INSTRUCTIONS TO THE APPLICANT

**READ THESE INSTRUCTIONS CAREFULLY BEFORE PROCEEDING**

These instructions are provided to assist you in properly completing your application. It is essential the information be accurate in all respects. The information will be used in a background investigation to assist in determining your suitability for the Police Officer position. Please keep in mind the following:

1. Avoid errors by reading the directions carefully before making any entries on the form. Be sure your information is correct and in proper sequence before you begin. All statements are subject to verification.

2. If a question is not applicable to you, enter N/A in the space provided.

3. You are responsible for obtaining correct addresses and telephone numbers. If you are not sure of an address or phone number, please check it by personal verification. Also, you must keep our department informed if your address or telephone number changes during the employment process.

4. If there is insufficient space on the form for you to include all the information required, attach extra sheets (one is included at the end of this packet). Be sure to reference the section and question number before continuing with your answer.

5. Account for all time periods in your background.

6. If you are uncertain how to answer a particular question, please contact our department for further

clarification.

7. If you don’t have some of the requested information, please indicate that on the

application and the background investigator will discuss it with you.

Any negative factors in your past will be evaluated in terms of frequency, how recently it occurred, relevancy, circumstances surrounding its occurrence, and significance to the position for which you are applying. For example; being fired from a job, having an arrest, or poor traffic record may not be, in and of itself, grounds for disqualification. Attach any documentation that would assist in explaining any past unusual situations or problems. Some examples would be credit repossessions, civil suits, criminal convictions, etc.

DELIBERATE INACCURACIES, NO MATTER HOW INSIGNIFICANT AND REGARDLESS OF THE REASON FOR THE INACCURACY, WILL CAUSE YOUR NAME TO BE REMOVED FROM THE LIST. DECEPTION AT ANY STAGE OF THE BACKGROUND INVESTIGATION PROCESS WILL BE GROUNDS FOR DISQUALIFICATION.

Please include copies of the following documents with your application:

* Birth Certificate
* High school diploma, G.E.D., and college diploma (if applicable)
* Military discharge certificate. (DD 214)
* Military judicial or non-judicial actions.
* Social Security Card.
* Driver’s License
* Marriage License
* Divorce Decree
* Law Enforcement Certifications

**Your Application and the Waiver and Authorization to Release Information must be notarized.**

Do not sign the document until you are in front of the Notary.

Please return the Application, Waiver and Authorization to Release Information, and required documents to:

Chehalis Police Department

Background Investigations

350 N Market Blvd, Rm 201

Chehalis WA 98532

Or, if completed electronically, please email to: [chehalispd@ci.chehalis.wa.us](mailto:chehalispd@ci.chehalis.wa.us).

We look forward to receiving your completed packet. If you have any questions regarding this application, please contact us. Thank you for your interest in our agency.

**WAIVER AND AUTHORIZATION TO RELEASE INFORMATION**

THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS.

READ CAREFULLY BEFORE SIGNING.

To Whom It May Concern:

I, the undersigned, authorize inspection, copying and full disclosure of all records concerning myself to any duly authorized agent of the Chehalis Police Department regardless of whether the records are public, private or confidential.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; financial or credit institutions; employment and pre-employment records, including background investigation reports, medical records, psychological testing and analysis plus recommendation, polygraph examination and results, efficiency ratings, work record, my reputation, complaints or grievances filed by or against me, either criminal or civil, in which I presently have or have had any interest; all attendance records, any internal investigations and discipline, including any files which are deemed to be confidential and/or sealed; military service records, and such other information and records you may have in your possession relating to me.

I understand all information obtained by a personal history background investigation, developed directly or indirectly, in whole or in part, upon this release, will be considered in determining my suitability for employment by the Chehalis Police Department. I hereby release and agree to indemnify you, your organization and all others any liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I hereby release the 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 release and request to release information, or any attempt to comply with it. I direct you to release such information upon request of a duly accredited representative of the Chehalis Police Department regardless of any agreement I may have made with you previously to the contrary.

I further agree to waive any right of access or review whatsoever to the background investigation developed through this release.

For, and in consideration of, the Chehalis Police Department acceptance and processing of my application for employment, I agree to hold the Chehalis Police Department, its agents and employees harmless and indemnify them from any and all claims and liability associated with my application for employment or in any way connected with the decision whether to employ me with the Chehalis Police Department.

A photocopy or fax copy of this release form will be valid as an original thereof, even though said copy does not contain an original writing of my signature.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant’s Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant’s Name (Printed) Date

State of Washington, County of Lewis

**SUBSCRIBED AND SWORN** to before me this \_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NOTARY PUBLIC** in and for the State of Washington

Residing at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My commission expires on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY OF CHEHALIS

APPLICATION FOR EMPLOYMENT

The City of Chehalis is an equal opportunity employer and does not unlawfully discriminate on the basis of race, sex, age, color, sexual orientation, religion, national origin, marital status, genetic information, veteran’s status, disability, or any other basis prohibited by federal, state, or local law. False statements on this application form shall be considered sufficient cause for non-employment or termination.

**Please read carefully and complete all applicable areas. Use additional pages if needed.**

**Please do not submit a photograph of yourself.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **SECTION 1: PERSONAL** | | | | | | |
| 1. YOUR FULL NAME LAST | FIRST NAME | | | MIDDLE NAME | | |
| 2.. OTHER NAMES, INCLUDING NICKNAMES, YOU HAVE USED OR BEEN KNOWN BY | | | | | | |
| 3. ADDRESS WHERE YOU RESIDE APT / UNIT | | | | | | |
| CITY | | | STATE | | ZIP | |
| 4. MAILING ADDRESS, IF DIFFERENT FROM ABOVE. INCLUDE CITY, STATE AND ZIP CODE | | | | | | |
| 5. CONTACT PHONE NUMBERS INCLUDE AREA CODE NOTE IF HOME, CELL OR WORK NUMBER | | | | | | |
| 6. EMAIL ADDRESS | | | | | | |
| 7. WHAT IS YOUR PREFERRED METHOD OF CONTACT (EMAIL, TEXT, PHONE)? | | | | | | |
| 8. Are you a citizen of the United States of America or a lawful permanent resident? ............................................ Yes  No | | | | | | |
| 9. BIRTH PLACE (CITY / COUNTY / STATE / COUNTRY) | | 10. BIRTHDATE | | | | 11. SOCIAL SECURITY NUMBER |
| 12. POSITION APPLYING FOR | | 13. DATE AVAILABLE | | | | 14. TODAY’S DATE |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SECTION 2: WORK EXPERIENCE** | | | | | | | | | |
| 15. JOB EXPERIENCE   * + List **ALL** jobs you have had within the past 10 years, including part-time, temporary, self-employment, and volunteer. (Begin with your most current. If more space is needed continue your response on page 19.)   + 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. | | | | | | | | | |
|  | | | | | | | | | |
| 1. NAME OF **CURRENT** EMPLOYER OR MILITARY UNIT | | | | | | | FROM | TO | |
|  | ADDRESS (NUMBER / STREET OR BASE) | | | | | SUPERVISOR | | | |
| CITY | | | STATE | ZIP | CONTACT NUMBER | | | EXT |
| YOUR JOB TITLE | | | | | SUPERVISOR’S EMAIL | | | |
| DUTIES / ASSIGNMENTS | | | | | | F-T P-T  Temp  Self-employed  Volunteer | | |
| NAMES OF CO-WORKERS  1) | | 2) | | | | REASON FOR WANTING TO LEAVE | | |
| Would there be a problem if we contact your current employer?  Yes No | IF YES, EXPLAIN: | | | | | | | |
|  | | | | | | | | | |
| B) PERIOD OF UNEMPLOYMENT  Student  Between jobs  Leave of absence  Travel  Check applicable:  Other : | | | | | | | FROM | TO | |
|  | | | | | | | | | |
| c) NAME OF EMPLOYER OR MILITARY UNIT | | | | | | | FROM | TO | |
|  | ADDRESS (NUMBER / STREET OR BASE) | | | | | SUPERVISOR | | | |
| CITY | | | STATE | ZIP | CONTACT NUMBER | | | EXT |
| YOUR JOB TITLE | | | | | SUPERVISOR’S EMAIL | | | |
| DUTIES / ASSIGNMENTS | | | | | | F-T  P-T  Temp  Self-employed  Volunteer | | |
| NAMES OF CO-WORKERS  1) | | 2) | | | | REASON FOR LEAVING | | |
|  | | | | | | | | | |
| D) PERIOD OF UNEMPLOYMENT  Student  Between jobs  Leave of absence  Travel  Check applicable:  Other : | | | | | | | FROM | TO | |

|  |
| --- |
| **SECTION 2: WORK EXPERIENCE** *continued* |
|  |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| E) NAME OF EMPLOYER OR MILITARY UNIT | | | | | | | | FROM | | TO | |
|  | ADDRESS (NUMBER / STREET OR BASE) | | | | | SUPERVISOR | | | | | |
| CITY | | STATE | ZIP | | CONTACT NUMBER | | | | | EXT |
| YOUR JOB TITLE | | | | | SUPERVISOR’S EMAIL | | | | | |
| DUTIES / ASSIGNMENTS | | | | | | | F-T  P-T  Temp  Self-employed  Volunteer | | | |
| NAMES OF CO-WORKERS  1) | 2) | | | | | | REASON FOR LEAVING | | | |
|  | | | | | | | | | | | |
| F) PERIOD OF UNEMPLOYMENT  Student  Between jobs  Leave of absence  Travel  Check applicable:  Other : | | | | | | | | FROM | | TO | |
|  | | | | | | | | | | | |
| G) NAME OF EMPLOYER OR MILITARY UNIT | | | | | | | | FROM | | TO | |
|  | ADDRESS (NUMBER / STREET OR BASE) | | | | | SUPERVISOR | | | | | |
| CITY | | STATE | ZIP | | CONTACT NUMBER | | | | | EXT |
| YOUR JOB TITLE | | | | | SUPERVISOR’S EMAIL | | | | | |
| DUTIES / ASSIGNMENTS | | | | | F-T  P-T  Temp  Self-employed  Volunteer | | | | | |
| NAMES OF CO-WORKERS  1) | 2) | | | | REASON FOR LEAVING | | | | | |
|  | | | | | | | | | | | |
| 16. Have you ever been disciplined at work? (This includes written warnings, formal letters of counseling, reprimands,  suspensions, reductions in pay, reassignments, or demotions) ...............................................................................................  Yes  No | | | | | | | | | | | |
| 17. Have you ever been fired, released from probation, or asked to resign from any place of employment? .........................  Yes  No | | | | | | | | | | | |
| 18. Have you ever quit without giving proper notice? ………………………………………………………………………………………  Yes  No | | | | | | | | | | | |
| 19. Have you ever resigned in lieu of termination? ………………………………………………………………………………………….  Yes  No | | | | | | | | | | | |
| 20. Did you ever receive an unsatisfactory performance review? ………………………………………………………………………….  Yes  No | | | | | | | | | | | |
| 21. Have you ever sold, released, or given away legally confidential information? ………………………………………………………  Yes  No | | | | | | | | | | | |
| **SECTION 2: WORK EXPERIENCE** *continued* | | | | | | | | | | | |
| 22. Has any organization you worked for been named as a defendant in a civil action as a result of your work performance?..........  Yes  No | | | | | | | | | | | |
| 23. Do you have any beliefs which would prevent you from fully performing the duties of police officer, such as working weekend, evening, or night  shifts or working on holidays?..........................................................................................................................................................  Yes  No | | | | | | | | | | | |
| 24. If it becomes necessary to take a human life in the course of your duties as a peace officer, would you have any beliefs that would prevent you  from doing so? ………………........................................................................................................................................................  Yes  No | | | | | | | | | | | |
| If you answered yes to any of **Questions 16–24**, please explain (include when, where and circumstances; indicate corresponding number): | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **SECTION 3: EDUCATION** | | | | | | | | | | | |
| **NOTE: You will be asked to furnish transcripts or other supporting documentation.** | | | | | | | | | | | |
| 25. Check applicable:  High School Diploma from an accredited U.S. institution  GED  NONE | | | | | | | | | | | |
|  | | | | | | | | | | | |
| 26. List high schools attended: | | | | | | | | | | | |
| 1. NAME AND LOCATION | | | | | FROM | | TO | | DID YOU GRADUATE?  Yes  No | | |
| 1. NAME AND LOCATION | | | | | FROM | | TO | | DID YOU GRADUATE?  Yes  No | | |
|  | | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 27. List all colleges, universities and trade schools attended: | | | | | | | | | | | | | | | |
| A) NAME AND LOCATION | | | | FROM | | | | | TO | | MAJOR / AREA  OF STUDY | | DEGREE EARNED /  YEAR AWARDED | | |
| B) NAME AND LOCATION | | | | FROM | | | | | TO | | MAJOR / AREA  OF STUDY | | DEGREE EARNED /  YEAR AWARDED | | |
| C) NAME AND LOCATION | | | | FROM | | | | | TO | | MAJOR / AREA  OF STUDY | | DEGREE EARNED /  YEAR AWARDED | | |
|  | | | | | | | | | | | | | | | |
| 28. Have you ever attended a Basic Law EnforcementAcademy?.............................................................................................................................. Yes No  If yes, provide the following information: | | | | | | | | | | | | | | | |
| A) NAME AND LOCATION | | | | | | | FROM | | | TO | | | DID YOU GRADUATE?  Yes  No | | |
| B) NAME AND LOCATION | | | | | | | FROM | | | TO | | | DID YOU GRADUATE?  Yes  No | | |
| **SECTION 3: EDUCATION** *continued* | | | | | | | | | | | | | | | | |
| 29. 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. Include school, date, circumstances and disciplinary actions received. | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| **SECTION 4: OTHER AGENCIES** | | | | | | | | | | | | | | | | |
| 30. Have you ever applied to any other law enforcement agency? ...................................................................................................  Yes  No | | | | | | | | | | | | | | | | |
| A) NAME OF AGENCY | | | | | | | | | | | | | DATE APPLIED | | | |
|  | | ADDRESS (NUMBER / STREET) | | | | | | | BACKGROUND INVESTIGATOR’S NAME (IF KNOWN) | | | | | | | |
| CITY | | STATE | | | ZIP | | CONTACT NUMBER | | | | | | EXT | |
| POSITION APPLIED FOR | | | | | | | EMAIL | | | | | | | |
| Check each step in the process that you completed and your status: | | | | | | | | | | | | | | |
| STEPS  Application  Written  Physical Agility  Oral  Polygraph  Psychological  Background  Chief’s Oral  Conditional Offer  STATUS:  Hired  On List  Withdrawn  Disqualified | | | | | | | | | | | | | | |
| B) NAME OF AGENCY | | | | | | | | | | | | | DATE APPLIED | | | |
|  | | ADDRESS (NUMBER / STREET) | | | | | | | | BACKGROUND INVESTIGATOR’S NAME (IF KNOWN) | | | | | | |
| CITY | STATE | | | ZIP | | | | CONTACT NUMBER | | | | | | EXT |
| POSITION APPLIED FOR | | | | | | | | EMAIL | | | | | | |
| Check each step in the process that you completed and your status: | | | | | | | | | | | | | | |
| STEPS  Application  Written  Physical Agility  Oral  Polygraph  Psychological  Background  Chief’s Oral  Conditional Offer  STATUS:  Hired  On List  Withdrawn  Disqualified | | | | | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SECTION 5: MILITARY EXPERIENCE** | | | | | | | | | | | | | | | | | | | | | | | | |
| 31. Are you required to register for the Selective Service? ........................................................................................................  Yes  No  If yes, have you registered? ................................................................................................................................................  Yes  No  If no, explain: | | | | | | | | | | | | | | | | | | | | | | | | |
| 32. Have you ever served in the Armed Forces, National Guard or Military Reserves?..............................................................  Yes  No  Branch of Service: Dates of Service: From: To: | | | | | | | | | | | | | | | | | | | | | | | | |
| TYPE OF DISCHARGE:  Entry Level  Honorable  General  OTH (Other than Honorable)  Bad Conduct  Dishonorable Re-entry Code (1–4) if applicable *– refer to your DD-214:* | | | | | | | | | | | | | | | | | | | | | | | | |
| 33. Are you currently participating in one of the following?  Military Reserve  National Guard  If checked, date obligation ends: | | | | | | | | | | | | | | | | | | | | | | | | |
| 34. 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)?................................................................................................................................  Yes  No  If yes, explain: | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| 35. Please list those individuals (past commanding officers, military colleagues) who know you well enough to provide accurate information  about you. | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME | | | | | | | RANK | | | | | | | ADDRESS | | | | | | | | | CONTACT # | |
|  | | | | | | |  | | | | | | |  | | | | | | | | |  | |
|  | | | | | | |  | | | | | | |  | | | | | | | | |  | |
|  | | | | | | |  | | | | | | |  | | | | | | | | |  | |
|  | | | | | | |  | | | | | | |  | | | | | | | | |  | |
|  | | | | | | |  | | | | | | |  | | | | | | | | |  | |
|  | | | | | | |  | | | | | | |  | | | | | | | | |  | |
|  | | | | | | |  | | | | | | |  | | | | | | | | |  | |
|  | | | | | | |  | | | | | | |  | | | | | | | | |  | |
| **SECTION 6: FINANCIAL** | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| 36. Have you ever filed for or declared bankruptcy (Chapter 7, 11 or 13) or filed for the Wage Earners’ Plan?..............................  Yes  No | | | | | | | | | | | | | | | | | | | | | | | | |
| 37. Have any of your bills ever been turned over to a collection agency?.......................................................................................  Yes  No | | | | | | | | | | | | | | | | | | | | | | | | |
| 38. Have you ever had purchased goods repossessed? ................................................................................................................  Yes  No | | | | | | | | | | | | | | | | | | | | | | | | |
| 39. Have your wages ever been garnished? ..................................................................................................................................  Yes  No | | | | | | | | | | | | | | | | | | | | | | | | |
| 40. Have you ever been delinquent on income or other tax payments? .........................................................................................  Yes  No | | | | | | | | | | | | | | | | | | | | | | | | |
| If you answered yes to any of **Questions 36-40**, explain (include when, where and why; indicate corresponding number): | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| **SECTION 7: LEGAL** | | | | | | | | | | | | | | | | | | | | | | | | |
| **Disclosure of Arrests and Convictions**  As an applicant for a **SWORN LAW ENFORCEMENT PERSONNEL** position, you are required to disclose ***any*** criminal conviction(s) which has not been sealed or expunged by a court pursuant to law. Consult with an attorney before failing to disclose a criminal conviction, as deliberate or significant omissions will result in disqualification. | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| 41. Either as an adult or a juvenile, have you EVER been 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 | | | | | | | | | | ARRESTING OR DETAINING AGENCY | | | | | | | | | | | | | | |
|  | | CHARGE | | | | | | | | DISPOSITION OR PENALTY | | | | | | | | | | | | | | |
| B) APPROXIMATE DATE | | | | | | | | | | ARRESTING OR DETAINING AGENCY | | | | | | | | | | | | | | |
|  | | CHARGE | | | | | | | | DISPOSITION OR PENALTY | | | | | | | | | | | | | | |
| C) APPROXIMATE DATE | | | | | | | | | | ARRESTING OR DETAINING AGENCY | | | | | | | | | | | | | | |
|  | | CHARGE | | | | | | | | DISPOSITION OR PENALTY | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| 42. Have you ever been placed on court probation as an adult? …………………………………………………………………………  Yes  No | | | | | | | | | | | | | | | | | | | | | | | | |
| 43. 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 | | | | | | | | | | | | | | | | | | | | | | | | |
| **SECTION 7: LEGAL** *continued* | | | | | | | | | | | | | | | | | | | | | | | | |
| 44. Are you now, or have you ever been a party (plaintiff or defendant) in a civil court action? ………………………………………  Yes  No  (e.g. small claims actions, dissolutions, child custody, paternity, support, etc.) | | | | | | | | | | | | | | | | | | | | | | | | |
| If you answered yes to any of **Questions 42 – 44**, please explain (include court case or document, dates, and circumstances; indicate corresponding number): | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| **SECTION 8: MOTOR VEHICLE OPERATION** | | | | | | | | | | | | | | | | | | | | | | | | |
| 45. CURRENT DRIVER’S LICENSE NUMBER | | | | | | | | | | | STATE OF ISSUE | | | | EXPIRATION DATE | | NAME UNDER WHICH LICENSE WAS GRANTED | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| 46. LIST OTHER STATES WHERE YOU HAVE BEEN LICENSED TO OPERATE A MOTOR VEHICLE: | | | | | | | | | | | | | | | | | | | | | | | | |
| State of Issue | | | | | Type of License | | | | | | | | | Full name and date of birth under which license was granted and license number, if known. | | | | | | | | | | |
|  | | | | |  | | | | | | | | |  | | | | | | | | | | |
|  | | | | |  | | | | | | | | |  | | | | | | | | | | |
|  | | | | |  | | | | | | | | |  | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| 47. Have you ever been refused a driver’s license by any state?...................................................................................................  Yes  No  If yes, explain (include when, where, and circumstances): | | | | | | | | | | | | | | | | | | | | | | | | |
| 48. Has your driver’s license ever been suspended or revoked?..................................................................................................  Yes  No  If yes, explain (include when, where, and circumstances): | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| 49. List all traffic citations, excluding parking citations, you have received within the past five years: | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. NATURE OF VIOLATION | | | | | | | | | | | | | | LOCATION (STREET) CITY STATE | | | | | | | | | | |
|  | | | | DATE VIOLATION OCCURRED  MONTH YEAR | | | | | | | | | | ACTION TAKEN  Not Guilty  Fined  Traffic School  Dismissed | | | | | | | | | | |
| 1. NATURE OF VIOLATION | | | | | | | | | | | | | | LOCATION (STREET) CITY STATE | | | | | | | | | | |
|  | | | | DATE VIOLATION OCCURRED  MONTH YEAR | | | | | | | | | | ACTION TAKEN  Not Guilty  Fined  Traffic School  Dismissed | | | | | | | | | | |
| 1. NATURE OF VIOLATION | | | | | | | | | | | | | | LOCATION (STREET) CITY STATE | | | | | | | | | | |
|  | | | | DATE VIOLATION OCCURRED  MONTH YEAR | | | | | | | | | | ACTION TAKEN  Not Guilty  Fined  Traffic School  Dismissed | | | | | | | | | | |
| **SECTION 8: MOTOR VEHICLE OPERATION** *continued* | | | | | | | | | | | | | | | | | | | | | | | | |
| 50. Have you been involved as the driver in a motor vehicle accident within the past seven years?..........................................  Yes  No | | | | | | | | | | | | | | | | | | | | | | | | |
| A) DATE | | | | | | LOCATON (NUMBER / STREET/ APT) CITY STATE ZIP | | | | | | | | | | | | | | | | | | |
|  | | POLICE REPORT  YES  NO | | | | LAW ENFORCEMENT AGENCY | | | | | | | | | | | | | INJURY  NON-INJURY | | | | | |
| B) DATE | | | | | | LOCATON (NUMBER / STREET/ APT) CITY STATE ZIP | | | | | | | | | | | | | | | | | | |
|  | POLICE REPORT  YES  NO | | | | | LAW ENFORCEMENT AGENCY | | | | | | | | | | | | | | INJURY  NON-INJURY | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| **SECTION 9: SUBSTANCE ABUSE** | | | | | | | | | | | | | | | | | | | | | | | | |
| **Questions 51 - 52** ask about your current and past recreational drug use. This covers the use of ***any*** drug, including the unauthorized use of prescription drugs or over-the-counter drugs. Your answers should include, ***but not be limited to***, your use of any of the following drugs: | | | | | | | | | | | | | | | | | | | | | | | | |
| * Amphetamines / Methamphetamines   *(Uppers, Speed, Crank, etc.)*   * Barbiturates (*Downers)* * Cocaine / Crack Cocaine * Designer Drugs   *(Ecstasy, Synthetic Heroin, etc.)*   * GHB *(Date Rape Drug)Heroin, etc.)* | | | | | | | | | | | | | * Chemical Inhalants * Hallucinogens   *(Peyote, LSD, Mushrooms)*   * Hashish / Hashish Oil * Heroin / Opium * Marijuana * LSD * Pain killers | | | | | | | | * Mescaline * Morphine * PCP / Angel Dust * Quaaludes * Steroids * Tetrahydrocannabinol (THC) | | | |
| 51.  I have ***never*** tried or used any drug.  I have tried or used one or more drugs. If checked, give details including drug(s) used, most recent date used, and  circumstances. | | | | | | | | | | | | | | | | | | | | | | | | |
| 52. 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 items above, give details including drug(s) involved, over what time period(s), and circumstances. | | | | | | | | | | | | | | | | | | | | | | | | |
| **SECTION 10: GENERAL INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | |
| 53. Have you ever been denied a concealed pistol license? ……………………………………….................................................  Yes  No | | | | | | | | | | | | | | | | | | | | | | | | |
| 54. 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 | | | | | | | | | | | | | | | | | | | | | | | | |
| 55. 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 | | | | | | | | | | | | | | | | | | | | | | | | |
| 56. Since the age of 16, have you ever been involved in an anger-provoked physical fight, confrontation or other violent act?  Yes  No | | | | | | | | | | | | | | | | | | | | | | | | |
| 57. Have you ever hit or physically overpowered a spouse or romantic partner? .............................................................................  Yes  No | | | | | | | | | | | | | | | | | | | | | | | | |
| If you answered yes to any of Questions 53 – 57, please give details including dates and circumstances; indicate corresponding number. | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| **SECTION 11: RESIDENCE** | | | | | | | | | | | | | | | | | | | | | | | | |
| 58. LIST OF RESIDENCES   * List all residences during the last ten years or since age 15 beginning with your current residence. Provide complete addresses (include markers such as Street, Drive, Road, East, West, etc, and unit or apartment number). Do not use PO Boxes. * If the residence is a military base, identify name of base in address, nearest city, state and zip code. | | | | | | | | | | | | | | | | | | | | | | | | |
| ADDRESS | | | | | | | | | CITY, STATE, ZIP CODE | | | | | | | DATES  FROM TO  MO / YR MO / YR | | | | | | IF RENTED, NAME AND ADDRESS OF PERSON  RESPONSIBLE FOR COLLECTION OF RENT | | |
|  | | | | | | | | |  | | | | | | |  | | | | | |  | | |
|  | | | | | | | | |  | | | | | | |  | | | | | |  | | |
|  | | | | | | | | |  | | | | | | |  | | | | | |  | | |
| **SECTION 11: RESIDENCE** *continued* | | | | | | | | | | | | | | | | | | | | | | | | |
| ADDRESS | | | | | | | | | CITY, STATE, ZIP CODE | | | | | | | DATES  FROM TO  MO / YR MO / YR | | | | | | IF RENTED, NAME AND ADDRESS OF PERSON  RESPONSIBLE FOR COLLECTION OF RENT | | |
|  | | | | | | | | |  | | | | | | |  | | | | | |  | | |
|  | | | | | | | | |  | | | | | | |  | | | | | |  | | |
|  | | | | | | | | |  | | | | | | |  | | | | | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| 59. Have you ever been evicted or asked to leave a residence? .................................................................................................. Yes  No | | | | | | | | | | | | | | | | | | | | | | | | |
| 60. Have you ever left a residence owing rent? ............................................................................................................................. Yes No | | | | | | | | | | | | | | | | | | | | | | | | |
| If you answered Yes to Questions 58 and/or 59, explain (include when, where and circumstances):  . | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| **SECTION 12: RELATIVES** | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| 61. Persons who know you will be asked to comment on your suitability for the position of Police Officer. Please list immediate family members to include mother, father,  stepmother, stepfather, in-laws, spouse (current and former), children, brothers and sisters. | | | | | | | | | | | | | | | | | | | | | | | | |
| **NAME** | | | | | | | | **ADDRESS WHERE PERSON CAN BE CONTACTED**  **INCLUDE CITY, STATE AND ZIP CODE** | | | | | | | | | | **CONTACT PHONE NUMBERS** | | | | | | **RELATIONSHIP** |
|  | | | | | | | |  | | | | | | | | | |  | | | | | |  |
|  | | | | | | | |  | | | | | | | | | |  | | | | | |  |
|  | | | | | | | |  | | | | | | | | | |  | | | | | |  |
|  | | | | | | | |  | | | | | | | | | |  | | | | | |  |
|  | | | | | | | |  | | | | | | | | | |  | | | | | |  |
|  | | | | | | | |  | | | | | | | | | |  | | | | | |  |
| **SECTION 12: RELATIVES** *continued* | | | | | | | | | | | | | | | | | | | | | | | | |
| **NAME** | | | | | | | | **ADDRESS WHERE PERSON CAN BE CONTACTED**  **INCLUDE CITY, STATE AND ZIP CODE** | | | | | | | | | | **CONTACT PHONE NUMBERS** | | | | | | **RELATIONSHIP** |
|  | | | | | | | |  | | | | | | | | | |  | | | | | |  |
|  | | | | | | | |  | | | | | | | | | |  | | | | | |  |
|  | | | | | | | |  | | | | | | | | | |  | | | | | |  |
|  | | | | | | | |  | | | | | | | | | |  | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| **SECTION 13: REFERENCES** | | | | | | | | | | | | | | | | | | | | | | | | |
| 62. Please list individuals with whom you have resided in the last ten (10) years. | | | | | | | | | | | | | | | | | | | | | | | | |
| A) NAME | | | | | | | | | | | | ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP | | | | | | | | | | | | |
|  | | | RELATIONSHIP | | | | | | | | | CONTACT NUMBERS | | | | | | | | | | | | |
| HOW LONG HAVE YOU KNOWN THIS PERSON? | | | | | | | | | EMAIL | | | | | | | | | | | | |
| B) NAME | | | | | | | | | | | | ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP | | | | | | | | | | | | |
|  | | | RELATIONSHIP | | | | | | | | | CONTACT NUMBERS | | | | | | | | | | | | |
| HOW LONG HAVE YOU KNOWN THIS PERSON? | | | | | | | | | EMAIL | | | | | | | | | | | | |
| C) NAME | | | | | | | | | | | | ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP | | | | | | | | | | | | |
|  | | | RELATIONSHIP | | | | | | | | | CONTACT NUMBERS | | | | | | | | | | | | |
| HOW LONG HAVE YOU KNOWN THIS PERSON? | | | | | | | | | EMAIL | | | | | | | | | | | | |
| D) NAME | | | | | | | | | | | | ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP | | | | | | | | | | | | |
|  | | | RELATIONSHIP | | | | | | | | | CONTACT NUMBERS | | | | | | | | | | | | |
| HOW LONG HAVE YOU KNOWN THIS PERSON? | | | | | | | | | EMAIL | | | | | | | | | | | | |
| **SECTION 13: REFERENCES** *continued* | | | | | | | | | | | | | | | | | | | | | | | | |
| 63. Please list 3-5 individuals who have knowledge of you and your qualifications. Exclude relatives and former employers. | | | | | | | | | | | | | | | | | | | | | | | | |
| A) NAME | | | | | | | | | | | | ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP | | | | | | | | | | | | |
|  | | | RELATIONSHIP | | | | | | | | | CONTACT NUMBERS | | | | | | | | | | | | |
| HOW LONG HAVE YOU KNOWN THIS PERSON? | | | | | | | | | EMAIL | | | | | | | | | | | | |
| B) NAME | | | | | | | | | | | | ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP | | | | | | | | | | | | |
|  | | | RELATIONSHIP | | | | | | | | | CONTACT NUMBERS | | | | | | | | | | | | |
| HOW LONG HAVE YOU KNOWN THIS PERSON? | | | | | | | | | EMAIL | | | | | | | | | | | | |
| C) NAME | | | | | | | | | | | | ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP | | | | | | | | | | | | |
|  | | | RELATIONSHIP | | | | | | | | | CONTACT NUMBERS | | | | | | | | | | | | |
| HOW LONG HAVE YOU KNOWN THIS PERSON? | | | | | | | | | EMAIL | | | | | | | | | | | | |
| D) NAME | | | | | | | | | | | | ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP | | | | | | | | | | | | |
|  | | | RELATIONSHIP | | | | | | | | | CONTACT NUMBERS | | | | | | | | | | | | |
| HOW LONG HAVE YOU KNOWN THIS PERSON? | | | | | | | | | EMAIL | | | | | | | | | | | | |
| E) NAME | | | | | | | | | | | | ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP | | | | | | | | | | | | |
|  | | | RELATIONSHIP | | | | | | | | | CONTACT NUMBERS | | | | | | | | | | | | |
| HOW LONG HAVE YOU KNOWN THIS PERSON? | | | | | | | | | EMAIL | | | | | | | | | | | | |

|  |
| --- |
| 64. In the space provided below, **in your own handwriting**, state your reasons for applying for this position. If returning your packet electronically,  you may scan and attach this page. Otherwise, please include your handwritten statement with the rest of your packet. |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
| 65. Do you have anything further to add to your background or information regarding your potential employment? |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |  |
| --- | --- |
| **SECTION 14: CERTIFICATION** | |
| 66. I hereby certify I have personally completed and initialed each page of this form and any supplemental page(s) attached, and all statements  made are true and complete to the best of my knowledge and belief. I understand any misstatement of material fact may subject me to  disqualification, or, if I have been appointed, may disqualify me from continued employment. | |
| SIGNATURE IN FULL | DATE |

Subscribed and Sworn to before me on this \_\_\_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary Public in and for the State of Washington

Residing at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My commission expires on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| ADDITIONAL SPACE: Use this page for any questions where there was insufficient space to include all required information. Be  sure to reference the section and question number before continuing with your answer. |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |