

## INFORMATION FOR COMPLETING YOUR PERSONAL HISTORY FORM

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The accurate completion of your Personal History Form is part of the testing process. It should be accurate, complete and neat. Any falsification or omission of information will result in your disqualification.

While completing your Personal History Form and during the interview process pay attention to the following areas that have resulted in other applicants being disqualified:

If you have been involved in something five times, do not try to minimize this and say four or less.

When asked if you have ever possessed or used an illegal drug do not try to rationalize your behavior and say "No" because you only touched it once, used it once or only did it when you were intoxicated.

When asked if you ever stolen anything do not try to minimize or rationalize that you only borrowed it, that it had no value, it was unintentional, it was common practice at work or the owner didn't care if you took it.

When asked to write down all of your jobs do not omit any thinking it was only part-time, you didn't work there very long, you were self-employed or it is not related to this job.

If you have any questions ask before you make a mistake that may disqualify you.

**PERSONAL HISTORY STATEMENT  
POLICE DEPARTMENT  
POLICE OFFICER / RESERVE POLICE OFFICER APPLICANT**



**THIS IS PART OF THE TESTING PROCESS. WE REVIEW THIS FORM TO SEE HOW WELL YOU FOLLOW INSTRUCTIONS AND ASSEMBLE INFORMATION TO SUBMIT A REPORT THAT IS LEGIBLE, ACCURATE AND COMPLETE. IT IS AN OPPORTUNITY FOR YOU TO DEMONSTRATE AN APTITUDE FOR THIS ESSENTIAL LAW ENFORCEMENT DUTY.**

<b>Name of Applicant</b>		
_____	_____	_____
<b>Last</b>	<b>First</b>	<b>Middle Name</b>

If you have questions completing this document, please call (208) 687-0711

Effective June, 2012

<b>For Office Use Only</b>	<b>RETURN DEADLINE DATE: ASAP</b> RETURN TO: Rathdrum Police Department, 8178 W Main St, Rathdrum, ID 83858
Date Returned: _____	RECEIVED BY: _____

**INSTRUCTIONS**

APPLICANT: \_\_\_\_\_

**NOTICE****READ BEFORE YOU BEGIN FILLING OUT THIS FORM**

This Personal History Statement must be completed by you **in your own handwriting** and must be returned by the day, date and time printed on the cover sheet. If you cannot complete this form and return it to the Rathdrum Police Department by the deadline established on this form, you will be considered to have FAILED and no further action will be taken with your application.

Please read **all instructions** carefully before completing this Personal History Statement.

Any **willful omissions, deceptions, or false information** will be considered an absolute disqualifier and you will have **FAILED** this part of your selection process and will not be processed further for the position you are applying for, whether the matter is discovered now or at a later phase of the selection process. This may subject the applicant to discharge if discovered subsequent to employment.

These instructions are provided as a guide to assist you in properly completing your Personal History Statement. 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.

**Answer all questions to the best of your ability and as completely as possible.**

- Print your name at the top of each page in the space provided.
- If a question does not apply to you, enter N/A in the space provided. Leave no empty lines.
- 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 mailing addresses. If you are not sure of an address, check it by personal verification. Make sure you include zip codes. Your local library may have a directory service or copies of local phone directories.
- If there is insufficient space on the form for you to include all information required, complete the extra supplemental pages attached to the back of this Personal History Statement. Be sure to reference the relevant section and question number before continuing your answer.
- All requested documents must be submitted with the Personal History Statement when you return it to the Academy Training Center.

I HAVE READ THE ABOVE NOTICE, AND ALL INSTRUCTIONS, AND AGREE THAT I WILL, TO THE BEST OF MY ABILITY, COMPLETE THIS PERSONAL HISTORY STATEMENT WITH TRUTHFUL AND ACCURATE INFORMATION. I FURTHER UNDERSTAND THAT IF I WILLFULLY AND INTENTIONALLY OMIT INFORMATION REQUESTED IN THIS PERSONAL HISTORY STATEMENT, I WILL HAVE FAILED IN THE SELECTION PROCESS AND NO FURTHER ACTION WILL BE TAKEN WITH MY APPLICATION. I UNDERSTAND THAT I MUST RE-APPLY FOR THIS POSITION IF I DO FAIL.

\_\_\_\_\_  
Applicant's Signature

**APPLICANT IDENTIFICATION**

**APPLICANT:** \_\_\_\_\_

*Information provided in this section is used for identification purposes only.*

Last Name		First Name		Middle Name		Title: Jr/III	
Alias'							
Home Address (complete mailing address)							
Business Address (complete mailing address)							
Current E-mail address							
List all e-mails you have ever used							
Home Telephone Number		Business Telephone Number		Cell Phone Number			
( )		( )		( )			
Date of Birth		Place of Birth					
		City		County		State	
Social Security Number		Are you a U.S. Citizen?		Drivers License Number		State of Issue	
		Yes                      No					
Distinguishing Marks <i>RPD requires tattoos to be covered</i>							
Nickname(s), Maiden Name or other names by which you have been known							
Do you or have you ever had a blog/social media site? Explain							

# RESIDENCE HISTORY

APPLICANT: \_\_\_\_\_

List all addresses where you have lived during the past ten (10) years, or every place you have resided since your first year of high school, whichever is greatest. Begin with your present address. List date by month and year (example: 10/08). Attach supplemental page if necessary.

Physical address of residence: (Include City, State and Zip Code)	Dates:		If renting/rented, give name, address & phone number of the person responsible for the collection of rent:
	From: Month/Year	To: Month/Year	
A.) Present address:		Present	
Name(s) of those you live with at this address:			
B.) Former address:			
Name(s) of those you lived with at this address:			Reason for moving:
C.) Former address:			
Name(s) of those you lived with at this address:			Reason for moving:
D.) Former address:			
Name(s) of those you lived with at this address:			Reason for moving:

**RESIDENCE HISTORY****APPLICANT:** \_\_\_\_\_

Physical address of residence: (Include City, State and Zip Code)	<u>Dates:</u> From:                      To: Month/Year              Month/Year	If renting/rented, give name, address & phone number of the person responsible for the collection of rent:
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E.) Former address:			
Name(s) of those you lived with at this address:			Reason for moving:

F.) Former address:			
Name(s) of those you lived with at this address:			Reason for moving:

G.) Former address:			
Name(s) of those you lived with at this address:			Reason for moving:

**Have you ever been evicted or asked to leave a residence?**

Yes       No      If "yes," please explain (include date(s), and circumstances).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Have you ever left a residence where you still owed rent?**

Yes       No      If "yes," please explain (include date(s), and circumstances).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PERSONAL REFERENCES**

APPLICANT: \_\_\_\_\_

List five (5) persons who know you well enough to provide current information about you. Do not list relatives or employers (former or current). Attempt to list local persons first, then out of state. Include current mailing addresses, zip codes and telephone numbers.

1. Name \_\_\_\_\_ Years known \_\_\_\_\_  
Last First Middle  
Address: \_\_\_\_\_ E-Mail Address  
Number/Street /City/State/Zip Code  
Residence phone: \_\_\_\_\_ Business: \_\_\_\_\_ Cell: \_\_\_\_\_

2. Name \_\_\_\_\_ Years known \_\_\_\_\_  
Last First Middle  
Address: \_\_\_\_\_ E-Mail Address  
Number/Street /City/State/Zip Code  
Residence phone: \_\_\_\_\_ Business: \_\_\_\_\_ Cell: \_\_\_\_\_

3. Name \_\_\_\_\_ Years known \_\_\_\_\_  
Last First Middle  
Address: \_\_\_\_\_ E-Mail Address  
Number/Street /City/State/Zip Code  
Residence phone: \_\_\_\_\_ Business: \_\_\_\_\_ Cell: \_\_\_\_\_

4. Name \_\_\_\_\_ Years known \_\_\_\_\_  
Last First Middle  
Address: \_\_\_\_\_ E-Mail Address  
Number/Street /City/State/Zip Code  
Residence phone: \_\_\_\_\_ Business: \_\_\_\_\_ Cell: \_\_\_\_\_

5. Name \_\_\_\_\_ Years known \_\_\_\_\_  
Last First Middle  
Address: \_\_\_\_\_ E-Mail Address  
Number/Street /City/State/Zip Code  
Residence phone: \_\_\_\_\_ Business: \_\_\_\_\_ Cell: \_\_\_\_\_

**WORK HISTORY****APPLICANT:** \_\_\_\_\_

Beginning with your present or most recent job, list all employment, since the age of sixteen (16), including part-time, temporary or seasonal employment. Include all periods of employment. To add additional information use the supplemental pages provided at the end of this booklet.

**MAY WE CONTACT YOUR PRESENT EMPLOYER AS A REFERENCE? YES \_\_\_\_\_ NO \_\_\_\_\_**

From	To	Employer (Business Name)
Business Address (complete mailing address)		Business Telephone Number
		( )
		E-Mail Address:
Your last name at the time of employment		Job Title
Duties		
Reason for leaving		
Supervisor		Name of Co-Worker

From	To	Employer (Business Name)
Business Address (complete mailing address)		Business Telephone Number
		( )
		E-Mail Address:
Your last name at the time of employment		Job Title
Duties		
Reason for leaving		
Supervisor		Name of Co-Worker

**WORK HISTORY****APPLICANT:** \_\_\_\_\_

From	To	Employer (Business Name)
Business Address (complete mailing address)		Business Telephone Number ( )
		E-Mail Address:
Your last name at the time of employment		Job Title
Duties		
Reason for leaving		
Supervisor		Name of Co-Worker

From	To	Employer (Business Name)
Business Address (complete mailing address)		Business Telephone Number ( )
		E-Mail Address:
Your last name at the time of employment		Job Title
Duties		
Reason for leaving		
Supervisor		Name of Co-Worker

From	To	Employer (Business Name)
Business Address (complete mailing address)		Business Telephone Number ( ) E-Mail Address:
Your last name at the time of employment		Job Title
Duties		
Reason for leaving		
Supervisor		Name of Co-Worker

**WORK HISTORY****APPLICANT:** \_\_\_\_\_

From	To	Employer (Business Name)
Business Address (complete mailing address)		Business Telephone Number
		( ) E-Mail Address:
Your last name at the time of employment		Job Title
Duties		
Reason for leaving		
Supervisor		Name of Co-Worker

From	To	Employer (Business Name)
Business Address (complete mailing address)		Business Telephone Number
		( ) E-Mail Address:
Your last name at the time of employment		Job Title
Duties		
Reason for leaving		
Supervisor		Name of Co-Worker

From	To	Employer (Business Name)
Business Address (complete mailing address)		Business Telephone Number
		( ) E-Mail Address:
Your last name at the time of employment		Job Title
Duties		
Reason for leaving		
Supervisor		Name of Co-Worker

**WORK HISTORY**

**APPLICANT:** \_\_\_\_\_

1. Have you ever been fired or involuntarily dismissed for any reason other than layoff by an employer as an adult? Circle: Yes No  
If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

2. What is your usual occupation? \_\_\_\_\_  
\_\_\_\_\_

3. Are you now engaged in any business as an owner, active or silent partner, stockholder, or corporate member? Circle: Yes No

Details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever applied for employment with another law enforcement agency? If so, list below:

Agency	Position	Application date	Status
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

**MILITARY HISTORY**

APPLICANT: \_\_\_\_\_

***Please submit your DD214 with the return of the Personal History Statement. This document should include your discharge status. If you are active duty, please complete Standard Form 180.***

Have you served in the U.S. Armed forces? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Service From _____ To _____
Branch of Service - If more than one list all	Unit Designation - Last Duty Assignment
Highest Rank Held	
Type of Discharge from the. Armed Forces:	Duties while enlisted:
MOS/ Rate  Are you eligible to receive G.I. Educational Benefits?	Previous duty assignments Include Commanding Office and Unit

Were you ever disciplined in the Armed Forces (including court-martial, Captains masts, company punishment, Article 15, etc?)  
 Yes     No

Charge	Type of Hearing	Date	Age at time	Disposition

If you received a discharge other than honorable, give complete details below

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List all specialty training received while in the military \_\_\_\_\_

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**EDUCATION HISTORY**

**APPLICANT:** \_\_\_\_\_

***If you have not previously submitted your college transcripts, please submit them with the return of your Personal History Statement.***

High School		Dates Attended		Graduated	
Attended	City & State	From	To	Yes	No
		_____	_____	_____	_____
		_____	_____	_____	_____
		_____	_____	_____	_____
College or University Attended		City & State			
Dates Attended	Units Completed	Major/Minor			
Degree Received, if any, and Date Received		Extra Curricular Activities:			

College or University Attended		City & State			
Dates Attended	Units Completed	Major/Minor			
Degree Received, if any, and Date Received		Extra Curricular Activities:			

College or University Attended		City & State			
Dates Attended	Units Completed	Major/Minor			
Degree Received, if any, and Date Received		Extra Curricular Activities:			

College or University Attended		City & State			
Dates Attended	Units Completed	Major/Minor			
Degree Received, if any, and Date Received		Extra Curricular Activities:			



**SPECIAL QUALIFICATIONS/SKILLS APPLICANT:** \_\_\_\_\_

This area is your opportunity to list any specialized training you may have received.

List any special licenses you hold (such as pilot, radio operator, scuba) showing licensing authority, original date of issue and date of expiration

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List any specialized machinery or equipment which you can operate:

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If you are fluent in another language, indicate in each area your degree of fluency (excellent, good, fair)

Language	Reading	Speaking	Understanding	Writing
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

List any other special skills or qualifications you may possess

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**ARRESTS, DETENTIONS/LITIGATIONS****APPLICANT:** \_\_\_\_\_

You must list any and all arrests, detentions and litigations. Your records will be checked by a background investigator and documented in the background investigation.

Have you ever been arrested as a juvenile? (18 years of age or younger)  Yes  No  
If so, what was the charge(s)?

Have you ever been processed in a Juvenile Court?  Yes  No  
If so, what was the disposition?

Have you ever been arrested for a felony?  Yes  No

Explain:

Have you ever been convicted of a felony?  Yes  No

Explain:

Have you ever been arrested, detained by police or been the subject of a criminal investigation (do not include traffic related tickets)?  Yes  No  
If yes, complete the following:

Offense	City & State	Date	Disposition of case

Have you ever been arrested for Driving While Intoxicated or Driving Under the Influence of Drugs? (DWI/DUID)  Yes  No

Explain:

**ARRESTS/DETENTIONS/LITIGATIONS**

**APPLICANT:** \_\_\_\_\_

Have you ever been convicted for any offense?  Yes  No

List them: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been on probation for any offense?  Yes  No

List them: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you were placed on probation, list the offense and how long you were on probation.

Name of Probation Officer: \_\_\_\_\_  
\_\_\_\_\_

If you were placed on Deferred Adjudication or Community Supervision, list the offense and date(s)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other than traffic citations, have you ever been fined for any offense?  Yes  No

If yes, what was the amount of the fine? \_\_\_\_\_

If so what for: \_\_\_\_\_  
\_\_\_\_\_

Have you ever been a party in a Civil Litigation?  
(include divorces and/or custody suits)  Yes  No

Explain: \_\_\_\_\_  
\_\_\_\_\_

**MARITAL AND FAMILY HISTORY**

APPLICANT: \_\_\_\_\_

This section addresses your marital and family history. Be complete and accurate with your answers, and include all information requested. We will contact many of these sources for information to include in your background investigation.

Are you currently:

 Single     Married     Divorced     Engaged     Separated     Widowed

If engaged, list name of fiancée, address and telephone number

If married

Date \_\_\_\_\_ City and State \_\_\_\_\_

Spouse's name (Wife/husband maiden name)  
Or Registered Domestic Partner \_\_\_\_\_

If separated, divorced or widowed

Spouse's name(s) \_\_\_\_\_  
(Wife/husband maiden name)  
Or Registered Domestic Partner

Date of marriage \_\_\_\_\_

City and State \_\_\_\_\_

List all children related to you or your spouse (natural, step-children, adopted and foster children)

<u>Name</u>	<u>Relationship</u>	<u>DOB</u>	<u>Address</u>	<u>Supported by</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

List all other dependants (someone who lives with you or receives 50% of their support from you)

<u>Name</u>	<u>Address</u>	<u>Relation</u>
_____	_____	_____
_____	_____	_____

**MARITAL AND FAMILY HISTORY****APPLICANT:** \_\_\_\_\_

Are you currently or formerly related or associated with any individual who has a criminal history?  
Yes \_\_\_\_\_ No \_\_\_\_\_

List other relatives in the following order: Father, Mother (include maiden name), brothers and sisters. If deceased, indicate in the Address column.

<u>Name</u>	<u>Address</u>	<u>Phone Number</u>
<u>Father:</u>		
_____	_____	_____
<u>Mother:</u>		
_____	_____	_____
<u>Mother-in-law</u>		
_____	_____	_____
<u>Father-in-law</u>		
_____	_____	_____
<u>Brothers</u>		
_____	_____	_____
_____	_____	_____
_____	_____	_____
<u>Sisters</u>		
_____	_____	_____
_____	_____	_____
_____	_____	_____
<u>Brothers-in-law</u>		
_____	_____	_____
_____	_____	_____
_____	_____	_____
<u>Sisters-in-law</u>		
_____	_____	_____
_____	_____	_____
_____	_____	_____

**ALCOHOL / DRUG HISTORY**

**APPLICANT:** \_\_\_\_\_

You may be excluded for employment by the Rathdrum Police Department should your alcohol or drug history show a recent or extensive pattern of poor decision making.

Have you ever taken a prescription medicine not prescribed to you?

Explain:

Drug	Date started	Date last used	How ingested
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever used/possessed illicit/illegal drugs of any kind?

Explain:

Drug	Date first used	Date last used	How used or ingested
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever illegally manufactured/grown/sold or given drugs to anyone?

Explain:

Drug	How often	Total times	First time (month/year)	Last time (month/year)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____



**FINANCIAL HISTORY**

**APPLICANT:** \_\_\_\_\_

The management of personal finances is relevant to an individual's qualifications for the position of police officer. Therefore, fill in the financial information section below. Be complete and accurate. The amount of indebtedness in itself will not be used in evaluating your qualifications, but rather the behavior exhibited in meeting your financial obligations. This information will be verified by a credit check performed in the background investigation. Income from spouses should be reported in the applicable sections.

**Current Monthly Income**

**Current Monthly Expenditures**

Monthly salary: \$		Real Estate (mortgage/rent): \$	
Spouse's salary: \$			
Other monthly income – describe	Amount	Other monthly payments – describe	Payment Amount
<b>Total Monthly Income:</b>	\$	<b>Total Monthly Expenditures:</b>	\$

**Current Assets**

**Current Liabilities**

Real Estate Value:	\$		Payment Amount
Stocks and Bonds:	\$		
Life Insurance (cash value of policy)	\$		
List vehicles and Values:	\$		
Other Assets – Describe	\$		
<b>Total Assets:</b>	\$	<b>Total Liabilities:</b>	\$

**FINANCIAL HISTORY**

**APPLICANT:** \_\_\_\_\_

Have your wages ever been garnisheed for any reason?  Yes  No  
If yes, please give details below including (when, where, why).

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Do you have a civil action pending against you?  Yes  No  
(Do not list divorce or dissolution actions)

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Have any of your bills ever gone to collection?  Yes  No

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Do you have a judgment pending against you?  Yes  No

Have you ever been refused any type of insurance policy?  Yes  No

Have you ever filed for bankruptcy? If yes, please give details  
Including (when, where, why).  Yes  No

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Have you ever filed for reorganization?  Yes  No

Have you ever been bonded?  Yes  No

Have you ever had a bond refused?  Yes  No

Have you ever been delinquent on income tax or other tax payments?  Yes  No

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Please provide any additional comments you would like to make regarding your financial history.

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THE INFORMATION NETWORK  
 ACRAnet CBS Branch  
 www.ACRAnet.com/CBS

**Exhibit A-4  
 Notice for Applicant/Employee**

**'Notice of Intent' and 'Authorization'  
 to Obtain an Investigative Consumer Report for Employment Purposes**

The undersigned applicant/employee is hereby notified that \_\_\_\_\_ (Employer) may obtain an investigative consumer report for employment purposes through ACRAnet CBS Branch. Such report may include information as to character, general reputation, history of criminal convictions, employment, education, professional license, credit and/or driver's record history. Applicant/employee acknowledges that he/she is herein informed of his/her right to request within a reasonable period of time after receiving this notice, a complete and accurate disclosure of the nature and scope of the investigation requested. Such disclosure will be mailed or otherwise delivered to applicant within five days from the date of the applicant/employee's request for disclosure or such report was first requested by employer, whichever is the later.

Applicant/employee further authorizes the above named company to obtain an investigative consumer report through ACRAnet CBS Branch for employment purposes at this time or anytime during the applicant/employee's tenure with employer.

I (Applicant/employee) am currently a resident of the state of Oklahoma OR the state of Minnesota:

Yes                      No

If yes, by state statute, I may receive a free copy of the report being prepared in association with this employment screening investigation and a copy of my corresponding rights as a consumer. These documents will be mailed to me at the address indicated on this authorization form within 24 hours of completion.

Please provide me a copy of my credit report as indicated above

Print Full Name: \_\_\_\_\_

Former Name/Maiden Name (list all): \_\_\_\_\_

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

Prev. Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth:   /  /  

(In order for factual information to be obtained & reported, your date of birth and social security number are requested. This information is used solely for verification purposes in compliance with the Fair Credit Reporting Act.)

Driver's License # (if applicable) \_\_\_\_\_ State of Issue \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE:**  
 The above information and attached exhibits are presented to assist you in compliance with the revised federal Fair Credit Reporting Act. They represent our understanding and interpretation of the amendments which became effective September 30, 1997 and November 2, 1998. ACRAnet CBS Branch, Incorporated does not intend for this information and the related attachments to be construed as legal advice. We urge all subscribers to review their procedures and documents with their respective legal counsel.

**SUMMARY OF CONSUMER RIGHTS**

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every "consumer reporting agency" (CRA). Most CRA's are credit bureaus that gather and sell information about you – such as if you pay your bills on time or have filed bankruptcy – to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. §§1681-1689, at the Federal Trade Commission's web site (<http://www.ftc.gov>). The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contract a state or local consumer protection agency or a state attorney general to learn those rights.

- **You must be told if information in your file has been used against you.** Anyone who uses information from a CRA to take action against you – such as denying an application for credit, insurance, or employment – must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.
- **You can find out what is in your file.** At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.
- **You can dispute inaccurate information with the CRA.** If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its finds to the CRA. (The source also must advise national CRA's – to which it has provided the data – of any error.) The CRA must give you a written report of the investigation, and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.
- **Inaccurate information must be corrected or deleted.** A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. However, the CRA is not required to remove accurate data from your files unless it is outdated (as described below) or cannot be verified. If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.
- **You can dispute inaccurate items with the source of information.** If you tell anyone – such as a creditor who reports to a CRA – that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.
- **Outdated information may not be reported.** In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.
- **Access to your file is limited.** A CRA may provide information about you only to people with a need recognized by the FCRA – usually to consider an application with a creditor, insurer, employer, landlord, or other business.

**CONSUMER RIGHTS**

APPLICANT: \_\_\_\_\_

Your consent is required for reports that are provided to employers, or reports that contain medical information. A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your consent.

You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers. Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.

You may seek damage from violators. If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court. The FCRA gives several different federal agencies authority to enforce the FCRA:

The FCRA gives several different federal agencies authority to enforce the FCRA:

FOR QUESTIONS OR CONCERNS REGARDING:	PLEASE CONTACT:
CRA's Creditors and Others Not Listed below	Federal Trade Commission Consumer Response Center-FCRA Washington, DC 20580 202-326-3761
National banks, federal branches/agencies of foreign banks (word "National" or Initials "N.A." appear in or after bank's name)	Office of the comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3639
Savings associations and federally chartered savings banks (word "federal" or Initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Programs Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-518-6360
State chartered banks that are not member of the Federal Reserve System	Federal Deposit Insurance Corporation Division of Compliance & Consumer Affairs Washington, DC 20429 800-943-FDIC
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board of Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, DC 20290 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250- 202-720-7051
Consumers residing in the State of Washington	Washington State Attorney General P.O. Box 40100 Olympia, WA 98584 800-551-4636

**Rathdrum Police Department  
Polygraph Unit**

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Polygraph Examination Advisory

Some of the physical or psychological factors that could interfere with the polygraph results are:

1. Severe menstrual cramps, pregnancy, paralysis, recent or major surgery, physical disabilities.
2. Severe breathing problems, heart conditions, blood pressure problems, certain medications.
3. Emotional disorders, severe headaches, fatigue, severe hunger.

You are not required to disclose any of the above physical or psychological factors. If you feel that you are an unsuitable candidate based on the information stated above or feel that other factors may influence your suitability for a polygraph exam, you may inform the examiner and the examination will be cancelled or postponed.

Do not consume alcohol or street drugs 24 hours before the exam.

A good night's sleep and a meal before the exam are beneficial to the examinee.

Dress comfortably; the exam may take up to four hours.

I have read and understand the above factors that may influence the polygraph examination.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

I certify that I have not been convicted of any misdemeanor crime of domestic violence that would prohibit me from possessing firearms or ammunition under federal law.

**What is a misdemeanor crime of domestic violence?**

As defined in the Gun Control Act of 1968, a "misdemeanor crime of domestic violence" means an offense that:

- (1) is a misdemeanor under Federal or State law;
- (2) has, as an element, the use or attempted use of physical force, or the threatened use of a deadly weapon; and
- (3) were committed by a current or former spouse, parent, or guardian of the victim, by a person with whom the victim shares a child in common, by a person who is cohabiting with or has cohabited with the victim as a spouse, parent, or guardian, or by a person similarly situated to a spouse, parent, or guardian of the victim.

However, a person is not considered to have been convicted of a misdemeanor crime of domestic violence unless:

- (1) the person was represented by counsel in the case, or knowingly and intelligently waived the right to counsel in the case; and
- (2) in the case of a prosecution for which a person was entitled to a jury trial in the jurisdiction in which the case was tried, either –
  - (a) the case was tried by a jury, or
  - (b) the person knowingly and intelligently waived the right to have the case tried by a jury, by guilty plea or otherwise.

In addition, a conviction would not be disabling if it has been expunged or set aside, or is an offense for which the person has been pardoned or has had civil rights restored (if the law of the jurisdiction in which the proceedings were held provides for the loss of civil rights upon conviction for such an offense) unless the pardon, expunction, or restoration of civil rights expressly provides that the person may not ship, transport, possess, or receive firearms, and the person is not otherwise prohibited by the law of the jurisdiction in which the proceedings were held from receiving or possessing firearms.

\_\_\_\_\_  
Signature of applicant

**WAIVER AND AUTHORIZATION TO RELEASE INFORMATION**

This document affects your legal rights.  
Read carefully before signing

To Whom It May Concern:

I, the undersigned, authorize (leave blank)\_\_\_\_\_ to furnish to the City of Rathdrum or its agencies any and all information that you have concerning me, my work record, my disciplinary records, my reputation, my medical records, my psychological testing and analysis plus recommendation, my military service records, my educational background and records, my financial status and credit history, and such other information and records as you may have in your possession relating to me. Information of a confidential or privileged nature may be included in the materials you provide to the City of Rathdrum or its agencies. Your reply will be used to assist the City of Rathdrum or its agencies in determining my qualifications and fitness for a position I am seeking with the City of Rathdrum and/or one of its departments or agencies.

I understand my right to request access to any public records relating to me pursuant to Title 5 of the United States Codes, Section 552 et seq., the Privacy Act of 1974, and the Freedom of Information Act, et seq., and specifically **waive** those rights understanding that the information furnished will be used by the City of Rathdrum and/or its agencies or departments in conjunction with employment procedures. I **will make no attempt** to gain access to the information provided by you to the City of Rathdrum and/or its agencies or departments in conjunction with this employment process and hereby expressly waive any rights I may have to request the disclosure of information provided by you to the City of Rathdrum and/or its agencies or departments in conjunction with employment procedures.

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

\_\_\_\_\_  
Applicant's Name (Printed)

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

SUBSCRIBED AND SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

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

\_\_\_\_\_ residing at \_\_\_\_\_.

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

SUBJECT (PRINT NAME): \_\_\_\_\_

Prior to affixing your signature on this page, you must present this form to a Notary Public. For your convenience, a Notary Public is available at the Rathdrum Police Department.

I am aware that any knowing misrepresentations or falsifications made in connection with my obtaining employment with the Rathdrum Police Department will be grounds for rejection or dismissal, and I certify that the answers to the foregoing questions on pages:

**Page 28**(DV Statement)

**Page 29**(Release of Information) – reputation, employment, residential, educational, financial status, military service, medical treatment and criminal history including non-conviction data and intelligence information.

are true and complete to the best of my knowledge.

\_\_\_\_\_  
Signature of applicant

SUBSCRIBED AND SWORN TO before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

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

residing at \_\_\_\_\_

My commission expires \_\_\_\_\_

**CONDITIONAL OFFER OF EMPLOYMENT APPLICANT: \_\_\_\_\_**

**RATHDRUM POLICE DEPARTMENT  
CONDITIONAL OFFER OF EMPLOYMENT**

The purpose of this agreement is to extend to the applicant a conditional offer of employment as a Rathdrum Police Officer. You have passed the initial screening phase to be hired as a Police Officer by the Rathdrum Police Department. Your name is now part of a pool of conditionally qualified applicants from which successful candidates will be drawn. The applicant must meet the below listed items and conditions to be hired by the RATHDRUM POLICE DEPARTMENT. A final offer of employment will be extended to you only after you have satisfied all the requirements established by this Department and a position as a Police Officer is available. All applicants for the position of Police Officer are required to meet these conditions. **PLEASE DO NOT SIGN CONDITIONAL OFFER OF EMPLOYMENT UNTIL INSTRUCTED TO DO SO.**

**APPLICANT:**

This is an agreement between the RATHDRUM POLICE DEPARTMENT and

\_\_\_\_\_  
Name

**TERMS AND CONDITIONS:**

Applicant must meet the following minimum requirements as determined by the Department:

- A. Possess employment qualifications for the position of Police Officer, as established by the Rathdrum Police Department.
  - B. Undergo a polygraph interview
  - C. Successfully complete an oral board interview with members of the Rathdrum Police Department.
  - D. Undergo a complete background investigation, which indicates that he/she meets the requirements for the position of Police Officer.
  - E. Undergo a psychological examination, which indicates his/her ability to perform the essential functions of the position of Police Officer. (See attachment "A")
  - F. Undergo a medical examination, which indicates his/her ability to perform the essential functions of the position of Police Officer (See Attachment "A")
  - G. Successfully complete the physical fitness standard, AGILITY TEST, as required by the Idaho Peace Officers Standards and Training for entrance to the police academy.
  - H. Undergo a successful interview with the Chief of Police.
  - I. Additional requirements specified by this Department, listed below.
- Other: \_\_\_\_\_

Medical and Psychological information provided to the Department is filed separately from Personnel files.

The Conditional Offer of Employment shall remain in effect until all terms and conditions are met. This offer shall be reconsidered and may be withdrawn if the examinations and conditions indicate that the applicant should not be considered further by the Department for employment as a Police Officer. The applicant will receive a final offer of employment after all the conditions and requirements listed by the Department have been satisfied.

**TERM OF AGREEMENT:** Effective Date: \_\_\_\_\_

**This is not an offer of immediate employment. DO NOT GIVE NOTICE, QUIT YOUR PRESENT JOB, OR RELOCATE TO THE RATHDRUM AREA.**

I understand that this is **NOT** an offer of immediate employment, and that this **CONDITIONAL OFFER** may be withdrawn if the examinations and evaluations or other requirements indicate that I should not be considered further for employment as a Rathdrum Police Officer:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

**ACKNOWLEDGEMENT**

Compliance with these job related and necessary conditions of employment is required to carry out the essential functions of the above position. I have read and understand the terms of this **CONDITIONAL OFFER OF EMPLOYMENT** and agree to abide by its terms.

\_\_\_\_\_  
(RPD Representative)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Applicant)

\_\_\_\_\_  
(Date)

**ATTACHMENT "A"**

**TO WHOM IT MAY CONCERN**

Notification to applicants receiving a post-offer pre-employment physical examination and psychological evaluation.

One of the requirements for obtaining employment with the Rathdrum Police Department is the successful completion of a physical exam and a psychological evaluation. Before you go for the physical exam and psychological evaluation, make sure that you are planning to accept the position **if** offered to you. The Department will pay for the exam under the following conditions:

1. You pass the physical exam and psychological evaluation and accept the position with the Department if it is offered to you.
2. You fail the physical exam or psychological evaluation and cannot qualify for employment with the Rathdrum Police Department.

If you take the physical exam and psychological evaluation and then turn down employment with the Department, **you** shall be required to pay the cost of the physical exam and psychological evaluation. **Make sure you want the job before taking the psychological evaluation, interview with the Chief of Police and physical exam.**

**UNDERSTANDING OF AGREEMENT:**

I, \_\_\_\_\_ have applied for the position of Police Officer with the Rathdrum Police Department. I hereby certify that I have read and fully understand the terms of the above notification. I further understand that my signature below makes me responsible for costs incurred for failure to accept the position if it is offered to me.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Witness)

\_\_\_\_\_  
(Date)

**ATTACHMENT "A"**

**STOP HERE**

**IF YOU ARE A NEW ENTRY APPLICANT**

**IF YOU ARE A LATERAL POLICE OFFICER APPLICANT**

**CONTINUE TO NEXT PAGE**

Advisement to Peace Officers  
SEEKING LATERAL PLACEMENT

**STATEMENT**

You will undergo a rigorous, in-depth background investigation as a result of your application for this position. In the event that your background investigation for this position should uncover information that you have, or are suspected of having engaged in *illegal activities 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 peace officer, or if this background investigation should uncover information, which raises questions about your fitness to continue as a peace officer, this information may be transmitted to your present employer for their independent investigation.

**CERTIFICATION**

I certify that I have read this advisement, understand its implications, and have received a copy of it.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

**FIREARMS INFORMATION**

**APPLICANT: \_\_\_\_\_**

\_\_\_\_\_

What type of holster are you currently using: \_\_\_\_\_

\_\_\_\_\_

Manufacturer: \_\_\_\_\_

Model #: \_\_\_\_\_

What weapon do you use for duty? \_\_\_\_\_

\_\_\_\_\_

What hand do you shoot with? \_\_\_\_\_

**Please submit the last 2 years of your firearms records from your present agency.**

Current Agency you are working for	Years of Employment	Current Assignment	Date of Employment	Rank

Does your agency use GPS? \_\_\_\_\_

Are your reports handwritten or dictated? \_\_\_\_\_

**ACCESS CERTIFICATION**

Please submit a copy of your Access Certification. If you are not in compliance, or cannot locate your certificate you will be required to attend the first available Access Class.

**OUT OF STATE LATERAL INFORMATION APPLICANT: \_\_\_\_\_**

**Other Information Needed  
Lateral Entry Officer**

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

**Academy or Basic Program Completed:**

Name \_\_\_\_\_

Location: City \_\_\_\_\_, State \_\_\_\_\_

Number of Hours \_\_\_\_\_ Date of Certification \_\_\_\_\_

Certificate of Successful Completion – **COPY MUST PROVIDED**

If no, explain \_\_\_\_\_

**Valid Idaho or Idaho Driver's license**

Copy attached Yes No Expiration Date \_\_\_\_\_

If no, explain \_\_\_\_\_

**EVOC Training**

Yes No Number of Hours \_\_\_\_\_ Date \_\_\_\_\_

Course location \_\_\_\_\_

**Basic First Aid Card - CURRENT COPY OF CARD MUST BE PROVIDED**

Yes No Type \_\_\_\_\_ Expiration Date \_\_\_\_\_

**Washington ACCESS**

Yes No Expiration Date \_\_\_\_\_

**BAC**

Yes No Expiration Date \_\_\_\_\_

**OC-10**

Yes No Date \_\_\_\_\_

**DEPARTMENT USE ONLY**

CJT 752, "Request for Firearms Qualification" Attached Yes

CJT 753, "Request for Medical Evaluation" Attached Yes  
Date of exam \_\_\_\_\_

CJT 754, "Criminal Records Check" Attached Yes

CJT 755 "Student Liability Release Agreement" Attached Yes

**SUPPLEMENTARY PAGES**

**APPLICANT:** \_\_\_\_\_

**Please indicate the page number and section you are adding information to.**

**SECTION:  
PAGE NUMBER:**

**SECTION:  
PAGE NUMBER:**

**SECTION:  
PAGE NUMBER:**

**SUPPLEMENTARY PAGE**

**APPLICANT:** \_\_\_\_\_

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**Please indicate the page number and section you are adding information to.**

**SECTION:  
PAGE NUMBER:**

**SECTION:  
PAGE NUMBER:**

**SECTION:  
PAGE NUMBER:**

**END OF PERSONAL HISTORY STATEMENT**