



# SPD

Internship  
Volunteer  
Application



**Skills and Interests**

Please tell us what you wish to accomplish with an internship at SPD:

Please tell us what you can contribute to SPD if selected as an intern:

Office Skills: \_\_\_\_\_

Other Skills/Certifications/Training: \_\_\_\_\_

Choose all interests that apply:

<input type="checkbox"/> Station Operations	<input type="checkbox"/> Victim Assistance	<input type="checkbox"/> Criminal Intelligence Unit
<input type="checkbox"/> Records Management	<input type="checkbox"/> Training	<input type="checkbox"/> Community Policing/Patrol
<input type="checkbox"/> Media/Public Relations	<input type="checkbox"/> Technology Support	<input type="checkbox"/> Other

**Availability and Schedule**

Date available to start : \_\_\_\_\_

Number of hours you will contribute: \_\_\_\_\_ over \_\_\_\_\_ (period of time). NOTE: minimum of 300 hours is required.

Dates and times you are available to intern:

- Monday: \_\_\_\_ AM to \_\_\_\_ PM     Tuesday: \_\_\_\_ AM to \_\_\_\_ PM     Wednesday \_\_\_\_ AM to \_\_\_\_ PM
- Thursday: \_\_\_\_ AM to \_\_\_\_ PM     Friday: \_\_\_\_ AM to \_\_\_\_ PM

# SPOKANE POLICE PERSONAL HISTORY STATEMENT

## PHS INSTRUCTIONS

1. Familiarize yourself with this form and carefully read all instructions. You may find it helpful to review this form multiple times.
2. **Your final draft may not be handwritten!**
3. Save this form on your computer. Be sure to save the final, completed version as well.
4. Carefully enter the information asked – you must answer every single inquiry to the best of your ability. If an item does not apply to you, enter “NA” (Not Applicable). **If you cannot remember or obtain with reasonable diligence, please indicate so in your response by referencing the question number and explanation in the “additional space”**
5. Be sure that you have completed the Certification section on Page 11.
6. Once completed fully to your satisfaction, save the file in a secure manner. You may save and submit this file **only** as a pdf. **Do not save as a .docx!** If you are using a Mac computer, you may need to download a Microsoft word compatible program to fill out this form or use a different computer.

The information you provide in this Personal History Statement (PHS) will be used in the investigation into your background to assist in determining your suitability for a public safety position (internship, volunteer, etc.) that you have applied for.

***Please fill out the ENTIRE questionnaire completely, accurately and truthfully.***

**Keep in mind that:**

1. The entire completion of this form is mandatory.
2. All statements are subject to verification.
3. Deliberate inaccuracies or omissions may bar or remove you from the application process.
4. All time periods in your background must be accounted for.
5. Deliberate untruthfulness, omissions or misrepresentation of information constitutes grounds for disqualification from further application, testing, volunteering, or internship. You are encouraged to be completely truthful, detailed and accurate completing this form and throughout all phases of the background investigation process.

It is to your advantage to respond fully and factually. Any perceived negative factor in your background will be evaluated in light 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 necessarily 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 position.

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 sheet and identify the additional information with the question number. Follow carefully and completely subsection instructions. If you have any questions about completing this form, email [volunteer@spokanepolice.org](mailto:volunteer@spokanepolice.org).

### Disclosure of Medically-Related Information

In accordance with the U.S. Americans with Disabilities Act, at this stage of the hiring process applicants are not expected or required to reveal any medical or other disability-related information about themselves in response to questions on this form, or to any other inquiry made prior to receiving a conditional offer of volunteer position, internship, or employment.

**"I have read the above directions & Statements"**  Yes  No

Position you are applying for:  Explorer  Cadet  Citizen  Other \_\_\_\_\_

Have you ever applied to SPD before?  Yes  No

If yes, for what position(s) and date did you apply? \_\_\_\_\_

**SECTION 1: PERSONAL**

YOUR FULL NAME			
LAST	FIRST	MIDDLE	
OTHER NAMES, INCLUDING NICKNAMES, YOU HAVE USED OR BEEN KNOWN BY			
ADDRESS WHERE YOU RESIDE			
NUMBER / STREET		APT / UNIT	
CITY		STATE	ZIP
MAILING ADDRESS, IF DIFFERENT FROM ABOVE			
CONTACT NUMBERS			
HOME		CELL	
PRIMARY EMAIL ADDRESSES			
PERSONAL			
LIST ALL EMAIL ADDRESSES USED IN THE LAST 5 YEARS.			
If you were born outside of the United States, are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If no, are you a resident alien who is eligible and has applied for U.S. citizenship? <input type="checkbox"/> Yes <input type="checkbox"/> No			
BIRTH PLACE (CITY / COUNTY / STATE / COUNTRY)		BIRTHDATE	SOCIAL SECURITY NUMBER
DRIVER'S LICENSE		PHYSICAL DESCRIPTION	
NO.	STATE	EXP	
		HEIGHT	WEIGHT HAIR COLOR EYE COLOR

**SECTION 2: RELATIVES AND REFERENCES**

IMMEDIATE FAMILY

- Provide all applicable information in the spaces below.
- Mark "N/A" if a category is not applicable or if the individual is deceased.
- If more space is needed, continue your response on page 12.

<input type="checkbox"/> N/A	<b>A. Father</b>
NAME	HOME ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP
HOME PHONE	CELL PHONE EMAIL

<input type="checkbox"/> N/A	<b>B. Step-father</b>
NAME	HOME ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP
HOME PHONE	CELL PHONE EMAIL

<input type="checkbox"/> N/A	<b>C. Mother</b>
NAME	HOME ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP
HOME PHONE	CELL PHONE EMAIL

<input type="checkbox"/> N/A	<b>D. Step-mother</b>
NAME	HOME ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP
HOME PHONE	CELL PHONE EMAIL

<input type="checkbox"/> N/A	<b>I. Brothers and Sisters – list all living siblings, including half-siblings, step-siblings, foster siblings, etc.</b>
NAME	HOME ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP

HOME PHONE	CELL PHONE	EMAIL
NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY STATE ZIP
HOME PHONE	CELL PHONE	EMAIL
NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY STATE ZIP
HOME PHONE	CELL PHONE	EMAIL

**REFERENCES**  
 List 5 adults who know you well, such as social and family friends, teacher, youth leader, or co-workers. **Do not include** relatives, employers/supervisors or housemates/roommates, or other individuals listed elsewhere.

1) NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
HOME PHONE	CELL PHONE	EMAIL	OCCUPATION	
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)			HOW LONG HAVE YOU KNOWN THIS PERSON?	
2) NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
HOME PHONE	CELL PHONE	EMAIL	OCCUPATION	
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)			HOW LONG HAVE YOU KNOWN THIS PERSON?	
3) NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
HOME PHONE	CELL PHONE	EMAIL	OCCUPATION	
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)			HOW LONG HAVE YOU KNOWN THIS PERSON?	
4) NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
HOME PHONE	CELL PHONE	EMAIL	OCCUPATION	
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)			HOW LONG HAVE YOU KNOWN THIS PERSON?	
5) NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
HOME PHONE	CELL PHONE	EMAIL	OCCUPATION	
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)			HOW LONG HAVE YOU KNOWN THIS PERSON?	

**SECTION 3: EDUCATION**

List schools attended (current first):

A) NAME	DATE FROM	DATE TO	DID YOU GRADUATE?
CITY	STATE		Yes
B) NAME	FROM	TO	DID YOU GRADUATE?
CITY	STATE		<input checked="" type="checkbox"/> Yes
C) NAME	FROM	TO	DID YOU GRADUATE?
CITY	STATE		<input checked="" type="checkbox"/> Yes

Have you ever been placed on academic discipline, suspended, or expelled from any high school, college/university, academy, business or trade school? .....  Yes  No

If yes, describe in detail below. Starting with high school, list any and all disciplinary actions received in any school or educational institution. Include when the disciplinary action(s) occurred, name of school(s), and explanation of circumstances.

**SECTION 4: RESIDENCE**

LIST OF RESIDENCES

- List all residences during the last five years or since age 15. Provide *complete* addresses (include markers such as Street, Drive, Road, East, West, etc., and unit or apartment number). Do not use P.O. Boxes.
- If more space is needed continue on page 12.

FORMER ADDRESS (NUMBER / STREET / APT)			DATE FROM	DATE TO
CITY	STATE	ZIP		

Names of those with whom you lived:

**SECTION 5: EXPERIENCE AND EMPLOYMENT**

26. JOB EXPERIENCE

- List **ALL** jobs you have had, including part-time, temporary, self-employment and volunteer in the last 5 years or since age 15. (**Begin with your most current.** If more space is needed continue your response on the last page)
- If you have military experience, including reserve duty, enter your military base, assignments, or unit of assignment.
- List your current (or most recent) supervisor for each job.
- List a coworker that would best know you and your work habits, productivity, behavior, etc.

NAME OF EMPLOYER			DATE FROM	DATE TO
ADDRESS (NUMBER / STREET)		SUPERVISOR		
CITY	STATE	ZIP	SUPERVISOR CONTACT NUMBER	
JOB TITLE		SUPERVISOR EMAIL		
DUTIES / ASSIGNMENTS			<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)		CONTACT NUMBER	EMAIL	
Would there be a problem if we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES, EXPLAIN:		REASON FOR WANTING TO LEAVE	

1. Have you ever been disciplined at work? (This includes written warnings, formal letters of counseling, reprimands, suspensions, reductions in pay, reassignments or demotions) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Have you ever been fired, released from probation, or asked to resign from any place of employment? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Were you ever involved in a physical/verbal altercation with a supervisor, co-worker, or customer? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Have you ever quit without giving proper notice? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Have you ever resigned in lieu of termination? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Have you ever been accused of discrimination (such as sexual harassment, racial bias, sexual orientation harassment, etc.) by a co-worker, superior, subordinate or customer? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Were you ever the subject of a written complaint at work? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Have you ever been counseled at work due to lateness or absences? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

9. Did you ever receive an unsatisfactory performance review? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. Have you ever been named as a defendant in a previously adjudicated work-related civil lawsuit (regardless of outcome)? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. Is there a work-related civil lawsuit pending in which you have been named as a defendant? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12. Do you have reason to believe a work-related lawsuit may be filed in the future in which you may be named as a defendant? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13. Have you ever sold, released, or given away legally confidential information? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
14. Have you ever called in sick when you were neither sick nor caring for a sick family member? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If YES, how many sick days have you used in the past five years which were not due to illness?		
14a. Have you ever viewed pornographic material at your workplace? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
14b. Have you ever engaged in sexual activity at work in violation of your employer's policy? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you answered YES to any of **Questions 1-14b**, explain (include when, where & circumstances; indicate corresponding number):

15. In the past three years, have you missed days or been late to work due to drug or alcohol consumption? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, how often?		
16. Has your work performance ever been affected by your use of alcohol or drugs? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
WHEN?	NAME OF EMPLOYER	
17. In the past three years, have you been warned by an employer about your drinking or drug habits and their impact on your performance? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
WHEN?	NAME OF EMPLOYER	

**SECTION 8: LEGAL**

**Disclosure of Arrests and Convictions**

Please disclose any of the following which occurred on or after your 15th birthday, *even if the records were sealed, expunged, dismissed or pardoned*:

- ALL detentions or arrests, whether they resulted in a conviction or not
- ALL convictions
- ALL diversion programs that were not successfully completed

18. **Have you EVER been detained for investigation, held on suspicion, questioned, fingerprinted, arrested, indicted, criminally charged, or convicted of any misdemeanor or felony offense in this state or in any other legal jurisdiction (including offenses punishable under the Uniform Code of Military Justice)?** .....

Yes  No

If yes, explain each incident. If more space is needed, continue on Page 12.

APPROXIMATE DATE	ARRESTING OR DETAINING AGENCY
CHARGE	
DISPOSITION OR PENALTY	

19. Were you ever required to appear before a juvenile court for an act which would have been a crime if committed as an adult?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
20. Have you ever been a party in a non-work related civil lawsuit (e.g., small claims actions, dissolutions, port, etc.) as either a plaintiff or defendant?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
21. Have the police ever been called to your home for any reason? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

22. Have you ever been the subject of an emergency protective order/restraining order/stay-away order?.....  Yes  No

23. Other than those listed in Question #67 above, will your name appear in any police record system or police report as a VICTIM, WITNESS or SUSPECT? (Do not include when acting in the capacity of paid employment, such as an EMT or store loss prevention officer).  Yes  No

If you answered yes to any of **Questions 19-23**, explain (include court case or document, dates, and circumstances; indicate corresponding number):

24. UNDETECTED ACTS – PART 1

Within the past **seven (7) years OR** at any time after you were first employed in law enforcement or the fire service, have you **ever** committed any of the following misdemeanors? **NOTE:** You may not withhold any information regarding your involvement in any of the following acts, even if federal or state law relieved you from reporting the detention, arrest, or conviction that arose from it.

A) Annoying / obscene phone calls or text messages; cyber bullying .....  Yes  No

B) Battery (use of force or violence upon another).....  Yes  No

C) Brandishing a weapon (any type of weapon).....  Yes  No

G) Driving under the influence of alcohol and/or drugs.....  Yes  No

H) Drunk in public (being so intoxicated in a public place that you're not able to care for yourself).....  Yes  No

I) Hit & run collision (no injuries).....  Yes  No

J) Any hunting and/or fishing violations .....  Yes  No

K) Illegal gambling; including online gambling .....  Yes  No

L) Impersonating a peace officer (pretending to be a police officer).....  Yes  No

M) Indecent exposure (including flashing or mooning); sex within public view .....  Yes  No

N) Joyriding (using a car or other vehicle without owner's permission).....  Yes  No

O) Petty theft (value up to \$400, including shoplifting/switching price tags).....  Yes  No

P) Possession of alcohol as a minor .....  Yes  No

Q) Possession of falsified or altered identification, including use of another person's ID (for any reason).....  Yes  No

R) Possession of stolen property (including vehicles) .....  Yes  No

S) Prostitution or soliciting a prostitute .....  Yes  No

T) Resisting arrest (including running from the police).....  Yes  No

U) Trespassing .....  Yes  No

V) Vandalism (including "tagging," malicious mischief and/or property damage).....  Yes  No

X) Filing a false police report .....  Yes  No

Y) Any other act amounting to a misdemeanor within the past seven years .....  Yes  No

Z) Cruelty to animals .....  Yes  No

AA) Street racing .....  Yes  No

If you answered yes to **any** item(s) in **Question 24**, fully explain circumstances, including date(s), names of individuals involved, and resolution. Indicate the corresponding letter (24-A, etc.) for each explanation.

25. UNDETECTED ACTS – PART 2

*At any time in your life* have you **ever** committed any of the following? **NOTE:** You may not withhold any information regarding your involvement in any of the following acts, even if federal or state law relieved you from reporting the detention, arrest, or conviction that arose from it.

A) Arson (intentionally destroying property by setting a fire) .....  Yes  No

B) Assault with a deadly weapon .....  Yes  No

C) Theft of a vehicle and/or vehicle parts .....  Yes  No

D) Burglary (entering a structure or vehicle to commit theft or other crime) .....  Yes  No

F) Accessing and/or possessing child pornography .....  Yes  No

G) Elder abuse/neglect .....  Yes  No

H) Embezzlement (theft of money or other valuables entrusted to you).....  Yes  No

I) Felony drunk driving (involving injuries).....  Yes  No

J) Forcible rape or other act of unlawful intercourse .....  Yes  No

K) Forgery (falsifying any type of document, check certificate, license, currency, etc.).....  Yes  No

L) Hit & run (with injuries) .....  Yes  No

M) Hate crime .....  Yes  No

N) Insurance fraud .....  Yes  No

O) Grand theft (value of over \$400, or any firearm) .....  Yes  No

P) Murder, homicide, or attempted murder .....  Yes  No

Q) Perjury (lying under oath).....  Yes  No

R) Possession of an explosive/destructive device .....  Yes  No

S) Robbery (theft from another person using a weapon, force, or fear) .....  Yes  No

T) Stalking.....  Yes  No

U) Blackmail or extortion.....  Yes  No

V) Any other act amounting to a felony .....  Yes  No

w. Copyright infringement (including illegally downloading or copying software, audio files, movies, digital files, etc) .....  Yes  No

If you answered **YES** to **any** item(s) in **Question 25**, fully explain circumstances, including date(s), names of individuals involved, and resolution. Indicate the corresponding letter (25-A, etc.) for each explanation.

**Questions 26 and 27** ask about your current and past recreational drug use. This covers the use of **any** drug, including the unauthorized use of prescription drugs or over-the-counter drugs. Your answers should include, **but not be limited to**, your use of any of the following drugs:

- Amphetamines / Methamphetamines  
*(Uppers, Speed, Crank, etc.)*
- Glue
- Mescaline
- Barbiturates *(Downers)*
- Hallucinogens  
*(Peyote, LSD, Mushrooms)*
- Morphine
- Cocaine / Crack Cocaine
- Hashish / Hashish Oil
- PCP / Angel Dust
- Designer Drugs  
*(Ecstasy, Synthetic Heroin, etc.)*
- Heroin / Opium
- Quaaludes
- GHB *(Date Rape Drug)*
- Cannabis
- Steroids
- Prescription drug(s) not prescribed to you
- Prescription drugs used for recreation purposes
- Tetrahydrocannabinol (THC)

26. **Within the past six months**, have you used any drug(s) as indicated above? .....  Yes  No  
 If yes, give details, including drug(s) used and circumstances:

27. **Prior to the past six months** (check all that apply):

- I have **never** used, or experimented with, any drug recreationally.
- I have tried or used one or more drugs, but only under **limited** circumstances *(for example, experimentation, at parties, concerts, special events, etc.)*.

If checked, give details including drug(s) used, most recent date used, and circumstances.

28. Have you **ever** engaged in any of the activities listed below for drugs, prescription drugs, narcotics or illegal substances, including marijuana (check all that apply)?

- Sold
- Purchased
- Cultivated
- Manufactured
- Furnished / Shared
- Carried or held for another
- Present when illegal drugs were being used
- Loaned money to someone else to purchase illegal drugs
- Traded/Bartered

If you checked any items above, give details including drug(s) involved, over what time period(s), and circumstances.

**SECTION 9: MOTOR VEHICLE OPERATION**

29. CURRENT DRIVER'S LICENSE NUMBER	STATE OF ISSUE	EXPIRATION DATE	NAME UNDER WHICH LICENSE WAS GRANTED
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30. LIST OTHER STATES WHERE YOU HAVE BEEN LICENSED TO OPERATE A MOTOR VEHICLE:

State of issue	Type of license	Name under which license was granted and license number, if known

31. Have you ever been refused a driver's license by any state? .....  Yes  No  
 If yes, explain (include when, where, and circumstances):

32. Has your driver's license ever been suspended or revoked?.....  Yes  No

If yes, explain (include when, where, and circumstances):

33. List your current liability insurance on your vehicle(s):

A) TYPE OF COVERAGE <input type="checkbox"/> Insured <input type="checkbox"/> Bonded <input type="checkbox"/> Cash Deposit		VEHICLE MAKE	YEAR	VEHICLE LICENSE
INSURANCE COMPANY		POLICY NUMBER		EXPIRES
ADDRESS (NUMBER / STREET)		CITY	STATE	ZIP
				CONTACT NUMBER

34. List all traffic citations, excluding parking citations, you have received within the past ten years. List the citation or infraction AS ORIGINALLY ISSUED. If the citation/infraction was reduced to a lesser violation for whatever reason, please explain below.

A) NATURE OF VIOLATION		LOCATION (STREET)	CITY	STATE
DATE VIOLATION OCCURRED Month      Year		ACTION TAKEN <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed		

D) Has a traffic citation ever resulted in a warrant or caused your driver's license to be withheld due to the following? (Check all that apply.)

- Failed to appear    Failed to complete traffic school    Failed to pay the required fine

If checked, explain circumstances:

35. Have you been involved as the driver in a motor vehicle accident/collision within the past ten years? ..... Yes      No  
If yes, give details.

A) DATE	LOCATION (NUMBER / STREET / APT)	CITY	STATE	ZIP
POLICE REPORT <input type="checkbox"/> YES <input type="checkbox"/> NO	LAW ENFORCEMENT AGENCY		<input type="checkbox"/> INJURY	<input type="checkbox"/> NON-INJURY

36. Have you ever driven a vehicle without auto insurance, as required by law? .....  Yes       No

DATE Month      Year	LOCATION (NUMBER / STREET / APT)	CITY	STATE	ZIP
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37. Have you ever been refused automobile liability insurance or a bond, or had either of them cancelled? .....  Yes       No

SECTION 10: OTHER TOPICS

38. Are you now, or have you ever been, a member or associate of a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, or disability? .....  Yes       No

39. Do you have, or have you ever had, a tattoo signifying membership in, or affiliation with, a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, or disability? .....  Yes       No

40. Since the age of 16, have you ever been involved in an anger-provoked physical fight, confrontation or other violent act? .....  Yes       No

41. Have you ever hit or physically overpowered a romantic partner?.....  Yes       No

42. Have you ever been involved in a domestic violence act with a relative, romantic partner, including but not limited to, an act of violence, threats, infliction of emotional distress and/or property damage?.....  Yes       No

43. Do you know of any reason that would disqualify you from being appointed to this job or prevent you from performing the essential duties of the job:.....  Yes       No

44. Have you ever been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, implied threats of force or coercion or if the victim did not or was unable to consent? .....  Yes       No

45. Have you ever been civilly or administratively adjudicated to have engaged in the activities listed in questions 38 - 44? .....  Yes       No

If you answered **YES** to any of **Questions 38–45**, give details including dates and circumstances; indicate corresponding number.

**SECTION 11: CERTIFICATION**

**CERTIFICATION**

I hereby swear or affirm that there are no willful misrepresentations or omissions in, or falsifications of, the statements and answers in this Personal History Statement. I hereby certify that I have personally completed each page of this form and any supplemental pages(s) attached, and that all statements made are true and complete to the best of my knowledge and belief. I am aware that should an investigation disclose such misrepresentations, omissions, or falsifications in any documents I submit, or statements I make as part of the application, testing and/or hiring process, my application will be rejected and I will be disqualified from applying for any future position with the agency or agencies to which I have applied to. If, after my acceptance for internship, employment, or volunteer, subsequent investigation should disclose omission, or falsification, it will be just cause for my immediate dismissal. I understand that this is a continuing investigation and agree to notify the hiring agency of any information that may reflect any changes or additions in this Personal History Statement.

**BY ENTERING YOUR FULL LEGAL NAME HERE, YOU ACKNOWLEDGE AND AGREE TO THE ABOVE CERTIFICATION:** Name: \_\_\_\_\_ Date: \_\_\_\_\_

**ADDITIONAL SPACE**

- Duplicate this page as needed to include additional information that does not fit elsewhere on this form (e.g., additional family members, schools, residences, employers, explanations to questions, etc.)
- Identify the corresponding question and specific item being referenced.

**Exhibit A-4**  
**Notice for Applicant/Employee**  
**'Notice of Intent' and 'Authorization'**  
**to Obtain an Investigative Consumer Report for Employment Purposes**

The undersigned applicant/employee is hereby notified that \_\_\_\_\_ (Employer) may obtain an investigative consumer report for employment purposes through ACRAnet CBS Branch. Such reports may include information as to character, general reputation, history of criminal convictions, employment, education, professional license, credit and/or driver's record history. Applicant/employee acknowledges that he/she is herein informed of his/her right to request within a reasonable period after receiving this notice, a complete and accurate disclosure of the nature and scope of the investigation requested. Such disclosure will be mailed or otherwise delivered to applicant within five days from the date of the applicant/employee's request for disclosure or such report was first requested by employer, whichever is the later.

Applicant/employee further authorizes the above-named company to obtain an investigative consumer report through ACRAnet CBS Branch for employment purposes currently or anytime during the applicant/employee's tenure with employer.

I (Applicant/employee) am currently a resident of the state of Oklahoma OR the state of Minnesota:

**Yes**            **No**

If yes, by state statute, I may receive a free copy of the report being prepared in association with this employment screening investigation and a copy of my corresponding rights as a consumer. These documents will be mailed to me at the address indicated on this authorization form within 24 hours of completion.

Please provide me with a copy of my credit report as indicated above

**Print Full Name:** \_\_\_\_\_

**Former Name/Maiden Name (list all):** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Previous Address:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

(In order for factual information to be obtained & reported, your date of birth and social security number are requested. This information is used solely for verification purposes in compliance with the Fair Credit Reporting Act.)

**Driver's License# (if applicable):** \_\_\_\_\_ **State of Issue:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**NOTE:**

The above information and attached exhibits are presented to assist you in compliance with the revised federal Fair Credit Reporting Act. They represent our understanding and interpretation of the amendments which became effective September 30, 1997 and November 2, 1998. ACRAnet CBS Branch, Incorporated does not intend for this information and the related attachments to be construed as legal advice. We urge all subscribers to review their procedures and documents with their respective legal counsel.

*Print full name*



**WAIVER AND AUTHORIZATION TO RELEASE INFORMATION**

This document affects your legal rights.  
Read carefully before signing

To Whom It May Concern:

I, the undersigned, authorize (***applicant – leave this space blank***) \_\_\_\_\_ to furnish to the City of Spokane or its agencies any and all information that you have concerning me, my work record, my disciplinary records, my reputation, my medical records, my psychological testing and analysis plus recommendation, my military service records, my educational background and records, my financial status and credit history, and such other information and records as you may have in your possession relating to me. Information of a confidential or privileged nature may be included in the materials you provide to the City of Spokane or its agencies. Your reply will be used to assist the City of Spokane or its agencies in determining my qualifications and fitness for a position I am seeking with the City of Spokane and/or one of its departments or agencies.

I understand my right to request access to any public records relating to me pursuant to Title 5 of the United States Codes, Section 552 et seq., the Privacy Act of 1974, the Freedom of Information Act, and Revised Code of Washington (RCW) 42.56 et seq., and specifically **waive** those rights understanding that the information furnished will be used by the City of Spokane and/or its agencies or departments in conjunction with employment procedures. **I will make no attempt** to gain access to the information provided by you to the City of Spokane and/or its agencies or departments in conjunction with this employment process and hereby expressly waive any rights I may have to request the disclosure of information provided by you to the City of Spokane and/or its agencies or departments in conjunction with employment procedures.

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

Applicant signature: \_\_\_\_\_ Date \_\_\_\_\_

SUBSCRIBED AND SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_ Notary Public in and for the State of \_\_\_\_\_

residing at \_\_\_\_\_.

My commission expires \_\_\_\_\_

(Notary seal or stamp here)

**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.