SPD

Internship Volunteer Application

Spokane Police Department
Internship Application

General Instructions: All questions on this form must be answered in complete detail. If a question does not apply to you, write "N/A" (Not Applicable).

Application Deadlines: Summer: March 1st | Fall: May 1st | Fall/Winter: November 1st. The Spokane Police Department (SPD) accepts internship applications for the Spring, Summer, and Fall academic quarters/semesters. Applications received after the deadline will be kept on file, but will not receive priority consideration.

Select the term you are applying for: ☐ Summer ☐ Spring ☐ Fall ☐ Winter Year: 20 ____

Compensation/Course Credit: Internships at SPD are unpaid. SPD encourages applicants to check with their college or university to determine whether the internship may qualify for course credit. If so, the SPD will submit any forms or evaluations required by the school. However, it remains the responsibility of the intern to verify whether course credit is available and to comply with all necessary college or university requirements.

Eligibility: Internships are open to college students currently enrolled in an undergraduate or graduate program at any college or University. A high school diploma or GED is required. A minimum of one year of experience in a professional working environment is strongly preferred. PLEASE NOTE: SPD accepts a limited number of interns based on the needs of the department. Applicants must be willing to commit at least 300 hours to an internship position.

Applicant Information

Full Name: _____ Date: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____
City *State* *ZIP Code*

Phone: _____ Email _____

Do you have legal work authorization in the United States?..... ☐YES ☐NO

Have you ever worked for the City of Spokane?..... ☐YES ☐NO

Do you have a relative who works for the City of Spokane?..... ☐YES ☐NO

Do you plan to apply for any position with SPD after you graduate?..... ☐YES ☐NO

Are you required to register for Selective Service?..... ☐YES ☐NO

*Males born after December 31, 1959 are required. For full list of requirements visit: https://www.sss.gov/register/who-needs-to-register/

Selective Service #: _____
Obtain Selective Service number
https://www.sss.gov/verify/

YES Remarks / Comments:

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:

☐ Station Operations	☐ Victim Assistance	☐ Criminal Intelligence Unit
☐ Records Management	☐ Training	☐ Community Policing/Patrol
☐ Media/Public Relations	☐ Technology Support	☐ 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.

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** Internship

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? ☐ Yes ☐ No

If no, are you a resident alien who is eligible and has applied for U.S. citizenship? ☐ Yes ☐ 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.

☐ N/A **A. Father**

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

HOME PHONE	CELL PHONE	EMAIL

☐ N/A **B. Step-father**

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

HOME PHONE	CELL PHONE	EMAIL

☐ N/A **C. Mother**

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

HOME PHONE	CELL PHONE	EMAIL

☐ N/A **D. Step-mother**

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

HOME PHONE	CELL PHONE	EMAIL

☐ N/A **I. Brothers and Sisters –** list all living siblings, including half-siblings, step-siblings, foster siblings, etc.

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	☐ Yes
C) NAME	FROM	TO	DID YOU GRADUATE?
CITY		STATE	☐ 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			☐ F-T ☐ P-T ☐ Temp ☐ Self-employed ☐ Volunteer	
NAMES OF CO-WORKERS 1)	CONTACT NUMBER		EMAIL	
Would there be a problem if we contact your current employer? ☐ Yes ☐ 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)	☐ Yes	☐ No
2. Have you ever been fired, released from probation, or asked to resign from any place of employment?	☐ Yes	☐ No
3. Were you ever involved in a physical/verbal altercation with a supervisor, co-worker, or customer?	☐ Yes	☐ No
4. Have you ever quit without giving proper notice?	☐ Yes	☐ No
5. Have you ever resigned in lieu of termination?	☐ Yes	☐ 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?	☐ Yes	☐ No
7. Were you ever the subject of a written complaint at work?	☐ Yes	☐ No
8. Have you ever been counseled at work due to lateness or absences?	☐ Yes	☐ No

9. Did you ever receive an unsatisfactory performance review?	☐ Yes	☐ No
10. Have you ever been named as a defendant in a previously adjudicated work-related civil lawsuit (regardless of outcome)?	☐ Yes	☐ No
11. Is there a work-related civil lawsuit pending in which you have been named as a defendant?	☐ Yes	☐ 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?	☐ Yes	☐ No
13. Have you ever sold, released, or given away legally confidential information?	☐ Yes	☐ No
14. Have you ever called in sick when you were neither sick nor caring for a sick family member? If YES, how many sick days have you used in the past five years which were not due to illness?	☐ Yes	☐ No
14a. Have you ever viewed pornographic material at your workplace?	☐ Yes	☐ No
14b. Have you ever engaged in sexual activity at work in violation of your employer's policy?	☐ Yes	☐ 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? If yes, how often?	☐ Yes	☐ No
16. Has your work performance ever been affected by your use of alcohol or drugs?	☐ Yes	☐ 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?	☐ Yes	☐ 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?	☐ Yes	☐ 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?	☐ Yes	☐ No
21. Have the police ever been called to your home for any reason?	☐ Yes	☐ 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.)*
- Barbiturates (*Downers)*
- Cocaine / Crack Cocaine
- Designer Drugs *(Ecstasy, Synthetic Heroin, etc.)*
- GHB *(Date Rape Drug)*
- Prescription drug(s) not prescribed to you
- Glue
- Hallucinogens *(Peyote, LSD, Mushrooms)*
- Hashish / Hashish Oil
- Heroin / Opium
- Cannabis
- Prescription drugs used for recreation purposes
- Mescaline
- Morphine
- PCP / Angel Dust
- Quaaludes
- Steroids
- 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
- ☐ Manufactured
- ☐ Present when illegal drugs were being used
- ☐ Purchased
- ☐ Furnished / Shared
- ☐ Loaned money to someone else to purchase illegal drugs
- ☐ Cultivated
- ☐ Carried or held for another
- ☐ 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

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 ☐ Insured ☐ Bonded ☐ 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 ☐ Not Guilty ☐ Fined ☐ Traffic School ☐ 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 ☐ YES ☐ NO	LAW ENFORCEMENT AGENCY	☐ INJURY ☐ 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

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 herby 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.

ACRANET
EMPLOYMENT SCREENING

Notice for Applicant/Employee
A-4 Authorization

'Notice of Intent' and 'Authorization' To Obtain an Investigative Consumer Report for Employment or Other Legitimate Permissible Purposes

The undersigned applicant/employee is hereby notified that _____ **(Employer)** may obtain an investigative consumer report for employment purposes through ACRAnet. Such report 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 they are herein informed of their right to request within a reasonable period of time 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 for employment purposes at this time or anytime during the applicant/employee's tenure with employer.

Print Full Name:

_____

Former Name/Maiden Name (list all):

_____

Street Address:

_____

City: _____State:_____

Zip: _____

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: _____

FORMS – INFORMATION RELEASE **APPLICANT:**

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.*