

**CITY OF ABERDEEN
POSITION CLASSIFICATION**

POLICE OFFICER

Salary Range: 19P
Union Status: Police Association
FLSA Status: Non-Exempt
Date Adopted: 1/93

Page 1 of 4

DEFINITION: Provides assistance, emergency aid, security and protection to citizens by patrolling business and residential areas, responding to requests for information and assistance, investigating criminal activity and otherwise ensuring the proper enforcement of laws and regulations.

DISTINGUISHING CHARACTERISTICS:

Positions in this classification are assigned patrol, investigative, office duties and special assignments depending on individual areas of training. May perform detective assignments on a rotating basis. Individual discretion is required to determine the appropriate course of action when providing emergency aid and assistance. Work is assigned and reviewed by Police Sergeants who provide shift supervision.

ESSENTIAL JOB FUNCTIONS:

Receives and responds to radio calls and requests for emergency assistance such as from crimes of violence, unruly crowds, auto accidents, child neglect, thefts and fraud, vandalism and a variety of other misdemeanors and felonies. Administers first aid and requests medical assistance. Intervenes in disputes and takes necessary steps to restore the peace.

Patrols an assigned area in a radio patrol car to aid in preventing, crime and to enforce federal, state and city laws and regulations. Checks buildings for security and maintains surveillance of gathering places. Reports traffic hazards and directs traffic flow when necessary.

Conducts the initial investigation of incidents; gathers evidence, interviews victims, witnesses and suspects, and preserves scene for further investigation. Arrests and transports prisoners to jail, participates in booking procedure and conducts prisoner to cell.

Conducts assigned follow-up investigations of actual or suspected felonies and misdemeanors. Inspects site of crime, take photographs and interviews victims, witnesses and suspects. Collects and evaluates evidence using lab analysis, fingerprinting and other methods. Completes investigations to submit cases for prosecution.

Testifies in court in those cases where he/she made the arrest, investigated the crime or issued a citation.

Provides assistance and information to the public regarding City services, laws and ordinances. Assists persons with complaints and inquiries or directs them to the appropriate authorities.

Prepares a variety of records and reports, such as reports on arrests, property impounded, accidents and damage to property.

OTHER JOB FUNCTIONS:

May perform special assignments related to investigation, crime prevention or analysis, community education, traffic control or K-9.

Assists in receiving, searching, booking, fingerprinting and supervising prisoners in the City jail.

Assists newer police officers in learning police procedures and techniques and serves as a Field Training Officer when so appointed by the Chief of Police.

Performs other related duties as required.

PRIMARY AND ESSENTIAL TASKS:

A. Powers of Arrest and Control: Conduct full search of arrested persons; conduct frisk or pat down; advise persons of constitutional rights; arrest persons with a warrant; arrest persons without a warrant; handcuff suspects or prisoners; seize contraband, weapons and stolen property from suspects; execute arrest warrants; request verification of warrants before execution; inspect patrol vehicle for weapons and contraband before and after prisoner transport.

B. Self Defense/Use Of Force: Subdue physically attacking person; use weaponless defense tactics; subdue person resisting arrest; grip person tightly to prevent escape; disarm violent armed suspect; pull person out of vehicle who is resisting arrest; break up fights between two or more persons.

C. Deadly Force: Discharge firearm at person; draw weapon to protect self or third party; clean and inspect firearms; participate in firearms training; fire weapon in nighttime combat (not including training); fire weapon in daytime combat (not including training); fire a weapon in dark environment with flashlight in one hand.

D. Motor Vehicle Enforcement: Arrest DWI suspects; execute felony motor vehicle stop; stop vehicles to investigate, warn or arrest occupants.

E. Emergency Vehicle Operation: Engage in high speed pursuit driving in congested area; engage in high speed response driving in congested area; engage in high speed response driving off road; engage in high speed pursuit driving on open road; engage in high speed response driving on open road; operate police vehicle on ice covered road; operate police vehicle on snow covered road.

F. Emergency Assistance: Take mentally deranged persons into custody for their own protection; administer cardio-pulmonary resuscitation (CPR); administer mouth-to-mouth resuscitation; apply basic first aid to control bleeding; apply basic first aid to unresponsive/unconscious person; apply basic first aid to treat for heart attack; talk with persons attempting to commit suicide to get them to delay or stop their attempt; use

protective gear to prevent contact with infectious diseases; intercede in domestic disputes to resolve, maintain peace, protect persons, etc.

G. Crime Scene Response: Collect evidence and property from crime scenes; fill out forms to document chain of custody of evidence; dust and lift latent prints; package (bag and tag) evidence; record location of physical evidence at scene; secure crime scene; initial/mark/label evidence; locate and protect latent evidence.

H. Criminal Investigation: Interrogate suspects; prepare felony paperwork; i.e., probable cause statement, charge sheet "super" forms, etc.; present evidence and testimony in legal and administrative proceedings; respond to and conduct preliminary investigation of events related to: homicide, rape, robbery, felony assault, burglary, fatal traffic accident, vehicular homicide, vehicular assault and family disturbances.

I. Special Operations: Participate in raids and searches; search for a person in a darkened building or environment.

WORK ENVIRONMENT/EQUIPMENT USED:

Work is performed indoors and in a motor vehicle as well as outdoors in frequently inclement weather. Sitting for extended periods of time while operating the patrol vehicle may be interspersed with sudden running, jumping and climbing. Work is scheduled in rotating shifts that include irregular work hours. Extended periods of time on duty and/or without a day off may be required during emergencies; time between breaks and meals may also be irregular. Risk of bodily injury is high due to environmental conditions such as proximity to moving objects (traffic), slippery/uneven surfaces in the field and exposure to combative people, bodily fluids and infectious diseases. Work is frequently performed under stressful conditions working closely with people in emergency situations requiring swift and sound decision-making.

Equipment used includes but is not limited to motor vehicles, firearms, non-lethal defense equipment, prisoner restraint devices, special protective equipment, photographic equipment, fingerprinting equipment, BAC, radio, computer, and special investigative equipment.

DESIRABLE QUALIFICATIONS:

Knowledge of: basic principles and procedures of crime prevention, law enforcement and the criminal justice system.

Ability to: learn and understand laws of arrest, search and seizure and rules of evidence; respond quickly and exercise sound judgment in emergency situations; learn proper methods of physical restraint of other persons; use firearms safely and accurately; maintain cooperative and responsible attitude toward co-workers and general public; communicate effectively both orally and in writing; physically perform the work assignments.

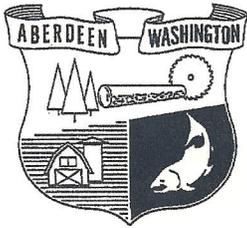
EDUCATION AND EXPERIENCE:

High school degree or GED equivalent. College coursework in police science and related
Is desirable.

LICENSES, CERTIFICATES AND OTHER REQUIREMENTS:

- U. S. Citizenship.
- Valid Washington State Driver's License.
- No record of felony conviction or excessive traffic violations.
- Good moral character and honesty are of the utmost importance.
- Minimum age of 21 years.
- Physical ability to perform the essential job tasks.

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City of ABERDEEN

EMPLOYMENT APPLICATION
200 East Market Street
Aberdeen, Washington 98520

NOTICES:

If you are employed by the City of Aberdeen, you will be required to establish your identity and authority to work in the United States, as required by the Immigration Reform and Control Act.

Applications will be screened and the most qualified invited to interview. Those not contacted must assume they were not selected for an interview. Formal notification may not be sent to unsuccessful applicants.

The City of Aberdeen is an Equal Opportunity Employer and encourages applications from all persons without regard to race, creed, color, national origin, gender, age, marital status, physical or mental disabilities or veteran status including disabled veterans of the Viet Nam era. The City of Aberdeen provides reasonable accommodation to its employees and the public with disabilities, including disabled veterans. If you wish more information, contact the City of Aberdeen Human Resources Office, (360) 537-3212.

Position Applied For: _____

Date: _____

Name: _____

Telephone: (Home) _____

Address: _____

(Work) _____

(Cell) _____

City _____ State _____ Zip _____

Personal Information:	Have you been convicted of a criminal offense within the past 7 years? (Criminal conviction will not necessarily bar you from employment.) Yes _____ No _____ If Yes, please explain: _____ _____ _____ _____ _____ _____
Will you accept part-time or temporary employment? Yes _____ No _____	
Have you ever been employed by the City of Aberdeen? Yes _____ No _____	
<input type="checkbox"/> CAN <input type="checkbox"/> CANNOT WORK ON SATURDAYS <input type="checkbox"/> CAN <input type="checkbox"/> CANNOT WORK ON SUNDAYS <input type="checkbox"/> CAN <input type="checkbox"/> CANNOT WORK NIGHTS OR EVENINGS (OTHER THAN FOR RELIGIOUS REASONS)	
U.S. Military Service: Branch: _____ Specialities: _____	

Education & Training: Circle Highest Grade Completed: 6 7 8 9 10 11 12 GED COLLEGE: 1 2 3 4 5 6 7 8

Colleges or Universities Attended:	Major/Course Studies:	Degree (Yes or No)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Other Training or Schooling:

_____	_____	_____
_____	_____	_____
_____	_____	_____

Licenses/Certifications: List special licenses (including driver's license) or certifications you hold which are necessary or useful in this position.
 Note type of license (including number), state where issued, and expiration date: _____

Machinery/Equipment: List machinery and equipment you have operated which are necessary or useful in this position:
 If you are applying for a position in which you will be required to operate City vehicles and/or equipment, your driving record will be checked.

Talents/Skills/Current Studies: List useful talents, experiences, qualifications or skills that relate to the position for which you are applying.
 (Examples: volunteer work, boards or commissions served, hobbies such as photography, art, etc.): _____

WORK HISTORY

You may attach a resume, however a resume will not be accepted in place of a complete work history as requested below.
Begin With Your Current or Most Recent Position.

DATE EMPLOYED: FROM _____ TO _____ YOUR TITLE _____ NAME/TITLE OF YOUR SUPERVISOR _____ REASON FOR LEAVING <input type="checkbox"/> FURTHER MY EDUCATION <input type="checkbox"/> REQUIRED MORE PROFITABLE OPPORTUNITY <input type="checkbox"/> TERMINATED <input type="checkbox"/> SEEKING GREATER CHALLENGE <input type="checkbox"/> LAID OFF <input type="checkbox"/> LACK OF WORK <input type="checkbox"/> OTHER (Please Explain) _____	EMPLOYER'S NAME & ADDRESS _____ _____ PHONE _____ PRIMARY DUTIES _____ _____ _____ MONTHLY SALARY _____ HOURS WORKED/WEEK _____
--	---

DATE EMPLOYED: FROM _____ TO _____ YOUR TITLE _____ NAME/TITLE OF YOUR SUPERVISOR _____ REASON FOR LEAVING <input type="checkbox"/> FURTHER MY EDUCATION <input type="checkbox"/> REQUIRED MORE PROFITABLE OPPORTUNITY <input type="checkbox"/> TERMINATED <input type="checkbox"/> SEEKING GREATER CHALLENGE <input type="checkbox"/> LAID OFF <input type="checkbox"/> LACK OF WORK <input type="checkbox"/> OTHER (Please Explain) _____	EMPLOYER'S NAME & ADDRESS _____ _____ PHONE _____ PRIMARY DUTIES _____ _____ _____ MONTHLY SALARY _____ HOURS WORKED/WEEK _____
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DATE EMPLOYED: FROM _____ TO _____ YOUR TITLE _____ NAME/TITLE OF YOUR SUPERVISOR _____ REASON FOR LEAVING <input type="checkbox"/> FURTHER MY EDUCATION <input type="checkbox"/> REQUIRED MORE PROFITABLE OPPORTUNITY <input type="checkbox"/> TERMINATED <input type="checkbox"/> SEEKING GREATER CHALLENGE <input type="checkbox"/> LAID OFF <input type="checkbox"/> LACK OF WORK <input type="checkbox"/> OTHER (Please Explain) _____	EMPLOYER'S NAME & ADDRESS _____ _____ PHONE _____ PRIMARY DUTIES _____ _____ _____ MONTHLY SALARY _____ HOURS WORKED/WEEK _____
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DATE EMPLOYED: FROM _____ TO _____ YOUR TITLE _____ NAME/TITLE OF YOUR SUPERVISOR _____ REASON FOR LEAVING <input type="checkbox"/> FURTHER MY EDUCATION <input type="checkbox"/> REQUIRED MORE PROFITABLE OPPORTUNITY <input type="checkbox"/> TERMINATED <input type="checkbox"/> SEEKING GREATER CHALLENGE <input type="checkbox"/> LAID OFF <input type="checkbox"/> LACK OF WORK <input type="checkbox"/> OTHER (Please Explain) _____	EMPLOYER'S NAME & ADDRESS _____ _____ PHONE _____ PRIMARY DUTIES _____ _____ _____ MONTHLY SALARY _____ HOURS WORKED/WEEK _____
--	---

PLEASE READ CAREFULLY AND SIGN BELOW:

Can you perform the essential job functions of this position as stated in the job description? Yes No

I swear the statements contained in this application for employment are true and correct. I understand any false or misleading statement or omission of material fact may result in dismissal. I authorize the City of Aberdeen to investigate all statements in this application and to secure any necessary information from all my employers, references and academic institutions. I hereby release all of those employers, references, academic institutions and the City from any and all liability arising from their giving or receiving information about my employment history, my academic credentials or qualifications and my suitability for employment with the City.

I understand that any offer of employment is contingent upon receipt of a satisfactory report concerning my credentials and employment references. I further understand that employment in certain job categories is contingent upon passing a job-related medical examination.

Signature _____ Date _____

THE INFORMATION REQUESTED ON THE REVERSE SIDE OF THIS TEAR-OFF TAB WILL BE USED FOR STATISTICAL PURPOSES ONLY. IT WILL ENABLE THE CITY TO EVALUATE ITS RECRUITMENT PROCESS IN LIGHT OF FEDERAL AND STATE EQUAL EMPLOYMENT OPPORTUNITY LAWS. YOUR COOPERATION IS STRICTLY VOLUNTARY: YOUR APPLICATION WILL BE REVIEWED WHETHER OR NOT YOU PROVIDE THIS INFORMATION.

THANK YOU FOR YOUR HELP.

DATE _____

ETHNIC IDENTIFICATION

- _____ WHITE
- _____ BLACK
- _____ ASIAN/PACIFIC ISLANDER
- _____ HISPANIC ORIGIN
- _____ AMERICAN INDIAN/
ALASKAN NATIVE

POSITION APPLIED FOR _____

AGE _____

SEX: MALE
 FEMALE

DISABLED? VETERAN?
 YES NO YES NO

If yes, please explain

HOW DID YOU LEARN OF THIS JOB?

- _____ NEWSPAPER
Which one _____
- _____ CITY HALL
- _____ PROFESSIONAL JOURNAL
Which one _____
- _____ POSTED ELSEWHERE
Where _____
- _____ FRIEND
- _____ CURRENT CITY EMPLOYEE
- _____ OTHER
What _____

Law Enforcement Supplemental

Washington State Peace Officers:

Do you have a current Washington State Peace Officer Certification? Yes No

Are you a current Law Enforcement Officer? Yes No

Out of Washington State Peace Officer:

Are you a current Law Enforcement Officer? Yes No

Do you currently possess a valid state certification as a trained and qualified police officer? Yes No

In what State is your valid state certification?

Have you been a full-time police officers for at least two consecutive years?
 Yes No

Are you currently out of law enforcement employment? Yes No

At the time of this application has that laps in law enforcement employment been more than one (1) year? Yes No

Aberdeen Police Department

210 East Market Street Aberdeen Washington 98520

PERSONAL HISTORY STATEMENT – POLICE OFFICER

Instructions to the Applicant

- The information you provide in this Personal History Statement will be used in the background investigation to assist in determining your suitability for the position of **Police Officer**.
- Type or neatly print, in ink, responses to all items and questions. If a question does not apply to you, write "N/A" (not applicable) in the space provided for your response. If you cannot obtain or remember certain information, indicate so in your response.
- If you need more space for any response, use the last page of this form (page 28) and identify the additional information by the question number.

DISQUALIFICATION:

There are very few *automatic* bases for rejection. Even issues of prior misconduct, such as prior illegal drug use, driving under the influence, theft or even arrest or conviction may not, in and of themselves, automatically disqualify. However, *deliberate misstatements or omissions* can and often will result in your application being rejected, regardless of the nature or reason for the misstatements/omissions. In fact, the number one reason individuals "fail" background investigations is because they deliberately withhold or misrepresent job-relevant information from their prospective employer.

BOTTOM LINE: Be as complete, honest and specific as possible in your responses.

Disclosure of Medically-Related Information

In accordance with the U.S. Americans with Disabilities Act and the Washington Fair Employment and Housing Act, at this stage of the hiring process applicants are not expected or required to reveal any medical or other disability-related information about themselves in response to questions on this form, or to any other inquiry made prior to receiving a conditional offer of employment.

**Initial this page to indicate you have provided complete and accurate information: _____*

Aberdeen Police Department

210 East Market Street Aberdeen Washington 98520

PERSONAL HISTORY STATEMENT – POLICE OFFICER

B. RELATIVES AND REFERENCES – Immediate Family: Provide all applicable information in the spaces below. Mark "N/A" if a category is not applicable or if the individual is deceased. If more space is needed, continue your response of page 28.

1. Father:

Name	Home Address (Number / Street / Apt)	City	State	Zip
Home Phone	Work Address (Number / Street / Apt)	City	State	Zip
Work Phone	Cell Phone	Email		

2. Step-father:

Name	Home Address (Number / Street / Apt)	City	State	Zip
Home Phone	Work Address (Number / Street / Apt)	City	State	Zip
Work Phone	Cell Phone	Email		

3. Mother:

Name	Home Address (Number / Street / Apt)	City	State	Zip
Home Phone	Work Address (Number / Street / Apt)	City	State	Zip
Work Phone	Cell Phone	Email		

4. Step-mother:

Name	Home Address (Number / Street / Apt)	City	State	Zip
Home Phone	Work Address (Number / Street / Apt)	City	State	Zip
Work Phone	Cell Phone	Email		

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Aberdeen Police Department

210 East Market Street Aberdeen Washington 98520

PERSONAL HISTORY STATEMENT – POLICE OFFICER

B. RELATIVES AND REFERENCES (cont.)

5. Spouse:

Name	Home Address (Number / Street / Apt)	City	State	Zip
------	--------------------------------------	------	-------	-----

Home Phone	Work Address (Number / Street / Apt)	City	State	Zip
------------	--------------------------------------	------	-------	-----

Work Phone	Cell Phone	Email
------------	------------	-------

6. Father-in-law:

Name	Home Address (Number / Street / Apt)	City	State	Zip
------	--------------------------------------	------	-------	-----

Home Phone	Work Address (Number / Street / Apt)	City	State	Zip
------------	--------------------------------------	------	-------	-----

Work Phone	Cell Phone	Email
------------	------------	-------

7. Mother-in-law:

Name	Home Address (Number / Street / Apt)	City	State	Zip
------	--------------------------------------	------	-------	-----

Home Phone	Work Address (Number / Street / Apt)	City	State	Zip
------------	--------------------------------------	------	-------	-----

Work Phone	Cell Phone	Email
------------	------------	-------

8. Former Spouse(s):

a.

Name	Home Address (Number / Street / Apt)	City	State	Zip
------	--------------------------------------	------	-------	-----

Home Phone	Work Address (Number / Street / Apt)	City	State	Zip
------------	--------------------------------------	------	-------	-----

Work Phone	Cell Phone	Email
------------	------------	-------

Year of Dissolution	Is there, or has there been, a restraining or protection order in effect for this individual?
---------------------	---

**Initial this page to indicate you have provided complete and accurate information: _____*

Aberdeen Police Department

210 East Market Street Aberdeen Washington 98520

PERSONAL HISTORY STATEMENT – POLICE OFFICER

B. RELATIVES AND REFERENCES (cont.)

8. Former Spouse(s): (cont.)

b.

Name	Home Address (Number / Street / Apt)	City	State	Zip
------	--------------------------------------	------	-------	-----

Home Phone	Work Address (Number / Street / Apt)	City	State	Zip
------------	--------------------------------------	------	-------	-----

Work Phone	Cell Phone	Email
------------	------------	-------

Year of Dissolution Is there, or has there been, a restraining or protection order in effect for this individual?

9. Brothers and Sisters – list all living siblings, including half siblings, step-siblings, etc.

a. Male Female Under age 18

Name	Home Address (Number / Street / Apt)	City	State	Zip
------	--------------------------------------	------	-------	-----

Home Phone	Work Address (Number / Street / Apt)	City	State	Zip
------------	--------------------------------------	------	-------	-----

Work Phone	Cell Phone	Email
------------	------------	-------

b. Male Female Under age 18

Name	Home Address (Number / Street / Apt)	City	State	Zip
------	--------------------------------------	------	-------	-----

Home Phone	Work Address (Number / Street / Apt)	City	State	Zip
------------	--------------------------------------	------	-------	-----

Work Phone	Cell Phone	Email
------------	------------	-------

c. Male Female Under age 18

Name	Home Address (Number / Street / Apt)	City	State	Zip
------	--------------------------------------	------	-------	-----

**Initial this page to indicate you have provided complete and accurate information: _____*

Aberdeen Police Department

210 East Market Street Aberdeen Washington 98520

PERSONAL HISTORY STATEMENT – POLICE OFFICER

B. RELATIVES AND REFERENCES (cont.)

9. Brothers and Sisters: (cont.)

c. (cont.)

Home Phone _____ Work Address (Number / Street / Apt) _____ City _____ State _____ Zip _____

Work Phone _____ Cell Phone _____ Email _____

d. Male Female Under age 18

Name _____ Home Address (Number / Street / Apt) _____ City _____ State _____ Zip _____

Home Phone _____ Work Address (Number / Street / Apt) _____ City _____ State _____ Zip _____

Work Phone _____ Cell Phone _____ Email _____

e. Male Female Under age 18

Name _____ Home Address (Number / Street / Apt) _____ City _____ State _____ Zip _____

Home Phone _____ Work Address (Number / Street / Apt) _____ City _____ State _____ Zip _____

Work Phone _____ Cell Phone _____ Email _____

f. Male Female Under age 18

Name _____ Home Address (Number / Street / Apt) _____ City _____ State _____ Zip _____

Home Phone _____ Work Address (Number / Street / Apt) _____ City _____ State _____ Zip _____

Work Phone _____ Cell Phone _____ Email _____

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Aberdeen Police Department

210 East Market Street Aberdeen Washington 98520

PERSONAL HISTORY STATEMENT – POLICE OFFICER

B. RELATIVES AND REFERENCES (cont.)

10. **Children** – List all of your living children, including natural, adopted, step, and/or foster care. Include any other children who reside with you. Provide the name and contact information of the custodial parent or guardian, if other than you.

a. _____ Male Female
Name Age

Custodial Parent or Guardian (If other than you)

Address (Number / Street / Apt) City State Zip

Contact Number Email

b. _____ Male Female
Name Age

Custodial Parent or Guardian (If other than you)

Address (Number / Street / Apt) City State Zip

Contact Number Email

c. _____ Male Female
Name Age

Custodial Parent or Guardian (If other than you)

Address (Number / Street / Apt) City State Zip

Contact Number Email

d. _____ Male Female
Name Age

Initial this page to indicate you have provided complete and accurate information: _____

Aberdeen Police Department

210 East Market Street Aberdeen Washington 98520

PERSONAL HISTORY STATEMENT – POLICE OFFICER

B. RELATIVES AND REFERENCES (cont.)

10. Children (cont.)

d. (cont.)

Custodial Parent or Guardian (If other than you)

Address (Number / Street / Apt)

City

State

Zip

Contact Number

Email

e. _____

Name

Age

Male

Female

Custodial Parent or Guardian (If other than you)

Address (Number / Street / Apt)

City

State

Zip

Contact Number

Email

f. _____

Name

Age

Male

Female

Custodial Parent or Guardian (If other than you)

Address (Number / Street / Apt)

City

State

Zip

Contact Number

Email

11. **References** – List 7-10 people who know you well, such as social and family friends, co-workers, military acquaintances. Do not include relatives, employers or housemates, or other individuals listed elsewhere.

a. _____

Name

Home address (Number / Street / Apt)

City

State

Zip

***Initial this page to indicate you have provided complete and accurate information: _____**

Aberdeen Police Department

210 East Market Street Aberdeen Washington 98520

PERSONAL HISTORY STATEMENT – POLICE OFFICER

B. RELATIVES AND REFERENCES (cont.)

11. REFERENCES

a. (continued)

Home phone	Work address (Number / Street / Apt)	City	State	Zip
Work phone	Cell phone	Email		
How do you know this person? (For example: Friend, Teacher, Family friend, Co-Worker) How Long Known?				

b.

Name	Home address (Number / Street / Apt)	City	State	Zip
Home phone	Work address (Number / Street / Apt)	City	State	Zip
Work phone	Cell phone	Email		
How do you know this person? (For example: Friend, Teacher, Family friend, Co-Worker) How Long Known?				

c.

Name	Home address (Number / Street / Apt)	City	State	Zip
Home phone	Work address (Number / Street / Apt)	City	State	Zip
Work phone	Cell phone	Email		
How do you know this person? (For example: Friend, Teacher, Family friend, Co-Worker) How Long Known?				

d.

Name	Home address (Number / Street / Apt)	City	State	Zip
Home phone	Work address (Number / Street / Apt)	City	State	Zip
Work phone	Cell phone	Email		
How do you know this person? (For example: Friend, Teacher, Family friend, Co-Worker) How Long Known?				

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Aberdeen Police Department

210 East Market Street Aberdeen Washington 98520

PERSONAL HISTORY STATEMENT – POLICE OFFICER

B. RELATIVES AND REFERENCES (cont.)

11. REFERENCES (cont.)

e. _____

Name	Home address (Number / Street / Apt)	City	State	Zip
Home phone	Work address (Number / Street / Apt)	City	State	Zip
Work phone	Cell phone	Email		

How do you know this person? (For example: Friend, Teacher, Family friend, Co-Worker) How Long Known?

f. _____

Name	Home address (Number / Street / Apt)	City	State	Zip
Home phone	Work address (Number / Street / Apt)	City	State	Zip
Work phone	Cell phone	Email		

How do you know this person? (For example: Friend, Teacher, Family friend, Co-Worker) How Long Known?

g. _____

Name	Home address (Number / Street / Apt)	City	State	Zip
Home phone	Work address (Number / Street / Apt)	City	State	Zip
Work phone	Cell phone	Email		

How do you know this person? (For example: Friend, Teacher, Family friend, Co-Worker) How Long Known?

h. _____

Name	Home address (Number / Street / Apt)	City	State	Zip
Home phone	Work address (Number / Street / Apt)	City	State	Zip

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Aberdeen Police Department

210 East Market Street Aberdeen Washington 98520

PERSONAL HISTORY STATEMENT – POLICE OFFICER

B. RELATIVES AND REFERENCES(cont.)

11. References (cont.)

h. (cont.)

Work phone	Cell phone	Email
------------	------------	-------

How do you know this person? (For example: Friend, Teacher, Family friend, Co-Worker) How Long Known?

i.

Name	Home address (Number / Street / Apt)	City	State	Zip
------	--------------------------------------	------	-------	-----

Home phone	Work address (Number / Street / Apt)	City	State	Zip
------------	--------------------------------------	------	-------	-----

Work phone	Cell phone	Email
------------	------------	-------

How do you know this person? (For example: Friend, Teacher, Family friend, Co-Worker) How Long Known?

j.

Name	Home address (Number / Street / Apt)	City	State	Zip
------	--------------------------------------	------	-------	-----

Home phone	Work address (Number / Street / Apt)	City	State	Zip
------------	--------------------------------------	------	-------	-----

Work phone	Cell phone	Email
------------	------------	-------

How do you know this person? (For example: Friend, Teacher, Family friend, Co-Worker) How Long Known?

C. EDUCATION – NOTE: You will be required to furnish transcripts or other proof to support all of your educational claims.

Check applicable: High School Diploma GED

1. List high schools attended:

Name	From	To	Graduate?
			Yes <input type="checkbox"/>
			No <input type="checkbox"/>
City	State		

Initial this page to indicate you have provided complete and accurate information: _____

Aberdeen Police Department

210 East Market Street Aberdeen Washington 98520

PERSONAL HISTORY STATEMENT – POLICE OFFICER

C. EDUCATION (cont.)

1. High schools (cont.)

b. _____ Graduate? Yes
Name From To No

City State

2. List all colleges or universities attended:

a. _____
Name From To Credits Earned

City State Type of Degree Earned

b. _____
Name From To Credits Earned

City State Type of Degree Earned

c. _____
Name From To Credits Earned

City State Type of Degree Earned

3. List any trade, vocational, or business schools/institutes attended:

a. _____ Did you complete the course? Yes
Name From To No

Type of school or training City State

b. _____ Did you complete the course? Yes
Name From To No

Type of school or training City State

Initial this page to indicate you have provided complete and accurate information: _____

Aberdeen Police Department

210 East Market Street Aberdeen Washington 98520

PERSONAL HISTORY STATEMENT – POLICE OFFICER

C. EDUCATION (cont.)

3. Trade, Vocational, Business School(cont.)

c. _____ Did you complete the course?
Name From To Yes
No
Type of school or training City State

4. Have you ever attended a POST, Basic Academy? Yes No

a. _____ Did you Graduate?
Academy name From To Yes No
Location (City / State) Name of training officer/Academy Coordinator Contact Number

b. _____ Did you Graduate?
Academy name From To Yes No
Location (City / State) Name of training officer/Academy Coordinator Contact Number

D. RESIDENCES – List all residences during the last ten years or since age 15. 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 or base in address, nearest city, state and zip code. DO NOT LIST military barracks mates unless you shared individual quarters. If more space is needed continue on page 28.

1. _____ **Present**
Address where you now live (Number / Street / Apt) From
City State Zip If renting: Property Manager, Rent Collector, or Owner
Address of Property Manager, Rent Collector, or Owner (Number / Street / Apt) Contact Number
City State Zip Email
Names of those with whom you live

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Aberdeen Police Department

210 East Market Street Aberdeen Washington 98520

PERSONAL HISTORY STATEMENT – POLICE OFFICER

D. RESIDENCES (cont.)

2. _____
Former address (Number / Street / Apt) From To

City State Zip If renting: Property Manager, Rent Collector, or Owner

Address of Property Manager, Rent Collector, or Owner (Number / Street / Apt) Contact Number

City State Zip Email

Names of those with whom you live

Reason for moving

3. _____
Former address (Number / Street / Apt) From To

City State Zip If renting: Property Manager, Rent Collector, or Owner

Address of Property Manager, Rent Collector, or Owner (Number / Street / Apt) Contact Number

City State Zip Email

Names of those with whom you live

Reason for moving

4. _____
Former address (Number / Street / Apt) From To

City State Zip If renting: Property Manager, Rent Collector, or Owner

D. RESIDENCES (cont.)

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PERSONAL HISTORY STATEMENT – POLICE OFFICER

4. (cont.)

Address of Property Manager, Rent Collector, or Owner (Number / Street / Apt) Contact Number

City State Zip Email

Names of those with whom you live

Reason for moving

5.

Former address (Number / Street / Apt) From To

City State Zip If renting: Property Manager, Rent Collector, or Owner

Address of Property Manager, Rent Collector, or Owner (Number / Street / Apt) Contact Number

City State Zip Email

Names of those with whom you live

Reason for moving

6.

Former address (Number / Street / Apt) From To

City State Zip If renting: Property Manager, Rent Collector, or Owner

Address of Property Manager, Rent Collector, or Owner (Number / Street / Apt) Contact Number

City State Zip Email

Names of those with whom you live

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PERSONAL HISTORY STATEMENT – POLICE OFFICER

D. RESIDENCES (cont.)

6. (cont.)

Reason for moving

7.

Former address (Number / Street / Apt)

From

To

City

State

Zip

If renting: Property Manager, Rent Collector, or Owner

Address of Property Manager, Rent Collector, or Owner (Number / Street / Apt) Contact Number

City

State

Zip

Email

Names of those with whom you live

Reason for moving

aa. Provide contact information for all housemates listed in Question 13 with whom you have resided during the past 10 years, or since the age of 15. DO NOT list anyone for whom you have already provided contact information. If more space is needed, continue your response on page 28.

1.

Name

Contact Number

Current address if different (Number / Street / Apt)

City

State

Zip

Nature of relationship (ex. Relative, landlord, friend, housemate only)

Email

2.

Name

Contact Number

Current address if different (Number / Street / Apt)

City

State

Zip

D. RESIDENCES (cont.)

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PERSONAL HISTORY STATEMENT – POLICE OFFICER

aa. (cont.)

2. (cont.)

Nature of relationship (ex. Relative, landlord, friend, housemate only) Email

3.

Name Contact Number

Current address if different (Number / Street / Apt) City State Zip

Nature of relationship (ex. Relative, landlord, friend, housemate only) Email

4.

Name Contact Number

Current address if different (Number / Street / Apt) City State Zip

Nature of relationship (ex. Relative, landlord, friend, housemate only) Email

5.

Name Contact Number

Current address if different (Number / Street / Apt) City State Zip

Nature of relationship (ex. Relative, landlord, friend, housemate only) Email

6.

Name Contact Number

Current address if different (Number / Street / Apt) City State Zip

Nature of relationship (ex. Relative, landlord, friend, housemate only) Email

E. EXPERIENCE AND EMPLOYMENT

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PERSONAL HISTORY STATEMENT – POLICE OFFICER

1. Job Experience

- List **ALL** jobs you have had, including part-time, temporary, self-employment and volunteer. (Begin with your most current. If more space is needed continue your response on page 28.)
- If you have military experience, including reserve duty, enter your military base, assignments, or unit of assignment.
- List **ALL** periods of unemployment in excess of 30 days.

a. Name of Employer or Military Unit	From	To			
Address (Number/Street or Base)	Supervisor				
City	State	Zip	Contact #	Ext.	
Job Title	Email				
Duties/Assignments	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Temp	<input type="checkbox"/> Self-Employed	<input type="checkbox"/> Volunteer
Names of Co-workers	Reason for Leaving				
Would there be a problem if we contact your current employer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			

If yes, explain: _____

Period of Unemployment	From	To			
Check applicable:	<input type="checkbox"/> Student	<input type="checkbox"/> Between jobs	<input type="checkbox"/> Leave of absence	<input type="checkbox"/> Travel	<input type="checkbox"/> Other

b. Name of Employer or Military Unit	From	To			
Address (Number/Street or Base)	Supervisor				
City	State	Zip	Contact #	Ext.	
Job Title	Email				
Duties/Assignments	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Temp	<input type="checkbox"/> Self-Employed	<input type="checkbox"/> Volunteer
Names of Co-workers	Reason for Leaving				
Would there be a problem if we contact your current employer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			

If yes, explain: _____

Period of Unemployment	From	To			
Check applicable:	<input type="checkbox"/> Student	<input type="checkbox"/> Between jobs	<input type="checkbox"/> Leave of absence	<input type="checkbox"/> Travel	<input type="checkbox"/> Other

E. EXPERIENCE AND EMPLOYMENT (cont.)

*Initial this page to indicate you have provided complete and accurate information: _____

Aberdeen Police Department

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PERSONAL HISTORY STATEMENT – POLICE OFFICER

1. Job Experience (cont.)

c. Name of Employer or Military Unit			From	To	
Address (Number/Street or Base)			Supervisor		
City	State	Zip	Contact #	Ext.	
Job Title			Email		
Duties/Assignments	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Temp	<input type="checkbox"/> Self-Employed	<input type="checkbox"/> Volunteer
Names of Co-workers			Reason for Leaving		
Would there be a problem if we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, explain: _____					

Period of Unemployment	From	To			
Check applicable:	<input type="checkbox"/> Student	<input type="checkbox"/> Between jobs	<input type="checkbox"/> Leave of absence	<input type="checkbox"/> Travel	<input type="checkbox"/> Other

d. Name of Employer or Military Unit			From	To	
Address (Number/Street or Base)			Supervisor		
City	State	Zip	Contact #	Ext.	
Job Title			Email		
Duties/Assignments	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Temp	<input type="checkbox"/> Self-Employed	<input type="checkbox"/> Volunteer
Names of Co-workers			Reason for Leaving		
Would there be a problem if we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, explain: _____					

Period of Unemployment	From	To			
Check applicable:	<input type="checkbox"/> Student	<input type="checkbox"/> Between jobs	<input type="checkbox"/> Leave of absence	<input type="checkbox"/> Travel	<input type="checkbox"/> Other

E. EXPERIENCE AND EMPLOYMENT (cont.)

**Initial this page to indicate you have provided complete and accurate information: _____*

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PERSONAL HISTORY STATEMENT – POLICE OFFICER

1. Job Experience (cont.)

e. Name of Employer or Military Unit

From

To

Address (Number/Street or Base)

Supervisor

City

State

Zip

Contact #

Ext.

Job Title

Email

Duties/Assignments

Full Time

Part Time

Temp

Self-Employed

Volunteer

Names of Co-workers

Reason for Leaving

Would there be a problem if we contact your current employer?

Yes

No

If yes, explain: _____

Period of Unemployment

From

To

Check applicable:

Student

Between jobs

Leave of absence

Travel

Other

f. Name of Employer or Military Unit

From

To

Address (Number/Street or Base)

Supervisor

City

State

Zip

Contact #

Ext.

Job Title

Email

Duties/Assignments

Full Time

Part Time

Temp

Self-Employed

Volunteer

Names of Co-workers

Reason for Leaving

Would there be a problem if we contact your current employer?

Yes

No

If yes, explain: _____

Period of Unemployment

From

To

Check applicable:

Student

Between jobs

Leave of absence

Travel

Other

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PERSONAL HISTORY STATEMENT – POLICE OFFICER

E. EXPERIENCE AND EMPLOYMENT (cont.)

1. Job Experience (cont.)

g. Name of Employer or Military Unit	From	To			
Address (Number/Street or Base)	Supervisor				
City	State	Zip	Contact #	Ext.	
Job Title	Email				
Duties/Assignments	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Temp	<input type="checkbox"/> Self-Employed	<input type="checkbox"/> Volunteer
Names of Co-workers	Reason for Leaving				
Would there be a problem if we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No					

If yes, explain: _____

Period of Unemployment	From	To			
Check applicable:	<input type="checkbox"/> Student	<input type="checkbox"/> Between jobs	<input type="checkbox"/> Leave of absence	<input type="checkbox"/> Travel	<input type="checkbox"/> Other

h. Name of Employer or Military Unit	From	To			
Address (Number/Street or Base)	Supervisor				
City	State	Zip	Contact #	Ext.	
Job Title	Email				
Duties/Assignments	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Temp	<input type="checkbox"/> Self-Employed	<input type="checkbox"/> Volunteer
Names of Co-workers	Reason for Leaving				
Would there be a problem if we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No					

If yes, explain: _____

Period of Unemployment	From	To			
Check applicable:	<input type="checkbox"/> Student	<input type="checkbox"/> Between jobs	<input type="checkbox"/> Leave of absence	<input type="checkbox"/> Travel	<input type="checkbox"/> Other

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PERSONAL HISTORY STATEMENT – POLICE OFFICER

E. EXPERIENCE AND EMPLOYMENT (cont.)

2. Have you ever applied to any other law enforcement agency (city, county or federal)?..... Yes No
- If yes, list every agency you have applied to, starting with the most recent (give complete and accurate addresses).
 - All agencies MUST be listed regardless of the outcome or current status. Check all boxes that apply for each agency.
 - If more space is needed, continue your response on page 28.

a. Name of Agency

Date Applied

Address (Number/Street)

Background Investigator's Name (If known)

City

State

Zip

Contact Number

Ext

Position Applied For

Email

Check each step in the process that you completed, and your status:

Steps: Application Written Physical agility Oral Polygraph Background Chief's oral Conditional job offer
Status: Hired On List Withdrawn Disqualified

b. Name of Agency

Date Applied

Address (Number/Street)

Background Investigator's Name (If known)

City

State

Zip

Contact Number

Ext

Position Applied For

Email

Check each step in the process that you completed, and your status:

Steps: Application Written Physical agility Oral Polygraph Background Chief's oral Conditional job offer
Status: Hired On List Withdrawn Disqualified

c. Name of Agency

Date Applied

Address (Number/Street)

Background Investigator's Name (If known)

City

State

Zip

Contact Number

Ext

Position Applied For

Email

Check each step in the process that you completed, and your status:

Steps: Application Written Physical agility Oral Polygraph Background Chief's oral Conditional job offer
Status: Hired On List Withdrawn Disqualified

E. EXPERIENCE AND EMPLOYMENT (cont.)

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PERSONAL HISTORY STATEMENT – POLICE OFFICER

3. MILITARY EXPERIENCE

a. Are you required to register for the Selective Service? Yes No

If yes, have you registered?..... Yes No

If no, explain:

b. Branch of Service Dates of Service From/To

c. Type of Discharge Entry Level Honorable General Other than Honorable Bad Conduct Dishonorable
Re-entry Code (1-4) if applicable – refer to your DD-214:

d. Are you currently participating in one of the following? Military Reserve National Guard

If checked, date obligation ends:

e. Have you ever been disciplined while in the military service (Include court martial, captain’s masts, company punishment, etc.)? Yes No

If you answered yes to question E, explain (include dates and circumstances):

F. FINANCIAL

1. Income and Expenses (For each of the following questions fill in the amounts to the nearest dollar.)

a. From your employer(s), what is your take-home monthly income?..... \$_____ per month

b. Do you have income other than from your salary or wages?..... Yes No

If yes, fill in amount:.....\$_____ per month

Explain:

c. How much do you spend each month?.....\$_____ per month

Estimate your monthly living expenses; include housing, utilities, credit cards or other loan payments, food, gas and car maintenance, entertainment, etc., as well as any other obligation(s) you may have.

G. LEGAL

1. Disclosure of Arrests and Convictions: As an applicant for a police officer position, you are required to disclose any of the following which occurred on or after your 15th birthday, even if the records were sealed, expunged, dismissed or

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PERSONAL HISTORY STATEMENT – POLICE OFFICER

pardoned:

- ALL detentions or arrests, whether they resulted in a conviction or not
- ALL convictions
- ALL diversion programs that were not successfully completed

If more space is needed, continue of page 28.

Either as an adult or a juvenile, have you EVER been detained for investigation, held on suspicion, questioned, fingerprinted, arrested, indicted, criminally charged, or convicted of any misdemeanor or felony offense in this state or in any other legal jurisdiction (including offenses punishable under the Uniform Code of Military Justice)? Yes No

If yes, explain each incident.

a. Approximate Date Arresting or Detaining Agency

Charge

Disposition or Penalty

b. Approximate Date Arresting or Detaining Agency

Charge

Disposition or Penalty

c. Approximate Date Arresting or Detaining Agency

Charge

Disposition or Penalty

d. Approximate Date Arresting or Detaining Agency

Charge

Disposition or Penalty

H. DRUG HISTORY:

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PERSONAL HISTORY STATEMENT – POLICE OFFICER

Have you ever used, experimented with, furnished, bought, sold or possessed any of the following substances (without a valid prescription from a medical doctor)?

USE: Under the "use" column, note the following codes (if any) in your personal history with the particular substance: "U"=used; "E"=experimented; "B"=bought; "S"=sold; "F"=furnished to another person; "P"=possessed; "N/A"=not applicable.

DATE(S): Indicate (to the best of your ability) the date (month/year) of each incident involving the substance indicated. **Use additional space as necessary on page 28.** Failure to include **ANY** incident will be grounds for immediate dismissal in this process.

QUANTITY: Indicate the amount of substance (to the best of your ability) that was relevant to each date and use in the prior columns.

LOCATION: The location should indicate **WHERE** the substance was used- including, but not limited to: home, work, school, vehicle, friend's house, vacation location, party, etc.

Drug	Use	Date(s)	Quantity	Location
Marihuana				
Hashish				
Cocaine				
Ecstasy				
Heroin				
Opium				
Methamphetamine ("Crank")				
Mushrooms				
Barbiturates				

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PERSONAL HISTORY STATEMENT – POLICE OFFICER

Amphetamines				
Valium				
"Speed"				
LSD ("acid")				
PCP ("angel dust")				
Morphine				
Peyote				
Codeine				
Oxycodone or OxyContin				
Other drugs, controlled substances, or additional space if needed				

I. MOTOR VEHICLE OPERATION

1. List other states where you have been licensed to operate a motor vehicle:

State of Issue

Type of License

Name under which granted and license number if known

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Aberdeen Police Department

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PERSONAL HISTORY STATEMENT – POLICE OFFICER

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

If yes, give date, location and reasons. _____

3. List all traffic citations & infractions, excluding parking, you have received, giving approximate dates and location.

a. Nature of Violation	Location (Street)	City	State
Date Violation Occurred Month _____ Year _____	Action Taken <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed		

b. Nature of Violation	Location (Street)	City	State
Date Violation Occurred Month _____ Year _____	Action Taken <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed		

c. Nature of Violation	Location (Street)	City	State
Date Violation Occurred Month _____ Year _____	Action Taken <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed		

d. Nature of Violation	Location (Street)	City	State
Date Violation Occurred Month _____ Year _____	Action Taken <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed		

5. List any traffic accidents in which you have been involved in, giving approximate dates and location.

a. Date	Location (Number/Street)	City	State	Zip
Police Report <input type="checkbox"/> Yes <input type="checkbox"/> No	Law Enforcement Agency		Injury <input type="checkbox"/>	Non-Injury <input type="checkbox"/>

b. Date	Location (Number/Street)	City	State	Zip
Police Report <input type="checkbox"/> Yes <input type="checkbox"/> No	Law Enforcement Agency		Injury <input type="checkbox"/>	Non-Injury <input type="checkbox"/>

c. Date	Location (Number/Street)	City	State	Zip
Police Report <input type="checkbox"/> Yes <input type="checkbox"/> No	Law Enforcement Agency		Injury <input type="checkbox"/>	Non-Injury <input type="checkbox"/>

I. MOTOR VEHICLE OPERATION (cont.)

5.(cont.)

d. Date	Location (Number/Street)	City	State	Zip
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