SELAH POLICE DEPARTMENT

Personal History
Police Applicants

Position Applied For: _____ Date: _____

1. PERSONAL DATA

Name, First _____ Middle: _____ Last: _____

Other Names (including maiden & nick names) : _____

Address: _____

Phone numbers: _____

Home: _____ Work: _____ Cell: _____

Birth date: _____ Place of Birth: _____

Social Security Number: _____

(In accordance with the Federal Privacy Act of 1974, disclosure is voluntary. The SSN and place of birth will be used for identification purposes to ensure that proper records are obtained.)

City of Selah Civil Service Rules requires some employees to be US Citizens. Can you provide such documentation?

Yes No

Height _____ Weight _____ Hair Color _____ Eye Color _____

Scars, Tattoos, or other distinguishing marks: _____

2. RELATIVE

Spouse / Significant
Name: _____ Home #: _____ Work #: _____
Address: _____ City: _____ State: _____ Zip: _____

Former Spouse
Name: _____ Home #: _____ Work #: _____
Address: _____ City: _____ State: _____ Zip: _____

Former Spouse
Name: _____ Home #: _____ Work #: _____
Address: _____ City: _____ State: _____ Zip: _____

Former Spouse
Name: _____ Home #: _____ Work #: _____
Address: _____ City: _____ State: _____ Zip: _____

2. RELATIVES – Continued

Father: Name: _____ Home #: _____ Work #: _____

Address: _____ City: _____ State: _____ Zip: _____

Mother: Name: _____ Home #: _____ Work #: _____

Address: _____ City: _____ State: _____ Zip: _____

Father-in-law: Name: _____ Home #: _____ Work #: _____

Address: _____ City: _____ State: _____ Zip: _____

Mother-in-law: Name: _____ Home #: _____ Work #: _____

Address: _____ City: _____ State: _____ Zip: _____

Brother / Sister: Name: _____ Home #: _____ Work #: _____

Address: _____ City: _____ State: _____ Zip: _____

Brother / Sister: Name: _____ Home #: _____ Work #: _____

Address: _____ City: _____ State: _____ Zip: _____

Children: Name: _____ Home #: _____ Work #: _____

Address: _____ City: _____ State: _____ Zip: _____

Children: Name: _____ Home #: _____ Work #: _____

Address: _____ City: _____ State: _____ Zip: _____

Children: Name: _____ Home #: _____ Work #: _____

Address: _____ City: _____ State: _____ Zip: _____

Children: Name: _____ Home #: _____ Work #: _____

Address: _____ City: _____ State: _____ Zip: _____

Children: Name: _____ Home #: _____ Work #: _____

Address: _____ City: _____ State: _____ Zip: _____

Children: Name: _____ Home #: _____ Work #: _____

Address: _____ City: _____ State: _____ Zip: _____

Other: Name: _____ Home #: _____ Work #: _____

Address: _____ City: _____ State: _____ Zip: _____

Other: Name: _____ Home #: _____ Work #: _____

Address: _____ City: _____ State: _____ Zip: _____

Other: Name: _____ Home #: _____ Work #: _____

3. REFERENCES

List 3 to 5 professional contacts / associates who know about you and you qualifications.

Name: _____ Home: _____ Work: _____

Address: _____ City: _____ State: _____ Zip: _____

Occupation: _____ Length of Relationship: _____

Name: _____ Home: _____ Work: _____

Address: _____ City: _____ State: _____ Zip: _____

Occupation: _____ Length of Relationship: _____

Name: _____ Home: _____ Work: _____

Address: _____ City: _____ State: _____ Zip: _____

Occupation: _____ Length of Relationship: _____

Name: _____ Home: _____ Work: _____

Address: _____ City: _____ State: _____ Zip: _____

Occupation: _____ Length of Relationship: _____

Name: _____ Home: _____ Work: _____

Address: _____ City: _____ State: _____ Zip: _____

Occupation: _____ Length of Relationship: _____

List 3 to 5 friends / acquaintances who know you socially.

Name: _____ Home: _____ Work: _____

Address: _____ City: _____ State: _____ Zip: _____

Occupation: _____ Length of Relationship: _____

Name: _____ Home: _____ Work: _____

Address: _____ City: _____ State: _____ Zip: _____

Occupation: _____ Length of Relationship: _____

3. REFERENCES – Continued

Name: _____ Home: _____ Work: _____

Address: _____ City: _____ State: _____ Zip: _____

Occupation: _____ Length of Relationship: _____

Name: _____ Home: _____ Work: _____

Address: _____ City: _____ State: _____ Zip: _____

Occupation: _____ Length of Relationship: _____

Name: _____ Home: _____ Work: _____

Address: _____ City: _____ State: _____ Zip: _____

Occupation: _____ Length of Relationship: _____

4. RESIDENCE

Begin with your most current residence. List all locations where you have lived during the last 10 years. If applicable, provide name and phone of the person / agency for collection of rent.

Address: _____ City: _____ State: _____ Zip: _____

County: _____ Dates Resided: _____ Landlord / Mger. _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

County: _____ Dates Resided: _____ Landlord / Mger. _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

County: _____ Dates Resided: _____ Landlord / Mger. _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

County: _____ Dates Resided: _____ Landlord / Mger. _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

County: _____ Dates Resided: _____ Landlord / Mger. _____ Phone: _____

List those individuals you have lived with during the past 10 years (excluding children).

Name: _____ Home: _____ Work: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____ Home: _____ Work: _____

Address: _____ City: _____ State: _____ Zip: _____

5. EDUCATION

Most positions within the Department require a high school diploma or its equivalent. Circle the appropriate.

I possess a: High School Diploma GED Certificate

List all schools attended, beginning with High School. If no degree / certificate earned, list credit hours.

Name of School: _____ Location: _____ Dates: _____

Degree / Hours: _____

Name of School: _____ Location: _____ Dates: _____

Degree / Hours: _____

Name of School: _____ Location: _____ Dates: _____

Degree / Hours: _____

Have you ever been suspended or expelled from any school? Yes / No
If yes, please explain.

_____

6. EXPERIENCE AND EMPLOYMENT

1. May your current employer be contacted during the course of this background investigation? YES / NO

If no, please explain, _____

2. List all jobs held in the last 10 years including part time, full time, temporary, voluntary, and individual military assignments. Begin with your current job.

Date: From: ___/___ Employer: _____ Supervisor: _____

To: ___/___ Address: _____ Co-Worker: _____

Salary: _____ City: _____ St: _____ Zip: _____ Co-Worker: _____

Full time Telephone: _____ Co-Worker: _____

Part time Job Title: _____ Co-Worker: _____

Other Reason for leaving: _____

6. EXPERIENCE AND EMPLOYMENT – Continued

Date: From: ___/___ Employer: _____ Supervisor: _____

To: ___/___ Address: _____ Co-Worker: _____

Salary: _____ City: _____ St: _____ Zip: _____ Co-Worker: _____

Full time Telephone: _____ Co-Worker: _____

Part time Job Title: _____ Co-Worker: _____

Other Reason for leaving: _____

Date: From: ___/___ Employer: _____ Supervisor: _____

To: ___/___ Address: _____ Co-Worker: _____

Salary: _____ City: _____ St: _____ Zip: _____ Co-Worker: _____

Full time Telephone: _____ Co-Worker: _____

Part time Job Title: _____ Co-Worker: _____

Other Reason for leaving: _____

Date: From: ___/___ Employer: _____ Supervisor: _____

To: ___/___ Address: _____ Co-Worker: _____

Salary: _____ City: _____ St: _____ Zip: _____ Co-Worker: _____

Full time Telephone: _____ Co-Worker: _____

Part time Job Title: _____ Co-Worker: _____

Other Reason for leaving: _____

Date: From: ___/___ Employer: _____ Supervisor: _____

To: ___/___ Address: _____ Co-Worker: _____

Salary: _____ City: _____ St: _____ Zip: _____ Co-Worker: _____

Full time Telephone: _____ Co-Worker: _____

Part time Job Title: _____ Co-Worker: _____

Other Reason for leaving: _____

6. EXPERIENCE AND EMPLOYMENT – Continued

Date: From: ___/___ Employer: _____ Supervisor: _____

To: ___/___ Address: _____ Co-Worker: _____

Salary: _____ City: _____ St: _____ Zip: _____ Co-Worker: _____

Full time Telephone: _____ Co-Worker: _____

Part time Job Title: _____ Co-Worker: _____

Other Reason for leaving: _____

Date: From: ___/___ Employer: _____ Supervisor: _____

To: ___/___ Address: _____ Co-Worker: _____

Salary: _____ City: _____ St: _____ Zip: _____ Co-Worker: _____

Full time Telephone: _____ Co-Worker: _____

Part time Job Title: _____ Co-Worker: _____

Other Reason for leaving: _____

Date: From: ___/___ Employer: _____ Supervisor: _____

To: ___/___ Address: _____ Co-Worker: _____

Salary: _____ City: _____ St: _____ Zip: _____ Co-Worker: _____

Full time Telephone: _____ Co-Worker: _____

Part time Job Title: _____ Co-Worker: _____

Other Reason for leaving: _____

Date: From: ___/___ Employer: _____ Supervisor: _____

To: ___/___ Address: _____ Co-Worker: _____

Salary: _____ City: _____ St: _____ Zip: _____ Co-Worker: _____

Full time Telephone: _____ Co-Worker: _____

Part time Job Title: _____ Co-Worker: _____

Other Reason for leaving: _____

6. EXPERIENCE AND EMPLOYMENT – Continued

3. Have you ever had any extended work absences for any reasons other than earned vacation? If yes, please explain (Include dates, name of employer and the reason)

YES NO

_____

_____

4. How many Mondays and Fridays were you absent last year excluding annual leaves and scheduled Holidays?

_____

_____

5. Have you ever been fired or asked to resign from any place of employment? Yes / No

If yes, please explain (Include dates, name of employer and the reason)

_____

_____

6. Have you ever made an application with this agency or any other law enforcement, corrections, or Governmental agency? Yes / No

If yes, please give details (Include dates, name of agency, circumstances)

_____

_____

_____

MILITARY SERVICE

1. Have you ever served in the armed forces, National Guard or military Reserves? YES / NO

If yes, please supply the following information:
Branch of Service: _____
Dates of Service (from-to): _____
Type of Discharge: _____

2. If you are a male born after 1/1/60, you are required to register with selective service.
Are you registered? YES / NO
If yes, what is your registration number? _____
Classification? _____

MILITARY SERVICE - Continued

3. Are you currently participating in any military Reserve or National Guard program?

   YES / NO

4. Have you ever been the subject of any judicial or non-judicial disciplinary action with the Military? YES / NO

   If yes, please give details (Including branch of service, dates, where, circumstances)

_____

_____

5. Past commanding officer or military acquaintances are potential sources of relevant information pertaining to your background. Please list those individuals who know you well enough to provide accurate information about you.

_____

_____

8. FINANCIAL

The management of personal finances is relevant to an individual's qualifications for the position. Therefore, please fill in the financial statement below. Be accurate and complete. The amount of indebtedness, I itself, will not be used in evaluating your qualifications, but rather the behavior exhibited in meeting your financial obligations.

CURRENT MONTHLY INCOME

Monthly salary: _____

Spouses salary: _____

Other Monthly income – Describe: _____

_____

_____

_____

Total Monthly income: _____

CURRENT MONTHLY EXPENDITURES

Real Estate (Mortgage) Payments: _____

Rent: _____

Other Monthly Payments – Describe: _____

_____

_____

_____

Total Monthly Expenditures: _____

CURRENT ASSETS

Savings: _____

Checking: _____

Autos: _____

Personal Property etc...: _____

Total Assets: _____

CURRENT LIABILITIES

Real estate indebtedness: _____

Long term loans: _____

Other liabilities – describe: _____

_____

Total Liabilities: _____

8. FINANCIAL – Continued

1. Have you ever been delinquent on any installment loans: (Mortgage, car loan, credit cards etc.)

   YES / NO

   If yes please explain: _____

2. Have you ever filed for a declared bankruptcy or filed from the Wage Earner's Plan?

   YES / NO

   If yes please explain: _____

3. Have any of your bills turned over to a collection agency?

   YES / NO

   If yes please explain: _____

4. Have you ever had purchased goods repossessed?

   YES / NO

   If yes please explain: _____

5. Have you wages ever been garnished?

   YES / NO

   If yes please explain: _____

6. Have you ever been delinquent on income or other tax payments?

   YES. / NO

   If yes please explain: _____

9. LEGAL

1. Have you ever been arrested, cited or convicted of a crime? (to include felonies, misdemeanors, or Criminal traffic offenses such as: Driving with intoxicated, no valid operators license, driving While license suspended, reckless driving, negligent driving, or hit and run) YES / NO

Date: _____ Police Agency: _____

Circumstances: _____

Date: _____ Police Agency: _____

Circumstances: _____

Date: _____ Police Agency: _____

Circumstances: _____

2. Have you ever been placed on a diversion, court probation or deferred prosecution? YES / NO

If yes, please explain: _____

_____

_____

_____

3. Were you ever required to appear before a juvenile court for any reason? YES / NO

If yes, please explain: _____

_____

_____

_____

4. Aside from an marriage dissolution are you now or have you ever been involved as a plaintiff or defendant in any civil action? YES / NO

If yes, please explain: _____

_____

_____

_____

10. MOTOR VEHICLE OPERATION

Operation of motor vehicle may be an integral part of the position. An investigation of your driving history will be made through a records check. To expedite this procedure, please supply the following:

Washington State Drivers License Number: _____ Exp. Date: _____

Name under which the license was granted: _____

Please list other states you have been licensed to operate a motor vehicle and list license number (s).

State: _____ License Number: _____

Name under which license as granted: _____

State: _____ License Number: _____

Name under which license as granted: _____

1. Have you ever been refused a drivers license by any state? YES / NO
   If yes, please give details.

   _____

   _____

   _____

2. Automobile insurance

   Company: _____ Policy #: _____ Date expires: _____

3. Please list all traffic tickets (excluding parking) you have received within the last 7 years. List amount over speed limit for all speeding tickets.

Date: _____ Type: _____ Location: _____

Disposition: _____

Date: _____ Type: _____ Location: _____

Disposition: _____

Date: _____ Type: _____ Location: _____

Disposition: _____

4. Have you ever been involved as a driver in a motor vehicle accident within the last 7 years?

   YES / NO If yes please give details for each accident:

Date: _____ Location: _____ injury / non injury

Police investigation? YES / NO Police Agency: _____ at fault / Not at fault

10. MOTOR VEHICLE OPERATION – Continued

Date: _____ Location: _____ injury / non injury

Police investigation? YES / NO Police Agency: _____ at fault / Nor at fault

Date: _____ Location: _____ injury / non injury

Police investigation? YES / NO Police Agency: _____ at fault / Nor at fault

Do you have any restrictions placed on your current drivers license? YES / NO

Please give details if yes: _____

_____

_____

Has you license ever been suspended or revoked for any reason? YES / NO

Please give details if yes: _____

_____

_____

11. SPECIAL QUALIFICATIONS & SKILLS

1. Do you have any special skill or qualifications, which may useful in this position?

   YES / NO

List them: _____

_____

_____

2. Can you speak any foreign language (s)? (Indicate degree of fluency, ie, excellent, good, poor)

   YES / NO

Language: _____

Reading: _____ Speaking: _____ Understanding: _____

Language: _____

Reading: _____ Speaking: _____ Understanding: _____

SPECIAL QUALIFICATIONS & SKILLS – Continued

3. What do you like to do in your spare time? (Interest, hobbies, sports, activities, or special interest Groups or organizations with which you are involved.)

_____

_____

_____

_____

12. PERSONAL HABITS

1. Have you ever used possessed, or experimented with: (Be specific with number or times)

YES / NO

	Number of times	Last time used Month / Year
Marijuana	_____	_____
Hashish	_____	_____
Amphetamines (uppers)	_____	_____
Speed	_____	_____
Methamphetamines (crank)	_____	_____
Barbiturates	_____	_____
Valium (other then prescribed)	_____	_____
Pain killers (other then prescribed)	_____	_____
Cocaine	_____	_____
Crack	_____	_____
Heroine	_____	_____
LSD (acid)	_____	_____
PCP (angel dust)	_____	_____
Hallucinogenic mushrooms	_____	_____
"Designed" typed drugs (STP, ICE)	_____	_____
Steroids	_____	_____

Any other drugs, list and describe:_____

_____

12. PERSONAL HABITS - Continued

2. Have you ever been involved in the sale or trafficking of any illegal drug (s)? YES / NO

Give Details: _____

_____

_____

_____

IMPORTANT: Describe each specific incident of your drug usage. Include the nature of the incidents, i.e. party, social event, private usages etc.; the extent of your usage, i.e., one puff, one joint, number of pills, etc.; the approximate dates, i.e., month and year; and how the substance was obtained. Continue on additional paper if necessary.

_____

_____

_____

_____

For Police Officer or Police Staff Support Officer Applicants

3. In accordance with the duties of a Police Officer or a Police Support Officer, do you have any beliefs which would preclude you from using physical force to the extent of causing bodily harm or death if the circumstances so dictated? YES / NO

If yes, please explain: _____

_____

_____

_____

4. Regarding the job description for the position for which you have applied, do you have any beliefs which would prevent you from fully performing the duties assigned you, which including working weekends, evenings or nigh shifts? YES / NO

If yes, please explain: _____

_____

_____

_____

12. PERSONAL HABITS – Continued

5. Are there any incidents in your life or details not mentioned herein which may influence our evaluation of your suitability to be employed by the Selah Police Department? YES / NO

If yes, please explain: _____

_____

_____

13. GENERAL

1. PERSONAL STATEMENT: In the space below, state your reasons fro applying for this position.

_____

_____

_____

2. Do you have any further information or comments about your background or suitability for employment with the Selah Police Department?

_____

_____

_____

3. Have you ever applied from a permit to carry a concealed weapon? YES / NO

Permit granted: YES / NO Date: _____

Name of enforcement agency? _____

Purpose: _____

4. Have you ever been given a pre-employment polygraph examination? YES / NO

If yes, list agency: _____

"I certify or declare under penalty of perjury, that the forgoing facts and information contained hereon are true to the best of my knowledge. I understand that any falsification, misrepresentation omission, as well as any misleading statements or omissions, will be cause for denial of employment or immediate termination, regardless of when or how discovered."

Signature: _____ Date: _____

Selah Police Department

CONSENT TO RELEASE INFORMATION /RELEASE FROM LIABILITY

TO WHOM IT MAY CONCERN

I am an applicant for a position with the Selah Police Department. The Department needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I applied. I have authorized the Department to gather all available information regarding my employment background and personal history and any information that may be of a confidential or privileged nature.

I, the undersigned< authorize you to furnish the Selah Police Department any and all information that you have concerning me, including without limitation, my work record, my background and reputation, my criminal history, including any arrest records and any information contained in investigator files, my medical records, my psychological testing and analysis plus recommendations, my military service records, my education background and records, my financial status, and such other information and records as you may have in your possession relating to me. Information of a confidential or privileged nature may be included in the materials you provide to Selah Police Department. I further specifically consent to the Washington Department of Revenue's release of (1) any tax returns, as defined by RCW, filed by. On behalf of, or with respect to me, and 92) any tax information, as defined by RCW, that pertains to me. I request your cooperation in supplying this information to the Selah Police Department in response to a request from that Department.

I hereby agree to release you and those who supplied you with the above information, your company or organization, and the City of Selah, its employees and the Selah Police Department from any liability for any damage resulting from furnishing the requested information.

I understand my rights under Title 5, United States Code, section 552a, the Privacy Act of 1974, with regard to disclosure of records, and I waive those rights with the understanding that information furnished will be used by the Selah Police Department in conjunction with employment procedures. I will make no attempt to gain access to the information provided by you to the Selah Police Department.

_____
Applicant's Signature

_____
Applicant's Printed Name/Date

Subscribed and sworn to before me on the _____day of _____, 20____.

_____
Notary Public in and for the State of Washington,
Residing at _____.

My commission expires _____.

Note: A photocopy reproduction of this request shall be for all intents and purposes as valid as the original. You may retain this form for your files.