

**Seattle Police Department
Personal History Information Packet
CIVILIAN**

The attached information contains the Seattle Police Department's (SPD) **Minimum Selection Standards** and **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 of employment with the Seattle Police Department 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) 684-5464 to inquire further regarding your specific situation.

Requested Documentation:

Be certain to attach photocopies of your driver's license, social security card and DD 214 (member-4), if applicable.

*** Failure to return the PHI packet may result in disqualification from the hiring process.**

Keep all other required documentation (college transcripts, high school diploma, birth certificate, naturalization documentation, etc.). These documents are submitted at a later date directly to the background detective assigned to your investigation.

INSTRUCTIONS TO THE APPLICANT

The information you provide in this Personal History Information (PHI) packet will be used in the investigation into your background to assist in determining your suitability for the position you have applied for. Please fill out the questionnaire completely and accurately. Please note:

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 with SPD.
4. All requested 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 may not in itself grounds for disqualification. During the investigation, the background 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 or a pardon. 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, then please note you are not being asked to divulge 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

MINIMUM STANDARDS FOR ALL SPD APPLICANTS:

1. **EDUCATION:** Minimum Education is dependent upon the education requirement listed in the specific job announcement.
2. **MILITARY RECORD:** The applicant must have been discharged under honorable conditions (fair employment laws apply).
3. **WASHINGTON DRIVER'S LICENSE:** A valid Washington State Driver's License is required prior to being hired, if required in the specific job announcement you are applying for.
4. **TRAFFIC RECORD:** An applicant's driving record will be thoroughly assessed and may be a factor for disqualification. Examples of infractions/traffic crimes that may be disqualifying include:
 - A. Driving While Intoxicated (DWI), Reckless Driving or Hit & Run Driving.
 - B. Suspension of your driver's license within five years of the date of application.
 - C. Three or more moving violations (speeding, negligent driving, etc.) in the past five years of the date of application will be carefully reviewed.
 - D. Two or more accidents within five years of the date of application, wherein applicant was judged to be at fault and/or charged with a moving violation.
5. **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 will be disqualifying:
 - A. Any adult felony conviction.
 - B. Any misdemeanor or felony conviction while employed in a criminal justice and/or law enforcement capacity.
 - C. Any domestic violence conviction.
6. **EMPLOYMENT:** 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.
7. **FINANCIAL:** An applicant's credit history, including excessive credit card debt or unresolved accounts in collection will be thoroughly assessed and may be grounds for disqualification. The following will be disqualifying:
 - A. Failure to pay income tax or child support.

**SEATTLE POLICE DEPARTMENT
PERSONAL HISTORY INFORMATION**

APPLICATION FOR THE POSITION OF: _____

I. PERSONAL INFORMATION

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 Yes <input type="checkbox"/> No <input type="checkbox"/>					
If you are a naturalized citizen of the US fill out the information below and bring documentation to your interview.					
Certificate Number	Date	Court	City	State	

II. RESIDENCE RECORD

Please list each address at which you have resided for the past **ten (10)** years and please begin with your **present** address working backwards. Use additional sheets, if necessary.

Street	City	State	Zip Code	Date of Occupancy	
				From	To

III.

FAMILY RECORD / HISTORY

RELATIVE - CHILDREN: List all of your children alive or deceased below:

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 _____

RELATIVE - OTHER: 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 provided)

#	Name	Street Address	City	State	Zip	Best Contact #

IV.

PERSONAL REFERENCES

List five adult references (not relatives, former or present employers, or former or present co-workers) you have known for at least three years (preferably the past 3 years). It is very important that you list work phone numbers for all references. 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.

Yrs.	Name	Street Address	City	State	Zip	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 EACH 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	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	Salary	Why did you leave?
-------------------	--------	--------------------

From:	Name of Employer	Address of Employer	Phone No.	Job Title
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Name of Co-worker	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	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	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	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	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	Salary	Why did you leave?
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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	Salary	Why did you leave?
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V.**EMPLOYMENT - CONTINUED**

Have you ever engaged in sexual acts (including, but not limited to: intercourse, oral sex, masturbation) with yourself and/or anyone while at work? 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

List all Schools, Colleges and Universities you have attended.

Name	Location	Dates	Major	Degree/GPA

VII.**PRIOR APPLICATIONS**

Have you **applied** with any other law enforcement agency? Yes [] No []. If yes, please list each agency and include previous Seattle Police Department testing below, as well.

Date	Department	Status

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

Year Backgrounded	Agency	Backgrounder Name & Contact #

VIII. GROUPS/ORGANIZATIONS/INTERNET MEMBERSHIPS

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

Group/Organization/Site	Theme of Group/Organization/Site

SPD is in compliance with RCW 49.44 effective July 28, 2013

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, **arrested**, **charged**, **indicted** or convicted of any **criminal** or **traffic** 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. _____

List the date, place/agency and details of each incident that you have **ever** been involved in using the tables below. An arrest or conviction record will not necessarily disqualify you for employment. Additional space is available on the supplemental pages (p 16 and 17).

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 – Juvenile and Adult

List **any time** that you’ve been contacted by law enforcement and your information has been taken.

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

IX.

CRIMINAL HISTORY - CONTINUED

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, explain _____

Have you ever patronized a prostitute or paid for illegal sexual contact? Yes No If Yes, explain (where, when, 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 below:

Have you ever been involved in any incidents of "road rage" or incidents where you were chased, chased someone else or used a motor vehicle to assault or intimidate someone? _____

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:

	<p>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.</p>	<p>2. List the specific substance used within the corresponding row to the left.</p>	<p>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.</p>
Marijuana, Hashish, Cannabis			
Cocaine, Crack			
Club Drugs: Ecstasy, MDMA, Ketamine, GHB, Rohypnol			
Hallucinogens, LSD, Mushrooms, Psylocybin			
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 punishment or non-judicial punishment? Yes No If yes, Explain: _____

XII. FINANCIAL INFORMATION

The management of personal finances is relevant to an individual’s qualifications for the position applied. Therefore, fill in the financial information section below. Be complete and accurate. The amount of indebtedness in itself will not be used in evaluating your qualifications, but rather the behavior exhibited in meeting your financial obligations.

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: \$

XII.

FINANCIAL INFORMATION - CONTINUED

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:	\$

Please supply additional 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 garnisheed for any reason? Yes No If yes, please give details below including (when, where, why, amount, duration).

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XII. FINANCIAL INFORMATION - CONTINUED

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.

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

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, herein after "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, background investigation(s), 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 investigatory files, my medical records, my psychological testing and analysis plus recommendation, my military service records, my education background and records, my financial status, 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 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 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 Address	Phone Number
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 CONDITION OF EMPLOYMENT**

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

_____ Applicant's First, Middle and Last name (please print)	_____ Date of Birth
_____ Applicant's Signature	_____ Date
_____ Applicant's Current Address	_____ Phone Number
_____ 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.

**Seattle Police Department
Civilian Hiring Process Acknowledgement
Minimum Standards Regarding Illegal Drug Use**

I, the undersigned applicant, acknowledge that SPD requires that SPD sworn applicants:

1. Have **not** used Marijuana within one (1) year prior to the date of this Acknowledgment of Minimum Standards Regarding Illegal Drug Use, **and**
2. Have **not** used Marijuana more than twenty-five (25) times within the ten (10) years prior to the date of this Acknowledgment of Minimum Standards Regarding Illegal Drug Use, **and**
3. Have **not** used cocaine or crack within the five (5) years prior to the date of this Acknowledgment of Minimum Standards Regarding Illegal Drug Use, **and**
4. Have **not** used club drugs, such as, but not limited to: Ketamine, GHB, Rohypnol, or MDMA (ecstasy) within the three (3) years prior to the date of this Acknowledgment of Minimum Standards Regarding Illegal Drug Use, **and**
5. Have **not** used any Hallucinogens, LSD, Mushrooms, or Psilocybin within the five (5) years prior to the date of this Acknowledgment of Minimum Standards Regarding Illegal Drug Use, **and**
6. Have **not** used PCP, Angel Dust, Wet or Phencyclidine within the five (5) years prior to the date of this Acknowledgment or Minimum Standards Regarding Illegal Drug Use, **and**
7. Have **not** used Opium, Morphine, or Heroin within the five (5) years prior to the date of this Acknowledgment of Minimum Standards Regarding Illegal Drug Use, **and**
8. Have **not** used Methamphetamine, Crank, Crystal, Ice, Speed, Glass, or Amphetamine within the five (5) years prior to the date of this Acknowledgment of Minimum Standards Regarding Illegal Drug Use, **and**
9. Have **not** used any Synthetic Cannabinoids, also known as “Spice,” “K2,” or “Genie” within the three (3) years prior to the date of this Acknowledgment of Minimum Standards Regarding Illegal Drug Use, **and**
10. Have **not** used any Substituted Cathinones, also known as “Bath Salts” within the three (3) years prior to the date of this Acknowledgment of Minimum Standards Regarding Illegal Drug Use, **and**
11. Have **not** inhaled aerosols, sometimes referred to as Huffing (paint) or Whippits (Nitrous Oxide) or used Khat within the five (5) years prior to the date of this Acknowledgment of Minimum Standards Regarding Illegal Drug Use, **and**
12. Have not used pharmaceuticals not prescribed to you by a doctor, i.e. Oxycotin, Oxycodone, Vicodin, Methcathinone, Ritalin, and/or Steriods within three (3) years prior to the date of this Acknowledgment of Minimum Standards Regarding Illegal Drug Use, **and**
13. Have **not** used four (4) or more controlled substances within the five (5) years prior to the date of this Acknowledgment of Minimum Standards Regarding Illegal Drug Use, **and**
14. Have **not** used any illegal drug(s) or illegally used pharmaceuticals more than twenty-five (25) times within the five (5) years prior to the date of this Acknowledgment of Minimum Standards Regarding Illegal Drug Use, **and**
15. Have **not** used any illegal drug(s) while employed in a criminal justice and/or law enforcement capacity, **and**
16. Have **not** manufactured or cultivated illegal drug(s) for the purpose of the sales/marketing of the drug(s).

**Seattle Police Department
Civilian 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 at a later date. Lack of candor 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 used 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 **one** box in each of the following two sections:

Section 1: Compliance with SPD's Minimum Standards regarding Illegal Drug Use		
A.	<input type="checkbox"/>	I, the undersigned, am in compliance with the standards outlined in the SPD Minimum Standards Regarding Illegal Drug Use found on page one of this packet.
B.	<input type="checkbox"/>	I, the undersigned, am not in compliance with the standards outlined in the SPD Minimum Standards Regarding Illegal Drug Use found on page one of this packet; however, I wish to submit my application for further consideration while knowing that my noncompliance with the above noted standards on page one 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?		
<input type="checkbox"/>	YES	or <input type="checkbox"/> NO

By signing, you, the applicant, certify your responses above as they relate to the SPD Minimum Standards Regarding Illegal Drug Use outlined above 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