

NAPAVINE POLICE DEPARTMENT BACKGROUND INVESTIGATION FORMS

DATE: _____

CIVIL SERVICE APPLICANTS

Your name has been referred to us by the Civil Service Commission as an eligible applicant for the position of _____. Please complete and return the enclosed background investigation form within **10** days from the date indicated above. If we do not hear from you within that time we will request your name be removed from the eligibility list.

1. The attached application must be filled out completely; including complete addresses and zip codes when called for. Should this form be received incomplete, it will be returned to you for further information.
2. This application must be accompanied by a copy of your birth certificate and proof of high school education or equivalent. Any other training you have may also be attached if you feel it might assist us in considering your application.
3. Return this form to:
Napavine Police Department
Attention: Chief Law Enforcement Officer
P.O. Box 810
Napavine, WA 98565

RESERVE APPLICANTS

1. The attached application must be filled out completely; including complete addresses and zip codes when called for. Should this form be received incomplete, it will be returned to you for further information.
2. This application must be accompanied by a copy of your birth certificate and proof of high school education or equivalent. Any other training you have may also be attached if you feel it might assist us in considering your application.
3. Return this form to:
Napavine Police Department
Attention: Chief Law Enforcement Officer
P.O. Box 810
Napavine, WA 98565
4. Please complete and return this background investigation form within 15 days from the date indicated above. If we do not hear from you within that time we will request that you name be removed from the applicant list.

PERSONAL HISTORY STATEMENT

INSTRUCTIONS TO THE APPLICANT

READ THESE INSTRUCTIONS CAREFULLY BEFORE PROCEEDING

These instructions are provided to assist you in properly completing your Personal History Statement. It is essential that the information be accurate in all respects. The information will be used in a background investigation to assist in determining your suitability for the position for which you have applied. Keep in mind that:

1. The completion of this form is **MANDATORY**, and it must be returned by the date stated in order for you to remain in the employment process.
2. Complete this form in **your own** handwriting or printing. **Do not** use a typewriter, with the exception of that section relating to mailing labels which must be typed.
3. If a question is not applicable to you, enter N/A in the space provided.
4. Avoid errors by reading the directions carefully before making any entries on the form. Be sure your information is correct and in proper sequence before you begin.
5. You are responsible for obtaining correct addresses and telephone numbers. If you are not sure of an address or phone number, please check it by personal verification. Also you must keep the background investigator informed if your address or telephone number changes during this employment process.
6. If there is insufficient space on the form for you to include all the information required, attach extra sheets to the Personal History Statement. Be sure to reference the section and question number before continuing with your answer.
7. Account for all time periods in your background.
8. All statements are subject to verification.
9. There may be questions on these forms that don't apply to applicants for non-commissioned positions. If you are uncertain about how to answer a particular question, you should place a circle with a question mark (?) in the space provided and the background investigator will discuss it with you.

DELIBERATE INACCURACIES, NO MATTER HOW INSIGNIFICANT AND REGARDLESS OF REASON FOR THE INACCURACY, WILL CAUSE YOUR NAME TO BE REMOVED FROM THE LIST.

Any negative factors in your past will be evaluated in terms of frequency, relevancy, circumstances surrounding it's occurrence, and significance to the position for which you are applying. For example; being fired from a job, having an arrest, or poor traffic records may not be, in and of itself, grounds for disqualification.

HOWEVER, DECEPTION AT ANY STAGE OF THE BACKGROUND INVESTIGATION PROCESS WILL BE GROUND FOR DISQUALIFICATION.

Please include copies of the following documents with your Personal History Statement:

1. High school diploma, G.E.D., and college diploma. (if applicable)
2. Military discharge certificate. (DD214)
3. Military judicial or non-judicial actions.
4. Social Security Card.
5. Bring in any documentation, which would assist you in explaining any past unusual situations or problems. Examples: credit repossessions, civil suits, criminal convictions, etc.
6. If you would like to provide any other documents which you feel would facilitate your processing, or which would assist us in our investigation in determining your suitability for the position, please include those documents with your personal history. Some examples may include:
 - a) College transcripts,
 - b) Civilian or military job performance evaluations,
 - c) Awards or decorations,
 - d) Any civil litigation's,
 - e) Any special qualifications.

Also, have your Personal History Statement and the Waiver and Authorization to Release Information notarized.

Please return the Personal History Statement and Waiver and Authorization to Release Information to:

Napavine Police Department
Attention: Chief Law Enforcement Officer
P. O. Box 810
Napavine, WA 98565

PERSONAL HISTORY STATEMENT

RELATIVES, REFERENCES, ACQUAINTANCES (continued)

If living, name of your:	Address where person can be contacted (Include City, State and Zip Code)	Telephone at which person can be contacted
Brother(s) and Sister(s)	() 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-Brother(s) and Step-Sister(s)	() 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	() 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

9. Below, please list those individuals with whom you have resided (list no information prior to your 15th birthday). Exclude family members.

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

PERSON HISTORY STATEMENT

RELATIVES, REFERENCES, ACQUAINTANCES (continued)

10. In the space below, please list as references 3 - 5 individuals who have knowledge of you and your qualifications. Exclude relatives, former employers and friends.

Name	Address where person can be contacted (Include City, State and Zip Code)	Telephone at which person can be contacted
	() 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

11. Please list 3 - 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.

If living, name of your:	Address where person can be contacted (Include City, State and Zip Code)	Telephone at which person can be contacted
	() 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

12. Check all that apply.

- I possess a high school diploma.
- I passed the G.E.D. (General Educational Development) test.
- I possess other equivalent. Explain: _____
- I do not currently have a high school diploma or it's equivalent, but I plan to satisfy the requirement in the future as follows:

When: _____

How: _____

PERSONAL HISTORY STATEMENT

EDUCATION (continued)

13. Please indicate below all the schools you have attended beginning with high school. 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.

Names of School	Location of School (City & State)	Dates Attended		School references (Teachers, counselors, etc.)
		From	To	

14. 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).

RESIDENCE

Individuals who have become acquainted with you by reason of your residing in different locations, are often helpful in providing useful information for the background investigation.

15. Please list all of your residences (list no information prior to your 15th birthday).
Begin with your most current residence.

Address of Residence	City, State & Zip Code	Dates		If rented, give name & address of person responsible for the collection of rent.
		From Mo./Yr.	To Mo./Yr.	

Please list every law enforcement agency for which you have applied for any position.

use additional paper if necessary

Explain, in detail, referencing each agency's reason for not hiring you.

use additional paper if necessary

List each law enforcement agency for which you have taken a polygraph test and/or psychological test and list the results of each test for that respective agency.

use additional paper if necessary

PERSONAL HISTORY STATEMENT

PERSONAL

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

1. Your Name (Please print or type)				
Last	First	Middle		
Other names (including nicknames) you have used or been known by;				
2. Please list address at which you can be contacted:				
Number	Street	City	State	Zip Code
3. Please list the local telephone number(s) at which you can be contacted:				
Home () _____		Work () _____		
4. Birth date ____/____/____		5. Regulations require employees to be US Citizens. Can you provide such documentation? Yes _____ No _____		
6. Social Security Number _____ - _____ - _____ (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.)				
7. For the purpose of identification, please provide the following:				
Height	Weight	Hair Color	Eye Color	
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 upon your suitability for the position of peace officer. Inquiries will be confined to job-relevant matters.

8. Please supply the appropriate information in the spaces provided below.

If living, name of your:	Address where person can be contacted (Include City, State and Zip Code)	Telephone at which person can be contacted
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
Spouse	() Home () Work () Other	() Home () Work () Other
Former Spouse(s)	() Home () Work () Other	() Home () Work () Other
	() Home () Work () Other	() Home () Work () Other

PERSONAL HISTORY STATEMENT

EXPERIENCE AND EMPLOYMENT

16. Beginning with your most current employment, please list all jobs (including part-time, temporary and voluntary positions) you have held. (For the purposes of this personal history statement, voluntary work should be included as employment.) For identification and verification, please indicate the nature of the activity, i.e., full-time, part-time or voluntary. If you have had intervening periods of military service or unemployment, please list those periods in sequence in the spaces provided.

Dates of Employment	Names and Address of Employer	Name of Supervisor
From _____ / _____ / _____ To _____ / _____ / _____ <input type="checkbox"/> full-time <input type="checkbox"/> part-time <input type="checkbox"/> Voluntary	Telephone Number: Title or duties (for identification purposes)	Name(s) of Co-worker(s)
Reason for leaving		
<input type="checkbox"/> Military Service <input type="checkbox"/> Not Employed From: Mo. / Yr. To: Mo. / Yr.		
Dates of Employment	Names and Address of Employer	Name of Supervisor
From _____ / _____ / _____ To _____ / _____ / _____ <input type="checkbox"/> full-time <input type="checkbox"/> part-time <input type="checkbox"/> Voluntary	Telephone Number: Title or duties (for identification purposes)	Name(s) of Co-worker(s)
Reason for leaving		
<input type="checkbox"/> Military Service <input type="checkbox"/> Not Employed From: Mo. / Yr. To: Mo. / Yr.		
Dates of Employment	Names and Address of Employer	Name of Supervisor
From _____ / _____ / _____ To _____ / _____ / _____ <input type="checkbox"/> full-time <input type="checkbox"/> part-time <input type="checkbox"/> Voluntary	Telephone Number: Title or duties (for identification purposes)	Name(s) of Co-worker(s)
Reason for leaving		
<input type="checkbox"/> Military Service <input type="checkbox"/> Not Employed From: Mo. / Yr. To: Mo. / Yr.		
Dates of Employment	Names and Address of Employer	Name of Supervisor
From _____ / _____ / _____ To _____ / _____ / _____ <input type="checkbox"/> full-time <input type="checkbox"/> part-time <input type="checkbox"/> Voluntary	Telephone Number: Title or duties (for identification purposes)	Name(s) of Co-worker(s)
Reason for leaving		
<input type="checkbox"/> Military Service <input type="checkbox"/> Not Employed From: Mo. / Yr. To: Mo. / Yr.		

PERSONAL HISTORY STATEMENT

EXPERIENCE AND EMPLOYMENT

16. (Continued)

Dates of Employment From _____ To _____ / / <input type="checkbox"/> full-time <input type="checkbox"/> part-time <input type="checkbox"/> Voluntary	Names and Address of Employer Telephone Number: Title or duties (for identification purposes)	Name of Supervisor Name(s) of Co-worker(s)
Reason for leaving		
<input type="checkbox"/> Military Service <input type="checkbox"/> Not Employed From: Mo. / Yr. To: Mo. / Yr.		
Dates of Employment From _____ To _____ / / <input type="checkbox"/> full-time <input type="checkbox"/> part-time <input type="checkbox"/> Voluntary	Names and Address of Employer Telephone Number: Title or duties (for identification purposes)	Name of Supervisor Name(s) of Co-worker(s)
Reason for leaving		
<input type="checkbox"/> Military Service <input type="checkbox"/> Not Employed From: Mo. / Yr. To: Mo. / Yr.		
Dates of Employment From _____ To _____ / / <input type="checkbox"/> full-time <input type="checkbox"/> part-time <input type="checkbox"/> Voluntary	Names and Address of Employer Telephone Number: Title or duties (for identification purposes)	Name of Supervisor Name(s) of Co-worker(s)
Reason for leaving		
<input type="checkbox"/> Military Service <input type="checkbox"/> Not Employed From: Mo. / Yr. To: Mo. / Yr.		
Dates of Employment From _____ To _____ / / <input type="checkbox"/> full-time <input type="checkbox"/> part-time <input type="checkbox"/> Voluntary	Names and Address of Employer Telephone Number: Title or duties (for identification purposes)	Name of Supervisor Name(s) of Co-worker(s)
Reason for leaving		
<input type="checkbox"/> Military Service <input type="checkbox"/> Not Employed From: Mo. / Yr. To: Mo. / Yr.		

PERSONAL HISTORY STATEMENT

EXPERIENCE AND EMPLOYMENT

16. (Continued)

Dates of Employment From _____ / _____ / _____ To _____ / _____ / _____ <input type="checkbox"/> full-time <input type="checkbox"/> part-time <input type="checkbox"/> Voluntary	Names and Address of Employer Telephone Number: Title or duties (for identification purposes)	Name of Supervisor Name(s) of Co-worker(s)
Reason for leaving		
<input type="checkbox"/> Military Service <input type="checkbox"/> Not Employed From: _____ Mo. / _____ Yr. To: _____ Mo. / _____ Yr.		
Dates of Employment From _____ / _____ / _____ To _____ / _____ / _____ <input type="checkbox"/> full-time <input type="checkbox"/> part-time <input type="checkbox"/> Voluntary	Names and Address of Employer Telephone Number: Title or duties (for identification purposes)	Name of Supervisor Name(s) of Co-worker(s)
Reason for leaving		
<input type="checkbox"/> Military Service <input type="checkbox"/> Not Employed From: _____ Mo. / _____ Yr. To: _____ Mo. / _____ Yr.		
Dates of Employment From _____ / _____ / _____ To _____ / _____ / _____ <input type="checkbox"/> full-time <input type="checkbox"/> part-time <input type="checkbox"/> Voluntary	Names and Address of Employer Telephone Number: Title or duties (for identification purposes)	Name of Supervisor Name(s) of Co-worker(s)
Reason for leaving		
<input type="checkbox"/> Military Service <input type="checkbox"/> Not Employed From: _____ Mo. / _____ Yr. To: _____ Mo. / _____ Yr.		
Dates of Employment From _____ / _____ / _____ To _____ / _____ / _____ <input type="checkbox"/> full-time <input type="checkbox"/> part-time <input type="checkbox"/> Voluntary	Names and Address of Employer Telephone Number: Title or duties (for identification purposes)	Name of Supervisor Name(s) of Co-worker(s)
Reason for leaving		
<input type="checkbox"/> Military Service <input type="checkbox"/> Not Employed From: _____ Mo. / _____ Yr. To: _____ Mo. / _____ Yr.		

PERSONAL HISTORY INFORMATION

EXPERIENCE AND EMPLOYMENT (continued)

17. Would any problems result if your present employer was contacted during the course of the background investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No If "no", when should such contact be made?
18. If you have had no prior employment, please explain in the space below.
19. Has any organization you worked for been named as a defendant in a civil action as a result of your work performance? If yes, please explain. <input type="checkbox"/> Yes <input type="checkbox"/> No
20. Have you had any extended work absences for reasons other than earned vacations? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", please explain (include when, names of employer, why).
21. Have you ever been fired or asked to resign from any place of employment? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", please give details (include when, where, circumstances).
22. Have you ever been a successful or unsuccessful candidate for another position requiring peace officer powers? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", please give details (include when, name of agency, circumstances).

MILITARY SERVICE

23. Have you ever served in the armed forces, National Guard or military reserves? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", please supply the following information:			
Branch of Service	Service Number	Dates of Service / to /	Type of Discharge
24. Please list current and past draft classifications in chronological order beginning with the most recent.			
25. Are you <u>currently</u> participating in any military reserve or National Guard program? <input type="checkbox"/> Yes <input type="checkbox"/> No			
26. Have you ever been the subject of any judicial or non-judicial disciplinary action while in the military, National Guard or military reserves? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", please give details (include branch of service, when, where, circumstances).			

PERSONAL HISTORY STATEMENT

FINANCIAL (continued)

29. Please supply more detailed information about your charge accounts, contracts or other financial liabilities.		
Name of Firm	Address	Account Number
30. Have you ever filed for or declared bankruptcy or filed for the Wage Earner's Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", please give details (include when, where, why).		
31. Have any of your bills ever been turned over to a collection agency? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", please give details (include when, firms involved, circumstances).		
32. Have you ever had purchased goods repossessed? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", please give details (include when, firms involved, circumstances).		

PERSONAL HISTORY STATEMENT

FINANCIAL (continued)

33. Have your wages ever been garnished? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", please give details (include when, where, why).
34. Have you ever been delinquent on income or other tax payments? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", please give details (include when, where, why).

LEGAL

35. If you have ever been arrested <u>or</u> convicted for any crime (excluding traffic citations), please give the following information:		
Approximate Date	Police Agency	Circumstances
36. Have you ever been placed on court probation as an adult? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", please give details (include when, where, why).		
37. Were you ever required to appear before a juvenile court for an act which would have been a crime if committed by an adult? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", please give details (include when, where, why).		

PERSONAL HISTORY STATEMENT

LEGAL (continued)

38. Have you ever been reported to a law enforcement agency as a missing person or a runaway? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", please give details (include date, law enforcement agency, circumstances).
39. Are you now or have you ever been involved as a plaintiff or defendant in any civil court actions? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", please give details (include when, where, name and location of court, circumstances).

MOTOR VEHICLE OPERATION

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

40. Washington State Drivers License number:	Expiration Date		
Name under which license was granted:			
41. Please list other states where you have been licensed to operate a motor vehicle.			
State:	State:	State:	State:
Full name and DOB under which license was granted:	Full name and DOB under which license was granted:	Full name and DOB under which license was granted:	Full name and DOB under which license was granted:
42. Have you ever been refused a driver's license by any state? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", please explain (include when, where, why).			
43. Effective January 1, 1989, Washington State Law requires all drivers to have auto insurance with liability minimums of \$25,000 for the injury or death of one person, \$50,000 for two and \$10,000 property damage or show financial responsibility in one of two ways - a liability bond that meets requirements or by a \$60,000 certificate deposit.			
Company	Address	Policy Number	Date of Expiration
Please indicate if you have a liability bond or a certificate of deposit.			
<input type="checkbox"/> Bond <input type="checkbox"/> Certificate of Deposit			

PERSONAL HISTORY INFORMATION

MOTOR VEHICLE OPERATION (continued)

44. Please list all traffic citations/infractions (exclude parking citations) you have received.

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

45. Have you ever been involved as a driver in a motor vehicle accident? Yes No
 If "yes", please 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	Police Agency	
Date	Location	<input type="checkbox"/> Injury <input type="checkbox"/> Non-injury
Police Investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Police Agency	
Date	Location	<input type="checkbox"/> Injury <input type="checkbox"/> Non-injury
Police Investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Police Agency	
Date	Location	<input type="checkbox"/> Injury <input type="checkbox"/> Non-injury
Police Investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Police Agency	
Date	Location	<input type="checkbox"/> Injury <input type="checkbox"/> Non-injury
Police Investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Police Agency	

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

47. Has your license ever been suspended or revoked? Yes No
 If "yes", please give details (include what, when, where, why).

PERSONAL HISTORY STATEMENT

SPECIAL QUALIFICATIONS AND SKILLS

1. List any special licenses you hold (such as pilot's license, radio operator, scuba, etc.).			
2. List any specialized machinery or equipment which you can operate.			
3. Can you speak any foreign language? Indicate degree of fluency - excellent, fair, good, poor).			
Language	Reading	Speaking	Understanding
4. List any other special skills or qualifications you may possess (include hobbies/sports and other special interest groups or organizations that you are involved with).			

PERSONAL HABITS

1. Have you ever used or experimented with:	Yes	No	How Many Times	Last Time (month/year)
Marijuana				
Hashish				
Speed				
Cocaine				
Heroin				

PERSONAL HISTORY STATEMENT

PERSONAL HABITS (continued)

1. Have you ever used or experimented with: (CONTINUED)	Yes	No	How Many Times	Last Time (month/year)
Amphetamines				
Pain Killers (Other than prescribed)				
LSD				
PCP				
Barbiturates (downers)				
Valium				
Hallucinogens				
Alcohol				
Any other drugs (list/describe)				
2. Have you ever been involved in the sale or delivery of any controlled substance? <input type="checkbox"/> Yes <input type="checkbox"/> No				
3. Please indicate in your own words, your involvement in each incident described above. Include nature of incidents (party, social event, private use, etc.), the extent you used each narcotic (one puff, one hit, etc.) and how you obtained the drug.				
4. If it becomes necessary to take a human life in the course of your duties as a peace officer would you have any beliefs that would prevent you from doing so? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", please explain.				
5. Do you have any beliefs which would prevent you from fully performing the duties of peace officer including working on weekends, evenings or night shifts? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", please explain.				
6. Are there any incidents in your life or details not mentioned here in which may influence this department's evaluation of your suitability to be an employee? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", please explain.				

PERSONAL HISTORY STATEMENT

GENERAL INFORMATION

1. Have you ever been refused insurance for any reason other than failure to pay a premium? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", please explain (include company name and address, date and reason).	
2. Have you ever applied for a permit to carry a concealed weapon? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", please provide the following information:	
Permit granted? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date _____ Name of Law Enforcement Agency _____
Purpose _____	
I hereby certify that all statements made in this personal history statement are true and complete and I understand that any misstatements of material facts will subject me to disqualification or dismissal.	
Signature in Full _____	Date Completed _____

Subscribed and Sworn to before me on this _____ day of _____, 19____.

Notary Public in and for the State of Washington

Residing at _____
My commission expires on _____

FOR PERSONNEL DEPARTMENT USE ONLY

Position(s) Applied For Is Open: Yes No

Position(s) Considered For: _____

Date _____

NOTES:

NAME: _____ POSITION: _____ DATE: ____/____/____

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview Yes No

Remarks _____

INTERVIEWER DATE

Employed Yes No Date of Employment _____

Job Title _____ Hourly Rate/
Salary _____ Department _____

By _____
NAME AND TITLE DATE

NOTES _____

This Application For Employment is sold for general use throughout the United States. Amsterdam Printing and Litho Corp. assumes no responsibility for the use of said form or any questions which, when asked by the employer of the job applicant, may violate State and/or Federal Law.

FOR PERSONNEL DEPARTMENT USE ONLY

Position(s) Applied For Is Open: Yes No

Position(s) Considered For: _____

Date _____

NOTES:

NAME: _____ POSITION: _____ DATE: ____ / ____ / ____