

POLICE OFFICER APPLICANT
PERSONAL HISTORY STATEMENT

INSTRUCTIONS TO THE APPLICANT

The information you provide in this Personal History Statement will be used to assist in determining your suitability for employment with the Brewster Police Department. An extensive background investigation will be conducted into your personal history prior to any hiring. Your background will be submitted to the Chief of Police. If the Chief makes a favorable recommendation, you may be given a conditional offer of employment. This initial offer is conditional upon your successful completion of a physical agility test (you must pass this test prior to the academy start date), a polygraph examination, a medical examination, a drug screening test, and other test required by this agency. Based on the result of this final testing and further review by the Chief, you may then be offered a position.

Keep in mind that:

1. This questionnaire will be used to verify you meet Washington State Peace Officer Standards, Brewster Police Department Standards and Criminal Justice Training Center requirements.
2. All statement is subject to verification.
3. Deliberate inaccuracies or incomplete statement will bar or removed you from any consideration for employment.
4. All time periods in your background, unless otherwise specified, must be accounted for.

It is to your advantage to respond openly. Any negative factor in your background will be evaluated in terms of the circumstances surrounding its occurrences, and consideration will be given to the degree of relevance it has to employment with a law enforcement agency. For example, having been fired from a job or having an arrest record may not, in and of itself, disqualify you from consideration for employment. During the investigation, the investigator will inquire into the facts surrounding each occurrence and an evaluation will then be made about the relevance of these facts to the requirements of the position for which you have applied.

Please print your responses to this questionnaire in ink. **Do NOT** type on this form, and do not have another person make entries for you. If a question does not apply to you, write "N/A" in the space provided for your answer. **If you need additional space to answer a question, use a blank sheet of paper and attach it to this questionnaire. Remember to identify the additional information by the question number.**

Please read all waivers at the end of this packet carefully and have your signature notarized before returning them to our office.

The contents of this questionnaire will be considered confidential and will be used only for investigating employment suitability with the Brewster Police Department or another law enforcement agency in possession of a notarized permission waiver signed by you.

There is one exception to the confidentiality of your background investigation. Should it be discovered that you are currently involved in criminal activity, or have committed an undiscovered felony, the law enforcement agency having jurisdiction WILL BE NOTIFIED.

When complete, return this questionnaire along with all attachments, to Brewster Police Department, either by mailing, or in person at the main desk, located at:

Brewster Police Department
PO Box 1074
105 S 3rd ST
Brewster WA 98812

I have read and completely understand the above statement.

Signature of Applicant

Date

Sworn and subscribed on:
Date: _____

Notary Public in and for Washington
Residing at _____

PERSONAL HISTORY STATEMENT

REQUIRED DOCUMENTS

Attach copied of the following documents to this questionnaire. Failure to submit these documents in a timely manner will delay your consideration for employment. Some of these documents may not be applicable to you. Please indicate those that are attached with a check mark in the space provided.

- _____ 1. Signed and notarized release waivers.
- _____ 2. High school diploma or GED certificate.
- _____ 3. Transcripts from colleges or universities.
- _____ 4. Military discharge papers. (MUST include discharge status-Long form)
- _____ 5. Citizenship or naturalization papers.
- _____ 6. Copy of your birth certificate.
- _____ 7. All marriage licenses and divorce information.
- _____ 8. Name change documents.
- _____ 9. Washington State Peace Officers Certification.
- _____ 10. Copy of Driver's License and Social Security Card.
- _____ 11. Fingerprint Cards.
- _____ 12. Civil Service Fee of \$45.00 payable to the City of Brewster.

OPTIONAL DOCUMENTS

Copies of other certificates, awards or commendations you would like considered:

PERSONAL INFORMATION

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

1. Your name (please print in ink)

_____, _____, _____
LAST FIRST MIDDLE

List other names you have used or been known by. Include maiden names, married or adopted names, or nicknames.

2. List the physical address of the residence where you live:

Number Street City State Zip Code

List your mailing address **if different** than your physical address:

3. List telephone number(s) at which you can be contacted and the hours when you will be available at these numbers:

(Home) _____

(Work) _____

(Cellular/message) _____

4. Date of birth: _____
Month Day Year

5. Place of birth (City and State or County): _____

U. S. Citizenship is required for this position. Proof required showing that you are a legal resident of this country.

6. Social Security Number: _____. In accordance with the Federal Privacy Act of M4, disclosure is voluntary. This information will be used for identification purposes to ensure that proper records are obtained.

PERSONAL HISTORY STATEMENT

RELATIVES, REFERENCES, ACQUAINTANCES

During the background investigation, persons who know you will be asked to comment upon your suitability for position for which you have applied. Inquires will be confined to job-relevant matters.

7. Please supply the appropriate information in the spaced below. If a category is not applicable, write in "N/A".

Name of your:	Address where person can be contacted (include City, State or Zip Code)	Phone number at which person can be contacted.
Father		
Mother		
Father-in-law		
Mother-in-law		
Spouse		
Former Spouse(s)		
Stepfather		
Stepmother		
Brothers and Sisters		
Stepbrothers and Sisters		
List all offspring: (Please indicate "son" or "daughter" and whether natural, adopted, from another marriage, etc. List current address and phone number as above.)		

RELATIVES, REFERENCES, ACQUAINTANCES (Continued):

8. List as personal or professional references 3-5 individuals who have knowledge of you and your qualifications.

Name/Relationship	Address	Telephone
_____	_____	_____
_____	_____	_____
_____	_____	_____

9. List individuals with whom you have resided within the past 10 years. List no information prior to your 15th birthday. **Exclude family members.**

Name	Address	Telephone
_____	_____	_____
_____	_____	_____
_____	_____	_____

RESIDENCE:

10. Please list all of your residences during the last 10 years. Begin with your most current residence and proceed backward. If a residence was rented, give the landlord's name, address and telephone number. List no information prior to your 15th birthday.

Address of Residence	Dates (From/To)	Reason for Leaving	Landlord Information
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EDUCATION:

11. The Commission on Peace Officer Standards and Training requires a peace officer to possess a high school diploma or its equivalent. Please indicate your current status with regards to this requirement by checking the appropriate spaces.

_____ I possess a high school diploma.

_____ I passed the G. E. D. (General Educational Development) test.

_____ I possess the following college degrees (please include the name of the College/University and year attained):

12. List all the schools you have attended, beginning with high school. During the background investigation, person who have known you in a learning environment may be contacted. A review of your high school records may be made in conjunction with those contacts.

NAME OF SCHOOL	LOCATION CITY AND STATE	DATES OF ATTENDANCE	TEACHER OR REFERENCE

13. Have you ever been suspended or expelled from any school or post-secondary school? (Post-secondary schools include colleges and universities, graduate schools, business and vocational schools.....any formal education beyond the high school levels.)

YES _____ **NO** _____

If "YES", Please explain (include schools, date and circumstances): - _____

EXPERIENCE AND EMPLOYMENT:

14. Beginning with your most current employment, list all jobs you have held in the past 10 years. For purposes of the Personal History Statement, part-time, temporary, and voluntary work should be included. Please list all periods of unemployment listings.

Should you need to list additional experience/employment information, please use an additional sheet of paper, and continue in the EXACT same format as below.

NAME & ADDRESS OF EMPLOYER: _____

Telephone _____

Dates of employment: From _____ To: _____
Full-time _____ Part-time _____ Voluntary _____ Military Service _____
Title or duties: _____
Name you were known by: _____
Name of supervisor: _____
Names of co-workers: (1) _____
(2) _____
(3) _____
Reason for leaving: _____
UNEMPLOYED FROM _____ TO _____

NAME & ADDRESS OF EMPLOYER: _____

Telephone _____

Dates of employment: From _____ To: _____
Full-time _____ Part-time _____ Voluntary _____ Military Service _____
Title or duties: _____
Name you were known by: _____
Name of supervisor: _____
Names of co-workers: (1) _____
(2) _____
(3) _____
Reason for leaving: _____
UNEMPLOYED FROM _____ TO _____

EXPERIENCE AND EMPLOYMENT (Continued):

NAME & ADDRESS OF EMPLOYER:

Telephone _____

Dates of employment: From _____ To: _____

Full-time _____ Part-time _____ Voluntary _____ Military Service _____

Title or duties: _____

Name you were known by: _____

Name of supervisor: _____

Names of co-workers: (1) _____

(2) _____

(3) _____

Reason for leaving: _____

UNEMPLOYED FROM _____ TO _____

NAME & ADDRESS OF EMPLOYER:

Telephone _____

Dates of employment: From _____ To: _____

Full-time _____ Part-time _____ Voluntary _____ Military Service _____

Title or duties: _____

Name you were known by: _____

Name of supervisor: _____

Names of co-workers: (1) _____

(2) _____

(3) _____

Reason for leaving: _____

UNEMPLOYED FROM _____ TO _____

EXPERIENCE AND EMPLOYMENT (Continued):

NAME & ADDRESS OF EMPLOYER:

Telephone _____

Dates of employment: From _____ To: _____

Full-time _____ Part-time _____ Voluntary _____ Military Service _____

Title or duties: _____

Name you were known by: _____

Name of supervisor: _____

Names of co-workers: (1) _____

(2) _____

(3) _____

Reason for leaving: _____

UNEMPLOYED FROM _____ TO _____

NAME & ADDRESS OF EMPLOYER:

Telephone _____

Dates of employment: From _____ To: _____

Full-time _____ Part-time _____ Voluntary _____ Military Service _____

Title or duties: _____

Name you were known by: _____

Name of supervisor: _____

Names of co-workers: (1) _____

(2) _____

(3) _____

Reason for leaving: _____

UNEMPLOYED FROM _____ TO _____

EXPERIENCE AND EMPLOYMENT (Continued):

NAME & ADDRESS OF EMPLOYER:

Telephone _____

Dates of employment: From _____ To: _____

Full-time _____ Part-time _____ Voluntary _____ Military Service _____

Title or duties: _____

Name you were known by: _____

Name of supervisor: _____

Names of co-workers: (1) _____
(2) _____
(3) _____

Reason for leaving: _____

UNEMPLOYED FROM _____ TO _____

NAME & ADDRESS OF EMPLOYER:

Telephone _____

Dates of employment: From _____ To: _____

Full-time _____ Part-time _____ Voluntary _____ Military Service _____

Title or duties: _____

Name you were known by: _____

Name of supervisor: _____

Names of co-workers: (1) _____
(2) _____
(3) _____

Reason for leaving: _____

UNEMPLOYED FROM _____ TO _____

15. Would any problems result if your present employer was contacted during the course of the background investigation? YES _____ NO _____

If "YES", when should such contact be made? _____

16. If you have had no prior employment, please explain here. _____

EXPERIENCE AND EMPLOYEMNT (Continued):

17. Have you ever been fired or asked to resign from any place of employment?
YES _____ **NO** _____ If "YES", please give details to include when,
 name of employer and why. _____

18. Have you ever applied, successful or unsuccessfully, for another position with any
 law enforcement agency? **YES** _____ **NO** _____ If "YES", please provide the year,
 agency, and check off the processes which you completed and whether you were
 disqualified or hired.

Yr.	Agency	Written	Physical Agility	Oral Interview	Background	Polygraph	Psych	Medical Exam	Disqualified	Hired

MILITARY SERVICE

19. Have you ever served in the Armed Forces, National Guard or Military Reserves?

YES _____ **NO** _____ If "YES", please supply the following information:

Branch of Service: _____ Service number: _____

Dates of Service: From _____ to _____

Type of discharge: _____

20. Have you registered with the Selective Service? _____ to _____

Type of discharge: _____

21. Have you registered with the Selective Service? **YES** _____ **NO** _____ If
 "YES", when? _____

22. Have you ever been the subject of any judicial or non-judicial disciplinary action
 while in the Military, National Guard, or Military Reserves? **YES** _____ **NO** _____

If "YES", please give details to include branch of services, when, where, circumstance,
 etc. _____

MILITARY SERVICE (Continued):

23. Past commanding officers or other 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.

NAME	ADDRESS	TELEPHONE	MILITARY UNIT	DATES

24. Have you ever filed for or declared bankruptcy or filed for the Wage Earner's Plan? YES _____ NO _____ If "YES", please give details to include when, where and why. _____

25. Within the last even (7) years, have any of your bills ever been turned over to a collection agency? YES _____ NO _____ If "YES", please give details to include to when, firms involved and circumstances. _____

26. Within the last seven (7) years, have you ever had purchased goods repossessed? YES _____ NO _____, If "YES", please give details to include when, firms involved, and circumstance. _____

27. Within the last seven (7) years, have your wages ever been garnished? YES _____ NO _____ If "YES", please give details to include when, firms involved, and circumstances. _____

28. Have you ever been delinquent on child support, income tax, or other tax payment?
YES _____ NO _____ If "YES", please give details to include when, where, and why. _____

LEGAL

29. If you have ever been arrested, **taken into physical custody**, been issued a misdemeanor citation (**exclude traffic citations**), or convicted of any crime, please give the following information. (The fact that your records may have been affected by a sealing, an expungement, a release, or a pardon has specific legal implications as to how you answer this question.

DATE	AGENCY/LOCATION	CHARGE	DISPOSITION

30. As an adult, have you ever been placed on probation by any court? YES _____
NO _____ If "YES", please give details to include when, where, and why. _____

31. Please list any other crimes you have committed, REGARDLESS of whether stopped, arrested, and/or convicted, to include what, when, where, how, and why. _____

32. Are you now or have you ever been involved as a defendant in any civil court action?
YES _____ NO _____ If "YES", please give details to include when, where, name of court and circumstance. _____

MOTOR VEHICLES OPERATION

33. Operation of a motor vehicle is an integral part of the position for which you have applied. Any investigation of your driving history will be made through a records check. Please supply the following information:

 Drivers License Number State Name as Printed on License

34. Please list other states where you have been licensed to operate a motor vehicle:

State	Name under which license was issued

35. Have you ever been refused a driver's license by any state?
 YES _____ NO _____ If "YES", please explain when, where, and why. _____

36. Has your driver's license ever been suspended or revoked or placed on negligent operator's probation or restrictions? YES _____ NO _____ If "YES", please give details to include when, where, and under what circumstance. _____

37. Please list all traffic citations you have received as an adult (after reaching the age of 18). **Exclude parking citations.**

Nature of Violation	Location (City, State)	Approximate date	Disposition

MOTOR VEHICLE OPERATION (Continued).

38. Please list all motor vehicle accidents in which you have been involved as a driver within the past seven (7) years.

Date	Location (City, State)	Approximate date	Injury or Non-Injury?

39. If there is anything you wish to discuss about your driving record which has not already been covered in the preceding sections, please explain here. _____

40. Have you ever been refused auto insurance for any reason? YES _____ NO _____ If "YES", please explain, including the company name, date, and reason.

GENERAL INFORMATION:

41. Are you now, or have you ever been a member of any foreign or domestic organization, association, movement, or group of persons that is, or was, totalitarian, fascist, communist, or subversive in nature, or which has adopted or expressed a policy to advocating or approving of the commission of acts of force or violence as a means to deny other persons their rights under the Constitution of the United States, or which seeks to alter the form of government of the United States by unconstitutional means?

YES _____ NO _____ If "YES", identify the organization and explain fully.

42. Have you ever applied for a permit to carry a concealed firearm or other weapon?

YES _____ NO _____ Was the permit granted? _____

Date issued _____

Name of Law Enforcement Agency _____

Purpose for permit _____

43. Are you willing to work all hours of the day, all days of the week, holidays, and overtime when assigned? YES _____ NO _____

44. If the necessity arose in the course of your employment to use deadly force on a human being, would you have any reluctance to do so? YES _____ NO _____

45. Do you have anything in your background that may disqualify you from becoming a Peace Officer in the State of Washington? YES _____ NO _____ If "YES", please explain. _____

DRUG USE QUESTIONNAIRE:

46. Have you used, tried, experimented, or in any way introduced into your body by any means?

DRUG	YES	NO	DATE FIRST USED	DATE LAST USED	USED ONCE
Crack, Rock, Ice					
Barbiturates, Hypnotics, or Downers					
Amphetamines (Crosstops, Whites, Bennies, Uppers)					
Methamphetamines (Speed, Crank)					
LSD or other Hallucinogens					
PCP (Angel Dust, Sperm)					
Heroin or other Piates					
Steroids					
Pharmaceutical drugs not prescribed for you					

QUESTIONNAIRE	YES	NO
Is there any other illegal drug, narcotic or controlled substance not listed above that you have introduced into your body?		
Have you introduced into your body a substance, which you thought was an illegal drug and then found out that it was not?		
Have you ever injected an illegal drug into your body?		
Have you ever purchased any drug, narcotic or controlled substance other than by a doctor's prescription?		
Have you ever participated in the manufacturing, cultivation, or production of any illegal drug, narcotic or controlled substance?		
Have you ever acted as a courier by transporting any illegal drug, narcotic or controlled substance?		
Have you ever acted as a middleman, go-between, or done a favor for a friend by becoming involved in any illegal drug transaction?		
Have you ever told anyone where to purchase illegal drugs?		
Have you ever temporarily stored or "held" any illegal drug, narcotic, or controlled substance?		
Have you ever had illegal drugs in your possession while at work?		
Have you ever bought or sold any illegal drug at work?		
Are any illegal drugs presently in your home or car?		

DRUG USE QUESTIONNAIRE

47. Explain any "YES" answer for the "Drug Use Questionnaire in detail below, to include when, where, what kind of drugs, how taken and circumstance.

48. Please complete the page **in your own handwriting**.

Question: "Why do you want this job? How do you think it will benefit you?"

Limit essay answer to this page only

Signature _____ Date _____

49. List organizations, clubs, professional societies, or other associations of which you are or have been a member (please include the name of the group, the city and state and your present status or positions in the group.

50. What are your personal hobbies? (What do you like to do during the times that you are not at work?) Please include any special skills or qualifications that might be useful in the position for which you've applied.

PERSONAL HISTORY STATEMENT
PHYSICAL AGILITY
WAIVER AND RELEASE
ENTRY LEVEL PHYSICAL AGILITY TEST

I, the undersigned, acknowledge that I have willingly chosen to participate in the Brewster Police Civil Service's physical agility exam for Reserve Officer or Police Officer.

I have applied to take the examination for the position of Reserve Officer or Police Officer and have had the opportunity to consult my personal physician and have done so or chosen not to. I understand that the test is strenuous and hold the potential for injury.

I here by release the Brewster Police Department Civil Service Commission, City of Brewster, and its officials, employees, and agents from any liability for injury which may occur as a result of my participation in the Reserve/Police Officer physical agility test.

I sign this waiver and release willingly and of my own volition without coercion of any kind. I understand that by signing this form I give up all rights whatsoever to recover damages from the City for injury(ies) arising out of the physical agility testing.

Name (Please print)

Signature

Date

Sworn and subscribed on:
Date: _____

Notary Public in and for Washington
Residing at _____

WAIVER AND AUTHORIZATION TO RELEASE INFORMATION

To Whom It May Concern:

I authorize you to furnish the City of Brewster Civil Service Commission with any and all information that you have concerning me, my reputation, my medical records, my psychological testing and analysis and recommendations, my military service records, my driving records and history, and financial status. Information of a confidential or privileged nature may be included. Your reply will be used to assist the City of Brewster Civil Service Commission in determining my qualifications and fitness for the position I am seeking with the City of Brewster Police Department.

I understand my rights under Title 5, United State Code, Section 552a, the Privacy Act of 1974, and waive those rights with the City of Brewster Civil Service Commission in conjunction with employment procedures.

I hereby release you, your organization, and others from any liability or damage, which may result from furnishing the information requested.

Name (please print)

Date

Signature

Sworn and subscribed on:

Date: _____

Notary Public in and for Washington

Residing at _____

AUTHORIZATION TO RELEASE EMPLOYMENT RECORDS

I, the undersigned applicant for employment with the City of Brewster Police department, in consideration of the review of my employment application, do hereby release and authorize a prior employer of mine to release to the Brewster Civil Service Commission, PO Box 1074, Brewster, WA 98812, any and all records of my prior employment retained by my former employers. I agree to waive any claim or cause of action relating to such release of prior employment records and promise to defend and hold harmless the City of Brewster Civil Service Commission, City of Brewster, its officers and employees from any claim or loss arising from such release.

It is my intention that nay copy of this authorization be as effective as the original.

Name (please print)

Date

Signature

Sworn and subscribed on:
Date: _____

Notary Public in and for Washington
Residing at _____

Veterans Scoring Criteria Status Declaration – Applicant for Employment

Veteran’s Scoring Criteria Status Declaration (formerly Veteran’s Preference)

NAME _____ DATE _____
(please print) Last First MI

- RCW 41.04.010 provides for veterans’ scoring criteria status to be added to the passing grade of certain veterans.
- RCW 41.04.007 “Veteran” defined for certain purposes

1. I certify that:

- ✓ I have been released from active military service or I am in receipt of separation orders; AND
 - ✓ I received an honorable discharge or discharge for medical reasons with an honorable record
- Yes No

➡ IF YOU ANSWERED “NO” TO ABOVE, STOP HERE AND SUBMIT THIS FORM

2. Have you been appointed to a position with a state, county or municipal government or other political subdivision of the State of Washington *after* you were eligible for veteran’s points?

Yes No

If “Yes”: Job Title _____ Date appointed _____
Employer _____

➡ IF YOU ANSWERED “YES” TO ABOVE, STOP HERE AND SUBMIT THIS FORM

3. Scoring Criteria Status Claimed (check one if you are eligible):

- Ten percent (10%) to a veteran who served during a period of war or in an armed conflict as defined in RCW 41.04.005 and does not receive military retirement. The percentage shall be added to the passing mark, grade, or rating of competitive examinations until the veteran’s first appointment. The percentage shall not be utilized in promotional examinations.
- Five percent (5%) to a veteran who did not serve during a period of war or in an armed conflict as defined in RCW 41.04.005 or is receiving military retirement. The percentage shall be added to the passing mark, grade, or rating of competitive examinations until the veteran’s first appointment. The percentage shall not be utilized in promotional examinations.

I certify that to the best of my knowledge I am entitled to the veteran’s scoring criteria status as set forth in RCW 41.04.010, and that by falsely claiming veterans’ scoring criteria status I will be disqualified from employment with _____ [agency name]. I also understand that, if employed, any misrepresentation of facts regarding my receiving veteran’s scoring criteria status is sufficient cause for dismissal.

Please sign below and attach a copy of your United States Department of Defense discharge document DD Form 214, National Guard Bureau Report of Separation & Service NGB Form 22, or other equivalent or successor discharge paperwork (DD Form 214WS Worksheet, USDVA Verification Letter, Statement of Military Service) that characterizes your service as honorable.

Applicant Signature _____