POLICE OFFICER – LATERAL ENTRY
CITY OF WOODLAND
Position opens: February 20, 2015, 9:00 a.m.
Position closes: April 10, 2015, 5:00 p.m.

Salary range 2015: $4,256 to $5,467 DOQ/month, plus excellent benefit package; The City anticipates filling one position in 2015.

An application package and complete job description is available at City of Woodland, City Hall Annex, 230 Davidson Avenue, Woodland WA or www.ci.woodland.wa.us.

Office of the Clerk-Treasurer
230 Davidson Avenue - P.O. Box 9
Woodland, WA. 98674
(360)225-8281 Fax (360)225-7336
E-mail: jobs@ci.woodland.wa.us

Employment Application

The City of Woodland is an Equal Opportunity Employer

Instructions: Type or legibly print this application using dark ink only. Sign and date the application. An incomplete application or an application which states "SEE RESUME" may disqualify you from further consideration.

GENERAL INFORMATION

Desired Position:		Social Security Number:	
Last name	First name	Middle name	
Address	City	State	Zip
Home Phone ( )	Work Phone ( )	Cell Phone ( )	E-Mail Address

Washington State labor laws restrict some employment from persons under 18 years old.
Are you at least 18 years old? YES ☐ NO ☐ *IF NO*, what is your birth date? / /

Are you legally eligible for employment in the United States? YES ☐ NO ☐		Are you a United States citizen? YES ☐ NO ☐	
Are you now, or have you ever been employed by the City of Woodland? YES ☐ NO ☐	*If YES*, give job title:	Department:	Dates of employment:
Will you accept: (*Check all that apply*) ☐ Regular ☐ Temporary ☐ Full Time ☐ Part Time	Shifts you will accept: ☐Day ☐ Evening ☐ Night ☐ Weekend		Date you can start:

Is there anything that will prevent you from performing the essential functions of the position or positions for which you are applying with or without reasonable accommodation? If so, please explain:

Have you been convicted of a felony or criminal offense within the past seven (7) years? If so, please explain:

Have you worked under a different name for any employer listed on this application? If so please identify the name that you were known by, and the employer.

How long have you lived at your current address?

If less than 2 years, please provide previous address:

Do you possess a valid Washington State Drivers License? YES ☐ NO ☐	Do you have relatives employed by the City? YES ☐ NO ☐

VETERAN'S PREFERENCE – (*Civil Service Positions Only*)

Civil Service positions allow veteran's preference in accordance with Washington State law to veterans honorably released from active military service within the last eight (8) years.
Do you claim veteran's preference? YES ☐ NO ☐ *IF YES,* please attach form DD214 and complete the following items:
Are you retired from military service> YES ☐ NO ☐
All dates of active duty: From / / to / /

EDUCATION

Did you graduate from high school? YES ☐ NO ☐ Or receive a GED certificate? YES ☐ NO ☐

Name of College, University, Vocational School, etc.	Major	Years Completed	Degree Title

Indicate any other trades, skills or licenses/certificates you possess related to the position. Include licensing and state expiration.

BUSINESS REFERENCES – *(Three Required)*			
Name	Address	Phone Number	Years Acquainted
		( )	
		( )	
		( )	

PERSONAL REFERENCES – (*Three Required*)			
Name	Address	Phone Number	Years Acquainted
		( )	
		( )	
		( )	

EMPLOYMENT HISTORY

List your work experience, starting with the most recent. Include self-employment, military service, and volunteer work. Attach additional sheets if necessary. Be as complete as possible outlining the duties of each position. Failure to do so may affect credit you receive for experience. ***A resume will not substitute for information required in this section.***

MOST RECENT POSITION Employer		Dates Employed: / to / Hours per Week Final Salary **May we contact your current employer?** **YES** ☐ **NO** ☐
Address		
Position	No. of employees supervised:	
Supervisor	Phone number ( )	
Specific Duties		
Reason for leaving:		

OTHER EXPERIENCE Employer		Dates Employed: / to / Hours per Week Final Salary
Address		
Position	No. of employees supervised:	
Supervisor	Phone number ( )	
Specific Duties		
Reason for leaving:		

OTHER EXPERIENCE Employer		Dates Employed: / to / Hours per Week Final Salary
Address		
Position	No. of employees supervised:	
Supervisor	Phone number ( )	
Specific Duties		
Reason for leaving:		

The City of Woodland is an Equal Opportunity Employer

AGREEMENT, CERTIFICATION, AND AUTHORIZATION

I hereby certify under the penalty of perjury in the state of Washington that this application contains no willful misrepresentation and that the information given is true and complete to the best of my knowledge and belief. I am aware that should an investigation at any time disclose any such misrepresentation or falsification, my application may be rejected, my name may be removed from consideration or I may be discharged from my employment.

I authorize my current or former employers and all schools or educational and technical institutions which I have attended to the City of Woodland representatives and information regarding my current or former employment, scholastic records or ratings. I hereby release any such current or former employers or institutions, their agents or employees from any and all liability resulting from the release of such information. My authorization and release from liability are knowing, intelligent and voluntary acts.

I am willing to submit to a pre-employment drug screen if required. I understand that as a condition of employment I must provide documentation to prove my eligibility to obtain employment along with personal identification information as required by the Immigration Reform and Control Act of 1986.

I also authorize the City to supply information about my employment record, in whole or in part in confidence to any prospective employer, government agency or any other party which have a legal and proper interest, and I hereby release the City from any and all liability for providing this information.

I understand that this application is not intended to be a contract of employment. Many city positions are governed by collective bargaining agreements, which specify terms of employment. Employment for all positions not covered under collective bargaining agreements is “at will.” This means that either party can terminate the employment relationship at any time, with or without cause or advance notice.

_____

Signature of applicant Date

The City of Woodland is an Equal Opportunity Employer

Office of the Clerk/Treasurer
230 Davidson Avenue / P.O. Box 9
Woodland, WA. 98674
360/225-8281, Fax 360/225-7336
E-mail: rippm@ci.woodland.wa.us

Equal Employment Opportunity Questionnaire

OPTIONAL

The City of Woodland is an Equal Opportunity Employer

The following information is necessary for the City to evaluate its hiring practices and to prepare reports required by law for the State and Federal governments. This form will be detached from the employment application. This information is CONFIDENTIAL and will NOT be used to make a decision about your employment.	
Gender: Male ☐ Female ☐	Date of birth: / /
Ethnic Group: Please check the one box which best identifies you.	
☐ Caucasian (white). All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.	
☐ Black. All persons having origins in any of the Black racial groups of Africa.	
☐ American Indian. All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.	
☐ Asian or Pacific Islander. All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. These include, for example, China, India, Japan, Korea, the Philippine Islands, and Samoa.	
☐ Hispanic. All persons of Mexican, Puerto Rican, Cuban, Central or South American, or the Spanish culture or origin regardless of race.	
Please tell us how you heard about this position:	
☐ Acquaintance/City Employee ☐ The Reflector ☐ The Daily News ☐ The Columbian	
☐ City Website or Internet ☐Bulletin Board ☐Other:	
This information will be detached from your application and kept separate and confidential.	

JOB ANNOUNCEMENT
for
POLICE OFFICER
LATERAL ENTRY

Position Opens: 02/20/15, 9:00 a.m.
Position Closes: 03/20/15, 5:00 p.m.

Salary: Range: $4,256 - $5,467 per month DOQ

The City of Woodland Police Department is seeking qualified applicants for testing to establish an eligibility list for Lateral Entry Police Officers. The eligibility list shall be effective for one year from date of certification by the Civil Service Commission and may be extended for an additional year. The City anticipates filling one position in 2015.

Position Description

Police officers perform assigned patrol and/or detective law enforcement work necessary to maintain public peace and order, to protect life and property, prevent crime, to apprehend suspected violators of the law, and otherwise to assure the enforcement of the State Laws and City Ordinances under the jurisdiction of the Office of the Chief of Police.

Essential Duties and Responsibilities (May include but are not limited to the following)

Drive a police vehicle to patrol the city. Maintain continual observation of areas patrolled for evidence of illegal or irregular activity and take appropriate police action.

Patrol on foot as necessary to perform job thoroughly.

As required, make arrests or detain suspects, employing a level of physical force necessary only to control individuals as warranted under circumstances; handcuff and search individuals; advise individual of Miranda Warnings; and transport to appropriate detention facility.

Use portable or car-mounted radio transmitters/receivers, cellular telephones, and pagers to exchange job-related information.

Enforce motor vehicle operating regulations. Apprehend violators; issue warning or citations; make arrests or take action as warranted by the circumstances.

Direct traffic and/or perform crowd control activities as required or directed.

Respond to emergency calls, including traffic accidents, public or private altercations, robberies, burglaries, thefts, industrial or home injuries, or death investigations and other related emergency calls.

Respond to personally sensitive calls such as family disturbances, missing persons, and domestic altercations. Exercise caution for personal safety and safety of others at scene; take appropriate steps to calm the parties, as necessary, to resolve the immediate situation.

Appear in court as an arresting or witness officer to present evidence, facts, and testify against persons accused of crimes.

Essential Functions (continued)

Initiate positive, consensual contacts with community leaders, school and business representatives and other citizens.

Peripheral Duties

Maintain departmental equipment, supplies and facilities.
Maintain liaison with community groups.
Maintain contact with general public, court officials, and other City officials in the performance of police operating activities.
Serves as a member of various employee committees.

Minimum Qualifications Required

1. United States Citizen, 21 years of age or older.
2. Graduation from an accredited high school or possess a certificate of equivalency; an Associate degree in Law Enforcement preferred;
3. Must meet Law Enforcement Officers' - Firefighters' Retirement System (LEOFF) physical standards; must satisfactorily pass a medical exam by a licensed physician to ensure that no physical, emotional, sensory or mental conditions exist which could adversely affect performance of duties.
4. Must possess or be able to obtain valid Washington State Driver's License.
5. At least twenty-four months full-time civilian law enforcement experience within the last thirty-six (36) months or be a current and active Woodland Police reserve officer with at least twenty-four (24) months of service with Woodland Police Department and possess a Washington state reserve officer training certificate.
6. Graduation from an approved law enforcement training academy.
7. Ability to meet standards prescribed by the Washington State Criminal Justice Training Commission.

General Knowledge, Skills, and Abilities

1. Ability to read, write, and speak the English language.
2. Ability to prepare clear and legible written reports.
3. Ability to explain content of the law to persons involved in a dispute, describing the process of filing a formal complaint, the extent of law enforcement powers, the responsibility of citizens to follow prescribed legal procedures, and inform those involved of the law applicable to their situation and their alternatives or refer to employee of higher rank.
4. Ability to satisfactorily complete in-service Field Training Officer program. Includes: methods, procedures, and techniques of law enforcement work presented by employees of higher classification in the Department and/or by attendance at special schools.
5. Ability to acquire and display skill in the use and care of department approved firearms and conditions under which they may be employed in accordance with department regulations and policy. Must meet semi-annual firearms qualifications standards set by Department.
6. Ability to physically control persons resisting arrest.
7. Ability to memorize and recall detail, e.g., names, faces, incidents, and license numbers.
8. Ability to maintain composure and self-control under adverse conditions, e.g., public harassment, ridicule, critical injuries, and death.
9. Ability to cope with situations firmly, courteously, tactfully, and with respect for the rights of citizens.

General Knowledge, Skills, and Abilities (continued)

10. Ability to perform duties and maintain personal conduct, attitude, and appearance that conform to strict policies, procedures, discipline, and within a "chain of command" management system.
11. Ability to maintain rotating work shifts.
12. Ability to pass Washington State Criminal Justice Training Academy entry physical ability test
13. Ability to establish and maintain effective working relationships with other public officials and the general public.
14. Ability to use computers.
15. Ability to meet city residency requirements and civil service commission requirements & regulations

Tools and Equipment Used

Police car, police radio, radar gun, handgun and other weapons as required, baton, handcuffs, breathalyzer, pager, first aid equipment, cellular telephones, personal & Company computers and other commonly used police equipment.

Physical Demands

While performing the duties of this job, the employee is frequently required to sit and talk and hear. The employee is required to stand; walk; use hands to finger, handle, or operate objects, controls, or tools listed above; reach with hands and arms; climb or balance; stoop, kneel, crouch, or crawl; and taste and smell.

The employee must occasionally lift and/or move more than 100 pounds. Specific vision abilities required by this job include close vision, distance vision, color vision, peripheral vision, depth perception, and the ability to adjust focus.

Compensation

1. All newly hired City Police Officers complete one year of probation. At the end of one year and each year thereafter, with satisfactory performance appraisal, Police Officers advance to Step 1, 2, 3, 4 and 5.
2. The City offers medical, dental, vision and life insurance, vacation, sick leave, and retirement plans. The City pays the health insurance premiums for employees per WPOA Contract.
3. Woodland Police Officers are represented by the Woodland Police Officers Association (WPOA).

Application Procedure

City applications are available at www.ci.woodlnd.wa.us or at City of Woodland, 230 Davidson Avenue, Woodland, WA. (360) 225-8281.

* COMPLETED APPLICATIONS WILL BE ACCEPTED ONLY AT THE CITY CLERK-TREASURER'S OFFICE (see above address).

* A non-refundable test fee of $20.00 must be returned with completed application.

Your Completed Packet must include the following:

1) The completed City application;
2) The signed Supplemental Forms in the application packet;
3) Resume
4) Personal History Statement
5) $20 fee – cash, check or money order

The City will accept applications until 5:00 p.m. on March 20, 2015. All application materials must be complete and received in our office by the closing date to be considered.

Examination and Selection Process

Oral Board Exam:	Oral board examinations will be in late March/early April. You will notified by telephone of your interview time. A confirmation letter and/or email will be emailed to you.
List Certification:	Following the Oral Board exam, a Civil Service Eligibility list will be prepared by the Civil Service Commission. The list will consist of the top 10 candidates or those with 70% or higher, whichever is less.
Notification:	All candidates will be notified of their standing within 10 days of the Commission certification of the list.
Special Accommodation:	Qualified applicants with disabilities requiring special accommodations for the testing process should contact Gina Anderson, Civil Service Secretary/Chief Examiner, at (360) 225-8281, no later than March 24, 2015, at 5:00 p.m.

Prior to appointment, a candidate must also pass: a comprehensive background investigation including polygraph exam; psychological exam; and a medical exam which includes a drug screening test. The Mayor appoints according to the Rule of Three, pursuant to Civil Service Rules.

Note: In accordance with the Immigration Reform and Control Act of 1986, employment of persons hired by the City after November 6, 1986 will be contingent upon presentation of acceptable documents verifying identity and authorization for employment in the United States.

***THE CITY VALUES DIVERSITY IN ITS WORKPLACE AND COMMUNITY. MINORITY AND WOMEN CANDIDATES ARE INVITED AND ENCOURAGED TO APPLY. THE CITY OF WOODLAND IS AN AFFIRMATIVE ACTION / EQUAL OPPORTUNITY EMPLOYER AND DOES NOT DISCRIMINATE ON THE BASIS OF SEX, MARITAL STATUS, RACE, COLOR, CREED, NATIONAL ORIGIN, AGE, OR DISABILITY. ***

THIS SIGNED SUPPLEMENTAL FORM MUST BE TURNED IN WITH THE SIGNED APPLICATION FORM

LATERAL ENTRY POLICE OFFICER 2015

Please read the following questions thoroughly and answer them carefully.

			YES	NO
1.	Are you a high school graduate, or do	a.	_____	_____
	you have a G.E.D. Certificate?	b.	_____	_____
2.	Do you possess a valid Washington Driver's License or;	a.	_____	_____
	Could you obtain one upon acceptance?	b.	_____	_____
3.	Are you a U.S. Citizen as required by RCW 41.14.100?		_____	_____
4.	Is your record clear of adult felony and domestic violence convictions?		_____	_____
5.	Have you ever taken any hallucinogenic drugs, such as LSD, or nonprescription opiate drugs (such as heroin), at any time?		_____	_____
6.	Do you have a history of regular prescription drug usage, or history of illicit drug use which could be considered regular?		_____	_____
7.	Do you have relatives employed by the City?		_____	_____

If yes, Name_____ Relationship_____

This will certify that I meet the requirements listed on this, supplemental questionnaire and I have indicated where appropriate with a "Yes" or "No" response.

_____
Signature

_____
Print Name Here

_____
Date

SUPPLEMENT TO CITY OF WOODLAND EMPLOYMENT APPLICATION

1. How long have you lived at the present address?_____
   If less than two (2) years, please fill out the following:
   Previous Address:
   _____
   _____

2. Is there anything that will prevent you from performing the essential functions of the position or positions for which you are applying with or without reasonable accommodation? If so, please explain:
   _____
   _____
   _____
   _____

3. Have you been convicted of a felony or criminal offense within the past seven (7) years? If so, please explain:
   _____
   _____
   _____
   _____

4. Have you worked under a different name for any employer listed on the previous page? If so, please identify the employer and state the name:
   _____

PLEASE READ CAREFULLY BEFORE SIGNING THIS APPLICATION

I authorize the City to investigate all statements in this application and to secure any necessary information from all my employers, references and academic institutions. I hereby release all of those employers, references, academic institutions and the City from any and all liability arising from their giving or receiving information about my employment history, my academic credentials or qualifications and my suitability for employment with the City.

I understand that any offer of employment is contingent upon receipt of a satisfactory report concerning my academic credentials and employment references. I further understand that any false or misleading statements will be sufficient cause for rejection of my application if the City has not employed me and for immediate dismissal if the City has employed me. I also authorize the City to supply information about my employment record, in whole or in part, in confidence to any prospective employer, government agency or any other party which have a legal and proper interest, and I hereby release the City from any and all liability for providing this information.

In the event of my employment with the City, I will comply with all the rules, regulations and policies set forth in the City's policy manuals or the communications distributed by the City.

I understand that nothing in this employment application, in the City's policy statements of personnel guidelines, or in my communications with any City official is intended to create an employment contract between the City and myself. I also understand that the City has the right to modify its policies without giving me any advance notice of the changes. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the City unless it is made in writing and signed by the Department Head and the Mayor. I understand that if an employment relationship is established, I have the right to terminate my employment relationship at any time for any reason. I also understand that the City retains the right to terminate my employment at any time for just cause.

I hereby acknowledge that I have read and understand the preceding statement.

_____ _____

Signature Date

WOODLAND POLICE DEPARTMENT

PERSONAL HISTORY STATEMENT

Name: _____

Position: _____

Date: _____

READ THESE INSTRUCTIONS CAREFULLY BEFORE PROCEEDING

These instructions are provided as a guide to assist you in properly completing your personal history statement. It is essential that the information be accurate in all respects. It will be used as the basis for a background investigation that will determine your eligibility for employment.

1. Your personal history statement should be printed legibly in ink or typewritten. Answer all questions to the best of your ability.

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

3. Avoid errors by reading the directions carefully before making any entries on the form. Be sure your information is correct and in proper sequence before you begin.

4. You are responsible for obtaining correct addresses. If you are not sure of an address, check it by personal verification. Your local library may have a directory service or copies of local phone directories.

5. If there is insufficient space on the form for you to include all information required, attach extra sheets to the personal history statement. Be sure to reference the relevant section and page number before continuing your answer.

6. As you complete the questionnaire, you may be uncertain about how to answer a particular question. Answer the question to the best of your ability and attach a statement regarding the question (s) and what problem you may have in answering the question (s).

7. An accurate and complete form will help expedite your background investigation. On the other hand, deliberate omissions or falsifications may result in disqualification.

8. In completing the application, take the necessary time to be accurate. Do not be afraid to answer questions that may involve criminal sanctions, such as the smoking of marijuana. No criminal charge (s) can be filed from this questionnaire. Your answers on this questionnaire will not necessarily disqualify you from the position you seek.

9. The confidentiality of background information is strict and can be shared with only the top administrators of the department and civil service commission.

10. During the course of the testing process, **you will be scheduled for a polygraph, which will be used to verify the answers given in this questionnaire.**

11. If you have any questions regarding the questionnaire or the background investigation, please contact the City of Woodland Civil Service Secretary at (360) 225-8281.

12. At the completion of the background investigation, your file will be kept in a locked cabinet to ensure its confidentiality.

13. Return the personal history statement to the City of Woodland, 230 Davidson Avenue, Woodland. If mailing, send to Woodland Civil Service Commission, c/o Secretary/Chief Examiner, PO Box 9, Woodland, WA 98674.

PERSONAL HISTORY STATEMENT

PERSONAL

The following information is requested of you for verification and contact purposes:

Your name (please print or type)

LAST	FIRST	MIDDLE

Other names (including nicknames) you have used or been known by:

List address at which you can be contacted:

Number	Street	City	State	Zip Code

List local telephone number (s) at which you may be contacted.

( ) Contact hours

( ) Contact hours

Birthdate		
Month	Day	Year

Place of birth:

Marital Status:

Social Security Number		

U.S. citizen is required for this position. Proof is required that you are a legal resident in this country. Can you provide such documentation? o Yes o No

Have you ever used a social security number other than the one you listed? o Yes o No

If yes, please list numbers:

_____

_____

For purposes of identification, please provide the following:

Height	Weight	Hair Color	Eye Color

Scars, tattoos, or other distinguishing marks:

PERSONAL HISTORY STATEMENT

RELATIVES, REFERENCES, ACQUAINTANCES

During the course of the background investigation, persons who know you will be asked to comment on your suitability for the position you applied for. Inquiries will be confined to job-relevant matters.

Supply appropriate information in the space provided below. If a category is not applicable, write N/A.					
If living, name of your:	Address where person can be contacted (include city, state, and zip code).			Telephone at which person can be contacted.	
Father Birthdate					
	o Home	o Work	o Other	o Home	o Work
Mother Birthdate					
	o Home	o Work	o Other	o Home	o Work
Father-in-law Birthdate					
	o Home	o Work	o Other	o Home	o Work
Mother-in-law Birthdate					
	o Home	o Work	o Other	o Home	o Work
Spouse Birthdate					
	o Home	o Work	o Other	o Home	o Work
Former Spouse (s) Birthdate					
	o Home	o Work	o Other	o Home	o Work
Former Spouse (s) Birthdate					
	o Home	o Work	o Other	o Home	o Work

PERSONAL HISTORY STATEMENT

If living, name of your:	**Address where person can be contacted (include city, state, and zip code).**			**Telephone at which person can be contacted.**	
Brother (s) and Sister (s) Birthdate					
	o Home	o Work	o Other	o Home	o Work
Birthdate					
	o Home	o Work	o Other	o Home	o Work
Birthdate					
	o Home	o Work	o Other	o Home	o Work
Birthdate					
	o Home	o Work	o Other	o Home	o Work
Birthdate					
	o Home	o Work	o Other	o Home	o Work
Step-Father Birthdate					
	o Home	o Work	o Other	o Home	o Work
Step-Mother Birthdate					
	o Home	o Work	o Other	o Home	o Work
Step-brother (s) and Sister (s) Birthdate					
	o Home	o Work	o Other	o Home	o Work

Birthdate	o Home	o Work	o Other	o Home	o Work

If living, name of your:	Address where person can be contacted (include city, state, and zip code).			Telephone at which person can be contacted.	
Step-brother (s) and Sister (s) Birthdate					
	o Home	o Work	o Other	o Home	o Work
Birthdate					
	o Home	o Work	o Other	o Home	o Work

Other relatives with whom you have a close personal relationship, including children:					
Birthdate	Relationship				
		o Home	o Work	o Home	o Work
Birthdate	Relationship				
		o Home	o Work	o Home	o Work
Birthdate	Relationship				
		o Home	o Work	o Home	o Work
Birthdate	Relationship				
		o Home	o Work	o Home	o Work
Birthdate	Relationship				
		o Home	o Work	o Home	o Work
Birthdate	Relationship				
		o Home	o Work	o Home	o Work

List those individuals with whom you have resided during the last 10 years (list no information prior to your 15th birthday). Exclude family members.					
If living, name of your:	Address where person can be contacted (include city, state, and zip code)			Telephone at which person can be contacted	
Birthdate					
	o Home	o Work	o Other	o Home	o Work
Birthdate					

	o Home	o Work	o Other	o Home	o Work

List those individuals with whom you have resided during the last 10 years (list no information prior to your 15th birthday). Exclude family members.					
Birthdate					
	o Home	o Work	o Other	o Home	o Work
Birthdate					
	o Home	o Work	o Other	o Home	o Work
Birthdate					
	o Home	o Work	o Other	o Home	o Work
List below as references 3-5 individuals who have knowledge of you and your qualifications. Exclude relatives, former employers, and friends.					
Name	Address where person can be contacted (include city, state, and zip code)			Telephone at which person can be contacted	
	o Home	o Work	o Other	o Home	o Work
	o Home	o Work	o Other	o Home	o Work
	o Home	o Work	o Other	o Home	o Work
	o Home	o Work	o Other	o Home	o Work
	o Home	o Work	o Other	o Home	o Work

PERSONAL HISTORY STATEMENT

List below 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.

	o Home	o Work	o Other	o Home	o Work
	o Home	o Work	o Other	o Home	o Work
	o Home	o Work	o Other	o Home	o Work
	o Home	o Work	o Other	o Home	o Work
	o Home	o Work	o Other	o Home	o Work

EDUCATION:

Have you graduated from high school? o Yes o No

If not, do you have a G.E.D. Certificate? o Yes o No

List all high schools attended:

Name	Location	Dates Attended	Major	Degree or Diploma

Higher Education: List all colleges, universities, business and vocational trade schools attended. (Attach a transcript from each and photocopy of diploma if available).

Name	Location	Dates Attended	Major	Degree or Diploma

PERSONAL HISTORY STATEMENT

Have you ever been suspended or expelled from any school? o Yes o No

If yes, please explain (include school, date, and circumstances):

_____

_____

Do you have plans for furthering your education or developing existing skills? If so, please explain:

_____

_____

_____

_____

RESIDENCE:

List all of your residence during the last 10 years (list no information prior to your 15th birthday). Begin with your most current residence:

Address City, State, Zip Code	Date Month/Year	If rented, give name and address of person responsible for collecting rent.
	From:	
	To:	
	From:	
	To:	
	From:	
	To:	
	From:	
	To:	
	From:	
	To:	
	From:	
	To:	

LAW ENFORCEMENT EXPERIENCE:

How many applications have you submitted for law enforcement employment? _____

Indicate whether you have any of the following types of law enforcement experience: (Answer each question)

o Yes o No Sworn, commissioned, weapon-carrying officer?
o Yes o No Police Reserve?
o Yes o No Military Police Officer?
o Yes o No Police Officer, but assigned full time to corrections duty only?
o Yes o No Other law enforcement job(s)?

If yes, specify: _____

Number of years experience as a commissioned law enforcement officer? _____

How many agencies have you worked for as a commissioned police officer? _____

During the time you have been a commissioned officer, how many citizen complaints have been filed against you?

θ None θ 3-5
θ 1 θ 6-10
θ 2 θ 11 or more

How many of these complaints were sustained or found to be true? _____

How many reprimands (written/oral) have you received while a commissioned officer? _____

How many times have you been suspended or fined as a commissioned officer? _____

Were you ever the subject of civil or criminal prosecution because of your actions as a law enforcement officer? o Yes o No

Other than probation, have you ever had any unsatisfactory personnel ratings? o Yes o No

While being a commissioned officer, have you ever violated any controlled substance (illegal narcotic) laws? o Yes o No

Have you ever used illegal drugs while on duty? o Yes o No

Did you ever drink alcohol while on duty (aside from undercover duty)? o Yes o No

Did you ever lie or seriously distort the facts in an official police report? o Yes o No

LAW ENFORCEMENT EXPERIENCE: (Continued)

Did you ever cover up a serious violation for a fellow police officer?	o Yes o No
Did you ever lie or commit perjury in court testimony or any other official proceeding?	o Yes o No
Have you ever been terminated or forced to resign from a law enforcement position during the probation period?	o Yes o No

If yes, please explain: _____

Have you ever been terminated or forced to resign after the probationary period?	o Yes o No
Have you ever been the subject of an Internal Affairs Investigation as a commissioned officer?	o Yes o No
Have you ever falsified information regarding the damage to department equipment?	o Yes o No
Have you ever failed to report damage to departmental equipment you were responsible for?	o Yes o No
Have you ever used "excessive force" or more force than was necessary to effect an arrest?	o Yes o No

How many "on duty" accidents have you been in? _____ How many were your fault? _____

EXPERIENCE AND EMPLOYMENT:

Beginning with your most current employment, please list all jobs (including part-time, temporary, and voluntary positions) you have held in the past 10 years. For identification and verification, indicate the nature of the activity (full time, part-time, voluntary). If you have intervening periods of military service or unemployment, list those periods in sequence in the spaces provided.

Dates of Employment		Name and address of employer	Name of Supervisor
From Mo./Yr.	To Mo./Yr.	Telephone No. ( )	**Name (s) of co-workers (s)**
o Full time		Your title or duties (for identification purposes)	
o Part time			
o Voluntary			

Reason for leaving:

o Military Service	o Not employed	From Mo. Yr.	To Mo. Yr.

PERSONAL HISTORY STATEMENT

Dates of Employment		Name and address of employer	Name of Supervisor
From Mo./Yr.	To Mo./Yr.	Telephone No. ( )	**Name (s) of co-workers (s)**
o Full time		Your title or duties (for identification purposes)	
o Part time			
o Voluntary			
Reason for leaving:			
o Military Service		o Not employed	From Mo. Yr. To Mo. Yr.

Dates of Employment		Name and address of employer	Name of Supervisor
From Mo./Yr.	To Mo./Yr.	Telephone No. ( )	**Name (s) of co-workers (s)**
o Full time		Your title or duties (for identification purposes)	
o Part time			
o Voluntary			
Reason for leaving:			
o Military Service		o Not employed	From Mo. Yr. To Mo. Yr.

Dates of Employment		Name and address of employer	Name of Supervisor
From Mo./Yr.	To Mo./Yr.	Telephone No. ( )	**Name (s) of co-workers (s)**
o Full time		Your title or duties (for identification purposes)	
o Part time			
o Voluntary			
Reason for leaving:			
o Military Service		o Not employed	From Mo. Yr. To Mo. Yr.

PERSONAL HISTORY STATEMENT

Dates of Employment		Name and address of employer	Name of Supervisor
From Mo./Yr.	To Mo./Yr.	Telephone No. ( )	**Name (s) of co-workers (s)**
o Full time		Your title or duties (for identification purposes)	
o Part time			
o Voluntary			
Reason for leaving:			
o Military Service		o Not employed	From Mo. Yr. To Mo. Yr.

Dates of Employment		Name and address of employer	Name of Supervisor
From Mo./Yr.	To Mo./Yr.	Telephone No. ( )	**Name (s) of co-workers (s)**
o Full time		Your title or duties (for identification purposes)	
o Part time			
o Voluntary			
Reason for leaving:			
o Military Service		o Not employed	From Mo. Yr. To Mo. Yr.

Dates of Employment		Name and address of employer	Name of Supervisor
From Mo./Yr.	To Mo./Yr.	Telephone No. ( )	**Name (s) of co-workers (s)**
o Full time		Your title or duties (for identification purposes)	
o Part time			
o Voluntary			
Reason for leaving:			
o Military Service		o Not employed	From Mo. Yr. To Mo. Yr.

PERSONAL HISTORY STATEMENT

Dates of Employment		Name and address of employer	Name of Supervisor
From Mo./Yr.	To Mo./Yr.	Telephone No. ( )	**Name (s) of co-workers (s)**
o Full time		Your title or duties (for identification purposes)	
o Part time			
o Voluntary			
Reason for leaving:			
o Military Service		o Not employed	From Mo. Yr. To Mo. Yr.

Dates of Employment		Name and address of employer	Name of Supervisor
From Mo./Yr.	To Mo./Yr.	Telephone No. ( )	**Name (s) of co-workers (s)**
o Full time		Your title or duties (for identification purposes)	
o Part time			
o Voluntary			
Reason for leaving:			
o Military Service		o Not employed	From Mo. Yr. To Mo. Yr.

May your present employer be contacted during the course of the background investigation? o Yes o No

If no, when should such contact be made?_____

Have you ever filed a claim (s) for worker's compensation? o Yes o No

If yes, please give details (include when, where, and circumstances):

_____

_____

_____

Have you had any extended work absences for reasons other than earned vacations? o Yes o No

If yes, please explain (include when, name of employer, why):

_____
_____
_____
_____
_____
_____
_____

Have you ever received any disciplinary action, suspension, been fired, or been asked to resign from any place of employment? o Yes o No

If yes, please give details (include when, where, circumstances):

_____
_____
_____
_____
_____
_____
_____

Have you ever been a successful or unsuccessful candidate for another position requiring peace office powers? o Yes o No

If yes, please give details (include when, name of agency, circumstances):

_____
_____
_____
_____
_____
_____
_____

PERSONAL HISTORY STATEMENT

AUTHORIZATION FOR RELEASE OF MILITARY AND MEDICAL INFORMATION	
Name of Applicant (printed)	Date:

As an applicant for a position with the City of Woodland, I am required to furnish information for use in determining my qualifications. I authorize release of the information items below from my military and related medical records.

Branch of Service	Service Number	Date last separated from active service

Present Military Status: o None o Air Force Reserve o Army Reserve o Marine Corps Reserve o Naval Reserve o Coast Guard Reserve	Present Home Address:
Furnish information to: Chief of Police Woodland Police Department PO Box 9 Woodland WA 98674	Applicant for Position of: Signature of Applicant:

TO BE COMPLETED BY RECORDS OFFICE			
Date of Entry	Date Separated	Reason for Separation	Character of Service

Disciplinary Date (if any)	o None	o See Remarks	
Significant illness or injuries (if any)	o None	o See Remarks	o See Attached
Psychiatric observations and treatment (if any)	o None	o See Remarks	o See Attached
Physical condition at time of separation	o Report of separation physical attached.		

Remarks:

o Continued on Reverse

Releasing Officer:	Released by: (signature)	Date Released:

PERSONAL HISTORY STATEMENT

State of Washington

County of _____ } ss.

I certify that I know or have satisfactory evidence that _____ is the person who appeared before me, and said person acknowledged that he/she signed the instrument and acknowledged it to be his/her free and voluntary act for the uses and purposes mentioned in the instrument.

Dated: _____

_____
Notary Public Signature

_____
Appointment Expiration

MILITARY SERVICE:

Have you ever served in the armed forces, National Guard, or military reserves? o Yes o No

If yes, please supply the following information:

Branch of Service: _____

Service Number: _____

Dates of Service: _____

List current and past draft classification in chronological order beginning with the most recent:

_____

_____

_____

_____

_____

_____

Are you currently participating in any military reserve or National Guard Program? o Yes o No

Have you ever been the subject of any judicial or non-judicial disciplinary action while in the military, National Guard, or military reserves? o Yes o No

If yes, please give details (include branch of service, when, where, circumstances):

_____

_____

_____

_____

_____

_____

_____

FINANCIAL:

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

CURRENT MONTHLY INCOME:

Monthly salary: $ _____

Spouse's salary: $ _____

Other monthly income: (describe) $

_____ _____

_____ _____

_____ _____

_____ _____

Total Monthly Income $ _____

CURRENT MONTHLY EXPENDITURES

Real Estate (mortgage) payment (s): $ _____

Rent: $ _____

Other monthly payments: (describe)

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

Total Monthly Expenditures: $ _____

Spouse's Place of Employment: _____

List all banks where you have had checking accounts:

_____

_____

_____

FINANCIAL: (continued)

Have you ever filed for or declared bankruptcy or filed for the Wage Earner's Plan? θ Yes θ No

If yes, give details (include when, where, and why):

_____

_____

_____

Have any of your bills ever been turned over to a collection agency? θ Yes θ No

If yes, give details (include when, firms involved, circumstances):

_____

_____

_____

Have you had anything repossessed? θ Yes θ No

If yes, give details (include when, firms involved, circumstances):

_____

_____

_____

Have your wages ever been garnished? θ Yes θ No

If yes, give details (include when, where, why):

_____

_____

_____

Are you currently delinquent with any child support obligations? o Yes o No

Have you ever failed to make child support payments that you were legally required to make? o Yes o No

Have you ever been delinquent on income or other tax payments? θ Yes θ No

If yes, give details (include when, where, why):

_____

_____

_____

Have you ever failed to file an IRS statement? o Yes o No List year (s):

PERSONAL HISTORY STATEMENT

LEGAL:

Have you ever been questioned as a suspect in a crime?	o Yes o No
How many times have you been arrested (held in police custody) for any reason?	_____
How many times have you been convicted of, pleaded guilty to or pleaded no contest to misdemeanor charges?	_____
How many times have you been convicted of, pleaded guilty to or pleaded no contest to felony charges?	_____
Have you ever been on court probation as an adult (age 18 or older)?	o Yes o No
Have you ever had to appear before a juvenile court for an act that would have been a crime if an adult had committed it?	o Yes o No
Have you ever applied for a permit to carry a concealed weapon?	o Yes o No

Since age 18, have you ever stolen or taken without permission any property from employers, businesses or other people?

θ No, never
θ Yes, items with a TOTAL value of less than $25.00
θ Yes, items with a TOTAL value between $25 & $99
θ Yes, items with a TOTAL value between $100 & $499
θ Yes, items with a TOTAL value over $500

When was the last time you stole or took without permission any property from employers, businesses or other people?

θ Never
θ Less than a year ago
θ Over 1 year, less than 2 years
θ Over 2 years, less than 5 years
θ Over 5 years ago

Did you ever buy anything that you suspected was stolen?	o Yes o No
Did you ever sell anything that you knew was stolen?	o Yes o No
Are you now in possession of any stolen property?	o Yes o No

THE NEXT SECTION OF QUESTIONS ASKS ABOUT SPECIFIC CRIMINAL OFFENSEES. RESPOND TO EACH CRIMINAL OFFENSE AS IT APPLIES TO YOU.

FOR EACH CRIMINAL OFFENSE MARK ALL ANSWERS THAT APPLY! Be sure to mark at least one response for each offense. Even if you were in the military and were in violation of the following offenses under the UCMJ, make sure you include these offenses.

ARSON (intentionally setting a fire to cause damage)

A. I have committed arson. θ
B. I have been arrested for arson. θ
C. I have been tried in court for arson. θ
D. I have been convicted of arson, pled guilty or pled no contest. θ
E. None of the above. θ

FORGERY (signing another persons name to a document without permission)

A. I have committed forgery. θ
B. I have been arrested for forgery. θ
C. I have been tried in court for forgery. θ
D. I have been convicted of forgery, pled guilty or pled no contest. θ
E. None of the above. θ

EMBEZZLEMENT (theft of money or valuables entrusted to you)

A. I have committed embezzlement. θ
B. I have been arrested for embezzlement. θ
C. I have been tried in court for embezzlement. θ
D. I have been convicted of embezzlement, pled guilty or pled no contest. θ
E. None of the above. θ

RAPE OR ATTEMPTED RAPE (a forcible sex act other than molest)

A. I have committed rape. θ
B. I have been arrested for rape. θ
C. I have been tried in court for rape. θ
D. I have been convicted of rape, pled guilty or pled no contest. θ
E. None of the above. θ

SEXUAL CHILD ABUSE OR MOLEST

A. I have committed a child sex offense. θ
B. I have been arrested for a child sex offense. θ
C. I have been tried in court for a child sex offense. θ
D. I have been convicted of a child sex offense, pled guilty or pled no contest. θ
E. None of the above. θ

ASSAULT, RESISTING, ARREST, HOMICIDE (causing harm to another person)

A. I have committed _____ , (which crime?) θ
B. I have been arrested for _____ , (which crime?) θ
C. I have been tried for _____ , (which crime?) θ
D. I have been convicted of _____ , (which crime?), pled guilty or pled no contest. θ
E. None of the above. θ

BURGLARY, THEFT, BREAKING AND ENTERING

A. I have committed _____ , (which crime?) θ
B. I have been arrested for _____ , (which crime?) θ
C. I have been tried for _____ , (which crime?) θ
D. I have been convicted of _____ , (which crime?), pled guilty or pled no contest. θ
E. None of the above. θ

VANDALISM OR MALICIOUS MISCHIEF

A. I have committed _____ , (which crime?) θ
B. I have been arrested for _____ , (which crime?) θ
C. I have been tried for _____ , (which crime?) θ
D. I have been convicted of _____ , (which crime?), pled guilty or pled no contest. θ
E. None of the above. θ

SEXUAL CRIMES (i.e: self exposure, obscene phone calls, peeping tom, etc.)

A. I have committed _____ , (which crime?) θ
B. I have been arrested for _____ , (which crime?) θ
C. I have been tried for _____ , (which crime?) θ
D. I have been convicted of _____ , (which crime?), pled guilty or pled no contest. θ
E. None of the above. θ

DRIVING UNDER THE INFLUENCE OF ALCOHOL OR DRUGS

A. I have committed _____ , (which crime?) θ
B. I have been arrested for _____ , (which crime?) θ
C. I have been tried for _____ , (which crime?) θ
D. I have been convicted of _____ , (which crime?), pled guilty or pled no contest. θ
E. None of the above. θ

VEHICULAR ASSAULT OR VEHICULAR MANSLAUGHTER

A. I have committed _____ , (which crime?) θ
B. I have been arrested for _____ , (which crime?) θ
C. I have been tried for _____ , (which crime?) θ
D. I have been convicted of _____ , (which crime?), pled guilty or pled no contest. θ
E. None of the above. θ

RECKLESS DRIVING

A. I have committed reckless driving. θ
B. I have been arrested for reckless driving. θ
C. I have tried for reckless driving. θ
D. I have been convicted of reckless driving, pled guilty or pled no contest. θ
E. None of the above. θ

If you have ever been arrested or convicted for any crime (excluding traffic citations) give the following information: (The fact that your record may have been affected by a sealing, an expongement, a release, or a pardon has specific legal implications as to how you should answer the question. Please see the instruction page for a detailed guide).

Approximate Date	Police Agency	Circumstances

Were you ever required to appear before a juvenile court for an act, which would have been crime if committed by an adult? θ Yes θ No

If yes, give details (include when, where, why):

_____

_____

_____

_____

_____

_____

_____

Has anyone in your family been arrested? θ Yes θ No

If yes, please explain:

_____

_____

_____

_____

_____

_____

DOMESTIC VIOLENCE CRIME CONVICTIONS

A. Have you ever been convicted of a misdemeanor crime of domestic violence within the meaning of the statute 18 U.S.C. Sec. 922 (g)? θ Yes θ No

The term "misdemeanor crime of violence" means an offense that:

1. Is a misdemeanor under federal or state law; and
2. Has, as an element, the use of physical force, or the threatened use of a deadly weapon, committed by a current or former spouse, parent or guardian of the victim, by a person with whom the victim shares a child in common, by a person who is cohabiting with or has cohabited with the victim as a spouse, parent or guardian, or by a person similarly situated to a spouse, parent, or guardian of the victim.

B. If you answered YES to the first question, provide the following information with respect to the conviction:

Court / Jurisdiction: _____

Docket / Case Number: _____

Status / Charge: _____

Date Sentenced: _____

Obtain a certified copy of judgements and offense report within 15 days and submit to this agency.

MOTOR VEHICLE OPERATION:

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

Driver's license number:	State:	Expiration Date:
Name under which license was granted:		

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

State: Name under which license was granted:	State: Name under which license was granted:	State: Name under which license was granted:

MOTOR VEHICLE OPERATION: (continued)

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

If yes, please explain (include when, where, why):

_____

_____

_____

_____

Do you now have current auto insurance? θ Yes θ No

Have you ever had your auto insurance cancelled or refused? θ Yes θ No

If yes, please explain:

_____

_____

_____

Have you ever had high risk auto insurance? θ Yes θ No

List all traffic citations (excluding parking citations) you have received within the last 7 years:

Nature of Violation	Location (City)	Approx. Date	Indicate whether fined or action taken on driver's license

MOTOR VEHICLE OPERATION: (continued)

Have you been involved as a driver in a motor vehicle accident within the past seven years? θ Yes θ No

If yes, please give details for each accident:

Date _____ θ Injury θ Non-injury Police Investigation? θ Yes θ No

Police Agency: _____ Location: _____

Date _____ θ Injury θ Non-injury Police Investigation? θ Yes θ No

Police Agency: _____ Location: _____

Date _____ θ Injury θ Non-injury Police Investigation? θ Yes θ No

Police Agency: _____ Location: _____

Date _____ θ Injury θ Non-injury Police Investigation? θ Yes θ No

Police Agency: _____ Location: _____

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

_____

_____

_____

_____

_____

_____

_____

MOTOR VEHICLE OPERATION: (continued)

Has your license ever been suspended, revoked, or placed on negligent operator's probation? θYes θ No

If yes, give details (include what, when, where, and why):

GENERAL INFORMATION:

Do you have any special qualifications and skills?

Do you have any special interests and hobbies?

Are you a member of any social clubs or other organizations?

GENERAL INFORMATION: (continued)

Have you ever been a member of an organization, which advocates, advises or supports the use of force or other unlawful means to deny other persons their rights under the Constitution of the United States?

Do you have any prejudices that you are aware of against any group? θ Yes θ No

Do you have any religious or other beliefs, which would prevent you from fully performing the duties of a law enforcement or corrections officer, including working on weekends or shift work? θ Yes θ No

If yes, please explain:

Have you deliberately lied or omitted information in applying for this position? θ Yes θ No

Are you now living at the address listed on your application? θ Yes θ No

Have you purposely withheld information about places or employment within the past five years? θ Yes θ No

Have you ever quit or been asked to resign from a job because of alleged dishonesty? θ Yes θ No

Have you ever quit a job without giving notice as required by your employer? θ Yes θ No

Why are you leaving your present job or changing career fields at this time?

_____

_____

_____

GENERAL INFORMATION: (continued)

How would you describe your temper?

_____

_____

_____

Have you ever been counseled about your temper?	θ Yes θ No
Have you ever struck your spouse?	θ Yes θ No
Have you ever lied while under oath or on a sworn document?	θ Yes θ No
Have you ever attempted to commit suicide?	θ Yes θ No
Have you ever wanted to seriously injure someone?	θ Yes θ No
Have you ever violated the confidentiality of someone who trusted you?	θ Yes θ No
Do you actually have all the education listed on your application?	θ Yes θ No
Have you seriously researched this career field?	θ Yes θ No
Are you afraid of firearms or weapons of any type?	θ Yes θ No
Do you gamble?	θ Yes θ No
Do you currently have any outstanding gambling debts?	θ Yes θ No
Do you other members of your family work for a law enforcement agency?	θ Yes θ No

Why do you want to become a police officer?

_____

_____

_____

_____

Are you basically an honest person? θ Yes θ No

On a scale of 1 to 10, how high would you rate your basic honesty? _____

Give an example of when you would choose to lie to protect yourself:

_____

_____

_____

GENERAL INFORMATION: (continued)

Do you have any family, friends or acquaintances employed at the Woodland Police Department? θ Yes θ No

Who? _____

Have you deliberately falsified any of your answers or purposely mislead this agency at any point during this hiring process? θ Yes θ No

How many physical fights have you been in since age 18 (other than your job as a police officer)?

A. None θ
B. 1 θ
C. 2 θ
D. 3 or more θ

Have you ever slapped, punched or otherwise injured a romantic partner?

A. No θ
B. Yes, on one occasion θ
C. Yes, on two or three occasions θ
D. Yes, on four or more occasions θ

How many firearms do you own or have in your possession?

A. Handguns _____
B. Rifles _____
C. Shotguns _____
D. Combat or assault type firearms (such as AR-15, Ak-47, Uzi, Mac-10) _____

If it became necessary to take a human life in the course of your duties, would any religious or other beliefs prevent you from doing so? θ Yes θ No

If yes, please explain:

_____

_____

_____

_____

GENERAL INFORMATION: (continued)

State the frequency and extent of your use of intoxicating liquors?

_____

_____

_____

_____

Have you ever used marijuana or any other drug not prescribed by your physician? θ Yes θ No

If yes, please explain:

_____

_____

_____

_____

Have you ever sold or furnished drugs or narcotics to anyone? θ Yes θ No

If yes, please explain:

_____

_____

_____

_____

Do you have any physical problems that might hinder you in performing the required duties of the position applied for? θ Yes θ No

If yes, please explain:

_____

_____

_____

_____

_____

GENERAL INFORMATION: (continued)

Indicate whether you have been rejected as a job applicant for any of the following reasons:

- θ Issues raised by a background investigation?
- θ Issues raised by a polygraph?
- θ Issues raised by an oral board?
- θ Issues raised by a physical agility test?
- θ Other: _____

Are there any incidents in your life, or details not mentioned herein, which may influence this department's evaluation of your suitability for employment? θ Yes θ No

If yes, please explain:

_____

_____

_____

_____

_____

_____

Remarks: (This section is for any additional information you with to impart). If more space is needed for answers to any of the questions on the Personal History Statement, you may attach additional sheets of paper. Reference the section heading and the page number.

_____

_____

_____

_____

Remarks: (continued)

I certify that there are no misrepresentations, omissions or falsifications in the foregoing statements and answers and that the entries are made by me and are true, complete and correct to the best of my knowledge and belief and are made in good faith.

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

Applicant Signature _____ **Date:** _____

Attention Applicant:

Regulations require that an applicant be examined by a licensed physician to ensure that the applicant is free from any mental or physical defect or medical condition, which might affect adversely an applicant's health or future job performance.

The information you provide in this statement is extremely important. It will be used by a medical health professional to evaluate your medical qualifications for the position applied for. Therefore, please fill out the questionnaire completely and accurately. Please keep in mind that: (a) all statements are subject to verification; and (b) deliberate inaccuracies and misleading or incomplete statements may bar or remove you from employment.

The questions in this statement were designed to explore those areas, which directly bear upon the physical demands of the position for which you are applying. A thorough and accurate evaluation of this information will contribute to sound employment decisions benefiting both you and your potential employer.

When answering "yes – no" questions, place an "X" in the appropriate space. If you are unable to answer a question for any reason, place a "?" in the "yes" space. Answer each question separately. A line drawn down through a column of answers is not acceptable. At the end of some questions where "yes" and "no" may not seem applicable, or in which clarifying information is required, answer the question in the space provided.

MEDICAL HISTORY STATEMENT

Applicant Name		
LAST	FIRST	MIDDLE

Mailing Address				
Number	Street/PO Box	City	State	Zip Code

Daytime Phone Number	**Evening Phone Number**
( )	( )

Birthdate		
Month	Day	Year
Social Security Number		

In accordance with the Federal Privacy Act of 1974, disclosure is voluntary. The Social Security Number will be used for identification purposes to ensure that proper records are maintained.

I, the undersigned, do hereby consent to undergo a medical examination, including blood specimens, x-rays, skin tests, immunizations, and other examinations which the examiners may consider necessary to complete the medical evaluation.

Applicant Signature _____ Date Completed: _____

1. Have you been medically examined for employment for police entry in this state before? θ Yes θ No

   If yes:

   When: _____

   Where: _____

   Your name at that time? _____

MEDICAL HISTORY STATEMENT

Health and Living Habits

Have you ever been intoxicated? θ Yes θ No

On average, about how much alcohol do you drink? (Count ONE DRINK for each bottle of beer, glass of wine or shot of liquor). Mark one answer only.

A. I never drink alcohol θ
B. Less than one drink a week θ
C. 1 – 2 drinks a week θ
D. 3 – 5 drinks a week θ
E. 1 – 2 drinks a day θ
F. 3 – 4 drinks a day θ
G. 6 or more drinks a day θ

About how often do you have 6 or more drinks in a single day?

A. Never θ
B. About once a year θ
C. A few times a year θ
D. About once a month θ
E. A few times a month θ
F. About once a week θ
G. A few times a week θ
H. Almost every

Blackouts? θ Yes θ No

Marital or family domestic difficulties? θ Yes θ No

Missed work? θ Yes θ No

Fighting? θ Yes θ No

Been intoxicated in public? θ Yes θ No

Do you ever drink on the job in violation of employer rules or regulations? θ Yes θ No

How often do you drive with an open container in your vehicle?

A. Never θ
B. About once a year θ
C. A few times a year θ
D. About once a month θ
E. A few times a month θ
F. About once a week or more θ

Have you ever been warned by an employer about your drinking habits? θ Yes θ No

Health and Living Habits (continued)

Have you ever been in illegal possession of marijuana? (When estimating your total possession remember that once a month for a year is 12 times, once a week for a year is about 50 times and almost every day for a year is about 365 times)

A. Never θ
B. 1 – 2 times θ
C. 3 – 10 times θ
D. 11 – 20 times θ
E. 21 – 50 times θ
F. 51 – 100 times θ
G. 101 – 500 times θ
H. More than 500 times θ

When was the last time you used marijuana? _____

Are you currently using marijuana? θ Yes θ No

Have you ever purchase or sold marijuana? θ Yes θ No

Have you ever illegally possessed cocaine in any form (including crack)?
(Use alcohol time table for evaluation)

A. Never θ
B. 1 – 2 times θ
C. 3 – 10 times θ
D. 11 –20 times θ
E. 21 – 50 times θ
F. 51 – 100 times θ
G. 101 – 500 times θ
H. More than 500 times θ

Are you currently using cocaine? θ Yes θ No

Have you ever purchased or sold cocaine? θ Yes θ No

Most recent time? _____

MEDICAL HISTORY STATEMENT

Have you ever illegally possessed Crank or Crack (rock cocaine)? θ Yes θ No

Are you currently using rock cocaine or cocaine in any form other than what has been mentioned?

θ Yes θ No What type? _____
Most recent time? _____

MEDICAL HISTORY STATEMENT

Health and Living Habits (continued)

Have you ever illegally possessed any hallucinogens (i.e. LSD, Mescaline, Mushrooms, PCP, Angel Dust, etc.)?

θ Yes θ No What type? _____
Most recent time? _____

Are you currently using any hallucinogens? θ Yes θ No

Have you ever illegally possessed Opiates, such as Opium, Morphine or Heroin?

θ Yes θ No What type? _____
Most recent time? _____

Have you ever purchase or sold Opiates? θ Yes θ No
Are you currently using Opiates? θ Yes θ No

Have you ever illegally possessed Amphetamines such as Methedrine, Dexedrine, Speed, Crank, Crystal Meth, Ice, Glass, Cross Tops, etc.?

θ Yes θ No What type? _____
Most recent time? _____

Have you ever purchased or sold Amphetamines? θ Yes θ No
Are you currently using illegal Amphetamines? θ Yes θ No

Have you ever illegally possessed depressants or tranquilizers (such as Barbiturates, Valium, Quaaludes, etc.)?

θ Yes θ No What type? _____
Most recent time? _____

Have you ever purchased or sold depressants or tranquilizers? θ Yes θ No

Are you currently using illegal depressants or tranquilizers? θ Yes θ No

Have you ever illegally possessed any other controlled drugs besides those already listed?

θ Yes θ No What type? _____
Most recent time? _____

Health and Living Habits (continued)

How many times in your life have you driven after using an illegal controlled drug?

A. Never θ
B. 1 – 2 times θ
C. 3 – 4 times θ
D. 5 times or more θ

When was the last time that you provided any illegal or controlled drugs to friends or others in exchange for money or in trade for goods?

A. Doesn't apply, I have never done this. θ
B. Most recent time _____ θ

Have you ever grown, manufactured or processed any controlled substance?

θ Yes θ No What type? _____
Most recent time? _____

Have you ever been rejected from any employment or military service, or discharged from any position due to use of alcohol or controlled substance? θ Yes θ No

Are you aware that the employment environment within this agency is a DRUG FREE ENVIRONMENT and that a violation of this practice can lead to termination? θ Yes θ No

	No. of Hours	Below mark which best describes your sleep				Dreams
Sleep		θ Regular	θ Irregular	θ Restful	θ Restless	θ Yes θ No

	Times per day	Below mark which best describes your appetite				
Eat		θ Regular	θ Irregular	θ Good	θ Fair	θ Poor

	Preference		Frequency	Consumption	
Alcohol Beverages	θ Beer θ Wine	θ Liquor θ Liqueur	θ Occasional θ Daily	θ Light θ Moderate	θ Heavy

	Tobacco	Marijuana	Frequency	How many?
Smoke	θ Yes θ No	θ Yes θ No	θ Occasional θ Daily	

	Frequency	Type (s)			
Exercise	θ Occasional θ Regular θ Daily	θ Walking θ Jogging θ Bicycle θ Other _____	θ Calisthenics θ Weightlifting θ Isometric	θ Baseball θ Football θ Basketball	θ Hike/Climb θ Skiing

MEDICAL HISTORY STATEMENT

Occupation or Work: Mark each that applies.

Light/Sedentary	θ	Sitting	θ	Lifting	θ	Climbing	θ
Moderate	θ	Standing	θ	Twisting	θ	Running	θ
Heavy	θ	Bending	θ	Riding	θ	Jumping	θ

Daily Work Hours	Day	θ	Regular	θ	Regular Job	θ
	Night	θ	Irregular	θ	Moonlighting	θ

Exposures

Have you ever been exposed to any of the following, whether at home, at work, or in any other setting?

Prolonged loud noises at work, or gunfire in military service or loud music?	θ Yes	θ No
Substances which irritated your skin or eyes?	θ Yes	θ No
Sprays or powders for insects or plants?	θ Yes	θ No
Prolonged x-rays or with radio-active isotopes?	θ Yes	θ No
Dusty conditions such as sandblasting, grinding, or drilling of rock, coal, silica, asbestos, or asbestos products?	θ Yes	θ No

Have you ever had a bad reaction to:

High environmental temperatures?	θ Yes	θ No
Low environmental temperatures?	θ Yes	θ No

Have you ever had a claim for the following:

An occupational disease or sickness?	θ Yes	θ No
An industrial accident / injury?	θ Yes	θ No
Have you any claim now pending for the above?	θ Yes	θ No
Were you ever in the Armed Services?	θ Yes	θ No
Did you receive a medical discharge?	θ Yes	θ No
Have you been rejected by the military service for health reasons?	θ Yes	θ No

Family Medical History

If a parent, grandparent, brother or sister has had any of the following diseases, please check.

	Mother	Father	Brother	Sister	Grandparent
Diabetes					
Cancer / Tumor					
High Blood Pressure					
Tuberculosis					
Heart Disease					
Family / Heredity Disease					

MEDICAL HISTORY STATEMENT

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Your Medical History

If you have ever had or now have any of the following, please check box:

θ Yes	θ No	Tuberculosis	θ Yes	θ No	Sickle Cell Disease
θ Yes	θ No	Pneumonia	θ Yes	θ No	Anemia
θ Yes	θ No	Bronchitis	θ Yes	θ No	Diabetes (Sugar Disease)
θ Yes	θ No	Emphysema	θ Yes	θ No	Kidney Disease
θ Yes	θ No	Asthma	θ Yes	θ No	Rheumatism, Arthritis
θ Yes	θ No	High Blood Pressure	θ Yes	θ No	Varicose Veins
θ Yes	θ No	Heart Disease or Murmur	θ Yes	θ No	Phlebitis

If you have ever had or now have any of the following, please check box:

θ Yes	θ No	Rheumatic Fever	θ Yes	θ No	Hay Fever
θ Yes	θ No	Encephalitis, Meningitis	θ Yes	θ No	Allergic Rhinitis (Nose Allergy)
θ Yes	θ No	Epilepsy, Convulsions	θ Yes	θ No	Lung Infections
θ Yes	θ No	Glaucoma	θ Yes	θ No	Scarlet Fever
θ Yes	θ No	Duodenal or Stomach Ulcer	θ Yes	θ No	Venereal Disease (Syphilis/Gonorrhea)
θ Yes	θ No	Gall Bladder Trouble	θ Yes	θ No	Cancer
θ Yes	θ No	Liver Trouble or Hepatitis	θ Yes	θ No	Hyperthyroidism or Goiter
θ Yes	θ No	Hiatal or Diaphragmatic Hernia	θ Yes	θ No	Hypothyroidism

θ Yes θ No Other Diseases (Explain below)

_____

_____

_____

_____

Your Symptom History

θ Yes	θ No	Have you gained or lost more than 10 lbs without trying in the past 2 years?
θ Yes	θ No	Have you had any changes in your appetite in the past six months?
θ Yes	θ No	Have you noticed unusual fatigue (tiredness) or weakness recently?
θ Yes	θ No	Have you been told by a doctor that you had trouble with your thyroid gland?
θ Yes	θ No	Have you noticed changes in your hair or skin color or texture?
θ Yes	θ No	Have you a mole (dark growth) or wart which changed color in the past year?
θ Yes	θ No	Do you have a skin rash, burning, itching or other skin sensitivity?
θ Yes	θ No	Have you had any skin cancers removed?
θ Yes	θ No	Have you had bleeding gums in the past year?
θ Yes	θ No	Do you have frequent nosebleeds for no apparent reason?
θ Yes	θ No	Do you have sinus trouble frequently?
θ Yes	θ No	Do you have colds twice or more per month?
θ Yes	θ No	Have you ever coughed up blood?
θ Yes	θ No	Have you had a chest xray in the past two years?

Your Symptom History (continued)

θ Yes θ No Do you often cough up a large amount of mucus?
θ Yes θ No Have you ever had a positive TB (tuberculosis) skin test?
θ Yes θ No Do you have shortness of breath?
θ Yes θ No Do your ankles or feet often swell?
θ Yes θ No Have you had a feeling of pain, pressure or tightness in your chest in the past year?
θ Yes θ No Do you sometimes wake up at night short of breath?
θ Yes θ No Do you get pains or cramps in the back of your legs while walking?
θ Yes θ No Do you get pains or cramps in your legs at night?
θ Yes θ No Do you sometimes have severe soaking sweats at night?
θ Yes θ No Have you had reason to have an electrocardiogram (ECG) in the past two years?
θ Yes θ No Do you suffer from indigestion or heartburn?
θ Yes θ No Is swallowing painful or difficult for you?
θ Yes θ No Do you take antacid medicine such as TUMS or Alka Seltzer frequently?
θ Yes θ No Have you vomited blood or coffee ground-like material?
θ Yes θ No Have you ever had jaundice (yellow tinge to skin or whites of eyes)?
θ Yes θ No Are your bowel movements ever black or bloody?
θ Yes θ No Are your bowel movements ever difficult or painful?
θ Yes θ No Have you had hemorrhoids (piles)?
θ Yes θ No Have you had abdominal pain (bellyache) bad enough to see a doctor?
θ Yes θ No Have you been told that you drink to much alcohol?
θ Yes θ No Do you frequently get up at night to urinate?
θ Yes θ No Do you ever have difficulty starting or stopping your urine stream?
θ Yes θ No Do you ever feel unable to completely empty your bladder of urine?
θ Yes θ No Has your urine ever been red, black, brown or bloody?
θ Yes θ No Has a doctor ever told you that you had sugar, albumen or pus in your urine?
θ Yes θ No Have you ever had a bladder or kidney infection?
θ Yes θ No Have you ever passed kidney stones or gravel?
θ Yes θ No Have you ever had a hernia (rupture)? *Surgically repaired?* θ Yes θ No
θ Yes θ No Have you ever had a broken bone (fracture), or a joint injury?
θ Yes θ No Was an operation required to repair the fracture or joint injury?

θ Yes θ No Have you ever had an accident or sports injury to your:

Shoulder	_____	Wrist	_____	Thigh bone	_____	Foot	_____
Upper arm	_____	Hand	_____	Knee	_____	Toes	_____
Elbow	_____	Fingers	_____	Leg bones	_____		
Forearm	_____	Hip	_____	Ankle	_____		

MEDICAL HISTORY STATEMENT

MEDICAL HISTORY STATEMENT

Your Symptom History (continued)

θ Yes θ No With any of the above injuries, have you had any problems since?

Pain	_____	Joint tap for fluid	_____
Swelling	_____	Lost time from work	_____
Stiffness	_____	Limitation of motion	_____
Weakness	_____		

θ Yes θ No Do you have an open industrial or insurance claim for this?
θ Yes θ No Settled a claim for this?
θ Yes θ No Have you ever had a neck injury or sprain or whiplash injury?
θ Yes θ No Bad enough to see a doctor, osteopath or chiropractor?
θ Yes θ No Bad enough to have xrays for it?
θ Yes θ No Bad enough to be laid off work? How long? _____

θ Yes θ No Do you have an open claim? Settled a claim for it? θ Yes θ No
θ Yes θ No Have you had a low backache pain for aching or numbness in your buttock or
θ Yes θ No Have you ever had back pain from sprain? ___ Disc? ____ Pinched nerve? ___
θ Yes θ No How many times? _____
θ Yes θ No Bad enough to see a doctor? _____ Orthopedic surgeon? _____
θ Yes θ No Bad enough to have x-rays?
θ Yes θ No Bad enough to be laid off work? _____ How many times? _____
θ Yes θ No How long? _____
θ Yes θ No Have you had manipulations? _____ Adjustments? _____
θ Yes θ No Injections? _____ Physiotherapy? _____
θ Yes θ No Have you had a myelogram study for it? _____
θ Yes θ No Have you had an operation? _____ Laminectomy? _____ Fusion? _____
θ Yes θ No Have you an open industrial insurance claim for it? ____ Or settled claim? ____
θ Yes θ No Have you changed your job because of a spine problem?
θ Yes θ No Have you been disqualified or rejected for employment for a spine problem?
θ Yes θ No Have you ever had an orthopedic consultation?
θ Yes θ No Have you ever had any fainting spells or convulsions (seizures or fits)?
θ Yes θ No Have you ever had a head injury or skull fracture which made you unconscious?
θ Yes θ No Do you have migraine or other recurring headaches?
θ Yes θ No Does aspirin relieve your headaches?
θ Yes θ No Do you have earache or ear infections often?
θ Yes θ No Do you sometimes have difficulty hearing what is said to you?
θ Yes θ No Do you have ringing or buzzing noises in your ears?
θ Yes θ No Have you had any serious eye injuries or infections?
θ Yes θ No Does your eyesight ever blur?
θ Yes θ No Have you had any sudden loss of vision?

MEDICAL HISTORY STATEMENT

Your Symptom History (continued)

θ Yes θ No Do you use any medicines regularly? If so, which ones:

θ Yes θ No Have you taken any medicine in the past two months?
If so, which ones? Underline

θ Yes θ No Are you allergic or sensitive to any medicine?
If so, which ones? Circle

θ Yes θ No Are you allergic or sensitive to any foods, injections, or insect stings? Please list which ones:

_____
_____
_____
_____

θ Vitamins
θ Laxatives
θ Aspirin
θ Pain Medicine
θ Antihistamines
θ Tranquilizers
θ Barbiturates
θ Reducing aids
θ Thyroid
θ Heart medicine
θ Diabetes control
θ Antibiotics
θ Other:

θ Yes θ No Have you ever had problems adjusting?

θ In school θ With your family
θ At work θ With social groups
θ With peers θ With your boss

θ Yes θ No Have you ever received counseling or been hospitalized for an emotional problem?

θ Yes θ No Do you get headaches, stomach disorders or stiff muscles after stressful situations?

θ Yes θ No Have you lost time from work for stress, from tension, for apprehension (fear)?
θ Yes θ No Do you drink enough to be intoxicated (drunk) at least once a year?
θ Yes θ No Have you ever considered or attempted suicide?

Your Past Hospitalization (please list)

Month	Year	Reason	Hospital / City	Operation, if any

MEDICAL HISTORY STATEMENT

Describe anything else which you feel may be important in your medical history, including any conditions not specifically referred to in the preceding questions.

_____

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I hereby certify that all statements made in this Medical History Statement are true and complete, and I understand that any misstatements of material facts may subject me to disqualification or dismissal.

Applicant Signature _____ Date Completed _____

MEDICAL HISTORY STATEMENT