



## INSTRUCTIONS FOR COMPLETION OF STATEMENT OF PERSONAL HISTORY

The following must be completed before the testing:

**Please make a copy of this packet after you have completely filled it out. We will not be able to provide you a copy later.**

**The Statement of Personal History must be turned in on or before the date specified by the Community Corrections Department.**

**The Statement of Personal History must be filled out completely according to the instructions.**

**The Statement of Personal History must be signed in 5 places and must be notarized.**

### DIRECTIONS FOR FILLING OUT THE ON-LINE FORM

**Bring up the Statement of Personal History and fill in all the spaces. This Statement of Personal History must be filled out completely, according to the instructions.**

**If there is insufficient space on the form for you to include all information required, print out extra sheets and attach them to the Statement of Personal History. Be sure to reference the relevant section and question number before continuing your answer. Add more addendum pages as needed.**

**Once the online form is filled out, print it out SINGLE SIDED and hand-write section #2 on page 18.**

**Sign the form in the five places requiring your signature and have page 21 notarized.**

**Turn in the completed form as instructed.**



# **WASHINGTON COUNTY COMMUNITY CORRECTIONS**

## Applicant Letter of Understanding

The information furnished in your Statement of Personal History Packet and all the information supplied by you for the application process will be treated as confidential to the extent permitted by Oregon Law and is to be utilized for the purpose of enabling the Washington County Community Corrections to determine your qualifications and to assist in the hiring decision. **The Statement of Personal History is the property of the Washington County Community Corrections and will not be returned to you.** In addition, any reports, information or feedback that we receive because of the background investigation, your psychological evaluation, or your physical evaluation, are the property of the Washington County Community Corrections. We will maintain the information in a confidential background or medical file, and will only be released at the authority of the Department Director.

**Information voluntarily submitted by background sources in response to a request for information will be treated as confidential if so requested by the provider, pursuant to ORS 192.502(4).** Washington County obliges itself not to disclose background information submitted in confidence if the provider requests confidentiality, as there is a strong public interest in obtaining complete and accurate background information. Disclosure of confidential background information harms the public interest in making providers of background information reluctant to share this information, and thus encourages the hiring of corrections professionals who may have significant background issues that would have precluded employment had the information been known to Washington County. The files pertaining to your background investigation will be kept by us according to the Oregon Archive laws. The files are also subject to inspection by the Oregon Department of Public Safety Standards and Training.

**All questions must be answered completely and accurately. All statements in your Statement of Personal History Packet and statements made during interviews are subject to verification.** When in doubt as to the necessity of listing information, it is recommended that the information be listed to preclude future questions regarding omissions from this form. The fact that you have been fired, have a criminal record, have a military discharge other than honorable, or have other potentially negative background information may not automatically result in you being denied employment, if you truthfully disclose the information. Be aware that if any such information is discovered during the course of your background investigation that appears to have been withheld, and it should have been divulged up front, the background investigator will consider that this information was concealed by you with the expectation that the investigator would not find it. Any such omissions or any willful misrepresentations or falsifications of information may result in your application being rejected and you may be disqualified from this process; or if after your acceptance for employment, subsequent investigation should disclose misrepresentation, omission or falsification, it may be just cause for immediate dismissal.

In the event that your background investigation for this position should uncover information that you have, or are suspected of having been engaged in illegal activities, this may be reported to the proper law enforcement agency. If these activities occurred while employed as a peace officer, this information will likely bar you from further consideration for this position. Further, in the event that this illegal activity occurred during the time of your present employment as a corrections professional, or if this background investigation should uncover information which raises questions about your fitness to continue as a corrections professional, this information may be transmitted to your present employer or the Oregon Department of Public Safety Standards and Training for their independent investigation.

### **ACKNOWLEDGEMENT:**

I have read and understand the above information.

---

Print name

Date

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Signature

## ***Permission to Use Your Social Security Number***

As you know, the Washington County Community Corrections is committed to completing an accurate background investigation on all of our applicants. We are also committed to safeguarding your personal identification information.

The Washington County Community Corrections uses your Social Security number and other personal identification information in your background investigation. We also use information from the United States Internal Revenue Service to confirm some of the information you have given us. The form we use, Form 4506-T requires you to list your Social Security number. We in turn, mail this to the IRS for processing.

We need your permission to use your Social Security number in our background investigation, as outlined above.

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I have read and understand the above disclosure. I hereby knowingly and voluntarily give my permission for Washington County to use my Social Security number and other personal identification information for the limited purpose of my pre-employment background investigation.

---

Print name

Date

---

Signature

## INSTRUCTIONS

### READ THESE INSTRUCTIONS CAREFULLY BEFORE PROCEEDING

These instructions are provided as a guide to assist you in properly completing your Statement of Personal History. It is essential that the information be accurate in all respects. It will be used as the basis for a background investigation that will determine your eligibility for employment.

Your *Statement of Personal History* should be typed or printed legibly in **black** ink by you (the applicant). Answer ALL questions to the best of your ability. Sign and date the “*Agreement*,” “*Applicant Letter of Understanding*,” “*Authorization for Release of Information Agreement*,” “*Permission to Use Your Social Security Number*” and “*Permission to Obtain Consumer Report*” forms. Your signature on the “*Authorization for Release of Information Agreement*” must be notarized.

If a question is not applicable to you, enter N/A in the space provided.

Avoid errors by reading the directions carefully before making any entries on the form. Be sure your information is correct and in proper sequence before you begin.

**You are responsible for obtaining correct addresses, including zip-codes and e-mail addresses (where requested).** If you are not sure of an address, check it by personal verification. Your local library may have a directory service or copies of local phone directories. You are also expected to return supplemental information, as instructed by your background investigator. If you do not provide information as requested, you could be disqualified.

**If there is insufficient space on the form for you to include all information required, attach extra sheets** to the Statement of Personal History. Be sure to reference the relevant section and question number before continuing your answer.

An accurate and complete form will help expedite your **background process**. Deliberate omissions or falsifications may result in disqualification. No matter how qualified you are in other respects, you cannot become a Washington County Community Corrections employee if your truthfulness is in doubt.

If the information in your SOPH changes (you move, change employment, etc.) you are required to notify us as soon as possible, by e-mail at [Theresa.Hunker@co.washington.or.us](mailto:Theresa.Hunker@co.washington.or.us).

You **must** provide the following; attached to your SOPH:

- A copy of your high school diploma or transcripts, or GED, even if you are a college graduate.
- An uncensored copy of your military release forms (DD214; NGB-22) if you served in the military.

If you do not have these documents, indicate that you are obtaining them as soon as possible.

Questions may be directed to Theresa Hunker at (503) 846-4807 or [Theresa.Hunker@co.washington.or.us](mailto:Theresa.Hunker@co.washington.or.us).

The Americans with Disabilities Act prohibits employers from making medically-related inquiries **prior** to a Conditional Offer of Employment. Therefore, if you are completing this personal history statement before you have received a Conditional Offer of Employment, **do not** divulge information concerning your own or your family’s physical or medical conditions, either past or current.

# STATEMENT of PERSONAL HISTORY

**A. APPLICANT IDENTIFICATION** – Information provided in this section is used for identification purposes only.

Name: \_\_\_\_\_  
LAST FIRST MIDDLE

Home Address: \_\_\_\_\_  
STREET CITY STATE ZIP CODE

Mailing Address: \_\_\_\_\_  
STREET CITY STATE ZIP CODE

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Ext. \_\_\_\_\_

E-mail address<sup>1</sup>: \_\_\_\_\_ Cell or Pager #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social security number: \_\_\_\_\_  
MONTH/DAY/YEAR

Nickname(s), maiden name, or other names by which you have been known:

\_\_\_\_\_

Driver's license #: \_\_\_\_\_ Expiration date: \_\_\_\_\_ State: \_\_\_\_\_

List other States in which you've had a driver's license/number: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Color of eyes: \_\_\_\_\_ Color of hair: \_\_\_\_\_

Scars, tattoos, or other distinguishing marks:

If you were born outside of the United States, are you a U.S. citizen??  Yes  No

***If Yes, please provide documents as proof of citizenship.***

***If No, are you a resident alien who is eligible and has applied for U.S. citizenship?***

Yes  No Expected date of naturalization: \_\_\_\_\_

*The Washington County Community Corrections does not discriminate on the basis of a person's citizenship. Oregon law does require that all certified police officers and corrections officers obtain citizenship within a prescribed time.*

<sup>1</sup> E-mail is the primary method we will use to communicate with you. Please make sure that you enter your e-mail address legibly. We will not share your e-mail address with any other agency or entity.

E-mail is the primary method we will use to communicate with your references. You must provide an e-mail address for each of your references, unless they do not have one. We will not use your reference's e-mail for any other purpose other than conducting this background investigation.

**B. LIST OF RESIDENCES**

List all residences during the last ten years. Provide complete addresses (include markers such as Street, Drive, Road, East, West, etc., and unit or apartment number). Do not use P.O. Boxes.

• If the residence is a military base, identify name of base in address, nearest city, state and zip code. DO NOT LIST military barracks mates or assigned college roommates unless you shared individual quarters.

• **If more space is needed continue on the addendum page.**

**Address Where You Now Live** (STREET/CITY/STATE/ZIP CODE) \_\_\_\_\_  
\_\_\_\_\_

From \_\_\_\_\_ to *Present*

Renting/Leasing or purchasing? \_\_\_\_\_ If Renting/Leasing: Property Manager, Rent Collector, or Owner \_\_\_\_\_ Complex name, phone, and Address of Property Manager, etc

Names and **date of birth** of those with whom you live

\_\_\_\_\_

**Former Address** (STREET/CITY/STATE/ZIP CODE) \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_ Renting/Leasing or purchasing?

If Renting/Leasing: Property Manager, Rent Collector, or Owner

Complex name, phone, and Address of Property Manager, etc

Names of those with whom you lived

\_\_\_\_\_

**Former Address** (STREET/CITY/STATE/ZIP CODE) \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_ Renting/Leasing or purchasing?

If Renting/Leasing: Property Manager, Rent Collector, or Owner

Complex name, phone, and Address of Property Manager, etc

Names of those with whom you lived

\_\_\_\_\_

**Former Address** (STREET/CITY/STATE/ZIP CODE) \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_ Renting/Leasing or purchasing?

If Renting/Leasing: Property Manager, Rent Collector, or Owner

Complex name, phone, and Address of Property Manager, etc

Names of those with whom you lived

\_\_\_\_\_

**Former Address** (STREET/CITY/STATE/ZIP CODE) \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_ Renting/Leasing or purchasing?

If Renting/Leasing: Property Manager, Rent Collector, or Owner

Complex name, phone, and Address of Property Manager, etc

Names of those with whom you lived

\_\_\_\_\_

**C. EXPERIENCE AND EMPLOYMENT** – Beginning with your present or most recent job, list all employment held for the past 10 years, including part-time, temporary, seasonal, internships, or self employment. Include all periods of unemployment. Include **all** periods where you have been employed, interned, or volunteered with a law enforcement agency, no matter how long ago. Please indicate if you are fearful that your present job would be in jeopardy if inquiries were made. Please indicate month and year. List any disciplinary action taken by the employer. **If more space is needed continue on the addendum page.**

**Current Employer:** \_\_\_\_\_ From: \_\_\_\_\_

Address: \_\_\_\_\_  
STREET CITY STATE ZIP

Company Phone Number: \_\_\_\_\_ Name of coworker: \_\_\_\_\_

Your Job Title: \_\_\_\_\_ Duties: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Supv. Phone Number: \_\_\_\_\_

Any disciplinary action taken by this employer: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

May we contact your current employer?  Yes  No

**Employer:** \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Address: \_\_\_\_\_  
STREET CITY STATE ZIP CODE

Company Phone Number: \_\_\_\_\_ Name of coworker: \_\_\_\_\_

Your Job Title: \_\_\_\_\_ Duties: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Supv. Phone Number: \_\_\_\_\_

Any disciplinary action taken by this employer: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**Employer:** \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Address: \_\_\_\_\_  
STREET CITY STATE ZIP CODE

Company Phone Number: \_\_\_\_\_ Name of coworker: \_\_\_\_\_

Your Job Title: \_\_\_\_\_ Duties: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Supv. Phone Number: \_\_\_\_\_

Any disciplinary action taken by this employer: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**Employer:** \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Address: \_\_\_\_\_  
STREET CITY STATE ZIP CODE

Company Phone Number: \_\_\_\_\_ Name of coworker: \_\_\_\_\_

Your Job Title: \_\_\_\_\_ Duties: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Supv. Phone Number: \_\_\_\_\_

Any disciplinary action taken by this employer: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**Employer:** \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Address: \_\_\_\_\_  
STREET CITY STATE ZIP CODE

Company Phone Number: \_\_\_\_\_ Name of coworker: \_\_\_\_\_

Your Job Title: \_\_\_\_\_ Duties: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Supv. Phone Number: \_\_\_\_\_

Any disciplinary action taken by this employer: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

***For additional Employers, go to the addendum pages.***

Have you ever been discharged from a job for failing to pass a probationary period?  No  Yes

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Have you ever been discharged from any position?  No  Yes

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Have you ever resigned to avoid discharge or resigned while under suspension or while dismissal proceedings were pending?  No  Yes

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Have you ever been the subject of a workplace investigation?  No  Yes

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Have you ever been involved in a workplace altercation (physical or verbal) with a co-worker, supervisor, or customer?  No  Yes

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Have you ever been the subject of a sexual or racial harassment complaint?  No  Yes

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Have you applied for employment with any other criminal justice system agencies?  No  Yes

If yes, \_\_\_\_\_

Have you ever worked or volunteered for a criminal justice agency?  No  Yes

Position(s): \_\_\_\_\_ State: \_\_\_\_\_

Agency: \_\_\_\_\_ Dates: \_\_\_\_\_

Any disciplinary action taken by this employer:

\_\_\_\_\_

DPSST/POST certification number: \_\_\_\_\_ Certification: \_\_\_\_\_

Is your certification still current?  No  Yes

Has your certification ever been suspended or revoked?  No  Yes

**D. MILITARY HISTORY**

Have you registered with Selective Service?  No  Yes

Have you served in the U.S. Armed Forces?  No  Yes

Date of service: From: \_\_\_\_\_ to: \_\_\_\_\_ Branch of service: \_\_\_\_\_

Unit designation: \_\_\_\_\_

Military service number: \_\_\_\_\_ Highest rank held: \_\_\_\_\_ Military occupation: \_\_\_\_\_

Were you ever disciplined while in the military service (include court-martial, captain's masts, company punishment, etc.)?  No  Yes

CHARGE	AGENCY	DATE	AGE AT TIME	DISPOSITION
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Were you ever denied a security clearance, or had a clearance revoked, suspended or downgraded?

No  Yes If yes, explain? \_\_\_\_\_

\_\_\_\_\_

**E. EDUCATIONAL HISTORY**

HIGH SCHOOL ATTENDED	CITY/STATE	DATES ATTENDED FROM/TO	GRADUATED	
			YES	NO
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

College or university attended: \_\_\_\_\_

City & State: \_\_\_\_\_ Dates attended: \_\_\_\_\_ To: \_\_\_\_\_

Units completed: \_\_\_\_\_ Major/Minor: \_\_\_\_\_

Degree received, if any, & date: \_\_\_\_\_

College or university attended: \_\_\_\_\_

City & State: \_\_\_\_\_ Dates attended: \_\_\_\_\_ To: \_\_\_\_\_

Units completed: \_\_\_\_\_ Major/Minor: \_\_\_\_\_

Degree received, if any, & date: \_\_\_\_\_

College or university attended: \_\_\_\_\_

City & State: \_\_\_\_\_ Dates attended: \_\_\_\_\_ To: \_\_\_\_\_

Units completed: \_\_\_\_\_ Major/Minor: \_\_\_\_\_

Degree received, if any, & date: \_\_\_\_\_

List other schools attended (trade, vocational, business, etc.) Give name and address of school, dates attended, course of study, certificate, and any other pertinent information:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever been placed on academic or disciplinary probation or suspension or expelled from any high school, college university, business or trade school?  No  Yes

If yes, describe in detail below. Starting with high school, list any and all disciplinary actions received in any school or educational institution. Include when the disciplinary action(s) occurred, name of school(s), and explanation of circumstances:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SPECIAL QUALIFICATIONS & SKILLS**

List any special skills, qualifications, or licenses you hold (such as pilot, radio operator, scuba, etc.). Show licensing authority, original date of issue, and date of expiration: .

\_\_\_\_\_

\_\_\_\_\_

If you are fluent in a foreign language, indicate in each area your degree of fluency (excellent, good, or fair):

LANGUAGE	READING	SPEAKING	UNDERSTANDING	WRITING
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**F. LEGAL**

IN ANSWERING THESE QUESTIONS, DO NOT INCLUDE MINOR TRAFFIC INFRACTIONS. DO NOT INCLUDE ANY INFORMATION ON MATTERS WHICH WERE **EXPUNGED** OR **SEALED** BY THE COURT. IF YOU HAVE ANY QUESTIONS ON WHETHER OR NOT YOUR RECORDS ARE EXPUNGED OR SEALED, CONTACT THE APPROPRIATE JURISDICTION FOR CONFIRMATION.

Have you ever been convicted of a crime or violation?

No  Yes

Were you ever referred to juvenile court?

No  Yes

Have you ever been arrested or given a citation for a crime or violation, even though you were not convicted?

No  Yes Include any diversions.

Have you ever been detained (stopped, contacted, or questioned) by the police/security/military police/campus security or been the subject of an investigation?

No  Yes

If yes to any of the above, **provide the details and circumstances**, (juvenile as well as adult occurrences) including the **POLICE AGENCY, CITY & STATE, CRIME CHARGED, DATE OF CASE, AND DISPOSITION:**

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Have you ever been involved as a party in civil litigation?  No  Yes If yes, give details:

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Have you ever applied for a permit to carry a concealed weapon?  No  Yes

If yes, please provide the following:

Permit granted:  Yes  No Date: \_\_\_\_\_

Name of law enforcement agency: \_\_\_\_\_

Purpose: \_\_\_\_\_

Have you ever been refused a permit to carry a concealed weapon?  No  Yes

Are you now, or have you ever been, a member or associate of a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, or disability?  No  Yes

Do you have, or have you ever had, a tattoo signifying membership in, or affiliation with, a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, or disability?  No  Yes

Since the age of 16, have you ever been involved in an anger-provoked physical fight, confrontation or other violent act?  No  Yes

Have you ever hit or physically overpowered a spouse, domestic partner or romantic partner?  No  Yes

If yes to any of the above, please provide the details and circumstances: \_\_\_\_\_

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## G. DRUG USE

These questions ask about your current and past recreational illegal drug use. This covers the use of **any** illegal drug, including the **unauthorized** use of prescription drugs. Your answers should include, **but not be limited to**, your use of any of the following drugs:

- Amphetamines / Methamphetamines (Uppers, Speed, Crank, etc)
- Barbiturates (Downers)
- Cocaine / Crack Cocaine
- Designer Drugs (Ecstasy, Synthetic Heroin, etc.)
- GHB (Date Rape Drug)
- Glue/Huffing
- Hallucinogens (Peyote, LSD, Mushrooms)
- Hashish / Hashish Oil
- Heroin / Opium
- Marijuana
- Mescaline
- Morphine
- PCP / Angel Dust
- Quaaludes
- Steroids
- Tetrahydrocannabinol (THC)
- Study drugs (Adderall or other ADHD drugs)

**Within the past twelve months**, have you unlawfully used any prescription drugs or used any illegal drug(s) as indicated above?  No  Yes

If yes, please give details, including drug(s) used and circumstances: \_\_\_\_\_

\_\_\_\_\_

**Prior to the past twelve months** (check all that apply):

- A.** I have **never** used any drug recreationally.
- B.** I have tried or used one or more drugs, but only under **limited** circumstances (for example, experimentation, at parties, concerts, special events, etc.).

If you checked **B**, please give details including drug(s) used, most recent date used, and circumstances: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you **ever** engaged in any of the activities listed below for illegal drugs, narcotics, unlawful use of prescription drugs, or other illegal substances, including marijuana?

No  Yes If yes, please check the boxes that apply:

- Sold
- Manufactured
- Purchased
- Furnished or shared
- Cultivated
- Carried or held for another
- Used someone else's prescribed medication?
- Given someone your own prescribed medication?
- Misused a prescription drug

If you checked any items above, please give details, including drug(s) involved, over what time period(s), and the circumstances; \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**H. MOTOR VEHICLE OPERATION**

Has your driver's license ever been suspended or revoked?  No  Yes

Have you ever driven a vehicle without auto insurance, as required by law?  No  Yes

Has a traffic citation ever resulted in a warrant or caused your driver's license to be withheld due to the following? (Check all that apply.):  Failed to appear  Failed to complete traffic school  Failed to pay the required fine

Have you ever been arrested or cited for driving under the influence of an intoxicant?  No  Yes

If yes to any of the above, please give date, location and details: \_\_\_\_\_

\_\_\_\_\_

List all driving citations you have received in the last five years, excluding parking tickets (even if not convicted):

MONTH & YEAR	CHARGE	CITY & STATE	DISPOSITION

\_\_\_\_\_

\_\_\_\_\_

Describe in a brief narrative any traffic accidents you have been in within the last five years, in which you were the driver, giving approximate dates and locations:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**I. RELATIVES, REFERENCES, ACQUAINTANCES\***

Are you?  single  married  separated  divorced  widowed  significant other/partner

If married: Date of marriage: \_\_\_\_\_ City & State: \_\_\_\_\_

Spouse/Partner's name and Date of Birth (include maiden name): \_\_\_\_\_

\_\_\_\_\_

**IF EVER SEPARATED, DIVORCED OR WIDOWED OR FORMER DOMESTIC PARTNER:**

Previous spouse/partner's full name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Current address: \_\_\_\_\_

Date of marriage: \_\_\_\_\_ Date of divorce decree: \_\_\_\_\_

Where is the divorce record located (city, state): \_\_\_\_\_ Phone: \_\_\_\_\_

Previous spouse/partner's full name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Current address: \_\_\_\_\_

Date of marriage: \_\_\_\_\_ Date of divorce decree: \_\_\_\_\_

Where is the divorce record located (city, state): \_\_\_\_\_ Phone: \_\_\_\_\_

***\*Attach additional pages if necessary***

List all children related to you or your spouse/partner (natural, stepchildren, adopted & foster children).

NAME	RELATION	DATE OF BIRTH	ADDRESS	SUPPORTED BY WHOM

List other relatives in the following order: parents, stepparents, brothers & sisters, stepsiblings. Include maiden names. If deceased, so indicate.

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

To your knowledge, has any member of your immediate family (spouse/partner, children, parents, siblings, step-relatives) or your spouse/partner's immediate family ever been arrested for anything other than a minor traffic violation?

No  Yes

If yes, please list the person's name, date of birth, relationship, and the charge(s). Please use an attachment sheet if space provided is not adequate. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**J. REFERENCE OR ACQUAINTANCES** – List **seven persons** who know you well enough to provide **current** information about you; at least **three** co-workers. Do not list relatives or former employers. Tell your references that we will be sending them a questionnaire and ask them to return it as soon as possible.

Name: \_\_\_\_\_ Years known: \_\_\_\_\_

Address: \_\_\_\_\_

Residence phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Business address/Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_ How do you know this person? \_\_\_\_\_

Name: \_\_\_\_\_ Years known: \_\_\_\_\_

Address: \_\_\_\_\_

Residence phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Business address/Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_ How do you know this person? \_\_\_\_\_

Name: \_\_\_\_\_ Years known: \_\_\_\_\_

Address: \_\_\_\_\_

Residence phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Business address/Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_ How do you know this person? \_\_\_\_\_

Name: \_\_\_\_\_ Years known: \_\_\_\_\_

Address: \_\_\_\_\_

Residence phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Business address/Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_ How do you know this person? \_\_\_\_\_

Name: \_\_\_\_\_ Years known: \_\_\_\_\_

Address: \_\_\_\_\_

Residence phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Business address/Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_ How do you know this person? \_\_\_\_\_

Name: \_\_\_\_\_ Years known: \_\_\_\_\_

Address: \_\_\_\_\_

Residence phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Business address/Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_ How do you know this person? \_\_\_\_\_

Name: \_\_\_\_\_ Years known: \_\_\_\_\_

Address: \_\_\_\_\_

Residence phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Business address/Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_ How do you know this person? \_\_\_\_\_

**K. FINANCIAL HISTORY**

**This section is required if applying for a PO or Community Corrections Specialist position.**

Do you have a bank account?  Yes  No

Savings account average balance: \$ \_\_\_\_\_

Have you had any financial problems in the last twelve months?  No  Yes If yes, explain: \_\_\_\_\_

In the last five years, have you ever had any debt turned over to a collection agency?  No  Yes

If yes, explain: \_\_\_\_\_

In the last five years, have you ever had anything repossessed or foreclosed?  No  Yes

If yes, explain: \_\_\_\_\_

In the last five years, have your wages ever been garnisheed?  No  Yes If yes, explain: \_\_\_\_\_

Have you ever been evicted or asked to leave a residence?  No  Yes If yes, explain: \_\_\_\_\_

Have you ever left a residence owing rent?  No  Yes If yes, explain: \_\_\_\_\_

**FINANCIAL OBLIGATIONS**

Give names and addresses of the individuals, companies, or others to whom you are indebted, and the extent of your debt. Include rent, mortgages, vehicle payments, charge accounts, credit cards, loans, child support payments, and any other debts and payments.

TYPE	NAME, ADDRESS, & PHONE NUMBER OF CREDITORS	REASON FOR DEBT	TOTAL BALANCE	MONTHLY PAYMENTS
Rent				
Mortgage				

Are there any events in your life that may reflect on your suitability to perform duties of the position for which you are applying, or is there anything in your background that requires further explanation?

No  Yes If you answered “yes”, please explain.

In your own **handwriting**, please write in a short paragraph explaining why you want this position.

## **ADDENDUM**

Use this page to list supplemental information or as an addendum. Add more pages as needed.

***Indicate the Section Letter and Heading*** (i.e.: H. Motor Vehicle Operation) ***and specific question referenced.***

## ***AGREEMENT***

I hereby certify that there are no willful misrepresentations, omissions, or falsifications in the foregoing statements and answers to the questions. I am fully aware that any such misrepresentations, omissions, or falsifications will be grounds for immediate rejection or termination of employment.

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SIGNATURE OF APPLICANT *IN FULL*

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DATE COMPLETED

# AUTHORIZATION FOR RELEASE OF INFORMATION AGREEMENT

APPLICANT'S NAME

CURRENT ADDRESS

TELEPHONE NUMBER

DATE

SIGNATURE

TO WHOM IT MAY CONCERN: I am an applicant for a position with Washington County, Oregon. The County needs to thoroughly investigate my employment background and personal history to evaluate my qualifications for this position. It is in the public interest that all relevant information concerning my personal and employment history be disclosed to Washington County. Employment history includes but is not limited to any records or information related to my application(s) for employment, whether or not I was ever hired.

I hereby authorize any representative of the Washington County Community Corrections bearing this release to obtain any information in your files pertaining to my employment records, employment application records, records and information obtained in the application process while determining my suitability for employment, recruitment records, background investigation records, or any part thereof, regardless of whether those records are considered public, private or confidential. The intent of this authorization is to provide full and free access to my background and history, for the specific purpose of conducting a background investigation that may provide relevant information for the Community Corrections to consider in determining my suitability for employment with Washington County. The intent of this release agreement is to authorize the agency that is releasing records and information ("releasing agency") to release any and all records and information the releasing agency has in its files on me, the above name applicant, regardless of whether I was ever hired by releasing agency. It is my specific intent to provide access to employment application records and documents (including any and all information obtained by releasing agency during its investigation into my suitability for employment with releasing agency), recruitment, personal, background, and personnel information, however personal or confidential it may appear to be. This release agreement does not authorize the release of any medical records. Employment application records are defined as any and all information and documents, written or oral, obtained or received by releasing agency in the processing of an application for employment with the releasing agency, which includes but is not limited to background investigation records and information, regardless of the stage the applicant made it to, or did not make it to, in the application process and regardless of whether the applicant was ever hired.

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, employment application records, my financial status, my criminal history including any arrest records, any information in investigatory files, efficiency ratings, complaints or grievances against me, the records or recollections of attorneys at law, or other counsel, whether representing me or another in any case in which I was involved, attendance records, polygraph examinations, any internal affairs investigations and discipline, including any files which are deemed to be confidential or sealed. I specifically authorize the release of law enforcement or criminal records and information from law enforcement agencies.

I hereby release you, your organization/releasing agency, and all others from liability or damages that may result from furnishing the requested information, regardless of any prior agreement I have made with you or your organization to the contrary. For and in consideration of releasing agency's acceptance of this release and furnishing of any information or documentation pursuant to this release, I agree to hold harmless and indemnify releasing agency, its officers, agents, and employees from any claim or liability associated with my background check, the release of records and information releasing agency has, and any decision to employ, not employ, or cease employing me with Washington County.

For and in consideration of the Washington County's acceptance and processing of my application for employment and background check, I agree to hold harmless and indemnify Washington County, its officers, agents, and employees from any claim or liability associated to my background check and any decision to employ, not employ, or cease employing me with Washington County. I understand that if information of a serious criminal nature is discovered in this investigation, that information will be turned over to the proper authorities.

I understand that the Privacy Act, 5 USC § 552a, prohibits disclosure of certain federal records without my signed authorization or other statutory exemption. My signature above indicates my express permission to release these records pursuant to 5 USC § 552a (b), to the Washington County Community Corrections for their use in conducting this background check.

A photocopy, e-mail transmission, or telephonic facsimile (fax) of this release shall be valid as an original, even though such photocopy or fax does not contain my original signature. This release is valid for six months from the date of my signature.

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

\_\_\_\_\_  
Notary Public for the State of \_\_\_\_\_  
In the County of \_\_\_\_\_

My commission expires the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

## **DISCLOSURE TO APPLICANTS**

THIS IS TO INFORM YOU THAT THE WASHINGTON COUNTY DEPARTMENT DIRECTOR MAY USE A "CONSUMER REPORT" AS A PART OF ITS DECISION-MAKING PROCESS FOR THE POSITION FOR WHICH YOU HAVE APPLIED. WASHINGTON COUNTY REQUESTS THAT YOU SIGN THE ATTACHED AUTHORIZATION INDICATING WRITTEN PERMISSION FOR THE COUNTY TO OBTAIN THE REPORT. ALTHOUGH STATE LAW PROHIBITS MOST EMPLOYERS FROM USING CREDIT REPORTS, WE ARE PERMITTED TO USE THEM FOR CERTIFIED POSITIONS AND POSITIONS WITH THE RESERVES, BUSINESS SERVICES DEPARTMENT, CIVIL UNIT, CRIMINAL RECORDS UNIT, JAIL SERVICES TECHNICIANS, AND MANAGEMENT ANALYSTS.

We recognize that applicants for positions with the Reserves, Business Services Department, Civil Unit, Criminal Records Unit, Jail Services Technicians, and Management Analysts will be handling money or financial records. We further recognize that a consumer report is substantially job-related in that it supplies us information related to an applicant's past behavior related to handling money or financial records and can be a predictor of that applicant's future behavior.

A "Consumer Report" includes communications from a consumer reporting agency regarding an individual's credit history, credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics or mode of living.

The Washington County Community Corrections is not a consumer reporting agency.

Since we are using your consumer report to assist us in making the hiring decision, the Fair Credit Reporting Act (FCRA) gives you the right to request disclosure of the nature and substance of all information in your consumer file. The complete text of this act may be found at [www.ftc.gov](http://www.ftc.gov).

**You will be notified in writing before any adverse actions are taken as a result of this Consumer Report.**

### ***PERMISSION TO OBTAIN CONSUMER REPORT***

I have read and understand the above disclosure. I hereby knowingly and voluntarily give my permission for Washington County to obtain a copy of a Consumer Report on me for the limited purpose of my pre-employment background investigation.

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Print name

Date

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Signature