

# SPD

## Volunteer Application

### **IMPORTANT INFORMATION TO THE APPLICANT**

The information you provide in this Application will be used in the investigation into your background to assist in determining your suitability for a public safety position that you have applied for. Please fill out the ENTIRE questionnaire completely, accurately and truthfully. Keep in mind that:

1. The entire completion of this form is mandatory to the application process.
2. All statements are subject to verification.
3. Deliberate inaccuracies or omissions may bar or remove you from further testing and employment.
4. All time periods in your background must be accounted for.
5. Deliberate untruthfulness, omissions or misrepresentation of information constitutes grounds for disqualification from further testing or employment. You are encouraged to be completely truthful, detailed and accurate completing this form and throughout all phases of the background investigation process.

**APPLICANT IDENTIFICATION****APPLICANT:** \_\_\_\_\_

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

Position you are applying for: ☐ **Explorer** ☐ **Cadet** ☐ **Citizen** ☐ **Other** \_\_\_\_\_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.)
Aliases			
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"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	Driver's license number	Issuing state
Distinguishing marks ( <i>SPD requires tattoos to be covered</i> ):			
Nickname(s), aliases, or other names by which you have been known:			
Do you have or have you ever had a social media account? If so, list site and username: (examples: Facebook, Instagram, Twitter, Snapchat, YouTube WhatsApp, TikTok, LinkedIn, Pinterest, Reddit, etc.)			
Platform   Username:	_____	Platform   Username:	_____
Platform   Username:	_____	Platform   Username:	_____
Platform   Username:	_____	Platform   Username:	_____
Platform   Username:	_____	Platform   Username:	_____
Platform   Username:	_____	Platform   Username:	_____
Platform   Username:	_____	Platform   Username:	_____
Platform   Username:	_____	Platform   Username:	_____

**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. If retired 10 years or more from present date provide last 10 years of employment history. To add additional information use 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:		

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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:		

**REFERENCES****APPLICANT:** \_\_\_\_\_

List as five (5) to seven (7) references or more (***not immediate relatives or family listed below***) that know you in a personal or professional capacity that will provide reference to your character, knowledge, skills, and abilities.

<u>Association</u>	<u>Name</u>	<u>Address</u>	<u>Phone</u> (Include area code)	<u>Email</u>
Personal:				
Personal:				
Personal:				
Personal:				
Personal:				
Personal:				
Personal:				
Professional:				
Professional:				
Professional:				
Professional:				
Professional:				
Professional:				
Professional:				
Other:				
Other:				
Other:				
Other:				
Other:				
Other:				
Other:				

**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

Insurance company \_\_\_\_\_. Is your insurance 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:

Month/Year	Location	Investigating Agency	Narrative

**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:

Month/Year	City & State	Offense	Disposition of case

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

Explain:

Month/Year	City & State	Offense	Disposition of case

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:

Month/Year	City & State	Offense	Disposition of case

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

If yes, complete the following:

Month/Year	City & State	Offense	Disposition of case

**MARITAL AND FAMILY HISTORY****APPLICANT:** \_\_\_\_\_

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

<u>Relation</u>	<u>Relative Name</u>	<u>Address</u>	<u>Phone</u> (Include area code)	<u>Email</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:				

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

<u>Name</u>	<u>Address</u>	<u>Relationship</u>	<u>Phone</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)? \_\_\_\_\_

Have you ever used, or do you currently use Marijuana? ☐ Yes ☐ No If yes, last date of use \_\_\_\_\_

**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: \_\_\_\_\_

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.

**WORK HISTORY Continued****APPLICANT:** \_\_\_\_\_**\*\*\*SUPPLEMENTAL PAGE AS NEEDED\*\*\***

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:		

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