

EATONVILLE POLICE DEPARTMENT PERSONAL HISTORY STATEMENT

Full Legal Name

First: _____ Middle: _____ Last: _____

Date of Birth: _____ Social Security Number: _____

Instructions

1. Familiarize yourself with this form and carefully read all instructions. You may find it helpful to review this form multiple times.
2. Copy this form so that you can make notes on it. This will serve as a rough draft before submitting your finished statement.
3. Carefully enter all information asked – you must answer every single question. If an item does not apply to you enter N/A. If you cannot obtain the information with reasonable diligence, please indicate so in your response.
4. Unanswered questions in this packet are cause for removal from the list.
5. Be sure you have completed the Certification section at the end of this packet.

The information you provide in this history statement will be used in the investigation into your background to assist in determining your suitability for the Eatonville Police Department.

Please fill out the ENTIRE questionnaire completely, accurately and truthfully.

Keep in mind that:

1. The entire completion of this form is mandatory.
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.

It is to your advantage to respond fully and factually. Any perceived negative factor in your background will be evaluated in light of the circumstances and facts surrounding its occurrence, and its degree of relevance to the job you are applying for. For example, being fired from a job or having an arrest record is not in itself necessarily grounds for disqualification. During the investigation, the investigator will inquire on the facts surrounding such an occurrence. An evaluation will then be made of the relevance of these facts to the requirements of the job.

If a question does not apply to you, write “N/A” (not applicable) in the space provided for your answer. If you need more space to respond to a question use a separate plain white paper or if you fill out this form on-line add to last page. Ensure your name is written on the paper as well as the question number next to the additional information you are adding. Carefully and completely follow subsection instructions, particularly in subsection 14 (references) and subsection 25 (job experience). If you have any questions contact the Eatonville Police Department at (360) 832-6111.

Disclosure of Medically Related Information

In accordance with the U.S. Americans with Disabilities Act, at this stage of the hiring process applicants are not expected or required to reveal any medical or other disability related information about themselves in response to questions on this form, or to any other inquiry made prior to receiving a conditional offer of employment.

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<input type="checkbox"/> N/A	D. STEP-MOTHER	
NAME:		
PHYSICAL ADDRESS:		
MAILING ADDRESS:		
HOME PHONE:	CELL PHONE:	EMAIL:

<input type="checkbox"/> N/A	E. SPOUSE/ REGISTERED DOMESTIC PARTNER	
NAME:		
PHYSICAL ADDRESS:		
MAILING ADDRESS:		
HOME PHONE:	CELL PHONE:	EMAIL:
YEARS OF MARRIAGE:	Is there, or has there been, a restraining or stay away order in effect for this person <input type="checkbox"/> Yes <input type="checkbox"/> No	

<input type="checkbox"/> N/A	F. FATHER-IN-LAW	
NAME:		
PHYSICAL ADDRESS:		
MAILING ADDRESS:		
HOME PHONE:	CELL PHONE:	EMAIL:

<input type="checkbox"/> N/A	G. MOTHER-IN-LAW	
NAME:		
PHYSICAL ADDRESS:		
MAILING ADDRESS:		
HOME PHONE:	CELL PHONE:	EMAIL:

<input type="checkbox"/> N/A	H. FORMER SPOUSE (S)/FORMER REGISTERED DOMESTIC PARTNER (S)	
NAME:		
PHYSICAL ADDRESS:		
MAILING ADDRESS:		
HOME PHONE:	CELL PHONE:	EMAIL:
YEARS OF MARRIAGE:	Is there, or has there been, a restraining or stay away order in effect for this person <input type="checkbox"/> Yes <input type="checkbox"/> No	

NAME:		
PHYSICAL ADDRESS:		
MAILING ADDRESS:		
HOME PHONE:	CELL PHONE:	EMAIL:
YEARS OF MARRIAGE:	Is there, or has there been, a restraining or stay away order in effect for this person <input type="checkbox"/> Yes <input type="checkbox"/> No	

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<input type="checkbox"/> N/A	I. BROTHERS AND SISTERS – list all siblings, including half, step, and foster siblings, etc.	
NAME:		UNDER AGE 18 <input type="checkbox"/> YES <input type="checkbox"/> NO
PHYSICAL ADDRESS:		
MAILING ADDRESS:		
HOME PHONE:	CELL PHONE:	EMAIL:
NAME:		UNDER AGE 18 <input type="checkbox"/> YES <input type="checkbox"/> NO
PHYSICAL ADDRESS:		
MAILING ADDRESS:		
HOME PHONE:	CELL PHONE:	EMAIL:
NAME:		UNDER AGE 18 <input type="checkbox"/> YES <input type="checkbox"/> NO
PHYSICAL ADDRESS:		
MAILING ADDRESS:		
HOME PHONE:	CELL PHONE:	EMAIL:
NAME:		UNDER AGE 18 <input type="checkbox"/> YES <input type="checkbox"/> NO
PHYSICAL ADDRESS:		
MAILING ADDRESS:		
HOME PHONE:	CELL PHONE:	EMAIL:
NAME:		UNDER AGE 18 <input type="checkbox"/> YES <input type="checkbox"/> NO
PHYSICAL ADDRESS:		
MAILING ADDRESS:		
HOME PHONE:	CELL PHONE:	EMAIL:
NAME:		UNDER AGE 18 <input type="checkbox"/> YES <input type="checkbox"/> NO
PHYSICAL ADDRESS:		
MAILING ADDRESS:		
HOME PHONE:	CELL PHONE:	EMAIL:

<input type="checkbox"/> N/A	J. CHILDREN List all children, including adopted, step, or any other children who reside with you.	
NAME:		UNDER AGE 18 <input type="checkbox"/> YES <input type="checkbox"/> NO
PHYSICAL ADDRESS:		
MAILING ADDRESS:		
HOME PHONE:	CELL PHONE:	CUSTODIAL PARENT OR GUARDIAN:

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NAME:		UNDER AGE 18 <input type="checkbox"/> YES <input type="checkbox"/> NO
PHYSICAL ADDRESS:		
MAILING ADDRESS:		
HOME PHONE:	CELL PHONE:	CUSTODIAL PARENT OR GUARDIAN:

NAME:		UNDER AGE 18 <input type="checkbox"/> YES <input type="checkbox"/> NO
PHYSICAL ADDRESS:		
MAILING ADDRESS:		
HOME PHONE:	CELL PHONE:	CUSTODIAL PARENT OR GUARDIAN:

NAME:		UNDER AGE 18 <input type="checkbox"/> YES <input type="checkbox"/> NO
PHYSICAL ADDRESS:		
MAILING ADDRESS:		
HOME PHONE:	CELL PHONE:	CUSTODIAL PARENT OR GUARDIAN:

NAME:		UNDER AGE 18 <input type="checkbox"/> YES <input type="checkbox"/> NO
PHYSICAL ADDRESS:		
MAILING ADDRESS:		
HOME PHONE:	CELL PHONE:	CUSTODIAL PARENT OR GUARDIAN:

NAME:		UNDER AGE 18 <input type="checkbox"/> YES <input type="checkbox"/> NO
PHYSICAL ADDRESS:		
MAILING ADDRESS:		
HOME PHONE:	CELL PHONE:	CUSTODIAL PARENT OR GUARDIAN:

14. REFERENCES

- LIST 7-10 PEOPLE WHO KNOW YOU WELL, SUCH AS SOCIAL OR FAMILY FRIENDS, CO-WORKERS, AND MILITARY ACQUAINTANCES.
- DO NOT LIST RELATIVES, EMPLOYERS, HOUSEMATES, OR OTHER INDIVIDUALS LISTED ELSEWHERE.

NAME:		
PHYSICAL ADDRESS:		
MAILING ADDRESS:		
HOME PHONE:	CELL PHONE:	EMAIL:
YEARS KNOWN:	HOW DO YOU KNOW THIS PERSON?	

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NAME:		
PHYSICAL ADDRESS:		
MAILING ADDRESS:		
HOME PHONE:	CELL PHONE:	EMAIL:
YEARS KNOWN:	HOW DO YOU KNOW THIS PERSON?	

NAME:		
PHYSICAL ADDRESS:		
MAILING ADDRESS:		
HOME PHONE:	CELL PHONE:	EMAIL:
YEARS KNOWN:	HOW DO YOU KNOW THIS PERSON?	

NAME:		
PHYSICAL ADDRESS:		
MAILING ADDRESS:		
HOME PHONE:	CELL PHONE:	EMAIL:
YEARS KNOWN:	HOW DO YOU KNOW THIS PERSON?	

NAME:		
PHYSICAL ADDRESS:		
MAILING ADDRESS:		
HOME PHONE:	CELL PHONE:	EMAIL:
YEARS KNOWN:	HOW DO YOU KNOW THIS PERSON?	

NAME:		
PHYSICAL ADDRESS:		
MAILING ADDRESS:		
HOME PHONE:	CELL PHONE:	EMAIL:
YEARS KNOWN:	HOW DO YOU KNOW THIS PERSON?	

NAME:		
PHYSICAL ADDRESS:		
MAILING ADDRESS:		
HOME PHONE:	CELL PHONE:	EMAIL:
YEARS KNOWN:	HOW DO YOU KNOW THIS PERSON?	

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NAME:		
PHYSICAL ADDRESS:		
MAILING ADDRESS:		
HOME PHONE:	CELL PHONE:	EMAIL:
YEARS KNOWN:	HOW DO YOU KNOW THIS PERSON?	

SECTION 3: EDUCATION

- NOTE – You will eventually be required to furnish transcripts or other proof to support all your educational claims.

15. Check applicable: High School Diploma from an accredited U.S. Institution GED

16. LIST HIGH SCHOOLS ATTENDED:

NAME:	FROM	TO	DID YOU GRADUATE? <input type="checkbox"/> YES
ADDRESS:			<input type="checkbox"/> NO

NAME:	FROM	TO	DID YOU GRADUATE? <input type="checkbox"/> YES
ADDRESS:			<input type="checkbox"/> NO

17. LIST ALL COLLEGES OR UNIVERSITIES ATTENDED:

NAME:	FROM	TO	TYPE OF DEGREE
ADDRESS:		CREDITS EARNED	

NAME:	FROM	TO	TYPE OF DEGREE
ADDRESS:		CREDITS EARNED	

NAME:	FROM	TO	TYPE OF DEGREE
ADDRESS:		CREDITS EARNED	

18. LIST ANY TRADE, VOCATIONAL, OR BUSINESS/INSTITUTES ATTENDED:

NAME:	FROM	TO	TYPE OF DEGREE
ADDRESS:		CREDITS EARNED	

NAME:	FROM	TO	TYPE OF DEGREE
ADDRESS:		CREDITS EARNED	

19. HAVE YOU EVER ATTENDED A BASIC LAW ENFORCEMENT OR FIRE SERVICE ACADEMY? Yes No
 If yes please provide the following information:

NAME:	FROM	TO	DID YOU GRADUATE? <input type="checkbox"/> YES
ADDRESS:		CONTACT PHONE #	<input type="checkbox"/> NO

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NAME:	FROM	TO	DID YOU GRADUATE? <input type="checkbox"/> YES
ADDRESS:	CONTACT PHONE #		<input type="checkbox"/> NO

20. HAVE YOU EVER BEEN PLACED ON ACADEMIC DISCIPLINE, SUSPENDED, OR EXPELLED FROM ANY HIGH SCHOOL, COLLEGE/UNIVERSITY, BUSINESS OR TRADE SCHOOL? Yes No

If yes please describe in detail below. Starting with high school, list any and all disciplinary actions received in any school or educational institution. Include when the disciplinary action(s) occurred, name of school, and explanation of circumstances.

SECTION 4: RESIDENCE

21. LIST OF RESIDENCES

- List all residences during the last ten years or since age 15. Provide complete addresses (include markers such as Street, Drive, Road, East, West, etc. and unit or apartment number). Do not use P.O. Boxes.
- If the residence is a military base, identify name of base, address, nearest city, state, and zip code. DO NOT LIST military barracks mates unless you shared a room.
- If more space is needed use a separate piece of paper.

A) ADDRESS WHERE YOU NOW LIVE:

FROM:			PRESENT
CITY:	STATE:	ZIP:	PROPERTY MANAGER OR OWNER:
ADDRESS OF PROPERTY MANAGER OR OWNER:			PHONE NUMBER:
CITY:	STATE:	ZIP:	EMAIL:
NAMES OF THOSE WHOM LIVED WITH YOU:			

B) FORMER ADDRESS:

FROM:			TO:
CITY:	STATE:	ZIP:	PROPERTY MANAGER OR OWNER:
ADDRESS OF PROPERTY MANAGER OR OWNER:			PHONE NUMBER:
CITY:	STATE:	ZIP:	EMAIL:
NAMES OF THOSE WHOM LIVED WITH YOU:			

C) FORMER ADDRESS:

FROM:			TO:
CITY:	STATE:	ZIP:	PROPERTY MANAGER OR OWNER:
ADDRESS OF PROPERTY MANAGER OR OWNER:			PHONE NUMBER:
CITY:	STATE:	ZIP:	EMAIL:
NAMES OF THOSE WHOM LIVED WITH YOU:			

D) FORMER ADDRESS:

FROM:			TO:
CITY:	STATE:	ZIP:	PROPERTY MANAGER OR OWNER:
ADDRESS OF PROPERTY MANAGER OR OWNER:			PHONE NUMBER:
CITY:	STATE:	ZIP:	EMAIL:
NAMES OF THOSE WHOM LIVED WITH YOU:			

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E) FORMER ADDRESS:			FROM:	TO:
CITY:	STATE:	ZIP:	PROPERTY MANAGER OR OWNER:	
ADDRESS OF PROPERTY MANAGER OR OWNER:			PHONE NUMBER:	
CITY:	STATE:	ZIP:	EMAIL:	
NAMES OF THOSE WHOM LIVED WITH YOU:				

F) FORMER ADDRESS:			FROM:	TO:
CITY:	STATE:	ZIP:	PROPERTY MANAGER OR OWNER:	
ADDRESS OF PROPERTY MANAGER OR OWNER:			PHONE NUMBER:	
CITY:	STATE:	ZIP:	EMAIL:	
NAMES OF THOSE WHOM LIVED WITH YOU:				

G) FORMER ADDRESS:			FROM:	TO:
CITY:	STATE:	ZIP:	PROPERTY MANAGER OR OWNER:	
ADDRESS OF PROPERTY MANAGER OR OWNER:			PHONE NUMBER:	
CITY:	STATE:	ZIP:	EMAIL:	
NAMES OF THOSE WHOM LIVED WITH YOU:				

22. PROVIDE CONTACT INFORMATION FOR ALL HOUSEMATES LISTED IN QUESTION 21 WITH WHOM YOU HAVE RESIDED DURING THE PAST 10 YEARS, OR SINCE THE AGE OF 15. DO NOT list anyone you have already provided contact information for in the above questions. If more space is needed use a separate piece of paper.

A) NAME:	PHONE NUMBER:
CURRENT ADDRESS:	
NATURE OF RELATIONSHIP:	EMAIL:

B) NAME:	PHONE NUMBER:
CURRENT ADDRESS:	
NATURE OF RELATIONSHIP:	EMAIL:

C) NAME:	PHONE NUMBER:
CURRENT ADDRESS:	
NATURE OF RELATIONSHIP:	EMAIL:

D) NAME:	PHONE NUMBER:
CURRENT ADDRESS:	
NATURE OF RELATIONSHIP:	EMAIL:

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E) NAME:	PHONE NUMBER:
CURRENT ADDRESS:	
NATURE OF RELATIONSHIP:	EMAIL:

F) NAME:	PHONE NUMBER:
CURRENT ADDRESS:	
NATURE OF RELATIONSHIP:	EMAIL:

23. HAVE YOU EVER BEEN EVICTED OR ASKED TO LEAVE A RESIDENCE? YES NO

24. HAVE YOU EVER LEFT A RESIDENCE OWING RENT? YES NO

If you answer yes to Questions 23 and/or 24 explain (include when, where, and circumstances):

SECTION 5: EXPERIENCE AND EMPLOYMENT

25. JOB EXPERIENCE

- Beginning with your most current, list **ALL** jobs you have had, including part-time, temporary, self-employment and volunteer.
- If you have military experience, including reserve duty, enter your military base and unit of assignment.
- List **ALL** periods of unemployment in excess of 30 days.
- List your most current (or last) supervisor for each job.
- List two (2) co-workers that would best know you and your work habits, productivity, behavior, etc.

A) NAME OF EMPLOYER OR MILITARY UNIT:			FROM:	TO:
ADDRESS:			SUPERVISOR:	
CITY:	STATE:	ZIP:	SUPERVISOR PHONE #:	
JOB TITLE:			SUPERVISOR EMAIL:	
DUTIES/ASSIGEMENT:			<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/> SELF EMPLOYED <input type="checkbox"/> VOLUNTEER	
NAME OF CO-WORKER:	PHONE #:	EMAIL:		
NAME OF CO-WORKER:	PHONE #:	EMAIL:		
MAY WE CONTACT YOUR EMPLOYER <input type="checkbox"/> YES <input type="checkbox"/> NO	IF NO, EXPLAIN:	REASON FOR LEAVING:		

B) PERIOD OF EMPLOYMENT: STUDENT BETWEEN JOBS LEAVE OF ABSENCE TRAVEL OTHER FROM: TO:

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C) NAME OF EMPLOYER OR MILITARY UNIT:			FROM:	TO:
ADDRESS:			SUPERVISOR:	
CITY:	STATE:	ZIP:	SUPERVISOR PHONE #:	
JOB TITLE:			SUPERVISOR EMAIL:	
DUTIES/ASSIGEMENT:			<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMPORY <input type="checkbox"/> SELF EMPLOYED <input type="checkbox"/> VOLUNTEER	
NAME OF CO-WORKER:	PHONE #:	EMAIL:		
NAME OF CO-WORKER:	PHONE #:	EMAIL:		
MAY WE CONTACT YOUR EMPLOYER <input type="checkbox"/> YES <input type="checkbox"/> NO	IF NO, EXPLAIN:	REASON FOR LEAVING:		

D) PERIOD OF EMPLOYMENT:	<input type="checkbox"/> STUDENT	<input type="checkbox"/> BETWEEN JOBS	<input type="checkbox"/> LEAVE OF ABSENCE	<input type="checkbox"/> TRAVEL	<input type="checkbox"/> OTHER	FROM:	TO:
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E) NAME OF EMPLOYER OR MILITARY UNIT:			FROM:	TO:
ADDRESS:			SUPERVISOR:	
CITY:	STATE:	ZIP:	SUPERVISOR PHONE #:	
JOB TITLE:			SUPERVISOR EMAIL:	
DUTIES/ASSIGEMENT:			<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMPORY <input type="checkbox"/> SELF EMPLOYED <input type="checkbox"/> VOLUNTEER	
NAME OF CO-WORKER:	PHONE #:	EMAIL:		
NAME OF CO-WORKER:	PHONE #:	EMAIL:		
MAY WE CONTACT YOUR EMPLOYER <input type="checkbox"/> YES <input type="checkbox"/> NO	IF NO, EXPLAIN:	REASON FOR LEAVING:		

F) PERIOD OF EMPLOYMENT:	<input type="checkbox"/> STUDENT	<input type="checkbox"/> BETWEEN JOBS	<input type="checkbox"/> LEAVE OF ABSENCE	<input type="checkbox"/> TRAVEL	<input type="checkbox"/> OTHER	FROM:	TO:
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G) NAME OF EMPLOYER OR MILITARY UNIT:			FROM:	TO:
ADDRESS:			SUPERVISOR:	
CITY:	STATE:	ZIP:	SUPERVISOR PHONE #:	
JOB TITLE:			SUPERVISOR EMAIL:	
DUTIES/ASSIGEMENT:			<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME	

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		<input type="checkbox"/> TEMPORY <input type="checkbox"/> SELF EMPLOYED <input type="checkbox"/> VOLUNTEER
NAME OF CO-WORKER:	PHONE #:	EMAIL:
NAME OF CO-WORKER:	PHONE #:	EMAIL:
MAY WE CONTACT YOUR EMPLOYER <input type="checkbox"/> YES <input type="checkbox"/> NO	IF NO, EXPLAIN:	REASON FOR LEAVING:

H) PERIOD OF EMPLOYMENT: STUDENT BETWEEN JOBS LEAVE OF ABSENCE TRAVEL OTHER FROM: TO:

I) NAME OF EMPLOYER OR MILITARY UNIT:			FROM:	TO:
ADDRESS:			SUPERVISOR:	
CITY:	STATE:	ZIP:	SUPERVISOR PHONE #:	
JOB TITLE:			SUPERVISOR EMAIL:	
DUTIES/ASSIGEMENT:			<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMPORY <input type="checkbox"/> SELF EMPLOYED <input type="checkbox"/> VOLUNTEER	
NAME OF CO-WORKER:	PHONE #:	EMAIL:		
NAME OF CO-WORKER:	PHONE #:	EMAIL:		
MAY WE CONTACT YOUR EMPLOYER <input type="checkbox"/> YES <input type="checkbox"/> NO	IF NO, EXPLAIN:	REASON FOR LEAVING:		

J) PERIOD OF EMPLOYMENT: STUDENT BETWEEN JOBS LEAVE OF ABSENCE TRAVEL OTHER FROM: TO:

K) NAME OF EMPLOYER OR MILITARY UNIT:			FROM:	TO:
ADDRESS:			SUPERVISOR:	
CITY:	STATE:	ZIP:	SUPERVISOR PHONE #:	
JOB TITLE:			SUPERVISOR EMAIL:	
DUTIES/ASSIGEMENT:			<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMPORY <input type="checkbox"/> SELF EMPLOYED <input type="checkbox"/> VOLUNTEER	
NAME OF CO-WORKER:	PHONE #:	EMAIL:		
NAME OF CO-WORKER:	PHONE #:	EMAIL:		
MAY WE CONTACT YOUR EMPLOYER <input type="checkbox"/> YES <input type="checkbox"/> NO	IF NO, EXPLAIN:	REASON FOR LEAVING:		

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L)	<input type="checkbox"/>						
PERIOD OF EMPLOYMENT:	STUDENT	BETWEEN JOBS	LEAVE OF ABSENCE	TRAVEL	OTHER	FROM:	TO:

M) NAME OF EMPLOYER OR MILITARY UNIT:			FROM:	TO:
ADDRESS:			SUPERVISOR:	
CITY:	STATE:	ZIP:	SUPERVISOR PHONE #:	
JOB TITLE:			SUPERVISOR EMAIL:	
DUTIES/ASSIGEMENT:			<input type="checkbox"/> FULL TIME	
			<input type="checkbox"/> PART TIME	
			<input type="checkbox"/> TEMPORY	
			<input type="checkbox"/> SELF EMPLOYED	
			<input type="checkbox"/> VOLUNTEER	
NAME OF CO-WORKER:	PHONE #:	EMAIL:		
NAME OF CO-WORKER:	PHONE #:	EMAIL:		
MAY WE CONTACT YOUR EMPLOYER <input type="checkbox"/> YES <input type="checkbox"/> NO	IF NO, EXPLAIN:	REASON FOR LEAVING:		

N)	<input type="checkbox"/>						
PERIOD OF EMPLOYMENT:	STUDENT	BETWEEN JOBS	LEAVE OF ABSENCE	TRAVEL	OTHER	FROM:	TO:

O) NAME OF EMPLOYER OR MILITARY UNIT:			FROM:	TO:
ADDRESS:			SUPERVISOR:	
CITY:	STATE:	ZIP:	SUPERVISOR PHONE #:	
JOB TITLE:			SUPERVISOR EMAIL:	
DUTIES/ASSIGEMENT:			<input type="checkbox"/> FULL TIME	
			<input type="checkbox"/> PART TIME	
			<input type="checkbox"/> TEMPORY	
			<input type="checkbox"/> SELF EMPLOYED	
			<input type="checkbox"/> VOLUNTEER	
NAME OF CO-WORKER:	PHONE #:	EMAIL:		
NAME OF CO-WORKER:	PHONE #:	EMAIL:		
MAY WE CONTACT YOUR EMPLOYER <input type="checkbox"/> YES <input type="checkbox"/> NO	IF NO, EXPLAIN:	REASON FOR LEAVING:		

P)	<input type="checkbox"/>						
PERIOD OF EMPLOYMENT:	STUDENT	BETWEEN JOBS	LEAVE OF ABSENCE	TRAVEL	OTHER	FROM:	TO:

Q) NAME OF EMPLOYER OR MILITARY UNIT:			FROM:	TO:
ADDRESS:			SUPERVISOR:	
CITY:	STATE:	ZIP:	SUPERVISOR PHONE #:	
JOB TITLE:			SUPERVISOR EMAIL:	

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DUTIES/ASSIGMENT:		<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMPORY <input type="checkbox"/> SELF EMPLOYED <input type="checkbox"/> VOLUNTEER
NAME OF CO-WORKER:	PHONE #:	EMAIL:
NAME OF CO-WORKER:	PHONE #:	EMAIL:
MAY WE CONTACT YOUR EMPLOYER <input type="checkbox"/> YES <input type="checkbox"/> NO	IF NO, EXPLAIN:	REASON FOR LEAVING:

26. Have you ever been disciplined at work? (This includes written warnings, formal letters of counseling, reprimands, suspensions, reductions in pay, reassignments, or demotions)	<input type="checkbox"/> Yes <input type="checkbox"/> No
27. Have you ever been fired, released from probation, or asked to resign from any place of employment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
28. Were you ever involved in a physical/verbal altercation with a supervisor, co-worker, or customer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
29. Have you ever quit without giving proper notice?	<input type="checkbox"/> Yes <input type="checkbox"/> No
30. Have you ever resigned in lieu of termination?	<input type="checkbox"/> Yes <input type="checkbox"/> No
31. Have you ever been accused of discrimination (such as sexual harassment, racial bias, sexual orientation harassment, etc.) by a Co-worker, superior, subordinate or customer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
32. Were you ever the subject of a written complaint at work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
33. Have you ever been counseled at work due to lateness or absences?	<input type="checkbox"/> Yes <input type="checkbox"/> No
34. Did you ever receive an unsatisfactory performance review?	<input type="checkbox"/> Yes <input type="checkbox"/> No
35. Have you ever been named as a defendant in a previously adjudicated work-related civil lawsuit (regardless of outcome)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
36. Is there a work-related civil lawsuit pending in which you have been named a defendant?	<input type="checkbox"/> Yes <input type="checkbox"/> No
37. Do you have reason to believe a work-related lawsuit may be filed in the future in which you may be named as a defendant?	<input type="checkbox"/> Yes <input type="checkbox"/> No
38. Have you ever sold, released, or given away legally confidential information?	<input type="checkbox"/> Yes <input type="checkbox"/> No
39. Have you ever called in sick when you were not sick or caring for a sick family member? If YES, how many sick days have you used in the past five years, which were not due to illness?	<input type="checkbox"/> Yes <input type="checkbox"/> No
40. Have you ever viewed pornographic material at your workplace?	<input type="checkbox"/> Yes <input type="checkbox"/> No
40a. Have you ever engaged in sexual activity at work in violation of your employer's policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered yes to any of Questions 26-40a explain (include when, where and circumstances with corresponding question number):

41. In the past three years, have you missed days or been late to work due to drug or alcohol consumption?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If yes, how often?
41a. Has your work performance ever been affected by your use of alcohol or drugs? If yes, when and where? <input type="checkbox"/> Yes <input type="checkbox"/> No
41b. In the past three years, have you been warned by an employer about your drinking or drug habits and their impact on your performance? If yes, when and where? <input type="checkbox"/> Yes <input type="checkbox"/> No

42. Have you ever applied to any law enforcement, fire protective or public safety –type agency (city, county, state or federal)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> • If yes, list EVERY agency you have applied to and advanced BEYOND an ORAL board, starting with the most recent (give complete and accurate addresses). • ALL agencies must be listed regardless of the outcome or current status; check all boxes that apply for each agency. • If more space is needed continue on a separate piece of paper. 		

A) NAME OF AGENCY:				DATE APPLIED:	
COMPLETE ADDRESS:				POSTION APPLIED FOR:	
CITY:	STATE	ZIP	PHONE NUMBER	EXT	
Check each step of the process that you have completed, and your status:					
<input type="checkbox"/> Oral <input type="checkbox"/> Polygraph <input type="checkbox"/> Background <input type="checkbox"/> Chief's Oral <input type="checkbox"/> Conditional offer of employment					
<input type="checkbox"/> Hired <input type="checkbox"/> On list <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified					

B) NAME OF AGENCY:				DATE APPLIED:	
COMPLETE ADDRESS:				POSTION APPLIED FOR:	
CITY:	STATE	ZIP	PHONE NUMBER	EXT	
Check each step of the process that you have completed, and your status:					
<input type="checkbox"/> Oral <input type="checkbox"/> Polygraph <input type="checkbox"/> Background <input type="checkbox"/> Chief's Oral <input type="checkbox"/> Conditional offer of employment					
<input type="checkbox"/> Hired <input type="checkbox"/> On list <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified					

C) NAME OF AGENCY:				DATE APPLIED:	
COMPLETE ADDRESS:				POSTION APPLIED FOR:	
CITY:	STATE	ZIP	PHONE NUMBER	EXT	
Check each step of the process that you have completed, and your status:					
<input type="checkbox"/> Oral <input type="checkbox"/> Polygraph <input type="checkbox"/> Background <input type="checkbox"/> Chief's Oral <input type="checkbox"/> Conditional offer of employment					
<input type="checkbox"/> Hired <input type="checkbox"/> On list <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified					

43. LIST ALL PUBLIC SAFETY AGENCIES THAT YOU HAVE APPLIED TO IN WHICH YOU HAVE NOT PROGRESSED PAST THE WRITTEN EXAM, PHYSICAL ABILITY TEST AND/OR ORAL BOARD. ALL THAT IS NEEDED FOR THESE AGENCIES IS THE AGENCY NAME AND APPROXIMATE DATE OF TESTING.

AGENCY NAME	TEST DATE (MONTH/YEAR)	CHECK BOX IF YOU ATTENDED AN ORAL BOARD FOR THIS AGENCY
		<input type="checkbox"/>

EATONVILLE POLICE DEPARTMENT PERSONAL HISTORY STATEMENT

		<input type="checkbox"/>

SECTION 6: MILITARY EXPERIENCE

44. Are you required to register for the Selective Service?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, have you registered?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, explain:		
45. Branch of Service:		
46. Dates of Service:		
47. Type of Discharge: <input type="checkbox"/> Entry Level <input type="checkbox"/> Honorable <input type="checkbox"/> Other Than Honorable <input type="checkbox"/> Bad Conduct <input type="checkbox"/> Dishonorable Re-entry Code (1-4) if applicable – refer to your DD-214:		
48. Are you currently participating in one of the following? <input type="checkbox"/> Military Reserve <input type="checkbox"/> National Guard If Checked, date obligation ends:		
49. Have you ever been subject to any judicial or non-judicial disciplinary action (Court martial, Article 15, Captains Mast, Office hours, and company punishment)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
50. Were you ever denied a security clearance, or had a clearance revoked, suspended or downgraded?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you answered yes to Questions 49 or 50, explain (include dates and circumstances):

EATONVILLE POLICE DEPARTMENT PERSONAL HISTORY STATEMENT

SECTION 7: FINANCIAL
51. INCOME AND EXPENSES (FILL IN AMOUNTS TO THE NEAREST WHOLE DOLLAR).

A) What is your monthly take home income from your employer(s)?	\$	per month
B) Do you have income other than from your salary or wages (including spouse's income)? If yes, fill in the amount Explain:	\$	per month
C) How much total do you spend each month? (Include housing, utilities, cars, food, credit cards, etc.)	\$	per month

52. Have you ever filed for or declared bankruptcy (Chapter 7, 11, or 13)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
53. Have any of your bills ever been turned over to a collection agency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
54. Have you ever had purchased goods repossessed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
55. Have your wages ever been garnished?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
56. Have you ever been delinquent on income or other tax payments?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
57. Have you ever failed to file income tax or cheated/lie on an income tax form?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
58. Have you ever had an employment bond refused?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
59. Have you ever avoided paying any lawful dept by moving away?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
60. Have you ever defaulted on (failed to pay) a loan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
61. Have you ever-borrowed money to pay for a gambling debt? If, yes do you currently have any outstanding debts as a result of gambling?	<input type="checkbox"/> Yes <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No
62. Have you ever spent money for illegal purposes (illegal drugs, prostitution, fraudulent documents)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
63. Have you ever failed to make or been late on a court ordered payment (child support, alimony, restitution)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
64. Have you ever written three or more bad checks in a one-year period?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you answered yes to Questions 52 or 64, explain (include when, where, and why; indicate corresponding number):		

SECTION 8: LEGAL
65) Disclosure of Arrests and Convictions Please disclose any of the following which occurred on or after your 15 th birthday, even if the records were sealed, expunged, dismissed, or pardoned: <ol style="list-style-type: none"> 1. All detentions or arrests, whether they resulted in a conviction or not 2. All convictions 3. All diversion programs, whether completed or not

65a). Either as an adult or juvenile, have you ever been detained for investigation, held on suspicion, questioned, fingerprinted, arrested, indicted, criminally charged, or convicted of any misdemeanor or felony offense in this state or in any other legal jurisdictions (including offenses punishable under the Uniform Code of Military Justice)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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EATONVILLE POLICE DEPARTMENT PERSONAL HISTORY STATEMENT

IF YES, EXPLAIN EACH INCIDENT.	
A) APPROXIMATE DATE:	ARRESTING OR DETAINING AGENCY:
CHARGE:	
DISPOSITION OR PENALTY:	
B) APPROXIMATE DATE:	ARRESTING OR DETAINING AGENCY:
CHARGE:	
DISPOSITION OR PENALTY:	
C) APPROXIMATE DATE:	ARRESTING OR DETAINING AGENCY:
CHARGE:	
DISPOSITION OR PENALTY:	

66. Have you ever been placed on court probation as an adult?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
67. Were you ever required to appear before a juvenile court for an act which would have been a crime if committed as an adult?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
68. Have you ever been a party in a non-work related civil lawsuit (small claims actions, child custody, paternity, dissolutions)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
69. Have the police ever been called your home for any reason?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
70. Have you or your spouse/partner ever been referred to Child Protective Services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
71. Have you ever been the subject of an emergency protection/restraining/stay-away order?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
72. Have you ever settled any civil suit in which you, your insurance, or anyone else on your behalf was required to make payment to another party?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
73. Have you ever fraudulently received welfare, unemployment compensation, or other state or federal assistance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
74. Have you ever filed a false insurance or worker's compensation claim?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

74a. Other than those listed in Question # 65a above; will your name appear in any police record system or police report as a VICTIM, WITNESS or SUSPECT? (Do not include when acting in the capacity of paid employment, such as security, EMT, loss prevention, etc).	<input type="checkbox"/> Yes	<input type="checkbox"/> No
74b. Are you currently, or have you ever within the past seven years, received unemployment benefits while also receiving other sources of income?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

<p>If you answered yes to any of Questions 66 - 74b, explain (include court case or document, dates and circumstances; indicate the corresponding number:</p>

EATONVILLE POLICE DEPARTMENT PERSONAL HISTORY STATEMENT

75. UNDETECTED ACTS – Part 1	
Within the past ten (10) years or at any time after you were first employed in law enforcement or the fire service, have you ever committed any of the following misdemeanors? NOTE: You may not withhold any information regarding your involvement in any of the following acts, even if federal or state law relieved you from reporting the detention, arrest, or conviction that arose from it.	
A. Annoying / obscene phone calls or text messages; cyber bullying?	<input type="checkbox"/> Yes <input type="checkbox"/> No
B. Battery (use of force or violence against another)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
C. Brandishing a weapon (any type of weapon)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
D. Carrying a concealed weapon without a permit?	<input type="checkbox"/> Yes <input type="checkbox"/> No
E. Contributing to the delinquency of a minor; providing alcohol to minors?	<input type="checkbox"/> Yes <input type="checkbox"/> No
F. Defrauding an innkeeper (not paying for food or room at a hotel/motel)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
G. Driving under the influence of alcohol and/or drugs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
H. Drunk in public (being so intoxicated in public that you're not able to care for yourself)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
I. Hit and Run collision (no injuries)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
J. Hunting/fishing without a license?	<input type="checkbox"/> Yes <input type="checkbox"/> No
K. Illegal gambling; including on-line gambling?	<input type="checkbox"/> Yes <input type="checkbox"/> No
L. Impersonating a police officer (pretending to be a police officer)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
M. Indecent exposure (including flashing or mooning); sex within public view?	<input type="checkbox"/> Yes <input type="checkbox"/> No
N. Joyriding (using another's vehicle without permission)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
O. Petty theft (value up to \$400, including shoplifting/switching price tags)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
P. Possession/consumption of alcohol as a minor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Q. Possession of false or altered identification (includes using another's ID for any reason)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
R. Possession of stolen property (including vehicles)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
S. Prostitution or soliciting a prostitute?	<input type="checkbox"/> Yes <input type="checkbox"/> No
T. Resisting arrest (including running from the police)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
U Trespassing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
V. Vandalism (including "tagging", malicious mischief and/or property damage)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
W. Intentionally writing a bad check or writing a check knowing funds were insufficient?	<input type="checkbox"/> Yes <input type="checkbox"/> No
X. Filing a false police report?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Y. Cruelty to animals	<input type="checkbox"/> Yes <input type="checkbox"/> No
Z. Any other act amounting to a misdemeanor within the past ten years?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered yes to any item (s) in **Question 75**, fully explain circumstances, including date (s), names of individuals involved, and resolution. Indicate the corresponding letter (75-A, etc.) for each question.

EATONVILLE POLICE DEPARTMENT PERSONAL HISTORY STATEMENT

76. UNDETECTED ACTS – Part 2
At any time in your life have you ever committed any of the following? NOTE: You may not withhold any information regarding your involvement in any of the following acts, even if federal or state law relieved you from reporting the detention, arrest, or conviction that arose from it.

A. Arson (intentionally destroying property by setting a fire)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B. Assault with a deadly weapon?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
C. Theft of a vehicle and/or parts?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
D. Burglary (entering a structure or vehicle to commit theft or another crime)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
E. Child molestation (performing unlawful acts with a child)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
F. Accessing and/or possessing child pornography?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
G. Elder abuse/neglect?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
H. Embezzlement (theft of money or other valuables entrusted to you)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I. Felony drunk driving (involving injuries)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
J. Forgery (falsifying any type of document, check certificate, license, currency, etc.)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
L. Hit and Run (with injuries)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
M. Hate Crime?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
N. Insurance Fraud?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
O. Grand Theft (over \$400, or any firearm)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
P. Murder, homicide, or attempted murder?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Q. Perjury (lying under oath)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
R. Possession of an explosive/destructive device?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
S. Robbery (theft from another person using a weapon, force, or fear)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
T. Stalking?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
U. Blackmail or extortion?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
V. Copyright infringement (including illegally downloading or copying software, audio files, movies, digital files, etc)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
W. Forcible rape or other act of unlawful intercourse?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
X. Any other act amounting to a felony?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you answered Yes to any item(s) in Question 76, fully explain circumstances, including date(s), names of individuals involved, and resolution. Indicate the corresponding letter (76-A, etc.) for each explanation.

EATONVILLE POLICE DEPARTMENT PERSONAL HISTORY STATEMENT

Questions 77 and 78 ask about your current and past recreational drug use. This covers the use of **any** drug, including the unauthorized use of prescription drugs or over the counter drugs. Your answers should include, but not be limited to, your use of any of the following drugs:

Amphetamines/Methamphetamines (Uppers, speed, crank, etc)	Glue	Mescaline
Barbiturates (Downers)	Hallucinogens (Peyote, LSD, Mushrooms)	Morphine
Cocaine/Crack Cocaine	Hashish/Hashish Oil	PCP/Angel Dust
Designer Drugs (Ecstasy, Synthetic Heroin, etc)	Heroin / Opium	Quaaludes
GHB (or other date rape drug)	Marijuana	Steroids
Tetrahydrocannabinol (THC)	Prescription drug (s) not prescribed to you	Prescription drugs used for recreation purposes

77. IN THE PAST 5 YEARS, HAVE YOU USED ANY DRUG(S) AS INDICATED ABOVE? Yes No

If yes, give details; include the drug(s), number of times used, time period used, and circumstances of the use.

78. PRIOR TO THE PAST FIVE YEARS (CHECK ALL THAT APPLY):

I have never used or experimented with any drug recreationally.

I have tried or used on or more drugs, but only under limited circumstances (for example, experimentation, at parties, concerts, special events, etc).

If checked, give details including drug (s) used, most recent date used, how many times, and circumstances.

79. Have you ever engaged in any of the activities listed below for drugs, prescription drugs, narcotics or illegal substances, including marijuana (Check all that apply)?

Sold Purchased Cultivated

Manufactured Furnished Carried or held for

Present when illegal drugs were being used Loaned money to someone else to purchase illegal drugs Traded/ Bartered

If you checked any items above in Question 79, give details including drug (s) involved, over what time period (s), and circumstances.

EATONVILLE POLICE DEPARTMENT PERSONAL HISTORY STATEMENT

SECTION 9: MOTOR VEHICLE OPERATION			
80. CURRENT DRIVER'S LICENSE NUMBER	STATE OF ISSUE	EXPIRATION DATE	NAME ON LICENSE

81. LIST ALL STATES WHERE YOU HAVE BEEN LICENSED TO OPERATE A MOTOR VEHICLE:		
State of Issue	Type of License	Name under which license was granted and license number, if known

82. HAVE YOU EVER BEEN REFUSED A DRIVER'S LICENSE BY ANY STATE? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, explain why:

83. HAS YOUR DRIVER'S LICENSE EVER BEEN SUSPENDED OR REVOKED? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, explain why:

84. LIST YOUR CURRENT LIABILITY INSURANCE ON YOUR VEHICLE (S)

A) Vehicle Make	Vehicle Year	Vehicle License
Insurance Company	Policy Number	Expires
Company Address (Number/Street)	City, State, Zip	Contact Number
B) Vehicle Make	Vehicle Year	Vehicle License
Insurance Company	Policy Number	Expires
Company Address (Number/Street)	City, State, Zip	Contact Number
C) Vehicle Make	Vehicle Year	Vehicle License
Insurance Company	Policy Number	Expires
Company Address (Number/Street)	City, State, Zip	Contact Number

EATONVILLE POLICE DEPARTMENT PERSONAL HISTORY STATEMENT

85. LIST ALL TRAFFIC CITATIONS/INFRACTIONS YOU HAVE RECEIVED IN THE PAST TEN YEARS. LIST THE CITATION/INFRACTION NUMBER AS ORIGINALLY ISSUED. IF THE ORIGINAL VIOLATION WAS REDUCED FOR WHATEVER REASON, PLEASE EXPLAIN:

A) Nature of Violation	Location (Street) (City) (State)
Date Violation Occurred Month Year	Action Taken <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed
B) Nature of Violation	Location (Street) (City) (State)
Date Violation Occurred Month Year	Action Taken <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed
C) Nature of Violation	Location (Street) (City) (State)
Date Violation Occurred Month Year	Action Taken <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed

D) Has a traffic citation ever resulted in a warrant or caused your driver's license to be with held due to the following? (Check all that apply.)

Failed to Appear Failed to complete traffic school Failed to pay the required fine

If checked above, explain circumstances:

87. HAVE YOU EVER BEEN INVOLVED AS A DRIVER IN A MOTOR VEHICLE ACCIDENT / COLLISION WITHIN THE PAST TEN YEARS?
IF YES, COMPLETE NEXT SECTION:

Yes No

A) Date	Location (Street / City / State / Zip)	<input type="checkbox"/> Injury <input type="checkbox"/> Non-Injury
Police Report <input type="checkbox"/> Yes <input type="checkbox"/> No	Law Enforcement Agency	At-fault <input type="checkbox"/> Yes <input type="checkbox"/> No
B) Date	Location (Street / City / State / Zip)	<input type="checkbox"/> Injury <input type="checkbox"/> Non-Injury
Police Report <input type="checkbox"/> Yes <input type="checkbox"/> No	Law Enforcement Agency	At-fault <input type="checkbox"/> Yes <input type="checkbox"/> No
C) Date	Location (Street / City / State / Zip)	<input type="checkbox"/> Injury <input type="checkbox"/> Non-Injury
Police Report <input type="checkbox"/> Yes <input type="checkbox"/> No	Law Enforcement Agency	At-fault <input type="checkbox"/> Yes <input type="checkbox"/> No

88. HAVE YOU EVER DRIVEN A MOTOR VEHICLE WITHOUT AUTO INSURANCE, AS REQUIRED BY LAW? Yes No

If yes, give reason, date and location:

EATONVILLE POLICE DEPARTMENT PERSONAL HISTORY STATEMENT

89. HAVE YOU EVER BEEN REFUSED AUTOMOBILE LIABILITY INSURANCE OR BEEN CANCELLED? If yes, give reason, date and insurance company name:	<input type="checkbox"/> Yes <input type="checkbox"/> No
89A. USE THIS SPACE FOR ADDITIONAL INFORMATION YOU WOULD LIKE TO INCLUDE REGARDING YOUR DRIVING RECORD.	

SECTION 10: OTHER TOPICS		
90. Have you ever been refused a permit to carry a concealed weapon?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
91. Are you now, or have you ever been, a member or associate of a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, or disability?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
92. Do you have, or have you ever had, a tattoo signifying membership in, or affiliation with, a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, or disability?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
93. Since the age of 16, have you ever been involved in an anger provoked physical fight, confrontation, or other violent act?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
94. Have you ever hit or physically overpowered a spouse or romantic partner?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
95. Have you ever been involved in a domestic violence act with a relative, spouse, significant other, romantic partner or domestic partner, including but not limited to, an act of violence, threats, infliction of emotional distress and/or property damage?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
96. Do you know any reason that would disqualify you from being appointed to this job or prevent you from performing the essential duties of the job?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you answered Yes to any of Questions 90-96, give details including dates and circumstances, police report numbers; indicate corresponding number:

EATONVILLE POLICE DEPARTMENT PERSONAL HISTORY STATEMENT

SECTION 11: CERTIFICATION		
CERTIFICATION		
<p>I hereby swear or affirm that there is no willful misrepresentation or omissions in, or falsifications of, the statements and answers in this Personal History Statement. I hereby certify that I have personally completed each page of this form and any supplemental page (s) attached, and that all statements made are true and complete to the best of my knowledge and belief. I am aware that should an investigation disclose such misrepresentations, omissions, or falsifications in any documents I submit, or statements I make as part of this application, testing, and/or hiring process, my application will be immediately rejected and I will also be disqualified from applying for any future position with the Eatonville Police Department. If after my acceptance for employment, subsequent investigation should disclose misrepresentation, omission, or falsification, it will be just cause for my immediate dismissal. I understand that this is a continuing investigation and agree to notify the Eatonville Police Department of any information that may reflect any changes or additions to this Personal History Statement.</p>		

Printed Name	Signature	Date

The following signature is to be completed at a later date in the presence of investigator.		
Printed Name	Signature	Date
Printed Investigator	Signature	Date

ADDITIONAL SPACE

- Use this page as needed to include additional information that does not fit elsewhere on this form (e.g., additional family members, schools, residences, employers, explanations to questions, etc).
- **Identify in order the corresponding question and specific Item being referenced.**

Empty space for providing additional information.