



INFORMATION FOR COMPLETING YOUR PERSONAL HISTORY FORM

The accurate completion of your Personal History Form is part of the testing process. It should be accurate, complete and neat. Any falsification or omission of information will result in your disqualification.

While completing your Personal History Form and during the interview process pay attention to the following areas that have resulted in other applicants being disqualified:

If you have been involved in something five times, do not try to minimize this and say four or less.

When asked if you have ever possessed or used an illegal drug do not try to rationalize your behavior and say "No" because you only touched it once, used it once or only did it when you were intoxicated.

When asked if you ever stolen anything do not try to minimize or rationalize that you only borrowed it, that it had no value, it was unintentional, it was common practice at work or the owner didn't care if you took it.

When asked to write down all of your jobs do not omit any thinking it was only part-time, you didn't work there very long, you were self-employed or it is not related to this job.

If you have any questions ask before you make a mistake that may disqualify you.

NOTICE

The law enforcement profession is like none other in our society. Higher standards of behavior are required of potential police employees. They must be credible in court and not have engaged in behavior that would erode the public trust in the law enforcement profession.

These guidelines are provided as a guide to assist you in determining if you meet the minimum requirements. These are the most common disqualifiers and this list is not all inclusive.

You must have a valid driver's license. A DUI conviction within five years or two convictions for DUI are disqualifying. Three or more moving violations, two or more (at fault) collisions or a life threatening violation such as reckless or eluding may be disqualifying.

Any material misstatement of fact or significant omission during the background process shall be disqualifying. Any forgery or alteration of any documents shall be disqualifying. Having been dishonorably discharged from the armed services shall be disqualifying. Having financial affairs or personal life showing a history of poor judgment and refusal to confront problems shall be disqualifying.

You must have the ability to give testimony in a court of law without being subject to impeachment due to a lack of honesty or veracity. Commission of a felony crime, crime against children or crime of moral turpitude, regardless of being charged shall be disqualifying. Having an outstanding warrant of arrest at the time of application shall be disqualifying.

Having a work history that includes being disciplined by any employer for abuse of leave, gross insubordination, dereliction of duty, having been disciplined by an employer for acts constituting racial ethnic or sexual harassment or discrimination, fighting in the workplace or persistent failure to follow established policy and procedures shall be disqualifying.

All applicants must be in compliance with the Spokane Police Department's Drug Standards. You must meet these standards. Your signature at the bottom of this page certifies that you have read these standards that are indicated within this Personal History Statement.

I HAVE READ THE ABOVE NOTICE AND AGREE THAT I, UNDER PENALTY OF PERJURY, HAVE NOT ENGAGED IN ANY OF THESE DISQUALIFIERS.

Applicant Printed Name / Date

Applicant Signature / Date

**THIS FORM MUST BE TURNED IN WITH PERSONAL
HISTORY STATEMENT**

**PERSONAL HISTORY STATEMENT
POLICE DEPARTMENT
SENIOR VOLUNTEER APPLICANT**



THIS IS PART OF THE TESTING PROCESS. WE REVIEW THIS FORM TO SEE HOW WELL YOU FOLLOW INSTRUCTIONS. IT IS AN OPPORTUNITY FOR YOU TO DEMONSTRATE YOUR ABILITY TO WORK IN A LAW ENFORCEMENT ENVIRONMENT.

Name of Applicant		
<hr/>	<hr/>	<hr/>
Last	First	Middle Name

If you have questions completing this document, please call (509) 742-8100

Effective November, 2008
Revised April 2016

OFFICE USE ONLY:

Date Personal History Statement received _____ By _____
Date Personal History Statement reviewed _____ By _____
Recommendation: ____ Move forward in hiring process ____ Do not move forward in hiring process
NOTES:

NOTICE

READ BEFORE YOU BEGIN FILLING OUT THIS FORM

This Personal History Statement must be completed by you **in your own handwriting** and must be returned to the Spokane Police Academy by the date indicated by e-mail or verbal communication. If you cannot complete this form and return it to the Police Academy by the due date, you will be considered to have **FAILED** and no further action will be taken with your application.

Please read **all instructions** carefully before completing this Personal History Statement.

Any **willful omissions, deceptions, or false information** will be considered an absolute disqualifier and you will have **FAILED** this part of your selection process and will not be processed further for the position you are applying for, whether the matter is discovered now or at a later phase of the selection process. This may subject the applicant to discharge if discovered subsequent to employment. Any admission and/or conviction of a domestic violence offense (not a victim) shall be a disqualifier.

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.

Answer all questions to the best of your ability and as completely as possible.

- Print your name at the top of each page in the space provided.
- If a question does not apply to you, enter N/A in the space provided. Leave no empty sections.
- 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.
- You are responsible for obtaining correct postal and e-mail addresses. If you are not sure of an address, check it by personal verification. Make sure you include zip codes. Your local library may have a directory service or copies of local phone directories.
- If there is insufficient space on the form for you to include all information required, complete the extra supplemental page(s) attached to the back of this Personal History Statement. Be sure to reference the relevant section and question number before continuing your answer. Do **not** turn in a completed **double sided** copy of this form.

Do not staple your completed PHF.

- All requested documents must be submitted with the Personal History Statement when you return it to the Police Academy.
- For your convenience, a Notary Public is available at the Police Academy. Please call the Police Academy at 742-8100 to arrange this service.

I HAVE READ THE ABOVE NOTICE, AND ALL INSTRUCTIONS, AND AGREE THAT I WILL, TO THE BEST OF MY ABILITY, COMPLETE THIS PERSONAL HISTORY STATEMENT WITH TRUTHFUL AND ACCURATE INFORMATION. I FURTHER UNDERSTAND THAT IF I WILLFULLY AND INTENTIONALLY OMIT INFORMATION REQUESTED IN THIS PERSONAL HISTORY STATEMENT, I WILL HAVE FAILED IN THE SELECTION PROCESS AND NO FURTHER ACTION WILL BE TAKEN WITH MY APPLICATION. I UNDERSTAND THAT I MUST RE-APPLY FOR THIS POSITION IF I DO FAIL.

Applicant Signature

APPLICANT IDENTIFICATION**APPLICANT:** _____

Information provided in this section is used for identification purposes only.

Position you are applying for: _____

Have you ever applied to SPD before? ☐ Yes ☐ No

If yes, for what position(s) did you apply? _____

When did you apply? _____

Last Name		First Name		Middle Name		Title (Jr., III, etc.)	
Alias							
Home address (complete mailing address)							
Business address (complete mailing address)							
Current E-mail address							
List all e-mails you have ever used							
Home phone number ()		Cell phone number ()		Work phone number ()			
Date of birth		Place of birth City _____ County _____ State _____ Country _____					
Social Security Number		Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		Driver's license number		Issuing state	
Distinguishing marks (<i>SPD requires tattoos to be covered</i>)							
Nickname(s) or other names by which you have been known:							
Do you have or have you ever had a blog or social media site? If so, list:							

WORK HISTORY**APPLICANT:** _____

Beginning with your present or most recent job, list all employment in the last ten (10) years, including part-time, temporary or seasonal employment. Include all periods of employment. To add additional information use the supplemental pages provided at the end of this packet. List the e-mail address for the employers' CURRENT Human Resources representative for each employer.

MAY WE CONTACT YOUR PRESENT EMPLOYER AS A REFERENCE? ☐ YES ☐ NO

From:	To:	Employer (Business Name):
Business address (complete mailing address):		
Business telephone number: ()		
Human Resources e-mail address:		
Your last name at the time of employment:		Job title:
Duties:		
Reason for leaving:		
Name of supervisor:		
Name of co-worker:		

From:	To:	Employer (Business Name):
Business address (complete mailing address):		
Business telephone number: ()		
Human Resources e-mail address:		
Your last name at the time of employment:		Job title:
Duties:		
Reason for leaving:		
Name of supervisor:		
Name of co-worker:		

SPECIAL QUALIFICATIONS/SKILLS**APPLICANT:** _____

This area is your opportunity to list any specialized training you may have received.

List any special licenses you hold (such as pilot, radio operator, scuba diver, etc.) showing licensing authority, original date of issue and date of expiration:

List any specialized machinery or equipment which you can operate:

If you are fluent in another language, indicate in each area your degree of fluency (excellent, good, fair) in each area:

<u>Language</u>	<u>Reading</u>	<u>Speaking</u>	<u>Understanding</u>	<u>Writing</u>

List any other special skills or qualifications you possess:

TRAFFIC RECORD**APPLICANT:** _____

You must list any and all information relating to your driving record. Your records will be checked by a background investigator and documented in the background investigation.

Do you currently hold a Washington state driver's license? ☐ Yes ☐ No

Has any driver's license you have held ever been suspended or revoked? ☐ Yes ☐ No

What is the name of your insurance company and is your policy current? ☐ Yes ☐ No

Have you ever held or do you presently hold a driver's license in another state? ☐ Yes ☐ No

Other state(s) driver's license number(s): _____ State: _____ Expiration Date: _____
_____ State: _____ Expiration Date: _____

List all driving infractions/citations (tickets) you have received excluding parking tickets
(List additional information on supplemental page if necessary)

Month/Year	Charge	City/State	Citing Agency (if known)	Disposition / Outcome

Describe in a brief narrative any traffic collisions in which you have been involved, giving approximate dates, locations and investigating agency:

DateLocationInvestigating Agency

ARRESTS / DETENTIONS / LITIGATIONS**APPLICANT:** _____

You must list any and all arrests, detentions and litigations. Your criminal history will be checked by a background investigator and documented in the background investigation.

Have you ever been arrested for a felony? ☐ Yes ☐ No

Explain: _____

Have you ever been convicted of a felony? ☐ Yes ☐ No

Explain: _____

Have you ever been arrested, detained by police or have you been the subject of a criminal investigation? (Do not include traffic-related tickets) ☐ Yes ☐ No

If yes, complete the following:

<u>Offense</u>	<u>City & State</u>	<u>Date</u>	<u>Disposition of case</u>
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever been arrested for Driving While Intoxicated or Driving Under the Influence of Drugs (DWI / DUI)? ☐ Yes ☐ No

Explain: _____

ARRESTS / DETENTIONS / LITIGATIONS**APPLICANT:** _____

Have you ever been convicted of any offense(s)?

☐ Yes☐ No

If yes, list offense(s): _____

Have you ever been on probation for any offense(s)?

☐ Yes☐ No

If yes, list offense(s): _____

If you were placed on probation, list the offense(s) and how long you were on probation: _____

Name of Probation Officer: _____

If you were placed on Deferred Adjudication or Community Supervision, list the offense(s) and date(s):

_____Other than traffic tickets, have you ever been fined for any offense(s)? ☐ Yes ☐ No

If yes, list the charge on the ticket(s) for and the amount(s) of the fine(s):

_____Have you ever been a party in a civil litigation? (Include divorces and/or custody suits): ☐ Yes ☐ No

Explain:

MARITAL AND FAMILY HISTORY**APPLICANT:** _____

This section addresses your marital and family history. Be complete and accurate with your answers, and include all information requested. We will contact many of these sources for information that may be included in your background investigation.

Are you currently or formerly related to or associated with any individual who has a criminal history?

☐ Yes ☐ No

Are you currently:

☐ Single ☐ Married ☐ Divorced ☐ Engaged ☐ Separated ☐ Widowed

If currently married*, provide:

Date of Marriage: _____ City and State: _____

Spouse's name: _____

Spouse's telephone number: (____) _____

Registered domestic partner's name: _____

Registered domestic partner's telephone number: (____) _____

If currently or previously divorced*, provide:

Previous spouse's name(s): _____

Previous spouse's telephone number(s): (____) _____

Previous registered domestic partner's name(s): _____

Previous registered domestic partner's phone(s): (____) _____

If currently engaged, provide:

Name of fiancée: _____

Fiancée's address: _____

Fiancée's telephone number: (____) _____

If currently separated, provide:

Date of separation: _____

Name of estranged spouse: _____

Estranged spouse's telephone number: (____) _____

Registered domestic partner's name: _____

Registered domestic partner's telephone number: (____) _____

If widowed, provide:

Name of deceased: _____

Date of death: _____

List all children related to you, your spouse or Registered Domestic Partner (natural, step-children, adopted and foster children):

<u>Name</u>	<u>Relationship</u>	<u>DOB</u>	<u>Address</u>	<u>Supported by</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

MARITAL AND FAMILY HISTORY**APPLICANT:** _____

List all other dependants (someone who lives with you or receives 50% of their support from you):

<u>Name</u>	<u>Address</u>	<u>Relationship</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

List your other relatives below. If deceased, indicate in "Address" section.

<u>Relation</u>	<u>Relative Name</u>	<u>Address</u>	<u>Phone (Include area code)</u>
Father:			
Mother:			
Step-Father:			
Step-Mother:			
Brother(s):			
Sister(s):			
Step-Brother(s):			
Step-Sister(s):			
Father In- law:			
Mother In-law:			
Brother(s) In-law:			
Sister(s) In-law:			

ALCOHOL / DRUG HISTORY**APPLICANT:** _____

You may be excluded from consideration for employment by the Spokane Police Department if your alcohol or drug history shows a recent or extensive pattern of poor decision making.

Have you ever ingested a prescription medicine not prescribed to you? Explain:

<u>Drug ingested?</u>	<u>Date started</u>	<u>Date last used</u>	<u>How</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever used or possessed illicit / illegal drugs of any kind? Explain:

<u>Drug</u>	<u>Date first used</u>	<u>Date last used</u>	<u>How used or ingested?</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever illegally manufactured /grown /sold or given drugs to anyone? Explain:

<u>Drug</u>	<u>How often</u>	<u>Total times</u>	<u>First time (month / year)</u>	<u>Last time (month / year)</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

ALCOHOL/DRUG HISTORY**APPLICANT** _____

Have you ever ingested amphetamines, barbiturates or any other controlled prescription medication not prescribed to you? ☐ Yes ☐ No

Do you drink alcoholic beverages: ☐ Yes ☐ No

What was the date of your last intoxication (to the point where you should not drive)? _____

SPD POLICY 1000 – EMPLOYEE AND SELECTION STANDARDS**1000.3.8 ILLEGAL USE OR POSSESSION OF DRUGS**

In order to maintain high standards in the City of Spokane law enforcement community, the City of Spokane Police Department has established illegal drug use guidelines to evaluate an applicant's suitability for employment.

(a) The following examples of illegal drug use or possession will be considered automatic disqualifiers for public safety applicants, with no exceptions:

1. Any drug test of the applicant, during the course of the hiring process, where illegal drugs are detected.
2. Any use or possession of an illegal drug by an adult (over 18) who has applied to a law enforcement agency or is an employee of a law enforcement agency, corrections agency or military police agency. This applies to commissioned positions.

(b) The following constitute Spokane Police Department's Drug Standards. You must meet these standards to be considered for employment.

1. No use or possession of a drug classified as a hallucinogenic within five years prior to application for employment.
2. No adult use or possession of marijuana within one year prior to application for employment. This applies to commissioned positions.
3. No other illegal use or possession of a drug not listed above (including cocaine) within five years prior to application for employment.
4. No adult manufacture or cultivation of a drug or illegal substance.

(c) The following examples of illegal drug use or possession will be considered in the evaluation of the overall suitability of that individual and may result in disqualification.

1. Any illegal use, manufacture, cultivation or possession of a drug as a juvenile.
2. Any illegal adult use or possession of a drug that does not meet the criteria of the automatic disqualifiers specified above.
3. Any illegal or unauthorized use of prescription medications within five years of application.

(d) An applicant may also be disqualified for the illegal use/misuse of legally prescribed drugs or medications. An applicant may also be disqualified if the applicant's alcoholic beverage consumption is shown to impair his/her ability to perform in a satisfactory manner.

Periodically, candidates have experimented with and/or casually used drugs, including illegal drugs and the illegal use of prescription drugs; however, any use in excess of the above standards shall be reason for disqualification from the Spokane Police Department employment process.

By your signature, you, the applicant, acknowledge that you understand the Spokane Police Department Minimum Standards Regarding Illegal Drug Use. Print and sign your full name and date the acknowledgment below:

Applicant name: _____

Date _____

Applicant signature: _____

Date _____



E INFORMATION NETWORK

ACRAnet CBS Branch
www.ACRAnet.com/CBS

Exhibit A-4
Notice for Applicant/Employee

'Notice of Intent' and 'Authorization'
to Obtain an Investigative Consumer Report for Employment Purposes

The undersigned applicant/employee is hereby notified that _____ (Employer) may obtain an investigative consumer report for employment purposes through ACRAnet CBS Branch. Such report may include information as to character, general reputation, history of criminal convictions, employment, education, professional license, credit and/or driver's record history. Applicant/employee acknowledges that he/she is herein informed of his/her right to request within a reasonable period of time after receiving this notice, a complete and accurate disclosure of the nature and scope of the investigation requested. Such disclosure will be mailed or otherwise delivered to applicant within five days from the date of the applicant/employee's request for disclosure or such report was first requested by employer, whichever is the later.

Applicant/employee further authorizes the above named company to obtain an investigative consumer report through ACRAnet CBS Branch for employment purposes at this time or anytime during the applicant/employee's tenure with employer.

I (Applicant/employee) am currently a resident of the state of Oklahoma OR the state of Minnesota:

Yes No

If yes, by state statute, I may receive a free copy of the report being prepared in association with this employment screening investigation and a copy of my corresponding rights as a consumer. These documents will be mailed to me at the address indicated on this authorization form within 24 hours of completion.

Please provide me a copy of my credit report as indicated above

Print Full Name: _____

Former Name/Maiden Name (list all): _____

Address: _____

Prev. Address: _____

Social Security Number: _____

Date of Birth: ____/____/____

(In order for factual information to be obtained & reported, your date of birth and social security number are requested. This information is used solely for verification purposes in compliance with the Fair Credit Reporting Act.)

Driver's License # (if applicable) _____ State of Issue _____

Signature: _____ Date: _____

NOTE:

The above information and attached exhibits are presented to assist you in compliance with the revised federal Fair Credit Reporting Act. They represent our understanding and interpretation of the amendments which became effective September 30, 1997 and November 2, 1998. ACRAnet CBS Branch, Incorporated does not intend for this information and the related attachments to be construed as legal advice. We urge all subscribers to review their procedures and documents with their respective legal counsel.

SUMMARY OF CONSUMER RIGHTS

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every "consumer reporting agency" (CRA). Most CRA's are credit bureaus that gather and sell information about you – such as if you pay your bills on time or have filed bankruptcy – to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. §§1681-168u, at the Federal Trade Commission's web site (<http://www.ftc.gov>). The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

- **You must be told if information in your file has been used against you.** Anyone who uses information from a CRA to take action against you – such as denying an application for credit, insurance, or employment – must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.
- **You can find out what is in your file.** At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.
- **You can dispute inaccurate information with the CRA.** If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its finds to the CRA. (The source also must advise national CRA's – to which it has provided the data – of any error.) The CRA must give you a written report of the investigation, and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.
- **Inaccurate information must be corrected or deleted.** A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. However, the CRA is not required to remove accurate data from your files unless it is outdated (as described below) or cannot be verified. If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.
- **You can dispute inaccurate items with the source of information.** If you tell anyone – such as a creditor who reports to a CRA – that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.
- **Outdated information may not be reported.** In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.
- **Access to your file is limited.** A CRA may provide information about you only to people with a need recognized by the FCRA – usually to consider an application with a creditor, insurer, employer, landlord, or other business.

- **Your consent is required for reports that are provided to employers, or reports that contain medical information.** A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your consent.
- **You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers.** Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.
- **You may seek damage from violators.** If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court. The FCRA gives several different federal agencies authority to enforce the FCRA:

The FCRA gives several different federal agencies authority to enforce the FCRA:

FOR QUESTIONS OR CONCERNS REGARDING:	PLEASE CONTACT:
CRA's Creditors and Others Not Listed below	Federal Trade Commission Consumer Response Center-FCRA Washington, DC 20580 202-326-3761
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3639
Savings associations and federally chartered savings banks (word "federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Programs Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-518-6360
State chartered banks that are not member of the Federal Reserve System	Federal Deposit Insurance Corporation Division of Compliance & Consumer Affairs Washington, DC 20429 800-943-FDIC
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board of Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, DC 20290 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250- 202-720-7051
Consumers residing in the State of Washington	Washington State Attorney General P.O. Box 40100 Olympia, WA 98584 800-551-4636

Spokane Police Department Polygraph Unit

Polygraph Examination Advisory

Some of the physical or psychological factors that could interfere with the polygraph results are:

1. Severe menstrual cramps, pregnancy, paralysis, recent or major surgery, physical disabilities.
2. Severe breathing problems, heart conditions, blood pressure problems, certain medications.
3. Emotional disorders, severe headaches, fatigue, severe hunger.

You are not required to disclose any of the above physical or psychological factors. If you feel that you are an unsuitable candidate based on the information stated above or feel that other factors may influence your suitability for a polygraph exam, you may inform the examiner and the examination will be cancelled or postponed.

Do not consume alcohol or street drugs 24 hours before the exam.

A good night's sleep and a meal before the exam are beneficial to the examinee.

Dress comfortably; the exam may take up to four hours.

I have read and understand the above factors that may influence the polygraph examination.

Applicant signature: _____

Date _____

I certify that I have not been convicted of any misdemeanor crime of domestic violence.

What is a misdemeanor crime of domestic violence?

As defined in the Gun Control Act of 1968, a “misdemeanor crime of domestic violence” means an offense that:

- (1) is a misdemeanor under Federal or State law;
- (2) has, as an element, the use or attempted use of physical force, or the threatened use of a deadly weapon; and
- (3) were 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.

However, a person is not considered to have been convicted of a misdemeanor crime of domestic violence unless:

- (1) the person was represented by counsel in the case, or knowingly and intelligently waived the right to counsel in the case; and
- (2) in the case of a prosecution for which a person was entitled to a jury trial in the jurisdiction in which the case was tried, either –
 - (a) the case was tried by a jury, or
 - (b) the person knowingly and intelligently waived the right to have the case tried by a jury, by guilty plea or otherwise.

In addition, a conviction would not be disabling if it has been expunged or set aside, or is an offense for which the person has been pardoned or has had civil rights restored (if the law of the jurisdiction in which the proceedings were held provides for the loss of civil rights upon conviction for such an offense) unless the pardon, expunction, or restoration of civil rights expressly provides that the person may not ship, transport, possess, or receive firearms, and the person is not otherwise prohibited by the law of the jurisdiction in which the proceedings were held from receiving or possessing firearms.

Applicant signature: _____

Date _____



WAIVER AND AUTHORIZATION TO RELEASE INFORMATION

This document affects your legal rights.
Read carefully before signing

To Whom It May Concern:

I, the undersigned, authorize (applicant – leave this space blank) _____ to furnish to the City of Spokane or its agencies any and all information that you have concerning me, my work record, my disciplinary records, my reputation, my medical records, my psychological testing and analysis plus recommendation, my military service records, my educational background and records, my financial status and credit history, and such other information and records as you may have in your possession relating to me. Information of a confidential or privileged nature may be included in the materials you provide to the City of Spokane or its agencies. Your reply will be used to assist the City of Spokane or its agencies in determining my qualifications and fitness for a position I am seeking with the City of Spokane and/or one of its departments or agencies.

I understand my right to request access to any public records relating to me pursuant to Title 5 of the United States Codes, Section 552 et seq., the Privacy Act of 1974, the Freedom of Information Act, and Revised Code of Washington (RCW) 42.56 et seq., and specifically **waive** those rights understanding that the information furnished will be used by the City of Spokane and/or its agencies or departments in conjunction with employment procedures. **I will make no attempt** to gain access to the information provided by you to the City of Spokane and/or its agencies or departments in conjunction with this employment process and hereby expressly waive any rights I may have to request the disclosure of information provided by you to the City of Spokane and/or its agencies or departments in conjunction with employment procedures.

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

Applicant signature: _____ Date _____

SUBSCRIBED AND SWORN to before me this _____ day of _____ 20__.

_____ Notary Public in and for the State of

_____ residing at _____. My commission expires _____.

(Notary seal or stamp here)

Note: A photocopy reproduction of this request shall be for all intents and purposes as valid as the original. You may retain this form in your files.

I, (print name here) _____, am aware that any knowing misrepresentations or falsifications made in connection with my obtaining employment with the Spokane Police Department will be grounds for rejection or dismissal. I certify that my answers to the pages of this Personal History Statement and the pages specifically listed below are true and complete to the best of my knowledge:

Page 29(DV Statement)

Page 30(Release of Information) – reputation, employment, residential, educational, financial status, military service, medical treatment and criminal history including non-conviction data and intelligence information.

Applicant signature: _____ Date _____

SUBSCRIBED AND SWORN to before me this _____ day of _____ 20__.

_____. Notary Public in and for the State of _____
_____residing at _____. My commission expires _____.

(Notary seal or stamp here)

Note: A photocopy reproduction of this request shall be for all intents and purposes as valid as the original. You may retain this form in your files.

Advisement to all Spokane Police Department applicants:**STATEMENT**

You will undergo a rigorous, in-depth background investigation as a result of your application for this position. In the event that your background investigation for this position should uncover information that you have, or are suspected of having engaged in *illegal activities while employed in law enforcement*, this information will likely bar you from further consideration for this position. Further, in the event that this illegal activity occurred during the time of your service in law enforcement, or if this background investigation should uncover information which raises questions about your fitness to continue in law enforcement, this information may be transmitted to your present employer for their independent investigation.

CERTIFICATION

I certify that I have read this advisement, understand its implications, and have received a copy of it.

Applicant signature: _____ Date _____

Print: _____
First Name Middle Initial Last Name

SUBSCRIBED AND SWORN to before me this ____ day of _____ 20__.

_____. Notary Public in and for the

State of _____ residing at _____. My commission

expires _____.

(Notary seal or stamp here)

Note: A photocopy reproduction of this request shall be for all intents and purposes as valid as the original. You may retain this form in your files.

**MAINTENANCE OF CONFIDENTIALITY OF INFORMATION
AS A CONDITION OF EMPLOYMENT**

I, (print name here) _____ understand that in connection with any offer and acceptance of employment or appointment with the Spokane Police Department, I may have access from time to time to sensitive information such as intelligence information, criminal history record information, or investigative information.

I understand that there is a need to maintain confidentiality of information for reasons such as individual rights to privacy, and any release of information may be dangerous to innocent persons or property.

I also understand that improper disclosure of any sensitive information could be a violation of law as well as Spokane Police Department policy and/or rules and regulations. I understand that I could be subject to dismissal from employment in addition to any civil or criminal penalty as provided by law.

Applicant signature: _____ Date _____

Note: A photocopy reproduction of this request shall be for all intents and purposes as valid as the original. You may retain this form in your files.

Please indicate the page number and section you are adding information to.

SECTION:
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END OF PERSONAL HISTORY STATEMENT