

# Federal Way Department of Public Safety

33325 8<sup>th</sup> Ave S

Federal Way, Washington 98063

Phone (253)835-6700

FAX (253)835-6789

## STATEMENT OF PERSONAL HISTORY AND APPLICATION FOR EXPLORER SCOUT

### APPLICANT COMPLETION INSTRUCTIONS

To be considered for a position with the Federal Way Department of Public Safety, you must complete this statement of personal history/application form, and return it to the department for use in completing our background investigation.

**MAKING A FALSE STATEMENT ON THIS FORM CONSTITUTES A CRIME PURSUANT TO R.C.W. 9A.76.175, Making a false or misleading statement to a public servant, a Gross Misdemeanor.**

The existence of any of the conditions listed below may result in rejection from the selection process. These areas will be explored extensively during a background investigation.

1. ILLEGAL DRUG USE
2. PARTICIPATION IN CRIMINAL ACTIVITY OR BEHAVIOR
3. POOR DRIVING RECORD
4. DISHONESTY/PROVIDING FALSE INFORMATION

### PUBLIC DISCLOSURE OF INFORMATION

Your Social Security Number is requested for identification and record keeping purposes. Disclosure of your Social Security Number is for the purpose of conducting a thorough background investigation.

### INSTRUCTIONS

Read every question carefully. Answer every question. If the question does not apply to you, write "DNA" in the answer space. Do not leave blank answer spaces. Please print clearly. When using the Continuation Sheet, please note the Question Number you are referring to. Applications that are incomplete or cannot be read will not be accepted.

### THE FEDERAL WAY POLICE EXPLORER CODE OF ETHICS

I will exercise self-restraint and be constantly mindful of the welfare of others. I will be exemplary in obeying the laws of the land and loyal to the State of Washington, my agency and its objectives and regulations. Whatever I see or hear of a confidential nature or that is confided to me in my official capacity will be kept secure unless revelation is necessary in the performance of my duty.

I will never take selfish advantage of my position and will not allow my personal feelings, animosities or friendships to influence my actions or decisions. I will exercise the authority of my office to the best of my ability, with courtesy and vigilance, without favor, malice or ill will, and without compromise. I am a servant of the people and I recognize my position as a symbol of public faith. I accept it as a public trust to be held so long as I am true to the law and serve the people of Washington.

**CERTIFICATION:** I hereby certify that I have read the above Code of Ethics and agree to abide by the code.

**SIGNATURE OF APPLICANT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

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## AUTHORIZATION FOR RELEASE OF INFORMATION

I, \_\_\_\_\_, DO HEREBY AUTHORIZE any and all persons, employers, partnerships, corporations, and all civilian and government entities, military agencies, law enforcement agencies, private, City, County, State and Federal entities to release, furnish and exchange, any and all available information relating to me for the purpose of determining my suitability to be appointed as an Explorer scout. This includes, but is not limited to, all information related to my employment, performance, disciplinary history, character, integrity, reputation, conduct, behavior, and fitness for duty. This authorizes release of any and all information to the Federal Way Department of Public Safety.

This release is in addition to, and not intended to curtail or diminish, the authorization and immunity provided by statute. I DO HEREBY RELEASE from any and all liability, all persons or entities disclosing information pursuant to this release.

Signature Of Applicant:

Date:

Sworn And Subscribed Before Me This Day Of,

By:

State Of:

County Of:

Signature Of Notary Public:

# Federal Way Department of Public Safety

## STATEMENT OF PERSONAL HISTORY AND APPLICATION FOR EXPLORING

The Federal Way Department of Public Safety requires each candidate for employment to complete and submit a statement of personal history on a form prescribed by the agency prior to the start of the background investigation. The statement of personal history shall contain questions, which will aid in determining whether the person is eligible for a position as a Police Explorer and meets minimum requirements of the agency.

**INSTRUCTIONS:** Print or type all answers. Read every question carefully, and answer every question. Do not leave blank spaces. If the question does not apply to you, print or type "DNA" in that answer block. Incomplete or unsigned statements cannot be processed. If additional space is required, use the Continuation Sheet. Also, use this sheet to amplify or explain your answer. All information provided is subject to verification.

1. Name: (Last, First, Middle)

2. Address:

3. City:

4. State / Zip code:

5. Date Of Birth: (month/day/year)

6. Place Of Birth: (city, state)

7. Social Security Number:

7a. Email Address:

8. If you have ever used any other names, DOB's or SSN's, list here:

9. Marital Status:

10. Spouse's Maiden Name:

11. Home Telephone Number:

12. Work Telephone Number:

13. Are you a citizen of the United States?      Yes       No       Please attach copy of birth certificate or other verification of citizenship.

14. Do you have (Check One)

G.E.D. Certificate       High School Diploma  
Please attach copy of one of the above.

15. When and Where did you receive it?

16. College degrees which you have received/total college credits earned:

17. LIST ALL COLLEGES YOU HAVE ATTENDED: (Beginning with the most recent)

TYPE OF DEGREE	MAJOR/MINOR	SCHOOL	DATE RECEIVED DEGREE OR DATES ATTENDED

18. EMPLOYMENT HISTORY: (Show all employment beginning with most recent employer. Use Continuation Sheet if necessary)

Dates of Employment From / To (Month and Year)	Name and Address of Employer (street, city, state)	Supervisor's Name & Phone Number	Job Title/Duties	Reason For Leaving

19. MILITARY SERVICE: YES  NO

If "YES", Branch of Service:	Date Entered:	Date Separated:
Honorable Discharge: YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>	If "NO", list type of separation and explain on Continuation Sheet:	

Are you a member of a U.S. Reserve unit or the National Guard? YES  NO   
 If "YES", list current assignment:

20. RESIDENCES: (List all residences during the past five (5) years. Use Continuation Sheet if necessary)

Dates: (From - To)	Street Address	City	State/County

21. MOTOR VEHICLE OPERATION: (List all moving violations for which you were cited. Use Continuation Sheet if necessary)

Date	Location and Issuing Agency	Violation Charged	Collision Related: YES/NO	Court Disposition

22. CURRENT DRIVER'S LICENSE: State: _____ Expiration Date: _____ License Number: _____	23. PREVIOUS DRIVER'S LICENSE INFORMATION: (List all states/countries where you have been licensed.)
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24. HAVE YOU EVER HAD YOUR DRIVER'S LICENSE REVOKED OR SUSPENDED? (If, "YES", provide full explanation on Continuation Sheet).  
 YES  NO

25. ARREST RECORD: (List all incidents in which you were arrested, accused or charged with a crime other than traffic violations.)

Date	Location	Arresting Agency	Original Charge	Charge Reduced To	Disposition/Court Action

26. CIVIL ACTIONS: (List all civil actions in which you were a party.)

Date	Location	Action or Proceeding	Disposition/Court Action

**27. PERSONAL REFERENCES: (List at least three people who have known you for over one year, excluding relatives or former employers.)**

Name	Street Address	City, State, Zip code	Home Telephone No.	Work Telephone No.	Years Known

**28. EXCLUDING FAMILY MEMBERS, LIST ALL PERSONS YOU HAVE LIVED WITH DURING THE PAST FIVE YEARS: (Use Continuation Sheet if necessary)**

Name	Street Address	City, State, Zip code	Home Telephone No.	Relationship

**29. FAMILY REFERENCES: (List all immediate relatives, i.e. parents, siblings, spouse, ex-spouse, and all children. Use Continuation Sheet if necessary)**

Name	Relationship	Age	Street Address	City, State, Zip code	Telephone No.

**30. ILLEGAL USE OF DRUGS/CONTROLLED SUBSTANCES:**

TYPE OF DRUG	HAVE YOU EVER TRIED? <u>Answer "YES" or "NO"</u>	IF "YES", HOW MANY TIMES?		DATE FIRST USED	DATE LAST USED	HAVE YOU EVER SOLD, SMUGGLED OR TRANSPORTED FOR SALE OR PERSONAL GAIN? <u>Answer "YES" or "NO"</u>
MARIJUANA						
HASHISH						
COCAINE/CRACK						
METHAMPHETAMINE/SPEED						
HEROIN						
OPIUM						
MORPHINE						
LSD/ACID						
PEYOTE						
MESCALINE						
STEROIDS						
ANY OTHER ILLEGAL DRUGS						
ILLEGAL USE OF PRESCRIPTION DRUGS						

**31. IF YOU ANSWERED "YES" ON ANY OF THE AREAS IN QUESTION #30, PROVIDE FULL EXPLANATION ON CONTINUATION SHEET. INCLUDE, IF APPLICABLE, THE FOLLOWING:**

a. How the drug was ingested or consumed;  
 b. The duration of usage;  
 c. The motivation for use;

d. How the drug was obtained;  
 e. Why you stopped using the drug;  
 f. Any other factors you believe are relevant.

<p>32. Do you have prior Police Explorer certification in Washington or any other state? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>If "YES", list agency, dates, city and state. (Use Continuation Sheet if necessary)</p>
<p>a) Has your position as a Police Explorer ever been suspended or terminated for any reason? If "YES", provide full explanation on Continuation Sheet.</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>
<p>b) Have you, while on duty as a Police Explorer and without authorization, ever committed any type of crime. If "YES", provide full explanation on Continuation Sheet.</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>
<p>c) Have you received discipline for any conduct as a Police Explorer that constitutes malfeasance, misfeasance or nonfeasance in office? If "YES", provide full explanation on Continuation Sheet.</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>
<p>d) If you have attended a Police Explorer academy or conference, please attach a copy of your certificate.</p>
<p>33. UNDETECTED CRIMINAL OFFENSES: Have you ever committed a felony, an offense which would be a felony if committed in this state, or a criminal offense involving dishonesty, unlawful sexual conduct or physical violence? If "YES", provide full explanation on Continuation Sheet.</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>
<p>34. Are you now, or have you ever been, a member of any foreign or domestic organization, association, movement, group or combination of persons which has adopted or shows a policy of advocating the commission of force or violence to deny other persons their rights under the Constitution of the United States of America or the State of Washington, or which seeks to alter the form of government of the United States of America by unconstitutional means? If "YES", provide full explanation on Continuation Sheet.</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>
<p>35. Do you have any knowledge or information, in addition to that specifically required in this questionnaire, which is or may be relevant, directly or indirectly, to an investigation of your eligibility or fitness for the position you are seeking? This includes, but is not limited to: character traits, temperance habits, employment, education, subversive activities, family, associations, traffic violations, or residence? If "YES", provide full explanation on Continuation Sheet.</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>
<p>36. Have you applied with any other law enforcement Explorer programs in the past three years? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>If "YES", list the agency and the date you applied.</p>
<p><b>37. CERTIFICATION:</b></p> <p>I hereby certify under penalty of R.C.W. '9A.76.175, that the entries on this statement and attached continuation sheet are true, complete, and correct to the best of my knowledge and belief. These entries are made in good faith. I understand that a knowing and willfully false statement on this form constitutes a violation of the law, and cause to deny my employment with the Federal Way Department of Public Safety.</p> <p style="text-align: center;">SIGNATURE OF APPLICANT: _____ DATE: _____</p>
<p><b>38. BACKGROUND INVESTIGATOR CERTIFICATION:</b></p> <p>I hereby certify that I have reviewed this application for completeness and required documentation.</p> <p>NAME OF INVESTIGATOR: (print) _____</p> <p style="text-align: center;">SIGNATURE OF INVESTIGATOR: _____ DATE: _____</p>



# Federal Way Department of Public Safety

## Explorer Waiver of Liability

I, the undersigned, age \_\_\_\_\_, in consideration of being permitted to accompany members of the Federal Way Police Department during the performance of their police activities, in order to observe police procedures and actions of said members of the Federal Way Police Department, hereby agree to indemnify and hold harmless the City of Federal Way, its officers and employees, against all claims, injuries or damages of whatever nature sustained to my person or property as a result of accompanying members of the Federal Way Police Department during the course of the performance of their duties as members of the Federal Way Police Department .

I hereby represent that I am a member of the Federal Way Police Explorer Post and my purpose in accompanying members of the Federal Way Police Department during the course of the performance of their duties is to further my education and knowledge of police work. I further represent that I am paying no compensation, nor any consideration of whatever nature to the City of Federal Way in exchange for being permitted to accompany members of the Federal Way Police Department during the course of the performance of their duties, nor am I in any manner compensated with money or any consideration of any nature by the City of Federal Way for the privilege of accompanying the members of the Federal Way Police Department during the performance of their duties as Police Officers for and on behalf of the City of Federal Way.

I further release and waive any and all claims and causes of action including, but not limited to, actions based on negligence, which may arise against the City of Federal Way, its officers and employees, as a result of any injury to my person or damages to my property resulting from my accompanying members of the Federal Way Police Department during the performance of their duties as Police Officers on behalf to the City of Federal Way.

I further agree for myself, my heirs, executors, administrators and assigns, to defend and indemnify the City of Federal Way, The Chief of Police in the City of Federal Way, all members of the Federal Way Police Department, their sureties and each of them, against any and all manner of actions, causes of actions, suites, debts, claims, demands, or damages or liability or expense of every kind and nature incurred or arising by reason of any actual or claimed negligent or wrongful act or omission of mine while accompanying any member or members of said Police Department during the performance or their official duties.

Signed This \_\_\_\_\_ Day of \_\_\_\_\_, 19\_\_\_\_\_

Explorer Signature \_\_\_\_\_

Parent Signature \_\_\_\_\_

Federal Way Police  
Explorer Unit



Explorer Entrance Contract



As a requirement to join this unit in the post, I understand that I must meet the following criteria:

1. I must report my school grades as they are issued by my school (quarterly, semester, trimester) and keep a 2.5 or greater grade point average (GPA).
2. I must complete at least 12 hours of service to the Federal Way Police Department Explorer Program on a monthly basis. Two of those hours will be with a specialty division (i.e. records)
3. Meetings are on Mondays from 6:30 pm to 8:30 pm (unless notice given) If I cannot attend, I will call my supervisor at least 2 hrs before the meeting. If they don't answer, I will leave a message.
4. I must lead a fund raising drive in which at least \$150 will be earned. This must be done within the first six (6) months of participation. This can be as simple as a car wash.
5. I will attend an Explorer Academy or Kiwanis Law Enforcement Career Camp within the first year of participation. This cost will be covered by the post or sponsoring entity.
6. I will attend one (1) Explorer Academy a year. The post will cover this cost.
7. I will show up for meetings ready to learn and participate.
8. I will notify an Advisor if contacted by any police officer (positive or negative) immediately.
9. I am required to document my hours on a post log sheet. This form is to be completed by the last day of every month before 2:00 pm.
10. I will read the manual and abide by its rules. If I am unsure, I will ask my supervisor.

\_\_\_\_\_  
Explorer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent

\_\_\_\_\_  
Date