

City of Omak
Personal History Statement/Application
Code Enforcement/Animal Control Officer
please complete this statement in blue ink

This application must be completed in your own handwriting using blue ink. The following information is required of you for verification and contact purposes:

1. Your Name (please print in ink)

_____ LAST _____ FIRST _____ MIDDLE,

List other names you have used or been known by. Include maiden names, married or adopted names, or nicknames.

2. List the physical address of the residence where you live:

_____ Number _____ Street _____ City _____ State _____ Zip Code

List your mailing address if different than your physical address:

3. List telephone number(s) at which you can be contacted and the hours when you will be available at these numbers:

(Home) _____
 (Work) _____
 (Message) _____

4. Date of birth: _____ (____/____/____)
 Month Day Year M D Y

5. Place of birth (City and State or Country): _____
 U.S. citizenship is required for this position. Proof required showing that you are a legal resident of this country.

6. Social Security Number: _____. **In accordance with the Federal Privacy Act of M4, disclosure is voluntary.** This information will be used for identification purposes to ensure that proper records are obtained.

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.?		

DRUG USE QUESTIONNAIRE (Continued):

42. Explain any "YES" answer to the "Drug Use Questionnaire" in detail below, to include when, where, what kind of drug, how taken and circumstances.

43. Please complete this page also, **in your own handwriting.**

QUESTIONS: "Why do you want this job? How do you think it will benefit you?"

(Limit essay answer to this page only)

Signature _____ Date _____

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:

CODE ENFORCEMENT/ANIMAL CONTROL 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 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. All statements are subject to verification.
2. Deliberate inaccuracies or incomplete statements will bar or remove you from any consideration for employment.
3. 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:
