



# WASHINGTON STATE PATROL

## PERSONAL HISTORY & BACKGROUND QUESTIONNAIRE

Age: \_\_\_\_\_ Height: \_\_\_\_\_  
Weight: \_\_\_\_\_ Max: \_\_\_\_\_

**Please check one job class only:**

- Trooper Cadet  
 Commercial Vehicle Enforcement Officer (CVEO)

**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.

**TROOPER CADET APPLICANTS:** Bring this questionnaire and the following items to your phase 2 Oral Boards

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

### PERSONAL

1. NAME (First Middle Last)				2. SOCIAL SECURITY NUMBER		
OTHER NAMES YOU HAVE USED OR BEEN KNOWN BY (To include prior marriage/maiden or nicknames)						
3A. MAILING ADDRESS				3B. RESIDENCE ADDRESS (only if different from mailing address)		
STREET OR POST OFFICE BOX NUMBER				STREET NUMBER		
CITY				CITY		
STATE			ZIP CODE	STATE		ZIP CODE
AREA CODE	HOME TELEPHONE NO.		HRS OF CONTACT	AREA CODE	BUSINESS TELEPHONE NO.	HRS OF CONTACT
4. U.S. CITIZENSHIP IS REQUIRED FOR TROOPER CADET AND CVEO POSITIONS. ARE YOU A U.S. CITIZEN?						<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>(If applicable, please bring your Naturalization or Citizenship Certificate.)</b>						
5. BIRTH DATE		HEIGHT	WEIGHT	HAIR COLOR		EYE COLOR
MONTH DAY YEAR						
DISTINGUISHING MARKS (tattoos, etc.)						
6. DO YOU HAVE YOUR OWN WEB SITE(S)? LIST THE URL(S).						
7. LIST ALL ACTIVE ONLINE SOCIAL NETWORK SITES YOU BELONG TO (MYSPACE, FACEBOOK, HI5, LINKEDIN, ETC.). PROVIDE SITE AND SCREEN NAMES.						
SITE NAME				SCREEN NAME		

**APPLICANT INFORMATION  
FOR  
PERSONAL HISTORY & BACKGROUND QUESTIONNAIRE**

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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, do not 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, do not omit any, 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)

8. LIST ALL RESIDENCES DURING THE LAST 10 YEARS, BEGINNING WITH YOUR CURRENT RESIDENCE.

ADDRESS	CITY, STATE, & ZIP CODE	DATES (mo/yr)		IF RENTED, GIVE NAME & ADDRESS OF PERSON RESPONSIBLE FOR THE COLLECTION OF RENT
		FROM	TO	
A.				
B.				
C.				
D.				
E.				
F.				
G.				
H.				
I.				
J.				
K.				
L.				
M.				
N.				
O.				
P.				
Q.				
R.				

**HOUSEHOLD MEMBER INFORMATION**

9. LIST THE NAME(S) OF ALL HOUSEHOLD MEMBERS—INCLUDING PRESENT AND FORMER SPOUSE(S)—THAT CURRENTLY OR PREVIOUSLY LIVED WITH YOU. FURNISH THE HOUSEHOLD MEMBER'S CURRENT ADDRESS AND TELEPHONE NUMBER.

NAME AND RELATIONSHIP	ADDRESS WHERE PERSON CAN BE CONTACTED <i>(Include City, State, and ZIP Code)</i>	TELEPHONE
		HOME ( )
		WORK ( )
		CELL ( )
		HOME ( )
		WORK ( )
		CELL ( )
		HOME ( )
		WORK ( )
		CELL ( )
		HOME ( )
		WORK ( )
		CELL ( )
		HOME ( )
		WORK ( )
		CELL ( )
		HOME ( )
		WORK ( )
		CELL ( )
		HOME ( )
		WORK ( )
		CELL ( )
		HOME ( )
		WORK ( )
		CELL ( )
		HOME ( )
		WORK ( )
		CELL ( )

**REFERENCES**

10. LIST 5 REFERENCES WHO HAVE KNOWLEDGE OF YOU AND YOUR PERSONAL QUALIFICATIONS. **DO NOT LIST RELATIVES, FORMER OR PRESENT EMPLOYERS, OR SCHOOL TEACHERS.**

NAME AND OCCUPATION	ADDRESS WHERE PERSON CAN BE CONTACTED <i>(Include City, State, and ZIP Code)</i>	TELEPHONE
		HOME ( )
		WORK ( )
		CELL ( )
		HOME ( )
		WORK ( )
		CELL ( )
		HOME ( )
		WORK ( )
		CELL ( )
		HOME ( )
		WORK ( )
		CELL ( )

**NEIGHBORS**

11. LIST NEIGHBORS THAT LIVED ADJACENT TO YOU AT YOUR LAST TWO RESIDENCES BELOW. FURNISH NAMES, ADDRESSES, AND TELEPHONE NUMBERS.

NAME	ADDRESS WHERE PERSON CAN BE CONTACTED <i>(Include City, State, and ZIP Code)</i>	TELEPHONE
		HOME ( )
		WORK ( )
		CELL ( )
		HOME ( )
		WORK ( )
		CELL ( )
		HOME ( )
		WORK ( )
		CELL ( )
		HOME ( )
		WORK ( )
		CELL ( )
		HOME ( )
		WORK ( )
		CELL ( )

**EDUCATION**

12. LIST							
NAME/ADDRESS OF SCHOOL Include City and State	DATES		NAME/DESCRIPTION OF COURSE PURSUED	GRAD.		NO. OF UNITS	DEGREE, DIPLOMA, OR CERTIF.
	FROM (MO/YR)	TO (MO/YR)		YES	NO		
JUNIOR HIGH SCHOOL				<input type="checkbox"/>	<input type="checkbox"/>		
HIGH SCHOOL				<input type="checkbox"/>	<input type="checkbox"/>		
HIGH SCHOOL				<input type="checkbox"/>	<input type="checkbox"/>		
GED FROM				<input type="checkbox"/>	<input type="checkbox"/>		
COLLEGES/UNIVERSITIES				<input type="checkbox"/>	<input type="checkbox"/>		
COLLEGES/UNIVERSITIES				<input type="checkbox"/>	<input type="checkbox"/>		
COLLEGES/UNIVERSITIES				<input type="checkbox"/>	<input type="checkbox"/>		
COLLEGES/UNIVERSITIES				<input type="checkbox"/>	<input type="checkbox"/>		
GRADUATE SCHOOL				<input type="checkbox"/>	<input type="checkbox"/>		
MISC. PROFESSIONAL, TRADE, VOCATIONAL OR BUSINESS SCHOOL				<input type="checkbox"/>	<input type="checkbox"/>		

13. WERE YOU **EVER** DISMISSED OR SUSPENDED FROM ANY SCHOOL?  YES  NO  
IF YES, EXPLAIN BELOW:

SCHOOL	DATE	TYPE OF ACTION

## EMPLOYMENT AND EXPERIENCE

14. LIST CERTIFICATES OF PROFESSIONAL OR VOCATIONAL COMPETENCE, LICENSES (real estate, teaching credentials, etc.), AND/OR MEMBERSHIP IN PROFESSIONAL ASSOCIATIONS.

15. HAVE YOU HAD PRIOR EMPLOYMENT?  
IF NO, PLEASE EXPLAIN:

YES  NO

16. 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

17. 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

18. 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

19. 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

20. HAVE YOU **EVER** BEEN SUSPENDED OR DISCHARGED FROM ANY EMPLOYMENT? (LIST ALL TIMES)  
IF YES, GIVE THE NAME OF THE EMPLOYER(S), DATE(S), AND EXPLAIN CIRCUMSTANCES.

YES  NO

21. 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

22. 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**

23. HAVE YOU **EVER** APPLIED FOR ANY POSITION WITH THE WASHINGTON STATE PATROL?  YES  NO  
 IF YES, LIST ALL POSITIONS BELOW:

LOCATION	POSITION/CLASSIFICATION	DATE (mo./yr.)

24. 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.)  YES  NO  
 IF YES, LIST BELOW:

AGENCY/LOCATION	POSITION/CLASSIFICATION	DATE (mo./yr.)

ACCEPTED      NUMBER ON LIST:  
 FAILED

--	--	--

ACCEPTED      NUMBER ON LIST:  
 FAILED

--	--	--

ACCEPTED      NUMBER ON LIST:  
 FAILED

--	--	--

ACCEPTED      NUMBER ON LIST:  
 FAILED

--	--	--

ACCEPTED      NUMBER ON LIST:  
 FAILED

**EMPLOYMENT AND EXPERIENCE**

25. BEGINNING WITH YOUR MOST CURRENT EMPLOYMENT, LIST ALL JOBS (part-time, temporary, self-employment, voluntary) YOU HAVE HELD IN THE PAST 10 YEARS. INDICATE ANY PERIODS OF MILITARY SERVICE OR UNEMPLOYMENT, IN SEQUENCE.

PERIOD AND TYPE OF EMPLOYMENT		NAME AND ADDRESS OF EMPLOYER	
FROM	TO	COMPANY NAME	TELEPHONE NUMBER (include area code)
		ADDRESS (include City, State, Zip Code)	
	<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> SELF-EMPLOYED <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> MILITARY SERVICE <input type="checkbox"/> UNEMPLOYED		

JOB TITLE AND MOST IMPORTANT DUTIES PERFORMED		NAMES OF SUPERVISOR(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:	

PERIOD AND TYPE OF EMPLOYMENT		NAME AND ADDRESS OF EMPLOYER	
FROM	TO	COMPANY NAME	TELEPHONE NUMBER (include area code)
		ADDRESS (include City, State, Zip Code)	
	<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> SELF-EMPLOYED <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> MILITARY SERVICE <input type="checkbox"/> UNEMPLOYED		

JOB TITLE AND MOST IMPORTANT DUTIES PERFORMED		NAMES OF SUPERVISOR(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:	

**EMPLOYMENT AND EXPERIENCE**

PERIOD AND TYPE OF EMPLOYMENT		NAME AND ADDRESS OF EMPLOYER	
FROM	TO	COMPANY NAME	TELEPHONE NUMBER (include area code)
	<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> SELF-EMPLOYED <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> MILITARY SERVICE <input type="checkbox"/> UNEMPLOYED	ADDRESS (include City, State, Zip Code)	
JOB TITLE AND MOST IMPORTANT DUTIES PERFORMED		NAMES OF SUPERVISOR(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:	

PERIOD AND TYPE OF EMPLOYMENT		NAME AND ADDRESS OF EMPLOYER	
FROM	TO	COMPANY NAME	TELEPHONE NUMBER (include area code)
	<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> SELF-EMPLOYED <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> MILITARY SERVICE <input type="checkbox"/> UNEMPLOYED	ADDRESS (include City, State, Zip Code)	
JOB TITLE AND MOST IMPORTANT DUTIES PERFORMED		NAMES OF SUPERVISOR(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:	

**EMPLOYMENT AND EXPERIENCE**

PERIOD AND TYPE OF EMPLOYMENT		NAME AND ADDRESS OF EMPLOYER	
FROM	TO	COMPANY NAME	TELEPHONE NUMBER (include area code)
	<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> SELF-EMPLOYED <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> MILITARY SERVICE <input type="checkbox"/> UNEMPLOYED	ADDRESS (include City, State, Zip Code)	
JOB TITLE AND MOST IMPORTANT DUTIES PERFORMED		NAMES OF SUPERVISOR(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:	

PERIOD AND TYPE OF EMPLOYMENT		NAME AND ADDRESS OF EMPLOYER	
FROM	TO	COMPANY NAME	TELEPHONE NUMBER (include area code)
	<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> SELF-EMPLOYED <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> MILITARY SERVICE <input type="checkbox"/> UNEMPLOYED	ADDRESS (include City, State, Zip Code)	
JOB TITLE AND MOST IMPORTANT DUTIES PERFORMED		NAMES OF SUPERVISOR(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:	

**EMPLOYMENT AND EXPERIENCE**

PERIOD AND TYPE OF EMPLOYMENT		NAME AND ADDRESS OF EMPLOYER	
FROM	TO	COMPANY NAME	TELEPHONE NUMBER (include area code)
	<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> SELF-EMPLOYED <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> MILITARY SERVICE <input type="checkbox"/> UNEMPLOYED	ADDRESS (include City, State, Zip Code)	
JOB TITLE AND MOST IMPORTANT DUTIES PERFORMED		NAMES OF SUPERVISOR(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:	

PERIOD AND TYPE OF EMPLOYMENT		NAME AND ADDRESS OF EMPLOYER	
FROM	TO	COMPANY NAME	TELEPHONE NUMBER (include area code)
	<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> SELF-EMPLOYED <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> MILITARY SERVICE <input type="checkbox"/> UNEMPLOYED	ADDRESS (include City, State, Zip Code)	
JOB TITLE AND MOST IMPORTANT DUTIES PERFORMED		NAMES OF SUPERVISOR(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**

26. HAVE YOU **EVER** SERVED IN THE ARMED FORCES, NATIONAL GUARD, OR MILITARY RESERVES?  YES  NO  
 IF YES, DATES OF SERVICE

		BRANCH	SERVICE NUMBER
/	TO	/	
/	TO	/	
/	TO	/	

27. PLEASE INDICATE MILITARY INSTALLATIONS WHERE ASSIGNED, MAJOR ADJACENT CITIES, IMMEDIATE SUPERVISOR(S), PHONE NUMBERS (IF KNOWN), AND DATES ASSIGNED. EXAMPLE: VANDENBURG AFB, CA; LOMPOC, CA, SANTA BARBARA, CA; SSGT. J. JONES, SSGT. A. ABLE; 902/123-4567; JAN 85-DEC 89.

28. ARE YOU CURRENTLY PARTICIPATING IN ANY MILITARY RESERVE OR NATIONAL GUARD PROGRAM?  YES  NO

BRANCH	SERVICE NUMBER	ORGANIZATION DESIGNATION/NAME

29. HAVE YOU **EVER** BEEN THE SUBJECT OF ANY JUDICIAL OR NON-JUDICIAL DISCIPLINARY ACTION?  YES  NO  
 IF YES, GIVE DETAILS (*branch of service, when, where, circumstances*)

30. PAST AND CURRENT COMMANDING OFFICERS OR SUPERVISORS ARE POTENTIAL SOURCES OF RELEVANT INFORMATION PERTAINING TO YOUR BACKGROUND. LIST THOSE INDIVIDUALS WHO KNOW YOU WELL ENOUGH TO PROVIDE ACCURATE INFORMATION ABOUT YOU.

NAME ( <i>Rank/Rate/Title</i> )	ADDRESS	TELEPHONE / E-MAIL
		HOME ( )
		WORK ( )
		CELL ( )
		E-MAIL
		HOME ( )
		WORK ( )
		CELL ( )
		E-MAIL
		HOME ( )
		WORK ( )
		CELL ( )
		E-MAIL
		HOME ( )
		WORK ( )
		CELL ( )
		E-MAIL

**LEGAL**

31. ARE YOU NOW OR HAVE YOU **EVER** BEEN INVOLVED AS A PLAINTIFF, DEFENDANT, PETITIONER, OR RESPONDENT IN ANY CIVIL COURT ACTION? THIS INCLUDES RESTRAINING ORDERS, PROTECTION ORDERS, AND NO CONTACT ORDERS. IF YES, GIVE DETAILS (include when, where, name and location of court, circumstances).  YES  NO


32. 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).  YES  NO


33. 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).  YES  NO


34. HAVE YOU EVER BEEN QUESTIONED, INVESTIGATED, DETAINED, OR ARRESTED AS A SUSPECT, WITNESS, OR JOB APPLICANT? IF YES, COMPLETE THE FOLLOWING: INCLUDE ALL INCIDENTS, WHETHER EXPERIENCED AS AN ADULT OR A JUVENILE, EVEN IF THE INCIDENT RESULTED IN A DEFERRAL, DIVERSION, EXPUNGEMENT, VACATED SENTENCE, OR ANY OTHER TYPE OF CLEARED RECORD.  YES  NO

DATE	LOCATION (city and state)	ORIGINAL CHARGE (if any)	FINAL CHARGE (if amended or reduced)	DISPOSITION (dismissed, not guilty, guilty, amount of fine and/or length and dates of confinement and/or probation)

35. HAVE YOU **EVER** APPLIED FOR AND BEEN ISSUED OR BEEN DENIED A GUN PERMIT, PRIVATE SECURITY GUARD'S LICENSE, ETC.? IF YES TO ANY, LIST THE DATE(S) OF APPLICATION, THE AGENCY ISSUING, AND THE DATE OF ISSUANCE/REASON FOR DENIAL.  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.

36. DO YOU MEET THESE STANDARDS?

YES  NO

ADDITIONAL COMMENTS/REMARKS BY APPLICANT

37. WOULD YOU HAVE ANY RELUCTANCE TO STRICTLY ENFORCE ANY AND ALL LAWS REGULATING CONTROLLED SUBSTANCES?

YES  NO

**MOTOR VEHICLE OPERATION**

38. DRIVER'S LICENSE NO.	ENDORSEMENTS	EXPIRATION DATE	NAME UNDER WHICH LICENSE WAS GRANTED	STATE ISSUING
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39. LIST OTHER STATES WHERE YOU HAVE BEEN LICENSED TO OPERATE A MOTOR VEHICLE.

STATE/DATE	NAME UNDER WHICH LIC. WAS GRANTED	STATE/DATE	NAME UNDER WHICH LIC. WAS GRANTED

40. HAVE YOU **EVER** BEEN REFUSED A DRIVER'S LICENSE, HAD ONE REVOKED, SUSPENDED, OR DENIED?  YES  NO  
 IF YES, IN WHAT STATE, BY WHAT AGENCY, WHEN, AND WHY?

41. 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

42. HAVE YOU BEEN INVOLVED AS A DRIVER IN A MOTOR VEHICLE ACCIDENT WITHIN THE LAST 10 YEARS?  YES  NO  
 IF YES, GIVE DETAILS FOR EACH.

DATE	LOCATION	POLICE AGENCY	<input type="checkbox"/> INJURY <input type="checkbox"/> NON-INJURY
POLICE INVESTIGATION? <input type="checkbox"/> YES <input type="checkbox"/> NO	DETAILS:		CAUSING DRIVER <input type="checkbox"/> YOU <input type="checkbox"/> OTHER
DATE	LOCATION	POLICE AGENCY	<input type="checkbox"/> INJURY <input type="checkbox"/> NON-INJURY
POLICE INVESTIGATION? <input type="checkbox"/> YES <input type="checkbox"/> NO	DETAILS:		CAUSING DRIVER <input type="checkbox"/> YOU <input type="checkbox"/> OTHER
DATE	LOCATION	POLICE AGENCY	<input type="checkbox"/> INJURY <input type="checkbox"/> NON-INJURY
POLICE INVESTIGATION? <input type="checkbox"/> YES <input type="checkbox"/> NO	DETAILS:		CAUSING DRIVER <input type="checkbox"/> YOU <input type="checkbox"/> OTHER
DATE	LOCATION	POLICE AGENCY	<input type="checkbox"/> INJURY <input type="checkbox"/> NON-INJURY
POLICE INVESTIGATION? <input type="checkbox"/> YES <input type="checkbox"/> NO	DETAILS:		CAUSING DRIVER <input type="checkbox"/> YOU <input type="checkbox"/> OTHER

43. LIST **ALL** TRAFFIC INFRACTIONS/CITATIONS (except parking violations) YOU HAVE **EVER** RECEIVED.

NATURE OF VIOLATION	LOCATION (city, state)	APPROXIMATE DATE	INDICATE WHETHER FINED OR ACTION TAKEN ON DRIVER'S LICENSE

**MOTOR VEHICLE OPERATION**

44. 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.  BOND  DEPOSIT

INSURANCE COMPANY	ADDRESS WHERE PREMIUM PAID	POLICY NUMBER	EXPIRATION DATE

45. HAVE YOU **EVER** BEEN REFUSED VEHICLE INSURANCE FOR ANY REASON OTHER THAN FAILURE TO PAY A PREMIUM? IF YES, EXPLAIN (*include company name and address, date, and reason*).  YES  NO


**FINANCIAL**

46. HAVE YOU **EVER** FILED FOR OR DECLARED BANKRUPTCY OR FILED FOR THE WAGE EARNER'S PLAN? IF YES, WHAT WERE THE CIRCUMSTANCES, WHERE, WHEN?  YES  NO


47. HAVE YOU **EVER** BEEN IN ARREARS ON ANY DEBT AND/OR HAD ONE TURNED OVER TO A COLLECTION AGENCY? IF YES, WHEN, WHY, THE FIRM(S) INVOLVED?  YES  NO


48. HAVE YOU **EVER** HAD PURCHASED GOODS REPOSSESSED? IF YES, WHEN, FIRMS INVOLVED, CIRCUMSTANCES.  YES  NO


49. HAVE YOUR WAGES **EVER** BEEN GARNISHED? IF YES, WHEN, WHERE, WHY, AND BY WHOM?  YES  NO


50. HAVE YOU **EVER** BEEN DELINQUENT ON INCOME OR OTHER TAX PAYMENTS? IF YES, WHERE AND WHY?  YES  NO


**FINANCIAL**

51. THE CHARACTER OF POLICE OFFICERS TODAY IS CONTINUALLY BEING CHALLENGED. BECAUSE PUBLIC SCRUTINY IS PARTICULARLY INTENSE FOR UNIFORMED PERSONNEL, APPLICANTS SEEKING EMPLOYMENT WITH THE WASHINGTON STATE PATROL AS TROOPER CADETS MUST POSSESS AN EXEMPLARY BACKGROUND AND PERSONAL HISTORY. THE MANAGEMENT OF PERSONAL FINANCES IS RELEVANT TO AN APPLICANT'S QUALIFICATIONS. THE AMOUNT OF DEBT IN ITSELF WILL NOT BE USED IN EVALUATING YOUR QUALIFICATIONS, BUT THE BEHAVIOR EXHIBITED IN MEETING YOUR FINANCIAL OBLIGATIONS WILL.

CURRENT MONTHLY INCOME		CURRENT MONTHLY EXPENDITURES	
MONTHLY SALARY .....	\$	REAL ESTATE ( <i>mortgage</i> ) PAYMENTS.....	\$
SPOUSE'S SALARY .....	\$	RENT .....	\$
OTHER MONTHLY INCOME—DESCRIBE:		OTHER MONTHLY PAYMENTS—DESCRIBE:	
	\$		\$
	\$		\$
	\$		\$
	\$		\$
<b>TOTAL MONTHLY INCOME</b>	\$	ESTIMATED MONTHLY COST OF LIVING (utilities, food, gasoline, home and car maintenance, entertainment, etc.) AND ANY OTHER OBLIGATIONS	\$
		<b>TOTAL MONTHLY EXPENDITURES</b>	\$
CURRENT ASSETS		CURRENT LIABILITIES	
SAVINGS .....	\$	REAL ESTATE INDEBTEDNESS .....	\$
CHECKING .....	\$	LONG-TERM LOANS.....	\$
REAL ESTATE .....	\$	CHARGE ACCOUNTS .....	\$
STOCKS AND BONDS .....	\$	OTHER LIABILITIES:	
LIFE INSURANCE ( <i>cash value of whole life policy</i> ).....	\$		
AUTOS.....	\$		\$
OTHER ASSETS:			\$
	\$		\$
	\$		\$
	\$		\$
<b>TOTAL ASSETS</b>	\$	<b>TOTAL LIABILITIES</b>	\$

**FINANCIAL**

52. FINANCIAL LIABILITY. LIST ALL FINANCIAL LIABILITIES, INCLUDING CONTRACTS, HOME MORTGAGE, ALIMONY OR CHILD SUPPORT, MEDICAL, OPEN CHARGE ACCOUNTS AND CREDIT CARDS, INVOLVING YOU AND/OR YOUR SPOUSE. YOU MUST LIST ALL CURRENT DEBTS.

NAME OF CREDITOR/COMPLETE ADDRESS <i>(list additional creditors on a separate sheet of paper)</i>		ACCOUNT NUMBER	MONTH/ YEAR INCURRED	MONTHLY PAYMENT	PRESENT BALANCE OWED
NAME:					
ADDRESS:				\$	\$
TELEPHONE NO.:	(      )				
NAME:					
ADDRESS:				\$	\$
TELEPHONE NO.:	(      )				
NAME:					
ADDRESS:				\$	\$
TELEPHONE NO.:	(      )				
NAME:					
ADDRESS:				\$	\$
TELEPHONE NO.:	(      )				
NAME:					
ADDRESS:				\$	\$
TELEPHONE NO.:	(      )				
NAME:					
ADDRESS:				\$	\$
TELEPHONE NO.:	(      )				
NAME:					
ADDRESS:				\$	\$
TELEPHONE NO.:	(      )				
NAME:					
ADDRESS:				\$	\$
TELEPHONE NO.:	(      )				
NAME:					
ADDRESS:				\$	\$
TELEPHONE NO.:	(      )				
NAME:					
ADDRESS:				\$	\$
TELEPHONE NO.:	(      )				
NAME:					
ADDRESS:				\$	\$
TELEPHONE NO.:	(      )				

<b>GENERAL – ALL APPLICANTS</b> <i>(if more space is required, attach as many sheets of 8-1/2" x 11" white paper as may be required)</i>	<b>YES</b>	<b>NO</b>
53. ARE YOU WILLING TO SERVE ANYWHERE IN THE STATE OF WASHINGTON EVEN IF IT NECESSITATES CHANGING YOUR RESIDENCE?	<input type="checkbox"/>	<input type="checkbox"/>
54. ARE YOU WILLING TO WORK LONG HOURS TO INCLUDE WORKING WEEKENDS, HOLIDAYS, ROTATING SHIFTS, AND BE ON 24-HOUR CALL?	<input type="checkbox"/>	<input type="checkbox"/>
55. ARE YOU WILLING TO WORK ALONE WITHOUT READILY AVAILABLE ASSISTANCE FROM OTHER LAW ENFORCEMENT OFFICERS?	<input type="checkbox"/>	<input type="checkbox"/>
56. 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.	<input type="checkbox"/>	<input type="checkbox"/>
57. 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.	<input type="checkbox"/>	<input type="checkbox"/>
58. 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.	<input type="checkbox"/>	<input type="checkbox"/>
59. ARE YOU WILLING TO TAKE AN OATH TO SUPPORT THE CONSTITUTION OF THE UNITED STATES AND THE CONSTITUTION OF THE STATE OF WASHINGTON?	<input type="checkbox"/>	<input type="checkbox"/>
<b>REMARKS:</b>		



**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 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.

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**To be completed by the applicant:**

For and in consideration of being permitted to apply for a position with the WSP, I, \_\_\_\_\_, for myself, my heirs, assigns, or other successors in interest do hereby release and forever discharge the WSP, the state of Washington, its officers, agents, employees, agencies, and departments, and any organization, private company, or individual who provided information to the WSP, from any and all liability for all existing and future claims, damages, and causes of action of any nature whatsoever which I may have or which may inure to me as a result of the acts or omissions of WSP based upon this employment process and the information requested. I also understand that should information of a serious nature arise during the pre-employment process, such information may be turned over to the proper authorities.

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Print Name (First, Middle, Last)

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Other names you have been known by, including 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.

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**To be completed by the applicant:**

For and in consideration of being permitted to apply for a position with the WSP, I, \_\_\_\_\_, for myself, my heirs, assigns, or other successors in interest do hereby release and forever discharge the WSP, the state of Washington, its officers, agents, employees, agencies, and departments from any and all liability for all existing and future claims, damages, and causes of action of any nature whatsoever which I may have or which may inure to me as a result of the acts or omissions of the WSP based upon this employment process and the information requested. I also understand that should information of a serious nature arise during the pre-employment process, such information may be turned over to the proper authorities.

---

Print Name (First, Middle, Last)

---

Other names you have been known by, including 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 and 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.