

# WAHAKIYAKUM COUNTY SHERIFF'S OFFICE

## PERSONAL HISTORY STATEMENT

### INSTRUCTIONS TO THE APPLICANT

The information you provide in the attached personal history statement will be used in the investigation of your personal background. This will assist the Sheriff's Office in determining your suitability for employment in the position you have applied for. Please fill out the questionnaire completely and accurately. Keep in mind that:

1. The completion of this questionnaire is mandatory in order for you to be considered for employment with the Wahkiakum County Sheriff's Office.
2. All statements are subject to verification.
3. Deliberate inaccuracies or incomplete statements or omission of material facts may result in your removal from the eligibility list.
4. All time periods in your background must be accounted for. It is to your advantage to respond openly to all the questions. Any negative factors in your background will be evaluated in terms of the circumstances and facts surrounding the occurrence and their relevance to the job for which you have applied. For instance, being terminated from a job or having an arrest record is not necessarily grounds for disqualification. During the investigation, the investigator will inquire into the facts surrounding such an occurrence and an evaluation will be made to determine the relevance of those facts to the requirements of the job.

You need not list an arrest and/or conviction if the record of such an incident has been sealed pursuant to a court order, or if your record has been expunged. However, you must list an arrest and/or conviction if you have received a release, deferred prosecution or a pardon.

Please print in black ink or type your responses to this questionnaire. If a question does not apply to you, write "N/A" (Not Applicable) in the space provided. If you need more space to respond to a question, use an additional piece of paper and identify the additional information by question number. **DO NOT WRITE ON THE REVERSE SIDE OF THE QUESTIONNAIRE.**

As part of the Civil Service testing process, you will be required to undergo a polygraph examination. An appointment will be made for you.

If you are an applicant for Deputy Sheriff or Undersheriff, you also will be required to:

Pass a psychological screening. You will be notified of the date, time and place for this. The County will pay for the exam.

Successfully pass a pre-employment physical examination performed by a medical doctor. The County will select the doctor, set the appointment and pay for the exam.

All applicants are required to furnish an official transcript from the last high school attended. College transcripts are optional.

If you have any questions regarding any aspect of this Personal History Statement, feel free to contact the Undersheriff of the Wahkiakum County Sheriff's Office, phone (360) 795-3242, Tuesday through Friday between 9:00AM and 4:00PM.

Do not delay returning the Personal History Statement. If the credit report or school transcript have not been received, make a note to that effect when you turn the packet in.

Please sign and date this page, acknowledging that you have read and understand these instructions. Return this instruction form with your completed Personal History Statement.

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APPLICANT'S SIGNATURE

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PRINTED NAME

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SOCIAL SECURITY NUMBER

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DATE

# PERSONAL HISTORY STATEMENT

## PERSONAL

The following information is requested of you for verification and contact purposes.

Name:									
LAST	FIRST	MIDDLE							
Other names that you have used or been known by. (Include nicknames.)									
List address at which you can be contacted.									
ADDRESS	CITY	STATE	ZIP CODE						
List local phone numbers at which you can be contacted.									
Day ( ) _____		Night ( ) _____							
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3" style="padding: 5px;">Birthday</td> </tr> <tr> <td style="width: 25%; padding: 5px;">Month</td> <td style="width: 25%; padding: 5px;">Date</td> <td style="width: 50%; padding: 5px;">Year</td> </tr> </table>		Birthday			Month	Date	Year	Place of Birth:	
Birthday									
Month	Date	Year							
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; padding: 5px;">Month</td> <td style="width: 25%; padding: 5px;">Date</td> <td style="width: 50%; padding: 5px;">Year</td> </tr> </table>		Month	Date	Year	Marital Status:				
Month	Date	Year							
Social Security Number		U.S. Citizenship is required for this position. Proof is required that you are a legal resident in this country. Can you provide such documentation? " Yes      " No							
For purpose of identification, please provide the following:									
Height	Weight	Hair Color	Eye Color						

Driver License #	State	Expiration Date
Other States Where You Have Been Licensed:		
Scars, tattoos, or other distinguishing marks:		

## RELATIVES, REFERENCES, ACQUAINTANCES

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

Supply the appropriate information in the spaces provided below. If a category is not applicable, write in "N/A".		
If living, name of your:	Address(Street, City, State & Zip)	Telephone
Spouse	( ) Home ( ) Work ( ) Other	( ) Home ( ) Work ( ) Other
Employer		
Father	( ) Home ( ) Work ( ) Other	( ) Home ( ) Work ( ) Other
Mother	( ) Home ( ) Work ( ) Other	( ) Home ( ) Work ( ) Other
Father-in-Law	( ) Home ( ) Work ( ) Other	( ) Home ( ) Work ( ) Other
Mother-in-Law	( ) Home ( ) Work ( ) Other	( ) Home ( ) Work ( ) Other

Brothers & Sisters	( ) Home ( ) Work ( ) Other	( ) Home ( ) Work ( ) Other
	( ) Home ( ) Work ( ) Other	( ) Home ( ) Work ( ) Other
	( ) Home ( ) Work ( ) Other	( ) Home ( ) Work ( ) Other
	( ) Home ( ) Work ( ) Other	( ) Home ( ) Work ( ) Other
	( ) Home ( ) Work ( ) Other	( ) Home ( ) Work ( ) Other
Step-Mother	( ) Home ( ) Work ( ) Other	( ) Home ( ) Work ( ) Other
Step-Father	( ) Home ( ) Work ( ) Other	( ) Home ( ) Work ( ) Other
Step-Brothers & Sisters	( ) Home ( ) Work ( ) Other	( ) Home ( ) Work ( ) Other
	( ) Home ( ) Work ( ) Other	( ) Home ( ) Work ( ) Other
	( ) Home ( ) Work ( ) Other	( ) Home ( ) Work ( ) Other

Other relatives with whom you have a close personal relationship (including children):

Relationship		
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	( ) Home ( ) Work ( ) Other	( ) Home ( ) Work ( ) Other
Relationship	( ) Home ( ) Work ( ) Other	( ) Home ( ) Work ( ) Other
Relationship	( ) Home ( ) Work ( ) Other	( ) Home ( ) Work ( ) Other
Relationship	( ) Home ( ) Work ( ) Other	( ) Home ( ) Work ( ) Other

List those individuals with whom you have resided during the last 10 years (list no information prior to your 15th birthday). Exclude family members.

Name	Address (Street, City, State & Zip)	Telephone
	( ) Home ( ) Work ( ) Other	( ) Home ( ) Work ( ) Other
	( ) Home ( ) Work ( ) Other	( ) Home ( ) Work ( ) Other
	( ) Home ( ) Work ( ) Other	( ) Home ( ) Work ( ) Other
	( ) Home ( ) Work ( ) Other	( ) Home ( ) Work ( ) Other

List below as references 3 to 5 individuals who have knowledge of you and your qualifications. Exclude relatives, former employers and friends.

Name	Address (Street, City, State & Zip)	Telephone
	( ) Home ( ) Work ( ) Other	( ) Home ( ) Work ( ) Other
	( ) Home ( ) Work ( ) Other	( ) Home ( ) Work ( ) Other
	( ) Home ( ) Work ( ) Other	( ) Home ( ) Work ( ) Other
	( ) Home ( ) Work ( ) Other	( ) Home ( ) Work ( ) Other
	( ) Home ( ) Work ( ) Other	( ) Home ( ) Work ( ) Other

List below 3 to 5 individuals who are social acquaintances (i.e. persons whom you have seen frequently during the past year) and have knowledge of you and your qualifications. Exclude relatives and former employers.

	( ) Home ( ) Work ( ) Other	( ) Home ( ) Work ( ) Other
	( ) Home ( ) Work ( ) Other	( ) Home ( ) Work ( ) Other
	( ) Home ( ) Work ( ) Other	( ) Home ( ) Work ( ) Other
	( ) Home ( ) Work ( ) Other	( ) Home ( ) Work ( ) Other
	( ) Home ( ) Work ( ) Other	( ) Home ( ) Work ( ) Other

# EDUCATION

List all schools attended, starting with high school or GED certification. During the background investigation, persons who have known you in a learning environment will be contacted. A review of your school records may be made in conjunction with those contacts. **Please furnish official transcripts for all colleges attended and for the high school from which you graduated.**

NAME OF SCHOOL	LOCATION OF SCHOOL (CITY & STATE)	DATES ATTENDED		SCHOOL REFERENCES (TEACHERS, COUNSELORS, ETC)
		FROM (MO/YR)	TO (MO/YR)	

Have you ever been suspended or expelled from any school?  Yes  No

If "Yes," please explain (include school, date and circumstances).

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Do you have plans for furthering your education or developing existing skills? If so, please explain.

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## EXPERIENCE AND EMPLOYMENT

Beginning with your most current employment, please list all job (including part-time, temporary, and voluntary positions) you have held in the past 10 years. For identification and verification, indicate the nature of the activity (full time, part-time, voluntary). If you have intervening periods of military service or unemployment, list those periods in sequence in the spaces provided.

<p>Dates of Employment</p> <p>From                      To</p>	<p>Name/Address/Phone of Employer</p>	<p>Name of Supervisor</p>
<p><input type="checkbox"/> Full Time      <input type="checkbox"/> Part Time</p> <p><input type="checkbox"/> Voluntary</p>	<p>Title or Duties</p> <p>(For Identification Purposes)</p>	<p>Names of Co-Workers</p>
<p>Reason for Leaving:</p>		
<p><input type="checkbox"/> Military Service    <input type="checkbox"/> Not Employed                      From:                      To:</p>		

<b>Dates of Employment</b> From                      To	<b>Name/Address/Phone of Employer</b>	<b>Name of Supervisor</b>
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Voluntary	<b>Title or Duties</b> (For Identification Purposes)	<b>Names of Co-Workers</b>   
<b>Reason for Leaving:</b>		
<input type="checkbox"/> Military Service <input type="checkbox"/> Not Employed                      From:                      To:		

<b>Dates of Employment</b> From                      To	<b>Name/Address/Phone of Employer</b>	<b>Name of Supervisor</b>
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Voluntary	<b>Title or Duties</b> (For Identification Purposes)	<b>Names of Co-Workers</b>   
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<input type="checkbox"/> Military Service <input type="checkbox"/> Not Employed                      From:                      To:		

<p>Dates of Employment</p> <p>From                      To</p>	<p>Name/Address/Phone of Employer</p>	<p>Name of Supervisor</p>
<p><input type="checkbox"/> Full Time            <input type="checkbox"/> Part Time</p> <p><input type="checkbox"/> Voluntary</p>	<p>Title or Duties</p> <p>(For Identification Purposes)</p>	<p>Names of Co-Workers</p>
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<p>Dates of Employment</p> <p>From                      To</p>	<p>Name/Address/Phone of Employer</p>	<p>Name of Supervisor</p>
<p><input type="checkbox"/> Full Time            <input type="checkbox"/> Part Time</p> <p><input type="checkbox"/> Voluntary</p>	<p>Title or Duties</p> <p>(For Identification Purposes)</p>	<p>Names of Co-Workers</p>
<p>Reason for Leaving:</p>		

Military Service     Not Employed

From:

To:

Dates of Employment

From                      To

Name/Address/Phone of Employer

Name of Supervisor

Full Time             Part Time  
 Voluntary

Title or Duties  
(For Identification Purposes)

Names of Co-Workers

Reason for Leaving:

Military Service     Not Employed

From:

To:

Dates of Employment

From                      To

Name/Address/Phone of Employer

Name of Supervisor

Full Time             Part Time  
 Voluntary

Title or Duties  
(For Identification Purposes)

Names of Co-Workers

Reason for Leaving:		
<input type="checkbox"/> Military Service <input type="checkbox"/> Not Employed    From:                      To:		

Dates of Employment From                      To	Name/Address/Phone of Employer	Name of Supervisor
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Voluntary	Title or Duties (For Identification Purposes)	Names of Co-Workers   
Reason for Leaving:		
<input type="checkbox"/> Military Service <input type="checkbox"/> Not Employed    From:                      To:		

Dates of Employment From                      To	Name/Address/Phone of Employer	Name of Supervisor

<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time  <input type="checkbox"/> Voluntary	Title or Duties  (For Identification Purposes)	Names of Co-Workers

Reason for Leaving:

Military Service     Not Employed    From:                      To:

Dates of Employment From                      To	Name/Address/Phone of Employer	Name of Supervisor
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<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time  <input type="checkbox"/> Voluntary	Title or Duties  (For Identification Purposes)	Names of Co-Workers

Reason for Leaving:

Military Service     Not Employed    From:                      To:

Would any problem result if your present employer was contacted during the course of the background investigation?

Yes     No    If "no", when should such contact be made?

If you have had no prior employment, please explain in the space below.

Have you ever had any extended work absences for reasons other than earned vacations?  Yes  No

If "yes", please give details (include when, where, circumstances):

Have you ever stolen from an employer?  Yes  No

If "yes", please give details (include when, where, circumstances):

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

If "yes", please give details (include when, where, circumstances):

Have you ever been a successful or unsuccessful candidate for another position requiring law enforcement or public safety employment?  Yes  No

If "yes", please give details (include date, agency name, city, state, position applied for, name used, test results).

# MILITARY SERVICE

Are you registered with the Selective Service Board?  Yes  No

Have you ever served in the armed forces, National Guard, or military reserves?  Yes  No

If yes, please provide the following information:

Branch of Service	Service Number	Dates of Service From _____ To (Mo/Yr) (Mo/Yr)	Type of Discharge

Are you *currently* participating in any military reserve or National Guard Program?  Yes  No

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, give details, including branch of service, when, where, circumstances.

Past commanding officers or military acquaintances are potential sources of relevant information pertaining to your background. If your military service has been within the last ten years, please list those individuals who know you well enough to provide accurate information about you.

Base or Post Name	Contact Person's Name	Contact Person's Address	Years Known From (Yr) To (Yr)	

# FINANCIAL

The management of personal finances is relevant to an individual's qualifications for the position of peace officer. 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.

## Housing

Name of Landlord/Mortgage Holder	Address (Street, City, State, Zip)	Account Number, if applicable

## Credit

Please supply information about your charge accounts, contracts and other financial liabilities.		
Name of Firm	Address (Street, City, State, Zip)	Account Number, if applicable

Have you ever filed for or declared bankruptcy or filed for the Wage Earner's Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No
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If "Yes," give details (include when, where, why).


Have any of your bills ever been turned over to a collection agency?  Yes  No

If "Yes," give details (include when, firms involved, circumstances).


Have you had anything repossessed?  Yes  No

If "Yes," give details (include when, firms involved, circumstances).



Have your wages ever been garnished?  Yes  No

If yes, give details (include when, where, why).


Have you ever been delinquent on income or other tax payments?  Yes  No

If yes, please give details (include when, where, why).



Have you ever been delinquent in any court-ordered payments, including spousal and/or child support and alimony?    Yes    No

If yes, please give details (include when, where, why).


As part of the background screening process, you are required to furnish a current credit report. This must be mailed to you and you must either deliver or mail it, unopened, to the Wahkiakum County Sheriff's Office, 64 Main Street, P. O. Box 65, Cathlamet, WA 98612

## LEGAL

If you have ever been arrested or convicted for any crime (excluding traffic citations), give the following information:

APPROX DATE	POLICE AGENCY/CITY & STATE	CIRCUMSTANCES

APPROX DATE	POLICE AGENCY/CITY & STATE	CIRCUMSTANCES

Have you ever been placed on court probation as an adult?  Yes  No

If "Yes," please give details (including when, where, why).

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Have you ever received deferred prosecution following an arrest?  Yes  No

If yes, please give details (include when, where, why).

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Were you ever required to appear before a juvenile court for an act which would have been a crime if it had been committed by an adult?

Yes    No

If "yes" give details (include when, where, why and juvenile court disposition):


Has anyone in your family been arrested?    Yes    No

If "yes" please explain:


**\*NOTE\*** The fact that your record may have been affected by a sealing, an expungement, a release, or a pardon has specific legal implications as to how you should answer these question. Please see the Instruction page for a detailed guide.

Have you ever been reported to a law enforcement agency as a missing person or a runaway?  Yes  No

If "Yes," give details (include date, law enforcement agency, circumstances


Are you now or have you ever been involved as a plaintiff or defendant in any civil court action?  Yes  No

If yes, give details (include when, where, name and location of court and circumstances. Include any actions for change of name.


# MOTOR VEHICLE OPERATION

Operation of a motor vehicle is an integral part of law enforcement. An investigation of your driving history will be made through a records check. To expedite this procedure, please supply the following information:

Washington Driver's License Number:		Expiration Date:	
Name under which license was granted:			
List other states where you have been licensed to operate a motor vehicle.			
State & Name under which license was granted:	State & Name under which license was granted:	State & Name under which license was granted:	State & Name under which license was granted:
Have you ever been refused a driver's license by any state? " Yes " No			
If "yes" please explain (include when, where, why):			

Do you now have current auto insurance?  Yes  No

Have you ever had your auto insurance canceled or refused?  Yes  No

If "yes," please explain:

List all traffic citations (excluding parking violations) you have received within the last 7 years.

Nature of Violation	Location (City or County and State)	Approximate Date	Indicate whether fined or action was taken on your driver's license

## MOTOR VEHICLE OPERATION (Continued)

Have you been involved as a driver in a motor vehicle accident within the past 7 years?     Yes     No

If "yes" give details for each accident.

Date	Location	<input type="checkbox"/> Injury <input type="checkbox"/> Non-Injury
Police Investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Law Enforcement Agency	
Date	Location	<input type="checkbox"/> Injury <input type="checkbox"/> Non-Injury
Police Investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Law Enforcement Agency	
Date	Location	<input type="checkbox"/> Injury <input type="checkbox"/> Non-Injury
Police Investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Law Enforcement Agency	
Date	Location	<input type="checkbox"/> Injury <input type="checkbox"/> Non-Injury
Police Investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Law Enforcement Agency	

If there is anything you wish to discuss about your driving record, use the space below.

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Has your license ever been suspended, revoked, placed on restricted status, or on negligent operator's probation? " Yes " No

If "yes" give details (include what, when, where, why):

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List your vehicle insurance coverage for the past 3 years.

Company Name	Company Address (Street, City, State, ZIP)	Policy Number

Do you have any special qualifications and skills?

Do you have any special interests and hobbies?

Do you have any religious or other beliefs which would prevent you from fully performing the duties of a law enforcement officer, including working on weekends or shift work?  Yes  No If "yes" please explain.

*(Deputy Applicants Only)* If it became necessary to take a human life during the course of your duties, would any religious or other beliefs prevent you from doing so?  Yes  No

If "Yes," please explain.

To what extent do you use intoxicating liquors?

Have you ever used marijuana or any other drug not prescribed by your physician? Please be specific as to the type of drug used, frequency and last date used.

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Have you ever sold or furnished drugs or narcotics to anyone?    Yes    No

If "yes", please explain.


Do you have any physical problems that might hinder you in performing the required duties of the position applied for?    Yes    No    If "yes", please explain.


Are there any incidents in your life, or details not mentioned herein, which may influence this department's evaluation of your suitability for employment?    Yes    No

If "yes", please explain.

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<p>I hereby certify that all statements made in this personal history statement are true and complete, and I understand that any misstatements or omissions of material facts will subject me to disqualification as an applicant, or immediate dismissal should these misstatements or omissions be discovered after I am employed.</p>	
Signature	Date Completed

**WAHKIAKUM COUNTY SHERIFF'S OFFICE**

**P. O. BOX 65**

**CATHLAMET, WA 98612**

**PHONE (360) 795-3242**

**FAX (360) 795-3145**

## AUTHORIZATION TO RELEASE INFORMATION

I authorize you to furnish the Wahkiakum County Sheriff's Office and/or the Wahkiakum County Civil Service Commission with any and all information that you have concerning me, my work record, my school record, my reputation, and my financial status. Information of a confidential, privileged nature may be included.

Your reply will be used to assist the Wahkiakum County Sheriff's Office and or the Wahkiakum County Civil Service Commission in determining my qualifications and fitness for a position in which I may be handling confidential information for the Wahkiakum County Sheriff's Office.

I authorize the Wahkiakum County Sheriff's Office to perform a Criminal History Background check.

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

**NOTE: A PHOTOCOPY REPRODUCTION OF THIS DOCUMENT SHALL BE FOR ALL INTENTS AND PURPOSES VALID AS THE ORIGINAL.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Subscribed and sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

Notary Public in and for the State of Washington, residing in \_\_\_\_\_