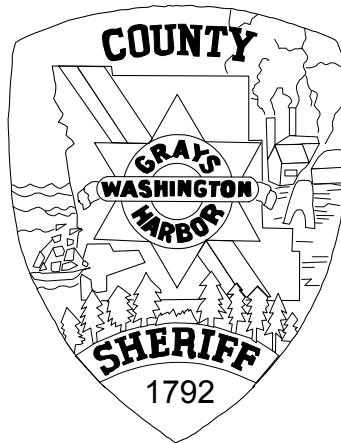


# GRAYS HARBOR COUNTY SHERIFF'S DEPARTMENT

## VOLUNTEERS IN POLICE WORK APPLICATION



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LAST NAME

FIRST

MIDDLE

**NOTICE:** Application must be written or clearly printed. All questions must be answered. Applications which are not completed and legible will not be considered. If space is not sufficient for complete answers or you wish to add further information, attach sheets of the same size as this application and number answers to correspond with the questions. On application, please include zip code on all addresses. On driver's license number, please indicate which state it is from.

FORM #183A

## AUTHORIZATION FOR THE RELEASE OF INFORMATION

TO WHOM IT MAY CONCERN: I am an applicant for a volunteer position with the Grays Harbor County Sheriff's Department. The Grays Harbor County Sheriff's Department needs to thoroughly investigate my background and personal history to evaluate my qualifications to hold the position for which I applied. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed to the Grays Harbor County Sheriff's Department.

I hereby authorize any representative of the Grays Harbor County Sheriff's Department bearing this release to obtain any information in your files pertaining to my employment records and I hereby direct you to release such information upon request to the bearer. I do hereby authorize review of and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the Grays Harbor County Sheriff's Department, whether said records are of public, private, or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure. I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life for the specific purpose of pursuing a background investigation that may provide pertinent data for the Grays Harbor County Sheriff's Department to consider in determining my suitability for employment in that department. It is my specific intent to provide access to personnel information, however personal or confidential it may appear to be.

I consent to your release of any and all public and private information that you may have concerning me, my work record, my background and reputation, my military service records, educational records, my financial status, any complaints or grievances filed by or against me, the records or recollections of attorneys at law or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest attendance records, polygraph examinations, and any internal affairs investigations and discipline, including any files which are deemed to be confidential, and/or sealed. I consent to the release of all medical records which may be on file, including records of psychological examinations and physical examinations.

I hereby release you, your organization, and all others from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I hereby release you, as the custodian of such records of \_\_\_\_\_, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I direct you to release such information upon request of the duly accredited representative of the Grays Harbor County Sheriff's Department regardless of any agreement I may have made with you previously to the contrary. The law enforcement organization requesting the information pursuant to this release will discontinue processing my application if you refuse to disclose the information requested.

For and in consideration of the Grays Harbor County Sheriff's Department's acceptance and processing of my application for employment, I agree to hold the Grays Harbor County Sheriff's Department, its agents and employees harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the Grays Harbor County Sheriff's Department. I understand that should information of a serious criminal nature surface as a result of this investigation, such information may be turned over to the proper authorities.

I understand my rights under Title 5, United States Code, Section 552a. the Privacy Act of 1974, with regard to access and to disclosure of records, and I waive those rights with the understanding that information

furnished will be used by the Grays Harbor County Sheriff's Department in conjunction with employment procedures.

A photocopy or FAX copy of this release will be valid as an original thereof, even though the said photocopy or FAX copy does not contain an original writing of my signature.

This waiver is for a period of 90 days from the date of my signature.

Should there be any questions as to the validity of this release, please contact me at the address listed on this form.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request.

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Name	Address	City, State, Zip Code	Home Phone
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Applicant's Signature

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Date

Subscribed and sworn to before me on the \_\_\_\_ day of \_\_\_\_\_, 200\_\_.

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Notary Public for the State of Washington

**PERSONAL:**

1. NAME \_\_\_\_\_  
                    LAST                    FIRST                    MIDDLE                    AKA/NICKNAMES
2. PRESENT HOME ADDRESS \_\_\_\_\_  
  STREET                    CITY                    STATE                    ZIP  
PHONE \_\_\_\_\_
3. HOW LONG AT ABOVE ADDRESS? \_\_\_\_\_ YEARS \_\_\_\_\_ MONTHS
4. SOCIAL SECURITY # \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
DRIVER'S LICENSE # \_\_\_\_\_ STATE \_\_\_\_\_
5. WOULD YOU BE ABLE TO WORK DIFFERENT SHIFTS, WEEKENDS,  
AND HOLIDAYS AS SCHEDULED? YES[ ] NO[ ]
6. ARE YOU IN GOOD PHYSICAL HEALTH TO THE DEGREE THAT YOU  
WILL BE ABLE TO MEET THE PHYSICAL DEMANDS OF THE POSITION  
FOR WHICH YOU ARE APPLYING? YES[ ] NO[ ]
7. LIST ALL YOUR RESIDENCES IN THE LAST TEN YEARS. (USE  
ADDITIONAL SHEET OF PAPER IF NECESSARY.)

ADDRESS	CITY	STATE	HOW LONG
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**EDUCATION** (USE ADDITIONAL SHEET OF PAPER IF NECESSARY.)

8. COLLEGE \_\_\_\_\_  
                    NAME                    ADDRESS
- GRADUATED? YES[ ] NO[ ] DATE \_\_\_\_\_
- DEGREE RECEIVED \_\_\_\_\_
- TOTAL NUMBER OF CREDITS \_\_\_\_\_ MAJOR \_\_\_\_\_
9. HIGH SCHOOL \_\_\_\_\_

NAME

ADDRESS

GRADUATED? YES[ ] NO[ ]

DATE OF [ ]DIPLOMA OR [ ]GED \_\_\_\_\_

10. GRADE SCHOOL ATTENDED: \_\_\_\_\_  
NAME ADDRESS

**TRAINING**

11. VOCATIONAL SCHOOL \_\_\_\_\_  
NAME ADDRESS

GRADUATED? YES[ ] NO[ ]

DIPLOMA OR CERTIFICATE \_\_\_\_\_ COURSE OF STUDY \_\_\_\_\_

CREDITS OR HOURS OF TRAINING \_\_\_\_\_

12. SPECIALIZED TRAINING (I.E. MILITARY SCHOOL, CORRESPONDENCE SCHOOLS, ETC.)  
\_\_\_\_\_

13. POLICE TRAINING (MILITARY, RESERVE POLICE, ETC.)

COURSE DESCRIPTION \_\_\_\_\_

LOCATION \_\_\_\_\_ LENGTH OF SCHOOL \_\_\_\_\_

DATE OF COMPLETION \_\_\_\_\_

14. HAVE YOU EVER BEEN EMPLOYED BY ANY OTHER LAW ENFORCEMENT AGENCY? (FULL TIME OFFICER, TEMPORARY OFFICER, RESERVE OFFICER, CADET, EXPLORER, CLERICAL, DISPATCH, CORRECTIONS, ETC.)

[ ]YES [ ]NO IF YES, LIST ALL (USE ADDITIONAL SHEET IF MORE THAN ONE AGENCY.)

NAME OF AGENCY ADDRESS PHONE

DATE REASON FOR LEAVING

15. DO YOU HAVE ANY RELATIVES IN POLICE OR LAW ENFORCEMENT (EXCLUDING YOUR SPOUSE)?

YES[ ] NO[ ] IF YES, LIST:

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NAME RELATIONSHIP

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ADDRESS PHONE

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AGENCY ADDRESS

16. HAVE YOU EVER BEEN DISCHARGED OR LAID OFF FROM PREVIOUS EMPLOYMENT?

[ ]YES [ ]NO IF YES, LIST:

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NAME ADDRESS IMMEDIATE SUPERVISOR

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REASON FOR LEAVING

17. IF EMPLOYED, DO YOU HAVE ANY OBJECTION TO THE GRAYS HARBOR COUNTY SHERIFF'S OFFICE CONTACTING YOUR PRESENT EMPLOYER CONCERNING YOUR WORK PERFORMANCE?

YES[ ] NO[ ] IF YES, EXPLAIN \_\_\_\_\_

**MILITARY**

18. HAVE YOU EVER SERVED IN THE ARMED FORCES? [ ]YES [ ]NO

IF YES, BRANCH \_\_\_\_\_ RANK AT TIME OF DISCHARGE \_\_\_\_\_  
MOS/RATE/SPECIALTY, ETC. \_\_\_\_\_

DESCRIPTION OF SPECIALTY \_\_\_\_\_

19. IN THE EVENT YOU ARE ACCEPTED, YOU MAY BE ASKED TO PROVIDE A COPY OF YOUR DD-214.

20. HAVE YOU EVER BEEN CONVICTED OF A FELONY OR A MISDEMEANOR? (EXCLUDE MINOR TRAFFIC OFFENSES.)

[ ]YES [ ]NO IF YES, WHAT WAS THE CHARGE, WHERE AND WHEN, AND WHAT WAS THE DISPOSITION?

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21. HAVE YOU EVER BEEN ARRESTED? [ ]YES [ ]NO

IF YES, WHAT FOR, WHERE, WHAT AGENCY (FEDERAL, STATE, COUNTY OR CITY), AND WHAT WAS THE DISPOSITION?

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22. HAVE YOU EVER BEEN FINGERPRINTED? [ ]YES [ ]NO

23. DRUGS/CONTROLLED SUBSTANCES

**PLEASE NOTE:** BECAUSE OF THE VERY NATURE OF THE LAW ENFORCEMENT PROFESSION, IT IS NECESSARY AND REQUIRED THAT WE DETERMINE IF THE APPLICANT IS “DRUG FREE”. BE SPECIFIC IN ANSWERING EACH QUESTION. **YOUR ANSWERS AND COMMENTS WILL BE KEPT CONFIDENTIAL, AND USED ONLY TO DETERMINE YOUR ELIGIBILITY FOR EMPLOYMENT.**

A. HAVE YOU EVER SOLD OR TRANSPORTED MARIJUANA, COCAINE, OTHER DRUGS, PRESCRIBED OR NON-PRESCRIBED CONTROLLED SUBSTANCES?

[ ]NO

[ ]YES (EXPLAIN)\_\_\_\_\_

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B. HAVE YOU EVER USED (TRIED) MARIJUANA, COCAINE, OTHER DRUGS, OR NON-PRESCRIBED CONTROLLED SUBSTANCES?

[ ]NO

[ ]YES (EXPLAIN)\_\_\_\_\_

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IF YOU ANSWERED YES TO EITHER OF THE ABOVE QUESTIONS, PLEASE INDICATE WHEN, HOW OFTEN, LAST TIME, SUBSTANCE USED, ETC.

24. CAN YOU OPERATE AN AUTOMOBILE? [ ]YES [ ]NO
25. DO YOU HOLD A VALID DRIVER'S LICENSE? [ ]YES [ ]NO  
WHAT STATE \_\_\_\_\_ DRIVER'S LICENSE NUMBER \_\_\_\_\_
26. HAVE YOU HELD, OR DO YOU HOLD, A DRIVER'S LICENSE FROM ANOTHER STATE? [ ]YES [ ]NO IF YES, WHERE \_\_\_\_\_  
YEAR OF EXPIRATION \_\_\_\_\_ LICENSE NUMBER \_\_\_\_\_
27. HAVE YOU EVER HAD YOUR DRIVER'S LICENSE SUSPENDED OR REVOKED? [ ]YES [ ]NO IF YES, WHERE \_\_\_\_\_  
WHEN \_\_\_\_\_ WHY \_\_\_\_\_
28. CAN YOU OPERATE A TYPEWRITER? [ ]YES [ ]NO  
IF YES, BY SIGHT OR TOUCH? \_\_\_\_\_ SPEED (WPM) \_\_\_\_\_
29. CAN YOU TAKE SHORTHAND? [ ]YES [ ]NO
30. CAN YOU OPERATE A RADIO, TRANSMITTER/RECEIVER? [ ]YES [ ]NO
31. DO YOU HAVE ANY HOBBIES? [ ]YES [ ]NO  
WHAT TYPE \_\_\_\_\_

**PERSONAL REFERENCE**

32. LIST THE NAMES AND ADDRESSES OF THREE RELIABLE PERSONS WHOM KNOW YOU WELL ENOUGH TO GIVE INFORMATION ABOUT YOU (NOT RELATIVES).

NAME	AGE	HOME ADDRESS

OCCUPATION	RELATION

HOME PHONE	WORK PHONE	YEARS KNOWN

NAME	AGE	HOME ADDRESS

OCCUPATION

RELATION

HOME PHONE

WORK PHONE

YEARS KNOWN

NAME

AGE

HOME ADDRESS

OCCUPATION

RELATION

HOME PHONE

WORK PHONE

YEARS KNOWN

### **WORK HISTORY**

33. LIST BELOW YOUR COMPLETE WORK HISTORY, STARTING WITH YOUR PRESENT POSITION AND WORK BACK CHRONOLOGICALLY. (IN THE LAST TEN YEARS.)

FROM \_\_\_\_\_ TO \_\_\_\_\_

EMPLOYER \_\_\_\_\_

POSITION HELD \_\_\_\_\_

ADDRESS \_\_\_\_\_

STREET

CITY

STATE

ZIP

IMMEDIATE SUPERVISOR \_\_\_\_\_

REASON FOR LEAVING

WHAT DID YOU LIKE MOST ABOUT THIS JOB?

WHAT DID YOU DISLIKE MOST ABOUT THIS JOB?

FROM \_\_\_\_\_ TO \_\_\_\_\_

EMPLOYER \_\_\_\_\_

POSITION HELD \_\_\_\_\_

ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP

IMMEDIATE SUPERVISOR \_\_\_\_\_

REASON FOR LEAVING

WHAT DID YOU LIKE MOST ABOUT THIS JOB?

WHAT DID YOU DISLIKE MOST ABOUT THIS JOB?

FROM \_\_\_\_\_ TO \_\_\_\_\_

EMPLOYER \_\_\_\_\_

POSITION HELD \_\_\_\_\_

ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP

IMMEDIATE SUPERVISOR \_\_\_\_\_

REASON FOR LEAVING

WHAT DID YOU LIKE MOST ABOUT THIS JOB?

WHAT DID YOU DISLIKE MOST ABOUT THIS JOB?

34. ARE YOU NOW, OR HAVE YOU EVER BEEN, A MEMBER OF ANY ORGANIZATION, ASSOCIATION, MOVEMENT, GROUP, OR COMBINATION OF PERSONS WHICH ADVOCATE THE OVERTHROW OF OUR CONSTITUTIONAL FORM OF GOVERNMENT, OR WHICH HAS ADOPTED A POLICY OF ADVOCATING OR APPROVING THE COMMISSION OF ACTS OF FORCE OR VIOLENCE TO DENY OTHER RIGHTS UNDER THE CONSTITUTION OF THE UNITED STATES, OR SEEKING TO ALTER THE FORM OF GOVERNMENT OF THE UNITED STATES BY UNCONSTITUTIONAL MEANS?

YES  NO IF YES, EXPLAIN \_\_\_\_\_

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35. DO YOU KNOW OF ANYTHING THAT WOULD DISQUALIFY YOU FOR VOLUNTEER WORK AT THE GRAYS HARBOR COUNTY SHERIFF'S DEPARTMENT, OR PREVENT YOUR FULL DISCHARGE OF THE OFFICIAL DUTIES OF SUCH A POSITION?

YES  NO IF YES, EXPLAIN \_\_\_\_\_

36. WHAT PROMPTS YOU TO MAKE APPLICATION FOR VOLUNTEER WORK WITH THE GRAYS HARBOR COUNTY SHERIFF'S DEPARTMENT?

37. YOU MAY LIST IN THE SPACE BELOW AND ON ADDITIONAL BLANK SHEETS, IF NECESSARY, ANY ADDITIONAL EXPERIENCE, TRAINING OR SPECIALIZED ABILITY WHICH, IN YOUR OPINION, WILL QUALIFY YOU FOR THE POSITION FOR WHICH THIS APPLICATION IS FILED. DESCRIBE FULLY POSITIONS YOU HAVE HELD WHICH REQUIRED EXECUTIVE ABILITY, THE EXERCISE OF AUTHORITY, AND THE ABILITY TO LEAD OTHERS.

**I UNDERSTAND THAT ALL APPOINTMENTS ARE PROBATIONARY FOR A PERIOD OF TWELVE (12) MONTHS, DURING WHICH TIME THE VOLUNTEER MUST DEMONSTRATE HIS FITNESS TO CONTINUE VOLUNTEER WORK WITH THIS DEPARTMENT. I ALSO UNDERSTAND THAT ANY APPOINTMENT TENDERED ME WILL BE CONTINGENT UPON**

**THE RESULTS OF A COMPLETE CHARACTER AND BACKGROUND INVESTIGATION, AND I AM AWARE THAT WILLFUL WITHHOLDING INFORMATION OR MAKING FALSE STATEMENTS ON THIS APPLICATION WILL BE THE BASIS FOR DISMISSAL FROM SERVICE. I AGREE TO THESE CONDITIONS, AND I HEREBY CERTIFY THAT ALL THE STATEMENTS MADE BY ME ON THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.**

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SIGNATURE OF APPLICANT

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DATE

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SIGNATURE OF WITNESS

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DATE