Vehicle Make/Model: Chevy Silverado Year: 2017 Vehicle License: SHK7340

Insurance Company: State Farm Policy Number: Expires: 07/29/2025

Address: 105 East Main Street

City: Brenham State: Texas Zip: 77833 Contact Number: [REDACTED]

5. Type of Coverage: ☐ Insured ☐ Bonded ☐ Cash Deposit

Vehicle Make/Model: Year: Vehicle License:

Insurance Company: Policy Number: Expires:

Address:

City: State: Zip: Contact Number:

6. Type of Coverage: ☐ Insured ☐ Bonded ☐ Cash Deposit

Vehicle Make/Model: Year: Vehicle License:

Insurance Company: Policy Number: Expires:

Address:

City: State: Zip: Contact Number:

7. Type of Coverage: ☐ Insured ☐ Bonded ☐ Cash Deposit

Vehicle Make/Model: Year: Vehicle License:

Insurance Company: Policy Number: Expires:

Address:

City: State: Zip: Contact Number:

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

8. Nature of Violation:

Location (Street, City, State, Zip):

Date Violation Occurred: Action Taken: ☐ Not Guilty ☐ Fined ☐ Traffic School ☐ Dismissed

[Signature]

9. Nature of Violation:

Location (Street, City, State, Zip):

Date Violation Occurred:

Action Taken: ☐ Not Guilty

☐ Fined

☐ Traffic School

☐ Dismissed

10. Nature of Violation:

Location (Street, City, State, Zip):

Date Violation Occurred:

Action Taken: ☐ Not Guilty

☐ Fined

☐ Traffic School

☐ Dismissed

Has a traffic citation ever resulted in a warrant or caused your driver's license to be withheld due to any of the following? (Check all that apply).

☐ Failed to appear

☐ Failed to complete traffic school

☐ Failed to pay the required fine

If checked, explain circumstances:

Have you been involved as the driver in a motor vehicle accident within the past seven years?

☐ Yes

☒ No

If yes, give details:

11. Date:

Location (Street, City, State, Zip):

Police Report? ☐ Yes

☐ No

Injury or Non-Injury?

☐ Injury

☐ Non-Injury

Law Enforcement Agency:

12. Date:

Location (Street, City, State, Zip):

Police Report? ☐ Yes

☐ No

Injury or Non-Injury?

☐ Injury

☐ Non-Injury

Law Enforcement Agency:

13. Date:

Location (Street, City, State, Zip):

Police Report? ☐ Yes

☐ No

Injury or Non-Injury?

☐ Injury

☐ Non-Injury

Law Enforcement Agency:

14. Date:

Location (Street, City, State, Zip):

Police Report? ☐ Yes

☐ No

Injury or Non-Injury?

☐ Injury

☐ Non-Injury

Law Enforcement Agency:

AS

Have you ever driven a vehicle without auto insurance, as required by law? ☐ Yes ☒ No

If yes, give reason:

Date:

Location (Street, City, State, Zip):

Have you ever been refused automobile liability insurance, or a bond, or had a policy cancelled? ☐ Yes ☐ No

If yes, give reason:

Insurance Company:

Date:

Location (Street, City, State, Zip):

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

15. Are you 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

16. 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

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

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

If you answered "YES" to any of the questions 15 – 18 (above), give details, dates, and circumstances. Indicate the corresponding question number.

SECTION 10: SOCIAL MEDIA SITES

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

List all social media sites, blogs, and/or websites you have created. Provide the website URL and your username.

Facebook: Derrick Washington
Snapchat: Mrdwash2013
Instagram: derrickwashington687

SECTION 11: 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 section, question number, and specific item being referenced.

SECTION 12: CERTIFICATION

I hereby certify that I have personally completed and initialed each page of this form and any supplemental page(s) attached, and that all statements made are true and complete to the best of my knowledge and belief. I understand that any misstatement of material fact may subject me to disqualification; or, if I have been appointed, may disqualify me from continued employment.

[Signature]

Signature of Applicant

7-10-2025

Date

Sworn to and subscribed before me, this the 10 day of July, 2025.

Notary public in and for, State of Texas.

My commission expires: 6, 3, 2029.

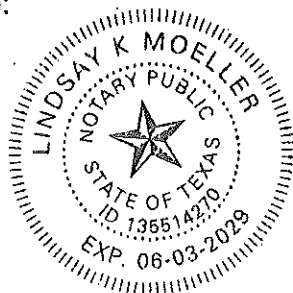
Lindsay K Moeller

Printed Name of Notary

[Signature]

Signature of Notary

Notary Seal or Stamp:



TEXAS COMMISSION ON LAW ENFORCEMENT

6330 E HIGHWAY 290 STE 200, AUSTIN, Texas 78723-1035 Phone (512) 936-7700

<http://www.tcole.texas.gov/>

APPOINTMENT APPLICATION (L-1)

Commission Rules 217.1, 217.3, 217.7, 225.1, 223.2, 225.3

Non-refundable \$35 fee for processing paper form. Money order, agency or cashier's check. (5541)

SECTION 1 - APPLICANT LICENSE STATUS. (5541)

New Applicant (never licensed for this type of appointment) §217.1

(Applicant must sign page 2, section I)

☐ Peace Officer or County Corrections ☐ Unlicensed Elected / Appointed official (PO training incomplete, skip to sec 2)

Agency must submit Fingerprint Applicant Services of Texas (FAST). Agency must retain copy of L-1, original L-2 & L-3 form, (or copy from academy), all DD214s (if applicable), proof of education, certified documents from the appropriate authority showing the final disposition of each arrest, probation, community supervision, conviction or other criminal history, along with FAST returns from DPS showing record checks through FBI and DPS.

Already Licensed §217.7

Check one:

(Applicant must sign page 2, section II)

☒ License holder with a "180 day break or less in service:" Agency retains copy of L-1 and F-5R response.☐ License holder with more than a "180 day break in service:" Agency must retain copy of L-1, new L-2, L-3, FAST returns from DPS showing record checks through FBI and DPS per §217.7, weapons qualifications, if required, according to §218.9 within the last 12 months.

Date of L-2

L-3

SECTION 2 - APPLICANT INFORMATION

1. TCOLE PID 480152	2. Last Name Washington	3. First Name Derrick	4. M. I. L	5. Suffix (Jr., etc.)
6. Race / Ethnicity ☐ American Indian or Alaskan Native ☐ Asian ☒ Black ☐ Hispanic ☐ Multicultural ☐ White				7. Date of Birth 1/10/1981
8. Gender ☒ Male ☐ Female	9. US Citizen ☒ Yes ☐ No	10. Driver's License Number State: TX Num: [REDACTED]	11. Education ☒ GED ☐ High School	
12. Home Mailing Address 101 East Airline Apt. 71	13. City Brenham	14. State TX	15. ZIP Code 77834	16. Primary Phone Number [REDACTED]

SECTION 3 - APPOINTMENT INFORMATION

17. Date Appointed 7/16/2025	18. License / Appointment Type: (CHECK ONLY ONE) ☐ Sheriff (Elected or Appointed) ☐ Constable (Elected or Appointed) ☐ Chief of Police ☐ Chief Law Enforcement Officer ☐ City Marshal ☐ Fire Marshal ☒ Peace Officer ☐ County Jailer ☐ Reserve Officer (licensed reserve or conditional only)			
19. Peace Officer Pay Status: (as defined by Government Code 614.121) (CHECK ONLY ONE) ☒ Full Time - Regularly work 32 hours a week or more and paid at or above federal minimum wage, eligible for benefits				
20. Retired State Officer ☐ Yes ☒ No	21. \$100.00 Fee Required ☐ Contract Jailer (5120) ☐ Medical Facility Police Officer (5125)			
22. TCOLE Agency No. 285202	23. Appointing Agency MOULTON POLICE DEPT.			24. Phone Number (361) 596-7248

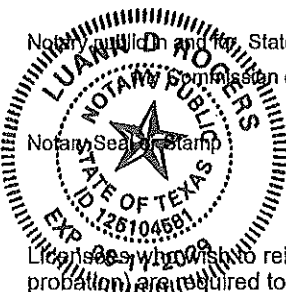
I certify that I am the chief administrator of the above-named agency, or the person designated by the chief administrator to sign this document. I further certify that this agency has on file and readily accessible to the Commission the appropriate documents to show that the above-named individual meets the minimum standards for licensing and/or appointment.

Daniel Beyer

Name and Title of Chief Administrator or Designee (Type or Print)
Submitted by: BEYERD

Signature of Chief Administrator or Designee

Sworn to and subscribed before me, this the 22nd day of July, 2025

Notary Public in and for the State of Texas
My Commission expires 06/11/2029

Printed Name of Notary

Signature of Notary

Special Conditions for the Appointment Application (L-1)

Licensees who wish to reinstate their law enforcement officer licenses following a Commission-ordered disciplinary action (suspension or probation) are required to complete the "Licensee Reinstatement Application" prior to submitting this form.

TEXAS COMMISSION ON LAW ENFORCEMENT

6330 E HIGHWAY 290 STE 200

AUSTIN, Texas 78723-1035

(512) 936-7700

<http://www.tcole.texas.gov/>

Background Confirmation Form

Please Print Legibly

This form must be received prior to submission of an L-1. Date of appointment on the L-1 must be on or after the BCF's signature date. A file copy of this form must be retained in the licensee's TCOLE file after it is emailed to secureshare@tcole.texas.gov

Background Investigation Conducted on (applicant information)

1. Last Name (Name on File) Washington	2. First Name (Name on File) Derrick	3. M. I. L	4. Suffix
5. TCOLE PID 480152	6. Projected Appointment Start Date		

Approving Chief Administrator

7. Last Name BEYER	8. First Name DANIEL	9. Title Chief of Police	
10. TCOLE PID 76585	11. Agency Name MOULTON POLICE DEPT.	12. TCOLE Agency Number 285202	
13. Agency Address 102 S MAIN ST	14. City MOULTON	15. County LAVACA	16. Zip Code 77975-4598
		17. Phone Number (361) 596-7248	

Background Investigation Conducted by

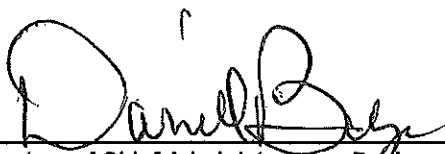
18. Last Name MIDLER	19. First Name MANN	20. TCOLE PID 171324
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Former Law Enforcement Agencies

21. Does the applicant listed above hold a TCOLE license? (This applicant has an active or inactive license as a peace officer, jailer, or telecommunicator in the State of Texas)		☒ YES – This applicant has held a TCOLE License (If yes, proceed to 22) ☐ NO – This is a new TX Licensee (If no, skip to signature block)			
22. Current and Former Law Enforcement Agencies Is there a Release of Information form on file? ☐ Yes ☐ No List current and former law enforcement departments below	23. Personnel Documents Reviewed:		An attempt was made to obtain and review the files. If background personnel documents were not reviewed in person or electronically, please indicate the reason:		
	Electronic File Transfer (TSS)	In-Person	Request denied/Failed to respond	File not available	Other: explain
WASHINGTON CO. SHERIFF'S OFFICE	☒	☐	☐	☐	

(If more lines are needed for 23-24, please use page 2)

I certify that I am the chief administrator of the above-named agency, or the person designated by the chief administrator to sign this document. I further certify that all pre-employment procedures required by Texas Occupations Code 1701.451 have been completed.



Signature of Chief Administrator or Designee (if designee, print name)

7/14/25

Date

(Name of Law Enforcement Agency)

AUTHORITY TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I, Applicant, hereby authorize the Moulton Police Department and its authorized representatives bearing this release, or a copy thereof, within one year of the execution date below, to obtain any information in your files pertaining to my citizenship, credit, criminal, driving, education, employment, financial, legal, licensing, medical, military, and personal history, including but not limited to academic, achievement, athletic, attendance, court, credit, criminal history record information, disciplinary, driving, financial, government, licensing, medical, performance evaluation, vehicle, or any other records or information held.

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 their official responsibilities. I hereby release you, as custodian of such records, and any school, college, university, other educational institution, hospital, other repository of medical records, credit bureau, lending institution, financial institution, consumer reporting agency, government agency, business establishment, or other entity, 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 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: Derrick Leroyne Washington
Address: 101 East Airline Apt. 71
Telephone Number: [REDACTED] Email: dWASHINGTON@yahoo.com

Applicant's Notarized Signature: [Signature]

State of Texas
County of LAVACA

Sworn to and subscribed before me on the 10 day of JULY, 2025, by the above Applicant.

Notary's Printed Name: Lindsay K Moeller

Notary's Signature: [Signature]

Notary's Commission Expires: 6/13/2029



Moulton Police Department

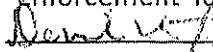


Department Policy Manual

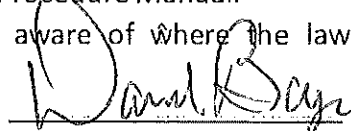
Revised 08-01-2024

I have reviewed this policy and procedure manual and find it to be in accordance with all applicable city ordinances and state law; therefor approve the contents therein for implementation as the City of Moulton Police Department Policy and Procedure Manual.

Each officer of the Moulton Police Department has been made aware of where the law enforcement forms / paperwork are located.



Officer Signature



Daniel Beyer, Chief Of Police

(Name of Law Enforcement Agency)

AUTHORITY TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I hereby authorize the Hempstead Police Department 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 not limited to academic, achievement, attendance, athletic, personal history, and disciplinary records, medical records, and credit records.

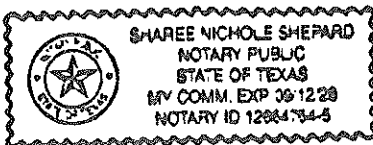
I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for official use. Consent is granted to all parties to furnish such information, as described above, to third parties in the course of fulfilling 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: Derrick Washington
Address: 101 East Auline Apt. 71
Broken TX 77833
Telephone Number: [REDACTED]
Applicant's Notarized Signature: [Signature]

Sworn to and signed before me, on this the 31 day of October, 2025
in and for Waller county, in the state of Texas
Signature of Notary Public: Sharee Shepard

NOTARY SEAL



Printed Name of Notary Public: Sharee Shepard
My Commission Expires: 9/12/2028