



SUQUAMISH POLICE DEPARTMENT
PO Box 1021
Suquamish WA 98392
Phone 360-598-4334 Fax 360-598-4414



APPLICATION QUESTIONNAIRE
CONFIDENTIAL

DATE: _____

APPLICATION FOR THE POSITION OF
(CHECK APPLICABLE BOX)

- LATERAL** **ENTRY**
- POLICE OFFICER**
- FISH AND GAME OFFICER**
- PROBATION/COURT OFFICER**
- RESERVE POLICE OFFICER**

GENERAL INSTRUCTIONS: HAND WRITE OR TYPE AN ANSWER TO EVERY QUESTION. IF A QUESTION DOES NOT APPLY TO YOU, SO STATE WITH N/A. IF SPACE AVAILABLE IS INSUFFICIENT, USE A SEPARATE SHEET AND PRECEDE EACH ANSWER WITH THE NUMBER OF THE REFERENCED BLOCK

DO NOT MISSTATE OR OMIT MATERIAL FACTS SINCE THE STATEMENTS MADE HEREIN ARE SUBJECT TO VERIFICATION TO DETERMINE YOU QUALIFICATION FOR EMPLOYMENT.

Last Name	First	MI	Sex
			<input type="checkbox"/> Male <input type="checkbox"/> Female

Alias (es), Nicknames, Maiden Names, Other changes in name

Present Resident Address				
Street/Route	City	State	ZIP	Phone

Date of Birth (Month/Day/Year)	Place of Birth (Attach copy of birth certificate)
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Height	Weight	Color Eyes	Color Hair	Scars, Physical Defects, Distinguishing Marks
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Native American*	US Citizen	Naturalized	If Delivered, Parent	Date, Place, Court
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	Certificate #	Certificate #	
<input type="checkbox"/> No	<input type="checkbox"/> No			

***Certified copy of enrollment number must be attached.**

Marital Status	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Engaged	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed
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Name of Fiancee (If applicable)

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Personal Information:

Children and/or dependants: List all your children, including stepchildren, adopted, dependants and provide the following information

Name	Date of Birth	Place of Birth	Address	Relationship

Other dependants:

If you claim tax exemptions other than spouse and children, provide the following information

Name	Address	Relationship	% of support provided

Military Information:

Have you ever served in the U.S. Armed Forces Yes No

If yes, complete military release form and attached a copy of Discharge Certificate or Separation (DD-214)

While in the military were you ever arrested for any offense or defendant in any trial or did you receive disciplinary action Yes No

If yes, provide date, place, law enforcing authority or type of Court Martial, change and action taken for each incident, use a separate sheet of paper to record this information.

Branch of Service Last Grade/Rank

Are you presently a member of the Reserve or National Guard Yes No

Branch of Service Last Grade/Rank

Organization and station or Unit and location

Active Stand-by Inactive Discharged



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POLICE OFFICER TRAINING

(Begin with basic recruit training course)

School _____ Address _____

Phone _____

Certificate # _____ Date Issued _____

School _____ Address _____

Phone _____

Certificate # _____ Date Issued _____

School _____ Address _____

Type of training _____ Phone _____

of Hours _____ Certificate # _____ Date Issued _____

**(Please include copies of all certificates)
(Use separate sheets for additional schools)**



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School	Address
	<hr/> <hr/>
	Phone
	<hr/>
	Certificate #
	Date Issued

School	Address
	<hr/> <hr/>
	Phone
	<hr/>
	Certificate #
	Date Issued

School	Address
	<hr/> <hr/>
	Phone
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(Please include copies of all certificates)
(Use separate sheets for additional schools)



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GENERAL EDUCATION

Please provide copy of Diploma or GED certificate with scores
List all schools attended: (1) Elementary (2) Junior High (3) High School
(Please include any adult/vocational school attended for GED Certificate)

School _____ Dates Attended _____ Graduated Yes No

Address

School _____ Dates Attended _____ Graduated Yes No

Address

School _____ Dates Attended _____ Graduated Yes No

Address

ADDITIONAL EDUCATION

College/University _____ Dates Attended _____ Graduated Yes No

Trade School _____
Address

Subject

College/University _____ Dates Attended _____ Graduated Yes No

Trade School _____
Address

Subject

**Please include copies of all certificates)
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SPECIAL QUALIFICATION

Foreign Language _____
 Speak Read Write Understand

Foreign Language _____
 Speak Read Write Understand

Foreign Language _____
 Speak Read Write Understand

Typing Skills WPM _____

Computer Skills (Check Applicable) Windows
 Other Operating Systems (Specify _____)
 Microsoft Word
 Microsoft Excel

Any others not listed

Special licenses or permits you currently hold

Special skills not listed above

DRIVERS LICENSES

Kind of License	State of Issued	License Number	Date Issued	Restrictions
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____



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Have you ever been denied issuance of a driver's license? Yes No
If yes, please explain:

Have you ever had your driver's license suspended or revoked? Yes No
If yes, please explain:

Have you ever received any tickets/citations for any infraction or accidents? Yes No
If yes, please explain:

Regardless of fault, (If applicable) please list your most recent vehicle accident(s):

Have you ever been refused any automobile insurance coverage? Yes No
If yes, please explain:

Have you ever had automobile insurance revoked or withdrawn? Yes No
If yes, please explain:

Name, address and phone number of your current automobile insurance company:



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EMPLOYMENT

From Date	To Date	Name & Address of employer	Reason for leaving
Salary		Name of supervisor	Contact Phone
Job Title			
Duties			

From Date	To Date	Name & Address of employer	Reason for leaving
Salary		Name of supervisor	Contact Phone
Job Title			
Duties			

From Date	To Date	Name & Address of employer	Reason for leaving
Salary		Name of supervisor	Contact Phone
Job Title			
Duties			



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Have you ever resigned/quit after being informed your employer intended to discharge (fire/terminate) you for any reason? Yes No

If yes, please explain:

Have you ever been suspended (or inactive status) or subject to any form of discharge action, while in any position? Yes No

If yes, please explain:

In your own words explain what prompts you to make your application to become a Suquamish Police Officer:

Do you know of any reason that might disqualify you for appointment to the Suquamish Police Department, or prevent you from performing your official duties?

Would you submit to a urine analysis test if asked Yes No

If no, please explain:

Are you or have you ever been a member of any organization, movement, group, or combination of persons that advocates the over throw of our constitutional form of government of which has adopted the policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the constitution of the United States or which seek to alter the form of government of the United States by unconstitutional means:

Yes No



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Are you now or have you ever been affiliated with any organization of the type described above, as an agent, official or employee:

Yes No

Are you knowingly associating with or have associated with any individuals, including relatives, who you know or have reason to believe are of have been members of any of the organizations identified above:

Yes No

Are there incidents in your life not mentioned herein which may reflect upon your suitability to perform the duties which you may be called upon to take or which might require further explanation to include any disabilities covered under the American Disabilities Act:

(Be prepared to provide documentation supporting your claim) Yes No

Have you ever applied for a position with any other police agency?

If yes, please provide agency and status Yes No

NOTE TO APPLICANT: SWEAR BELOW STATEMENT TO NOTARY PUBLIC AND HAVE IT NOTARIZED PRIOR TO SUBMITTING TO THE SUQUAMISH POLICE DEPARTMENT FOR PROCESSING.

I hereby swear or affirm that there are no misrepresentations or omissions in or falsifications of the statements or answers to the questions. I am aware that should investigations disclose such misrepresentations, falsification or omissions my application will be rejected, and I will be disqualified from applying in the future for any position in the service of the Suquamish Police Department or if, after acceptance for employment, subsequent investigations should disclose misrepresentations, falsifications, or omission it will be just cause for immediate dismissal

Signature of applicant

Sworn to and subscribed before me this _____ Day of _____, 20_____

(Notary Public)

(Commission Expires)

AUTHORITY TO RELEASE INFORMATION



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I hereby authorize any representative of the Suquamish Police Department bearing this release or photocopy thereof, to obtain any information or file pertinent to my employment, work history, attendance and disciplinary records, medical records and financial history. I hereby direct you to release such information upon request of the bearer of this form. This release is executed with full knowledge and understanding that the information is for the official use of the Suquamish Police Department to furnish such information, as described herein, to third parties in the course of fulfilling its official duties. I hereby release you, as custodian of such files and records, employer, educational institution, physician, hospital, clinic and other repository of medical records, credit bureau or other consumer reporting agency, including its officers, employees or other related personnel, both collectively and individually for any and all liability for damages of any and all type., which may at any time result to me, my heirs, or my estate on your compliance with the request to release such information. Should there be any question to the validity of this release. Please contact me.

 Signature of applicant

 Date of birth

 Last Name First MI

 Notary Public

 Current Address

 Date Commission Expires

 City State Zip

 Telephone Number

 Social Security Number