Reserve Police Officer

The Position

Reserve officers are volunteers who assist regular police officers in their duties and provide supplemental police protection of life and property, prevention and investigation of crimes, apprehension of criminals, and the enforcement of laws and ordinances. Reserve officers are required to contribute a minimum of sixteen hours of service per month and required to complete a state-mandated academy before assignment to regular reserve duties. This is an UNPAID position, but it will give you the experience necessary to transition to Probationary Officer in the future. Ninety percent of Selah’s current full-time officers, including the 3 Sergeants, started in the Reserves.

Knowledge, Abilities, and Skills

This position requires some knowledge of police practices, methods and familiarity with the geography of the City of Selah. Further required qualities include the ability to cope with situations firmly, courteously, tactfully, and with respect for the rights of citizens; establish and maintain effective working relationships with other employees and the general public; and the physical strength and agility and emotional stability sufficient to meet police duty requirements.

Qualifications

Candidates must possess the following minimum qualifications:

- US Citizenship
- High school diploma, GED, or equivalent
- WA State driver’s license
- Minimum age of 21

Applications

To be considered for this volunteer position, applications can be picked up at the Selah Police Department, 617 S 1st St. Selah, WA 98942. Applications need to be completed and turned in by October 26th, 2012.
Police Applicants

Position Applied For: _____________________________ Date: ____________

1. PERSONAL DATA

Name, First __________________ Middle: _______________ Last: _____________
Other Names (including maiden & nicknames): ________________________________
Address: ________________________________________________________________

Phone numbers: __________________________________________________________

Home: ______________________ Work: _____________ Cell: ___________________
Birth date: _______________ Place of Birth: _____________________________
Social Security Number: ___________________________________________________

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

City of Selah Civil Service Rules requires some employees to be US Citizens. Can you provide such documentation?
Yes  No

Height ___________ Weight ____________ Hair Color ____________ Eye Color ______________

Scars, Tattoos, or other distinguishing marks: __________________________________________________________

2. RELATIVES

Spouse / Significant Other Former Spouse Former Spouse
Name: ___________________________ Address: ___________________________ Name: ___________________________ Address: ___________________________
Home #: __________ Work #: __________ City: _______ State: ______ Zip: ______

Name: ___________________________ Address: ___________________________ Name: ___________________________ Address: ___________________________
Home #: __________ Work #: __________ City: _______ State: ______ Zip: ______

Name: ___________________________ Address: ___________________________ Name: ___________________________ Address: ___________________________
Home #: __________ Work #: __________ City: _______ State: ______ Zip: ______
# 2. RELATIVES – Continued

<table>
<thead>
<tr>
<th>Relative</th>
<th>Name: ______________________________</th>
<th>Home #: ________</th>
<th>Work #: ________</th>
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<tr>
<td>Former Spouse</td>
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<td>Address: ____________________________</td>
<td>City: ________</td>
<td>State: ________</td>
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</tbody>
</table>
2. RELATIVES – Continued

Other:  Name: ______________________________   Home #: __________  Work #: ________
Address: __________________________       City: ________  State: ______  Zip: ______

Other:  Name: ______________________________   Home #: __________  Work #: ________
Address: __________________________       City: ________  State: ______  Zip: ______

Other:  Name: ______________________________   Home #: __________  Work #: ________
Address: __________________________       City: ________  State: ______  Zip: ______

3. REFERENCES

List 3 to 5 professional contacts / associates who know about you and your qualifications.

Name: _________________________________   Home: __________  Work: _______________
Address: _________________________________  City: ___________  State: _____  Zip: _____
Occupation: ______________________________  Length of Relationship: __________________________

Name: _________________________________   Home: __________  Work: _______________
Address: _________________________________  City: ___________  State: _____  Zip: _____
Occupation: ______________________________  Length of Relationship: __________________________

Name: _________________________________   Home: __________  Work: _______________
Address: _________________________________  City: ___________  State: _____  Zip: _____
Occupation: ______________________________  Length of Relationship: __________________________

Name: _________________________________   Home: __________  Work: _______________
Address: _________________________________  City: ___________  State: _____  Zip: _____
Occupation: ______________________________  Length of Relationship: __________________________

Name: _________________________________   Home: __________  Work: _______________
Address: _________________________________  City: ___________  State: _____  Zip: _____
Occupation: ______________________________  Length of Relationship: __________________________
3. REFERENCES – Continued

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

Name: __________________________________ Home: __________ Work: _______________
Address: _________________________________ City: __________ State: ____ Zip: ____
Occupation: ______________________________ Length of Relationship: __________________________

Name: __________________________________ Home: __________ Work: _______________
Address: _________________________________ City: __________ State: ____ Zip: ____
Occupation: ______________________________ Length of Relationship: __________________________

Name: __________________________________ Home: __________ Work: _______________
Address: _________________________________ City: __________ State: ____ Zip: ____
Occupation: ______________________________ Length of Relationship: __________________________

Name: __________________________________ Home: __________ Work: _______________
Address: _________________________________ City: __________ State: ____ Zip: ____
Occupation: ______________________________ Length of Relationship: __________________________

4. RESIDENCE

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

Address: _________________________________ City: __________ State: ____ Zip: ____
County: _________ Dates Resided: ______________ Landlord / Mgr. ___________ Phone: _________

Address: _________________________________ City: __________ State: ____ Zip: ____
County: _________ Dates Resided: ______________ Landlord / Mgr. ___________ Phone: _________

Address: _________________________________ City: __________ State: ____ Zip: ____
County: _________ Dates Resided: ______________ Landlord / Mgr. ___________ Phone: _________
4. RESIDENCE – Continued

Address: _________________________________  City: __________  State: ____  Zip: ____
County: _______ Dates Resided: ____________  Landlord / Mgr. ___________  Phone: _________

Address: _________________________________  City: __________  State: ____  Zip: ____
County: _______ Dates Resided: ____________  Landlord / Mgr. ___________  Phone: _________

List those individuals you have lived with during the past 10 years (excluding children):

Name: __________________________________  Home: __________  Work: _______________
Address: _________________________________  City: __________  State: ____  Zip: ____

Name: __________________________________  Home: __________  Work: _______________
Address: _________________________________  City: __________  State: ____  Zip: ____

5. EDUCATION

Most positions within the Department require a High School Diploma or its equivalent. Circle the appropriate level below:

I possess a:  High School Diploma  GED Certificate

1. List all schools attended, beginning with High School. If no degree / certificate earned, list credit hours.

Name of School: __________________________  Location: _________  Dates: ________
Degree / Hours: ___________________________________________________________

Name of School: __________________________  Location: _________  Dates: ________
Degree / Hours: ___________________________________________________________

Name of School: __________________________  Location: _________  Dates: ________
Degree / Hours: ___________________________________________________________

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

If yes, please explain: __________________________________________________________

__________________________________________________________

Page 5 of 18
6. EXPERIENCE AND EMPLOYMENT

1. May your current employer be contacted during the course of this background investigation?
   Yes / No

   If no, please explain: ________________________________________________________________

   ________________________________________________________________________________

2. List all jobs held in the last 10 years including part time, full time, temporary, voluntary, and
   individual military assignments. Begin with your current job.

   Date: From: ___/___ Employer: __________________________ Supervisor: _______________

   To: ___/___ Address: ___________________________ Co-Worker: ___________________

   Salary: __________ City: ________ St: ______ Zip: ______ Co-Worker: ______________

   Full time Telephone: _________________________ Co-Worker: ___________________

   Part time Job Title: _________________________ Co-Worker: ___________________

   Other Reason for leaving: ____________________________________________

   Date: From: ___/___ Employer: __________________________ Supervisor: _______________

   To: ___/___ Address: ___________________________ Co-Worker: ___________________

   Salary: __________ City: ________ St: ______ Zip: ______ Co-Worker: ______________

   Full time Telephone: _________________________ Co-Worker: ___________________

   Part time Job Title: _________________________ Co-Worker: ___________________

   Other Reason for leaving: ____________________________________________
6. EXPERIENCE AND EMPLOYMENT – Continued

<table>
<thead>
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<th>Employer: __________________________</th>
<th>Supervisor: ___________________</th>
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<td>Co-Worker: _____________________</td>
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<td>Job Title: _________________________</td>
<td>Co-Worker: _____________________</td>
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<td>Other</td>
<td>Reason for leaving: __________________</td>
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<td>Co-Worker: _____________________</td>
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<td>Other</td>
<td>Reason for leaving: __________________</td>
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Page 7 of 18
6. EXPERIENCE AND EMPLOYMENT – Continued

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<td>Address: ___________________________</td>
<td>Co-Worker: ___________________</td>
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<td>Full time</td>
<td>Telephone: __________________</td>
<td>Co-Worker: ___________________</td>
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<tr>
<td>Part time</td>
<td>Job Title: __________________</td>
<td>Co-Worker: ___________________</td>
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<td>Other</td>
<td>Reason for leaving: __________________</td>
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<td>Job Title: __________________</td>
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<tr>
<td>Other</td>
<td>Reason for leaving: __________________</td>
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<td></td>
</tr>
</tbody>
</table>

3. Have you ever had any extended work absences for any reasons other than earned vacation? Yes / No

If yes, please explain: (Include dates, name of employer and the reason) ____________________________
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________

4. How many Mondays and Fridays were you absent last year, excluding annual leaves and scheduled Holidays?
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________

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

If yes, please explain: (Include dates, name of employer and the reason) ____________________________
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
6. EXPERIENCE AND EMPLOYMENT – Continued

6. Have you ever made an application with this agency or any other law enforcement, corrections, or Governmental agency? Yes / No

If yes, please give details (Include dates, name of agency, circumstances) ____________________________
____________________________________________________________________________________
____________________________________________________________________________________

7. MILITARY SERVICE

1. 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: ___________________________________________________________
Dates of Service (from-to): _____________________________________________________
Type of Discharge: __________________________________________________________

2. If you are a male born after 1/1/60, you are required to register with selective service.
Are you registered? Yes / No
If yes, what is your registration number? _________________________________________
Classification? ______________________________________________________________

3. Are you currently participating in any military Reserve or National Guard program? Yes / No

4. Have you ever been the subject of any judicial or non-judicial disciplinary action with the military? Yes / No
If yes, please give details (Including branch of service, dates, where, circumstances):__________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

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

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

<table>
<thead>
<tr>
<th>CURRENT MONTHLY INCOME</th>
<th>CURRENT MONTHLY EXPENDITURES</th>
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<tbody>
<tr>
<td>Monthly salary:</td>
<td>Real Estate (Mortgage) Payments:</td>
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<tr>
<td>Spouse’s salary:</td>
<td>Rent:</td>
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<tr>
<td>Other Monthly income – Describe:</td>
<td>Other Monthly Payments – Describe:</td>
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<tr>
<td>Total Monthly income:</td>
<td>Total Monthly Expenditures:</td>
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</table>

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<thead>
<tr>
<th>CURRENT ASSETS</th>
<th>CURRENT LIABILITIES</th>
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</thead>
<tbody>
<tr>
<td>Savings:</td>
<td>Real estate indebtedness:</td>
</tr>
<tr>
<td>Checking:</td>
<td>Long term loans:</td>
</tr>
<tr>
<td>Autos:</td>
<td>Other liabilities – describe:</td>
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<tr>
<td>Personal Property etc.:</td>
<td></td>
</tr>
<tr>
<td>Total Assets:</td>
<td>Total Liabilities:</td>
</tr>
</tbody>
</table>

1. Have you ever been delinquent on any installment loans? (Mortgage, car loan, credit cards, etc.)
   Yes / No
   If yes, please explain: ________________________________________________________
   ________________________________________________________
   ________________________________________________________

2. Have you ever filed for a declared bankruptcy or filed from the Wage Earner’s Plan? Yes / No
   If yes, please explain: ________________________________________________________
   ________________________________________________________
   ________________________________________________________
8. FINANCIAL – Continued

3. Have any of your bills been turned over to a collection agency? Yes / No
   If yes, please explain: _____________________________________________________________
   ______________________________________________________________________________
   ______________________________________________________________________________

4. Have you ever had purchased goods repossessed? Yes / No
   If yes please explain: _____________________________________________________________
   ______________________________________________________________________________
   ______________________________________________________________________________

5. Have your wages ever been garnished? Yes / No
   If yes please explain: _____________________________________________________________
   ______________________________________________________________________________
   ______________________________________________________________________________

6. Have you ever been delinquent on income or other tax payments? Yes / No
   If yes please explain: _____________________________________________________________
   ______________________________________________________________________________
   ______________________________________________________________________________

9. LEGAL

1. Have you ever been arrested, cited or convicted of a crime? (To include felonies, misdemeanors,
   or criminal traffic offenses such as: Driving while intoxicated, no valid operator’s license, driving
   with license suspended, reckless driving, negligent driving, or hit and run) Yes / No
   Date: _____________________ Police Agency: ____________________________________________
   Circumstances: ______________________________________________________________________
   Date: _____________________ Police Agency: ____________________________________________
   Circumstances: ______________________________________________________________________
   Date: _____________________ Police Agency: ____________________________________________
   Circumstances: ______________________________________________________________________
9. LEGAL – Continued

2. Have you ever been placed on a diversion, court probation or deferred prosecution? Yes / No

If yes, please explain: _________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

3. Were you ever required to appear before a juvenile court for any reason? Yes / No

If yes, please explain: ________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

4. Aside from a marriage dissolution are you now or have you ever been involved as a plaintiff or defendant in any civil action? Yes / No

If yes, please explain: ________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

10. MOTOR VEHICLE OPERATION

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

Washington State Driver’s License Number: ________________________ Exp. Date: _______________
Name under which the license was granted: __________________________________________________

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

State: ________________ License Number: _________________________________________________
Name under which license was granted: ___________________________________________________

State: ________________ License Number: _________________________________________________
Name under which license was granted: ___________________________________________________
10. MOTOR VEHICLE OPERATION – Continued

1. Have you ever been refused a driver’s license by any state? Yes / No

If yes, please give details.__________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

2. Automobile insurance

Company: _________________ Policy #: _________________ Date expires: ________________

3. Please list all traffic tickets (excluding parking) you have received within the last 7 years. List the amount over speed limit for all speeding tickets.

   Date: ________________ Type: ____________________ Location: __________________________
   Disposition: ______________________________________________________________________

   Date: ________________ Type: ____________________ Location: __________________________
   Disposition: ______________________________________________________________________

   Date: ________________ Type: ____________________ Location: __________________________
   Disposition: ______________________________________________________________________

4. Have you been involved as a driver in a motor vehicle accident within the last 7 years?

   Yes / No If yes please give details for each accident:

   Date: _________ Location: _____________________________ injury / non injury
   Police investigation? Yes / No Police Agency: ______________ at fault / not at fault

   Date: _________ Location: _____________________________ injury / non injury
   Police investigation? Yes / No Police Agency: ______________ at fault / not at fault

   Date: _________ Location: _____________________________ injury / non injury
   Police investigation? Yes / No Police Agency: ______________ at fault / not at fault
10. MOTOR VEHICLE OPERATION – Continued

5. Do you have any restrictions placed on your current driver’s license? Yes / No
   If yes, please give details: ____________________________________________________________
   __________________________________________________________
   __________________________________________________________

6. Has your license ever been suspended or revoked for any reason? Yes / No
   If yes, please give details: __________________________________________________________
   __________________________________________________________
   __________________________________________________________

11. SPECIAL QUALIFICATIONS & SKILLS

1. Do you have any special skills or qualifications which may be useful in this position?
   Yes / No
   List them: ______________________________________________________________________
   __________________________________________________________

2. Can you speak any foreign language(s)? (Indicate degree of fluency, ie, excellent, good, poor)
   Yes / No
   Language: ______________________________________________________________________
   Reading: __________  Speaking: __________  Understanding: __________
   Language: ______________________________________________________________________
   Reading: __________  Speaking: __________  Understanding: __________

3. What do you like to do in your spare time? (Interests, hobbies, sports, activities, or special interest
groups or organizations with which you are involved.)
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

Page 14 of 18
12. PERSONAL HABITS

1. Have you ever used possessed, or experimented with: (Be specific with number or times)

   Yes   /   No

<table>
<thead>
<tr>
<th>Substance</th>
<th>Number of times</th>
<th>Last time used Month / Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marijuana</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hashish</td>
<td></td>
<td></td>
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<tr>
<td>Amphetamines (uppers)</td>
<td></td>
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<tr>
<td>Speed</td>
<td></td>
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<tr>
<td>Methamphetamines (crank)</td>
<td></td>
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<tr>
<td>Barbiturates</td>
<td></td>
<td></td>
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<tr>
<td>Valium (other than prescribed)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pain killers (other than prescribed)</td>
<td></td>
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<tr>
<td>Cocaine</td>
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<tr>
<td>Crack</td>
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<tr>
<td>Heroine</td>
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<tr>
<td>LSD (acid)</td>
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<tr>
<td>PCP (angel dust)</td>
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<tr>
<td>Hallucinogenic mushrooms</td>
<td></td>
<td></td>
</tr>
<tr>
<td>“Designer” type drugs (STP, ICE)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Steroids</td>
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</tbody>
</table>

List and describe any other drugs: ____________________________________________
________________________________________________________________________
________________________________________________________________________

2. Have you ever been involved in the sale or trafficking of any illegal drug(s)? Yes   /   No

Give Details: _____________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

IMPORTANT: Describe each specific incident of your drug usage. Include the nature of the incidents, i.e. party, social event, private usages etc.; the extent of your usage, i.e., one puff, one joint, number of pills, etc.; the approximate dates, i.e., month and year; and how the substance was obtained. Continue on additional paper if necessary.
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
12. PERSONAL HABITS – Continued

For Police Officer or Police Staff Support Officer Applicants

3. In accordance with the duties of a Police Officer or a Police Support Officer, do you have any beliefs which would preclude you from using physical force to the extent of causing bodily harm or death if the circumstances so dictated?   Yes / No

If yes, please explain: ____________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________

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

If yes, please explain: ____________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________

5. Are there any incidents in your life or details not mentioned herein which may influence our evaluation of your suitability to be employed by the Selah Police Department?   Yes / No

If yes, please explain: ____________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________

13. GENERAL

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

______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________

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

______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
13. GENERAL – Continued

3. Have you ever applied from a permit to carry a concealed weapon? Yes / No

   Permit granted: Yes / No Date: ________________________________

   Name of enforcement agency? _______________________________________________________

   Purpose: __________________________________________________________________________

4. Have you ever been given a pre-employment polygraph examination? Yes / No

   If yes, list agency: __________________________________________________________________

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

Signature: ____________________________ Date: ____________________________
TO WHOM IT MAY CONCERN:

I am applying for a position with the Selah Police Department. The Department needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I applied. I have authorized the Department to gather all available information regarding my employment background and personal history and any information that may be of a confidential or privileged nature.

I, the undersigned, authorize you to furnish the Selah Police Department any and all information that you have concerning me, including without limitation, my work record, my background and reputation, my criminal history, including any arrest records, my psychological testing and analysis plus recommendations, my military service records, my education background and records, my financial status, and other such information records as you may have relating to me. Information of a confidential or privileged nature may be included in the materials you provide to the Selah Police Department. I further specifically consent to the Washington Department of Revenue’s release of (1) any tax returns, as defined by RCW, filed by, on behalf of, or with respect to me, and (2) any tax information, as defined by RCW, that pertains to me. I request your cooperation in supplying the information to the Selah Police Department in response to a request from that Department.

I hereby agree to release you and those who supplied you with the above information, your company and organization, and the City of Selah, its employees and the Selah Police Department from any liability for damages resulting from furnishing the requested information.

I understand my rights under Title 5, United States Code, section 552a, the Privacy Act of 1974, with regard to disclosure of records, and I waive those rights with the understanding that information furnished will be used by the Selah Police Department in conjunction with employment procedures. I will make no attempt to gain access to the information provided by you to the Selah Police Department.

____________________________________
Applicant’s Signature

___________________________________________
Applicant’s Printed Name & Date

Subscribed and sworn before me on the _______ day of _________________________, 20________.

_________________________________________
Notary Public in and for the State of Washington,
Residing in: ______________________________  My commission expires: _______________

Note: A photocopy reproduction of this shall be for all intents and purposes as valid and the original. You may retain this form for your files.