

EATONVILLE POLICE DEPARTMENT PERSONAL HISTORY STATEMENT

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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 times 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. 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.

EATONVILLE POLICE DEPARTMENT PERSONAL HISTORY STATEMENT

SECTION 1: PERSONAL					
1. YOUR FULL NAME					
LAST	FIRST	MIDDLE			
2. OTHER NAMES, INCLUDING NICKNAMES, YOU HAVE USED OR BEEN KNOWN BY					
3. FULL ADDRESS WHERE YOU RESIDE					
4. MAILING ADDRESS, IF DIFFERENT FROM ABOVE					
5. CONTACT NUMBERS		WORK		CELL	
6. EMAIL ADDRESS					
HOME			BUSINESS		
7. If born outside of the United States, are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If no, are you a resident alien who is eligible and has applied for U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No					
8. BIRTH PLACE (CITY/COUNTY/STATE/COUNTRY)			9. BIRTHDATE		10. SOCIAL SECURITY NUMBER
11. DRIVER'S LICENSE NO.		STATE	EXP.	12. PHYSICAL DESCRIPTION	
				HEIGHT	WEIGHT
				EYE	HAIR

SECTION 2: RELATIVES AND REFERENCES					
13. IMMEDIATE FAMILY					
<ul style="list-style-type: none"> Provide all applicable information in the spaces below. Mark N/A if a category is not applicable or if the individual is deceased. If more space is needed, continue on a separate sheet of paper. 					

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

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

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

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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:	

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

EATONVILLE POLICE DEPARTMENT PERSONAL HISTORY STATEMENT

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

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

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

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

14. References

- List 4-6 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?	

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

NAME:		
PHYSICAL ADDRESS:		
MAILING ADDRESS:		

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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?	

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
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ADDRESS:	CREDITS EARNED	
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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		

NAME:	FROM	TO	TYPE OF DEGREE
ADDRESS:	CREDITS EARNED		

19. Have you ever attended a Basic Law Enforcement? Yes No
 If yes, please provide the following information:

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

NAME:	FROM	TO	DID YOU GRADUATE?
ADDRESS:	CONTACT PHONE NUMBER		<input type="checkbox"/> YES
			<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.

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

EATONVILLE POLICE DEPARTMENT PERSONAL HISTORY STATEMENT

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:				

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:				

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:				

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:				

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 16. 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.

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

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

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

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

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

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

23. Have you ever been evicted or asked to leave a residence?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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24. Have you ever left a residence owing rent?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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If you answer yes to Questions 23 and/or 24 explain (include when, where, and circumstances):	
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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.

NAME OF EMPLOYER OR MILITARY UNIT:			FROM:	TO:
ADDRESS:			SUPERVISOR:	
CITY:	STATE:	ZIP:	SUPERVISOR PHONE NUMBER:	
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 NUMBER:	EMAIL:		
NAME OF CO-WORKER:	PHONE NUMBER:	EMAIL:		
MAY WE CONTACT YOUR EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF NO, EXPLAIN:	REASON FOR LEAVING:		

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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NAME OF EMPLOYER OR MILITARY UNIT:			FROM:	TO:
ADDRESS:			SUPERVISOR:	
CITY:	STATE:	ZIP:	SUPERVISOR PHONE NUMBER:	
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 NUMBER:	EMAIL:		
NAME OF CO-WORKER:	PHONE NUMBER:	EMAIL:		
MAY WE CONTACT YOUR EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF NO, EXPLAIN:	REASON FOR LEAVING:		

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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EATONVILLE POLICE DEPARTMENT PERSONAL HISTORY STATEMENT

NAME OF EMPLOYER OR MILITARY UNIT:			FROM:	TO:
ADDRESS:			SUPERVISOR:	
CITY:	STATE:	ZIP:	SUPERVISOR PHONE NUMBER:	
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 NUMBER:		EMAIL:	
NAME OF CO-WORKER:	PHONE NUMBER:		EMAIL:	
MAY WE CONTACT YOUR EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF NO, EXPLAIN:		REASON FOR LEAVING:	

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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NAME OF EMPLOYER OR MILITARY UNIT:			FROM:	TO:
ADDRESS:			SUPERVISOR:	
CITY:	STATE:	ZIP:	SUPERVISOR PHONE NUMBER:	
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 NUMBER:		EMAIL:	
NAME OF CO-WORKER:	PHONE NUMBER:		EMAIL:	
MAY WE CONTACT YOUR EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF NO, EXPLAIN:		REASON FOR LEAVING:	

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

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

PERIOD OF EMPLOYMENT:	<input type="checkbox"/>	FROM:	TO:				
	STUDENT	BETWEEN JOBS	LEAVE OF ABSENCE	TRAVEL	OTHER		
NAME OF EMPLOYER OR MILITARY UNIT:						FROM:	TO:
ADDRESS:						SUPERVISOR:	
CITY:	STATE:	ZIP:		SUPERVISOR PHONE NUMBER:			
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 NUMBER:		EMAIL:				
NAME OF CO-WORKER:	PHONE NUMBER:		EMAIL:				
MAY WE CONTACT YOUR EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF NO, EXPLAIN:		REASON FOR LEAVING:				

PERIOD OF EMPLOYMENT:	<input type="checkbox"/>	FROM:	TO:				
	STUDENT	BETWEEN JOBS	LEAVE OF ABSENCE	TRAVEL	OTHER		
NAME OF EMPLOYER OR MILITARY UNIT:						FROM:	TO:
ADDRESS:						SUPERVISOR:	
CITY:	STATE:	ZIP:		SUPERVISOR PHONE NUMBER:			
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	

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

PERIOD OF EMPLOYMENT:	<input type="checkbox"/>	FROM:	TO:				
	STUDENT	BETWEEN JOBS	LEAVE OF ABSENCE	TRAVEL	OTHER		
NAME OF EMPLOYER OR MILITARY UNIT:						FROM:	TO:
ADDRESS:						SUPERVISOR:	
CITY:	STATE:	ZIP:	SUPERVISOR PHONE NUMBER:				
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 NUMBER:			EMAIL:	
NAME OF CO-WORKER:			PHONE NUMBER:			EMAIL:	
MAY WE CONTACT YOUR EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO			IF NO, EXPLAIN:			REASON FOR LEAVING:	

PERIOD OF EMPLOYMENT:	<input type="checkbox"/>	FROM:	TO:				
	STUDENT	BETWEEN JOBS	LEAVE OF ABSENCE	TRAVEL	OTHER		
NAME OF EMPLOYER OR MILITARY UNIT:						FROM:	TO:
ADDRESS:						SUPERVISOR:	
CITY:	STATE:	ZIP:	SUPERVISOR PHONE NUMBER:				
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 NUMBER:			EMAIL:	
NAME OF CO-WORKER:			PHONE NUMBER:			EMAIL:	
MAY WE CONTACT YOUR EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO			IF NO, EXPLAIN:			REASON FOR LEAVING:	

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61. Have you ever borrowed money to pay for a gambling debt?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If, yes do you currently have any outstanding debts as a result of gambling?	<input type="checkbox"/> Yes <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 dates and circumstances):

SECTION 8: LEGAL
 Disclosure of Arrests and Convictions – Please disclose any of the following which occurred on or after your 15th birthday, even if the records were sealed, expunged, dismissed, or pardoned:

1. All detentions or arrests, whether they resulted in a conviction or not
2. All convictions
3. All diversion programs, whether completed or not

65. Either as an adult or juvenile, have you ever been detained for investigation, held on suspicion, questioned, fingerprinted, arrested, indicted, criminal 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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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:	
D) APPROXIMATE DATE:	ARRESTING OR DETAINING AGENCY:
CHARGE:	
DISPOSITION OR PENALTY:	

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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)?	<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

If you answered yes to questions 66 or 74, explain (include dates and circumstances):

75. 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?		
A. Annoying or obscene phone calls?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B. Assault (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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
F. Defrauding an innkeeper (not paying for food or room)?	<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?	<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)?	<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

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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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
X. Filing a false report?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Y. 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 questions 75, explain (include dates, circumstances, and resolution):

76. At any time in your life have you ever committed the following?		
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?	<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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I. Felony drunk driving (involving injuries)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
J. Forgery?	<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 (or any type)?	<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)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Q. Perjury?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
R. Possession of an explosive/destructive device?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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S. Robbery (theft using a weapon, force, or threat of)?	<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. Any other act amounting to a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered yes to questions 76, explain (include dates, circumstances and resolution):

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

Amphetamines/Methamphetamines	Glue	Mescaline
Barbiturates	Hallucinogens	Morphine
Cocaine/Crack Cocaine	Hashish/Hashish Oil	PCP/Angel Dust
Ecstasy	Heroin/Opium	Quaaludes
GHB (or other rape drug)	Marijuana	Steroids
Tetrahydrocannabinol (THC)		

77. In the past 5 years, have you used any drug(s) as indicated above?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>If yes, include the drug(s), number of times used, time period used, and circumstances of the use.</p>	

78. Prior to the past 5 years, have you used any drug(s) as indicated above?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>If yes, include the drug(s), number of times used, time period used, and circumstances of the use.</p>	

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79. Have you ever engaged in any of the activities listed below for drugs, narcotics or illegal substances, including marijuana (check all that apply)?		
<input type="checkbox"/> Sold	<input type="checkbox"/> Purchased	<input type="checkbox"/> Cultivated
<input type="checkbox"/> Manufactured	<input type="checkbox"/> Furnished	<input type="checkbox"/> Carried or held for
If yes, include the drug(s), number of times used, time period used, and circumstances of the use.		

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 license was issued	Type of License	Name and License number of license

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 license ever been suspended or revoked by any state?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, explain why:	

84. List all your current vehicles with insurance information:			
A) Vehicle Year:	Vehicle Make:	Vehicle Model:	Vehicle Plate Number:
Insurance Company:		Policy Number:	
Expiration Date:	Company Address and Phone number:		
B) Vehicle Year:	Vehicle Make:	Vehicle Model:	Vehicle Plate Number:
Insurance Company:		Policy Number:	
Expiration Date:	Company Address and Phone number:		

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C) Vehicle Year:	Vehicle Make:	Vehicle Model:	Vehicle Plate Number:
Insurance Company:		Policy Number:	
Expiration Date:	Company Address and Phone number:		
D) Vehicle Year:	Vehicle Make:	Vehicle Model:	Vehicle Plate Number:
Insurance Company:		Policy Number:	
Expiration Date:	Company Address and Phone number:		

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) Violation:	Location (Street, City, State):
Violation Date:	Final Outcome:
Explain the reason for the violation:	
B) Violation:	Location (Street, City, State):
Violation Date:	Final Outcome:
Explain the reason for the violation:	
C) Violation:	Location (Street, City, State):
Violation Date:	Final Outcome:
Explain the reason for the violation:	
D) Violation:	Location (Street, City, State):
Violation Date:	Final Outcome:
Explain the reason for the violation:	

86. Has a traffic citation/infraction ever resulted in a warrant or caused your license to be with held due to the following:		
<input type="checkbox"/> Failed to appear	<input type="checkbox"/> Failed to complete traffic school	<input type="checkbox"/> Failed to pay fine
If yes, explain:		

87. List all traffic collisions you have been involved in as the driver in the past ten years:	
A) Date:	Location (Street, City, State):
Police Report Number:	Law Enforcement Agency:
Explain the reason for the collision:	

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B) Date:	Location (Street, City, State):
Police Report Number:	Law Enforcement Agency:
Explain the reason for the collision:	
C) Date:	Location (Street, City, State):
Police Report Number:	Law Enforcement Agency:
Explain the reason for the collision:	

88. Have you ever driven a motor vehicle without auto insurance, as required by law? If yes, explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No

89. Have you ever been refused or had your automotive insurance cancelled? If yes, explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No

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 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
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

If you answered yes to any of questions 90-94, explain:

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Is there anything else in your background you believe would be important for the investigator to know about?

SECTION 11: CERTIFICATION

I hereby swear or affirm that there is no willful misrepresentation or omissions in, or falsifications of, the statements and answers in the Personal History Statement. I hereby certify that I have personally completed each page of this form and any supplemental pages 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. 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.

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