

# PERSONAL HISTORY STATEMENT

## A. PERSONAL DATA

The following information is required of you for verification and contact purposes – please print

Your Name (Last, First, MI) \_\_\_\_\_

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

Complete address at which you can be contacted \_\_\_\_\_

Local telephone numbers at which you can be contacted – you may include cell phone or pager numbers

Home \_\_\_\_\_ Pager or Cell phone \_\_\_\_\_ Work \_\_\_\_\_

Birthdate \_\_\_\_\_ Place of Birth (City and State) \_\_\_\_\_

Washington Civil Service rules require employees to be U.S. Citizens. Can you provide such documentation? Yes ☐ No ☐

In accordance with the Federal Privacy Act of 1974, disclosure of your Social Security Number is voluntary. The SSN and Place of Birth will be used for identification purposes to ensure that the proper records are obtained. SSN \_\_\_\_\_

For purposes of identification, please provide the following: **Height** \_\_\_\_\_ **Weight** \_\_\_\_\_ **Hair Color** \_\_\_\_\_ **Eye Color** \_\_\_\_\_

Scars, tattoos, other distinguishing marks \_\_\_\_\_

## B. RELATIVES

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

Please supply the appropriate information in the spaces provided below. If a category is not applicable, write “N/A”

**Father's Name** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Mother's Name** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Father-in-Law's Name** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Mother-in -Law's Name** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Spouse's Name** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Former Spouse's Name** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

## B. RELATIVES (CONTINUED)

**Former Spouse's Name** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Brother/Sister's Name** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Brother/Sister's Name** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Brother/Sister's Name** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Step-Father's Name** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Step-Mother's Name** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Step-Brother/Sister's Name** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Step-Brother/Sister's Name** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Step-Brother/Sister's Name** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Your Child's Name** \_\_\_\_\_ **Age** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Your Child's Name** \_\_\_\_\_ **Age** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Your Child's Name** \_\_\_\_\_ **Age** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Your Child's Name** \_\_\_\_\_ **Age** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

## C. REFERENCES

**List 5 professional contacts/associates who have knowledge of you and your qualifications.**

Name \_\_\_\_\_ Occupation \_\_\_\_\_

Telephone Number \_\_\_\_\_ Telephone Number \_\_\_\_\_

Complete Address \_\_\_\_\_

Name \_\_\_\_\_ Occupation \_\_\_\_\_

Telephone Number \_\_\_\_\_ Telephone Number \_\_\_\_\_

Complete Address \_\_\_\_\_

Name \_\_\_\_\_ Occupation \_\_\_\_\_

Telephone Number \_\_\_\_\_ Telephone Number \_\_\_\_\_

Complete Address \_\_\_\_\_

Name \_\_\_\_\_ Occupation \_\_\_\_\_

Telephone Number \_\_\_\_\_ Telephone Number \_\_\_\_\_

Complete Address \_\_\_\_\_

Name \_\_\_\_\_ Occupation \_\_\_\_\_

Telephone Number \_\_\_\_\_ Telephone Number \_\_\_\_\_

Complete Address \_\_\_\_\_

**List 5 friends/acquaintances who know you socially. Exclude relatives and former employers.**

Name \_\_\_\_\_ Occupation \_\_\_\_\_

Telephone Number \_\_\_\_\_ Telephone Number \_\_\_\_\_

Complete Address \_\_\_\_\_

Name \_\_\_\_\_ Occupation \_\_\_\_\_

Telephone Number \_\_\_\_\_ Telephone Number \_\_\_\_\_

Complete Address \_\_\_\_\_

Name \_\_\_\_\_ Occupation \_\_\_\_\_

Telephone Number \_\_\_\_\_ Telephone Number \_\_\_\_\_

Complete Address \_\_\_\_\_

Name \_\_\_\_\_ Occupation \_\_\_\_\_

Telephone Number \_\_\_\_\_ Telephone Number \_\_\_\_\_

Complete Address \_\_\_\_\_

Name \_\_\_\_\_ Occupation \_\_\_\_\_

Telephone Number \_\_\_\_\_ Telephone Number \_\_\_\_\_

Complete Address \_\_\_\_\_

## D. RESIDENCE

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

Your Complete Address \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Landlord's Name and Phone Number \_\_\_\_\_

Landlord's Address \_\_\_\_\_

Your Complete Address \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Landlord's Name and Phone Number \_\_\_\_\_

Landlord's Address \_\_\_\_\_

Your Complete Address \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Landlord's Name and Phone Number \_\_\_\_\_

Landlord's Address \_\_\_\_\_

Your Complete Address \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Landlord's Name and Phone Number \_\_\_\_\_

Landlord's Address \_\_\_\_\_

Your Complete Address \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Landlord's Name and Phone Number \_\_\_\_\_

Landlord's Address \_\_\_\_\_

**Please list those individuals with whom you have resided during the last 10 years. List no information prior to your 15<sup>th</sup> birthday. Exclude family members and children under 16 years of age.**

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Complete Address \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Complete Address \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Complete Address \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Complete Address \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Complete Address \_\_\_\_\_

## E. EDUCATION

**Positions within the department require a high school diploma or its equivalent. Please indicate your current situation with regard to this requirement by checking one of the appropriate boxes.**

- ☐ I HAVE A HIGH SCHOOL DIPLOMA
- ☐ I PASSED THE G.E.D. (GENERAL EDUCATIONAL DEVELOPMENT TEST).      DATE \_\_\_\_\_

**Please indicate all of the schools you have attended starting with high school. During the background investigation, persons who have known you in a learning environment will be contacted. A review of your school records may be used in conjunction with those contacts.**

Name of School \_\_\_\_\_ City and State \_\_\_\_\_

(Dates) From \_\_\_\_\_ To \_\_\_\_\_ Degree/Certificate Earned \_\_\_\_\_

Name of School \_\_\_\_\_ City and State \_\_\_\_\_

(Dates) From \_\_\_\_\_ To \_\_\_\_\_ Degree/Certificate Earned \_\_\_\_\_

Name of School \_\_\_\_\_ City and State \_\_\_\_\_

(Dates) From \_\_\_\_\_ To \_\_\_\_\_ Degree/Certificate Earned \_\_\_\_\_

Name of School \_\_\_\_\_ City and State \_\_\_\_\_

(Dates) From \_\_\_\_\_ To \_\_\_\_\_ Degree/Certificate Earned \_\_\_\_\_

Name of School \_\_\_\_\_ City and State \_\_\_\_\_

(Dates) From \_\_\_\_\_ To \_\_\_\_\_ Degree/Certificate Earned \_\_\_\_\_

Have you ever been suspended or expelled from any school?

Yes ☐ No ☐

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

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## F. EXPERIENCE AND EMPLOYMENT

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

Business Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Complete Address \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Co-worker's Name \_\_\_\_\_

Full Time ☐ Part Time ☐ Voluntary ☐ Other ☐ \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Salary / Wage \_\_\_\_\_ Job Title and Duties \_\_\_\_\_

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Specific Reason for Leaving: \_\_\_\_\_

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Business Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Complete Address \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Co-worker's Name \_\_\_\_\_

Full Time ☐ Part Time ☐ Voluntary ☐ Other ☐ \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Salary / Wage \_\_\_\_\_ Job Title and Duties \_\_\_\_\_

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Specific Reason for Leaving: \_\_\_\_\_

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## F. EXPERIENCE AND EMPLOYMENT (CONTINUED)

**Business Name** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

**Complete Address** \_\_\_\_\_

**Supervisor's Name** \_\_\_\_\_ **Co-worker's Name** \_\_\_\_\_

**Full Time** ☐ **Part Time** ☐ **Voluntary** ☐ **Other** ☐ \_\_\_\_\_ **From** \_\_\_\_\_ **To** \_\_\_\_\_

**Salary / Wage** \_\_\_\_\_ **Job Title and Duties** \_\_\_\_\_

**Specific Reason for Leaving:** \_\_\_\_\_

**Business Name** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

**Complete Address** \_\_\_\_\_

**Supervisor's Name** \_\_\_\_\_ **Co-worker's Name** \_\_\_\_\_

**Full Time** ☐ **Part Time** ☐ **Voluntary** ☐ **Other** ☐ \_\_\_\_\_ **From** \_\_\_\_\_ **To** \_\_\_\_\_

**Salary / Wage** \_\_\_\_\_ **Job Title and Duties** \_\_\_\_\_

**Specific Reason for Leaving:** \_\_\_\_\_

**Business Name** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

**Complete Address** \_\_\_\_\_

**Supervisor's Name** \_\_\_\_\_ **Co-worker's Name** \_\_\_\_\_

**Full Time** ☐ **Part Time** ☐ **Voluntary** ☐ **Other** ☐ \_\_\_\_\_ **From** \_\_\_\_\_ **To** \_\_\_\_\_

**Salary / Wage** \_\_\_\_\_ **Job Title and Duties** \_\_\_\_\_

**Specific Reason for Leaving:** \_\_\_\_\_

## F. EXPERIENCE AND EMPLOYMENT (CONTINUED)

**Business Name** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

**Complete Address** \_\_\_\_\_

**Supervisor's Name** \_\_\_\_\_ **Co-worker's Name** \_\_\_\_\_

**Full Time** ☐ **Part Time** ☐ **Voluntary** ☐ **Other** ☐ \_\_\_\_\_ **From** \_\_\_\_\_ **To** \_\_\_\_\_

**Salary / Wage** \_\_\_\_\_ **Job Title and Duties** \_\_\_\_\_

\_\_\_\_\_

**Specific Reason for Leaving:** \_\_\_\_\_

\_\_\_\_\_

**Business Name** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

**Complete Address** \_\_\_\_\_

**Supervisor's Name** \_\_\_\_\_ **Co-worker's Name** \_\_\_\_\_

**Full Time** ☐ **Part Time** ☐ **Voluntary** ☐ **Other** ☐ \_\_\_\_\_ **From** \_\_\_\_\_ **To** \_\_\_\_\_

**Salary / Wage** \_\_\_\_\_ **Job Title and Duties** \_\_\_\_\_

\_\_\_\_\_

**Specific Reason for Leaving:** \_\_\_\_\_

\_\_\_\_\_

**Do you have any concerns about your current employer being contacted during the course of the background investigation?**

**Yes** ☐ **No** ☐ **If yes, please explain**

\_\_\_\_\_

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

**If yes, please explain (Include when, name of employer, reason)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Have you ever been fired or asked to resign from any place of employment?** **Yes** ☐ **No** ☐

**If yes, please explain: (give details such as where, when and circumstances)**

\_\_\_\_\_

\_\_\_\_\_



List all applications that you have ever made with this agency or any other law enforcement agency or corrections agency. Provide dates, agency, and status.

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Have you ever failed a background investigation, polygraph examination or other truth verification exam?

☐ Yes ☐ No

If yes, please explain:

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## G. MILITARY SERVICE

Have you 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	Type of Discharge
_____	_____	_____	_____

Are you currently participating in any Military Reserve or National Guard program? Yes ☐ No ☐

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, including branch of service, when, where, and circumstances, etc.

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## H. FINANCIAL

The management of personal finances and meeting of financial obligations is relevant to an individual's qualifications for this position. Therefore, please complete the questions below.

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

If yes, please give details including when, firms involved, and circumstances.

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Have you ever had anything repossessed? Yes ☐ No ☐

If yes, please give details including when, firms involved, and circumstances.

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Have you ever been delinquent on installment loans such as a mortgage, vehicle loan, or credit cards? Yes ☐ No ☐

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Have your wages ever been garnisheed? Yes ☐ No ☐

If yes, please give details including when, why, where, etc.

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

If yes, please give details including when, why, where, etc.

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## I. MOTOR VEHICLE OPERATION

Operation of a motor vehicle is an integral part of this position. An investigation of your driving history will be made through the Department of Licensing. To expedite this procedure, please supply the following information.

Washington Drivers License Number and Expiration Date \_\_\_\_\_

Name under which license was granted \_\_\_\_\_

Please list other states where you have been licensed to drive, and list name under which license was issued.

Name \_\_\_\_\_ State \_\_\_\_\_

License Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name \_\_\_\_\_ State \_\_\_\_\_

License Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name \_\_\_\_\_ State \_\_\_\_\_

License Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Have you ever been refused a drivers license by any state? Yes ☐ No ☐

If yes, please give details including when, why, where, etc.

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**Please list all traffic citations, and infractions you have received within the last five ( 5 ) years. List miles over the speed limit for all speeding tickets.**

Nature of violation	Location / City	Approximate Date	Indicate action taken on Drivers license

Who is your current auto insurance company \_\_\_\_\_ Policy Number \_\_\_\_\_

Agent Name, Address, and Phone Number \_\_\_\_\_

**Have you ever been refused insurance for any reason other than failure to pay a premium?** Yes ☐ No ☐

If yes, please explain and include company name, address, date and reason.

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**Have you been involved as a driver in a motor vehicle accident within the last 5 years?** Yes ☐ No ☐

If yes, please give details for each accident.

Date \_\_\_\_\_ City, County, State \_\_\_\_\_ Injury ☐ Non-injury ☐

Was there a police investigation? Yes ☐ No ☐ Agency \_\_\_\_\_ Fault ☐ Not at Fault ☐

Date \_\_\_\_\_ City, County, State \_\_\_\_\_ Injury ☐ Non-injury ☐

Was there a police investigation? Yes ☐ No ☐ Agency \_\_\_\_\_ Fault ☐ Not at Fault ☐

Date \_\_\_\_\_ City, County, State \_\_\_\_\_ Injury ☐ Non-injury ☐

Was there a police investigation? Yes ☐ No ☐ Agency \_\_\_\_\_ Fault ☐ Not at Fault ☐

**Has your license ever been suspended, revoked, or placed on negligent operator's probation?** Yes ☐ No ☐

If yes, please give details.

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**Have you ever been arrested or convicted of any crime, either as an adult or juvenile?** Yes ☐ No ☐

If yes, provide details.

Date \_\_\_\_\_ Police Agency \_\_\_\_\_

Circumstances \_\_\_\_\_

**Have you ever been involved in an incident or occurrence of Domestic Violence, whether it was reported or not?**

Yes ☐ No ☐ If yes, please explain.

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

**Have you ever been placed on court probation, diversion, or deferred prosecution as an adult, or as a juvenile?**

Yes ☐ No ☐ If yes, give details including when, where, why, etc.

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

**Aside from a marriage dissolution, are you now or have you ever been involved as a plaintiff or defendant in any civil action?**

Yes ☐ No ☐ If yes, give details including when, where, why, etc.

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

**Have you ever been involved in the sale or trafficking of any illegal drug (s)** Yes ☐ No ☐

If yes, Number of times \_\_\_\_\_ When was the last time? \_\_\_\_\_

Please explain in detail \_\_\_\_\_

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

**Have you ever used, possessed or experimented with the following substances? (be specific with number of times)**

**\*\*Possession is defined as controlling, touching, holding, selling, or trafficking.\*\***

**Amphetamines (uppers)**

Yes ☐ No ☐ Number of times \_\_\_\_\_ Last time ( Month / Year ) \_\_\_\_\_

**Methamphetamines (speed)**

Yes ☐ No ☐ Number of times \_\_\_\_\_ Last time ( Month / Year ) \_\_\_\_\_

**Barbiturates (downers)**

Yes ☐ No ☐ Number of times \_\_\_\_\_ Last time ( Month / Year ) \_\_\_\_\_

**Valium (other than prescribed)**

Yes ☐ No ☐ Number of times \_\_\_\_\_ Last time ( Month / Year ) \_\_\_\_\_

**Pain Killers (other than prescribed)**

Yes ☐ No ☐ Number of times \_\_\_\_\_ Last time ( Month / Year ) \_\_\_\_\_

**Cocaine**

Yes ☐ No ☐ Number of times \_\_\_\_\_ Last time ( Month / Year ) \_\_\_\_\_

**Crack**

Yes ☐ No ☐ Number of times \_\_\_\_\_ Last time ( Month / Year ) \_\_\_\_\_

**Hashish**

Yes ☐ No ☐ Number of times \_\_\_\_\_ Last time ( Month / Year ) \_\_\_\_\_

**Heroin**

Yes ☐ No ☐ Number of times \_\_\_\_\_ Last time ( Month / Year ) \_\_\_\_\_

**LSD "Acid"**

Yes ☐ No ☐ Number of times \_\_\_\_\_ Last time ( Month / Year ) \_\_\_\_\_

**Marijuana**

Yes ☐ No ☐ Number of times \_\_\_\_\_ Last time ( Month / Year ) \_\_\_\_\_

**PCP "Angel Dust"**

Yes ☐ No ☐ Number of times \_\_\_\_\_ Last time ( Month / Year ) \_\_\_\_\_

**Hallucinogenic Mushrooms**

Yes ☐ No ☐ Number of times \_\_\_\_\_ Last time ( Month / Year ) \_\_\_\_\_

**"Designer" type drugs (STP, Ice, etc.)**

Yes ☐ No ☐ Number of times \_\_\_\_\_ Last time ( Month / Year ) \_\_\_\_\_

**Steroids**

Yes ☐ No ☐ Number of times \_\_\_\_\_ Last time ( Month / Year ) \_\_\_\_\_

**\*\* Any other illegal drugs**

Yes ☐ No ☐ Number of times \_\_\_\_\_ Last time ( Month / Year ) \_\_\_\_\_

**\*\* List and Describe** \_\_\_\_\_

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

Has the use of alcohol/drugs ever affected your attendance or performance while you were at work? Yes ☐ No ☐

If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

## K. SPECIAL QUALIFICATIONS AND SKILLS

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

Language	Reading	Speaking	Understanding
_____	_____	_____	_____
_____	_____	_____	_____

In accordance with the duties of Police Officer, do you have any beliefs which would preclude you from using physical force to the extent of causing bodily harm, or death, if the circumstances so dictated?

Yes ☐ No ☐ Not applying for Police Officer ☐

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

Regarding the job description for the position you have applied for, do you have any beliefs which would prevent you from fully performing the duties assigned you, including working weekends, evenings, or night shifts?

Yes ☐ No ☐ If yes, please explain

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

Are there any incidents in your life or details not mentioned herein which may influence our evaluation of your suitability to be employed by the Sumner Police Department? Yes ☐ No ☐ If yes, please explain

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

**Personal Statement:** In the space below, state your reasons for applying for this position.

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

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

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**Have you ever applied for a permit to carry a concealed weapon?**    Yes ☐    No ☐

If yes, please provide the following information:

Law Enforcement Agency	Purpose	Date	Permit Granted Yes / No

**If permit was denied, please explain why.**

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**“I HEREBY CERTIFY, UNDER PENALTY OF PERJURY, THAT THE FOREGOING FACTS AND INFORMATION CONTAINED HEREIN ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY FALSIFICATION, MISREPRESENTATION OR OMISSION, AS WELL AS ANY MISLEADING STATEMENTS WILL BE CAUSE FOR DENIAL OF EMPLOYMENT OR IMMEDIATE TERMINATION, REGARDLESS OF WHEN OR HOW DISCOVERED”**

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SIGNATURE IN FULL

DATE