The City of Elma is a great place to live, play, work and invest. The City of Elma is actively seeking individuals to establish a list for an anticipated Lateral Police Officer position. It’s our people that make us great and we would love to have you join our team. With a population of 3350, Elma has a small town charm and is conveniently located 25 miles west of Olympia and 40 miles east of the ocean beaches. It is also centrally positioned south of the beautiful Olympic Mountains. Take a look at our city website, www.cityofelma.com and discover how the City of Elma can make your next career move a great one. The candidates must have been employed as a full time, sworn, law enforcement officer within the last five (5) years; and are able to provide a copy of certification or transcript from Washington State or an equivalent Basic Law Enforcement Academy that satisfies the Washington Criminal Justice Training Commission requirements. Salary range $4621 - $4996 to start, top step is currently $5389. The City of Elma provides a competitive benefit package which includes, but is not limited to, medical, dental, vision and disability coverage. Applications are available at Elma City Hall, 202 W. Main in Elma and also on the website at www.cityofelma.com. If you have any questions, please contact us at 360-482-2212
Employment Application information for full time, temporary, part time employees and non-paid volunteers.

Read these instructions carefully before proceeding:

These instructions are provided to assist you in properly completing your Personal History Statement. It is essential that the information be accurate in all respects. The information will be used in a background investigation to assist in determining your suitability for the position for which you have applied. Keep in mind that:

1. The completion of this form is mandatory, and it must be returned by the date stated in order for you to remain in the employment process. Personal History Statement's received through the mail that are postmarked the day before the due date will be accepted after the due date.

2. Keep a copy of this completed document for your own records, we will not return any portion of this document to you.

3. Answer all questions. Do not leave any blank spaces. If a question is not applicable to you, enter N/A in the space provided.

4. Avoid errors by carefully reading the directions before making any entries on the form. Be sure your information is correct and in proper sequence before you begin.

5. You are responsible for obtaining correct addresses and telephone numbers. If you are not sure of an address or phone number, please check it by personal verification. Also, you must keep the background investigator informed if your address or telephone number changes during this employment process. (Phone: 360-482-3131)

6. If there is not sufficient space on the form for you to include all of the information required, attach extra sheets to the Personal History Statement. Be sure to reference the section and question number before continuing with your answer.

7. Account for all of the time periods in your background.

8. All statements are subject to verification.

9. If you are uncertain about how to answer a particular question contact a background investigator at 360-482-3131.

Any deliberate inaccuracies, no matter how insignificant and regardless of the reason for the inaccuracy, will result in a request that your name be removed from the employment list. Remember, your honesty is being judged. It is to your advantage to respond openly and honestly.

Any negative factors in your past will be evaluated in terms of frequency, relevance, circumstances surrounding its occurrences and significance to the position for which you are applying. For example: being fired from a job, having an arrest or poor traffic record may not be, in and of itself, grounds for disqualification.

Deception, at any stage during the hiring process, is automatically disqualifying under Civil Service Rules.
Please include copies of the following documents with your Personal History Statement:

(If a requested document is not available by the due date, please provide a written explanation of why the document is not available and what you are doing to obtain it.)

1. High School Diploma, G.E.D., and or College Diploma (if applicable).
2. Drivers License
3. Military Discharge Certificate. DD Form 214 – Copy 4. (Police officer position only)
4. Military Judicial or Non-Judicial Actions. (Police officer position only)
5. Social Security Card. (optional)
6. Birth Certificate (Only birth certificates issued by a governmental entity, state, district, city, or county will be acceptable. Birth certificates created by hospitals or other organizations will not be acceptable). Or Passport.
7. Professional License/Certificate (if applicable).
8. Bring in any documentation which would assist you in explaining any past, unusual situations or problems. Examples given: credit repossessions, civil suits, criminal convictions, etc.
9. You may provide any other documents which you feel would facilitate your processing, or which assist us in our investigation, in determining your suitability for the position, please include those documents with your personal history. Some examples may include the following:
   a) College Transcript(s),
   b) Civilian or Military Job Performance Evaluations,
   c) Awards or Decorations,
   d) Any Civil Litigations,
   e) Any Special Qualifications.

Reminder: Make sure you have signed and dated pages 14 and 15 of the Personal History Statement.

Please read and sign the red waiver sheet titled, “Waver and Authorization to Release Credit Report Information for Employment Purposes”.
Return the signed waiver with the Personal History Statement.

FILL OUT THE FOLLOWING DOCUMENT COMPLETELY AND HONESTLY. IF YOU PROVIDE INFORMATION THAT IS LATER DETERMINED TO HAVE BEEN INACCURATE OR DECEPTIVE, IT WILL RESULT IN A REQUEST TO REMOVE YOU FROM THE HIRING PROCESS.

Please return this to the following address:

Elma Police Department
124 N 3rd Street
P. O. Box 3011
Elma, WA 98541
Elma Police Department
Personal History Statement

POSITION APPLIED FOR: ________________________

1. PERSONAL DATA

First Name ___________________ Middle ___________________ Last ___________________

Other Names (Including Nicknames, aliases and names previously used) _____________________

Address _________________________ City ___________________ State __________ Zip Code __________

Phone Numbers:
Home __________________ Work __________________ Pager/Cellular __________________

Birthdate ___________________ Place of Birth ___________________

Washington State Law requires applicants to be U.S. Citizens. Can you provide such documentation? □ Yes □ No

Social Security Number ______________
(In accordance with the Federal Privacy Act of 1974, disclosure is voluntary. The SSN and Place of Birth will be used for identification purposes to ensure that proper records are obtained.)

Scars, tattoos, or other distinguishing marks _____________________________________________

2. REFERENCES

List your spouse, family members and relatives who know about you and your qualifications.

Name __________________ Relationship __________________ Home & Work Phone __________________
Address __________________ City ___________________ St _______ Zip __________

Name __________________ Relationship __________________ Home & Work Phone __________________
Address __________________ City ___________________ St _______ Zip __________

Name __________________ Relationship __________________ Home & Work Phone __________________
Address __________________ City ___________________ St _______ Zip __________

Name __________________ Relationship __________________ Home & Work Phone __________________
Address __________________ City ___________________ St _______ Zip __________

Employment 1

City of Elma Police Department
### List 3 to 5 professional contacts/associates who know about you and your qualifications.

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Home &amp; Work Phone</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tr>
<tr>
<td>Occupation</td>
<td></td>
<td>Length of Relationship</td>
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</tr>
<tr>
<td>Employment</td>
<td>2</td>
<td>City of Elma Police Department</td>
</tr>
</tbody>
</table>
2. REFERENCES - continued

List 3 to 5 friends/acquaintances who know you socially.

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Home &amp; Work Phone</th>
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<tbody>
<tr>
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<td></td>
<td></td>
</tr>
<tr>
<td>Name</td>
<td>Relationship</td>
<td>Home &amp; Work Phone</td>
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</tr>
<tr>
<td>Name</td>
<td>Relationship</td>
<td>Home &amp; Work Phone</td>
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</tr>
<tr>
<td>Name</td>
<td>Relationship</td>
<td>Home &amp; Work Phone</td>
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</tbody>
</table>

3. RESIDENCE

Begin with your most current residence. List all locations where you have lived during the past 10 years. If applicable provide name and phone number of the person/agency responsible for the collection of rent.

<table>
<thead>
<tr>
<th>Address</th>
<th>City</th>
<th>St</th>
<th>Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td>County</td>
<td>Dates Resided</td>
<td>Landlord/Mgr</td>
<td>Phone #</td>
</tr>
<tr>
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<tr>
<td>Address</td>
<td>City</td>
<td>St</td>
<td>Zip</td>
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<tr>
<td>County</td>
<td>Dates Resided</td>
<td>Landlord/Mgr</td>
<td>Phone #</td>
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<tr>
<td>Address</td>
<td>City</td>
<td>St</td>
<td>Zip</td>
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<tr>
<td>County</td>
<td>Dates Resided</td>
<td>Landlord/Mgr</td>
<td>Phone #</td>
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<td>Address</td>
<td>City</td>
<td>St</td>
<td>Zip</td>
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<tr>
<td>County</td>
<td>Dates Resided</td>
<td>Landlord/Mgr</td>
<td>Phone #</td>
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</tr>
</tbody>
</table>
4. EDUCATION

Most positions, within the Department, require a high school diploma or its equivalent. Check the appropriate line below.

☐ I possess a high school diploma ☐ I passed the G.E.D. test. How obtained

List all schools attended beginning with high school.

<table>
<thead>
<tr>
<th>Name of school</th>
<th>Location (City and State)</th>
<th>Dates attended</th>
<th>Degree/Cert. earned</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
</tr>
</tbody>
</table>

Have you ever been suspended or expelled from any school? ☐ Yes ☐ No If yes, please explain

5. EXPERIENCE AND EMPLOYMENT

1. Do you have any concerns about your current employer being contacted during the course of the background investigation?
   □ Yes □ No

2. List all jobs held in the last 10 years. Including part-time, temporary, voluntary and individual military assignment. Also list all time on unemployment insurance including dates, amount paid to you and the office through which you applied. Begin with your current job and account for all gaps of time while you were between jobs.

From:__/__/ To:__/__/  
Salary/Wage __________

☐ Full-Time
☐ Part-Time
☐ Voluntary
☐ Other __________

Title and Duties

Reason for Leaving

From:__/__/ To:__/__/  
Salary/Wage __________

☐ Full-Time
☐ Part-Time
☐ Voluntary
☐ Other __________

Title and Duties

Reason for Leaving

Employment 3 City of Elma Police Department
5. EXPERIENCE AND EMPLOYMENT - continued

3. Have you ever had any extended work absences as a result of discipline: such as suspensions, or leaves or absences etc.? □ Yes □ No

If yes, please explain

______________________________________________________________________________

______________________________________________________________________________

4. Have you ever been fired or asked to resign from any place of employment? □ Yes □ No

If yes, please explain

______________________________________________________________________________

______________________________________________________________________________

6. MILITARY SERVICE

1. Have you ever served in the U.S. armed forces, National Guard or military reserves? □ Yes □ No

If yes, please supply the following information:

Branch of Service ___________________________ Service Number ___________________________

Dates of Service ______/_______ to ______/_______ Type of Discharge _______________________

2. Are you currently participating in any U.S. military reserve or National Guard program? □ Yes □ No

3. Have you ever been the subject of any judicial or non-judicial disciplinary action while in the U.S. military, National Guard or military reserves? □ Yes □ No

If yes, please give details (include branch of service, when, where, circumstances)

______________________________________________________________________________

______________________________________________________________________________

4. Have you ever had a security clearance denied, suspended or revoked? If yes, please explain

______________________________________________________________________________

______________________________________________________________________________

5. Were you ever confined to a brig, jail, confinement facility or guard house? If yes, please explain

______________________________________________________________________________

______________________________________________________________________________
6. MILITARY SERVICE – continued

6. Were you ever AWOL? If yes, please explain

7. Were you ever given "company punishment", or have you received any negative counseling statements? If yes, please explain

8. Past commanding officers or military acquaintances are potential sources of relevant information pertaining to your background. Please list those individuals who know you well enough to provide accurate information about you.

7. FINANCIAL

The management of personal finances is relevant to an individual's qualifications for the position. Therefore, please fill in the financial statement below. Be complete and accurate. The amount of indebtedness in itself will not be used in evaluating your qualifications, but rather the behavior exhibited in meeting your financial obligations.

<table>
<thead>
<tr>
<th>CURRENT MONTHLY INCOME</th>
<th>CURRENTLY MONTHLY EXPENDITURES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monthly Salary ................</td>
<td>$</td>
</tr>
<tr>
<td>Spouse's salary ...............</td>
<td>$</td>
</tr>
<tr>
<td>Other monthly income ..........</td>
<td>$</td>
</tr>
<tr>
<td>(list all sources of income)</td>
<td>$</td>
</tr>
<tr>
<td>$</td>
<td>$</td>
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<td>$</td>
<td>$</td>
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<td>$</td>
<td>$</td>
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<tr>
<td>$</td>
<td>$</td>
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<tr>
<td>TOTAL MONTHLY INCOME</td>
<td>$</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CURRENT ASSETS</th>
<th>CURRENT LIABILITIES/DEBT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Savings .....................</td>
<td>$</td>
</tr>
<tr>
<td>Checking ....................</td>
<td>$</td>
</tr>
<tr>
<td>Real Estate (current value)</td>
<td>$</td>
</tr>
<tr>
<td>Other Assets (describe):</td>
<td>$</td>
</tr>
<tr>
<td>$</td>
<td>$</td>
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<tr>
<td>$</td>
<td>$</td>
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<tr>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>TOTAL ASSETS</td>
<td>$</td>
</tr>
<tr>
<td>TOTAL MONTHLY EXPENDITURES</td>
<td>$</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CURRENT ASSETS</th>
<th>CURRENT LIABILITIES/DEBT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Real Estate Loan(s) ..........</td>
<td>$</td>
</tr>
<tr>
<td>Charge Account(s) ...........</td>
<td>$</td>
</tr>
<tr>
<td>Auto Loan(s) ................</td>
<td>$</td>
</tr>
<tr>
<td>Other Liabilities/Loans:</td>
<td>$</td>
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<tr>
<td>$</td>
<td>$</td>
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<tr>
<td>$</td>
<td>$</td>
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<tr>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>TOTAL ASSETS</td>
<td>$</td>
</tr>
<tr>
<td>TOTAL LIABILITIES</td>
<td>$</td>
</tr>
</tbody>
</table>
7. FINANCIAL — continued

1. Have you ever been delinquent on any installment loans? (i.e. mortgage, car loan, credit cards, etc.)
   □ Yes  □ No
   If yes, please give details (include when, firms involved, circumstances).

2. Have you ever filed for or declared bankruptcy or filed for the Wage Earner's Plan?
   □ Yes  □ No
   If yes, please give details (include when, where, why) include a description of items included in the action.

3. Have any of your bills ever been turned over to a collection agency?
   □ Yes  □ No
   If yes, please give details (include when, firms involved, circumstances).

4. Have you ever had purchased goods repossessed?
   □ Yes  □ No
   If yes, please give details (include when, firms involved, circumstances).

5. Have your wages ever been involuntarily garnished?
   □ Yes  □ No
   If yes, please give details (include when, where, why).

6. Have you ever been delinquent on income or other tax payments?
   □ Yes  □ No
   If yes, please give details (include when, firms involved, circumstances).
8. LEGAL

1. Have you ever been arrested or convicted of any crime, either as an adult or a juvenile? (To include: any felonies, misdemeanors, or criminal traffic offenses, such as driving while intoxicated, no valid operators license, driving while license suspended, reckless driving, negligent driving, and hit & run)

   Date ________________________________  Police Agency ________________________________
   Circumstances/Charges Filed ________________________________

   Date ________________________________  Police Agency ________________________________
   Circumstances/Charges Filed ________________________________

   Date ________________________________  Police Agency ________________________________
   Circumstances/Charges Filed ________________________________

2. Have you **ever** been placed on diversion court probation or deferred prosecution?
   ☐ Yes  ☐ No  If yes, please give details (include when, where, why).

3. Describe all instances of "serious trouble" you have been in as a juvenile.
   ☐ Yes  ☐ No  If yes, please give details (include when, where and why).

4. Aside from a marriage dissolution, are you now or have you ever been involved as a plaintiff or defendant in any civil court action?
   ☐ Yes  ☐ No  If yes, please give details (include when, where, name and location of court, circumstances).

5. Have you **ever** been involved in an incident or occurrence of domestic violence, whether reported or not?
   ☐ Yes  ☐ No  If yes, explain each incident.

9. MOTOR VEHICLE OPERATION

If you are not required to provide an "Abstract of your driving record" or were unable to obtain the record from your state, please provide the information requested below:

WA State Drivers License Number ____________________________  Expiration Date ____________________________

Name under which license was granted ____________________________
9. MOTOR VEHICLE OPERATION – continued

Please list other states where you have been licensed to operate a motor vehicle and list license number(s).

State ___________________________ License Number ___________________________
Name under which license was granted __________________________________________
State ___________________________ License Number ___________________________
Name under which license was granted __________________________________________

1. Have you ever been refused a driver’s license by any state?
   □ Yes  □ No  If yes, please give details (include what, when, where, why).

__________________________________________________________________________

__________________________________________________________________________

2. Automobile liability insurance

Company ___________________________ Policy number ___________________________ Date of Expiration ___________________________
Agent Name ___________________________ Address ___________________________ Phone # ___________________________

3. Please list all traffic citations and infractions (exclude parking tickets) you have received within the last 36 months.

   Date ___________________________ Type ___________________________ Location ___________________________
   What happened ___________________________

   Date ___________________________ Type ___________________________ Location ___________________________
   What happened ___________________________

   Date ___________________________ Type ___________________________ Location ___________________________
   What happened ___________________________

   Date ___________________________ Type ___________________________ Location ___________________________
   What happened ___________________________

4. Have you ever been involved as a driver in a motor vehicle accident within the last 36 months?
   □ Yes  □ No  If yes, please give details for each accident.

   Date ___________________________ Location ___________________________ □ Injury  □ Non-injury
   Police Investigation? □ Yes □ No  Police Agency ___________________________ □ At fault  □ Not at fault

   Date ___________________________ Location ___________________________ □ Injury  □ Non-injury
   Police Investigation? □ Yes □ No  Police Agency ___________________________ □ At fault  □ Not at fault

   Date ___________________________ Location ___________________________ □ Injury  □ Non-injury
   Police Investigation? □ Yes □ No  Police Agency ___________________________ □ At fault  □ Not at fault
9. MOTOR VEHICLE OPERATION – continued

5. Do you have any restrictions placed on your current driver’s license?
   □ Yes  □ No  If yes, please give details (include what, when, where, why).

6. Has your license ever been suspended, revoked, or placed on negligent operator’s probation?
   □ Yes  □ No  If yes, please give details (include what, when, where, why).

10. SPECIAL QUALIFICATIONS & SKILLS

1. Do you have any special skills or qualifications which may be useful in this position such as language training, medical training, etc?

2. What do you like to do in your spare time? (interests, hobbies, sports, activities or any special interest groups or organizations that you are involved with)
1. Have you ever used, possessed, purchased or experimented with:

<table>
<thead>
<tr>
<th>Substance</th>
<th>Yes</th>
<th>No</th>
<th>Number of Times</th>
<th>Last Time Used (Month/Year)</th>
<th>Age at the Time of use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marijuana</td>
<td></td>
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<td></td>
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<tr>
<td>Hashish</td>
<td></td>
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<tr>
<td>Amphetamines (speed)</td>
<td></td>
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<tr>
<td>Methamphetamine (crank, ice, etc.)</td>
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<td></td>
</tr>
<tr>
<td>Barbiturates &quot;Downers&quot;</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Valium (Other than prescribed)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pain killers (Other than prescribed)</td>
<td></td>
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<td></td>
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<tr>
<td>Cocaine</td>
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<tr>
<td>Crack</td>
<td></td>
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<tr>
<td>Heroin</td>
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<tr>
<td>LSD &quot;Acid&quot;</td>
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<tr>
<td>PCP &quot;Angel Dust&quot;</td>
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<tr>
<td>Inhalants &quot;Huffing&quot;</td>
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<td></td>
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<tr>
<td>Hallucinogenic Mushrooms</td>
<td></td>
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<tr>
<td>&quot;Designer&quot; type drugs (STP, Ecstasy)</td>
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<tr>
<td>Steroids (Other than prescribed)</td>
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<tr>
<td>Drugs not prescribed for you</td>
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</tr>
</tbody>
</table>

List and describe any other illegal drugs: ________________________________

Have you ever been involved in the manufacturing, sale or trafficking of any illegal drug(s)? If yes, please explain ________________________________

____________________________________________________________________

____________________________________________________________________

Please describe the circumstances of your reported drug use: ________________________________

____________________________________________________________________

____________________________________________________________________
2. In accordance with the duties of a Police Officer, VIP or Reserve Officer do you have any beliefs which would preclude you from using physical force to the extent of causing bodily harm or death if the circumstances so dictated? ☐ No ☐ Yes (explain)

3. Regarding the job description for the position you have applied, do you have any beliefs which would prevent you from fully performing the duties assigned to you, including working weekends, evenings, or night shifts? ☐ No ☐ Yes (explain)

4. Are there any incidents in your life or details not mentioned herein which may influence our evaluation of your suitability to be employed by the Elma Police Department? ☐ No ☐ Yes (explain)

5. Has the use of alcohol ever caused you any personal or employment conflicts? ☐ No ☐ Yes (explain)

12. APPLICATION HISTORY

1. List all applications that you have made with any other Law Enforcement Agencies. Include your current status at each of these agencies. (use additional pages if necessary)

2. Have you ever failed a background investigation or polygraph examination? ☐ No ☐ Yes (explain)
12. APPLICATION HISTORY - continued

3. Have you ever been employed by any Law Enforcement Agency? ☐ No ☐ Yes (explain)

4. Have you ever declined employment with any Law Enforcement Agency? ☐ No ☐ Yes (explain)

13. General

1. PERSONAL STATEMENT: In the space below, state your reasons for applying for this position.

2. Do you have any further information or comments about your background or suitability for employment with the Elma Police Department?

3. Have you ever applied for a permit to carry a concealed weapon? ☐ No ☐ Yes (If yes, please provide the following information:
   Permit granted? ☐ Yes ☐ No Date
   Name of law enforcement agency:
   Purpose

"I certify, under penalty of perjury, that the foregoing facts and information contained herein are true and complete to the best of my knowledge. I understand that any falsification, misrepresentation or omission, as well as any misleading statements or omissions will be cause for denial of employment or immediate termination, regardless of when or how discovered."

Signature

Date

Employment
WAIVER AND AUTHORIZATION TO RELEASE INFORMATION

To Whom It May Concern:
I, the undersigned, authorize you to furnish to the Elma Police Department or its agencies any and all information that you have concerning me, my work record, my reputation, my medical records, my psychological testing and analysis plus recommendation, my military service records, my educational background and records, my financial status, and such other information and records as you may have in your possession relating to me. Information of a confidential or privileged nature may be included in the materials you provide to the Elma Police Department or its agencies. Your reply will be used to assist the Elma Police Department in determining my qualifications and fitness for a position I am seeking with the Elma Police Department.

I understand my right to request access to any public records relating to me pursuant to Title 5 of the United States Codes, Section 552 et seq., the Privacy Act of 1974, the Freedom of Information Act, and Revised Code of Washington (RCW) 42.17 et seq., and specifically waive those rights understanding that the information furnished will be used by the Elma Police Department in conjunction with employment procedures. I will make NO attempt to gain access to the information provided by you to the Elma Police Department in conjunction with this employment process and hereby expressly waive any rights I may have to request the disclosure of information provided by you to the Elma Police Department in conjunction with employment procedures.

Further, I do hereby release you, your organization, your agents, and others from liability or damage which may result from furnishing information to the Elma Police Department pursuant to this waiver and authorization to release information.

Applicant’s Name (printed)

Applicant’s Signature

Date

Witnesses Name (printed)

Witnesses Signature

Date

Employment 15 City of Elma Police Department
Notice

A Consumer Credit Report May Be Obtained for Employment Purposes Only

Please take notice that a consumer credit report about you may be obtained. It is the policy and intent of the Elma Police Department to consider only those applicants who have chosen to consent to the use of their consumer credit report for employment purposes.

Under the provisions of the Fair Credit Reporting Act, 15 USC 1681 (b) such reports may be obtained for employment purposes only with the prior written consent of the applicant. Unless you consent, such reports will not be obtained for this purpose. Failure to provide the consent will result in a request to remove you from the hiring process.

You consent to obtain this report is given by your signature on the attached Waiver and Authorization to Release Credit Report Information for Employment Purposes document.

Credit reports can sometimes contain errors about your credit history. If you are disqualified due to errors on your credit report, it will delay your processing for hire. It is your responsibility to confirm the accuracy of your credit report and to correct the errors.

Although we are currently using Equifax credit reporting services, we may use other credit reporting services to inquire about your credit history. We suggest that you obtain a copy of your credit report to verify the accuracy of your credit history information before your first interview with the background investigator.

Before we take any adverse action against you based in whole or in part upon your credit report, we must provide to you a copy of your credit report and a written description of your consumer’s rights under the Fair Credit Reporting Act.

Please keep this notice for your records.
Elma Police Department

Personal History Statement

Waiver and Authorization to Release Credit Report
Information for Employment Purposes

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Under the provisions of the Fair Credit Reporting act, 15 USC 1681 (b) such reports may be obtained for employment purposes only with the written consent of the applicant. Unless you consent, such reports will not be obtained for this purpose. Failure to provide the consent will result in a request to remove you from the hiring process.

I authorize the Elma Police Department to procure and use consumer credit reports concerning me for employment purposes.

__________________________________________  ___________________________________________  ___________________________________________
Date                                               Signature                                               Print Full Name

__________________________________________  
SSN                                               Date of Birth

Current Address:

__________________________________________

__________________________________________

City                                               State                                                Zip

Return this signed waiver with your Personal History Statement
Elma Police Department

Drug Standards

**DRUG USE STANDARDS:** It is common for candidates to have experimented with or casually used substances in the past. The following standards reflect the maximum allowable uses of these illegal drugs. Any uses over the allowed standard are automatically disqualifying. Each category mentioned below includes all derivatives of these controlled substances.

**DRUG FREE:** Each applicant must be drug free for a minimum of two (2) years prior to this application for all categories of the controlled substances listed below. Your stated past drug usage will be confirmed by a background investigation and a polygraph examination.

**AMPHETAMINES:**
Reviewed on a case by case basis.

**COCAINE:**
Reviewed on a case by case basis.

**STEROIDS:**
Reviewed on a case by case basis.

**HALLUCINOGENS:**
No use for the last five (5) years
No use after the age of 25
No more than three (3) total

**MARIJUANA:**
Reviewed on a case by case basis.

**NOTE:** While this list is not all inclusive, use of any controlled substances not listed here will be considered on a case by case basis.

*I have read and understand the standards. I certify that my answers are true and correct.*

Signature

Date

——

Employment

City of Elma Police Department