

Federal Way Department of Public Safety

33325 8th Avenue S.
Federal Way, Washington 98003-6325
Phone: (253) 835-6730

STATEMENT OF PERSONAL HISTORY AND APPLICATION FOR VOLUNTEER SERVICES

APPLICANT COMPLETION INSTRUCTIONS

To be considered for a volunteer position with the Federal Way Department of Public Safety, you must complete this statement of personal history/application form and return it to the department for use in completing our background investigation.

The existence of any of the conditions listed below may result in rejection from the selection process. These areas will be explored during a background investigation, including a polygraph examination.

1. **ILLEGAL DRUG USE**
2. **PARTICIPATION IN CRIMINAL ACTIVITY OR BEHAVIOR**
3. **POOR DRIVING RECORD**
4. **DISHONESTY/PROVIDING FALSE INFORMATION ON THIS FORM**

INSTRUCTIONS

Read every question carefully. Answer every question. If the question does not apply to you, write "DNA" in the answer space. Do not leave blank answer spaces. Please print clearly. When using the Continuation Sheet, please note the Question Number to which you are referring.

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AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, DO HEREBY AUTHORIZE any and all persons, employers, partnerships, corporations, and all civilian and government entities, military agencies, law enforcement agencies, private, City, County, State, and Federal entities, to release, furnish, and exchange any and all available information relating to me for the purpose of determining my suitability to be appointed to a volunteer position in the Federal Way Department of Public Safety. This document authorizes the release to the Federal Way Department of Public Safety of any and all information, including, but not limited to, any statements from interviews, my employment, performance, discipline, character, integrity, reputation, conduct, behavior, and/or fitness for duty. This release is in addition to, and is not intended to curtail or diminish, the authorization and immunity provided by statute. I DO HEREBY RELEASE from any and all liability all persons or entities disclosing information pursuant to this release.

Signature Of Applicant: _____

Date: ____ / ____ / ____

County of _____ State of _____

Sworn And Subscribed Before Me This _____ Day of _____, 20____.

Signature of Notary Public

Print Name

Appointment Expires: ____ / ____ / ____

Federal Way Department of Public Safety

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The Federal Way Department of Public Safety requires each candidate for a volunteer position to complete and submit a statement of personal history prior to the start of the background investigation.

INSTRUCTIONS: Print or type all answers. Read every question carefully, and answer every question. Do not leave blank spaces. If the question does not apply to you, print or type "DNA" in that answer block. If additional space is required, use the Continuation Sheet. Also use the Continuation Sheet to amplify or explain your answer. All information provided is subject to verification.

1. Full Name: (Last, First, Middle)

2. Address:

3. City:

4. State / Zip code:

E-mail address: _____

5. Date Of Birth:

6. Place Of Birth:

7. Social Security Number:

8. If you have ever used any other names (including maiden or other married names), birth dates, or social security numbers, list here:

9. Home Telephone Number:

10. Work Telephone Number:

11. Do you have (Check One)

G.E.D. Certificate High School Diploma

12. When and Where did you receive it?

13. College degrees which you have received/total college credits earned:

14. RESIDENCES: (List all residences during the past five (5) years. Use Continuation Sheet if necessary)

Dates: (From - To)	Street Address	City	State/County

15. MOTOR VEHICLE OPERATION: (List all moving violations for which you were cited. Use Continuation Sheet if necessary)

Date	Location and Issuing Agency	Violation Charged	Collision Related: YES/NO	Court Disposition

<p>16. CURRENT DRIVER'S LICENSE: License Number: _____ State: _____ Expiration Date: _____</p>	<p>17. PREVIOUS DRIVER'S LICENSE INFORMATION: (List all states/countries where you have been licensed.)</p>
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18. HAVE YOU EVER HAD YOUR DRIVER'S LICENSE REVOKED OR SUSPENDED? (If, "YES", provide full explanation on Continuation Sheet).

YES NO

19. CRIMINAL JUSTICE CONTACTS (List all incidents in which you were arrested, accused, or charged with a crime other than those listed in #15 above)

Date	Police Dept. involved or location	Charge or Accusation	Disposition/Court Action

20. CIVIL ACTIONS: (List all civil actions in which you were a party.)

Date	Location	Action or Proceeding	Disposition/Court Action

21. Employment History [Show employment during the last 5 years. Use continuation sheet if necessary.]

Dates of Employment From / To (Month and Year)	Full name and Address of Employer (Street, City, State)	Supervisor's Name and Phone Number	Job Titles / Duties	Reason for Leaving

22. Illegal use of drugs / controlled substances.

TYPE OF DRUG	HAVE YOU EVER TRIED? Answer "Yes" or "NO"	IF YES, HOW MANY TIMES?	HOW MANY TIMES AFTER AGE 21?	DATE FIRST USED	DATE LAST USED	HAVE YOU EVER SOLD, SMUGGLED, OR TRANSPORTED FOR SALE OR PERSONAL GAIN? Answer "Yes" or "No"
MARIJUANA						
HASHISH						
COCAINE / CRACK						
METHAMPHETAMINE / SPEED						
HEROIN						
OPIUM						
MORPHINE						
LSD / ACID						
PEYOTE						
MESCALINE						
STEROIDS						
ANY OTHER ILLEGAL DRUGS						
ILLEGAL USE OF PRESCRIPTION DRUGS						

23. IF YOU ANSWERED "YES" ON ANY OF THE AREAS IN QUESTION #22, PROVIDE FULL EXPLANATION ON CONTINUATION SHEET. INCLUDE, IF APPLICABLE, THE FOLLOWING:

- | | |
|---|--|
| A. How the drug was ingested or consumed; | D. How the drug was obtained; |
| B. The duration of usage; | E. Why you stopped using the drug; and |
| C. The motivation for use; | F. Any other factors you believe are relevant. |

24. Do you have prior peace officer certification/employment in Washington or any other state?

YES NO

If "YES", list agency, dates, city and state. (Use Continuation Sheet if necessary)

If "YES"

a) Has your employment as a peace officer ever been suspended or terminated for any reason? If "YES," provide full explanation on Continuation Sheet.

YES NO

b) Have you, while on duty as a peace officer and without authorization, been under the influence of spirituous liquor? If "YES", provide full explanation on Continuation Sheet.

YES NO

c) Have you received discipline for any conduct as a peace officer which constitutes malfeasance, feausance or nonfeasance in office? If "YES", provide full explanation on Continuation Sheet.

YES NO

25. **CRIMINAL OFFENSES:** Have you ever committed a felony, an offense which would be a felony if committed in this state, or a criminal offense involving dishonesty, unlawful sexual conduct or physical violence? If "YES", provide full explanation on Continuation Sheet.

YES NO

26. Are you now, or have you ever been, a member of any foreign or domestic organization, association, movement, group or combination of persons which has adopted or shows a policy of advocating the commission of force or violence to deny other persons their rights under the Constitution of the United States of America or the State of Washington, or which seeks to alter the form of government of the United States of America by unconstitutional means? If "YES", provide full explanation on Continuation Sheet.

YES NO

27. Do you have any knowledge or information, in addition to that specifically required in this questionnaire, which is or may be relevant, directly or indirectly, to an investigation of your eligibility or fitness for the position you are seeking? This includes, but is not limited to: character traits, temperance habits, employment, education, subversive activities, family, associations, traffic violations, or residence? If "YES", provide full explanation on Continuation Sheet.

YES NO

28. Have you applied with any other law enforcement agencies in the past three years? YES NO
If "YES", list the agency and the date you applied.

29. **CERTIFICATION:**

I hereby certify under penalty of R.C.W. §9A.76.175, that the entries on this statement and attached continuation sheet are true, complete, and correct to the best of my knowledge and belief. These entries are made in good faith. I understand that a knowing and willfully false statement on this form constitutes cause to deny a volunteer position with the Federal Way Department of Public Safety.

SIGNATURE OF APPLICANT:

DATE:

Federal Way Department of Public Safety

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Continuation Sheet

Please state applicable Question Number for each entry made on this page that needs additional space to complete or for necessary explanation and clarification.

Question No.	

