



**RELATIVES, REFERENCES, ACQUAINTANCES:**

7. List as personal or professional references 3-5 individuals who have knowledge of you and your qualifications.

NAME / RELATIONSHIP	ADDRESS	TELEPHONE

8. List individuals with whom you have resided within the past 10 years. List no information prior to your 15th birthday. **Exclude family members.**

NAME	ADDRESS	TELEPHONE

**RESIDENCE:**

9. Please list all your residences during the last 10 years. Begin with your most current residence and proceed backward. If a residence was rented, give the landlord's name, address and telephone number. List no information prior to your 15th birthday.

ADDRESS OF RESIDENCE	DATES (FROM/TO)	REASON FOR LEAVING	LANDLORD INFORMATION

**EDUCATION:**

10. The Commission on Peace Officer Standards and Training requires a peace officer to possess a high school diploma or its equivalent. Please indicate your current status with regard to this requirement by checking the appropriate spaces.

\_\_\_\_\_ I possess a high school diploma.

\_\_\_\_\_ I passed the G.E.D. (General Educational Development) test.

\_\_\_\_\_ I possess the following college degrees (please include name of college and year attained):

---

---

---

---

11. List all the schools you have attended, beginning with high school. During the background investigation, persons who have known you in a learning environment may be contacted. A review of your school records may be made in conjunction with those contacts.

NAME OF SCHOOL	LOCATION CITY AND STATE	DATES OF ATTENDANCE	TEACHER OR REFERENCE

12. Have you ever been suspended or expelled from any school or post-secondary school? (Post-secondary schools include colleges and universities, graduate schools, business and vocational schools ..... any formal education beyond the high school level.)

YES \_\_\_\_\_ NO \_\_\_\_\_

If "YES", Please explain (include school, date and circumstances): \_\_\_\_\_

---

---

---

---

---

**EXPERIENCE AND EMPLOYMENT:**

13. Beginning with your most current employment, list all jobs you have held in the past 10 years. For purposes of the Personal History Statement, part-time, temporary, and voluntary work should be included. Please list all periods of unemployment in chronological sequence in the spaces provided for you between employment listings.

Should you need to list additional experience/employment information, please use an additional sheet of paper, and continue in the EXACT same format as below.

NAME & ADDRESS OF EMPLOYER: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Type of business: \_\_\_\_\_ Phone No. \_\_\_\_\_

Dates of employment: From: \_\_\_\_\_ To: \_\_\_\_\_

Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Voluntary \_\_\_\_\_ Military Service \_\_\_\_\_

Title or duties: \_\_\_\_\_

Name you were known by: \_\_\_\_\_

Name of supervisor: \_\_\_\_\_

Names of co-workers:(1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**UNEMPLOYED FROM \_\_\_\_\_ TO \_\_\_\_\_**

NAME & ADDRESS OF EMPLOYER: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Type of business: \_\_\_\_\_ Phone No. \_\_\_\_\_

Dates of employment: From: \_\_\_\_\_ To: \_\_\_\_\_

Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Voluntary \_\_\_\_\_ Military Service \_\_\_\_\_

Title or duties: \_\_\_\_\_

Name you were known by: \_\_\_\_\_

Name of supervisor: \_\_\_\_\_

Names of co-workers:(1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**UNEMPLOYED FROM \_\_\_\_\_ TO \_\_\_\_\_**

NAME & ADDRESS OF EMPLOYER: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Type of business: \_\_\_\_\_ Phone No. \_\_\_\_\_

Dates of employment: From: \_\_\_\_\_ To: \_\_\_\_\_

Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Voluntary \_\_\_\_\_ Military Service \_\_\_\_\_

Title or duties: \_\_\_\_\_

Name you were known by: \_\_\_\_\_

Name of supervisor: \_\_\_\_\_

Names of co-workers:(1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**UNEMPLOYED FROM \_\_\_\_\_ TO \_\_\_\_\_**

NAME & ADDRESS OF EMPLOYER: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Type of business: \_\_\_\_\_ Phone No. \_\_\_\_\_  
Dates of employment: From: \_\_\_\_\_ To: \_\_\_\_\_  
Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Voluntary \_\_\_\_\_ Military Service \_\_\_\_\_  
Title or duties: \_\_\_\_\_  
Name you were known by: \_\_\_\_\_  
Name of supervisor: \_\_\_\_\_  
Names of co-workers:(1) \_\_\_\_\_  
(2) \_\_\_\_\_  
(3) \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

**UNEMPLOYED FROM \_\_\_\_\_ TO \_\_\_\_\_**

NAME & ADDRESS OF EMPLOYER: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Type of business: \_\_\_\_\_ Phone No. \_\_\_\_\_  
Dates of employment: From: \_\_\_\_\_ To: \_\_\_\_\_  
Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Voluntary \_\_\_\_\_ Military Service \_\_\_\_\_  
Title or duties: \_\_\_\_\_  
Name you were known by: \_\_\_\_\_  
Name of supervisor: \_\_\_\_\_  
Names of co-workers:(1) \_\_\_\_\_  
(2) \_\_\_\_\_  
(3) \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

**UNEMPLOYED FROM \_\_\_\_\_ TO \_\_\_\_\_**

NAME & ADDRESS OF EMPLOYER: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Type of business: \_\_\_\_\_ Phone No. \_\_\_\_\_  
Dates of employment: From: \_\_\_\_\_ To: \_\_\_\_\_  
Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Voluntary \_\_\_\_\_ Military Service \_\_\_\_\_  
Title or duties: \_\_\_\_\_  
Name you were known by: \_\_\_\_\_  
Name of supervisor: \_\_\_\_\_  
Names of co-workers:(1) \_\_\_\_\_  
(2) \_\_\_\_\_  
(3) \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

**UNEMPLOYED FROM \_\_\_\_\_ TO \_\_\_\_\_**

**EXPERIENCE AND EMPLOYMENT (Continued):**

14. Would any problems result if your present employer was contacted during the background investigation? **YES** \_\_\_\_\_ **NO** \_\_\_\_\_

If "YES", when should such contact be made? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

15. Have you ever been fired or asked to resign from any place of employment?

**YES** \_\_\_\_\_ **NO** \_\_\_\_\_

If "YES", please give details to include when, name of employer and why. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

16. Have you ever applied, successful or unsuccessfully, for another position with any law enforcement agency? **YES** \_\_\_\_\_ **NO** \_\_\_\_\_

If "YES", please provide the year, agency, and check off the processes which you completed and whether you were disqualified or hired.

Yr	Agency	Written	Physical Agility	Oral Interview	Background	Polygraph	Psych	Medical Exam	Disqualified	Hired

**MILITARY SERVICE**

17. Have you ever served in the Armed Forces, National Guard or Military Reserves?

**YES** \_\_\_\_\_ **NO** \_\_\_\_\_

If "YES", please supply the following information:

Branch of Service: \_\_\_\_\_ Service number: \_\_\_\_\_ Dates of service: From \_\_\_\_\_ to \_\_\_\_\_

Type of discharge: \_\_\_\_\_

18. Have you registered with the Selective Service? **YES** \_\_\_\_\_ **NO** \_\_\_\_\_

If "YES", when? \_\_\_\_\_

19. Have you ever been the subject of any judicial or non-judicial disciplinary action while in the Military, National Guard, or Military Reserves? YES \_\_\_\_\_ NO \_\_\_\_\_

If "YES", please give details to include branch of service, when, where, circumstances, etc. \_\_\_\_\_

---

---

---

---

---

---

---

---

**FINANCIAL:**

20. Have you ever filed for or declared bankruptcy or filed for the Wage Earner's Plan?

YES \_\_\_\_\_ NO \_\_\_\_\_

If "YES", please give details to include when, where and why. \_\_\_\_\_

---

---

---

---

---

---

---

---

21. Within the last even (7) years, have any of your bills ever been turned over to a collection agency? YES \_\_\_\_\_ NO \_\_\_\_\_

If "YES", please give details to include when, firms involved and circumstances. \_\_\_\_\_

---

---

---

---

---

---

---

---

22. Within the last seven (7) years, have you ever had purchased goods repossessed?

YES \_\_\_\_\_ NO \_\_\_\_\_

If "YES", please give details to include when, firms involved, and circumstances. \_\_\_\_\_

---

---

---

---

---

---

---

---

23. Within the last seven (7) years, have your wages ever been garnished?

YES \_\_\_\_\_ NO \_\_\_\_\_

If "YES", please give details to include when, where, and why. \_\_\_\_\_

---

---

---

---

---

---

---

---

24. Have you ever been delinquent on child support, income tax, or other tax payments?

YES \_\_\_\_\_ NO \_\_\_\_\_

If "YES", please give details to include when, where, and why. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**LEGAL**

25. If you have ever been arrested, **taken into physical custody**, been issued a misdemeanor citation (**exclude traffic citations**), or convicted of any crime, please give the following information. (The fact that your record may have been affected by a sealing, an expungement, a release, or a pardon has specific legal implications as to how you answer this question.)

DATE	AGENCY/LOCATION	CHARGE	DISPOSITION

26. As an adult, have you ever been placed on probation by any court?

YES \_\_\_\_\_ NO \_\_\_\_\_

If "YES", please give details to include when, where, and why. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

27. Please list any other crimes you have committed, **REGARDLESS** of whether stopped, arrested, and/or convicted, to include what, when, where, how, and why. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

28. Are you now or have you ever been involved as a defendant in any civil court action?

YES \_\_\_\_\_ NO \_\_\_\_\_

If "YES", please give details to include when, where, name of court and circumstances. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**MOTOR VEHICLE OPERATION**

29. Have you ever been refused a driver's license by any state?

YES \_\_\_\_\_ NO \_\_\_\_\_

If "YES", please explain when, where, and why. \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

30. Has your driver's license ever been suspended or revoked or placed on negligent operator's probation or restriction? YES \_\_\_\_\_ NO \_\_\_\_\_

If "YES", please give details to include when, where, and under what circumstances \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

31. Please list all traffic citations you have received as an adult (after reaching the age of 18).

**Exclude parking citations.**

Nature of Violation	Location (City, State)	Approximate date	Result

32. Please list all motor vehicle accidents in which you have been involved as a driver within the past seven (7) years.

Date	Location (City, State)	Approximate date	Injury or Non-Injury?

33. If there is anything you wish to discuss about your driving record which has not already been covered in the preceding sections, please explain here. \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**MOTOR VEHICLE OPERATION (continued):**

34. Have you ever been refused auto insurance for any reason other than failure to pay a premium? YES \_\_\_\_\_ NO \_\_\_\_\_  
If "YES", please explain, including the company name, date, and reason. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**GENERAL INFORMATION:**

35. Are you now, or have you ever been a member of any foreign or domestic organization, association, movement, or group of persons that is, or was, totalitarian, fascist, communist, or subversive in nature, or which has adopted or expressed a policy of advocating or approving of the commission of acts of force or violence as a means to deny other persons their rights under the Constitution of the United States, or which seeks to alter the form of government of the United States by unconstitutional means?  
YES \_\_\_\_\_ NO \_\_\_\_\_  
If: "YES", identify the organization and explain fully. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

36. Have you ever applied for a permit to carry a concealed firearm or other weapon?  
YES \_\_\_\_\_ NO \_\_\_\_\_ Was the permit granted? YES \_\_\_\_\_ NO \_\_\_\_\_  
Date issued: \_\_\_\_\_  
Name of Law Enforcement Agency \_\_\_\_\_  
Purpose for permit \_\_\_\_\_

37. Are you willing to work all hours of the day, all days of the week, holidays, and overtime when assigned? YES \_\_\_\_\_ NO \_\_\_\_\_

38. If the necessity arose in the course of your employment to use deadly force on a human being, would you have any reluctance to do so? YES \_\_\_\_\_ NO \_\_\_\_\_

39. Do you have anything in your background that may disqualify you from continuing as a Peace Officer in the State of Washington? YES \_\_\_\_\_ NO \_\_\_\_\_  
If "YES", please explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**USE OF ALCOHOL INFORMATION:**

40. Do you participate in the use of alcoholic beverages? YES \_\_\_\_\_ NO \_\_\_\_\_  
If yes, describe the frequency and amount used. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DRUG USE QUESTIONNAIRE:**

41. Have you used, tried, experimented, or in any way introduced into your body by any means:

DRUG	YES	NO	DATE FIRST USED	DATE LAST USED	USED ONCE
Marijuana					
Hashish, Hashish Oil					
Cocaine					
Crack, Rock, Ice					
Barbiturates, Hypnotics, or 'Downers					
Amphetamines (Cross-tops, Whites, Bennies, 'Uppers')					
Methamphetamines (Speed, Crank)					
LSD or other Hallucinogens					
PCP (Angel Dust, Sherm)					
Heroin or other Opiates					
Steroids					
Pharmaceutical drugs not prescribed for you					

QUESTIONNAIRE	YES	NO
Is there any other illegal drug, narcotic or controlled substance not listed above that you have introduced into your body?		
Have you introduced into your body a substance, which you thought was an illegal drug and then found out that it was not?		
Have you ever injected an illegal drug into your body?		
Have you ever sold any illegal drug?		
Have you ever purchased any drug, narcotic or controlled substance other than by a doctor's prescription?		
Have you ever participated in the manufacturing, cultivation, or production of any illegal drug, narcotic or controlled substance?		
Have you ever acted as a courier by transporting any illegal drug, narcotic or controlled substance?		
Have you ever acted as a middleman, go-between, or done a favor for a friend by becoming involved in any illegal drug transaction?		
Have you ever told anyone where to purchase illegal drugs?		
Have you ever temporarily stored or 'held' any illegal drug, narcotic, or controlled substance?		
Have you ever had illegal drugs in your possession while at work?		
Have you ever bought or sold any illegal drug at work?		
Are any illegal drugs presently in your home or car.?		





44. List organizations, clubs, professional societies, or other associations of which you are or have been a member (please include the name of the group, the city and state and your present status or position in the group).

---

---

---

---

---

---

45. What are your personal hobbies? (What do you like to do during the times that you are not at work?) Please include any special skills or qualifications that might be useful in the position for which you've applied.

---

---

---

---

---

---

46. List the magazines and newspapers to which you currently subscribe:

---

---

---

---

---

---

47. List any identifying marks, scars, tattoos, burns or birthmarks:

---

---

---

---

---

---

# POLICE OFFICER APPLICANT PERSONAL HISTORY STATEMENT

## INSTRUCTIONS TO THE APPLICANT:

The information you provide in this Personal History Statement will be used to assist in determining your suitability for employment with the Omak Police Department. An extensive background investigation will be conducted into your personal history prior to any hiring. Your background will be submitted to the Chief of Police. If the Chief makes a favorable recommendation, you may be given a conditional offer of employment. This initial offer is conditional upon your successful completion of a polygraph examination, a medical examination, a drug screening test, and other tests required by this agency. Based on the results of this final testing and further review by the Chief, you may then be offered a position.

Keep in mind that:

1. This questionnaire will be used to verify you meet Washington State Peace Officers Standards, Omak Police Department Standards and Criminal Justice Training Center requirements.
2. All statements are subject to verification.
3. Deliberate inaccuracies or incomplete statements will bar or remove you from any consideration for employment.
4. All time periods in your background, unless otherwise specified, must be accounted for.

It is to your advantage to respond openly. Any negative factor in your background will be evaluated in terms of the circumstances surrounding its occurrence, and consideration will be given to the degree of relevance it has to employment with a law enforcement agency. For example, having been fired from a job or having an arrest record may not, in and of itself, disqualify you from consideration for employment. During the investigation, the investigator will inquire into the facts surrounding each occurrence and an evaluation will then be made about the relevance of these facts to the requirements of the position for which you have applied.

Please print your responses to this questionnaire in ink. **Do NOT** type on this form, and do not have another person make entries for you. If a question does not apply to you, write "N/A" in the space provided for your answer. **If you need additional space to answer a question, use a blank sheet of paper and attach it to this questionnaire. Remember to identify the additional information by the question number.**

**Please read the five (5) waivers at the end of this packet carefully and have your signature notarized before returning them to our office. Our office does provide this service at no cost to our applicants.**

The contents of this questionnaire will be considered confidential and will be used only for investigating employment suitability with the Omak Police Department or another law enforcement agency in possession of a notarized permission waiver signed by you.

**There is one exception to the confidentiality of your background investigation. Should it be discovered that you are currently involved in criminal activity, or have committed an undiscovered felony, the law enforcement agency having jurisdiction WILL BE NOTIFIED.**

When complete, return this questionnaire along with all attachments, to Omak City Hall, either by mailing, or in person at the main desk, located at:

City of Omak  
Attn: Civil Service Secretary  
2 North Ash / POB 72  
Omak WA. 98841

I have read and completely understand the above statement.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



# PERSONAL HISTORY DOCUMENTS

## REQUIRED DOCUMENTS UPON SUCCESSFUL INTERVIEW:

Although the following documents are **not required** to be attached to this application, upon successfully passing the interview, you will be required to produce them within (5) five business days. It is suggested you begin gathering them at this time to prevent any delays in processing your background investigation, which may prevent the Department from considering an employment offer. It is not necessary to return this page with your application it is intended to provide you a list of documents that will be eventually required.

Please indicate those that are attached with a check mark in the space provided.

- \_\_\_\_\_ 1. High school diploma or GED certificate.
- \_\_\_\_\_ 2. Transcripts from colleges or universities.
- \_\_\_\_\_ 3. Military discharge papers. (MUST include discharge status - Long form)
- \_\_\_\_\_ 4. Citizenship or naturalization papers.
- \_\_\_\_\_ 5. Certified copy of your birth certificate. (NO PHOTOCOPIES)
- \_\_\_\_\_ 6. All marriage licenses and divorce decrees.
- \_\_\_\_\_ 7. Name change documents.
- \_\_\_\_\_ 8. Washington State Peace Officers Certification.
- \_\_\_\_\_ 9. Tax Information Authorization - IRS Form 8821 (included) **Section #7 Sign/Date only**

## OPTIONAL DOCUMENTS:

Copies of other certificates, awards or commendations you would like considered:

---

---

---

---

---

---

---

---

---

---

## LETTER OF UNDERSTANDING

I am applying for a position with the Omak Police Department. I understand that there are certain requirements I must meet before I can be accepted into this position. I understand that I must submit to an extensive background investigation, which consists of the following areas of concern at a minimum:

- Review of my completed Personal History Statement
- Thorough criminal background check
- Thorough Examination of prior employment
- Examination of my personal credit/ financial report

The Chief of Police will evaluate the results of this investigation and make a preliminary decision as to my potential suitability for employment. I may at this point receive a **conditional offer** of employment, which will be followed by completion of some or all the following tests, depending upon the position being sought:

- Polygraph examination
- Drug Screening test
- Standard medical examination
- Hearing test
- Psychological evaluation
- Physical abilities test

The aforementioned tests will be administered in a manner selected by the Omak Police Department. I understand that the results of the tests are the property of the agency to which I have applied and that I will not receive copies of the reports nor any information contained in them, except as it may relate to a serious condition discovered by the examining physician.

The Chief of Police will then evaluate any new tests in light of the requirements of the job along with the previous information and will make a final decision as to my suitability for employment.

I agree to assist in the expedient conclusion of these reviews and examinations. I understand that successful completion of this process does not guarantee employment with the Omak Police Department, only that I will be considered for positions as they become available pursuant to established rules and regulations of the Omak Police Department. I have read and understand the content and purpose of this Letter of Understanding. I agree to abide by these requirements as a condition of employment with the City of Omak.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

**SUBSCRIBED AND SWORN** to me before the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

Notary Public in and for the State of \_\_\_\_\_

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Printed

Commission Expires \_\_\_\_\_

## Pre-Employment Investigation Discovery Waiver

As an applicant to the Omak Police Department for the position of Police Officer, I recognize that an employing law enforcement agency has a legal, as well as a moral obligation, to take every reasonable effort to ensure that persons employed by them as peace officers, or in other positions, conform to the very highest standards.

Therefore, I release and hold harmless the City of Omak, the Omak Police Department and their officers, agents, or assigns, now and in the future, from any claim or damages in law of inequity on behalf of myself, my heirs and assigns, for their refusal to make available any and all of the information contained in this pre-employment investigation, including, but not limited to, the identity(ies) of any person(s) and/or organization(s) which may have supplied information in the course of this investigation, as well as the substance of any information supplied.

I hereby waive my right, now and in the future, to examine, review, or otherwise discover the contents of this investigation and all related documents thereto.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

SUBSCRIBED AND SWORN to me before the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

Notary Public in and for the State of \_\_\_\_\_

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Printed

Commission Expires \_\_\_\_\_

## Authorization to Release Information

Name of Applicant \_\_\_\_\_  
Please print your full name

Date of Birth \_\_\_\_\_ SSN # \_\_\_\_\_

As an applicant for a position with the Omak Police Department I am required to furnish information for use in determining my qualifications and suitability. I realize that this agency will not release the information provided to them to any person including myself. The information submitted to this agency is confidential and will be used only for investigating my suitability for law enforcement employment

Toward this end, I authorize release of any and all information that you may have concerning me, including information of a confidential or privileged nature. I hereby authorize all my previous employers, physicians, and professionals who may have examined or treated me, friends, acquaintances, credit reporting services, public agencies, and all others, to furnish to the Omak Police Department any and all information they may have concerning me.

I hereby release you, your organization, or others, from liability or damage, which may result from furnishing the information requested. I further authorize that a photocopy of this form shall be for all intents and purposes, as valid as the original. I authorize you to retain a copy of this form for your files.

This release is valid for any information supplied within one (1) year of the date of my signature.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

SUBSCRIBED AND SWORN to me before the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

Notary Public in and for the State of \_\_\_\_\_

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Printed

Commission Expires \_\_\_\_\_

## Child Support Declaration

Please mark the appropriate response. Failure to mark one of the three will result in the denial of your application.

\_\_\_ I am not subject to a court order for the support of a child.

\_\_\_ I am subject to a court order for the support of one or more children and I am in compliance with the order, or I am in compliance with a plan approved by the District Attorney (or other public agency), enforcing the order for the repayment of the amount owed, pursuant to the order.

\_\_\_ I am subject to a court order for the support of one or more children and I am **NOT** in compliance with the order or a plan approved by the District Attorney (or other public agency), enforcing the order for the repayment of the amount owed, pursuant to the order.

Applicant's Social Security number: \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**SUBSCRIBED AND SWORN** to me before the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

Notary Public in and for the State of \_\_\_\_\_

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Printed

Commission Expires \_\_\_\_\_

# CERTIFICATION AND PENALTY

I hereby declare that all statements and information provided to the Omak Police Department in this Personal History Statement, as well as any other statements and information provided for my pre-employment background investigation or any other phase of my pre-employment screening, are true and complete to the best of my knowledge and belief. I understand that any mis-statement of material fact, willful omission of material fact, or willful deception, will be cause for disqualification and rejection as a candidate for employment, without appeal. I further understand that these misstatements, omissions, or deceptions are also grounds for termination after employment, without notice and without any right of appeal.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

SUBSCRIBED AND SWORN to me before the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

Notary Public in and for the State of \_\_\_\_\_

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Printed

Commission Expires \_\_\_\_\_

## Tax Information Authorization

▶ Go to [www.irs.gov/Form8821](http://www.irs.gov/Form8821) for instructions and the latest information.  
 ▶ Don't sign this form unless all applicable lines have been completed.  
 ▶ Don't use Form 8821 to request copies of your tax returns or to authorize someone to represent you. See instructions.

OMB No. 1545-1165
<b>For IRS Use Only</b>
Received by: _____
Name _____
Telephone _____
Function _____
Date _____

**1 Taxpayer information.** Taxpayer must sign and date this form on line 6.

Taxpayer name and address	Taxpayer identification number(s)
	Daytime telephone number
	Plan number (if applicable)

**2 Designee(s).** If you wish to name more than two designees, attach a list to this form. **Check here if a list of additional designees is attached** ▶

Name and address	CAF No. _____ PTIN _____ Telephone No. _____ Fax No. _____
<b>Check if to be sent copies of notices and communications</b> <input type="checkbox"/>	Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>

Name and address	CAF No. _____ PTIN _____ Telephone No. _____ Fax No. _____
<b>Check if to be sent copies of notices and communications</b> <input type="checkbox"/>	Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>

**3 Tax information.** Each designee is authorized to inspect and/or receive confidential tax information for the type of tax, forms, periods, and specific matters you list below. See the line 3 instructions.

By checking here, I authorize access to my IRS records via an Intermediate Service Provider.

(a) Type of Tax Information (Income, Employment, Payroll, Excise, Estate, Gift, Civil Penalty, Sec. 4980H Payments, etc.)	(b) Tax Form Number (1040, 941, 720, etc.)	(c) Year(s) or Period(s)	(d) Specific Tax Matters

**4 Specific use not recorded on the Centralized Authorization File (CAF).** If the tax information authorization is for a specific use not recorded on CAF, check this box. See the instructions. If you check this box, skip line 5 . . . . . ▶

**5 Retention/revocation of prior tax information authorizations.** If the line 4 box is checked, skip this line. If the line 4 box isn't checked, the IRS will automatically revoke all prior tax information authorizations on file unless you check the line 5 box and **attach a copy** of the tax information authorization(s) that you want to retain . . . . . ▶   
 To revoke a prior tax information authorization(s) without submitting a new authorization, see the line 5 instructions.

**6 Taxpayer signature.** If signed by a corporate officer, partner, guardian, partnership representative (or designated individual, if applicable), executor, receiver, administrator, trustee, or individual other than the taxpayer, I certify that I have the legal authority to execute this form with respect to the tax matters and tax periods shown on line 3 above.

▶ **IF NOT COMPLETED, SIGNED, AND DATED, THIS TAX INFORMATION AUTHORIZATION WILL BE RETURNED.**  
 ▶ **DON'T SIGN THIS FORM IF IT IS BLANK OR INCOMPLETE.**

Signature	Date
Print Name	Title (if applicable)



## Omak Civil Service Veterans' Scoring Criteria Status Form

RCW 41.04.010 provides for a veterans' scoring criteria in examinations. If eligible, a candidate who receives a passing mark in the examination may be entitled to either 5% or 10% scoring criteria based on the veterans' eligibility in the category. If you believe you are eligible to be considered for the scoring criteria you should complete the following questionnaire, by checking the statements that apply to you and certify with your signature.

Date of termination from the United States active military service: \_\_\_\_\_

### 10% Scoring Criteria

\_\_\_\_\_ Veterans who served during a period of war or in an armed conflict and do not receive military retirement. A "period of war" as defined in RCW 41.04.005 a copy of which is attached.

### 5% Scoring Criteria

\_\_\_\_\_ Veterans who did not serve during period of war or who are receiving military retirement. This category of veterans, which includes any veteran not covered by the first category.

\_\_\_\_\_ Peacetime veterans and others who have fulfilled their military service obligations.

- A member in any branch of the armed forces of the United States, including the national guard and armed forces reserves who has fulfilled his or her initial military service obligation;
- A member of the women's air forces service pilots;
- A member of the armed forces reserves, national guard, or coast guard, and has been called into federal service by a presidential select reserve call up for at least one hundred eighty cumulative days;
- A civil service crewmember with service aboard a U.S. Army transport service or U.S. naval transportation service Bessel in oceangoing service from December 7, 1941 through December 31, 1946; or
- A member of the Philippine armed forces/scouts during the period of armed conflict from December 7, 1941, through August 15, 1945.

\_\_\_\_\_ Veterans who were called to active military service from employment with a city or county or other political subdivision.