



**CITY OF MUKILTEO, WASHINGTON
LATERAL POLICE OFFICER
1 Current Vacancy
Pay Range for 2014: \$ 4,922.77 - \$6,361.04**

The Mukilteo Police Department is tasked with enforcing local, State and Federal laws. In addition, the Police Department is responsible for protecting citizens and their property. With an annual operating budget of \$4.3 million, the Police Department currently employs 28 commissioned officers and 4 non-commissioned support staff.

The staff is broken down into five divisions, the Patrol Division, the Special Operations Division, the Administration and Support Services Division, the Training Division, and the Crime Prevention Division.

The Mission of the Mukilteo Police Department is to provide professional police service for and with the community. Its Core Values are Professionalism, Integrity and Community.

Application Deadline: 8/26/2014 4:30pm Pacific Time

BONUS: We are currently offering a \$3,000 signing incentive to the successful applicant! The first \$1,500 will be paid on their first paycheck after being formally hired and the second \$1,500 will be paid upon successful completion of their probationary period.

QUALIFICATIONS:

Applications from experienced police officers are encouraged and accepted on a continuous basis. All lateral entry applicants must:

- be at least 21 years of age
- be a U.S. citizen,
- be able to read and write the English language,
- have successfully graduated from the Washington Criminal Justice Training Academy or equivalent,
- have been active in civilian law enforcement in the previous 24 months to be certified by the Washington State Law Enforcement Training Commission, and
- have completed a probationary period.

We encourage applicants who have a minimum of conversational-level skill with a second language.

APPLICATION PROCESS

1. APPLICATION PACKETS - There is no fee for application submittal.

- May be dropped off at: Mukilteo City Hall, 11930 Cyrus Way, Mukilteo, WA 98275, Monday-Thursday, 7:30AM-5:00PM and Friday 7:30AM – 4:30PM, OR
- May be mailed to:

City of Mukilteo
Civil Service Commission
11930 Cyrus Way
Mukilteo, WA 98275

- Applicants are responsible for all costs associated with the selection process (i.e., travel, etc.)

2. Complete the following required materials:

- City of Mukilteo Application for Employment
- Form 001 – Personal History Questionnaire with Required Documents – multiple pages.
- Form 002 – Waiver of Liability and Release

3. Candidates must clearly demonstrate through their application materials that they meet the employment standards outlined above. All applications will be reviewed, and the most appropriately qualified individuals will be invited to continue in the selection process. Examinations for the position may consist of any combination of written, performance, and Oral Boards (including a Chief’s interview) to evaluate the applicant’s skills, training, and experience for the position. After successfully passing all Civil Service requirements, you will be numerically ranked on a Civil Service eligibility list. Your name may remain on this list for 6 (six) months or until the list is revoked by the Civil Service Commission.

4. You will receive written notification of all changes in the status of your application by the Civil Service Examiner.

5. When there is an opening in the Department, the Mukilteo Police Department will process the top candidates from the eligibility list. Background screening and polygraph will be conducted, which could result in an offer of employment, followed by medical and psychological examinations and drug testing.

6. If hired, the applicant will serve a minimum 12 month probationary period.

COMPENSATION AND BENEFITS: Union-represented position in Teamsters Local 736.

Salary: Pay Range for 2014: **\$ 4,922.77 - \$6,361.04** (plus 2% COLA increases in 2015 & 2016)

Benefits:

- Vacation:** First through 5th year – earn 104 hours per year
At set intervals, the rate graduates to 160 hours maximum per year
- Sick Leave:** Accrue sick leave at 8 hours per month
- Holidays:** 10 paid shift holidays a year and 2 Floating Holidays
- Shifts:** 12 hour shifts
- Retirement:** Police Officers are enrolled in the LEOFF II (Law Enforcement Officer and Fire Fighters) State Retirement System
- Insurance:** Police Officers (at 100%) and families (at 90%) are covered by medical, dental, and vision plan, plus life insurance offered through the City. Police Officers have a separate Disability policy.
- Education:** Mukilteo offers a 2% (AA) and 4% (BA/BS or higher) education incentive, and education tuition reimbursement.
- Merit Pay:** Police Officers earn Merit Pay from 1% - 4% based on longevity with MPD.

Note: The provisions of this bulletin do not constitute an expressed or implied contract or an offer of employment. Any provision contained herein may be modified and/or revoked without notice.

The City of Mukilteo 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. Persons with a disability who need assistance in the application process or those needing this announcement in an alternative format may call 425.263.8018.

Note: In accordance with the Immigration Reform and Control Act of 1986, employment of persons hired by the City will be contingent upon presentation of acceptable documents verifying and authorization of employment in the United States.

Police Officer

PERSONAL HISTORY QUESTIONNAIRE

Answer all questions completely and accurately. All statements in this questionnaire are subject to verification. Incorrect statements may disqualify you from further consideration. If space provided is inadequate, add another page and identify additional information by item number. When completed, this questionnaire with COPIES OF THE FOLLOWING PERTINENT DOCUMENTS must be returned with the City of Mukilteo Application for Employment form and other required information.

Complete and return the required material:

1. City Application
2. Form 001 – Personal History Questionnaire with required documents
3. Form 002 – Waiver of Liability and Release

Please provide **COPIES ONLY**:

4. Birth Certificate
5. High School/GED Diploma
6. College Transcripts/Information
7. Military Service Discharge (DD-214 form)
8. Social Security Card
9. Drivers' License
10. Other: _____

If any of these documents are not immediately available, they should be mailed to us at the same address shown above, as soon as possible, since no action will be taken with your application UNTIL ALL THE ABOVE REQUESTED DOCUMENTS HAVE BEEN RECEIVED. All information contained herein is CONFIDENTIAL and is to be reviewed by AUTHORIZED PERSONNEL ONLY.

I, _____ (print name), certify that there are no misrepresentations, omissions or falsifications in my statements and answers and that the entries made herein are true, complete and correct to the best of my knowledge and belief, and made in good faith.

I further agree and consent to inquiries by the City of Mukilteo, by any means it deems appropriate or necessary, related to the truth of any circumstances regarding any information provided herein in the course of a pre-employment background check, and further release the City of Mukilteo from any liability with regard to the use of such information in the pre-employment process.

Signature of Applicant

Date

APPLICATION FOR EMPLOYMENT

READ INSTRUCTIONS BEFORE COMPLETING APPLICATION



1. Use dark ink only.
2. You must show that you meet announced minimum requirements for the position.
3. You must submit an original, signed application for each position.
4. Resumes may be attached, but will not substitute for the application or any other required materials.
5. Faxed applications will not be accepted, but you may scan to PDF only/email them to personnel@ci.mukilteo.wa.us.

CITY OF MUKILTEO

11930 Cyrus Way
Mukilteo, WA 98275

Equal Opportunity Employer

POSITION APPLYING FOR:	LATERAL POLICE OFFICER
NAME: (Last, First, Middle)	
MAILING ADDRESS: (Street/PO Box, City, State, Zip Code)	
HOME PHONE: (Include Area Code)	
MESSAGE OR CELL PHONE: (Include Area Code)	
EMAIL ADDRESS:	

LIST PROFESSIONAL LICENSES, CERTIFICATION, REGISTRATION (if required for position)	LICENSE NO.	DATE ISSUED	EXPIRATION DATE

EDUCATION

HIGH SCHOOL Name and Location	DID YOU GRADUATE?	IF NOT, HAVE YOU PASSED A G.E.D. TEST?						
	<input type="checkbox"/> Yes <input type="checkbox"/> No Year: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Year: _____						
COLLEGE ATTENDED Name and Location	DATES ATTENDED		FULL OR PART-TIME	CREDITS EARNED		MAJOR	DATE OF DEGREE	TYPE OF DEGREE
	From	To		Sem.	Qtr.			
OTHER COURSES AND TRAINING	NAME OF INSTITUTION		LOCATION		LENGTH OF COURSE	DATE		

WORK EXPERIENCE (add more pages if you need to)

NAME OF PRESENT OR LAST EMPLOYER		DATE STARTED	DATE LEFT	ENDING SALARY
ADDRESS		SUPERVISOR/PHONE		MAY WE CONTACT?
		PH#		<input type="checkbox"/> Yes <input type="checkbox"/> No
JOB TITLE		REASON FOR LEAVING		
LIST YOUR SPECIFIC DUTIES:				
NAME OF PRESENT OR LAST EMPLOYER		DATE STARTED	DATE LEFT	ENDING SALARY
ADDRESS		SUPERVISOR/PHONE		MAY WE CONTACT?
		PH#		<input type="checkbox"/> Yes <input type="checkbox"/> No
JOB TITLE		REASON FOR LEAVING		
LIST YOUR SPECIFIC DUTIES:				
NAME OF PRESENT OR LAST EMPLOYER		DATE STARTED	DATE LEFT	ENDING SALARY
ADDRESS		SUPERVISOR/PHONE		MAY WE CONTACT?
		PH#		<input type="checkbox"/> Yes <input type="checkbox"/> No
JOB TITLE		REASON FOR LEAVING		
LIST YOUR SPECIFIC DUTIES:				

A CONVICTION RECORD WILL NOT NECESSARILY DISQUALIFY YOU FOR EMPLOYMENT

Have you been convicted of a felony within the last ten years? Yes No If yes, please describe:

Have you been convicted of any criminal violations (including traffic infractions, such as speeding tickets and other moving violations) within the last seven years? Yes No (circle one) If yes, please describe:

PLEASE ANSWER THE FOLLOWING:

<p>Are you legally entitled to work in the United States?</p> <p align="center"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>New hires must establish identity and employment authorization in accordance with the Immigration Reform and Control Act of 1986.</i></p>	<p>Police Office/Firefighter Applicants ONLY (As identified by RCW 41.04.010).</p> <p>Are you claiming Veterans' Credit?</p> <p align="center"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Can you, with or without reasonable accommodation, perform the essential functions of this job?</p> <p align="center"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Are any of your relatives employed by the City?</p> <p align="center"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Do you have a valid Drivers License?</p> <p align="center"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Issuing state: _____</p>	<p>Are you a former City employee?</p> <p align="center"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

APPLICANTS ARE REQUIRED TO COMPLETE THIS SECTION

Applicants are required to use this space to indicate how they meet the eligibility requirements to apply for this position as listed on the job announcement. A resume may be attached but WILL NOT be accepted as a substitute for completing this section.

APPLICANT CERTIFICATION OF UNDERSTANDING

- A. I understand that failure to show how I meet the minimum requirements may make me ineligible for being considered for this position.
- B. I understand that drug testing is required for Public Safety positions prior to hire.
- C. If I am selected as a finalist applicant, I hereby authorize the City representative to conduct reference and background investigation regarding my work and personal history. I further release and hold harmless from any liability under any and all possible causes of legal action, the City of Mukilteo and all persons with respect to information obtained or provided.
- D. To the best of my knowledge, the information herein is true and complete. I further understand that falsification of information in this application will be grounds for elimination from further consideration or, if employed, for dismissal.

.....
(Signature of Applicant)

(Date)

VOLUNTARY INFORMATION

FOR THE PURPOSE OF EFFECTIVELY EVALUATING OUR RECRUITING EFFORTS, WE WOULD APPRECIATE IF YOU WOULD PROVIDE THE INFORMATION REQUESTED BELOW. THIS IS ENTIRELY VOLUNTARY AND WILL BE KEPT CONFIDENTIAL. IT WILL NOT BE CONSIDERED PART OF YOUR APPLICATION.

HUMAN RIGHTS DATA:	Position Title: _____	Date: _____
SEX: Male <input type="checkbox"/> Female <input type="checkbox"/>	RACE: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Hispanic	
AGE: 18 to 24 <input type="checkbox"/>		
25 to 39 <input type="checkbox"/>		
40 & above <input type="checkbox"/>		

RECRUITMENT INFORMATION

How did you hear about the position for which you are applying?		
Friend or relative	<input type="checkbox"/>	
City Employee	<input type="checkbox"/>	
City Hall Visit	<input type="checkbox"/>	
Notice Posted	<input type="checkbox"/>	Indicate where posted:
Referral by Agency	<input type="checkbox"/>	Indicate what agency:
Professional Journal	<input type="checkbox"/>	Indicate what magazine/journal:
City Website	<input type="checkbox"/>	
Internet Job Listing	<input type="checkbox"/>	Indicate where:
AWC Job Website	<input type="checkbox"/>	
State Website	<input type="checkbox"/>	
Jobs Available	<input type="checkbox"/>	
Newspaper	<input type="checkbox"/>	Indicate what newspaper(s)

PERSONAL HISTORY QUESTIONNAIRE

IDENTIFICATION

The following information is requested of you for verification and contact purposes, even if you have completed a PST PHI.

1. Your Name (Please Type or Print)		
Last	First	Middle
Other names (including nicknames) you have used or have been known by:		

2. Please list the address at which you can be contacted.				
Number	Street	City	State	Zip

3. Please list the local telephone number(s) where you can be contacted.			
Phone:	Hours you can be contacted:	Phone:	Hours you can be contacted:

4. Date of Birth			5. Social Security Number		6. U.S. Citizenship?	
Month	Day	Year			Yes <input type="checkbox"/>	No <input type="checkbox"/>

5. For the purposes of identification, please provide the following.			
Height	Weight	Hair Color	Eye Color
Scars, Tattoos, or other distinguishing marks:			

RELATIVES, REFERENCES, ACQUAINTANCES

6. Please supply the appropriate information in the spaces provided below. If a category is not applicable, write in N/A.		
If living, name of your:	Residence address where person can be contacted (Include City, State, and Zip Code)	Telephone where the person can be contacted.
Father		
Mother		
Father-In-Law		
Mother-In-Law		
Spouse		
Former Spouse(s)		
Brother(s) and Sister(s)		

If living, name of your:	Residence address where person can be contacted (Include City, State, and Zip Code)	Telephone where the person can be contacted.
Step-Mother		
Step-Father		
Step Brother(s)		
Step Brother(s)		
Step Sister(s)		
Step Sister(s)		

Other Relatives with whom you have a close personal relationship (including children).			
Name	Relationship	Residence address where person can be contacted (include City, State, and Zip Code)	Telephone where person can be contacted.

6. Please list those individuals with whom you have resided during the past ten (10) years. DO NOT list information prior to your 15th birthday. Exclude family members.		
Name	Residence address where person can be contacted (include City, State, and Zip Code)	Telephone where person can be contacted.

7. In the space below, please list as references three (3) individuals who have knowledge of you and your qualifications and where they can be contacted at. Exclude relatives, friends, and former employers.

8. Please list 3-5 individuals who are social acquaintances (i.e., persons whom you have seen frequently during the past year) and have knowledge of you and your qualifications. Exclude relatives and former employers.

EDUCATION AND TRAINING

9. Have you graduated from High School or obtained your G.E.D.?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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10. Type of School	Name and Address of School	Major, Subject	Circle or Add Length of Education/ Training (Years)	Graduated (List Degree)	Year Last Attended
High School			9 10 11 12		
College			1 2 3 4		
College			1 2 3 4		
Graduate School			1 2 3 4		
Business Vocational, Trade, Other			1 2 3 4		
Military Training			1 2 3 4		

RESIDENCE

People who have become acquainted with you by reason of your residing in different locations are often helpful in providing useful information for the background investigations.

11. Please list all of your residences during the last ten (10) years (list no information prior to your 15th birthday). Exclude family members.				
Dates		Address of Residence	City, State, Zip Code	If rented, give name and address of person responsible for collection of rent.
Mo/Yr	Mo/Yr			

EXPERIENCE AND EMPLOYMENT

12. Beginning with your most current employment, please list all jobs (including part-time, temporary, and voluntary positions) you have held in the past ten (10) years. (For the purposes of this personal history statement, voluntary work should be included as employment.) For identification and verification, please indicate the nature of the activity, i.e., full-time, part-time, or voluntary. If you have had intervening periods of military service or unemployment, please list those periods in sequence in the spaces provided.

Full Time
 Part Time
 Voluntary
 Military Service
 Not Employed

Dates Covered			
FROM		TO	
Mo.	Yr.	Mo.	Yr.

Name and Address of Employer _____

Name of Supervisor _____ Telephone Number _____

Title or duties (for identification purposes) _____
 Name(s) of Co-Workers _____
 Reason for Leaving: _____

Full Time
 Part Time
 Voluntary
 Military Service
 Not Employed

Dates Covered			
FROM		TO	
Mo.	Yr.	Mo.	Yr.

Name and Address of Employer _____

Name of Supervisor _____ Telephone Number _____

Title or duties (for identification purposes) _____
 Name(s) of Co-Workers _____
 Reason for Leaving: _____

Full Time
 Part Time
 Voluntary
 Military Service
 Not Employed

Dates Covered			
FROM		TO	
Mo.	Yr.	Mo.	Yr.

Name and Address of Employer _____

Name of Supervisor _____ Telephone Number _____

Title or duties (for identification purposes) _____
 Name(s) of Co-Workers _____
 Reason for Leaving: _____

Full Time
 Part Time
 Voluntary
 Military Service
 Not Employed

Dates Covered			
FROM		TO	
Mo.	Yr.	Mo.	Yr.

Name and Address of Employer _____

Name of Supervisor _____ Telephone Number _____

Title or duties (for identification purposes) _____
 Name(s) of Co-Workers _____
 Reason for Leaving: _____

Full Time
 Part Time
 Voluntary
 Military Service
 Not Employed

Dates Covered			
FROM		TO	
Mo.	Yr.	Mo.	Yr.

Name and Address of Employer _____

Name of Supervisor _____ Telephone Number _____

Title or duties (for identification purposes) _____
 Name(s) of Co-Workers _____
 Reason for Leaving: _____

Full Time
 Part Time
 Voluntary
 Military Service
 Not Employed

Dates Covered			
FROM		TO	
Mo.	Yr.	Mo.	Yr.

Name and Address of Employer _____

Name of Supervisor _____ Telephone Number _____

Title or duties (for identification purposes) _____
 Name(s) of Co-Workers _____
 Reason for Leaving: _____

Full Time
 Part Time
 Voluntary
 Military Service
 Not Employed

Dates Covered			
FROM		TO	
Mo.	Yr.	Mo.	Yr.

Name and Address of Employer _____

Name of Supervisor _____ Telephone Number _____

Title or duties (for identification purposes) _____
 Name(s) of Co-Workers _____
 Reason for Leaving: _____

13. Would any problem result if your present employer was contacted during the course of the background investigation? If "Yes", at what time should contact be made?

Yes <input type="checkbox"/>	No <input type="checkbox"/>
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14. If you have had no prior employment, please explain in the space below.

15. Have you had any extended work absences for reasons other than earned vacations? If "Yes", please explain (include when, name of employer, why).

Yes <input type="checkbox"/>	No <input type="checkbox"/>
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16. Have you ever been fired or asked to resign from any place of employment? If "Yes", please give details (include when, where, circumstances).

Yes <input type="checkbox"/>	No <input type="checkbox"/>
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17. Please list all law enforcement agencies to which you have applied, and list your current status with each agency.

MILITARY SERVICE

18. Have you ever served in the armed forces, National Guard, or Military Reserves? If "Yes", please supply the following information.

Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Branch of Service	Service Number	Dates of Service	Type of Discharge
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_____ to _____

19. Please list current and past draft classifications in chronological order beginning with the most recent.

20. Are you currently participating in any Military Reserve or National Guard program?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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21. Have you ever been the subject of any judicial or non-judicial disciplinary action while in the military, National Guard, or Military Reserves? If "Yes", please give details (including branch of service, when, where, circumstances).

Yes <input type="checkbox"/> No <input type="checkbox"/>

22. Past Commanding Officers 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.
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Name	Contact Address	Contact Telephone	Years Known	
			From	To

LEGAL

23. Have you ever been investigated, questioned, arrested or issued a criminal citation (excluding traffic offenses) by any law enforcement agency? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please explain.

Approximate Date	Police Agency	Circumstances

24. Have you ever been placed on court probation as an adult? If "Yes", please give details (include when, where, why).
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Yes <input type="checkbox"/> No <input type="checkbox"/>

25. Have you ever been reported to a law enforcement agency as a missing person or a runaway? If "Yes", please give details (include when, where, why).
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Yes <input type="checkbox"/> No <input type="checkbox"/>

26. Are you now or have you ever been involved as a plaintiff or defendant in any civil court action? If "Yes", please give details (including when, where, name and location of court).
Yes <input type="checkbox"/> No <input type="checkbox"/>

MOTOR VEHICLE OPERATION

27. Washington Driver's License Number	Name under which License was granted

28. Please list other states where you have been licensed to operate a motor vehicle.			
State:	State:	State:	State:
Name under which License was granted	Name under which License was granted	Name under which License was granted	Name under which License was granted

29. Have you ever been refused a driver's license by any state? If "Yes", please explain (include when, where, why).
Yes <input type="checkbox"/> No <input type="checkbox"/>

30. Washington law requires that operators and owners of motor vehicles be covered by automobile liability insurance or bond. List the current liability insurance you have with your motor vehicle.			
Company	Address	Policy Number	Date of Expiration

31. Please list all traffic citations/infractions (excluding parking infractions) you have received within the past seven (7) years.			
Nature of Violation	Location (City, State)	Approximate Date	Indicate whether fined or action taken on driver's license.

32. Have you ever been involved as a driver in a motor vehicle accident within the past seven (7) years? If "Yes", please give details for each accident.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Date:	Injury <input type="checkbox"/>	Non-Injury <input type="checkbox"/>	Police Investigation? Yes <input type="checkbox"/>	No <input type="checkbox"/>
Location:		Police Agency:		

Date:	Injury <input type="checkbox"/>	Non-Injury <input type="checkbox"/>	Police Investigation? Yes <input type="checkbox"/>	No <input type="checkbox"/>
Location:		Police Agency:		

Date:	Injury <input type="checkbox"/>	Non-Injury <input type="checkbox"/>	Police Investigation? Yes <input type="checkbox"/>	No <input type="checkbox"/>
Location:		Police Agency:		

Date:	Injury <input type="checkbox"/>	Non-Injury <input type="checkbox"/>	Police Investigation? Yes <input type="checkbox"/>	No <input type="checkbox"/>
Location:		Police Agency:		

33. If there is anything else you wish to discuss about your driving record, please use the space below:

34. Has your license ever been suspended, revoked, or placed on negligent operator's probation? If "Yes", please give details (include what, when, where, why).
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Yes <input type="checkbox"/>	No <input type="checkbox"/>

PERSONAL HABITS

35. Please check the appropriate box indicating which crime(s), if any, you have ever been involved (reported or not):

Assault		Robbery	
Robbery		Rape	
Statutory Rape		Kidnapping	
Caused the Death of Another		Homicide	
Manslaughter		Attempted Suicide	
Bombing (or attempt)		Theft of Mail	
Shoplifting		Purse Snatching	
Property Damage		Arson	
Setting Fires		False Fire Alarm	
Receiving Stolen Property		Purchasing Stolen Property	
Auto Theft		Joy Riding	
Car Prowling		Car Stripping	
Driving While Intoxicated		Hit & Run	
Civil Disturbance		Indecent Exposure	
Indecent Liberties		Morals Charge	
Bad Checks		Insufficient Funds Checks	
Theft of Money from Employer		Theft of Merchandise from Employer	
Rioting		Vandalism	
Peeping Tom		Desertion from Military Service	
Contributing to Delinquency of Minors		Soliciting for Immoral Purposes	
Forged Identification		Illegal Use of a Credit Card	
AWOL from Military Service		Burglary	
Illegally Carry a Firearm		Any unlisted Crime	

36. If you checked any of the crimes above, please give a brief explanation below of the act; including when it occurred, where it occurred, how many times it occurred, and the disposition of the event.

38. Have you ever used, sold, or experimented with any of the following drugs? If "Yes", please explain and indicate below.

Yes No

Type of Drug		Last Time Used	# Times Used In Your Life	Have you sold this drug?	Explanation
Marijuana	Y N			Y N	
Hashish	Y N			Y N	
LSD (Acid)	Y N			Y N	
MDA	Y N			Y N	
Crank	Y N			Y N	
Mescaline	Y N			Y N	
Peyote	Y N			Y N	
Speed	Y N			Y N	
Barbiturates	Y N			Y N	
Angel Dust	Y N			Y N	
Mushrooms	Y N			Y N	
Cannabinol	Y N			Y N	
Cocaine	Y N			Y N	
Valium	Y N			Y N	
Percodan	Y N			Y N	
Opium	Y N			Y N	
Ecstasy (X)	Y N			Y N	
Sniffed Glue	Y N			Y N	
Poppers	Y N			Y N	
Morphine	Y N			Y N	
Quaaludes	Y N			Y N	
Steroids	Y N			Y N	
Heroin	Y N			Y N	

39. Have you ever been present during the sale of any of the following drugs? If "Yes", please indicate below.

Yes No

Type of Drug		Last Time Present During Sale	# Times Present During Sale	Largest Quantity of Sale	Explanation
Marijuana	Y N				
Hashish	Y N				
LSD (Acid)	Y N				
MDA	Y N				
Crank	Y N				
Mescaline	Y N				
Peyote	Y N				
Speed	Y N				
Barbiturates	Y N				
Angel Dust	Y N				

Mushrooms	Y	N				
Cannabinol	Y	N				
Cocaine	Y	N				
Valium	Y	N				
Percodan	Y	N				
Opium	Y	N				
Ecstasy (X)	Y	N				
Sniffed Glue	Y	N				
Poppers	Y	N				
Morphine	Y	N				
Quaaludes	Y	N				
Steroids	Y	N				
Heroin	Y	N				

40. Have you ever applied for a permit to carry a concealed weapon? If "Yes", please provide the following information.			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Permit granted? Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:	Name of Law Enforcement Agency		
Purpose?				

I hereby certify that all statements made in this personal history statement are true and complete, and I understand that any misstatements of material facts will subject me to disqualification or dismissal.

Signature of Applicant

Date

CITY OF MUKILTEO, WASHINGTON

WAIVER OF LIABILITY AND RELEASE

In order to permit the City of Mukilteo to make a thorough investigation of my background, health, family, credit, personal habits and reputation for the purpose of determining my fitness and suitability for employment with the Mukilteo Police/Fire Department, I hereby release from liability and promise to hold harmless from any liability under and all possible causes of legal action, any and all persons who shall furnish any information or opinions regarding my background, health, family, credit, personal habits, or reputation.

The undersigned hereby authorizes any person or legal entity who may be contacted by the City of Mukilteo, its officers, employees, or agents, to release and transmit to such officers, employees, or agents any information, date, or opinions they may have regarding my background, health, family, credit and personal entities. Further, the undersigned waives for this purpose any and all legal privileges I may have to maintain such information as confidential, including but not limited to the following privileges, education/employment information, attorney-client, physician--patient, husband-wife, psychotherapist-patient, clergyman-penitent, and accountant-client.

The undersigned further agrees to hold harmless and release from liability under any and all possible causes of legal action, the City of Mukilteo, its officers, its employees, and its agents, from any statements, acts or omissions in the course of its investigation into my background, health, family, credit, personal habits, and reputation.

I further realize that it is necessary for the City of Mukilteo to thoroughly investigate all aspects of my personal background and qualifications, and by applying for employment with the Department, I expressly waive all of my legal rights and causes of action to the extent that the City of Mukilteo's investigation (for purposes of evaluating my suitability or application for employment) may violate or infringe upon these aforementioned legal rights and causes of action of mine. I, THE UNDERSIGNED APPLICANT FOR EMPLOYMENT WITH THE CITY OF Mukilteo, Washington, hereby authorize the release of both my individual and my employee driving record, as defined by RCW 46.52.120 and 46.52.130 by the Department of Licensing to the City of Mukilteo Washington. I have been informed that portions of this record are my confidential property and may not be obtained without my express consent and request. If I am hired by the City this release shall continue to be valid throughout the tenure of my employment with the City.

I hereby authorize the City of Mukilteo to reproduce this form to be used solely for the purpose of pre-employment investigation. This release from liability given by me to the City of Mukilteo, its officers, employees, agents and all others as heretofore provided, shall apply to any right of action that might accrue to my heirs, my personal representatives, and myself. **A reproduction of this Waiver of Liability and Release Form shall be for all intents and purposes as valid as the original.**

Print Name

Signature

Date