

Seattle Police Department Personal History Information Packet Police Officer

The attached information contains the Seattle Police Department's (SPD) **Minimum Selection Standards** AND your **Personal History Information (PHI)** packet. It is very important that you review this information carefully and understand its contents. If you do **NOT** meet one or more of the standards, you should decline further consideration for a Police Officer position for the City of Seattle at this time. Your current disqualification may not keep you from applying in the future, as many situations may remedy themselves over time*. Please contact the Background Investigation Unit at (206) 615-0761 to inquire further regarding your specific situation.

** All disqualifications are reviewed by the HR Director or designee for final approval.*

Please Note:

1. **All Entry Level Candidates must completely fill out the PHI packet and bring it to the Physical Ability Test, if invited. An Applicant's failure to submit a completed PHI packet will result in disqualification from the SPD hiring process.** Be certain to attach photocopies of your driver's license, social security card and DD 214.

Please keep all other required documentation (i.e. college transcripts, high school diploma, birth certificate, naturalization documentation, etc.), as such documents will be submitted to the background detective assigned to your investigation at a later date, if assigned.

2. **Lateral Police Officer Candidates shall submit a completed PHI Packet after passing their oral board interview. Exceptional Entry Candidates shall submit a completed PHI packet on the day of the written civil service test.**

INSTRUCTIONS TO THE APPLICANT

The information you provide in this Personal History Information (PHI) Packet will be used in the investigation into your background, which will assist in determining your suitability for the position of Police Officer. **Please fill out this PHI completely and accurately.** Keep in mind that:

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

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

You must list all arrests and/or convictions even if you received a release, a pardon, or the case has been sealed or expunged. You must also list the time(s) you were detained by the police for any reason. Document this information in the Criminal History section of this questionnaire.

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

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

SELECTION STANDARDS-SEATTLE POLICE OFFICER

MINIMUM HIRING STANDARDS:

The following minimum hiring standards are set forth by the State of Washington and interpreted by the City of Seattle, Police Department (SPD).

1. **AGE:**

Applicant must be at least 20.5 years of age at the time of taking the written exam. This requirement is necessary to ensure all police applicants will be able to legally enter all premises that SPD responds to. *See RCW 41.12.070.*

2. **EDUCATION:**

Minimum Education: Proof of high school graduation or a certified GED.
See WAC 139-07-020(1)(b)(ii)

3. **PHYSICAL FITNESS:**

Applicant must pass the Criminal Justice Training Commission Fitness Ability Test.
See WAC 139-05-230

4. **CITIZENSHIP:**

An applicant must be a United States Citizen or a Lawful Permanent Resident to be hired.
See RCW 41.12.070 and WAC 139-07-020(1)(b)(i) and 8 U.S.C. Sec. 1101 (a) (20).

6. **MILITARY RECORD (when applicable):**

The applicant must have been discharged under honorable conditions (fair employment laws apply).
See WAC 139-07-020 (1)(b)(iii)

7. **DRIVER'S LICENSE:**

The applicant must have a valid Washington State Driver's License prior to being hired. Driving is an essential function of this position with SPD. *See RCW 46.20.001 for license rights and restrictions.*

SELECTION STANDARDS-SEATTLE POLICE OFFICER

ADDITIONAL HIRING STANDARDS and INFORMATION:

The following hiring standards and information are set forth by the City of Seattle, Police Department (SPD) with the intention of sharing some areas that are considered during a SPD background investigation. The Department is most interested in an applicant's life history as a complete picture.

SPD understands that, at times, people encounter challenges in their lives. During the background investigation process SPD is interested in learning greater detail about those challenges, as well as the lessons the applicant has learned and the changes the applicant has made as a result.

Please be forthcoming in your responses, as SPD expects honesty in this process.

1. CRIMINAL ACTIVITY:

An applicant's criminal record, including all arrests, prosecutions, deferred prosecutions, 'Alford' pleas, and non-conviction information will be thoroughly assessed and may be grounds for disqualification. The following examples will be disqualifying:

- Any adult felony conviction.
- Any misdemeanor or felony conviction while employed in a criminal justice and/or law enforcement capacity.
- Any domestic violence conviction.

2. TRAFFIC RECORD:

An applicant's driving record will be considered on a case by case basis with the past five (5) years being the most critical. The following will be disqualifying until the time parameters have been met:

- Driving under the influence (DUI), Negligent and Reckless Driving, Hit and Run within the past five (5) years.
- Suspension of your driver's license as a result of a DUI within the past five (5) years.

3. EMPLOYMENT HISTORY:

An applicant's employment history, including any terminations or leaving an employer in lieu of termination, will be thoroughly assessed and may be grounds for disqualification.

4. FINANCIAL:

An applicant's credit history will be thoroughly assessed and related decision-making issues may be grounds for disqualification. The following are areas of concern:

- Failure to pay income tax
- Failure to pay child support

5. PROFESSIONAL APPEARANCE:

All applicants are expected to maintain a professional appearance at all times. SPD has the sole discretion in determining what is considered professional, as it relates to the position the applicant is applying for. Any and all tattoos, branding (intentional burning of skin to create a design), voluntary disfigurement (marring or spoiling of the appearance or shape of a body part), or scarification (intentional cutting of the skin to create a design) shall be carefully reviewed by SPD on a case-by-case basis.

6. RESIDENCE:

Applicants are not required to live in the City of Seattle.

SCREENING/SELECTION PROCESS

General Information:

Applicants who are successful in passing the written and physical ability examination and who are on the certified list will continue in the screening/selection process. The remaining steps in the process include the following:

1. Must satisfactorily complete a Department background assessment, including a pre-employment polygraph inquiry.
2. Must complete a Department written assessment administered by the Seattle Police Department.
3. Must demonstrate psychological stability and complete a battery of psychological tests determined by the Seattle Police Department.
4. Must satisfactorily complete a medical examination per Public Safety Civil Service Commission Standards.
5. All disqualifications are reviewed by HR Director or his designee for final approval.

Veteran's Preference Information

Pursuant to Washington State Law, Veteran's may receive Veteran's Preference points added to their overall test score. To receive Veteran's Preference, you must have served in the armed forces, AND have been honorably discharged.

Applicants must present a DD-214 with the Member-4 page indicating the nature of discharge in order to receive Veteran's Preference to verify eligibility.

Other Information:

1. The Seattle Police Department also accepts lateral transfers at this time.
2. Academic degrees and prior police experience are not required for appointment.
3. Academic incentive pay is not applicable; however, consideration is given in competitive promotional examinations.

**SEATTLE POLICE DEPARTMENT
PERSONAL HISTORY INFORMATION**

I. IDENTIFYING INFORMATION

IN APPLICATION FOR THE POSITION OF:

NAME:			SOCIAL SECURITY NO.		
Last	First	Middle	#	-	-
List any other name, alias, nickname by which you have been known, including maiden name.					
DRIVERS LICENSE #:			STATE:		
WORK PHONE:			HOME PHONE:		
CELL PHONE:			EMAIL:		
DATE OF BIRTH:		HEIGHT:		WEIGHT:	
PLACE OF BIRTH:					
City, County or Town			State		
ARE YOU A US CITIZEN or LAWFUL PERMANENT RESIDENT Yes [] No []					
If you are a US citizen or a Lawful Permanent Resident, bring your documentation to your Interview.					

II. RESIDENCE RECORD

Begin by listing your **present** address and then work backwards. Please list each address that you have resided at since you left high school:

Street	City	State	Zip Code	Date of Occupancy	
				From	To

III.

FAMILY RECORD / HISTORY

List below all of your children; alive or deceased:

Name	Date of Birth

Do any of your children receive child support or other supportive income: Yes [] No []
If yes, Explain _____

Are you responsible for support payments: Yes [] No [] If yes, Explain _____

RELATIVES: List 1-Spouse or Domestic Partner, 2-Parents, 3-Guardians, 4-Step-parents, 5-Foster parents, 6-Parents-in-law, 7-Brothers, 8-Sisters, 9 –Former Spouse/Domestic Partner (indicate relationship by number in square)

****Please provide a physical mailing address if no e-mail address is available****

#	Name	E-Mail Address	City	State	Zip	Best Contact #

IV.

PERSONAL REFERENCES

List five adult references (not relatives, former or present employers, supervisors or co-workers) you have known for at least 3 years (preferable). You may need a list of alternative references that can be supplied to your background detective in the event some of the references cannot be contacted.

****Please provide a physical mailing address if no e-mail address is available****

Yrs.	Name	E-Mail Address	Best Contact #

V.

EMPLOYMENT

Begin with your most recent job. List your complete history for the past ten years, including temporary or seasonal employment, and all periods of unemployment, schooling, or military service. Include the complete address and phone number of the employer.

From:	Name of Employer	Address of Employer	Phone No.	Job Title
To:				

Description of Duties	Shift hours worked _____
-----------------------	--------------------------

Name of Supervisor and phone no. _____

Name of Co-worker and phone no.	Salary	Why did you leave?
---------------------------------	--------	--------------------

From:	Name of Employer	Address of Employer	Phone No.	Job Title
To:				

Description of Duties	Shift hours worked _____
-----------------------	--------------------------

Name of Supervisor and phone no. _____

Name of Co-worker and phone no.	Salary	Why did you leave?
---------------------------------	--------	--------------------

From:	Name of Employer	Address of Employer	Phone No.	Job Title
To:				

Description of Duties	Shift hours worked _____
-----------------------	--------------------------

Name of Supervisor and phone no. _____

Name of Co-worker and phone no.	Salary	Why did you leave?
---------------------------------	--------	--------------------

From:	Name of Employer	Address of Employer	Phone No.	Job Title
To:				

Description of Duties	Shift hours worked _____
-----------------------	--------------------------

Name of Supervisor and phone no. _____

Name of Co-worker and phone no.	Salary	Why did you leave?
---------------------------------	--------	--------------------

From:	Name of Employer	Address of Employer	Phone No.	Job Title
To:				

Description of Duties	Shift hours worked _____
-----------------------	--------------------------

Name of Supervisor and phone no. _____

Name of Co-worker and phone no.	Salary	Why did you leave?
---------------------------------	--------	--------------------

V.

EMPLOYMENT - CONTINUED

From:	Name of Employer	Address of Employer	Phone No.	Job Title
To:				

Description of Duties	Shift hours worked _____
-----------------------	--------------------------

Name of Supervisor and phone no. _____

Name of Co-worker and phone no.	Salary	Why did you leave?
---------------------------------	--------	--------------------

From:	Name of Employer	Address of Employer	Phone No.	Job Title
To:				

Description of Duties	Shift hours worked _____
-----------------------	--------------------------

Name of Supervisor and phone no. _____

Name of Co-worker and phone no.	Salary	Why did you leave?
---------------------------------	--------	--------------------

From:	Name of Employer	Address of Employer	Phone No.	Job Title
To:				

Description of Duties	Shift hours worked _____
-----------------------	--------------------------

Name of Supervisor and phone no. _____

Name of Co-worker and phone no.	Salary	Why did you leave?
---------------------------------	--------	--------------------

From:	Name of Employer	Address of Employer	Phone No.	Job Title
To:				

Description of Duties	Shift hours worked _____
-----------------------	--------------------------

Name of Supervisor and phone no. _____

Name of Co-worker and phone no.	Salary	Why did you leave?
---------------------------------	--------	--------------------

From:	Name of Employer	Address of Employer	Phone No.	Job Title
To:				

Description of Duties	Shift hours worked _____
-----------------------	--------------------------

Name of Supervisor and phone no. _____

Name of Co-worker and phone no.	Salary	Why did you leave?
---------------------------------	--------	--------------------

V.

EMPLOYMENT - CONTINUED

From:	Name of Employer	Address of Employer	Phone No.	Job Title
To:				

Description of Duties	Shift hours worked _____
-----------------------	--------------------------

Name of Supervisor and phone no.

Name of Co-worker and phone no.	Salary	Why did you leave?
---------------------------------	--------	--------------------

From:	Name of Employer	Address of Employer	Phone No.	Job Title
To:				

Description of Duties	Shift hours worked _____
-----------------------	--------------------------

Name of Supervisor and phone no.

Name of Co-worker and phone no.	Salary	Why did you leave?
---------------------------------	--------	--------------------

Have you ever engaged in sexual acts (including, but not limited to: intercourse, oral sex, masturbation) with yourself and/or anyone while at work or on work property? Yes [] No []
 If yes, please explain the circumstances, dates, etc:

Have you ever been discharged, asked to resign, or subjected to disciplinary action (to include verbal counseling, warnings, memos, written notice, suspension, etc)? Describe: _____

Have you been investigated for any type of complaint to include sexual harassment, rudeness, bullying, etc.? What was the outcome? Describe: _____

If you have ever been counseled or disciplined for not meeting attendance policies or tardiness, please identify the employer(s) and explain what happened in each instance:

VI. EDUCATION

List all high schools you have attended.

Name	Location	Dates Attended	Graduated

Higher Education: List all schools, colleges, and/or universities attended.

Name	Location	Dates	Major	Degree/GPA

VII. PRIOR APPLICATIONS

Have you **applied** with any other law enforcement agency? Yes [] No []. Include all previous Seattle Police Department applications

****Please use Page 18 and/or Page 19 to include additional information****

Date	Department	Status

Have you ever had a background by this or any other agency? Yes [] No [].

Year Backgrounded	Agency	Backgrounder's Name and Phone Number

VIII. SOCIAL MEDIA/GROUP/ORGANIZATION/INTERNET MEMBERSHIPS

Please list, in the space provided below, any Groups, Organizations, and/or Internet sites or message boards to which you are a member.

Group/Organization/Site/Social Media	Theme of Group/Organization/Site	Username/Handle

IX. CRIMINAL HISTORY

NOTE: Any information of a criminal nature provided herein and/or otherwise during your background investigation with SPD may be reported to the appropriate authorities.

Have you ever been **cited** for **traffic violations, arrested, charged, indicted** or convicted of any **criminal** violations other than parking citations? Yes [] No []

Has your driver's license ever been suspended or revoked? Yes No If yes, list dates suspended, reason, state, etc. _____

IX. CRIMINAL HISTORY - CONTINUED

In the tables below, list the date, place and full details of each incident you have **ever** been involved in (an arrest or conviction record will not necessarily disqualify you for employment).

****Please use Page 18 and/or Page 19 to include additional violations, accidents, and contact with police****

TRAFFIC VIOLATIONS

Date	City, State or Country	Details of Traffic Citations and Dispositions

TRAFFIC ACCIDENTS

Date	City, State or Country	Details of Accidents (Injury/Non-injury)

ARRESTS / OFFENSES/POLICE CONTACT – Juvenile and Adult

List **ANY TIME** you've been contacted by law enforcement your information has been taken, to include, as a victim, witness, suspect, or other.

Date	City, State or Country	Details of Arrests/Offenses/Disposition. Was there only a report written? Deferred prosecution?

Have you ever been named in any legal restraining order? Check answer: Yes No If Yes, explain _____

Have you ever viewed child pornography (Internet, Magazines, Movies, Other Media, Etc.)? Check answer: Yes No If Yes, List Year(s) _____, How Often? _____

Have you ever illegally downloaded anything from the Internet? Yes No If Yes, list:

Year(s) of Download:	Site Accessed:	Description and Number of Download(s):

Have you ever patronized a prostitute or paid for illegal sexual contact? Including countries or places where it is legal. Yes No If Yes, please explain (where, when, etc.): _____

In your lifetime, have you ever manufactured, sold, distributed, or facilitated the sale or distribution of illegal drugs or pharmaceuticals? Yes No If Yes, please explain (Where, date(s), how much, etc.) _____

In your lifetime, either as an adult or juvenile, have you ever committed a crime for which you were not caught? Yes [] No [] If yes, please describe:

List all incidents in which you were a defendant, complainant or a witness in any criminal, civil, juvenile court proceeding, an administrative or investigative hearing by an City, County, State, Federal Agency or a Grand Jury other than in the performance of duties as a police officer.

X. ILLEGAL DRUG USE

Please complete the following table by writing your responses in the boxes below each inquiry specific to each illegal drug (including prescription drugs used illegally) listed:

	1. Indicate whether you have <u>used</u> any drug(s) listed below recreationally or experimentally. Mark “Y” for each drug used or mark N/A, not applicable, for each drug not used.	2. List the specific substance used in the corresponding row to the left.	3. List the <u>most recent date</u> (month and year) of your recreational or experimental use of each drug(s) listed below or mark N/A (not applicable) for each drug never used.
Marijuana, Hashish, Cannabis			
Cocaine, Crack			
Club Drugs: Ecstasy, MDMA, Ketamine, GHB, Rohypnol			
Hallucinogens, LSD, Mushrooms, Psilocybin			
PCP, Angel Dust, Wet, Phencyclidine			
Opium, Morphine, Heroin			
Methamphetamine, Crank, Crystal, Ice, Speed, Glass, Amphetamine			
Synthetic Cannabinoids, also known as “Spice,” “K2,” or “Genie.”			
Substituted Cathinones, also known as “Bath Salts.”			
Inhaled aerosols, also known as Huffing (Paint) or Whippits (Nitrous Oxide), or used Khat			
Pharmaceuticals not			

prescribed to you by a doctor, i.e. Oxycontin, Oxycodone, Vicodin, Methcathinone, Ritalin, Steroids (injection or pills)			
--	--	--	--

XI. MILITARY STATUS

Have you ever served in the military services of the United States? Yes [] No []

Please list the highest rank you obtained and all occupational specialties _____

List all duty stations to include training and deployments:

Branch of Service	Dates	Military Installation	City	State/Country

While in the military, were you ever charged with an offense which resulted in a trial or by summary, special or general court martial; or resulted in an Article 15, Page 11, Captain’s Mast or other company or non-judicial punishment? Yes [] No [] If yes, explain: _____

XII. FINANCIAL INFORMATION

Please complete the section below in a complete and accurate manner.

Current Monthly Income		Current Monthly Expenditures	
Monthly salary:	\$	Real Estate (mortgage):	\$
Spouse’s salary:		Rent:	
Other monthly income - describe:		Other monthly payments - describe:	
Total Monthly Income:	\$	Total Monthly Expenditures:	\$

Current Assets		Current Liabilities	
Savings:	\$	Real Estate Indebtedness:	\$
Checking:		Long Term Loans:	
Real Estate:		Charge Accounts:	
Stocks and Bonds:		Vehicles:	
Life Insurance (cash value of policy):		Other Liabilities - Describe:	
Vehicles:			

Other Assets - Describe:			
Total Assets:	\$	Total Liabilities:	\$

XII. FINANCIAL INFORMATION - CONTINUED

Please supply more information about your charge accounts, contracts or other liabilities.

Name of Firm	Type of Account	Monthly Payment	Balance

Have you ever filed for or declared bankruptcy? Yes No If yes, please give details including (when, where, why, total amount covered, disposition).

Have any of your bills ever been turned over to a collection agency? Yes No If yes, please give details below including (when, firms involved, amounts, circumstances, disposition).

Have you ever had anything you purchased repossessed? Yes No If yes, please give details below including (when, firms involved, amounts, circumstances, disposition).

Have your wages ever been garnished for any reason? Yes No If yes, please give details below including (when, where, why, amount, duration).

Have you ever been delinquent on income tax or other tax payments: Yes No If yes, please give details below including (when, where, why, amounts involved).

XIII.

MISCELLANEOUS

Can you perform the essential job duties of this position with or without reasonable accommodation? Yes [] No []

Please provide any additional information regarding your background, other than medical, that your background investigator should be aware of: _____

XIV.

VERIFYING DOCUMENTS

The following documents are required to be submitted by all SPD applicants with this completed personal history information packet:

1. **Enlarged photocopy** of current Driver’s License
2. **Photocopy** of Social Security card.
3. **Photocopy** of DD-214 (Member-4), if ever in military service.

You will be required to submit the following documents, at a later date, if you are assigned to a background detective:

1. **Official copy** of your birth certificate.
2. **Photocopy** of your high school diploma, transcripts or G.E.D.
3. **Official sealed transcripts** from colleges attended with degree(s) if awarded.
4. **Photocopy** Naturalization papers, if foreign-born.
5. **Photocopy** of marriage certificate or registered domestic partnership, if applicable.
6. **Photocopy** of divorce decree or termination of domestic partnership, if applicable.
7. **Photocopy** of official name change order, if applicable.
8. **Photocopy** of Passport information, if applicable.

Lateral and Exceptional Entry Applicants

The following documents are required to be submitted prior to hire date:

1. Law Enforcement Academy Certification (to include dates attended, hours and when certification expires).
2. EVOC Certification (to include hours, location of course, and date completed).
3. Basic First Aid Card (to include expiration date).

XV.

CERTIFICATION – APPLICANT SIGNATURE

RCW 49.44.040 provides that, “Every person who shall obtain employment or appointment to any office or place of trust, by color or aid of any false or forged letter or certificate of recommendation, shall be guilty of a misdemeanor.”

I certify that there are no misrepresentations, omissions, or falsifications in the foregoing statements and answers, and that the above entries made by me are true, complete, and correct to the best of my knowledge and belief and are made in good faith.

I understand that if any of the above information contains any misrepresentations or falsification or if any material information has been omitted, I may be discharged by the Seattle Police Department, regardless of the time elapsed before discovery.

I understand that this application and any and all related materials submitted to and collected by the Seattle Police Department shall remain in the possession of the Seattle Police Department to the fullest extent permitted by law.

My signature below certifies that I have read and understand this complete application, and agree to the terms and conditions outlined in this document.

Signature of Applicant

Date

**Seattle Police Department
Hiring Process Acknowledgement
Applicant Illegal Drug Use Guidelines**

I, the undersigned applicant, acknowledge that I understand that SPD maintains the following guidelines, as they relate to an applicant's illegal drug use. All illegal drug use will be closely scrutinized on a case by case basis.

1. MARIJUANA: Has **not** used Marijuana within twelve (12) months prior to taking the Police Officer Civil Service Exam.
2. COCAINE/CRACK: Has **not** used cocaine or crack within the five (5) years prior to taking the Police Officer Civil Service Exam.
3. CLUB DRUGS: Has **not** used club drugs, such as, but not limited to: Ketamine, GHB, Rohypnol, or MDMA (ecstasy) within the three (3) years of taking the Police Officer Civil Service Exam.
4. HALLUCINOGENS: Has **not** used any Hallucinogens; PCP, Angel Dust, Wet, Phencyclidine, LSD, Mushrooms, or Psylocybin, within the five (5) years of taking the Police Officer Civil Service Exam.
5. OPIATES: Has **not** used Opium, Morphine, or Heroin within the five (5) years of taking the Police Officer Civil Service Exam.
6. STIMULANTS: Has **not** used Methamphetamine, Crank, Crystal, Ice, Speed, Glass, or Amphetamine within the five (5) years of taking the Police Officer Civil Service Exam.
7. AEROSOLS: Has **not** inhaled aerosols, sometimes referred to as Huffing (paint) or Whippits (Nitrous Oxide) or used Khat within the three (3) years of taking the Police Officer Civil Service Exam.
8. STEROIDS: Has **not** used steroids within three (3) years prior to taking the Police Officer Civil Service Exam.
9. PRESCRIPTIONS: Use of prescriptions not prescribed to you by a doctor or a pattern of illegal use of prescription medication.
10. Has **not** used any illegal drug(s) while employed in a criminal justice and/or law enforcement capacity.
11. Has **not** manufactured or cultivated illegal drug(s) for the sales/marketing of the drug(s).
12. Has **not** sold or facilitated the sale of illegal drugs.

Seattle Police Department Hiring Process Certification

The following certification regarding your personal use of illegal drugs and/or illegal use of prescription drugs shall be confirmed by a background investigation and possibly a polygraph examination at a later date. Lack of honesty will result in immediate disqualification from the Seattle Police Department’s (SPD) Hiring Process.

Please note that use of illegal drugs and the illegal use of prescription drugs, as referred to in this certification, means the use of one or more drugs, the possession or distribution of which is unlawful under the Uniform Controlled Substances Act.

Please check **only ONE** box in each of the following two sections:

Section 1: Compliance with SPD’s Illegal Drug Use Guidelines (see above)		
A.	[]	I, the undersigned, am in compliance with the guidelines outlined in the SPD Applicant Illegal Drug Use Guidelines included in this packet.
B.	[]	I, the undersigned, am not in compliance with the guidelines outlined in the SPD Applicant Illegal Drug Use Guidelines included in this packet; however, I wish to submit my application for further consideration while knowing that my noncompliance with the above noted guidelines may disqualify me from the SPD employment process.

Section 2: Current Drug Use Inquiry	
Have you experimented with and/or are you currently (within the past year from the date of this Certification) using illegal drugs or using prescription drugs illegally?	
[] YES	or [] NO

By signing, you, the applicant, certify your responses above, as they relate to the SPD Applicant Illegal Drug Use Guidelines and your current illegal drug use.

Print and sign your full name and date the certification below:

_____/_____
Signature Date

First Name, Last Name, Middle Initial

CONSENT TO RELEASE INFORMATION AND RELEASE FROM LIABILITY

TO WHOM IT MAY CONCERN:

I am an applicant for a position with the Seattle Police Department. The Department needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I have applied. I have authorized the Department to gather all available information regarding my employment background, personal history, and other information, which may be of a confidential or privileged nature.

I, the undersigned, authorize you to furnish the Seattle Police Department any and all information that you have concerning me, including without limitation my work record, my background and reputation, my driving history, criminal history, including any arrest records and any information contained in any investigatory files, my medical records, my psychological testing and analysis, including recommendation(s), my military service records, my education background and records, my financial status, and other such 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 Seattle Police Department. I further specifically consent to the Washington Department of Revenue's release of any tax returns, as defined by RCW that pertain to me. I request your cooperation in supplying this information to the Seattle Police Department.

I hereby agree to release you and those who supplied you with the above information, your company or organization, and the City of Seattle, its employees and the Seattle Police Department from any liability for any damage, which may result from furnishing the requested information.

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to disclosure of records, and I waive those rights with the understanding that information furnished will be used by the Seattle Police Department in conjunction with employment procedures. I will make no attempt to gain access to the information provided by you to the Seattle Police Department. The information attained will not be shared with Executive Services Department.

Applicant's First, Middle and Last name (please print)	Date of Birth
Applicant's Signature	Date
Applicant's Current Complete Address	Phone Number (area code)
Social Security Number	Check Picture ID <input type="checkbox"/>
Driver's License number or State I.D. number	Issuing State

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

Notary Public in and for the State of _____
residing at the city of _____.
My commission expires _____.

NOTE: A photocopy reproduction of this request shall be for all intents and purposes as valid as the original.

USE OF CREDIT REPORTS FOR EMPLOYMENT PURPOSES
AUTHORIZATION TO BE SIGNED AS A REQUIREMENT
OF THE SPD PRE-EMPLOYMENT PROCESS

By completing and signing this document, I agree that the Seattle Police Department may obtain a consumer credit report or other information regarding me and may consult its own files for my credit report. I understand that this information will be used only for employment purposes.

Please fill out this document completely.

NOTE:

The information contained in your consumer credit report is deemed substantially job related and will therefore be used as part of your pre-employment background investigation with SPD. The reason for relying on this information is to assist SPD with the judgment and decision-making elements of your background investigation.

Failure to complete this document will remove you from further consideration for employment with SPD.

_____ Applicant's First, Middle and Last name (please print)	_____ Date of Birth
_____ Applicant's Signature	_____ Date
_____ Applicant's Current Complete Address	_____ Phone Number (area code)
_____ Social Security Number	Check Picture ID <input type="checkbox"/>
_____ Driver's License number or State I.D. number	_____ Issuing State

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

Notary Public in and for the State of _____

residing at the city of _____.

My commission expires _____.