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:
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. Copy of I-551 (green card) or Naturalization certificate.
_____ 6. Copy of your birth certificate.
_____ 7. All marriage licenses and divorce information.
_____ 8. Name change documents.
_____10. Copy of Driver’s License and Social Security Card.
_____11. Fingerprint Cards (cards available at Brewster Police Department).
_____12. Civil Service Fee of $45.00 payable to the City of Brewster.

OPTIONAL DOCUMENTS

1. Copies of other certificates, awards or commendations you would like considered:
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 spaces below. If a category is not applicable, write in "N/A".

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

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Telephone</th>
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</table>

**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 15th birthday.

<table>
<thead>
<tr>
<th>Address of Residence</th>
<th>Dates (From/To)</th>
<th>Reason for Leaving</th>
<th>Landlord Information</th>
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</table>
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.

<table>
<thead>
<tr>
<th>NAME OF SCHOOL</th>
<th>LOCATION CITY AND STATE</th>
<th>DATES OF ATTENDANCE</th>
<th>TEACHER OR REFERENCE</th>
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</table>

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) ________________________________

10
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.

<table>
<thead>
<tr>
<th>Yr.</th>
<th>Agency</th>
<th>Written</th>
<th>Physical Agility</th>
<th>Oral Interview</th>
<th>Background</th>
<th>Polygraph</th>
<th>Psych</th>
<th>Medical Exam</th>
<th>Disqualified</th>
<th>Hired</th>
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</table>

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? YES ______ NO ______

Type of discharge: __________________________

11
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.

<table>
<thead>
<tr>
<th>NAME</th>
<th>ADDRESS</th>
<th>TELEPHONE</th>
<th>MILITARY UNIT</th>
<th>DATES</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

**FINANCIAL**

24. The management of personal finances is relevant to an individual's 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.

<table>
<thead>
<tr>
<th>CURRENT MONTHLY INCOME</th>
<th>CURRENTLY MONTHLY EXPENDITURES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spouse salary</td>
<td>Mortgage Payment(s)</td>
</tr>
<tr>
<td>Monthly salary</td>
<td>Rent</td>
</tr>
<tr>
<td>Other monthly income</td>
<td>Other monthly payments</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Estimate monthly cost of living (including utilities, food, gasoline, home &amp; car maintenance, etc.) and any other obligations</td>
</tr>
</tbody>
</table>

| Total Monthly Income   | Total Monthly Expenditures      |
### FINANCIAL (Continued):

<table>
<thead>
<tr>
<th>CURRENT ASSETS</th>
<th>CURRENT LIABILITIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Saving</td>
<td>Mortgage</td>
</tr>
<tr>
<td>Checking balance</td>
<td>Automobile loans</td>
</tr>
<tr>
<td>Real Estate (appraised or assess value)</td>
<td>Charge accounts (total)</td>
</tr>
<tr>
<td>Stocks and Bonds</td>
<td>Other liabilities (describe)</td>
</tr>
<tr>
<td>Life insurance (cash value)</td>
<td></td>
</tr>
<tr>
<td>Automobiles</td>
<td></td>
</tr>
<tr>
<td>Other assets (describe)</td>
<td></td>
</tr>
<tr>
<td>Total Assets</td>
<td>Total Liabilities</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name of Firm</th>
<th>Address</th>
<th>Account Number</th>
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<tbody>
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</table>

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.

_________________________________________________________________________________
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.


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.


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.

<table>
<thead>
<tr>
<th>DATE</th>
<th>AGENCY/LOCATION</th>
<th>CHARGE</th>
<th>DISPOSITION</th>
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<tbody>
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</tbody>
</table>

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.


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.


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.

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

MOTOR VEHICLES OPERATION

35. Operation of a motor vehicle is an integral part of the position for which you have applied. Any investigation of your 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 licensed to operate a motor vehicle:

<table>
<thead>
<tr>
<th>State</th>
<th>Name under which license was issued</th>
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</table>

37. Have you ever been refused a driver’s license by any state?
YES______NO______ If “YES”, please explain when, where, and why. ____________
__________________________________________________________________________

__________________________________________________________________________

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. __________________________
__________________________________________________________________________

__________________________________________________________________________

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

<table>
<thead>
<tr>
<th>Nature of Violation</th>
<th>Location (City, State)</th>
<th>Approximate date</th>
<th>Disposition</th>
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</table>
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.

<table>
<thead>
<tr>
<th>Date</th>
<th>Location (City, State)</th>
<th>Approximate date</th>
<th>Injury or Non-Injury?</th>
</tr>
</thead>
<tbody>
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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.

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

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

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

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.

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

44. Have you ever applied for a permit to carry a concealed firearm or other weapon? YES______ NO______ Was the permit granted? ____________________
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. ________________________________

______________________________

______________________________

______________________________

DRUG USE QUESTIONNAIRE:

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

<table>
<thead>
<tr>
<th>DRUG</th>
<th>YES</th>
<th>NO</th>
<th>DATE FIRST USED</th>
<th>DATE LAST USED</th>
<th>USED ONCE</th>
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</thead>
<tbody>
<tr>
<td>Marijuana</td>
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<tr>
<td>Hashis, Hashis Oil</td>
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<tr>
<td>Crack, Rock, Ice</td>
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<td>Barbiturates, Hypnotics, or Downers</td>
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<tr>
<td>Amphetamines (Crosstops, Whites, Bennies, Uppers)</td>
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<tr>
<td>Methamphetamines (Speed, Crank)</td>
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<td>LSD or other Hallucinogens</td>
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<td>PCP (Angel Dust, Sherm)</td>
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<td>Heroin or other Piates</td>
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<td>Steroids</td>
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<tr>
<td>Pharmaceutical drugs not prescribed for you</td>
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</table>

<table>
<thead>
<tr>
<th>QUESTIONNAIRE</th>
<th>YES</th>
<th>NO</th>
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<tbody>
<tr>
<td>Is there any other illegal drug, narcotic or controlled substance not listed above that you have introduced into your body?</td>
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<tr>
<td>Have you introduced into your body a substance, which you thought was an illegal drug and then found out that it was not?</td>
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<tr>
<td>Have you ever infected an illegal drug into your body?</td>
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<tr>
<td>Have you ever purchased any drug, narcotic or controlled substance other than by a doctor’s prescription?</td>
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<tr>
<td>Have you ever participated in the manufacturing, cultivation, or production of any illegal drug, narcotic or controlled substance?</td>
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</tbody>
</table>
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 QUESTIONNAIRE (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)

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 your present status or positions in the group.)
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 given the opportunity to discuss the job relatedness and significance of any medical condition with a physician at the time of your medical examination.

<table>
<thead>
<tr>
<th>Nature of illness or injury</th>
<th>Month &amp; Year</th>
<th>Name &amp; Address of Physician and/or Hospital</th>
</tr>
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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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20
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 any 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 __________________________
Veteran’s Scoring Criteria Status Declaration (formerly Veteran’s Preference)

NAME  DATE
(please print)  Last  First  MI

- RCW 41.04.010 provides for veterans’ scoring criteria status to be added to the passing grade of certain veterans.
- RCW 41.04.007 “Veteran” defined for certain purposes

1. I certify that:
   ✓ I have been released from active military service or I am in receipt of separation orders; AND
   ✓ I received an honorable discharge or discharge for medical reasons with an honorable record

☐ Yes  ☐ No

✨ IF YOU ANSWERED “NO” TO ABOVE, STOP HERE AND SUBMIT THIS FORM

2. Have you been appointed to a position with a state, county or municipal government or other political subdivision of the State of Washington after you were eligible for veteran’s points?

☐ Yes  ☐ No

If “Yes”: Job Title __________________________ Date appointed ________________
Employer __________________________

✨ IF YOU ANSWERED “YES” TO ABOVE, STOP HERE AND SUBMIT THIS FORM

3. Scoring Criteria Status Claimed (check one if you are eligible):

☐ Ten percent (10%) to a veteran who served during a period of war or in an armed conflict as defined in RCW 41.04.005 and does not receive military retirement. The percentage shall be added to the passing mark, grade, or rating of competitive examinations until the veteran’s first appointment. The percentage shall not be utilized in promotional examinations.

☐ Five percent (5%) to a veteran who did not serve during a period of war or in an armed conflict as defined in RCW 41.04.005 or is receiving military retirement. The percentage shall be added to the passing mark, grade, or rating of competitive examinations until the veteran’s first appointment. The percentage shall not be utilized in promotional examinations.

I certify that to the best of my knowledge I am entitled to the veteran’s scoring criteria status as set forth in RCW 41.04.010, and that by falsely claiming veterans’ scoring criteria status I will be disqualified from employment with ________________ [agency name]. I also understand that, if employed, any misrepresentation of facts regarding my receiving veteran’s scoring criteria status is sufficient cause for dismissal.

Please sign below and attach a copy of your United States Department of Defense discharge document DD Form 214, National Guard Bureau Report of Separation & Service NGB Form 22, or other equivalent or successor discharge paperwork (DD Form 214WS Worksheet, USDVA Verification Letter, Statement of Military Service) that characterizes your service as honorable.

Applicant Signature __________________________

Rev 7/23/2017
RELEASE AUTHORIZATION

In connection with my application for employment and/or continued employment and/or contract employment with you, I understand that an investigative consumer report may be requested that may include information as to my character, work habits, performance and experience, along with reasons for termination of past employment from previous employers. Further, I understand that you may be requesting information concerning my workers’ compensation claims, motor vehicle operation history, credit history and criminal history from various states, private and insurance sources along with other public records available. Worker’s compensation information will only be requested in compliance with the ADA and/or any other applicable state laws.

I HERBY AUTHORIZE, WITHOUT RESERVATION, ANY LAWFUL ENFORCEMENT AGENCY, ADMINISTRATOR, STATE AGENCY, INSTITUTION, INFORMATION SERVICE BUREAU, EMPLOYER OR INSURANCE COMPANY CONTACTED BY ORCA INFORMATION, INC TO FURNISH THE ABOVE-MENTIONED INFORMATION.

I further acknowledge that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original. This release includes all state and federal agencies including Minnesota’s Department of Labor. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a consumer-reporting agency. If so, I will be so advised and be given the name of the agency or source of information.

Today’s Date: ______________________ Applicant’s Signature: ______________________

The following must be filled out completely for your application to be considered. (Please print).

Position Applying for: ______________________

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<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>MI</th>
<th>Date of Birth</th>
<th>Race</th>
<th>Sex</th>
<th>Social Security #</th>
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<tr>
<th>Place of Birth (City/State)</th>
<th>Current Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Driver’s License # / State</th>
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<tr>
<th>Other Last Names Used</th>
<th>Other States and Counties I have lived in as an adult...</th>
<th>State</th>
<th>County</th>
<th>Zip</th>
<th>From (year)</th>
<th>To (year)</th>
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Have you ever been charged or convicted of a crime: Yes □ No □
If yes, what State & County: __________________________ What was the nature of the crime? (give details):

Estimated Annual Earnings: ______________________

*The above information is to be used only for identification and investigative purposes.

This information is being verified by ORCA Information, Inc. Any information or questions should be directed to the following address:

ORCA Information, Inc.
P.O. Box 277
Anacortes, WA 98221
Phone: (800) 341-0022
Fax: (800) 522-6722

© Orca Information, Inc.
Preparing for the Washington State Criminal Justice Training Commission
Physical Ability Test

Whereas many training routines can be used to improve performance in the Physical Ability Test (PAT), participants should keep in mind that physical training is specific. That is, one improves in activities practiced.

If one wishes to optimize push-up performance, push-ups should be included in the training program. Many other exercises can also be included to strengthen the chest, shoulders, and arms, but push-ups should be included in the routine. Ideally, muscles and the cardiovascular system should be gradually and progressively trained over several weeks or months to achieve desired fitness gains. Physical adaptations occur gradually in response to regular, consistent overloads, i.e. doing more than your body is accustomed to doing. It is important to bear in mind that every individual adapts at a different rate - a stimulus resulting in an appropriate, moderate overload to one person may be too much or too little for another person. A participant who has been inactive for a significant period of time should plan to take six to twelve weeks to train for the PAT.

The training routine should include exercises to train upper body strength and muscular endurance, abdominal muscular endurance, leg power, cardio-respiratory endurance and anaerobic power. Strength and cardio-respiratory endurance activities should be performed about every other day, or three days per week, to allow adequate recovery and positive adaptations to occur. Anaerobic (high intensity) training should be done once per week, and can be performed instead of a cardio-respiratory training session. For flexibility enhancement, good back health, and injury prevention, stretching exercises should be performed before and especially after training sessions, as well as on days off.

Law enforcement officers have unique job functions, some of which can be physically demanding and dangerous. An officer’s capability to perform those functions can affect personal and public safety. Training for the required skills is often more vigorous and demanding than the day-to-day job functions that the officer faces. Physical fitness underlies an officer’s ability to perform many of the frequent and critical job tasks as well as the demanded training of skills. The minimum fitness standards identified below are the requisite levels for an officer to effectively learn the frequent and critical job motor skills. Higher levels of fitness are associated with better performance of physical job tasks required by the Washington State Criminal Justice Training Commission (WSCJTC) Basic Law Enforcement Academy (BLEA).

The PAT is comprised of four tests:
- 300-Meter Run
- Maximum Push-Ups (no time limit)
- Sit-Ups (One Minute)
- 1.5-Mile Run / Walk

Tests may be administered in the above order. While not required, the test battery process should be sequenced as follows:

1. Warm-up (5-10 minutes) may be self-directed or led by test personnel.
   - General warm-up - 2-3 minutes of easy jogging, jumping jacks, etc.
   - Stretching - 5-7 minutes, include stretches for shoulders, back, upper and lower legs.

2. PAT
   - 300-Meter Run (15 minutes rest)
   - Sit-Ups (1 Minute) (5 minutes rest)
   - Maximum Push-Ups (10 minutes rest)

3. 1.5-Mile Run / Walk
   - Cool-down (5 minutes)
   - Walking - keep walking to avoid blood pooling in legs.
   - Easy stretching.