

**WHITMAN COUNTY SHERIFF'S OFFICE
PERSONAL HISTORY STATEMENT**

INSTRUCTIONS

Fill out this questionnaire completely and accurately. All statements in your questionnaire are subject to verification. Incorrect statements may bar or remove you from employment. If the space provided is inadequate add another page and identify additional information by item number.

This questionnaire must be type written or printed legibly in ink.

Always provide complete addresses including zip codes.

Position you are applying for: _____

PERSONAL

1. Your Name:

First	Middle	Last
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Give any other names you have used or been known by, attach a statement giving reasons (if none, so state) _____

2.

Weight	Height	Hair Color	Eye Color
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3. Your Address:

Number	Street	City	State	Zip
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Phone Numbers: Home: () _____ - _____
 Cell: () _____ - _____
 Business: () _____ - _____

Your social security number: _____

4. With whom do you reside? _____
SexRelationship

5. When were you born? _____ / _____ / _____
Month Day Year

6. Where were you born? _____
City State County

7. Are you a citizen of the United States? YES _____ NO _____
Natural Born: _____ Naturalized: _____

8. Number of Dependents: _____

FAMILY HISTORY

9. Give the names of every member of your immediate family who is still living: include wife, children, father, mother, brothers, sisters, mother-in-law, and father-in-law.

Name: _____ Date of Birth: _____
Relationship: _____ Phone: _____
Address: _____

Name: _____ Date of Birth: _____
Relationship: _____ Phone: _____
Address: _____

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Relationship: _____ Phone: _____
Address: _____

Name: _____ Date of Birth: _____
Relationship: _____ Phone: _____
Address: _____

Name: _____ Date of Birth: _____
Relationship: _____ Phone: _____
Address: _____

USE ADDITIONAL SHEETS IF NECESSARY

RESIDENCES

10. List addresses where you have resided for the past ten years, starting with your present address at top:

From MM/YY: _____ To MM/YY: _____

Address of Residence: _____

From Whom Rented: _____

County in which located: _____

From MM/YY: _____ To MM/YY: _____

Address of Residence: _____

From Whom Rented: _____

County in which located: _____

From MM/YY: _____ To MM/YY: _____

Address of Residence: _____

From Whom Rented: _____

County in which located: _____

From MM/YY: _____ To MM/YY: _____

Address of Residence: _____

From Whom Rented: _____

County in which located: _____

From MM/YY: _____ To MM/YY: _____

Address of Residence: _____

From Whom Rented: _____

County in which located: _____

From MM/YY: _____ To MM/YY: _____

Address of Residence: _____

From Whom Rented: _____

County in which located: _____

From MM/YY: _____ To MM/YY: _____

Address of Residence: _____

From Whom Rented: _____

County in which located: _____

USE ADDITIONAL SHEETS IF NECESSARY

11. List your five nearest neighbors (if you do not know five of them, please state so)

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

12. To the best of your recollection, list neighbors at your previous residences.

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

REFERENCES

13. Fill in below the names of five persons not related to you and not former employers, who have known you closely for at least five years. All persons to whom you refer may be asked to appraise your character, ability, experience, personality, and other qualities.

Name: _____
Full Address: _____
Occupation/Profession: _____
Business Address: _____
Business Phone: _____ Residence Phone: _____

Name: _____
Full Address: _____
Occupation/Profession: _____
Business Address: _____
Business Phone: _____ Residence Phone: _____

Name: _____
Full Address: _____
Occupation/Profession: _____
Business Address: _____
Business Phone: _____ Residence Phone: _____

Name: _____
Full Address: _____
Occupation/Profession: _____
Business Address: _____
Business Phone: _____ Residence Phone: _____

Name: _____
Full Address: _____
Occupation/Profession: _____
Business Address: _____
Business Phone: _____ Residence Phone: _____

EMPLOYMENT

14. What is your occupation? _____

15. Were you ever discharged or forced to resign because of misconduct or unsatisfactory service?
 YES NO

If yes, give details: _____

16. Do you object to wearing a uniform? YES NO

17. Do you object to working nights? YES NO

RELATIONS WITH FORMER EMPLOYERS

18. Have you ever been terminated from employment for any reason?
 YES NO

If yes, give details: _____

19. Have you ever quit a job in lieu of being terminated?
 YES NO

If yes, give details: _____

20. Do you feel that you have had a good relationship with former employers?
 YES NO

If yes, give details: _____

21. Do your drinking habits ever cause you problems on or off the job?
 YES NO

If yes, give details: _____

EMPLOYMENT HISTORY

22. Beginning with your current employment, list each of your employers for the past 10 years:

Be sure to include **complete** addresses, **including** zip codes for all your previous employers.

Organization: _____
Supervisor's Name & Phone: _____
Address: _____
Dates Employed: _____
Position & duties (briefly): _____

Reason for leaving: _____

Organization: _____
Supervisor's Name & Phone: _____
Address: _____
Dates Employed: _____
Position & duties (briefly): _____

Reason for leaving: _____

Organization: _____
Supervisor's Name & Phone: _____
Address: _____
Dates Employed: _____
Position & duties (briefly): _____

Reason for leaving: _____

Organization: _____
Supervisor's Name & Phone: _____
Address: _____
Dates Employed: _____
Position & duties (briefly): _____

Reason for leaving: _____

Organization: _____
Supervisor's Name & Phone: _____
Address: _____
Dates Employed: _____
Position & duties (briefly): _____

Reason for leaving: _____

Organization: _____
Supervisor's Name & Phone: _____
Address: _____
Dates Employed: _____
Position & duties (briefly): _____

Reason for leaving: _____

Organization: _____
Supervisor's Name & Phone: _____
Address: _____
Dates Employed: _____
Position & duties (briefly): _____

Reason for leaving: _____

ARREST AND MILITARY DISCIPLINARY ACTION

Answer all of the following questions completely and accurately. Any falsification of misstatements of fact may be sufficient to disqualify you. (Exclude traffic citations).

23. Have you ever been placed on probation?

YES NO

If yes, give details: _____

24. Have you ever been required to pay a fine in excess of \$25.00?

YES NO

If yes, give details: _____

25. Has any member of your immediate family ever been arrested for or convicted of a felony offense?

YES NO

If yes, give particulars below:

Name: _____ Relationship: _____

Offense: _____ Where Arrested: _____

Name: _____ Relationship: _____

Offense: _____ Where Arrested: _____

Name: _____ Relationship: _____

Offense: _____ Where Arrested: _____

Name: _____ Relationship: _____

Offense: _____ Where Arrested: _____

26. Have you or any member of your family been members of a Communist group?

YES NO

If yes, give details: _____

27. Have you ever been a member or attended meetings of any group which advocates white supremacy, violent dissent, or the overthrow of this government?

YES NO

If yes, give details: _____

28. Have you ever actively participated in a demonstration?

YES NO

If yes, give details: _____

29. Have you ever illegally participated in the use of explosives or fire bombs?

YES NO

If yes, give details: _____

30. Have you ever been refused a security clearance or bond?

YES NO

If yes, give details: _____

NARCOTICS AND DRUGS

31. Have you ever used marijuana?

YES NO

If yes, give details: _____

32. Have you ever used heroin?

YES NO

If yes, give details: _____

33. Have you ever used psychedelic drugs?

YES NO

If yes, give details: _____

34. Have you ever used any non-prescription narcotic or dangerous drug?

YES NO

If yes, give details: _____

35. Have you ever illegally sold any marijuana, narcotics, or dangerous drugs?

YES NO

If yes, give details: _____

36. To your knowledge, has your spouse ever used any marijuana, narcotics, or dangerous drugs?

YES NO

If yes, give details: _____

37. Have you ever been present when any of these items were being used?

YES NO

If yes, give details: _____

PAST RECORD AND INVOLVEMENT IN CRIMINAL ACTS

38. Have you ever forced a person to have sexual relations against their will?

YES NO

If yes, give details: _____

39. As an adult over the age of 18, have you had any sexual contact with a child who was under the age of 14?

YES NO

If yes, give details: _____

40. Have you ever been arrested or taken to a police station as an adult or juvenile?

YES NO

If yes, give details: _____

41. Have you ever committed a serious crime that was undetected?

YES NO

If yes, give details: _____

42. List below every civil service or law enforcement competitive examination you have taken.
If none, so state.

Agency: _____ Status: _____

Approximate Date of Examination: _____

Agency: _____ Status: _____

Approximate Date of Examination: _____

Agency: _____ Status: _____

Approximate Date of Examination: _____

43. Were you ever rejected for any civil service position?

YES NO

If yes, give details: _____

44. Would religious or other beliefs interfere with your ability to perform duties as a member of the Sheriff's Office?

YES NO

If yes, give details: _____

MEDICAL

45. Have you been unable to hold a job because of:
a) YES NO Sensitivity to chemicals, dust, sunlight, etc?
b) YES NO Inability to perform certain physical motions?
c) YES NO Inability to assume certain physical positions?
d) YES NO Other medical reasons? (if yes, please explain below)
46. YES NO Have you ever been refused employment because of your health?
47. YES NO Have you ever received, is there pending, have you applied for, or do you intend to apply for pension or compensation for existing disability? (If yes, please explain below and specify what kind, granted by whom, what amount, when, and why).
48. YES NO Have you ever filed for a veteran's claim, disability, or pension?
49. YES NO Have you ever been rejected for military service because of physical, mental, or other medical reasons?
50. YES NO Have you ever been terminated or resigned from a job because of any illness or injury received on or off the job?
51. YES NO Have you ever been examined, hospitalized, or placed in a sanitarium for any emotional, nervous, or mental disorder?
52. YES NO Has a doctor ever found any ailment or defect concerning your physical or mental condition?

If the answer to any of the preceding question is YES, complete the information requested below. ALSO, list any doctors, practitioners, psychiatrists, or psychologists who have ever examined you within the last 15 years. List the most recent case first.

Date: _____ Hospital, Clinic, or Doctor: _____

Address of Hospital, Clinic, or Doctor: _____

Type of Treatment: _____

Length of Treatment: _____

Date: _____ Hospital, Clinic, or Doctor: _____

Address of Hospital, Clinic, or Doctor: _____

Type of Treatment: _____

Length of Treatment: _____

Date: _____ Hospital, Clinic, or Doctor: _____
Address of Hospital, Clinic, or Doctor: _____

Type of Treatment: _____
Length of Treatment: _____

Date: _____ Hospital, Clinic, or Doctor: _____
Address of Hospital, Clinic, or Doctor: _____

Type of Treatment: _____
Length of Treatment: _____

Date: _____ Hospital, Clinic, or Doctor: _____
Address of Hospital, Clinic, or Doctor: _____

Type of Treatment: _____
Length of Treatment: _____

USE ADDITIOANL SHEETS IF NECESSARY

MEDICAL AND HEALTH STATUS

53. YES NO Have you ever had a back injury or back problems of any kind?
If yes, give details _____

54. YES NO Have you ever been treated for hypertension?
If yes, give details _____

55. YES NO Have you ever been treated for eye trouble or do you wear corrective lenses?
If yes, give details _____

56. YES NO Do you feel that you have any abnormal mental problems?
If yes, give details _____

57. YES NO To the best of your knowledge is your vision 20/60 or better uncorrected?
If yes, give details _____

58. YES NO Have you ever been treated for a heart problem?
If yes, give details _____

59. YES NO Have you ever been treated for chronic bronchitis or asthma during the past three years?
If yes, give details _____

60. YES NO Have you ever attempted suicide?
If yes, give details _____

61. YES NO Are you aware of any medical or health problems which might disqualify you from law enforcement?
If yes, give details _____

FINANCIAL

62. What is your total indebtedness at present? _____
What does this cover? _____

63. YES NO Have you, your spouse, or ex-spouse ever filed for bankruptcy, or been declared bankrupt?
If yes, give details _____

64. YES NO Do you feel you now have a good credit rating?
If yes, give details _____

65. YES NO Do you now have unpaid debts currently past due?
If yes, give details _____

66. YES NO Have you ever been sued, or, to your knowledge, are you about to be sued?
If yes, give details _____

DRIVING

67. YES NO Do you possess a valid operator's license from the State of Washington?
If yes, Driver's License Number: _____
Date Issued: _____

68. YES NO Did you ever possess an operator's license issued by any state other than Washington?
If yes, give state(s) and number(s): _____

69. YES NO Have you ever been refused an operator's license by any state?
If yes, give details _____

70. Have you ever been involved in a motor vehicle accident?
 YES NO
If yes, give complete details for each accident, whether collision or non-collision.

Date: _____ Police Investigation: YES NO
Location (City & County): _____
Cause of Accident: _____

Injury Non-Injury
Who was legally at fault? _____

Date: _____ Police Investigation: YES NO
Location (City & County): _____
Cause of Accident: _____

Injury Non-Injury
Who was legally at fault? _____

Date: _____ Police Investigation: YES NO
Location (City & County): _____
Cause of Accident: _____

Injury Non-Injury
Who was legally at fault? _____

71. List below all traffic citation you have received except for parking tickets.

Location (City & County): _____

Approximate Date: _____ Penalty: _____

Nature of Violation: _____

Location (City & County): _____

Approximate Date: _____ Penalty: _____

Nature of Violation: _____

Location (City & County): _____

Approximate Date: _____ Penalty: _____

Nature of Violation: _____

Location (City & County): _____

Approximate Date: _____ Penalty: _____

Nature of Violation: _____

Location (City & County): _____

Approximate Date: _____ Penalty: _____

Nature of Violation: _____

Location (City & County): _____

Approximate Date: _____ Penalty: _____

Nature of Violation: _____

USE ADDITIONAL SHEETS IF NECESSARY

72. YES NO Have you ever been a suspect in a hit and run?

If yes, give details _____

73. YES NO Has your automobile insurance ever been refused or cancelled?

If yes, give details _____

74. YES NO Have you ever had your driver's license suspended or revoked?

If yes, give details _____

QUESTIONS FOR APPLICANTS WHO HAVE BEEN OR ARE NOW EMPLOYED AS PEACE OFFICERS

75. YES NO Did you ever accept a gratuity?
If yes, give details _____

76. YES NO Did you ever accept anything for overlooking a violation?
If yes, give details _____

77. YES NO Did you ever make a false official report?
If yes, give details _____

78. YES NO Did you ever use your official position for personal gain?
If yes, give details _____

79. YES NO Have you ever withheld any evidence seized in the course of official duties?
If yes, give details _____

80. YES NO Have you used excessive force in the performance of your duties?
If yes, give details _____

81. YES NO Have you ever been the subject of any internal investigation by the
department?
If yes, give details _____

82. To the best of your knowledge have you answered each question on the questionnaire truthfully?
 YES NO

PLEASE READ THE FOLLOWING STATEMENT CAREFULLY AND SIGN

I hereby certify that I have personally answered each statement on this questionnaire truthfully and completely to the best of my knowledge and belief. I understand that verification of my answers may be made by means of a background investigation.

I further understand that any deliberate falsification or withholding of material fact, written or uttered, by myself will subject me to disqualification from employment with, or dismissal from, the Whitman County Sheriff's Office.

Signature Date



WHITMAN COUNTY SHERIFF'S OFFICE

411 N. Mill Street • COLFAX, WA 99111 • PHONE (509) 397-6266 • FAX (509) 397-2099

BRETT J. MYERS, SHERIFF

WAIVER AND AUTHORIZATION TO RELEASE INFORMATION

To Whom It May Concern:

I authorize you to furnish the Whitman County Sheriff's Office with any and all information you have concerning my work record, my reputation, my medical records, my military service records, my financial state, and me. Information of a confidential or privileged nature may be included. Your reply will be used to assist the Sheriff's Office in determining my qualifications and fitness for the position I am seeking with the Whitman County Sheriff's Office.

I understand my rights under Title 5, United States Code, Section 552A; the Privacy Act of 1974; and waive those rights with the understanding that information furnished will be used by the Whitman County Sheriff's Office.

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

Applicant's Signature

Date

State of _____

County of _____

Subscribed and sworn to before me this _____ day of _____, 20____ by

_____.

NOTARY PUBLIC

My commission expires _____

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.

MUST BE NOTARIZED