

DATE \_\_\_\_\_

# SPOKANE POLICE DEPARTMENT



## POLICE CO-OP APPLICATION

**PERSONAL HISTORY FORM INSTRUCTIONS  
COOPERATIVE EDUCATION PROGRAM**

The following instructions are furnished as a guide to assist you in filling out the Personal History Form. These forms, which you are required to fill out, must be complete and detailed in all respects. It is the basis for your background investigation which will be conducted to determine your qualifications for the Spokane Police Department Cooperative Education Program.

All questions must be answered completely and accurately. If they do not apply to you, indicate with DNA. Avoid errors by reading the directions carefully before making any entries on the form.

**The purpose of this application is to get truthful answers. The fact that you tell the truth will receive more considerations for this position than any good impression you may try to make with untruthful answers. Providing false information or the failure to include information as directed may be considered grounds for rejection or dismissal if already accepted.**

You are responsible for obtaining correct addresses. If you are not sure of an address, check it either by personal verification or by personal correspondence.

This form has been designed to encourage rather than discourage applicants for the Spokane Police Department's Cooperative Education Program. It has been designed to allow you to present your qualifications in the most positive manner. Any information which might be detrimental can and should be explained so that the persons reviewing your application can more adequately understand your position.

Remember, every item will be checked and must be verified.

This inquiry is not a guarantee of acceptance. All requirements for acceptance, including a satisfactory background investigation and oral interview must be met before actual appointment.

The information you provide on these pages is to be printed, or handwritten legibly with ink.

**PLEASE INCLUDE WITH THIS APPLICATION THE FOLLOWING:**

**Copy of your Driver's License  and Recent Photo**

FILL OUT APPLICATION **THOROUGHLY**, TO INCLUDE ALL TELEPHONE NUMBERS, ZIP CODES, ADDRESSES, ETC.

**RETURN APPLICATION TO:**

SPOKANE POLICE DEPARTMENT  
ATTN: VOLUNTEER SERVICES UNIT  
1100 W MALLON AV  
SPOKANE, WASHINGTON 99260

**IF YOU HAVE ANY QUESTIONS PLEASE CALL 509-363-8283. THANK YOU.**

**IN YOUR OWN WORDS, WRITE OR PRINT (DO NOT TYPE)  
ANSWERS TO THE FOLLOWING QUESTIONS:**

**(ANSWERS WITH LESS THAN 100 WORDS WILL NOT BE ACCEPTED)**

1. WHY DO YOU WANT TO BE A POLICE OFFICER/CORRECTIONS OFFICER/PROBATION/PAROLE OFFICER? (100 WORDS MINIMUM)
2. WHAT DO YOU FEEL IS THE PURPOSE OF THE POLICE CO-OP PROGRAM **AND** WHAT QUALITIES DO YOU HAVE THAT MAKE YOU FEEL YOU ARE QUALIFIED? (100 WORDS MINIMUM)

**ANSWER THESE QUESTIONS ON A SEPARATE SHEET OF PAPER AND  
ATTACH IT TO THE APPLICATION.**

**IDENTIFICATION**

1. What is your full name: \_\_\_\_\_  
Last First Middle
2. By what other names have you been known? [Aliases, nicknames, maiden name, other married names(s), etc.]  
\_\_\_\_\_
3. If married, name of spouse: \_\_\_\_\_
4. Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ State born in: \_\_\_\_  
MM DD YYYY
5. Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_
6. Residence Address:  
\_\_\_\_ City: \_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_  
Number Street
- Home Telephone: \_\_\_\_ Cell: \_\_\_\_ E-mail: \_\_\_\_
7. Business or Work Address:  
\_\_\_\_ City: \_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_  
Number Street
- Name of Current Employer: \_\_\_\_ Telephone: \_\_\_\_

**RESIDENCE**

List the addresses where you have lived for the past ten (10) years. Account for all time with the most recent address FIRST. DO NOT LIST YOUR PRESENT ADDRESS.

<b><u>From:</u></b> <b><u>MM/YY</u></b>	<b><u>To:</u></b> <b><u>MM/YY</u></b>	<b><u>Complete Address</u></b>	<b><u>City or Town</u></b>	<b><u>State</u></b>	<b><u>Zip</u></b>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____



**EMPLOYMENT**

List below, CHRONOLOGICALLY, beginning with the present, the last five places where you were employed. Omit NONE. Use an additional piece of paper, if necessary. Give correct, full addresses. If you wish to list volunteer work, indicate the number of hours per week.

**If you were fired, provide an explanation.**

1. \_\_\_\_\_  
Name and Complete Address of Employer Telephone

\_\_\_\_\_  
Supervisor's Name From: \_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_  
MM YYYY MM YYYY

\_\_\_\_\_  
Reason for Leaving

2. \_\_\_\_\_  
Name and Complete Address of Employer Telephone

\_\_\_\_\_  
Supervisor's Name From: \_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_  
MM YYYY MM YYYY

\_\_\_\_\_  
Reason for Leaving

3. \_\_\_\_\_  
Name and Complete Address of Employer Telephone

\_\_\_\_\_  
Supervisor's Name From: \_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_  
MM YYYY MM YYYY

\_\_\_\_\_  
Reason for Leaving

4. \_\_\_\_\_  
Name and Complete Address of Employer Telephone

\_\_\_\_\_  
Supervisor's Name From: \_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_  
MM YYYY MM YYYY

\_\_\_\_\_  
Reason for Leaving

5. \_\_\_\_\_  
Name and Complete Address of Employer Telephone

\_\_\_\_\_  
Supervisor's Name From: \_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_  
MM YYYY MM YYYY

\_\_\_\_\_  
Reason for Leaving

**EDUCATION AND TRAINING**

1. College/University you are currently attending: \_\_\_\_\_

2. Cumulative GPA: \_\_\_\_\_

3. Circle the highest grade completed:    13    14    15    16    17

          Major: \_\_\_\_\_ Degree: \_\_\_\_\_

4. When will you graduate: \_\_\_\_\_

5. List any special scholastic awards or other job related skills you possess. Include any special communication skills (i.e. foreign language).

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**Answers given will not necessarily bar an opportunity for acceptance.**

**ARRESTS AND CONVICTIONS**

1. Have you ever been **arrested or charged** with a crime by a police department or other law enforcement agency, either as a juvenile or an adult? If so, explain.

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2. Have you ever been **convicted** of a crime in a court of law, civilian, or military? If so, explain.

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3. Have you ever been **detained** for a criminal investigation by a police department or other law enforcement agency, either as a juvenile or an adult? If so, explain.

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4. Have you ever received a traffic citation? (Omit parking and equipment violations.) Explain each traffic citation in detail.

<u>Date</u>	<u>Type of Violation</u>	<u>Location</u>	<u>Your Age at Time</u>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>

5. Have you ever been involved in a traffic accident? If yes, list date/location of each incident below.

<u>Date</u>	<u>Type of Incident</u>	<u>Location</u>	<u>Disposition (Guilty, Fine)</u>	<u>Your Age At Time</u>	<u>Police Agency Concerned</u>
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
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<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>

**Answers given will not necessarily bar an opportunity for acceptance.**

**MEDICAL INFORMATION**

1. Do you use intoxicants? If so, to what extent? \_\_\_\_\_  
\_\_\_\_\_

2. Are you now or have you ever been an alcoholic? \_\_\_\_\_

3. Are you now or have you ever been **addicted** to narcotic drugs, or are you an **habitual user** of hallucinogens or any form of marijuana?  
\_\_\_\_\_

4. Have you **ever tried** any illegal drugs, including marijuana, even just for experimentation? If so, when and how often?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Have you for any reason, within the last ten (10) years, been confined or been treated for any mental problems anywhere, whether civilian or military? If "Yes," give details, hospital or treatment facility, addresses, attending physicians and their addresses, and describe the nature of treatment. Please include marital and/or family counseling. A history of treatment or confinement for mental problems is not necessarily a bar to acceptance and will be evaluated strictly for job relatedness.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. What is your own assessment of your physical and mental condition?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Answers given will not necessarily bar an opportunity for acceptance.**

*Note: Volunteer Service Sergeant will notarize, please sign in his presence.*

**AUTHORIZATION TO RELEASE INFORMATION**

I authorize you to furnish the Spokane Police Department with any and all information that you have concerning me, my work record, school records, my reputation, and my financial status, not prohibited by the Washington State Law Against Discrimination RCW 49.60. Information of a confidential or privileged nature may be included. Your reply will be used to assist the Spokane Police Department in determining my qualifications and fitness for the position I am seeking with the Spokane Police Department Citizen Volunteer Program.

I hereby release you, your organization, and others from any liability or damage which may result from furnishing the information requested.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Subscribed and sworn to before me this \_\_\_\_\_ of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public in and for the State of

NOTE: A photocopy reproduction of this request shall be for all intents and purposes as valid as the original. You may retain this form for your files.

**CO-OP Applicant:**

**Your full name:** \_\_\_\_\_

**IN CASE OF EMERGENCY CONTACT:**

**Name** \_\_\_\_\_

**Relationship** \_\_\_\_\_

**Home phone** \_\_\_\_\_ **Cell phone** \_\_\_\_\_

**Work place phone** \_\_\_\_\_

**or**

**Name** \_\_\_\_\_

**Relationship** \_\_\_\_\_

**Home phone** \_\_\_\_\_ **Cell phone** \_\_\_\_\_

**Work place phone** \_\_\_\_\_

**Blood type:** \_\_\_\_\_