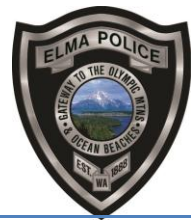


The City of Elma has an immediate opening for a Police Officer. Elma is a great place to live, play, work and invest in. The City of Elma is actively seeking an individual for a Lateral Police Officer position. It's our people that make us great and we would love to have you join our team. With a population of over 3300, which is growing quickly, Elma has small town charm with supportive community members. We are located 25 miles west of Olympia and serve as the Gateway to Grays Harbor. It is also centrally positioned south of the beautiful Olympic Mountains and east of the ocean beaches. Take a look at our website, www.cityofelma.com and discover how the City of Elma can make your next career move a great one. The candidates must have been employed as a full time, sworn, law enforcement officer within the last five (5) years; and are able to provide a copy of certification or transcript from Washington State or an equivalent Basic Law Enforcement Academy that satisfies the Washington Criminal Justice Training Commission requirements. Salary range \$5184 - \$6047 to start with educational incentives available. The City of Elma provides a competitive benefit package which includes, but is not limited to, medical, dental, vision and disability coverage. Applications are available at Elma City Hall, 202 W. Main in Elma and also on the website at www.cityofelma.com. If you have any questions, please contact us at 360-482-3131

Open until filled.

Elma Police Department Personal History Questionnaire

124 North 3rd Street, PO Box 3011, Elma WA 98541
Emergency Dial 911 · Office (360) 482-3131 · Fax (360) 482-3717



Employment Application information for full time, temporary, part time employees and non-paid volunteers.

Read these instructions carefully before proceeding:

These instructions are provided to assist you in properly completing your Personal History Statement. It is essential that the information be accurate in all respects. The information will be used in a background investigation to assist in determining your suitability for the position for which you have applied. Keep in mind that:

1. The completion of this form is mandatory, and it must be returned by the date stated in order for you to remain in the employment process. Personal History Statement's received through the mail that are postmarked the day before the due date will be accepted after the due date.
2. Keep a copy of this completed document for your own records, we will not return any portion of this document to you.
3. Answer all questions. Do not leave any blank spaces. If a question is not applicable to you, enter N/A in the space provided.
4. Avoid errors by carefully reading the directions before making any entries on the form. Be sure your information is correct and in proper sequence before you begin.
5. You are responsible for obtaining correct addresses and telephone numbers. If you are not sure of an address or phone number, please check it by personal verification. Also, you must keep the background investigator informed if your address or telephone number changes during this employment process. (Phone: 360-482-3131)
6. If there is not sufficient space on the form for you to include all of the information required, attach extra sheets to the Personal History Statement. Be sure to reference the section and question number before continuing with your answer.
7. Account for all of the time periods in your background.
8. All statements are subject to verification.
9. If you are uncertain about how to answer a particular question contact a background investigator at 360-482-3131.

Any deliberate inaccuracies, no matter how insignificant and regardless of the reason for the inaccuracy, will result in a request that your name be removed from the employment list. Remember, your honesty is being judged. It is to your advantage to response openly and honestly.

Any negative factors in your past will be evaluated in terms of frequency, relevance, circumstances surrounding its occurrences and significance to the position for which you are applying. For example: being fired from a job, having an arrest or poor traffic record may not be, in and of itself, grounds for disqualification.

Deception, at any stage during the hiring process, is automatically disqualifying under Civil Service Rules.

CONTINUED ON NEXT PAGE . . .

Please include copies of the following documents with your Personal History Statement:

(If a requested document is not available by the due date, please provide a written explanation of why the document is not available and what you are doing to obtain it.)

1. **High School Diploma, G.E.D., and or College Diploma (if applicable).**
2. **Drivers License**
3. **Military Discharge Certificate. DD Form 214 – Copy 4.** (Police officer position only)
4. **Military Judicial or Non-Judicial Actions.** (Police officer position only)
5. **Social Security Card.** (optional)
6. **Birth Certificate** (Only birth certificates issued by a governmental entity, state, district, city, or county will be acceptable. Birth certificates created by hospitals or other organizations will not be acceptable). Or Passport.
7. **Professional License/Certificate** (if applicable).
8. Bring in any documentation which would assist you in explaining any past, unusual situations or problems. Examples given: credit repossessions, civil suits, criminal convictions, etc.
9. You may provide any other documents which you feel would facilitate your processing, or which assist us in our investigation, in determining your suitability for the position, please include those documents with your personal history. Some examples may include the following:
 - a) College Transcript(s),
 - b) Civilian or Military Job Performance Evaluations,
 - c) Awards or Decorations,
 - d) Any Civil Litigations,
 - e) Any Special Qualifications.

Reminder: Make sure you have signed and dated pages 14 and 15 of the Personal History Statement.

**Please read and sign the red waiver sheet titled, "Waiver and Authorization to Release Credit Report Information for Employment Purposes".
Return the signed waiver with the Personal History Statement.**

FILL OUT THE FOLLOWING DOCUMENT COMPLETELY AND HONESTLY. IF YOU PROVIDE INFORMATION THAT IS LATER DETERMINED TO HAVE BEEN INACCURATE OR DECEPTIVE, IT WILL RESULT IN A REQUEST TO REMOVE YOU FROM THE HIRING PROCESS.

Please return this to the following address:

Elma Police Department

124 N 3rd Street

P. O. Box 3011

Elma, WA 98541



Elma Police Department Personal History Statement

POSITION APPLIED FOR: _____

1. PERSONAL DATA

First Name _____ Middle _____ Last _____

Other Names (Including Nicknames, aliases and names previously used) _____

Address _____

City _____ State _____ Zip Code _____

Phone Numbers:

Home _____ Work _____ Pager/Cellular _____

Birthdate _____ Place of Birth _____

Washington State Law requires applicants to be U.S. Citizens. Can you provide such documentation? Yes No

Social Security Number _____

(In accordance with the Federal Privacy Act of 1974, disclosure is voluntary. The SSN and Place of Birth will be used for identification purposes to ensure that proper records are obtained.)

Scars, tattoos, or other distinguishing marks _____

2. REFERENCES

List your spouse, family members and relatives who know about you and your qualifications.

Name	Relationship	Home & Work Phone		
_____	_____	_____	_____	_____
Address	City	St	Zip	
_____	_____	_____	_____	_____

Name	Relationship	Home & Work Phone		
_____	_____	_____	_____	_____
Address	City	St	Zip	
_____	_____	_____	_____	_____

Name	Relationship	Home & Work Phone		
_____	_____	_____	_____	_____
Address	City	St	Zip	
_____	_____	_____	_____	_____

Name	Relationship	Home & Work Phone		
_____	_____	_____	_____	_____
Address	City	St	Zip	
_____	_____	_____	_____	_____

2. REFERENCES - continued

Name	Relationship	Home & Work Phone		
_____	_____	_____	_____	_____
Address	City	St	Zip	
_____	_____	_____	_____	_____

Name _____ Relationship _____ Home & Work Phone _____
Address _____ City _____ St _____ Zip _____

Name _____ Relationship _____ Home & Work Phone _____
Address _____ City _____ St _____ Zip _____

Name _____ Relationship _____ Home & Work Phone _____
Address _____ City _____ St _____ Zip _____

Name _____ Relationship _____ Home & Work Phone _____
Address _____ City _____ St _____ Zip _____

List 3 to 5 professional contacts/associates who know about you and your qualifications.

Name _____ Relationship _____ Home & Work Phone _____
Address _____ City _____ St _____ Zip _____
Occupation _____ Length of Relationship _____

Name _____ Relationship _____ Home & Work Phone _____
Address _____ City _____ St _____ Zip _____
Occupation _____ Length of Relationship _____

Name _____ Relationship _____ Home & Work Phone _____
Address _____ City _____ St _____ Zip _____

Occupation _____ Length of Relationship _____

Name _____ Relationship _____ Home & Work Phone _____

Address _____ City _____ St _____ Zip _____

Occupation _____ Length of Relationship _____

Name _____ Relationship _____ Home & Work Phone _____

Address _____ City _____ St _____ Zip _____

Occupation _____ Length of Relationship _____

2. REFERENCES - continued

List 3 to 5 friends/acquaintances who know you socially.

Name _____ Relationship _____ Home & Work Phone _____

Address _____ City _____ St _____ Zip _____

Occupation _____ Length of Relationship _____

Name _____ Relationship _____ Home & Work Phone _____

Address _____ City _____ St _____ Zip _____

Occupation _____ Length of Relationship _____

Name _____ Relationship _____ Home & Work Phone _____
 Address _____ City _____ St _____ Zip _____
 Occupation _____ Length of Relationship _____

Name _____ Relationship _____ Home & Work Phone _____
 Address _____ City _____ St _____ Zip _____
 Occupation _____ Length of Relationship _____

Name _____ Relationship _____ Home & Work Phone _____
 Address _____ City _____ St _____ Zip _____
 Occupation _____ Length of Relationship _____

3. RESIDENCE

Begin with your most current residence. List all locations where you have lived during the past 10 years. If applicable provide name and phone number of the person/agency responsible for the collection of rent.

Address _____ City _____ St _____ Zip _____
 County _____ Dates Resided _____ Landlord/Mgr _____ Phone # _____

Address _____ City _____ St _____ Zip _____
 County _____ Dates Resided _____ Landlord/Mgr _____ Phone # _____

Address _____ City _____ St _____ Zip _____
 County _____ Dates Resided _____ Landlord/Mgr _____ Phone # _____

Address _____ City _____ St _____ Zip _____
 County _____ Dates Resided _____ Landlord/Mgr _____ Phone # _____

4. EDUCATION

Most positions, within the Department, require a high school diploma or its equivalent. Check the appropriate line below.

I possess a high school diploma _____ I passed the G.E.D. test. How obtained _____

List all schools attended beginning with high school.

Name of school	Location (City and State)	Dates attended	Degree/Cert. earned

Have you ever been suspended or expelled from any school? Yes No If yes, please explain _____

5. EXPERIENCE AND EMPLOYMENT

1. Do you have any concerns about your current employer being contacted during the course of the background investigation?
 Yes No _____

2. List all jobs held in the last 10 years. Including part-time, temporary, voluntary and individual military assignment. Also list all time on unemployment insurance including dates, amount paid to you and the office through which you applied. Begin with your current job and account for all gaps of time while you were between jobs.

From: ___/___/___ To: ___/___/___

NAME OF BUSINESS

SUPERVISOR

Salary/Wage _____

ADDRESS

CO-WORKER

Full-Time

Part-Time

CITY

STATE

ZIP CODE

CO-WORKER

Voluntary

Other _____

TELEPHONE

CO-WORKER

Title and Duties

Reason for Leaving

From: ___/___/___ To: ___/___/___

NAME OF BUSINESS

SUPERVISOR

Salary/Wage _____

ADDRESS

CO-WORKER

Full-Time

Part-Time

CITY

STATE

ZIP CODE

CO-WORKER

Voluntary

Other _____

TELEPHONE

CO-WORKER

Title and Duties

Reason for Leaving

5. EXPERIENCE AND EMPLOYMENT – continued

From: ___/___/___ To: ___/___/___

NAME OF BUSINESS

SUPERVISOR

Salary/Wage _____

ADDRESS _____

CO-WORKER _____

Full-Time

Part-Time

CITY _____

STATE _____

ZIP CODE _____

CO-WORKER _____

Voluntary

Other _____

TELEPHONE _____

CO-WORKER _____

Title and Duties _____

Reason for Leaving _____

From: ___/___ To: ___/___

NAME OF BUSINESS _____

SUPERVISOR _____

Salary/Wage _____

ADDRESS _____

CO-WORKER _____

Full-Time

Part-Time

CITY _____

STATE _____

ZIP CODE _____

CO-WORKER _____

Voluntary

Other _____

TELEPHONE _____

CO-WORKER _____

Title and Duties _____

Reason for Leaving _____

From: ___/___ To: ___/___

NAME OF BUSINESS _____

SUPERVISOR _____

Salary/Wage _____

ADDRESS _____

CO-WORKER _____

Full-Time

Part-Time

CITY _____

STATE _____

ZIP CODE _____

CO-WORKER _____

- Voluntary
- Other _____

TELEPHONE

CO-WORKER

Title and Duties

Reason for Leaving

From: ___/___/___ To: ___/___/___

NAME OF BUSINESS

SUPERVISOR

Salary/Wage _____

ADDRESS

CO-WORKER

- Full-Time
- Part-Time

CITY STATE ZIP CODE

CO-WORKER

- Voluntary
- Other _____

TELEPHONE

CO-WORKER

Title and Duties

Reason for Leaving

5. EXPERIENCE AND EMPLOYMENT - continued

3. Have you **ever** had any extended work absences as a result of discipline: such as suspensions, or leaves or absences etc.?
 Yes No

If yes, please explain

4. Have you **ever** been fired or asked to resign from any place of employment?

Yes No

If yes, please explain

6. MILITARY SERVICE

1. Have you **ever** served in the U.S. armed forces, National Guard or military reserves?
 Yes No

If yes, please supply the following information:

Branch of Service	_____	Service Number	_____
Dates of Service	_____/_____/_____ to _____/_____/_____	Type of Discharge	_____

2. Are you **currently** participating in any U.S. military reserve or National Guard program?
 Yes No

3. Have you **ever** been the subject of any judicial or non-judicial disciplinary action while in the U.S. military, National Guard or military reserves?
 Yes No If yes, please give details (include branch of service, when, where, circumstances)

4. Have you **ever** had a security clearance denied, suspended or revoked? If yes, please explain

5. Were you **ever** confined to a brig, jail, confinement facility or guard house? If yes, please explain

6. MILITARY SERVICE – continued

6. Were you **ever** AWOL? If yes, please explain

7. Were you **ever** given 'company punishment', or have you received any negative counseling statements? If yes, please explain

8. Past commanding officers or military acquaintances are potential sources of relevant information pertaining to your background. Please list those individuals who know you well enough to provide accurate information about you.

7. FINANCIAL

The management of personal finances is relevant to an individual's qualifications for the position. Therefore, please fill in the financial statement 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		CURRENTLY MONTHLY EXPENDITURES	
Monthly Salary	\$	Real Estate (mortgage) payment(s)	\$
Spouse's salary	\$	Rent	\$
Other monthly income	\$	Auto Loan(s)	\$
(list all sources of income)	\$	Charge Account(s)	\$
	\$	Other Monthly Payments	\$
	\$		\$
	\$		\$
	\$	Monthly Cost of Living	\$
	\$	(include utilities, food, gas, home & car	
	\$	maintenance, entertainment, child care, etc . . .)	
TOTAL MONTHLY INCOME	\$	TOTAL MONTHLY EXPENDITURES	\$
CURRENT ASSETS		CURRENT LIABILITIES/DEBT	
Savings	\$	Real Estate Loan(s)	\$
Checking	\$	Charge Account(s)	\$
Real Estate (current value)	\$	Auto Loan(s)	\$
Other Assets (describe):	\$	Other Liabilities/Loans:	\$
	\$		\$
	\$		\$
	\$		\$
TOTAL ASSETS	\$	TOTAL LIABILITIES	\$

7. FINANCIAL – continued

1. Have you **ever** been delinquent on any installment loans? (i.e. mortgage, car loan, credit cards, etc.)

Yes No

If yes, please give details (include when, firms involved, circumstances).

2. Have you **ever** filed for or declared bankruptcy or filed for the Wage Earner's Plan?

Yes No

If yes, please give details (include when, where, why) include a description of items included in the action.

3. Have any of your bills **ever** been turned over to a collection agency?

Yes No

If yes, please give details (include when, firms involved, circumstances).

4. Have you **ever** had purchased goods repossessed?

Yes No

If yes, please give details (include when, firms involved, circumstances).

5. Have your wages **ever** been involuntarily garnished?

Yes No

If yes, please give details (include when, where, why).

6. Have you **ever** been delinquent on income or other tax payments?

Yes No

If yes, please give details (include when, firms involved, circumstances).

8. LEGAL

1. Have you ever been arrested or convicted of any crime, either as an adult or a juvenile? (To include: any felonies, misdemeanors, or criminal traffic offenses, such as driving while intoxicated, no valid operators license, driving while license suspended, reckless driving, negligent driving, and hit & run)

Date _____ Police Agency _____

Circumstances/Charges Filed _____

Date _____ Police Agency _____

Circumstances/Charges Filed _____

Date _____ Police Agency _____

Circumstances/Charges Filed _____

2. Have you **ever** been placed on diversion court probation or deferred prosecution?
 Yes No If yes, please give details (include when, where, why).

3. Describe all instances of "serious trouble" you have been in as a juvenile.
 Yes No If yes, please give details (include when, where and why).

4. Aside from a marriage dissolution, are you now or have you ever been involved as a plaintiff or defendant in any civil court action?
 Yes No If yes, please give details (include when, where, name and location of court, circumstances).

5. Have you **ever** been involved in an incident or occurrence of domestic violence, whether reported or not?
 Yes No If yes, explain each incident.

9. MOTOR VEHICLE OPERATION

If you are not required to provide an "Abstract of your driving record" or were **unable** to obtain the record from your state, please provide the information requested below:

WA State Drivers License Number _____ Expiration Date _____

Name under which license was granted _____

9. MOTOR VEHICLE OPERATION – continued

Please list other states where you have been licensed to operate a motor vehicle and list license number(s).

State _____ License Number _____

Name under which license was granted _____

State _____ License Number _____

Name under which license was granted _____

1. Have you ever been refused a driver's license by any state?
 Yes No If yes, please give details (include what, when, where, why).

2. Automobile liability insurance

Company _____ Policy number _____ Date of Expiration _____

Agent Name _____ Address _____ Phone # _____

3. Please list all traffic citations and infractions (exclude parking tickets) you have received within the last 36 months.

Date _____	Type _____	Location _____
What happened _____		
Date _____	Type _____	Location _____
What happened _____		
Date _____	Type _____	Location _____
What happened _____		
Date _____	Type _____	Location _____
What happened _____		
Date _____	Type _____	Location _____
What happened _____		

4. Have you ever been involved as a driver in a motor vehicle accident within the last 36 months?
 Yes No If yes, please give details for each accident.

Date _____	Location _____	<input type="checkbox"/> Injury <input type="checkbox"/> Non-injury
Police Investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Police Agency _____	<input type="checkbox"/> At fault <input type="checkbox"/> Not at fault
Date _____	Location _____	<input type="checkbox"/> Injury <input type="checkbox"/> Non-injury
Police Investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Police Agency _____	<input type="checkbox"/> At fault <input type="checkbox"/> Not at fault
Date _____	Location _____	<input type="checkbox"/> Injury <input type="checkbox"/> Non-injury
Police Investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Police Agency _____	<input type="checkbox"/> At fault <input type="checkbox"/> Not at fault

9. MOTOR VEHICLE OPERATION – continued

5. Do you have any restrictions placed on your current driver's license?
 Yes No If yes, please give details (include what, when, where, why).

6. Has your license **ever** been suspended, revoked, or placed on negligent operator's probation?

Yes No If yes, please give details (include what, when, where, why).

10. SPECIAL QUALIFICATIONS & SKILLS

1. Do you have any special skills or qualifications which may be useful in this position such as language training, medical training, etc?

2. What do you like to do in your spare time? (interests, hobbies, sports, activities or any special interest groups or organizations that you are involved with)

11. PERSONAL HABITS

1. Have you ever used, possessed, purchased or experimented with:

	Yes	No	Number of Times	Last Time Used (Month/Year)	Age at the Time of use
Marijuana	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
Hashish	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
Amphetamines (speed)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
Methamphetamine (crank, ice, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
Barbiturates "Downers"	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
Valium (Other than prescribed)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
Pain killers (Other than prescribed)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
Cocaine	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
Crack	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
Heroin	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
LSD "Acid"	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____

PCP "Angel Dust"

Inhalants "Huffing"

Hallucinogenic Mushrooms

"Designer" type drugs (STP, Ecstasy)

Steroids (Other than prescribed)

Drugs not prescribed for you (diet pills, pain killers, etc.)

List and describe any other illegal drugs:

Have you ever been involved in the manufacturing, sale or trafficking of any illegal drug(s)? If yes, please explain

Please describe the circumstances of your reported drug use:

11. PERSONAL HABITS – continued

For Police Officer, Reserve and VIP Applications

2. In accordance with the duties of a Police Officer, VIP or Reserve Officer do you have any beliefs which would preclude you from using physical force to the extent of causing bodily harm or death if the circumstances so dictated? No Yes (explain)

3. Regarding the job description for the position you have applied, do you have any beliefs which would prevent you from fully performing the duties assigned to you, including working weekends, evenings, or night shifts? No Yes (explain)

4. Are there any incidents in your life or details not mentioned herein which may influence our evaluation of your suitability to be employed by the Elma Police Department? No Yes (explain)

5. Has the use of alcohol ever caused you any personal or employment conflicts? No Yes (explain)

12. APPLICATION HISTORY

1. List all applications that you have made with any other Law Enforcement Agencies. Include your current status at each of these agencies. (use additional pages if necessary)?

2. Have you **ever** failed a background investigation or polygraph examination? No Yes (explain)

12. APPLICATION HISTORY - continued

3. Have you **ever** been employed by any Law Enforcement Agency? ? No Yes (explain)

4. Have you **ever** declined employment with any Law Enforcement Agency? ? No Yes (explain)

13. General

1. PERSONAL STATEMENT: In the space below, state your reasons for applying for this position.

2. Do you have any further information or comments about your background or suitability for employment with the Elma Police Department?

3. Have you ever applied for a permit to carry a concealed weapon? No Yes (If yes, please provide the following information:

Permit granted? Yes No Date _____

Name of law enforcement agency: _____

Purpose _____

"I certify, under penalty of perjury, that the foregoing facts and information contained herein are true and complete to the best of my knowledge. I understand that any falsification, misrepresentation or omission, as well as any misleading statements or omissions will be cause for denial of employment or immediate termination, regardless of when or how discovered."

Signature _____

Date _____

WAIVER AND AUTHORIZATION TO RELEASE INFORMATION

To Whom It May Concern:

I, the undersigned, authorize you to furnish to the Elma Police Department or its agencies any and all information that you have concerning me, my work record, my reputation, my medical records, my psychological testing and analysis plus recommendation, my military service records, my educational 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 Elma Police Department or its agencies. Your reply will be used to assist the Elma Police Department in determining my qualifications and fitness for a position I am seeking with the Elma Police Department.

I understand my right to request access to any public records relating to me pursuant to Title 5 of the United States Codes, Section 552 et seq., the Privacy Act of 1974, the Freedom of Information Act, and Revised Code of Washington (RCW) 42.17 et seq., and specifically **waive** those rights understanding that the information furnished will be used by the Elma Police Department in conjunction with employment procedures. **I will make NO attempt** to gain access to the information provided by you to the Elma Police Department in conjunction with this employment process and hereby expressly waive any rights I may have to request the disclosure of information provided by you to the Elma Police Department in conjunction with employment procedures.

Further, **I do hereby release you**, your organization, your agents, and others from liability or damage which may result from furnishing information to the Elma Police Department pursuant to this waiver and authorization to release information.

Applicant's Name (printed)

Applicant's Signature

Date

Witnesses Name (printed)

Witnesses Signature

Date



Background Investigation

City of Elma Police Department

124 North 3rd Street · P.O. Box 3011, Elma, Washington 98541
Emergency Dial 911 · Office (360) 482-3131 · Fax (360) 482-3717

Notice

A Consumer Credit Report May Be Obtained for Employment Purposes Only

Please take notice that a consumer credit report about you may be obtained. It is the policy and intent of the Elma Police Department to consider only those applicants who have chosen to consent to the use of their consumer credit report for employment purposes.

Under the provisions of the Fair Credit Reporting Act, 15 USC 1681 (b) such reports may be obtained for employment purposes only with the prior written consent of the applicant. Unless you consent, such reports will not be obtained for this purpose. Failure to provide the consent will result in a request to remove you from the hiring process.

Your consent to obtain this report is given by your signature on the attached Waiver and Authorization to Release Credit Report Information for Employment Purposes document.

Credit reports can sometimes contain errors about your credit history. If you are disqualified due to errors on your credit report, it will delay your processing for hire. It is your responsibility to confirm the accuracy of your credit report and to correct the errors.

Although we are currently using Equifax credit reporting services, we may use other credit reporting services to inquire about your credit history. We suggest that you obtain a copy of your credit report to verify the accuracy of your credit history information before your first interview with the background investigator.

Before we take any adverse action against you based in whole or in part upon your credit report, we must provide to you a copy of your credit report and a written description of your consumer's rights under the Fair Credit Reporting Act.

Please keep this notice for your records.



Elma Police Department

Personal History Statement

Waiver and Authorization to Release Credit Report

Information for Employment Purposes

Please take notice that a consumer credit report about you may be obtained. It is the policy and intent of the Elma Police Department to consider only those applicants who have chosen to consent to the use of their consumer credit report for employment purposes.

Under the provisions of the Fair Credit Reporting act, 15 USC 1681 (b) such reports may be obtained for employment purposes only with the written consent of the applicant. Unless you consent, such reports will not be obtained for this purpose. Failure to provide the consent will result in a request to remove you from the hiring process.

I authorize the Elma Police Department to procure and use consumer credit reports concerning me for employment purposes.

Date

Signature

Print Full Name

SSN

Date of Birth

Current Address:

City

State

Zip

Return this signed waiver with your Personal History Statement



Elma Police Department

Drug Standards

DRUG USE STANDARDS: It is common for candidates to have experimented with or casually used substances in the past. The following standards reflect the maximum allowable uses of these illegal drugs. Any uses over the allowed standard are automatically disqualifying. Each category mentioned below includes all derivatives of these controlled substances.

DRUG FREE: Each applicant must be drug free for a minimum of two (2) years prior to this application for all categories of the controlled substances listed below. Your stated past drug usage will be confirmed by a background investigation and a polygraph examination.

AMPHETAMINES:

Reviewed on a case by case basis.

COCAINE:

Reviewed on a case by case basis.

STEROIDS:

Reviewed on a case by case basis.

HALLUCINOGENS:

No use for the last five (5) years

No use after the age of 25

No more than three (3) total

MARIJUANA:

Reviewed on a case by case basis.

NOTE: While this list is not all inclusive, use of any controlled substances not listed here will be considered on a case by case basis.

I have read and understand the standards. I certify that my answers are true and correct.

Signature

Date

