



TEXAS A&M FOREST SERVICE



Additional Duty Law Enforcement Officer Application

Date: _____
 Name (First M Last): _____ Go By: _____
 Home Address: _____

 City: _____ State: Texas ZIP Code: _____
 Home Phone: _____ TFS Office Phone: _____
 Cell Phone: _____ TFS Cell Phone: _____
 Email: _____ TX Driver License# _____

Please answer all of the following questions:

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| 1. Have you been employed by TFS for at least one year? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Are you currently licensed by TCOLE as a Peace Officer? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Are you a US citizen? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Are you at least 21 years of age? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Do you have a high school diploma or GED? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Do you have a valid Texas driver license? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Have you ever committed a felony or Class A misdemeanor? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Do you have a conviction for a Class B misdemeanor within the last 10 years? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. The peace officer training will require you to attend daily classes, to include some evenings and Saturdays, for almost five months. Can you do this? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. Can you maintain your Comp Time balance under 160 hours? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11. Have you ever bought, sold, or used any illegal drugs? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12. Can you pass a physical and psychological examination? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Current position with Texas A&M Forest Service: _____
 Office Location: _____
 Supervisor: _____
 Department: _____

I certify that the information provided above is true and complete to the best of my knowledge.

_____ Applicant Name	_____ Applicant Signature	_____ Date
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By signing this application, I approve and endorse this applicant becoming an ADLEO.

_____ Supervisor Name	_____ Supervisor Signature	_____ Date
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_____ ACRFC/RF/Program Leader Name	_____ ACRFC/RF/Program Leader Signature	_____ Date
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_____ Department Head Name	_____ Department Head Signature	_____ Date
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