

Wapato Police Department

PERSONAL HISTORY STATEMENT

Position Applied For: _____ Date: _____

1. PERSONAL DATA

Name: First _____ Middle _____ Last _____

Other names (including maiden & nicknames) _____

Address _____

City _____ State _____ Zip Code _____

Phone Numbers: Home _____ Work _____ Cell _____

Birth date _____ Place of Birth _____

Social Security Number _____

(In Accordance with the Federal Privacy Act of 1974, disclosure is voluntary. The SSN and Place of Birth will be used for identification purposes to ensure that proper records are obtained)

City of Wapato Civil Service Rules require some employees to be U.S. Citizens. Can you provide such documentation? Yes No

Height _____ Weight _____ Hair Color _____ Eye Color _____

Scars, Tattoos, or other distinguishing marks _____

2. RELATIVES

Spouse/ Name _____ Hm Phone _____ Wk Phone _____

Significant Address _____ City _____ State _____ Zip _____

Other

Former Name _____ Hm Phone _____ Wk Phone _____

Spouse Address _____ City _____ State _____ Zip _____

Former Name _____ Hm Phone _____ Wk Phone _____

Spouse Address _____ City _____ State _____ Zip _____

3. RELATIVES - Continued

Father Name _____ Hm Phone _____ Wk Phone _____

Address _____ City _____ State _____ Zip _____

Mother Name _____ Hm Phone _____ Wk Phone _____

Address _____ City _____ State _____ Zip _____

Father-in-law Name _____ Hm Phone _____ Wk Phone _____

Address _____ City _____ State _____ Zip _____

Mother-in-law Name _____ Hm Phone _____ Wk Phone _____

Address _____ City _____ State _____ Zip _____

Brother/Sister Name _____ Hm Phone _____ Wk Phone _____

Address _____ City _____ State _____ Zip _____

Brother/Sister Name _____ Hm Phone _____ Wk Phone _____

Address _____ City _____ State _____ Zip _____

Brother/Sister Name _____ Hm Phone _____ Wk Phone _____

Address _____ City _____ State _____ Zip _____

Children Name _____ Hm Phone _____ Wk Phone _____

Address _____ City _____ State _____ Zip _____

Children Name _____ Hm Phone _____ Wk Phone _____

Address _____ City _____ State _____ Zip _____

Other Name _____ Hm Phone _____ Wk Phone _____

Address _____ City _____ State _____ Zip _____

Other Name _____ Hm Phone _____ Wk Phone _____

Address _____ City _____ State _____ Zip _____

Other Name _____ Hm Phone _____ Wk Phone _____

Address _____ City _____ State _____ Zip _____

3. REFERENCES

List 3 to 5 professional contacts/associates who know about you and your qualifications.

Name _____ Hm Phone _____ Wk Phone _____

Address _____ City _____ State _____ Zip _____

Occupation _____ Length of Relationship _____

Name _____ Hm Phone _____ Wk Phone _____

Address _____ City _____ State _____ Zip _____

Occupation _____ Length of Relationship _____

Name _____ Hm Phone _____ Wk Phone _____

Address _____ City _____ State _____ Zip _____

Occupation _____ Length of Relationship _____

Name _____ Hm Phone _____ Wk Phone _____

Address _____ City _____ State _____ Zip _____

Occupation _____ Length of Relationship _____

Name _____ Hm Phone _____ Wk Phone _____

Address _____ City _____ State _____ Zip _____

Occupation _____ Length of Relationship _____

List 3 to 5 friends/acquaintances who know you socially.

Name _____ Hm Phone _____ Wk Phone _____

Address _____ City _____ State _____ Zip _____

Occupation _____ Length of Relationship _____

Name _____ Hm Phone _____ Wk Phone _____

Address _____ City _____ State _____ Zip _____

Occupation _____ Length of Relationship _____

3. REFERENCES - Continued

Name _____ Hm Phone _____ Wk Phone _____

Address _____ City _____ State _____ Zip _____

Occupation _____ Length of Relationship _____

Name _____ Hm Phone _____ Wk Phone _____

Address _____ City _____ State _____ Zip _____

Occupation _____ Length of Relationship _____

Name _____ Hm Phone _____ Wk Phone _____

Address _____ City _____ State _____ Zip _____

Occupation _____ Length of Relationship _____

4. RESIDENCE

Begin with your most current residence. List all locations where you have lived during the past 10 years. If applicable, provide name and phone number of the person/agency responsible for the collections of rent.

Address _____ City _____ State _____ Zip _____

County _____ Dates Reside _____ Landlord/Mgr _____ Phone _____

Address _____ City _____ State _____ Zip _____

County _____ Dates Reside _____ Landlord/Mgr _____ Phone _____

Address _____ City _____ State _____ Zip _____

County _____ Dates Reside _____ Landlord/Mgr _____ Phone _____

Address _____ City _____ State _____ Zip _____

County _____ Dates Reside _____ Landlord/Mgr _____ Phone _____

Address _____ City _____ State _____ Zip _____

County _____ Dates Reside _____ Landlord/Mgr _____ Phone _____

4. RESIDENCE - Continued

List those individuals you have lived with during the past 10 years (excluding children)

Name _____ Hm Phone _____ Wk Phone _____

Address _____ City _____ State _____ Zip _____

Name _____ Hm Phone _____ Wk Phone _____

Address _____ City _____ State _____ Zip _____

Name _____ Hm Phone _____ Wk Phone _____

Address _____ City _____ State _____ Zip _____

Name _____ Hm Phone _____ Wk Phone _____

Address _____ City _____ State _____ Zip _____

5. EDUCATION

Most positions, within the Department, require a high school diploma or it equivalent. Check the appropriate box below. I possess a

- | | | |
|--|-------------------------------------|--|
| <input type="checkbox"/> High School Diploma | <input type="checkbox"/> College AA | <input type="checkbox"/> College Masters |
| <input type="checkbox"/> GED Certificate | <input type="checkbox"/> College BA | <input type="checkbox"/> Other _____ |

List all schools, beginning with high school. If no degree/certificate earned, list credit hours earned.

Name of School	Location	Dates Attended	Degree/Cert Earned

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

6. EXPERIENCE AND EMPLOYMENT

1. Do you have any concerns about your current employer being contacted during the course of this background investigation? Yes No

2. List all jobs held in the last 10 years, include part-time, full-time, temporary, voluntary, and individual military assignments. Begin with your current job.

Date: From _____/_____/_____ Employer _____ Supervisor _____

To _____/_____/_____ Address _____ Co-Worker _____

Salary: _____ City _____ St _____ Zip _____ Co – Worker _____

Full-Time Telephone _____ Job Title _____

Part – Time Duties _____

Voluntary _____

Other Reason for Leaving _____

Date: From _____/_____/_____ Employer _____ Supervisor _____

To _____/_____/_____ Address _____ Co-Worker _____

Salary: _____ City _____ St _____ Zip _____ Co – Worker _____

Full-Time Telephone _____ Job Title _____

Part – Time Duties _____

Voluntary _____

Other Reason for Leaving _____

Date: From _____/_____/_____ Employer _____ Supervisor _____

To _____/_____/_____ Address _____ Co-Worker _____

Salary: _____ City _____ St _____ Zip _____ Co – Worker _____

Full-Time Telephone _____ Job Title _____

Part – Time Duties _____

Voluntary _____

6. EXPERIENCE AND EMPLOYMENT - Continued

Other Reason for Leaving _____

Date: From _____ / _____ Employer _____ Supervisor _____

To _____ / _____ Address _____ Co-Worker _____

Salary: _____ City _____ St _____ Zip _____ Co - Worker _____

Full-Time Telephone _____ Job Title _____

Part - Time Duties _____

Voluntary _____

Other Reason for Leaving _____

Date: From _____ / _____ Employer _____ Supervisor _____

To _____ / _____ Address _____ Co-Worker _____

Salary: _____ City _____ St _____ Zip _____ Co - Worker _____

Full-Time Telephone _____ Job Title _____

Part - Time Duties _____

Voluntary _____

Other Reason for Leaving _____

Date: From _____ / _____ Employer _____ Supervisor _____

To _____ / _____ Address _____ Co-Worker _____

Salary: _____ City _____ St _____ Zip _____ Co - Worker _____

Full-Time Telephone _____ Job Title _____

Part - Time Duties _____

Voluntary _____

Other Reason for Leaving _____

6. EXPERIENCE AND EMPLOYMENT - Continued

3. Have you ever had any extended work absences for reasons other than earned vacation?
Yes No If yes, please explain (Include dates, names of employer and reason)

4. How many Mondays and Fridays were you absent last year, excluding annual leaves and scheduled holidays?

5. Have you ever been fired or asked to resign from any place of employment?
Yes No If yes, please give details (Include dates, where, circumstances)

6. Have you ever applied with this agency or any other fire department, law enforcement, corrections, or governmental agency? Yes No
If yes, please give details (Include dates, name of agency, circumstances)

7. MILITARY SERVICE

1. Have you ever served in the armed forces, National Guard or military reserves?
Yes No (If no, continue to section 8) If yes, please supply the following information:

Branch of Service _____
Dates of Service _____/_____/_____ TO _____/_____/_____ Type of Discharge _____

2. If you are a male born after 1/1/60, you are required to register for selective service.

Are you registered? Yes No
If yes, what is your registration number? _____
Classification? _____

3. Are you currently participating in any military reserve or National Guard program?
Yes No

4. 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 (Include branch of service, dates, where, circumstances)

7. MILITARY SERVICE – Continued

5. Past commanding officer or military acquaintances are potential sources of relevant information pertaining to your background. Please list those individuals who know you well enough to provide accurate information about you.

8. FINANCIAL

1. Have you ever been delinquent on any installment loans? (i.e. mortgage, car loan, credit cards, etc.) Yes No
If yes, please give details (include dates, firms involved, circumstances).

2. Have you ever filed for or declared bankruptcy or filed for the Wage Earner's Plan? Yes No If yes, please give details (include dates, where, why).

3. Have any of your bills ever been turned over to a collection agency? Yes No
If yes, please give details (include dates, firms involved, circumstances).

4. Have you ever had purchased goods repossessed? Yes No
If yes, please give details (include dates, firms involved, circumstances).

5. Have your wages ever been garnished? Yes No
If yes, please give details (include when, where, why).

8. FINANCIAL - Continued

6. Have you ever been delinquent on income or other tax payments? Yes No
If yes, please give details (include when, where, why).

9. LEGAL

7. Have you ever been arrested, cited, or convicted of a crime? (to include any felonies, misdemeanors, or criminal traffic offenses such as: Driving while intoxicated, non valid operators license, driving while license suspended, reckless driving, negligent driving and hit & run) Yes No

Date _____ Police Agency _____

Circumstances _____

Date _____ Police Agency _____

Circumstances _____

Date _____ Police Agency _____

Circumstances _____

2. Have you ever been placed on diversion, court probation or deferred prosecution?
Yes No If yes, please give details (include when, where, why).

3. Were you ever required to appear before a juvenile court for any reason?
Yes No If yes, please give details (include when, where, why).

4. 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, please give details (include when, where, name and location of court, circumstances).

10. MOTOR VEHICLE OPERATION

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

Washington State Driver's License Number _____ Exp Date _____

Name under which License was granted _____

Please list other states where you have been licensed to operate a motor vehicle and list license number(s).

State _____ License Number _____

Name under which license was granted _____

State _____ License Number _____

Name under which license was granted _____

1. Have you ever been refused a driver's license by any state? Yes No
If yes, please give details (include what, when, where, why).

2. Automobile Liability Insurance

Company _____ Policy # _____ Exp Date _____

Agency Name _____ Address _____ Phone _____

3. Please list all traffic tickets (exclude parking tickets) you have received within the last 7 years. List amount over speed limit for all speeding tickets.

Date _____ Type _____ Location _____

Disposition _____

Date _____ Type _____ Location _____

Disposition _____

Date _____ Type _____ Location _____

Disposition _____

10. MOTOR VEHICLE OPERATION - Continued

4. Have you ever been involved as a driver in a motor vehicle accident within the last 7 years?
Yes No If yes, please give details for each accident.

Date _____ Location _____ Injury Non – Injury

Police Investigation? Yes No Agency _____ At Fault Not At Fault

Date _____ Location _____ Injury Non – Injury

Police Investigation? Yes No Agency _____ At Fault Not At Fault

Date _____ Location _____ Injury Non – Injury

Police Investigation? Yes No Agency _____ At Fault Not At Fault

5. Do you have any restrictions placed on your current driver's license? Yes No
If yes, please give details (include what, when, and why).

6. Has your license ever been suspended, revoked, or placed on negligent operators probation? Yes No If yes, please give details (include what, when, where, why).

11. SPECIAL QUALIFICATIONS & SKILLS

1. Do you have any special skills or qualifications which may be useful in this position?
Yes No If yes, please list.

2. Can you speak any foreign language(s)? (indicate degree of fluency, i.e., excellent, good, poor) Yes No

Language _____

Reading _____ Speaking _____ Understanding _____

Language _____

Reading _____ Speaking _____ Understanding _____

11. SPECIAL QUALIFICATIONS & SKILLS - Continued

3. What do you like to do in your spare time? (interests, hobbies, sports, activities, or any special interest groups or organizations with which you are involved)

12. PERSONAL HABITS

1. Have you ever used, possessed, or experimented with: (Be specific with number of times)

	Yes	No	Number of times	Last time used (Month/Year)
Marijuana	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Hashish	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Amphetamines (uppers)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Speed	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Methamphetamine (crank)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Barbiturates (downers)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Valium (other than prescribed)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Pain Killers (other than prescribed)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Cocaine	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Crack	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Heroin	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
LSD (acid)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
PCP (angel dust)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Hallucinogenic Mushrooms	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
"Designer" type drugs (STP, ICE)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Steroids	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

Any other drugs
List and describe: _____

2. Have you ever been involved in the sale or trafficking of any illegal drug(s)?

Yes No Give details _____
