

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 15th 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)

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 _____

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: _____

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.

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

Yes No If yes, please explain:

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
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_____	_____	_____	_____
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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.

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.

Have you ever had anything repossessed? Yes No

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

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

Have your wages ever been garnisheed? Yes No

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

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

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

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.

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.

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.

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?

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.

“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”

SIGNATURE IN FULL

DATE