

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 Brewster 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 physical agility test (you must pass this test prior to the academy start date), a polygraph examination, a medical examination, a drug screening test, and other test required by this agency. Based on the result 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 Officer Standards, Brewster Police Department Standards and Criminal Justice Training Center requirements.
2. All statement are subject to verification.
3. Deliberate inaccuracies or incomplete statement will bar or removed 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 occurrences, 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 all waivers at the end of this packet carefully and have your signature notarized before returning them to our office.**

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

**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 Brewster City Hall, either by mailing, or in person at the main desk, located at:

City of Brewster  
PO Box 1074  
105 S 3<sup>rd</sup> ST  
Brewster WA 98812

I have read and completely understand the above statement.

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

\_\_\_\_\_  
Date

Sworn and subscribed on:  
Date: \_\_\_\_\_

\_\_\_\_\_  
Notary Public in and for Washington  
Residing at \_\_\_\_\_

# PERSONAL HISTORY STATEMENT

## REQUIRED DOCUMENTS

Attach copied of the following documents to this questionnaire. Failure to submit these documents in a timely manner will delay your consideration for employment. Some of these documents may not be applicable to you. Please indicate those that are attached with a check mark in the space provided.

- \_\_\_\_\_ 1. Signed and notarized release waivers.
- \_\_\_\_\_ 2. High school diploma or GED certificate.
- \_\_\_\_\_ 3. Transcripts from colleges or universities.
- \_\_\_\_\_ 4. Military discharge papers. (MUST include discharge status-Long form)
- \_\_\_\_\_ 5. Citizenship or naturalization papers.
- \_\_\_\_\_ 6. Copy of your birth certificate.
- \_\_\_\_\_ 7. All marriage licenses and divorce information.
- \_\_\_\_\_ 8. Name change documents.
- \_\_\_\_\_ 9. Washington State Peace Officers Certification.
- \_\_\_\_\_ 10. Copy of Driver's License and Social Security Card.
- \_\_\_\_\_ 11. Fingerprint Cards.
- \_\_\_\_\_ 12. Civil Service Fee of \$25.00 payable to the City of Brewster.

## OPTIONAL DOCUMENTS

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

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## PERSONAL INFORMATION

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) \_\_\_\_\_

(Cellular/pager/message) \_\_\_\_\_

4. Date of birth: \_\_\_\_\_  
Month Day Year

5. Place of birth (City and State or County): \_\_\_\_\_

U. S. Citizenship is required for this position. Proof required showing that you are a legal resident of this county.

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.

## PERSONAL HISTORY STATEMENT

### RELATIVES, REFERENCES, ACQUAINTANCES

During the course of the background investigation, persons who know you will be asked to comment upon your suitability for position for which you have applied. Inquires will be confined to job-relevant matters.

7. Please supply the appropriate information in the spaced below. If a category is not applicable, write in "N/A".

Name of your:	Address where person can be contacted (include City, State or Zip Code)	Phone number at which person can be contacted.
Father		
Mother		
Father-in-law		
Mother-in-law		
Spouse		
Former Spouse(s)		
Step-Father		
Step-Mother		
Brothers and Sisters		
Step-Brothers and Sisters		

List all offspring: (Please indicate "son" or "daughter" and whether natural, adopted, from another marriage, etc. List current address and phone number as above.)


**RELATIVES, REFERENCES, ACQUAINTANCES (Continued):**

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

Name/Relationship	Address	Telephone
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

Name	Address	Telephone
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**RESIDENCE:**

10. Please list all of 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 15<sup>th</sup> birthday.

Address of Residence	Dates (From/To)	Reason for Leaving	Landlord Information
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**EDUCATION:**

11. 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 regards 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 the name of the College/University and year attained):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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

13. 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 levels.)

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

**If "YES",** Please explain (include schools, date and circumstances): - \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

EXPERIENCE AND EMPLOYMENT:

14. 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 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Telephone \_\_\_\_\_

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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Telephone \_\_\_\_\_

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):**

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

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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Telephone \_\_\_\_\_

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):**

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

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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Telephone \_\_\_\_\_

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):**

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

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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Telephone \_\_\_\_\_

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 \_\_\_\_\_

15. Would any problems result if your present employer was contacted during the course of the background investigation? YES \_\_\_\_\_ NO \_\_\_\_\_  
If "YES", when should such contact be made? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

16. If you have had no prior employment, please explain here. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EXPERIENCE AND EMPLOYMENT ( Continued):**

17. 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. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

18. 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**

19. 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: \_\_\_\_\_

20. Have you registered with the Selective Service? \_\_\_\_\_ to \_\_\_\_\_  
 Type of discharge: \_\_\_\_\_

21. Have you registered with the Selective Service? **YES** \_\_\_\_\_ **NO** \_\_\_\_\_ If “YES”, when? \_\_\_\_\_

22. 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 services, when, where, circumstance, etc. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**MILITARY SERVICE ( Continued):**

23. Past commanding officers or other 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.

NAME	ADDRESS	TELEPHONE	MILITARY UNIT	DATES

**FINANCIAL**

24. The management of personal finances is relevant to an individuals' qualification for a position with a law enforcement agency. Therefore, please fill in the financial statement that follows. The amount of indebtedness, in itself, will not be used in evaluating your qualifications. The behavior exhibited in meeting your financial obligations will be reviewed. A credit reporting agency will be contacted for a report of your credit history.

CURRENT MONTHLY INCOME		CURRENTLY MONTHLY EXPENDITURES	
Spouse salary		Mortgage Payment(s)	
Monthly salary		Rent	
Other monthly income		Other monthly payments	
		Estimate monthly cost of living (including utilities, food, gasoline, home & car maintenance, etc.) and any other obligations	
Total Monthly Income		Total Monthly Expenditures	

**FINANCIAL ( Continued):**

CURRENT ASSETS		CURRENT LIABILITIES	
Saving		Mortgage	
Checking balance		Automobile loans	
Real Estate (appraised or assess value)		Charge accounts (total)	
Stocks and Bonds		Other liabilities (describe)	
Life insurance (cash value)			
Automobiles			
Other assets (describe)			
Total Assets		Total Liabilities	

25. Please supply the following information about your charge accounts, contracts, or other financial liabilities.

Name of Firm	Address	Account Number

26. 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. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

27. 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 to when, firms involved and circumstances. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

28. 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 circumstance. \_\_\_\_\_

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29. Within the last seven (7) years, have your wages ever been garnished?  
YES \_\_\_\_\_ NO \_\_\_\_\_ If "YES", please give details to include when, firms  
involved, and circumstances. \_\_\_\_\_

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30. Have you ever been delinquent on child support, income tax, or other tax payment?  
YES \_\_\_\_\_ NO \_\_\_\_\_ If "YES", please give details to include when, where, and  
why. \_\_\_\_\_

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**LEGAL**

31. 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 records 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

32. 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. \_\_\_\_\_

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

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34. 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 circumstance. \_\_\_\_\_

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**MOTOR VEHICLES OPERATION**

35. Operation of a motor vehicle is an integral part of the position for which you have applied. Any investigation of you driving history will be made through a records check. Please supply the following information:

\_\_\_\_\_  
Drivers License Number                      State                      Name as Printed on License

36. Please list other states where you have been license to operate a motor vehicle:

State	Name under which license was issued

37. Have you ever been refused a driver's license by any state? YES\_\_\_\_\_NO\_\_\_\_\_ If "YES", please explain when, where, and why. \_\_\_\_\_

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38. Has your driver's license ever been suspended or revoked or placed on negligent operator's probation or restrictions? YES\_\_\_\_\_NO\_\_\_\_\_ If "YES", please give details to include when, where, and under what circumstance. \_\_\_\_\_

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39. 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	Disposition

**MOTOR VEHICLE OPERATION (Continued).**

40. 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?

41. 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. \_\_\_\_\_

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42. Have you ever been refused auto insurance for any reason? YES\_\_\_\_\_NO\_\_\_\_\_ If "YES", please explain, including the company name, date, and reason.

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**GENERAL INFORMATION:**

43. 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 to 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.

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44. Have you ever applied for a permit to carry a concealed firearm or other weapon?

YES \_\_\_\_\_ NO \_\_\_\_\_ Was the permit granted? \_\_\_\_\_

Date issued \_\_\_\_\_

Name of Law Enforcement Agency \_\_\_\_\_

Purpose for permit \_\_\_\_\_

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

46. 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 \_\_\_\_\_

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

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**DRUG USE QUESTIONNAIRE:**

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

DRUG	YES	NO	DATEFIRST USED	DATE LAST USED	USED ONCE
Marijuana					
Hashis, Hashis Oil					
Crack, Rock, Ice					
Barbiturates, Hypnotics, or Downers					
Amphetamines (Crosstops, Whites, Bennies, Uppers)					
Methamphetamines (Speed, Crank)					
LSD or other Hallucinogens					
PCP (Angel Dust, Sherm)					
Heroin or other Piatas					
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 infected an illegal drug into your body?		
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 purchased 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 QUESTIONNARE (Continued)**

49. Explain any “YES” answer for the “Drug Use Questionnaire in detail below, to include when, where, what kind of drugs, how taken and circumstance.

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50. Please complete the page **in your own handwriting**.

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

(Limit essay answer to this page only)

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Signature \_\_\_\_\_ Date \_\_\_\_\_

51. 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 you present status or positions in the group.

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52. 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.

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**PERSONAL HISTORY STATEMENT**

**MEDICAL HISTORY**

53. List the following information concerning all doctors consulted within the last three years, and all hospitalizations within the last five years. NOTE: The information provided in this section will be evaluated by competent medical personnel. You will be give the opportunity to discuss the job relatedness and significance of any medical condition with a physician at the time of your medical examination.

Nature of illness or injury	Month & Year	Name & Address of Physician and/or Hospital

54. Do you have any physical handicaps, chronic diseases or disabilities which may affect your work performance? YES \_\_\_\_\_ NO \_\_\_\_\_ If "YES", give details below.

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55. Are you currently taking medication prescribed by your physician? YES \_\_\_NO \_\_\_  
If "YES", give details, below.

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PERSONAL HISTORY STATEMENT

PHYSICAL AGILITY

WAIVER AND RELEASE

ENTRY LEVEL PHYSICAL AGILITY TEST

I, the undersigned, acknowledge that I have willingly chosen to participate in the Brewster Police Civil Service's physical agility exam for Reserve Officer or Police Officer.

I have applied to take the examination for the position of Reserve Officer or Police Officer and have had the opportunity to consult my personal physician and have done so or chosen not to. I understand that the test are strenuous and hold the potential for injury.

I here by release the Brewster Police Department Civil Service Commission, City of Brewster, and its officials, employees, and agents from any liability for injury which may occur as a result of my participation in the Reserve/Police Officer physical agility test.

I sign this waiver and release willingly and of my own volition without coercion of any kind. I understand that by signing this form I give up all rights whatsoever to recover damages from the City for injury(ies) arising out of the physical agility testing.

\_\_\_\_\_  
Name (Please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Sworn and subscribed on:  
Date: \_\_\_\_\_

\_\_\_\_\_  
Notary Public in and for Washington  
Residing at \_\_\_\_\_



**WAIVER AND AUTHORIZATION TO RELEASE INFORMATION**

To Whom It May Concern:

I authorize you to furnish the City of Brewster Civil Service Commission with any and all information that you have concerning me, my reputation, my medical records, my psychological testing and analysis and recommendations, my military service records, my driving records and history, and financial status. Information of a confidential or privileged nature may be included. Your reply will be used to assist the City of Brewster Civil Service Commission in determining my qualifications and fitness for the position I am seeking with the City of Brewster Police Department.

I understand my rights under Title 5, United State Code, Section 552a, the Privacy Act of 1974, and waive those rights with the City of Brewster Civil Service Commission in conjunction with employment procedures.

I hereby release you, your organization, and others from any liability or damage, which may result from furnishing the information requested.

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

Sworn and subscribed on:  
Date: \_\_\_\_\_

\_\_\_\_\_  
Notary Public in and for Washington  
Residing at \_\_\_\_\_

**AUTHORIZATION TO RELEASE EMPLOYMENT RECORDS**

I, the undersigned applicant for employment with the City of Brewster Police department, in consideration of the review of my employment application, do hereby release and authorize a prior employer of mine to release to the Brewster Civil Service Commission, PO Box 1074, Brewster, WA 98812, any and all records of my prior employment retained by my former employers. I agree to waive any claim or cause of action relating to such release of prior employment records and promise to defend and hold harmless the City of Brewster Civil Service Commission, City of Brewster, its officers and employees from any claim or loss arising from such release.

It is my intention that nay copy of this authorization be as effective as the original.

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

Sworn and subscribed on:  
Date: \_\_\_\_\_

\_\_\_\_\_  
Notary Public in and for Washington  
Residing at \_\_\_\_\_

Personal History Statement

SCORING CRITERIA STATUS (OLD) "VETERAN'S PREFERENCE"

Following these questions is an explanation of Scoring Criteria Status (the old Veterans' Preference.)

Do you claim Scoring Criteria Status (Veteran's Preference)? Yes \_\_\_ No \_\_\_

If yes, given the dates of service: Month/Day/Year

From: \_\_\_/\_\_\_/\_\_\_ To: \_\_\_/\_\_\_/\_\_\_

Under which category of veterans (see explanation below), are you claiming scoring criteria status? Category 1 \_\_\_ Category 2 \_\_\_ Category 3 \_\_\_

Did you retire from military service? Yes \_\_\_ No \_\_\_

Have you ever used Scoring Criteria Status/Veteran's Preference to obtain employment?

Yes \_\_\_ No \_\_\_

If "Yes", which job(s): \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

YOU MUST INCLUDE A COPY OF YOUR MILITARY DISCHARGE (DD214) AND MEET THE BASE REQUIREMENTS, AND BE WITHIN ONE OF THE THREE CATEGORIES OF VETERANS QUALIFYING, TO CLAIM SCORING CRITERIA STATUS

BASE REQUIREMENTS TO CLAIM SCORING CRITERIA STATUS:

A base requirement of each category is that the person has received from any branch of the armed forces an HONORABLE DISCHARGE OR DISCHARGE FOR PHYSICAL REASONS WITH AN HONORABLE RECORD.

Another base requirement is that Scoring Criteria Status must be claimed within 15 YEARS of the date of the veteran's release from active military service (this is an increase from the prior 8 year limitation). Also, the 15 year period maybe extended for "valid and extenuating reasons" which include, but are not limited to: documented medical reasons beyond control of the veteran; (include documentation) any Veterans' Administration documented disabled veteran; (include documentation) any veteran who loses his or her job, without being at fault, and whose livelihood is adversely affected may seek scoring criteria employment consideration. (Employer \_\_\_\_\_ Phone # \_\_\_\_\_ Date laid off: \_\_\_\_\_)

THREE CATEGORIES OF VETERANS QUALIFYING FOR SCORING CRITERIA STATUS

The 2000 legislature, in SSB 5366 (Chapter 140, Laws of 2000), significantly expanded the veterans' preference relating to civil service hiring, and renamed is as a "scoring criteria status".

SSB 536, passed June 2000, greatly expands the pool of veterans covered by RCW 41.04.010. It adds an entirely new category of veteran, whose service was NOT DURING A TIME OF WAR OR IN AN ARMED CONFLICT. There are now THREE CATEGORIES OF VETERANS TO WHICH THE SCORING CRITERIA STATUS APPLIES.

The three categories are:

**CATEGORY 1:**

VETERANS WHO SERVED DURING A PERIOD OF WAR, (simply being in the armed forces during such period is sufficient need not have served in a combat zone) OR IN AN ARMED CONFLICT (for which they received a campaign badge or medal) AND DO NOT RECEIVE MILITARY RETIREMENT.

A “PERIOD OF WAR” is defined by RCW 41.04.005 to include following:

The two world wars (WWII was 12/07/41 to 4/28/52  
the Korean conflict (06/27/50 to 7/27/54)  
the Vietnam era (8/5/64 to 5/7/57)

The Persian Gulf War (which was the period beginning August 2, 1990 and ending on the date prescribed by presidential proclamation or law. HOWEVER, SINCE THERE HAS NEVER BEEN A PRESIDENTIAL PROCLAMATION OR LAW OFFICIALLY ENDING THE PERSIAN GULF WAR, ANYBODY WHO HAS SERVED IN THE ARMED FORCES SINCE AUGUST 2, 1990 AND DOES NOT RECEIVE MILITARY RETIREMENT WILL QUALIFY FOR THIS TEN PERCENT SCORING CRITERIA STATUS, IN ADDITION TO THOSE WHO QUALIFY BECAUSE OF EARLIER SERVICE.

The statute also designates the following “armed conflicts,” if the veteran was awarded the respective campaign badge or medal:

the crisis in Lebanon (6/1/83 to 12/1/87) (Armed Forces Expeditionary Medal)  
the invasion of Grenada (10/23/83 to 11/21/83) (Armed Forces Expeditionary Medal)  
Panama, Operation Just Cause (12/20/89 to 1/31/90) (Armed Forces Expeditionary Medal)  
Somalia, Operation Restore Hope;  
Haiti, Operation Uphold Democracy  
Bosnia, Operation Joint Endeavor

Since the latter three “armed conflicts” occurred during the Gulf War period, a person who served in either of those conflicts also qualifies as having served during a “period of war”, so a campaign badge would not be used in a promotional exam.

**CATEGORY 2:**

VETERANS WHO DID NOT SERVE DURING A PERIOD OF WAR OR WHO ARE RECEIVING MILITARY RETIREMENT. This category of veterans, which includes any veteran not covered by the first category, is entitled to a five percent scoring criteria status. Like the first category, it may be used only until a veteran’s first appointment and may not be used in any promotional exam.

**CATEGORY 3:**

VETERANS WHO WERE CALLED TO ACTIVE MILITARY SERVICE FOR ONE OR MORE YEARS EMPLOYMENT WITH A CITY OR COUNTY. This category receives a five percent scoring criteria status that applies to first promotional examinations only. Of course, veterans in this category could also qualify in any of the above two categories when seeking initial employment with another agency covered by RCW 41.04.010.

**EXPLANATION OF SCORING CRITERIA STATUS:**

A scoring criteria is the addition of a certain percentage to the “passing mark, grade or rating” received in a competitive examination by a veteran (RCW 41.005 and RCW 41.04.010). The percentage, which varies with the category of veteran (when the scoring criteria status can be applied also varies with the category of veterans) – the percentage is based upon a possible rating of one hundred points as perfect (RCW 41.04.010). For example, a veteran entitled to a 10 PERCENTAGE SCORING CRITERIA who scores a passing grade of 80 out of a possible 100, would receive an additional 8 points for a total score of 88.