



HOQUIAM POLICE DEPARTMENT

215 Tenth Street, Hoquiam Washington 98550 · Emergency Dial 911 · Office (360) 532-0892 · Fax (360) 532-0899

Volunteer Work Application

Applicant:

Last Name		First Name	Middle	Date of Birth	
Address					
City		State	Zip	Home Phone	Work Phone
Position Applied For					Date of Application

Personal Information (for background & security verification):

Social Security Number		Maiden Name or Other Names Known By		Place of Birth (City/ State)	
United States Citizen? Yes No		Driver's License Number		State	Commercial Driver's License or Endorsements
Height	Weight	Eye Color	Hair Color	Scars/ Tattoos/ Identifying Marks	

Past Residences (list past ten years):

Date From	Date To	Residence Address
Date From	Date To	Residence Address
Date From	Date To	Residence Address
Date From	Date To	Residence Address
Date From	Date To	Residence Address

Work History (list past ten years):

Date From	Date To	Business Name/ Position
Date From	Date To	Business Name/ Position
Date From	Date To	Business Name/ Position
Date From	Date To	Business Name/ Position
Date From	Date To	Business Name/ Position

Military Record:

Date From	Date To	Military Service
Honorable Discharge? Yes No	Formal Discipline (Court Martial) Yes No	Highest Rank Held
Special Training or Experience		

Educational History:

High School Attended	Date From	Date To	City/ State	Graduation or Degree Earned
High School Attended	Date From	Date To	City/ State	Graduation or Degree Earned
College or Vocational School	Date From	Date To	City/ State	Graduation or Degree Earned
College or Vocational School	Date From	Date To	City/ State	Graduation or Degree Earned
College or Vocational School	Date From	Date To	City/ State	Graduation or Degree Earned

Specialty Training (list special skills, qualifications or training):

Foreign Languages:

Language	Speaking Good Fair None	Understanding Good Fair None	Reading Good Fair None	Writing Good Fair None
Language	Speaking Good Fair None	Understanding Good Fair None	Reading Good Fair None	Writing Good Fair None

Criminal History:

Have You Ever Been Arrested or Cited By Police? Yes No		Have You Ever Been Detained By the Police? Yes No		Have You Ever Been Party in a Lawsuit? Yes No	
Alleged Crime	Police Agency (City and State)	Date	Disposition of Case		
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Alleged Crime	Police Agency (City and State)	Date	Disposition of Case		

Traffic/ Driving History:

Have You Ever Received a Traffic Ticket? Yes No		Have You Ever Been Involved in a Collision? Yes No		Has Your License Ever Been Suspended or Revoked? Yes No	
Ticket or Collision	Police Agency (City and State)	Date	Disposition of Case or Accident		
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Physical/ Medical Issues (confidential):

Physical Handicaps/ Chronic Diseases or Disabilities? Yes No	If Yes, Please Explain
Currently on Medications Prescribed by Physician? Yes No	If Yes, Please Explain
On Disability or Other Workman Compensation? Yes No	If Yes, Please Explain
Any Other Medical Issues or Concerns We Should Be Aware Of?	

Illegal Drug Activity:

Have You Ever Used Illegal Drugs? Yes No	If Yes, Please Explain- Including Dates and Frequency

References (minimum of four):

Name	Address	City/ State/ Zip	
Home Phone	Work Phone	Relationship to You	Years Known
Name	Address	City/ State/ Zip	
Home Phone	Work Phone	Relationship to You	Years Known
Name	Address	City/ State/ Zip	
Home Phone	Work Phone	Relationship to You	Years Known
Name	Address	City/ State/ Zip	
Home Phone	Work Phone	Relationship to You	Years Known

I hereby authorize the Hoquiam Police Department to conduct a complete background investigation into my complete history, including my former employment, together with any and all information concerning my personal ability, personal character, credit history, arrest record, traffic record, personal and professional references and other background information.

I hereby release any law enforcement agency, company, corporation, or individual from any and all liability for furnishing any information concerning my background in response to this investigation.

I hereby certify that there are no willful misrepresentations or falsification of statements and answers to questions in my application or in any documents relating to my background. I am aware that should investigation disclose such misrepresentations and falsifications, my application will be immediately rejected and/or my volunteer position with the department will be immediately terminated.

Applicant Signature: _____ Date: _____

Witness Signature: _____ Date: _____