WASHINGTON STATE PATROL CIVIL SERVICE

PERSONAL HISTORY & BACKGROUND QUESTIONNAIRE



INSTRUCTIONS: Answer all questions. Type, write, or print legibly in ink. If an item does not apply, enter "**D.N.A.**" If more space is required, attach as many sheets of 8-1/2" x 11" white paper as may be required. Number the comments. More than one comment may be placed on a page.

ALL APPLICANTS MUST BRING COPIES OF: Your Military discharge certificate or report of separation (DD214 form, Page – Member 4); High school diploma or equivalent; **SEALED OFFICIAL high school transcripts**; any college degrees you may have attained; social security card; and driver's license.

PERSONAL										
1. NAME (First Middle				Last)	2. SOCIAL SECURITY NUMBER			ECURITY NUMBER		
OTHER NAMES	YOU HAVE	USED OR BEEN	KNO	WN BY (To inc	lude prio	r marriage/maide	n or nicknames)	•		
3A. MAILING AL							CE ADDRESS (only in	f different i	from	mailing address)
STREET OR POST OFFICE BOX NUMBER					STREET NUM	BER				
CITY						CITY				
STATE			ZIF	CODE		STATE		ZIP CODE		CODE
AREA CODE	HOME TEL	LEPHONE NO.		HRS OF CO	NTACT	AREA CODE	BUSINESS TELEPI	HONE NO.		HRS OF CONTACT
(If applicable, p		your Naturalizati	on o	r Citizenship C	ertificat	e.)	RE YOU A U.S. CITIZI		0.0	YES NO
5. BIRTH DATE HEIGHT WEIGHT MONTH DAY YEAR				-IGHT	HAIR	COLOR		EYE COL	.OR	
DISTINGUISHIN 6. DO YOU HA		I tattoos, etc.) WN WEB SITE(S))? LI	ST THE URL(S).					
		(0)		- 1-(2	,					
7 LIST ALL ON	II INE SOCI	AL NETWORK SIT	res v	YOU BELONG	TO (MVS	SPACE FACERO	OK, HI5, LINKEDIN, I	ETC) PPC	אווי	E SITE AND
SCREEN NA		L NE I WORK OIL		. OO DELONG	10 (1011)	SCREEN NAM			טו ע כ	LOHEAND
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APPLICANT INFORMATION FOR PERSONAL HISTORY & BACKGROUND QUESTIONNAIRE

Your Personal History and Background Questionnaire should be accurate and complete. Falsification or omission of any information will result in rejection of your application.

The following are areas that have previously caused problems for applicants. Special attention should be directed to answering those questions honestly, accurately, and completely:

If you have been involved in something five (5) times, <u>do not</u> indicate four (4) times, or some other number on the application.

When asked if you have ever possessed marijuana, cocaine, or other illicit drugs, do not say "**No**," rationalizing that you only touched it once, didn't touch it often, or it was only a small amount.

When asked if you have ever stolen anything, do not reply "**No**," by rationalizing that you just borrowed it and will return it, the item had no value, it was common practice among co-workers, it was unintentional, or the person didn't really care that you took it.

When asked to write down all of your jobs within the past ten (10) years, <u>do not omit any</u>, rationalizing it was only part-time, you didn't work there that long, you were self-employed, the employer wouldn't give you a good recommendation, or that it is not related to this job.

If you have questions concerning any portion of the Personal History and Background Questionnaire, you should consult with the Human Resource Division staff prior to its submission.

RESIDENCES (if needed, list additional residences on a separate sheet of paper)

ADDRESS	CITY, STATE, & ZIP CODE	DATES	(mo/yr)	IF RENTED, GIVE NAME & ADDRESS OF PERSON RESPONSIBLE FOR THE COLLECTION
ADDITEGO	OTTT, OTATE, & ZII OODE	FROM	TO	OF RENT
		1		

REFERENCES

9. LIST 5 REFERENCES WHO HAVE KNOWLEDGE PRESENT EMPLOYERS, OR SCHOOL TEACHE	OF YOU AND YOUR PERSONAL QUALIFICATIONS. DO NOT RS.	LIST RELATIVES, FORMER OR
NAME AND OCCUPATION	ADDRESS WHERE PERSON CAN BE CONTACTED (Include City, State, and ZIP Code)	TELEPHONE
		HOME ()
		WORK ()
		CELL ()
		HOME ()
		WORK ()
		CELL ()
		HOME ()
		WORK ()
		CELL ()
		HOME ()
		WORK ()
		CELL ()
		HOME ()
		WORK ()
		CELL ()

EDUCATION							
10. LIST							
NAME/ADDRESS OF SCHOOL		TES	NAME/DESCRIPTION OF	GR	AD.	NO. OF	DEGREE,
Include City and State	FROM (MO/YR)	TO (MO/YR)	COURSE PURSUED	YES	NO	UNITS	DIPLOMA, OR CERTIF.
JUNIOR HIGH SCHOOL							
HIGH SCHOOL							
HIGH SCHOOL							
GED FROM							
COLLEGES/UNIVERSITIES							
COLLEGES/UNIVERSITIES							
COLLEGES/UNIVERSITIES							
COLLEGES/UNIVERSITIES							
GRADUATE SCHOOL							
MISC. PROFESSIONAL, TRADE, VOCATIONAL OR BUSINESS SCHOOL							
11. WERE YOU EVER DISMISSED OR SUSPENDED FI	ROM ANY	SCHOOL?		•		YES	NO
SCHOOL	ı	DATE	TYPE	OF AC	TION		

EMPLOYMENT AND EXPERIENCE		
12. LIST CERTIFICATES OF PROFESSIONAL OR VOCATIONAL COMPETENCE, LICENSES (real estate, teaching credentials, of MEMBERSHIP IN PROFESSIONAL ASSOCIATIONS.	etc.), AND/O	R
13. HAVE YOU HAD PRIOR EMPLOYMENT? IF NO, PLEASE EXPLAIN:	YES	NO
14. HAVE YOU EVER FILED FOR AND/OR RECEIVED UNEMPLOYMENT COMPENSATION? IF YES, INDICATE THE DATES FOR EACH PERIOD AND THE DETAILS (city, state, former employer, were you laid off, etc.)	YES	NO
15. HAVE YOU HAD ANY EXTENDED WORK ABSENCES FOR REASONS OTHER THAN MEDICAL OR EARNED VACATIONS? IF YES, WHY, AND GIVE NAME OF EMPLOYER.	YES	NO
16. HAVE YOU EVER BEEN REPRIMANDED AT ANY PLACE OF EMPLOYMENT? (oral or written) IF YES, GIVE THE NAME OF THE EMPLOYER(S), DATE(S), AND EXPLAIN CIRCUMSTANCES.	YES	NO
17. HAVE YOU EVER BEEN INVESTIGATED FOR ANY ALLEGATION OF EMPLOYEE MISCONDUCT? IF YES, GIVE THE NAME OF THE EMPLOYER(S), DATE(S), AND EXPLAIN CIRCUMSTANCES.	YES	NO
18. HAVE YOU EVER BEEN SUSPENDED OR DISCHARGED FROM ANY EMPLOYMENT? (LIST <u>ALL</u> TIMES) IF YES, GIVE THE NAME OF THE EMPLOYER(S), DATE(S), AND EXPLAIN CIRCUMSTANCES.	YES	NO
19. HAVE YOU EVER BEEN DISMISSED DURING THE PROBATIONARY PERIOD FROM ANY EMPLOYMENT? IF YES, GIVE THE NAME OF THE EMPLOYER(S), DATE(S), AND EXPLAIN CIRCUMSTANCES.	YES	NO
20. HAVE YOU EVER HAD TO RESIGN ANY POSITION OR EMPLOYMENT UNDER PRESSURE OR UNFAVORABLE CIRCUMSTANCES? IF YES, GIVE THE NAME OF THE EMPLOYER(S), DATE(S), AND EXPLAIN CIRCUMSTANCES.	YES	NO

EMPLOYMENT AND EXPERIENCE						
21. HAVE YOU EVER APPLIED FOR ANY POSITION WITH THE WASHINGTON STATE PATROL? IF YES, LIST ALL POSITIONS BELOW:						
LOCATION	POSITION/CLASSIFICATION	DATE (mo./yr.)				
		/				
		/				
		/				
22. HAVE YOU EVER APPLIED FOR OR BEEN EMPLOYED IN ANY (INCLUDING VOLUNTEER AND RESERVE) LAW ENFORCEMENT POSITION WITH A CITY, COUNTY, STATE, SPECIAL DISTRICT, REGIONAL OR FEDERAL GOVERNMENT AGENCY? (This includes only completing and submitting an application.) IF YES, LIST BELOW:						
AGENCY/LOCATION AGENCY/LOCATION	POSITION/CLASSIFICATION	DATE (mo./yr.)				
		/				
ACCEPTED NUMBER ON LIST:						
		/				
ACCEPTED NUMBER ON LIST:						
		/				
ACCEPTED NUMBER ON LIST:						
		/				
ACCEPTED NUMBER ON LIST:		_				
		/				
ACCEPTED NUMBER ON LIST:						

EMPLOY	MENT AND	EXPERIENCE					
23. BEGINI IN THE	NING WITH YOU PAST 10 YEAR	UR MOST CURRENT EMPLO RS. INDICATE ANY PERIODS	YMENT, LIST ALL JOBS (part-time, temporary GOF MILITARY SERVICE OR UNEMPLOYME	/, self-employment, voluntary) YOU HAVE HELD NT, IN SEQUENCE.			
PEF	RIOD AND TYPI	E OF EMPLOYMENT	NAME AND ADDRESS OF EMPLOYER				
FROM	то		COMPANY NAME	TELEPHONE NUMBER (include area code)			
		FULL-TIME PART-TIME SELF-EMPLOYED VOLUNTARY MILITARY SERVICE UNEMPLOYED	ADDRESS (include City, State, Zip Code)				
JOB TITLE	AND MOST IMPO	ORTANT DUTIES PERFORMED	NAMES OF SUPERV	ISOR(S) / CO-WORKERS			
TITLE		SALARY \$	SUPERVISOR(S)	SUPERVISOR(S) TELEPHONE (include area code)			
DUTIES			SUPERVISOR(S) E-MAIL ADDRESS	SUPERVISOR(S) CELL (include area code)			
			CO-WORKER(S)	CO-WORKER(S) TELEPHONE (include area code)			
			CO-WORKER(S) E-MAIL ADDRESS	CO-WORKER(S) CELL (include area code)			
			REASON FOR LEAVING:				
PEF	RIOD AND TYPI	E OF EMPLOYMENT	NAME AND ADDRESS OF EMPLOYER				
FROM	ТО	FULL-TIME	COMPANY NAME	TELEPHONE NUMBER (include area code)			
		PART-TIME SELF-EMPLOYED VOLUNTARY MILITARY SERVICE UNEMPLOYED	ADDRESS (include City, State, Zip Code)				
JOB TITLE	AND MOST IMPO	ORTANT DUTIES PERFORMED	NAMES OF SUPERVISOR(S) / CO-WORKERS				
TITLE		SALARY \$	SUPERVISOR(S)	SUPERVISOR(S) TELEPHONE (include area code)			
DUTIES		<u> </u>	SUPERVISOR(S) E-MAIL ADDRESS	SUPERVISOR(S) CELL (include area code)			
			CO-WORKER(S)	CO-WORKER(S) TELEPHONE (include area code)			
			CO-WORKER(S) E-MAIL ADDRESS	CO-WORKER(S) CELL (include area code)			
			REASON FOR LEAVING:				

EMPLOY	MENT AND EXPE	RIENCE					
PEF	RIOD AND TYPE OF EM	IPLOYMENT	NAME AND ADDRESS OF EMPLOYER				
FROM		TIME I-TIME	COMPANY NAME	TELEPHONE NUMBER (include area code)			
	SELF VOLU	I-TIME F-EMPLOYED JNTARY FARY SERVICE MPLOYED	ADDRESS (include City, State, Zip Code)				
JOB TITLE	AND MOST IMPORTANT I	OUTIES PERFORMED	NAMES OF SUPERVISO	DR(S) / CO-WORKERS			
TITLE		SALARY \$	SUPERVISOR(S)	SUPERVISOR(S) TELEPHONE (include area code)			
DUTIES			SUPERVISOR(S) E-MAIL ADDRESS	SUPERVISOR(S) CELL (include area code)			
			CO-WORKER(S)	CO-WORKER(S) TELEPHONE (include area code)			
			CO-WORKER(S) E-MAIL ADDRESS	CO-WORKER(S) CELL (include area code)			
			REASON FOR LEAVING:				
PEF	RIOD AND TYPE OF EM	IPLOYMENT	NAME AND ADDRESS OF EMPLOYER				
FROM		-TIME I-TIME	COMPANY NAME	TELEPHONE NUMBER (include area code)			
	SELF VOLU	F-EMPLOYED JNTARY FARY SERVICE MPLOYED	ADDRESS (include City, State, Zip Code)				
JOB TITLE	AND MOST IMPORTANT I	OUTIES PERFORMED	NAMES OF SUPERVISO	DR(S) / CO-WORKERS			
TITLE		SALARY \$	SUPERVISOR(S)	SUPERVISOR(S) TELEPHONE (include area code)			
DUTIES			SUPERVISOR(S) E-MAIL ADDRESS	SUPERVISOR(S) CELL (include area code)			
			CO-WORKER(S)	CO-WORKER(S) TELEPHONE (include area code)			
			CO-WORKER(S) E-MAIL ADDRESS	CO-WORKER(S) CELL (include area code)			
			REASON FOR LEAVING:	•			

EMPLOY	MENT AND EXPE	RIENCE					
PEF	RIOD AND TYPE OF EN	IPLOYMENT	NAME AND ADDRESS OF EMPLOYER				
FROM		TIME T-TIME	COMPANY NAME	TELEPHONE NUMBER (include area code)			
	SELF VOLU	I-TIME F-EMPLOYED JNTARY FARY SERVICE MPLOYED	ADDRESS (include City, State, Zip Code)				
JOB TITLE	AND MOST IMPORTANT I	OUTIES PERFORMED	NAMES OF SUPERVISO	OR(S) / CO-WORKERS			
TITLE		SALARY \$	SUPERVISOR(S)	SUPERVISOR(S) TELEPHONE (include area code)			
DUTIES			SUPERVISOR(S) E-MAIL ADDRESS	SUPERVISOR(S) CELL (include area code)			
			CO-WORKER(S)	CO-WORKER(S) TELEPHONE (include area code)			
			CO-WORKER(S) E-MAIL ADDRESS	CO-WORKER(S) CELL (include area code)			
			REASON FOR LEAVING:				
PEF	RIOD AND TYPE OF EN	IPLOYMENT	NAME AND ADDRESS OF EMPLOYER				
FROM		TIME T-TIME	COMPANY NAME	TELEPHONE NUMBER (include area code)			
	SELF VOLU	F-EMPLOYED JNTARY FARY SERVICE MPLOYED	ADDRESS (include City, State, Zip Code)				
JOB TITLE	AND MOST IMPORTANT I	OUTIES PERFORMED	NAMES OF SUPERVISO	OR(S) / CO-WORKERS			
TITLE		SALARY \$	SUPERVISOR(S)	SUPERVISOR(S) TELEPHONE (include area code)			
DUTIES			SUPERVISOR(S) E-MAIL ADDRESS	SUPERVISOR(S) CELL (include area code)			
			CO-WORKER(S)	CO-WORKER(S) TELEPHONE (include area code)			
			CO-WORKER(S) E-MAIL ADDRESS	CO-WORKER(S) CELL (include area code)			
			REASON FOR LEAVING:				

EMPLOY	MENT AND EXPE	RIENCE					
PEF	RIOD AND TYPE OF EM	IPLOYMENT	NAME AND ADDRESS OF EMPLOYER				
FROM	TO FULL-TIME		COMPANY NAME	TELEPHONE NUMBER (include area code)			
	SELF VOLU	T-TIME F-EMPLOYED JNTARY FARY SERVICE MPLOYED	ADDRESS (include City, State, Zip Code)				
JOB TITLE	AND MOST IMPORTANT I	OUTIES PERFORMED	NAMES OF SUPERVISO	OR(S) / CO-WORKERS			
TITLE		SALARY \$	SUPERVISOR(S)	SUPERVISOR(S) TELEPHONE (include area code)			
DUTIES			SUPERVISOR(S) E-MAIL ADDRESS	SUPERVISOR(S) CELL (include area code)			
			CO-WORKER(S)	CO-WORKER(S) TELEPHONE (include area code)			
			CO-WORKER(S) E-MAIL ADDRESS	CO-WORKER(S) CELL (include area code)			
			REASON FOR LEAVING:				
PEF	RIOD AND TYPE OF EM	IPLOYMENT	NAME AND ADDRESS OF EMPLOYER				
FROM		TIME T-TIME	COMPANY NAME	TELEPHONE NUMBER (include area code)			
	SELF VOLU	F-EMPLOYED JNTARY FARY SERVICE MPLOYED	ADDRESS (include City, State, Zip Code)				
JOB TITLE	AND MOST IMPORTANT I	OUTIES PERFORMED	NAMES OF SUPERVISO	OR(S) / CO-WORKERS			
TITLE		SALARY \$	SUPERVISOR(S)	SUPERVISOR(S) TELEPHONE (include area code)			
DUTIES			SUPERVISOR(S) E-MAIL ADDRESS	SUPERVISOR(S) CELL (include area code)			
			CO-WORKER(S)	CO-WORKER(S) TELEPHONE (include area code)			
			CO-WORKER(S) E-MAIL ADDRESS	CO-WORKER(S) CELL (include area code)			
			REASON FOR LEAVING:				

MILITARY SERVICE								
24. HAVE YOU EVER SERVED IN	MILITARY RESERVI	ES?		YES	□ NO			
IF YES, DATES OF SERVICE	1			BRANCH		SI	ERVICE NUMBER	}
/	ТО	/						
/	то	/						
/	то	/						
25. PLEASE INDICATE MILITARY NUMBERS (IF KNOWN), AND JONES, SSGT. A. ABLE; 902/1	DATES AS	SSIGNED. EXAMPLE:						
26. ARE YOU CURRENTLY PARTI	ICIDATING	2 INI ANIV MII ITA DV DE	SSEDVE OD NAT	IONAL CUADO DO	OCDAM2		∏yes	Пио
BRANCH		ERVICE NUMBER		N DESIGNATION/NA				
DIVAROLL		LIVICE NOMBER	ONGANIZATIO	V DESIGNATION/NA	VIVIC.			
27. HAVE YOU EVER BEEN THE S IF YES, GIVE DETAILS (branch				DISCIPLINARY ACT	ION?		YES	NO
28. PAST AND CURRENT COMMA PERTAINING TO YOUR BACK								
INFORMATION ABOUT YOU. NAME (Rank/Rate/Title)			ADDRESS			TELE	EPHONE / E-MAIL	
HAME (Namentale)			ADDICEGO		HOME	()	
					WORK	()	
					CELL	()	
					E-MAIL	()	
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					HOME WORK CELL E-MAIL HOME	(((((((((((((((((((()))))	

LEGAL								
RESPONDEN [*] ORDERS, ANI	W OR HAVE YOU EVER BEE T IN ANY CIVIL COURT ACT D NO CONTACT ORDERS. I rt, circumstances).	ION? THIS INCLUDES	RESTRAINING ORDER	S, PROTECTION	YES	NO		
30. HAVE YOU EVER BEEN CONVICTED, ARRESTED, INVESTIGATED, OR QUESTIONED ABOUT THE CRIME OF DOMESTIC VIOLENCE OR ABUSE? IF YES, GIVE DETAILS (include when, where, name and location of court, circumstances).								
31. WERE YOU EVER REQUIRED TO APPEAR BEFORE A JUVENILE COURT FOR AN ACT THAT WOULD HAVE BEEN A CRIME IF COMMITTED BY AN ADULT? IF YES, GIVE DETAILS (include when, where, name and location of court, circumstances).								
OR JOB APPL EXPERIENCE	/ER BEEN QUESTIONED, IN LICANT? IF YES, COMPLET D AS AN ADULT OR A JUV EXPUNGEMENT, VACATED	E THE FOLLOWING: IF ENILE, EVEN IF THE IN	NCLUDE ALL INCIDENTICIDENT RESULTED IN	TS, WHETHER A DEFERRAL,	YES	□ NO		
DATE	LOCATION (city and state)	ORIGINAL CHARGE (if any)	FINAL CHARGE (if amended or	DISPOSITI (dismissed, not guilty, guilty, am	ount of fine and			
		(=-7)	reduced)	and dates of confinement	t and/or probation	on)		
GUARD'S LICI	FER APPLIED FOR AND BEE ENSE, ETC.? IF YES TO AN ISSUANCE/REASON FOR I	Y, LIST THE DATE(S) (YES	NO		

DRUG POSSESSION/USAGE
UNTRUTHFUL RESPONSES WILL RESULT IN YOUR REJECTION

Drug possession/usage beyond these standards disqualifies you for employment with the Washington State Patrol.

"Possession" is defined as control, touching, holding, selling, or trafficking (transportation for sale) any illegal (non-prescribed) drug.

- No possession/usage of marijuana/hashish within the last 3 years. No possession/usage of marijuana or hashish over 15 times, regardless of time frame.
- No combined possession/usage of non-prescribed stimulants (e.g., amphetamine/methamphetamine) over (3) three times.
 Stimulants include, but are not limited to, any derivative of speed, Ritalin, Ecstasy, cocaine, etc. No possession and/or usage within the last 10 years.
- No injection of amphetamines, methamphetamines, cocaine, heroin, barbiturates, or valium.
- No combined possession/usage of hallucinogenic drugs (e.g., LSD, PCP, hallucinogenic mushrooms, etc.) over (3) three times. No possession/usage within the last 10 years.
- No possession/usage of non-prescribed opiates/narcotics (e.g., heroin, morphine, etc.).
- No possession/usage of cocaine (to include its derivatives) over three (3) times. No possession/usage within the last 10 years.
- No trafficking, selling, offering to sell, or transporting for sale of any illegal drugs/narcotics (including marijuana), regardless of time frame.
- No illegal drug possession/usage after submitting an application with any law enforcement agency within the last five years.
- No illegal drug possession/usage while employed or after having been employed in a commissioned capacity by a law enforcement agency, regardless of time frame (including a military position with law enforcement powers).
- No usage of anabolic steroids within the last two (2) years.

34. DO YOU MEET THESE STANDARDS?	YES	NO
ADDITIONAL COMMENTS/REMARKS BY APPLICANT		
35. WOULD YOU HAVE ANY RELUCTANCE TO STRICTLY ENFORCE ANY AND ALL LAWS REGULATING CONTROLLED SUBSTANCES?	YES	NO

36. DRIVER'S LICENSE NO.	MOTOR VEHICLE OPERATION										
39. LIST ALL VEHICLES REGISTERED TO YOU OR, IF MARRIED, TO YOU AND/OR YOUR SPOUSE. LIGENSE NUMBER 39. LIST ALL VEHICLES REGISTERED TO YOU OR, IF MARRIED, TO YOU AND/OR YOUR SPOUSE. LIGENSE NUMBER 39. LIST ALL VEHICLES REGISTERED TO YOU OR, IF MARRIED, TO YOU AND/OR YOUR SPOUSE. LIGENSE NUMBER 39. LIST ALL VEHICLES REGISTERED TO YOU OR, IF MARRIED, TO YOU AND/OR YOUR SPOUSE. LIGENSE NUMBER 39. LIST ALL VEHICLES REGISTERED TO YOU OR, IF MARRIED, TO YOU AND/OR YOUR SPOUSE. LIGENSE NUMBER 39. LIST ALL VEHICLES REGISTERED TO YOU OR, IF MARRIED, TO YOU AND/OR YOUR SPOUSE. LIGENSE NUMBER 39. LIST ALL VEHICLES REGISTERED TO YOU OR, IF MARRIED, TO YOU AND/OR YOUR SPOUSE. LIGENSE NUMBER 39. LIST ALL VEHICLES REGISTERED TO YOU OR, IF MARRIED, TO YOU AND/OR YOUR SPOUSE. LIGENSE NUMBER 39. LIST ALL VEHICLES REGISTERED TO YOU OR, IF MARRIED, TO YOU AND/OR YOUR SPOUSE. LIGENSE NUMBER 39. LIST ALL VEHICLES REGISTERED TO YOU OR, IF MARRIED, TO YOU AND/OR YOUR SPOUSE. LIGENSE NUMBER 39. LIST ALL VEHICLES REGISTERED TO YOU OR, IF MARRIED, TO YOU AND/OR YOUR SPOUSE. LIGENSE NUMBER 39. LIST ALL VEHICLES REGISTERED TO YOU OR, IF MARRIED, TO YOU AND/OR YOUR SPOUSE. LIGENSE NUMBER 39. LIST ALL VEHICLES REGISTERED TO YOU OR, IF MARRIED, TO YOU AND/OR YOUR SPOUSE. LIGENSE NUMBER 39. LIST ALL TRAFFIC INFRACTIONS/CITATIONS (except parking violations) YOU HAVE EVER RECEIVED. AND IN INJURY INDICATE WHETHER FINED OR ACTION AND INDICATE WHETHER FINED OR ACTION	36. DRIVER'S LICENSE	NO.	END	ORSEMENTS	EXPIRATION	DATE	NAME	UNDER WHICH LI	CENSE	WAS GRANTED	STATE ISSUING
38. HAVE YOU EVER BEEN REFUSED A DRIVER'S LICENSE, HAD ONE REVOKED, SUSPENDED, OR DENIED?	37. LIST OTHER STATE					PERATE	A MO	TOR VEHICLE.	_		
39. LIST ALL VEHICLES REGISTERED TO YOU OR, IF MARRIED, TO YOU AND/OR YOUR SPOUSE. LICENSE NUMBER STATE YEAR AND MAKE LICENSE NUMBER STATE YEAR AND MAKE 40. HAVE YOU BEEN INVOLVED AS A DRIVER IN A MOTOR VEHICLE ACCIDENT WITHIN THE LAST 10 YEARS? IF YES, YES NO DATE LOCATION POLICE AGENCY INJURY NON-INJURY NON-INJURY POLICE INVESTIGATION? DETAILS: QUE DETAILS FOR EACH. POLICE AGENCY INJURY NON-INJURY NON-INJURY NON-INJURY NON-INJURY POLICE INVESTIGATION? DATE LOCATION POLICE AGENCY INJURY NON-INJURY NON-INJURY NON-INJURY POLICE INVESTIGATION? DETAILS: QUE DETAILS: QUE DETAILS: QUE DETAILS: QUE DETAILS: QUE DETAILS: QUE AGENCY INJURY NON-INJURY POLICE INVESTIGATION? DETAILS: QUE D	STATE/DATE	NAN	IE UNDI	ER WHICH LIC. WA	S GRANTED		S	TATE/DATE	NA	ME UNDER WHICH	LIC. WAS GRANTED
39. LIST ALL VEHICLES REGISTERED TO YOU OR, IF MARRIED, TO YOU AND/OR YOUR SPOUSE. LICENSE NUMBER STATE YEAR AND MAKE LICENSE NUMBER STATE YEAR AND MAKE 40. HAVE YOU BEEN INVOLVED AS A DRIVER IN A MOTOR VEHICLE ACCIDENT WITHIN THE LAST 10 YEARS? IF YES, YES NO DATE LOCATION POLICE AGENCY INJURY NON-INJURY NON-INJURY POLICE INVESTIGATION? DETAILS: QUE DETAILS FOR EACH. POLICE AGENCY INJURY NON-INJURY NON-INJURY NON-INJURY NON-INJURY POLICE INVESTIGATION? DATE LOCATION POLICE AGENCY INJURY NON-INJURY NON-INJURY NON-INJURY POLICE INVESTIGATION? DETAILS: QUE DETAILS: QUE DETAILS: QUE DETAILS: QUE DETAILS: QUE DETAILS: QUE AGENCY INJURY NON-INJURY POLICE INVESTIGATION? DETAILS: QUE D											
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MOTOR VEHICLE OPERATION						
42. WASHINGTON LAW REQUIRES THAT OPERATORS AND OWNERS OF MOTOR VEHICLES BE ABLE TO PROVE ABILITY TO RESPOND TO DAMAGES AFTER BEING INVOLVED IN A COLLISION. PROOF MAY BE AUTOMOBILE LIABILITY INSURANCE OR A BOND OR CASH DEPOSIT WITH THE DEPARTMENT OF LICENSING. PLEASE INDICATE.						
INSURANCE COMPANY	ADDRESS WHERE PREMIUM PAID	POLICY NUMBER	EXPIRATION DATE			
	BEEN REFUSED VEHICLE INSURANCE FOR ANY REASON OTHER TES, EXPLAIN (include company name and address, date, and reason).	THAN FAILURE TO PAY YE	S NO			
FINANCIAL						
	FILED FOR OR DECLARED BANKRUPTCY OR FILED FOR THE WAG RE THE CIRCUMSTANCES, WHERE, WHEN?	E EARNER'S PLAN?	YES NO			
	BEEN IN ARREARS ON ANY DEBT AND/OR HAD ONE TURNED OVE IY, THE FIRM(S) INVOLVED?	R TO A COLLECTION AGENCY?	YES NO			
46. HAVE YOU EVER H	HAD PURCHASED GOODS REPOSSESSED? IF YES, WHEN, FIRMS	INVOLVED, CIRCUMSTANCES.	YES NO			
47. HAVE YOUR WAGI	ES EVER BEEN GARNISHED? IF YES, WHEN, WHERE, WHY, AND E	BY WHOM?	YES NO			
48. HAVE YOU EVER E	BEEN DELINQUENT ON INCOME OR OTHER TAX PAYMENTS? IF Y	ES, WHERE AND WHY?	YES NO			

GENERAL – ALL APPLICANTS (if more space is required, attach as many sheets of 8-1/2" x 11" white paper as may be required)	YES	NO			
49. ARE YOU WILLING TO SERVE ANYWHERE IN THE STATE OF WASHINGTON EVEN IF IT NECESSITATES CHANGING YOUR RESIDENCE?					
50. ARE YOU WILLING TO WORK LONG HOURS EVEN THOUGH YOUR NORMAL TOUR OF DUTY MAY ONLY BE EIGHT HOURS?					
51. ARE YOU WILLING TO WORK ALONE WITHOUT READILY AVAILABLE ASSISTANCE FROM OTHER LAW ENFORCEMENT OFFICERS?					
52. DO YOU ADVOCATE OR ARE YOU A MEMBER OF ANY PARTY OR ORGANIZATION, POLITICAL OR OTHERWISE, THAT ADVOCATES THE OVERTHROW OF THE GOVERNMENT OF THE UNITED STATES OR THE STATE OF WASHINGTON BY FORCE OR VIOLENCE OR OTHER UNLAWFUL MEANS? IF YES, GIVE THE NAME OF ORGANIZATION OR PARTY OF WHICH YOU ARE A MEMBER IN THE REMARKS SECTION.					
53. HAVE YOU EVER BEEN A MEMBER OF ANY PARTY OR ORGANIZATION, POLITICAL OR OTHERWISE, THAT ADVOCATES THE OVERTHROW OF THE GOVERNMENT OF THE UNITED STATES OR THE STATE OF WASHINGTON BY FORCE OR VIOLENCE OR OTHER UNLAWFUL MEANS? IF YES, GIVE THE NAME OF ORGANIZATION OR PARTY OF WHICH YOU WERE A MEMBER IN THE REMARKS SECTION.					
54. HAVE YOU EVER REFUSED TO TAKE AN OATH TO SUPPORT THE CONSTITUTION OF THE UNITED STATES OR THE CONSTITUTION OF THE STATE OF WASHINGTON? IF YES, EXPLAIN IN THE REMARKS SECTION.					
55. ARE YOU WILLING TO TAKE AN OATH TO SUPPORT THE CONSTITUTION OF THE UNITED STATES AND THE CONSTITUTION OF THE STATE OF WASHINGTON?					
DO YOU HAVE ANY KNOWLEDGE OR INFORMATION, IN ADDITION TO THAT SPECIFICALLY CALLED THE PRECEDING QUESTIONS, WHICH IS OR WHICH MAY BE RELEVANT, DIRECTLY OR INDIRECT CONNECTION WITH AN INVESTIGATION OR YOUR ELIGIBILITY OR FITNESS FOR THE POSITION WHICH ARE SEEKING; INCLUDING, BUT NOT LIMITED TO, KNOWLEDGE OR INFORMATION CONCERNING CHARACTER, HABITS, EMPLOYMENT, EDUCATION, SUBVERSIVE ACTIVITIES, FAMILY, ASSOCIATION CONCERNING CRIMINAL RECORD, TRAFFIC VIOLATIONS, RESIDENCE, OR OTHERWISE? YES OR NO	TLY, II CH YOU G YOU!	N U R			
IF YES, GIVE DETAILS					
CERTIFICATE OF APPLICANT. Read Carefully Before Signing.					
I HEREBY CERTIFY THAT ALL STATEMENTS IN THIS APPLICATION ARE TRUE, AND I AGREE AND UNDERSTAND THAT ANY MISSTATEMENTS OR OMISSIONS OF MATERIAL FACTS HEREIN WILL CAUSE FORFEITURE ON MY PART OF ALL RIGHTS TO ANY EMPLOYMENT WITH THE WASHINGTON STATE PATROL. I UNDERSTAND THAT THE INFORMATION OBTAINED DURING THIS PROCESS WILL NOT BE RELEASED TO ME. THIS FORM IS THE PROPERTY OF THE WASHINGTON STATE PATROL.					
SIGNATURE DATE					

WASHINGTON STATE PATROL

WAIVER AND AUTHORIZATION TO RELEASE INFORMATION*

I authorize you to furnish the Washington State Patrol (WSP) with any and all information you may have concerning my application with your Agency: my work records; my reputation; my medical records; my psychological testing analysis and recommendation; my military service records; my responses to any pre-polygraph questions; polygraph testing and/or analysis; and my financial status. Information of a confidential or privileged nature shall also be included in this request. Your reply will be used to assist the WSP in determining my qualifications for the position I am seeking with the department. I understand my rights under Title 5, United State Code, Section 552a, the Privacy Act of 1974, and waive these rights with the understanding that the information furnished will be used by other law enforcement agencies in conjunction with employment procedures.

To be completed by the applica	ant:		
For and in consideration of being I,	, for myself, my heirs, a forever discharge the WS encies, and departments ded information to the WS ges, and causes of action one as a result of the acts one information requested.	essigns, or other suc SP, the state of Wa , and any organiza P, from any and all l of any nature whatso or omissions of WSP I also understand	cessors in shington, its ition, private iability for all bever which I based upon that should
Print Name (First, Middle, Last)			
Other names you have been known by (includin	ng prior marriage or nickname)		
Address	City	State	Zip Code
Social Security Number		Date of Birth	
Signature		Date	

^{*}A photocopy of this information shall be as valid as the original.

WASHINGTON STATE PATROL

WAIVER AND AUTHORIZATION TO RELEASE INFORMATION*

I authorize the Washington State Patrol (WSP) to furnish any and all information they may have concerning my application with the WSP: my work records; my reputation; my medical records; my psychological testing analysis and recommendation; my military service records; my responses to any pre-polygraph questions; polygraph testing and/or analysis; and my financial status to other law enforcement agencies where I may or have applied for employment. Information of a confidential or privileged nature shall also be included in this response by the WSP. I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, and waive these rights with the understanding that the information furnished will be used by other law enforcement agencies in conjunction with employment procedures.

enforcement agencies in conju	unction with employment proce	dures.	•
To be completed by the appl	licant:		
For and in consideration of beil, do hereby release and forever employees, agencies, and dep damages, and causes of action me as a result of the acts or or information requested. I also upre-employment process, such	, for myself, my heirs, as discharge the WSP, the state partments from any and all liable n of any nature whatsoever who missions of the WSP based up understand that should informatical states.	signs, or other succ of Washington, its o lity for all existing a lich I may have or w on this employmen lition of a serious na	cessors in interest officers, agents, and future claims, which may inure to to process and the arise during the
Print Name (First, Middle, Last)			
Other names you have been known by (incl	uding prior marriage or nickname)		
Address	City	State	Zip Code
Social Security Number		Date of Birth	
Signature		Date	

^{*}A photocopy of this information shall be as valid as the original.

A WORD ABOUT THE POLYGRAPH EXAMINATION

Many people facing the prospect of taking a polygraph examination are filled with apprehension and uncertainty about the questions to be asked during this examination. In an effort to lessen any anxiety you may be experiencing concerning this test, allow us to explain what is involved in the particular examination.

The Washington State Patrol is comprised of a highly trained and trusted group of employees. During the course of their employment, they routinely come in contact with information both of a very confidential nature and with cases and evidence which could place them in a potentially compromising position.

Our department's pre-employment background investigation process is designed to assist us in the hiring of prospective department members who will adhere to, uphold all laws, and serve the public in an ethical, courteous, impartial, and professional manner while respecting the rights and dignity of all persons. As a law enforcement agency, the Washington State Patrol strives to maintain officer safety and provide a safe, confidential working environment for all employees.

The polygraph examination has been an effective tool to assist our agency in the screening of prospective employment candidates. The examination, comprised of 15 questions, is used as an aid in verifying the responses given to an 83-question pretest questionnaire concerning the following issues: Driving; Employment History; Military Service; Education; Possession of Drugs; Sex Crimes; and Honesty. In no way are these questions intended to embarrass the prospective employee or go into areas not directly relevant to employment with the Washington State Patrol.

Prior to the administration of the polygraph, a review will be made with you of the specific questions to be asked. At the conclusion of the examination, the results will be reviewed with you, and you will be provided an opportunity to explain any answers which indicate a deceptive response.

It is also very important that you arrive for your polygraph exam in good health. If you are scheduled for a polygraph exam and not in good health, please call the Human Resource Division at 1-800-888-8384 to reschedule your appointment.

We are attempting to identify those individuals who possess those qualities which will most likely ensure their success with our agency.