CITY OF BURLINGTON APPLICATION FOR EMPLOYMENT OR PROMOTION

CITY OF BURLINGTON IS AN E.E.O. EMPLOYER

For assistance in completing the application form contact the Human Resource Department (360) 755-0532

Position Applied for _____

Department _____

Date of Application _____

FIRST NAME	M. INIT.	LAST NAME
STREET ADDRESS	CITY	STATE / ZIP
PHONE	EMAIL ADDRESS	
Are you now or have you ever been employed by the City of Burlington? ❑ No ❑ Yes	If yes, department _____ Date(s) _____	

- Are you known to schools / references by another name? ❑ No ❑ Yes Name:_____
- Are you able to work? ❑ Full-time ❑ Part-time ❑ Shifts ❑ Temp. ❑ On-Call
- Do you have relative(s) employed by City of Burlington: ❑ No ❑ Yes If yes, Name(s) _____

  (There are some limitations on the employment of relatives. Each case is considered separately for potential conflict of interest.)

  Relationship(s): _____

  Department(s): _____
- Do you possess a valid driver's license? ❑ No ❑ Yes Driver's License Number:_____

  State _____

  (A valid driver's license is required only where stated on the job announcement.)
- After reviewing the essential functions from the job announcement, are you able to perform them with or without reasonable accommodation? ❑ No ❑ Yes If testing is required, will you need an accommodation for the testing process? ❑ No ❑ Yes

EDUCATION

Name of High School Attended	City	State	Graduate? Yes ❑ No ❑	G.E.D Yes ❑ No ❑

College-Names of Colleges or Universities	Major	Dates Attended From	Dates Attended To	Full Years Completed	Degrees Title	Degrees Dates

List any vocational or on-the-job training you have completed which would be useful in the position you are applying for:

List any licenses you hold which are necessary or useful in this position. Give kind of license, issuing state and expiration date.

Please give name, address and telephone number of three references not related to you.

_____

_____

_____

_____

_____

EMPLOYMENT HISTORY. Start with present or last job and work back, include military service and periods of unemployment of a month or more. Include appropriate volunteer experience. **Be as complete as possible in outlining the duties of each position. Failure to do so may affect the credit you receive for experience, or your status as an employee, if hired.**

Employed by: (Agency or Firm)		Your Duties
Street Address		
City & State		
Your Job Title		
Supervisor's Name/Title		
Employed From (Mo./Yr.)	To (Mo./Yr.)	Reason For Leaving:
Avg. Hrs/Wk.		
May we contact this employer _____ No _____ Yes		

Employed by: (Agency or Firm)		Your Duties
Street Address		
City & State		
Your Job Title		
Supervisor's Name/Title		
Employed From (Mo./Yr.)	To (Mo./Yr.)	Reason For Leaving:
Avg. Hrs/Wk.		
May we contact this employer _____ No _____ Yes		

Employed by: (Agency or Firm)		Your Duties
Street Address		
City & State		
Your Job Title		
Supervisor's Name/Title		
Employed From (Mo./Yr.)	To (Mo./Yr.)	Reason For Leaving:
Avg. Hrs/Wk.		
May we contact this employer _____ No _____ Yes		

Employed by: (Agency or Firm)		Your Duties
Street Address		
City & State		
Your Job Title		
Supervisor's Name/Title		
Employed From (Mo./Yr.)	To (Mo./Yr.)	Reason For Leaving:
Avg. Hrs/Wk.		
May we contact this employer _____ No _____ Yes		

Attach supplemental sheets, if required.

AUTHORIZATION AND CERTIFICATE

- I authorize City of Burlington at the time of my application for employment or during the course of employment, to verify information contained in this application as it relates to the position for which I am being considered, or in which I may be employed.
- I certify my statements in this application are true, complete and correct to the best of my knowledge and belief. I understand any falsification or omission of information may bar me from the examination, remove my name from the eligibility list, or if I have been appointed, cause my dismissal from City of Burlington. I understand all statements made on this application may be investigated.
- Federal Law requires anyone employed by the City to present proof of identity and proof of authorization to work in the United States. I understand I must be able to prove this authorization.
- I understand that any offer of employment is contingent upon my agreeing to submit to and obtaining satisfactory results from a pre-employment urine drug screen. A physical examination may also be required for specific positions. All candidates should be advised to consider delaying notice of resignation to a present employer or refrain from rejecting other employment offers until contingencies upon which Burlington's offer was made have been satisfied.

Date Signature:

BURLINGTON POLICE DEPARTMENT
POLICE OFFICER - LATERAL
PERSONAL HISTORY INFORMATION (PHI)
INSTRUCTIONS FOR THE APPLICANT

The information you provide in this Personal History Information Packet will be used in the investigation into your background to assist in determining your suitability for the position of Police Officer. Please fill out the questionnaire completely and accurately.

Keep in mind that:

1. The completion of this questionnaire is mandatory.
2. All statements are subject to verification.
3. Deliberate inaccuracies or omissions may bar or remove you from further testing and employment.
4. All time periods in your background must be accounted for.
5. All information contained on the Personal History Information questionnaire and any information you provide will be reviewed with you during your pre-employment interview.

It is to your advantage to respond openly. Any negative factor in your background will be evaluated in terms of the circumstances and facts surrounding its occurrence, and its degree of relevance to the job you are applying for. For example, being fired from a job or having an arrest record is not in itself grounds for disqualification. During the investigation, the investigator will inquire into the facts surrounding such an occurrence. An evaluation will then be made of the relevance of these facts to the requirements of the job.

You must list all arrests and/or convictions even if you received a release or a pardon.

You must also list the time(s) you were detained by the police for any reason. Document this information in the Criminal History section of this questionnaire.

The Americans With Disabilities Act prohibits employers from making medically related inquiries prior to a conditional offer of employment. Therefore, if you are completing this personal history statement before you have received a conditional offer of employment, you do not have to divulge information concerning physical or medical conditions, either past or current.

Please print in ink or type your response on this questionnaire. If a question does not apply to you, write "N/A" (not applicable) in the space provided for your answer. If you need more space to respond to a question, use the continuation sheets provided and identify the additional information with the question number.

Police Officer – Lateral Entry

MINIMUM STANDARDS

Applicants must: be citizens of the Unites States or lawful permanent resident; be a high school graduate or equivalent; be not less than twenty one (21) years of age; possess a valid motor vehicle operator's license; possess minimum of twenty four (24) months full time job experience after certification by the Washington State Criminal Justice Training Commission (or CJTC recognized certification) as a sworn, paid Municipal, County, State or Federal Police Officer within the last thirty six (36) months; possess experience performing patrol, traffic or investigation; must be current Washington State Basic Law Enforcement Training Academy graduate or eligible to attend the Washington State's Basic Law Enforcement Training Equivalency Academy. Military police experience does not qualify.

Additional Standard Requirements:

- Undergo a complete background investigation (to include employment and driving history, financial responsibility, a pattern of conduct, behavior, and decision making that reflects maturity, responsibility, and sound moral judgment.);
- Not have been convicted of a felony or any offense that would be a felony if committed in Washington State;
- Not have been convicted for any crime involving domestic violence which would carry a firearm restriction under Washington State law;
- Not have been convicted of Driving while Under the Influence of Alcohol or Drugs within the past 5 years or have two or more D.U.I. convictions. A diversion or similar action (Negligent Driving First Degree) is considered the same as D.U.I. conviction;
- Not have been convicted or adjudged to have violated traffic regulations governing the movement of vehicles with a frequency within the past three years that indicates disrespect for traffic laws or a disregard for the safety of other persons on the highway;
- Not have been dishonorably discharged from the United States Armed Forces;
- Not have been previously denied certified status, have certified status revoked, or have current certified status suspended;
- Not have illegally sold, produced, cultivated, or transported for sale marijuana;
- Not have used marijuana for past one year;
- Not have used marijuana other than for experimentation;
- Not have ever used marijuana while employed or appointed as a peace officer;
- Not have ever illegally sold, produced, cultivated, or transported for sale a dangerous drug or narcotic;
- Not have ever illegally used a dangerous drug or narcotic other than for experimentation;
- Not have ever illegally used a dangerous drug or narcotic, other than marijuana, for any purpose within the past five years, other usage on case by case basis;
- Not have ever illegally used a dangerous drug or narcotic while employed or appointed as a peace officer;
- Not have a pattern of abuse of prescription medication;
- Undergo a polygraph examination;

- Undergo a psychological examination by a certified licensed psychologist/psychiatrist as set forth in the Revised Code of Washington;
- Be able to pass a medical examination set forth by the Washington State Criminal Justice Training Commission;

I understand that I will not receive and I am not entitled to a copy of the background investigation report or to know its contents. I further understand that the contents will be used in evaluation process for employment with the Burlington Police Department. Further, I understand that no documents submitted by me will be returned to me and no copies of any other reports or documents utilized for or during my application for employment will be furnished or given me.

Under penalty of perjury (pursuant to the Revised Code of Washington Statute 9A.72.085) I hereby state and declare that all statements in this packet are true. I make this declaration fully aware that the Burlington Police Department may choose to verify the truth of these statements through a polygraph examination, another truth verification examination, or a background investigation. Further, if it is proven that I have made a false statement; I understand that this would be grounds for my disqualification as a candidate, or termination of my employment.

The employment environment within this agency is a DRUG FREE ENVIRONMENT. A violation of this practice can lead to termination.

Employees of the Burlington Police Department may not have any visible tattoos/branding that cannot be covered while on duty or in uniform. Also, derogatory, sexually suggestive, discriminatory, or otherwise objectionable tattoos/brandings are prohibited in all circumstances.

Please sign below that you have read, understand, and agree to the aforementioned conditions and criteria.

_____ _____

Signature Date and Place

INSTRUCTIONS

1. This document must be printed in blue or black ink, and must be legible.

2. All questions must be answered to include an explanation if necessary. If a question does not apply, a N/A answer must be indicated. All addresses must be complete, including zip codes.

3. Copies of the documents listed below must be attached to the background. Do not provide originals of these documents as they will not be returned to you. If the document requested in not applicable "X" in the Not Applicable column. If the document requested applies to your situation, and you have attached them with your background packet, place and "X" in the "Attached" column.

	Attached	Not Applicable
Birth Certificate	___	Mandatory
Social Security Card	___	Mandatory
Driver's License (Front and back)	___	Mandatory
Credit History Check with Credit Score	___	Mandatory
Copy of Personnel File	___	Mandatory
2 Years of Performance Evaluations	___	Mandatory
Certificate of Naturalization	___	___
Permanent Resident ID	___	___
College Transcripts	___	___
College Degrees	___	___
Military DD214	___	___
Bankruptcy Order of Discharge	___	___

CITY OF BURLINGTON/CIVIL SERVICE APPLICATION
POLICE - LATERAL
PERSONAL HISTORY STATEMENT

Personal

The following information is required of you for verification and contact purposes:
(Please print or type)

NAME: _____
Last First Middle

OTHER: _____
(Including nicknames, maiden names, and previous married names you have used or been known by)

STREET ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: (day) _____ PHONE: (evening)_____

CELL PHONE: _____ EMAIL: _____

HOURS YOU CAN BE REACHED: _____
(day) (evening)

DATE OF BIRTH:_____

PLACE OF BIRTH: _____
Civil Service regulations require employees to be U.S. citizens. You must provide documentation prior to an offer of hire.

SOCIAL SECURITY NO. _____
In accordance with the Federal Privacy Act of 1974, disclosure is voluntary. The SSN will be used for identification purposes to ensure that proper records are obtained.

REFERENCES: (Do not include relatives.)

Name: _____ Email: _____

Address: _____

Phone: (Home/Work) _____ (Cell) _____

Relationship: _____ Years Known: _____

Name: _____ Email: _____

Address: _____

Phone: (Home/Work) _____ (Cell) _____

Relationship: _____ Years Known: _____

Name: _____ Email: _____

Address: _____

Phone: (Home/Work) _____ (Cell) _____

Relationship: _____ Years Known: _____

Name: _____ Email: _____

Address: _____

Phone: (Home/Work) _____ (Cell) _____

Relationship: _____ Years Known: _____

Name: _____ Email: _____

Address: _____

Phone: (Home/Work) _____ (Cell) _____

Relationship: _____ Years Known: _____

Experience and Employment:

Beginning with your most current employment, please list all jobs (including part-time, temporary, and voluntary positions) you have held in the past 10 years.

Dates of Employment
From To
Mo Yr Mo Yr
___/__ ___/___

Full Time [ ]
Part Time [ ]
Voluntary [ ]

Name/Address/phone # of Employer

Name of Supervisor

_____

_____
Title or duties

_____
Reason for Leaving

Dates of Employment
From To
Mo Yr Mo Yr
___/__ ___/___

Full Time [ ]
Part Time [ ]
Voluntary [ ]

Name/Address/phone # of Employer

Name of Supervisor

_____

_____
Title or duties

_____
Reason for Leaving

Dates of Employment
From To
Mo Yr Mo Yr
___/__ ___/___

Full Time [ ]
Part Time [ ]
Voluntary [ ]

Name/Address/phone # of Employer

Name of Supervisor

_____

_____
Title or duties

_____
Reason for Leaving

Dates of Employment
From To
Mo Yr Mo Yr
___/__ ___/___

Full Time [ ]
Part Time [ ]
Voluntary [ ]

Name/Address/phone # of Employer

Name of Supervisor

_____

_____
Title or duties

_____
Reason for Leaving

EXPERIENCE AND EMPLOYMENT – Continued

Dates of Employment
From To
Mo Yr Mo Yr
___/__ ___/___

Full Time [ ]
Part Time [ ]
Voluntary [ ]

Name/Address/phone # of Employer

Name of Supervisor

_____

_____
Title or duties

_____
Reason for Leaving

Dates of Employment
From To
Mo Yr Mo Yr
___/__ ___/___

Full Time [ ]
Part Time [ ]
Voluntary [ ]

Name/Address/phone # of Employer

Name of Supervisor

_____

_____
Title or duties

_____
Reason for Leaving

Dates of Employment
From To
Mo Yr Mo Yr
___/__ ___/___

Full Time [ ]
Part Time [ ]
Voluntary [ ]

Name/Address/phone # of Employer

Name of Supervisor

_____

_____
Title or duties

_____
Reason for Leaving

Dates of Employment
From To
Mo Yr Mo Yr
___/__ ___/___

Full Time [ ]
Part Time [ ]
Voluntary [ ]

Name/Address/phone # of Employer

Name of Supervisor

_____

_____
Title or duties

_____
Reason for Leaving

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: _____

_____

_____

_____
_

Have you ever filed a claim(s) for workers' compensation? Yes [ ] No [ ]
(If "yes", please give details (include when, where, circumstances).

_____

_____

_____

Have you had any extended absences from work for reasons other than earned vacation? Yes [ ] No [ ]
If "yes", please give details (include when, name of employer, why) _____

_____

_____

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 police officer powers. Yes [ ] No [ ]
If "yes", please give details (include when, name of agency, circumstances) _____

_____

_____

Education:

CIVIL SERVICE REGULATIONS require a high school diploma or the equivalent. Please indicate your current situation with regard to this requirement by checking one of the appropriate boxes.

[ ] I possess a college diploma
[ ] I have some college
[ ] I possess a high school diploma
[ ] I possess the G.E.D. (General Educational Development) test
[ ] I possess other equivalent. Explain: _____

During the background investigation, persons who have known you in a learning environment may be contacted. A review of your school records will be made. Please fill in the spaces provided below.

Name of School	Location of School (City and State)	Dates Attended From To	Diploma Yes/No
High School			
College or University			
Trade or Vocational School			
Basic or Reserve Academy			
Additional Training			
Certificates Earned			

Have you ever been suspended or expelled from any high school or secondary school? (Secondary schools include colleges and universities, graduate schools, business and vocational schools; any formal education beyond the high school level)

Yes [ ] No [ ] (If "yes", please explain (include school, date and circumstances)

_____ _____

_____

List any language you are familiar with. Indicate your proficiency in of each language listed as **slight, good, fluent**. Start with English.

LANGUAGE	SPEAK	UNDERSTAND	READ	WRITE
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Relatives, References, Acquaintances:

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

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

Father	Mailing Address	Telephone
Mother	Mailing Address	Telephone
Father-in-Law	Mailing Address	Telephone
Mother-in-Law	Mailing Address	Telephone
Spouse	Mailing Address	Telephone
Brothers/Sisters	Mailing Address	Telephone
Children		

Other relatives with whom you have a close relationship.

Name and Relationship	Mailing Address	Telephone
Name and Relationship	Mailing Address	Telephone
Name and Relationship	Mailing Address	Telephone

Financial:

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

CURRENT MONTHLY INCOME		CURRENT MONTHLY EXPENDITURES	
Monthly Salary	$ _____	Real Estate (mortgage) payment(s)	$ _____
Other Income	$ _____	Rent	$ _____
Other monthly income (describe)		Other monthly payments (describe)	

_____

_____

_____

_____

Estimated monthly cost of living (incl. utilities, food, gasoline, home and car maintenance, entertainment, etc.) and any other obligations.

TOTAL MONTHLY INCOME $ _____

TOTAL MONTHLY EXPENSES $ _____

CURRENT ASSETS		CURRENT LIABILITIES	
Savings	$ _____	Real Estate indebtedness	$ _____
Checking	$ _____	Long-term loans	$ _____
Real Estate	$ _____	Charge Accounts	$ _____
Life Insurance (Cash value)	$ _____	Other liabilities (describe)	
Autos	$ _____	_____	
Other Assets (describe)		_____	
_____		_____	
_____		_____	
_____		_____	
TOTAL ASSETS	$ _____	TOTAL LIABILITIES	$ _____

Have you ever filed for or declared bankruptcy or filed for the "Wage Earner's Plan" Yes [ ] No [ ]
If "yes", please give details (include when, where, why)

_____

_____

_____

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

_____
_____
_____

Have you ever had purchased goods that were subsequently repossessed? Yes [ ] No [ ]
If "yes", please give details (include when, firms involved, circumstances)

_____
_____
_____

Have you ever been reported to a law enforcement agency as a missing person or a runaway? Yes [ ] No [ ]
If "yes", please give details (including date, law enforcement agency, circumstances)

_____
_____
_____

Have you ever been arrested or charged with any violation (civil or criminal) excluding traffic and parking tickets?
Yes [ ] No [ ]

List all such matters, even if not formally charged, or no court appearances, or found guilty, or matter settled by payment of fine or forfeiture of bail or collateral.

DATE	PLACE & DEPARTMENT	CHARGE	FINAL DISPOSITION

Has any member of your family or close relative (including in-laws) ever been arrested for other than traffic violations?
Yes [ ] No [ ]

NAME	RELATIONSHIP	DATE	PLACE	CHARGE	DISPOSITION

Have you ever been a plaintiff or defendant in a court action including divorce actions? Yes [ ] No [ ]
(Give date, place, court, names of parties involved, nature of action, and disposition)

_____
_____
_____

Are you now, or have you ever been a member of any club, society or organization Yes [ ] No [ ]
If "yes" list below, do not abbreviate. (Excluding civil rights, and religious organizations)

NAME	CITY, STATE	FORMER	PRESENT	POSITIONS HELD

Driving Record

Do you now have a valid driver's license? Yes [ ] No [ ] (If "yes", what state, expiration)

_____

Have you ever had your drivers license revoked or suspended anywhere? Yes [ ] No [ ] (Give date, place, court, disposition)

_____

_____

Have you ever had to purchase a high risk auto insurance policy? Yes [ ] No [ ]
(If yes, give date, insurance company, reason)

_____

_____

Have you ever driven a car while racing another vehicle? Yes [ ] No [ ]
(If yes, explain where, when)

_____

_____

Have you ever driven a vehicle in a hit and run accident? Yes [ ] No [ ]
(If "yes" explain where, when and circumstances)

What is the highest speed you have ever driven? _____

What was the reason for the speed: _____

_____

Employment

Have you withheld information on your application about any places where you have worked? Yes [ ] No [ ] (Explain circumstances)

_____

_____

Have you ever been laid off from any job? Yes [ ] No [ ] (name of business and reason)

_____

_____

Have you ever quit a job with less that 2 weeks notice? Yes [ ] No [ ] (why?)

_____

_____

Have you ever been talked to by an employer for excessive use of sick time? Yes [ ] No [ ] (Explain circumstances)

_____

_____

Have you ever engaged in a sexual act, either alone or with another individual, while at work?

_____

_____

Have you ever been talked to by an employer about reporting late to work too often? Yes [ ] No [ ] (Explain circumstances)

_____

_____

Have you ever taken sick time off when you really weren't sick? How many times in the last 1 year? _____ times: 3 yrs?_____ times.

Do you own any handguns or long guns? Yes [ ] No [ ] (If "yes", how many?)

_____

Have you illegally carried any concealed firearms during the last 5 years? Yes [ ] No [ ]
(If "yes", explain circumstances)

_____

_____

Have you ever accessed, downloaded, maintained, or redistributed any files, photos, jpegs, mpegs, clips, aiv's or movies of sexual acts while at work? Yes [ ] No [ ]
(If "yes", explain)

_____

_____

Personal

Do you have a concealed weapons permit? Yes [ ] No [ ] (Where? Expiration)

_____

Have you ever pointed a weapon at another person? Yes [ ] No [ ] (Explain in detail.)_____

_____

_____

_____

Have you ever had any illegal or stolen weapons or munitions in your possession? Yes [ ] No [ ] (Explain circumstances)

_____

_____

_____

Have you ever misrepresented yourself as a police officer, even as a joke? Yes [ ] No [ ] (When did this happen and what was the circumstances surrounding the incident)

_____

_____

_____

Have you ever struck another person for any reason at any time? Yes [ ] No [ ] (If yes, who, when and where)_____

_____

_____

Have you ever lost your temper and struck the first blow in any dispute with any adult? Yes [ ] No [ ] (Who, when, and where and why)

_____

_____

_____

Have you made any attempt in committing suicide? Yes [ ] No [ ] (When, type of attempt, outcome)

_____

_____

Have you, at any time, not filed your yearly IRS income tax returns? Yes [ ] No [ ] (If "yes", what year, why?)

_____

Have you ever been incarcerated in a city, county, state, federal jail or correctional facility for any length of time? Yes [ ] No [ ] (If "yes", where, when and why?)

_____

_____

_____

Have you ever been involved in causing the death of another person? (Excluding wartime military).
Yes [ ] No [ ] (If "yes", explain where this happened, to whom and why.)

_____

_____

Could you shoot another person if it was necessary and approved by department policy? Yes [ ] No [ ]

_____

_____

Have you ever been a member of a social networking site? (MySpace, Facebook, Hi5, Bebo, Twitter, etc)
Yes [ ] (If "yes" complete the following section) No [ ]

Social Networking Site	Current and Previous User Name(s)
Social Networking Site	Current and Previous User Name(s)
Social Networking Site	Current and Previous User Name(s)
Social Networking Site	Current and Previous User Name(s)

When was the last time you erased, cleaned, or amended your sites?

Social Networking Site	Date amended
Social Networking Site	Date amended
Social Networking Site	Date amended
Social Networking Site	Date amended

Did you clean your site in preparation for this interview or job search, and if so, what material was removed and why?
Yes [ ] (If yes, must explain) No [ ]

_____

_____

_____

CONTROLLED SUBSTANCE ACTIVITY

Have you ever used, experimented with any of the following drugs?

	Last time used	**Times used in life**	**Sold?**
Marijuana			
Hashish			
LSD (acid)			
Crank			
Mescaline			
Peyote			
Angel Dust			
Mushrooms			
Cocaine			
Opium			
Ecstasy(X)			
Heroin			
Viet Skag			
Crystal Meth			
Steroids			
Valium			
Percodans			
Quaaludes			
Ritalin			
Codeine syrup			
Glue/Gasoline			
Morphine			
Speed			
Barbiturates			
Other:			

Have you ever used any illegal drug while you were working? Yes [ ] No [ ] (If "yes", what drug, when)
_____
_____

Have you ever driven a motor vehicle under the influence of an illegal drug? Yes [ ] No [ ]
(If "yes", when, drug used) _____
_____

Have you ever been involved in the manufacture, cultivation, or growing of any illegal drug? Yes [ ]
No [ ] (If "yes", when did this occur, what was the drug, and where) _____
_____
_____

Have you ever worked at or been inside an illegal drug laboratory or grow operation? Yes [ ] No [ ]
(If "yes", when and where) _____
_____

In the last 3 years, have you been physically present when someone else has used or sold an illegal drug? Yes [ ] No [ ] (If "yes", when did this occur, and circumstances surrounding incident)

_____
_____
_____

Have you ever consumed any alcohol during work hours? Yes [ ] No [ ] (If yes, explain fully)

_____
_____
_____

Sexual Activity (Explain all yes answers)

Have you ever engaged in a sexual act for money, favors, or drugs? Yes [ ] No [ ]

_____
_____
_____

Have you ever purchased the services of a prostitute? Yes [ ] No [ ]

_____
_____
_____

Have you ever been involved in any type of an illegal sexual act? Yes [ ] No [ ]

_____
_____
_____
_____

As an adult, over the age of 18, did you ever engage in any kind of sexual activity with anyone under 16 years of age? Yes [ ] No [ ]

_____
_____
_____
_____

In your entire life, have you ever had any sexual contact with any child or infant? Yes [ ] No [ ]

_____
_____
_____
_____

Have you ever viewed any pornographic material of minor children on the internet? Yes [ ] No [ ]
(If "yes", how many times and how long ago.)

_____
_____
_____

Special Qualifications and Skills

List any special licenses you hold (such as pilot, radio operator, scuba, etc.) showing licensing authority, original date of issue, and date of expiration.

_____
_____
_____

List any specialized machinery or equipment which you can operate.

_____
_____
_____
_____

List any other special skill or qualifications you may possess.

_____
_____
_____
_____
_____

Military Service

Have you ever served in the armed forces, National Guard, or military reserves? Yes [ ] No [ ]
If yes, please supply the following information:
(Please attach a copy of your DD214)

Branch of Service: _____ Service Number _____

Date of Service: _____to_____ Type of Discharge: _____

Are you currently participating in any military reserve or National Guard program? Yes [ ] No [ ]

_____

Have you ever been 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 including branch of service, when, where, circumstances)

_____

_____

_____

_____

WAIVER AND AUTHORIZATION TO RELEASE INFORMATION

To Whom It May Concern:

I authorize you to furnish the Burlington Police Department with any and all information that you have concerning me, my medical records, my work record, my reputation, my financial status, and my military service records. Information of confidential or privileged nature may be included. Your reply will be used to assist the department in determining my qualifications and fitness for the position I am seeking with the department.

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, and waive these rights, with the understanding that information furnished will be used by the Burlington Police Department in conjunction with employee procedures.

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

_____ _____

Applicant's Signature Print or Type Name

_____ _____

Date Social Security Number

Subscribed and Sworn to before me on the _____ day of _____, 200_____

_____

Notary Public

Residing in the City of _____ County of _____

State of _____ Commission Expiration Date _____

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

Personal Statement

In the space provided below state, in your own handwriting, your reasons for applying for this position.

Certification

"I hereby certify (or declare) under penalty of perjury under the laws of the State of Washington that all statements made in this personal history statement are true, correct and complete, and I understand that any misstatements or omissions of material facts will subject me to disqualification or dismissal."

_____ _____

Signature in full Date and Place

Subscribed and Sworn to before me on the _____ day of _____, 20_____.

_____Notary Public in and for the State of _____

Residing at _____

Commission Expiration Date: _____