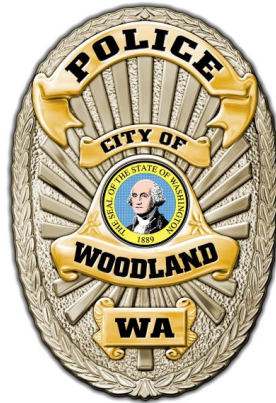


WOODLAND POLICE DEPARTMENT



PERSONAL HISTORY STATEMENT

Name: _____

Position: _____

Date: _____

READ THESE INSTRUCTIONS CAREFULLY BEFORE PROCEEDING

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.

1. Your personal history statement should be printed legibly in ink or typewritten. Answer all questions to the best of your ability.
2. If a question is not applicable to you, enter N/A in the space provided.
3. 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.
4. You are responsible for obtaining correct addresses. If you are not sure of an address, check it by personal verification. Your local library may have a directory service or copies of local phone directories.
5. If there is insufficient space on the form for you to include all information required, attach extra sheets to the personal history statement. Be sure to reference the relevant section and page number before continuing your answer.
6. As you complete the questionnaire, you may be uncertain about how to answer a particular question. Answer the question to the best of your ability and attach a statement regarding the question (s) and what problem you may have in answering the question (s).
7. An accurate and complete form will help expedite your background investigation. On the other hand, deliberate omissions or falsifications may result in disqualification.
8. In completing the application, take the necessary time to be accurate. Do not be afraid to answer questions that may involve criminal sanctions, such as the smoking of marijuana. No criminal charge (s) can be filed from this questionnaire. Your answers on this questionnaire will not necessarily disqualify you from the position you seek.
9. The confidentiality of background information is strict and can be shared with only the top administrators of the department and civil service commission.
10. During the course of the testing process, **you will be scheduled for a polygraph, which will be used to verify the answers given in this questionnaire.**
11. If you have any questions regarding the questionnaire or the background investigation, please contact the City of Woodland Civil Service Secretary at (360) 225-8281.
12. At the completion of the background investigation, your file will be kept in a locked cabinet to ensure its confidentiality.
13. Return the personal history statement to the City of Woodland, 230 Davidson Avenue, Woodland. If mailing, send to Woodland Civil Service Commission, c/o Secretary/Chief Examiner, PO Box 9, Woodland, WA 98674.

WOODLAND POLICE DEPARTMENT PERSONAL HISTORY STATEMENT (2022)

PERSONAL				
The following information is requested of you for verification and contact purposes:				
Your name (please print or type)				
LAST	FIRST	MIDDLE		
Other names (including nicknames) you have used or been known by:				
List address at which you can be contacted:				
Number	Street	City	State	Zip Code
List local telephone number (s) at which you may be contacted.				
()		()		
Contact hours		Contact hours		
Birthdate			Place of birth:	
Month	Day	Year	Marital Status:	
Social Security Number			U.S. citizen is required for this position. Proof is required that you are a legal resident in this country. Can you provide such documentation? o Yes o No	
Have you ever used a social security number other than the one you listed? o Yes o No				
If yes, please list numbers:				

For purposes of identification, please provide the following:				
Height	Weight	Hair Color	Eye Color	
Scars, tattoos, or other distinguishing marks:				

WOODLAND POLICE DEPARTMENT PERSONAL HISTORY STATEMENT (2022)

RELATIVES, REFERENCES, ACQUAINTANCES

During the course of the background investigation, persons who know you will be asked to comment on your suitability for the position you applied for. Inquiries will be confined to job-relevant matters.

Supply appropriate information in the space provided below. If a category is not applicable, write N/A.					
If living, name of your:	Address where person can be contacted (include city, state, and zip code).			Telephone at which person can be contacted.	
Father					
Birthdate	<input type="radio"/> Home	<input type="radio"/> Work	<input type="radio"/> Other	<input type="radio"/> Home	<input type="radio"/> Work
Mother					
Birthdate	<input type="radio"/> Home	<input type="radio"/> Work	<input type="radio"/> Other	<input type="radio"/> Home	<input type="radio"/> Work
Father-in-law					
Birthdate	<input type="radio"/> Home	<input type="radio"/> Work	<input type="radio"/> Other	<input type="radio"/> Home	<input type="radio"/> Work
Mother-in-law					
Birthdate	<input type="radio"/> Home	<input type="radio"/> Work	<input type="radio"/> Other	<input type="radio"/> Home	<input type="radio"/> Work
Spouse					
Birthdate	<input type="radio"/> Home	<input type="radio"/> Work	<input type="radio"/> Other	<input type="radio"/> Home	<input type="radio"/> Work
Former Spouse (s)					
Birthdate	<input type="radio"/> Home	<input type="radio"/> Work	<input type="radio"/> Other	<input type="radio"/> Home	<input type="radio"/> Work
Former Spouse (s)					
Birthdate	<input type="radio"/> Home	<input type="radio"/> Work	<input type="radio"/> Other	<input type="radio"/> Home	<input type="radio"/> Work

WOODLAND POLICE DEPARTMENT PERSONAL HISTORY STATEMENT (2022)

If living, name of your:	Address where person can be contacted (include city, state, and zip code).			Telephone at which person can be contacted.	
Brother (s) and Sister (s)					
Birthdate	<input type="radio"/> Home	<input type="radio"/> Work	<input type="radio"/> Other	<input type="radio"/> Home	<input type="radio"/> Work
Birthdate	<input type="radio"/> Home	<input type="radio"/> Work	<input type="radio"/> Other	<input type="radio"/> Home	<input type="radio"/> Work
Birthdate	<input type="radio"/> Home	<input type="radio"/> Work	<input type="radio"/> Other	<input type="radio"/> Home	<input type="radio"/> Work
Birthdate	<input type="radio"/> Home	<input type="radio"/> Work	<input type="radio"/> Other	<input type="radio"/> Home	<input type="radio"/> Work
Birthdate	<input type="radio"/> Home	<input type="radio"/> Work	<input type="radio"/> Other	<input type="radio"/> Home	<input type="radio"/> Work
Step-Father					
Birthdate	<input type="radio"/> Home	<input type="radio"/> Work	<input type="radio"/> Other	<input type="radio"/> Home	<input type="radio"/> Work
Step-Mother					
Birthdate	<input type="radio"/> Home	<input type="radio"/> Work	<input type="radio"/> Other	<input type="radio"/> Home	<input type="radio"/> Work
Step-brother (s) and Sister (s)					
Birthdate	<input type="radio"/> Home	<input type="radio"/> Work	<input type="radio"/> Other	<input type="radio"/> Home	<input type="radio"/> Work
Birthdate	<input type="radio"/> Home	<input type="radio"/> Work	<input type="radio"/> Other	<input type="radio"/> Home	<input type="radio"/> Work

WOODLAND POLICE DEPARTMENT PERSONAL HISTORY STATEMENT (2022)

	Address where person can be contacted (include city, state, and zip code).			Telephone at which person can be contacted.	
If living, name of your:					
Step-brother (s) and Sister (s)					
Birthdate	<input type="radio"/> Home	<input type="radio"/> Work	<input type="radio"/> Other	<input type="radio"/> Home	<input type="radio"/> Work
Birthdate	<input type="radio"/> Home	<input type="radio"/> Work	<input type="radio"/> Other	<input type="radio"/> Home	<input type="radio"/> Work
Other relatives with whom you have a close personal relationship, including children:					
	Relationship				
Birthdate	<input type="radio"/> Home	<input type="radio"/> Work		<input type="radio"/> Home	<input type="radio"/> Work
	Relationship				
Birthdate	<input type="radio"/> Home	<input type="radio"/> Work		<input type="radio"/> Home	<input type="radio"/> Work
	Relationship				
Birthdate	<input type="radio"/> Home	<input type="radio"/> Work		<input type="radio"/> Home	<input type="radio"/> Work
	Relationship				
Birthdate	<input type="radio"/> Home	<input type="radio"/> Work		<input type="radio"/> Home	<input type="radio"/> Work
	Relationship				
Birthdate	<input type="radio"/> Home	<input type="radio"/> Work		<input type="radio"/> Home	<input type="radio"/> Work
List those individuals with whom you have resided during the last 10 years (list no information prior to your 15th birthday). Exclude family members.					
If living, name of your:	Address where person can be contacted (include city, state, and zip code)			Telephone at which person can be contacted	
Birthdate	<input type="radio"/> Home	<input type="radio"/> Work	<input type="radio"/> Other	<input type="radio"/> Home	<input type="radio"/> Work
Birthdate	<input type="radio"/> Home	<input type="radio"/> Work	<input type="radio"/> Other	<input type="radio"/> Home	<input type="radio"/> Work

WOODLAND POLICE DEPARTMENT PERSONAL HISTORY STATEMENT (2022)

List those individuals with whom you have resided during the last 10 years (list no information prior to your 15th birthday). Exclude family members.					
Birthdate					
	<input type="radio"/> Home	<input type="radio"/> Work	<input type="radio"/> Other	<input type="radio"/> Home	<input type="radio"/> Work
Birthdate					
	<input type="radio"/> Home	<input type="radio"/> Work	<input type="radio"/> Other	<input type="radio"/> Home	<input type="radio"/> Work
Birthdate					
	<input type="radio"/> Home	<input type="radio"/> Work	<input type="radio"/> Other	<input type="radio"/> Home	<input type="radio"/> Work
List below as references 3-5 individuals who have knowledge of you and your qualifications. Exclude relatives, former employers, and friends.					
Name	Address where person can be contacted (include city, state, and zip code)			Telephone at which person can be contacted	
	<input type="radio"/> Home	<input type="radio"/> Work	<input type="radio"/> Other	<input type="radio"/> Home	<input type="radio"/> Work
	<input type="radio"/> Home	<input type="radio"/> Work	<input type="radio"/> Other	<input type="radio"/> Home	<input type="radio"/> Work
	<input type="radio"/> Home	<input type="radio"/> Work	<input type="radio"/> Other	<input type="radio"/> Home	<input type="radio"/> Work
	<input type="radio"/> Home	<input type="radio"/> Work	<input type="radio"/> Other	<input type="radio"/> Home	<input type="radio"/> Work
	<input type="radio"/> Home	<input type="radio"/> Work	<input type="radio"/> Other	<input type="radio"/> Home	<input type="radio"/> Work

WOODLAND POLICE DEPARTMENT PERSONAL HISTORY STATEMENT (2022)

List below 3-5 individuals who are social acquaintances (i.e. persons whom you have seen frequently during the past year) and have knowledge of you and your qualifications. Exclude relatives and former employers.

	<input type="radio"/> Home	<input type="radio"/> Work	<input type="radio"/> Other	<input type="radio"/> Home	<input type="radio"/> Work
	<input type="radio"/> Home	<input type="radio"/> Work	<input type="radio"/> Other	<input type="radio"/> Home	<input type="radio"/> Work
	<input type="radio"/> Home	<input type="radio"/> Work	<input type="radio"/> Other	<input type="radio"/> Home	<input type="radio"/> Work
	<input type="radio"/> Home	<input type="radio"/> Work	<input type="radio"/> Other	<input type="radio"/> Home	<input type="radio"/> Work
	<input type="radio"/> Home	<input type="radio"/> Work	<input type="radio"/> Other	<input type="radio"/> Home	<input type="radio"/> Work

EDUCATION:

Have you graduated from high school? Yes No
 If not, do you have a G.E.D. Certificate? Yes No

List all high schools attended:

Name	Location	Dates Attended	Major	Degree or Diploma

Higher Education: List all colleges, universities, business and vocational trade schools attended. (Attach a transcript from each and photocopy of diploma if available).

Name	Location	Dates Attended	Major	Degree or Diploma

WOODLAND POLICE DEPARTMENT PERSONAL HISTORY STATEMENT (2022)

Have you ever been suspended or expelled from any school? Yes No

If yes, please explain (include school, date, and circumstances):

Do you have plans for furthering your education or developing existing skills? If so, please explain:

RESIDENCE:

List all of your residence during the last 10 years (list no information prior to your 15th birthday). Begin with your most current residence:

Address City, State, Zip Code	Date Month/Year	If rented, give name and address of person responsible for collecting rent.
	From:	
	To:	
	From:	
	To:	
	From:	
	To:	
	From:	
	To:	
	From:	
	To:	
	From:	
	To:	

WOODLAND POLICE DEPARTMENT PERSONAL HISTORY STATEMENT (2022)

LAW ENFORCEMENT EXPERIENCE:

How many applications have you submitted for law enforcement employment? _____

Indicate whether you have any of the following types of law enforcement experience: (Answer each question)

- o Yes o No Sworn, commissioned, weapon-carrying officer?
o Yes o No Police Reserve?
o Yes o No Military Police Officer?
o Yes o No Police Officer, but assigned full time to corrections duty only?
o Yes o No Other law enforcement job(s)?

If yes, specify: _____

Number of years experience as a commissioned law enforcement officer? _____

How many agencies have you worked for as a commissioned police officer? _____

During the time you have been a commissioned officer, how many citizen complaints have been filed against you?

- o None o 3-5
o 1 o 6-10
o 2 o 11 or more

How many of these complaints were sustained or found to be true? _____

How many reprimands (written/oral) have you received while a commissioned officer? _____

How many times have you been suspended or fined as a commissioned officer? _____

Were you ever the subject of civil or criminal prosecution because of your actions as a law enforcement officer? o Yes o No

Other than probation, have you ever had any unsatisfactory personnel ratings? o Yes o No

While being a commissioned officer, have you ever violated any controlled substance (illegal narcotic) laws? o Yes o No

Have you ever used illegal drugs while on duty? o Yes o No

Did you ever drink alcohol while on duty (aside from undercover duty)? o Yes o No

Did you ever lie or seriously distort the facts in an official police report? o Yes o No

WOODLAND POLICE DEPARTMENT PERSONAL HISTORY STATEMENT (2022)

LAW ENFORCEMENT EXPERIENCE: (Continued)

Did you ever cover up a serious violation for a fellow police officer? o Yes o No

Did you ever lie or commit perjury in court testimony or any other official proceeding? o Yes o No

Have you ever been terminated or forced to resign from a law enforcement position during the probation period? o Yes o No

If yes, please explain: _____

Have you ever been terminated or forced to resign after the probationary period? o Yes o No

Have you ever been the subject of an Internal Affairs Investigation as a commissioned officer? o Yes o No

Have you ever falsified information regarding the damage to department equipment? o Yes o No

Have you ever failed to report damage to departmental equipment you were responsible for? o Yes o No

Have you ever used "excessive force" or more force than was necessary to effect an arrest? o Yes o No

How many "on duty" accidents have you been in? _____ How many were your fault? _____

EXPERIENCE AND EMPLOYMENT:

Beginning with your most current employment, please list all jobs (including part-time, temporary, and voluntary positions) you have held in the past 10 years. For identification and verification, indicate the nature of the activity (full time, part-time, voluntary). If you have intervening periods of military service or unemployment, list those periods in sequence in the spaces provided.

Dates of Employment		Name and address of employer	Name of Supervisor
From Mo./Yr.	To Mo./Yr.	Telephone No. ()	Name (s) of co-workers (s)
o Full time		Your title or duties (for identification purposes)	
o Part time			
o Voluntary			
Reason for leaving:			
o Military Service		o Not employed	From Mo. Yr. To Mo. Yr.

WOODLAND POLICE DEPARTMENT PERSONAL HISTORY STATEMENT (2022)

Dates of Employment		Name and address of employer		Name of Supervisor	
From Mo./Yr.	To Mo./Yr.	Telephone No. ()		Name (s) of co-workers (s)	
<input type="checkbox"/> Full time		Your title or duties (for identification purposes)			
<input type="checkbox"/> Part time					
<input type="checkbox"/> Voluntary					
Reason for leaving:					
<input type="checkbox"/> Military Service		<input type="checkbox"/> Not employed	From Mo. Yr.	To Mo. Yr.	
Dates of Employment		Name and address of employer		Name of Supervisor	
From Mo./Yr.	To Mo./Yr.	Telephone No. ()		Name (s) of co-workers (s)	
<input type="checkbox"/> Full time		Your title or duties (for identification purposes)			
<input type="checkbox"/> Part time					
<input type="checkbox"/> Voluntary					
Reason for leaving:					
<input type="checkbox"/> Military Service		<input type="checkbox"/> Not employed	From Mo. Yr.	To Mo. Yr.	
Dates of Employment		Name and address of employer		Name of Supervisor	
From Mo./Yr.	To Mo./Yr.	Telephone No. ()		Name (s) of co-workers (s)	
<input type="checkbox"/> Full time		Your title or duties (for identification purposes)			
<input type="checkbox"/> Part time					
<input type="checkbox"/> Voluntary					
Reason for leaving:					
<input type="checkbox"/> Military Service		<input type="checkbox"/> Not employed	From Mo. Yr.	To Mo. Yr.	

WOODLAND POLICE DEPARTMENT PERSONAL HISTORY STATEMENT (2022)

Dates of Employment		Name and address of employer	Name of Supervisor	
From Mo./Yr.	To Mo./Yr.	Telephone No. ()		
			Name (s) of co-workers (s)	
<input type="radio"/> Full time		Your title or duties (for identification purposes)		
<input type="radio"/> Part time				
<input type="radio"/> Voluntary				
Reason for leaving:				
<input type="radio"/> Military Service		<input type="radio"/> Not employed	From Mo. Yr.	To Mo. Yr.
Dates of Employment		Name and address of employer	Name of Supervisor	
From Mo./Yr.	To Mo./Yr.	Telephone No. ()		
			Name (s) of co-workers (s)	
<input type="radio"/> Full time		Your title or duties (for identification purposes)		
<input type="radio"/> Part time				
<input type="radio"/> Voluntary				
Reason for leaving:				
<input type="radio"/> Military Service		<input type="radio"/> Not employed	From Mo. Yr.	To Mo. Yr.
Dates of Employment		Name and address of employer	Name of Supervisor	
From Mo./Yr.	To Mo./Yr.	Telephone No. ()		
			Name (s) of co-workers (s)	
<input type="radio"/> Full time		Your title or duties (for identification purposes)		
<input type="radio"/> Part time				
<input type="radio"/> Voluntary				
Reason for leaving:				
<input type="radio"/> Military Service		<input type="radio"/> Not employed	From Mo. Yr.	To Mo. Yr.

WOODLAND POLICE DEPARTMENT PERSONAL HISTORY STATEMENT (2022)

Dates of Employment		Name and address of employer	Name of Supervisor	
From Mo./Yr.	To Mo./Yr.	Telephone No. ()		
			Name (s) of co-workers (s)	
<input type="radio"/> Full time		Your title or duties (for identification purposes)		
<input type="radio"/> Part time				
<input type="radio"/> Voluntary				
Reason for leaving:				
<input type="radio"/> Military Service		<input type="radio"/> Not employed	From Mo. Yr.	To Mo. Yr.
Dates of Employment		Name and address of employer	Name of Supervisor	
From Mo./Yr.	To Mo./Yr.	Telephone No. ()		
			Name (s) of co-workers (s)	
<input type="radio"/> Full time		Your title or duties (for identification purposes)		
<input type="radio"/> Part time				
<input type="radio"/> Voluntary				
Reason for leaving:				
<input type="radio"/> Military Service		<input type="radio"/> Not employed	From Mo. Yr.	To Mo. Yr.
<p>May your present employer be contacted during the course of the background investigation? <input type="radio"/> Yes <input type="radio"/> No</p> <p>If no, when should such contact be made? _____</p> <p>Have you ever filed a claim (s) for worker's compensation? <input type="radio"/> Yes <input type="radio"/> No</p> <p>If yes, please give details (include when, where, and circumstances):</p> <p>_____</p> <p>_____</p> <p>_____</p>				

WOODLAND POLICE DEPARTMENT PERSONAL HISTORY STATEMENT (2022)

Have you had any extended work absences for reasons other than earned vacations? Yes No

If yes, please explain (include when, name of employer, why):

Have you ever received any disciplinary action, suspension, been fired, or been asked to resign from any place of employment? Yes No

If yes, please give details (include when, where, circumstances):

Have you ever been a successful or unsuccessful candidate for another position requiring peace office powers? Yes No

If yes, please give details (include when, name of agency, circumstances):

WOODLAND POLICE DEPARTMENT PERSONAL HISTORY STATEMENT (2022)

AUTHORIZATION FOR RELEASE OF MILITARY AND MEDICAL INFORMATION			
Name of Applicant (printed)		Date:	
As an applicant for a position with the City of Woodland, I am required to furnish information for use in determining my qualifications. I authorize release of the information items below from my military and related medical records.			
Branch of Service	Service Number	Date last separated from active service	
Present Military Status: <input type="radio"/> None <input type="radio"/> Air Force Reserve <input type="radio"/> Army Reserve <input type="radio"/> Marine Corps Reserve <input type="radio"/> Naval Reserve <input type="radio"/> Coast Guard Reserve		Present Home Address:	
Furnish information to: Chief of Police Woodland Police Department PO Box 9 Woodland WA 98674		Applicant for Position of:	
		Signature of Applicant:	
TO BE COMPLETED BY RECORDS OFFICE			
Date of Entry	Date Separated	Reason for Separation	Character of Service
Disciplinary Date (if any)	<input type="radio"/> None <input type="radio"/> See Remarks		
Significant illness or injuries (if any)	<input type="radio"/> None	<input type="radio"/> See Remarks	<input type="radio"/> See Attached
Psychiatric observations and treatment (if any)	<input type="radio"/> None	<input type="radio"/> See Remarks	<input type="radio"/> See Attached
Physical condition at time of separation	<input type="radio"/> Report of separation physical attached.		
Remarks:			
<input type="radio"/> Continued on Reverse			
Releasing Officer:	Released by: (signature)		Date Released:

WOODLAND POLICE DEPARTMENT PERSONAL HISTORY STATEMENT (2022)

State of Washington

} ss.

County of _____

I certify that I know or have satisfactory evidence that _____
is the person who appeared before me, and said person acknowledged that he/she signed the instrument
and acknowledged it to be his/her free and voluntary act for the uses and purposes mentioned in the
instrument.

Dated: _____

Notary Public Signature

Appointment Expiration

WOODLAND POLICE DEPARTMENT PERSONAL HISTORY STATEMENT (2022)

MILITARY SERVICE:

Have you ever served in the armed forces, National Guard, or military reserves? Yes No

If yes, please supply the following information:

Branch of Service: _____

Service Number: _____

Dates of Service: _____

List current and past draft classification in chronological order beginning with the most recent:

Are you currently participating in any military reserve or National Guard Program? Yes No

Have you ever been the subject of any judicial or non-judicial disciplinary action while in the military, National Guard, or military reserves? Yes No

If yes, please give details (include branch of service, when, where, circumstances):

WOODLAND POLICE DEPARTMENT PERSONAL HISTORY STATEMENT (2022)

FINANCIAL:

The management of personal finances is relevant to an individual's qualifications for the position of peace officer. Therefore, please fill in the financial statement 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.

CURRENT MONTHLY INCOME:

Monthly salary:	\$ _____
Spouse's salary:	\$ _____
Other monthly income: (describe)	\$ _____
_____	_____
_____	_____
_____	_____
_____	_____
Total Monthly Income	\$ _____

CURRENT MONTHLY EXPENDITURES

Real Estate (mortgage) payment (s):	\$ _____
Rent:	\$ _____
Other monthly payments: (describe)	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
Total Monthly Expenditures:	\$ _____

Spouse's Place of Employment: _____

List all banks where you have had checking accounts:

WOODLAND POLICE DEPARTMENT PERSONAL HISTORY STATEMENT (2022)

FINANCIAL: (continued)

Have you ever filed for or declared bankruptcy or filed for the Wage Earner's Plan? Yes No

If yes, give details (include when, where, and why):

Have any of your bills ever been turned over to a collection agency? Yes No

If yes, give details (include when, firms involved, circumstances):

Have you had anything repossessed? Yes No

If yes, give details (include when, firms involved, circumstances):

Have your wages ever been garnished? Yes No

If yes, give details (include when, where, why):

Are you currently delinquent with any child support obligations? Yes No

Have you ever failed to make child support payments that you were legally required to make? Yes No

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

If yes, give details (include when, where, why):

Have you ever failed to file an IRS statement? Yes No List year (s):

WOODLAND POLICE DEPARTMENT PERSONAL HISTORY STATEMENT (2022)

LEGAL:

Have you ever been questioned as a suspect in a crime? Yes No

How many times have you been arrested (held in police custody) for any reason? _____

How many times have you been convicted of, pleaded guilty to or pleaded no contest to misdemeanor charges? _____

How many times have you been convicted of, pleaded guilty to or pleaded no contest to felony charges? _____

Have you ever been on court probation as an adult (age 18 or older)? Yes No

Have you ever had to appear before a juvenile court for an act that would have been a crime if an adult had committed it? Yes No

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

Since age 18, have you ever stolen or taken without permission any property from employers, businesses or other people?

- No, never
- Yes, items with a TOTAL value of less than \$25.00
- Yes, items with a TOTAL value between \$25 & \$99
- Yes, items with a TOTAL value between \$100 & \$499
- Yes, items with a TOTAL value over \$500

When was the last time you stole or took without permission any property from employers, businesses or other people?

- Never
- Less than a year ago
- Over 1 year, less than 2 years
- Over 2 years, less than 5 years
- Over 5 years ago

Did you ever buy anything that you suspected was stolen? Yes No

Did you ever sell anything that you knew was stolen? Yes No

Are you now in possession of any stolen property? Yes No

WOODLAND POLICE DEPARTMENT PERSONAL HISTORY STATEMENT (2022)

THE NEXT SECTION OF QUESTIONS ASKS ABOUT SPECIFIC CRIMINAL OFFENSES. RESPOND TO EACH CRIMINAL OFFENSE AS IT APPLIES TO YOU.

FOR EACH CRIMINAL OFFENSE MARK ALL ANSWERS THAT APPLY! Be sure to mark at least one response for each offense. Even if you were in the military and were in violation of the following offenses under the UCMJ, make sure you include these offenses.

ARSON (intentionally setting a fire to cause damage)

- A. I have committed arson.
- B. I have been arrested for arson.
- C. I have been tried in court for arson.
- D. I have been convicted of arson, pled guilty or
pled no contest.
- E. None of the above.

FORGERY (signing another person's name to a document without permission)

- A. I have committed forgery.
- B. I have been arrested for forgery.
- C. I have been tried in court for forgery.
- D. I have been convicted of forgery, pled guilty or
pled no contest.
- E. None of the above.

EMBEZZLEMENT (theft of money or valuables entrusted to you)

- A. I have committed embezzlement.
- B. I have been arrested for embezzlement.
- C. I have been tried in court for embezzlement.
- D. I have been convicted of embezzlement, pled
guilty or pled no contest.
- E. None of the above.

RAPE OR ATTEMPTED RAPE (a forcible sex act other than molest)

- A. I have committed rape.
- B. I have been arrested for rape.
- C. I have been tried in court for rape.
- D. I have been convicted of rape, pled guilty or pled
no contest.
- E. None of the above.

WOODLAND POLICE DEPARTMENT PERSONAL HISTORY STATEMENT (2022)

SEXUAL CHILD ABUSE OR MOLEST

- A. I have committed a child sex offense. θ
- B. I have been arrested for a child sex offense. θ
- C. I have been tried in court for a child sex offense. θ
- D. I have been convicted of a child sex offense, pled guilty or pled no contest. θ
- E. None of the above. θ

ASSAULT, RESISTING, ARREST, HOMICIDE (causing harm to another person)

- A. I have committed _____, (which crime?) θ
- B. I have been arrested for _____, (which crime?) θ
- C. I have been tried for _____, (which crime?) θ
- D. I have been convicted of _____, (which crime?),
pled guilty or pled no contest. θ
- E. None of the above. θ

BURGLARY, THEFT, BREAKING AND ENTERING

- A. I have committed _____, (which crime?) θ
- B. I have been arrested for _____, (which crime?) θ
- C. I have been tried for _____, (which crime?) θ
- D. I have been convicted of _____, (which crime?),
pled guilty or pled no contest. θ
- E. None of the above. θ

VANDALISM OR MALICIOUS MISCHIEF

- A. I have committed _____, (which crime?) θ
- B. I have been arrested for _____, (which crime?) θ
- C. I have been tried for _____, (which crime?) θ
- D. I have been convicted of _____, (which crime?),
pled guilty or pled no contest. θ
- E. None of the above. θ

WOODLAND POLICE DEPARTMENT PERSONAL HISTORY STATEMENT (2022)

SEXUAL CRIMES (i.e.: self exposure, obscene phone calls, peeping tom, etc.)

- A. I have committed _____ , (which crime?) θ
- B. I have been arrested for _____ , (which crime?) θ
- C. I have been tried for _____ , (which crime?) θ
- D. I have been convicted of _____ , (which crime?),
pled guilty or pled no contest. θ
- E. None of the above. θ

DRIVING UNDER THE INFLUENCE OF ALCOHOL OR DRUGS

- A. I have committed _____ , (which crime?) θ
- B. I have been arrested for _____ , (which crime?) θ
- C. I have been tried for _____ , (which crime?) θ
- D. I have been convicted of _____ , (which crime?),
pled guilty or pled no contest. θ
- E. None of the above. θ

VEHICULAR ASSAULT OR VEHICULAR MANSLAUGHTER

- A. I have committed _____ , (which crime?) θ
- B. I have been arrested for _____ , (which crime?) θ
- C. I have been tried for _____ , (which crime?) θ
- D. I have been convicted of _____ , (which crime?),
pled guilty or pled no contest. θ
- E. None of the above. θ

RECKLESS DRIVING

- A. I have committed reckless driving. θ
- B. I have been arrested for reckless driving. θ
- C. I have tried for reckless driving. θ
- D. I have been convicted of reckless driving, pled
guilty or pled no contest. θ
- E. None of the above. θ

WOODLAND POLICE DEPARTMENT PERSONAL HISTORY STATEMENT (2022)

If you have ever been arrested or convicted for any crime (excluding traffic citations) give the following information: (The fact that your record may have been affected by a sealing, an expungement, a release, or a pardon has specific legal implications as to how you should answer the question. Please see the instruction page for a detailed guide).

Approximate Date	Police Agency	Circumstances

Were you ever required to appear before a juvenile court for an act, which would have been crime if committed by an adult? θ Yes θ No

If yes, give details (include when, where, why):

Has anyone in your family been arrested? θ Yes θ No

If yes, please explain:

WOODLAND POLICE DEPARTMENT PERSONAL HISTORY STATEMENT (2022)

DOMESTIC VIOLENCE CRIME CONVICTIONS

A. Have you ever been convicted of a misdemeanor crime of domestic violence within the meaning of the statute 18 U.S.C. Sec. 922 (g)? θ Yes θ No

The term “misdemeanor crime of violence” means an offense that:

1. Is a misdemeanor under federal or state law; and
2. Has, as an element, the use of physical force, or the threatened use of a deadly weapon, 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.

B. If you answered YES to the first question, provide the following information with respect to the conviction:

Court / Jurisdiction: _____
 Docket / Case Number: _____
 Status / Charge: _____
 Date Sentenced: _____

Obtain a certified copy of judgements and offense report within 15 days and submit to this agency.

MOTOR VEHICLE OPERATION:

Operation of a motor vehicle is an integral part of law enforcement. An investigation of your driving history will be made through a records check. To expedite this procedure, please supply the following information:

Driver’s license number:	State:	Expiration Date:

Name under which license was granted:

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

State:	State:	State:
Name under which license was granted:	Name under which license was granted:	Name under which license was granted:

WOODLAND POLICE DEPARTMENT PERSONAL HISTORY STATEMENT (2022)

MOTOR VEHICLE OPERATION: (continued)

Have you ever been refused a driver’s license by any state? θ Yes θ No

If yes, please explain (include when, where, why):

Do you now have current auto insurance? θ Yes θ No

Have you ever had your auto insurance cancelled or refused? θ Yes θ No

If yes, please explain:

Have you ever had high risk auto insurance? θ Yes θ No

List all traffic citations (excluding parking citations) you have received within the last 7 years:

Nature of Violation	Location (City)	Approx. Date	Indicate whether fined or action taken on driver’s license

WOODLAND POLICE DEPARTMENT PERSONAL HISTORY STATEMENT (2022)

MOTOR VEHICLE OPERATION: (continued)

Have you been involved as a driver in a motor vehicle accident within the past seven years? Yes No
If yes, please give details for each accident:

Date _____ Injury Non-injury Police Investigation? Yes No
Police Agency: _____ Location: _____

Date _____ Injury Non-injury Police Investigation? Yes No
Police Agency: _____ Location: _____

Date _____ Injury Non-injury Police Investigation? Yes No
Police Agency: _____ Location: _____

Date _____ Injury Non-injury Police Investigation? Yes No
Police Agency: _____ Location: _____

If there is anything you wish to discuss about your driving record, use the space below:

WOODLAND POLICE DEPARTMENT PERSONAL HISTORY STATEMENT (2022)

MOTOR VEHICLE OPERATION: (continued)

Has your license ever been suspended, revoked, or placed on negligent operator's probation?

Yes No

If yes, give details (include what, when, where, and why):

GENERAL INFORMATION:

Do you have any special qualifications and skills?

Do you have any special interests and hobbies?

Are you a member of any social clubs or other organizations?

WOODLAND POLICE DEPARTMENT PERSONAL HISTORY STATEMENT (2022)

GENERAL INFORMATION: (continued)

Have you ever been a member of an organization, which advocates, advises or supports the use of force or other unlawful means to deny other persons their rights under the Constitution of the United States?

Do you have any prejudices that you are aware of against any group? Yes No

Do you have any religious or other beliefs, which would prevent you from fully performing the duties of a law enforcement or corrections officer, including working on weekends or shift work? Yes No

If yes, please explain:

Have you deliberately lied or omitted information in applying for this position? Yes No

Are you now living at the address listed on your application? Yes No

Have you purposely withheld information about places or employment within the past five years? Yes No

Have you ever quit or been asked to resign from a job because of alleged dishonesty? Yes No

Have you ever quit a job without giving notice as required by your employer? Yes No

Why are you leaving your present job or changing career fields at this time?

WOODLAND POLICE DEPARTMENT PERSONAL HISTORY STATEMENT (2022)

GENERAL INFORMATION: (continued)

How would you describe your temper?

Have you ever been counseled about your temper? Yes No

Have you ever struck your spouse? Yes No

Have you ever lied while under oath or on a sworn document? Yes No

Have you ever attempted to commit suicide? Yes No

Have you ever wanted to seriously injure someone? Yes No

Have you ever violated the confidentiality of someone who trusted you? Yes No

Do you actually have all the education listed on your application? Yes No

Have you seriously researched this career field? Yes No

Are you afraid of firearms or weapons of any type? Yes No

Do you gamble? Yes No

Do you currently have any outstanding gambling debts? Yes No

Do you other members of your family work for a law enforcement agency? Yes No

Why do you want to become a police officer?

Are you basically an honest person? Yes No

On a scale of 1 to 10, how high would you rate your basic honesty? _____

Give an example of when you would choose to lie to protect yourself:

WOODLAND POLICE DEPARTMENT PERSONAL HISTORY STATEMENT (2022)

GENERAL INFORMATION: (continued)

Do you have any family, friends or acquaintances employed at the Woodland Police Department? Yes No

Who? _____

Have you deliberately falsified any of your answers or purposely misled this agency at any point during this hiring process? Yes No

How many physical fights have you been in since age 18 (other than your job as a police officer)?

- A. None
- B. 1
- C. 2
- D. 3 or more

Have you ever slapped, punched or otherwise injured a romantic partner?

- A. No
- B. Yes, on one occasion
- C. Yes, on two or three occasions
- D. Yes, on four or more occasions

How many firearms do you own or have in your possession?

- A. Handguns _____
- B. Rifles _____
- C. Shotguns _____
- D. Combat or assault type firearms (such as AR-15, Ak-47, Uzi, Mac-10) _____

If it became necessary to take a human life in the course of your duties, would any religious or other beliefs prevent you from doing so? Yes No

If yes, please explain:

WOODLAND POLICE DEPARTMENT PERSONAL HISTORY STATEMENT (2022)

GENERAL INFORMATION: (continued)

State the frequency and extent of your use of intoxicating liquors?

Have you ever used marijuana or any other drug not prescribed by your physician? Yes No

If yes, please explain:

Have you ever sold or furnished drugs or narcotics to anyone? Yes No

If yes, please explain:

Do you have any physical problems that might hinder you in performing the required duties of the position applied for? Yes No

If yes, please explain:

WOODLAND POLICE DEPARTMENT PERSONAL HISTORY STATEMENT (2022)

GENERAL INFORMATION: (continued)

Indicate whether you have been rejected as a job applicant for any of the following reasons:

- Issues raised by a background investigation?
- Issues raised by a polygraph?
- Issues raised by an oral board?
- Issues raised by a physical agility test?
- Other: _____

Are there any incidents in your life, or details not mentioned herein, which may influence this department's evaluation of your suitability for employment? Yes No

If yes, please explain:

Remarks: (This section is for any additional information you wish to impart). If more space is needed for answers to any of the questions on the Personal History Statement, you may attach additional sheets of paper. Reference the section heading and the page number.

WOODLAND POLICE DEPARTMENT PERSONAL HISTORY STATEMENT (2022)

Remarks: (continued)

I certify that there are no misrepresentations, omissions or falsifications in the foregoing statements and answers and that the entries are made by me and are true, complete and correct to the best of my knowledge and belief and are made in good faith.

I agree and consent to the Woodland Police Department inquiring into, by any means it deems appropriate or necessary, the truth of and circumstances regarding any information provided herein in the course of a pre-employment background check and further release the Woodland Police Department from any liability with regard to the use of such information in the pre-employment process.

Applicant Signature _____ **Date:** _____

WOODLAND POLICE DEPARTMENT MEDICAL HISTORY STATEMENT (2022)

Attention Applicant:

Regulations require that an applicant be examined by a licensed physician to ensure that the applicant is free from any mental or physical defect or medical condition, which might affect adversely an applicant's health or future job performance.

The information you provide in this statement is extremely important. It will be used by a medical health professional to evaluate your medical qualifications for the position applied for. Therefore, please fill out the questionnaire completely and accurately. Please keep in mind that: (a) all statements are subject to verification; and (b) deliberate inaccuracies and misleading or incomplete statements may bar or remove you from employment.

The questions in this statement were designed to explore those areas, which directly bear upon the physical demands of the position for which you are applying. A thorough and accurate evaluation of this information will contribute to sound employment decisions benefiting both you and your potential employer.

When answering "yes – no" questions, place an "X" in the appropriate space. If you are unable to answer a question for any reason, place a "?" in the "yes" space. Answer each question separately. A line drawn down through a column of answers is not acceptable. At the end of some questions where "yes" and "no" may not seem applicable, or in which clarifying information is required, answer the question in the space provided.

WOODLAND POLICE DEPARTMENT MEDICAL HISTORY STATEMENT (2022)

Applicant Name				
LAST	FIRST	MIDDLE		
Mailing Address				
Number	Street/PO Box	City	State	Zip Code
Daytime Phone Number			Evening Phone Number	
()			()	
Birthdate			In accordance with the Federal Privacy Act of 1974, disclosure is voluntary. The Social Security Number will be used for identification purposes to ensure that proper records are maintained.	
Month	Day	Year		
Social Security Number				
I, the undersigned, do hereby consent to undergo a medical examination, including blood specimens, x-rays, skin tests, immunizations, and other examinations which the examiners may consider necessary to complete the medical evaluation.				
Applicant Signature _____ Date Completed: _____				
1. Have you been medically examined for employment for police entry in this state before? θ Yes θ No				
If yes:				
When: _____				
Where: _____				
Your name at that time? _____				

WOODLAND POLICE DEPARTMENT MEDICAL HISTORY STATEMENT (2022)

Health and Living Habits

Have you ever been intoxicated? Yes No

On average, about how much alcohol do you drink? (Count ONE DRINK for each bottle of beer, glass of wine or shot of liquor). Mark one answer only.

- A. I never drink alcohol
- B. Less than one drink a week
- C. 1 – 2 drinks a week
- D. 3 – 5 drinks a week
- E. 1 – 2 drinks a day
- F. 3 – 4 drinks a day
- G. 6 or more drinks a day

About how often do you have 6 or more drinks in a single day?

- A. Never
- B. About once a year
- C. A few times a year
- D. About once a month
- E. A few times a month
- F. About once a week
- G. A few times a week
- H. Almost every

Blackouts? Yes No

Marital or family domestic difficulties? Yes No

Missed work? Yes No

Fighting? Yes No

Been intoxicated in public? Yes No

Do you ever drink on the job in violation of employer rules or regulations? Yes No

How often do you drive with an open container in your vehicle?

- A. Never
- B. About once a year
- C. A few times a year
- D. About once a month
- E. A few times a month
- F. About once a week or more

Have you ever been warned by an employer about your drinking habits? Yes No

WOODLAND POLICE DEPARTMENT MEDICAL HISTORY STATEMENT (2022)

Health and Living Habits (continued)

Have you ever been in illegal possession of marijuana? (When estimating your total possession remember that once a month for a year is 12 times, once a week for a year is about 50 times and almost every day for a year is about 365 times)

- A. Never
- B. 1 – 2 times
- C. 3 – 10 times
- D. 11 – 20 times
- E. 21 – 50 times
- F. 51 – 100 times
- G. 101 – 500 times
- H. More than 500 times

When was the last time you used marijuana? _____

Are you currently using marijuana? Yes No

Have you ever purchased or sold marijuana? Yes No

Have you ever illegally possessed cocaine in any form (including crack)?
(Use alcohol time table for evaluation)

- A. Never
- B. 1 – 2 times
- C. 3 – 10 times
- D. 11 – 20 times
- E. 21 – 50 times
- F. 51 – 100 times
- G. 101 – 500 times
- H. More than 500 times

Are you currently using cocaine? Yes No

Have you ever purchased or sold cocaine? Yes No

Most recent time? _____

Are you currently using rock cocaine or cocaine in any form other than what has been mentioned?

Yes No What type? _____

Most recent time? _____

WOODLAND POLICE DEPARTMENT MEDICAL HISTORY STATEMENT (2022)

Health and Living Habits (continued)

Have you ever illegally possessed any hallucinogens (i.e., LSD, Mescaline, Mushrooms, PCP, Angel Dust, etc.)?

Yes No What type? _____
Most recent time? _____

Are you currently using any hallucinogens? Yes No

Have you ever illegally possessed Opiates, such as Opium, Morphine or Heroin?

Yes No What type? _____
Most recent time? _____

Have you ever purchased or sold Opiates? Yes No
Are you currently using Opiates? Yes No

Have you ever illegally possessed Amphetamines such as Methedrine, Dexedrine, Speed, Crank, Crystal Meth, Ice, Glass, Cross Tops, etc.?

Yes No What type? _____
Most recent time? _____

Have you ever purchased or sold Amphetamines? Yes No
Are you currently using illegal Amphetamines? Yes No

Have you ever illegally possessed depressants or tranquilizers (such as Barbiturates, Valium, Quaaludes, etc.)?

Yes No What type? _____
Most recent time? _____

Have you ever purchased or sold depressants or tranquilizers? Yes No

Are you currently using illegal depressants or tranquilizers? Yes No

Have you ever illegally possessed any other controlled drugs besides those already listed?

Yes No What type? _____
Most recent time? _____

WOODLAND POLICE DEPARTMENT MEDICAL HISTORY STATEMENT (2022)

Health and Living Habits (continued)

How many times in your life have you driven after using an illegal controlled drug?

- A. Never
- B. 1 – 2 times
- C. 3 – 4 times
- D. 5 times or more

When was the last time that you provided any illegal or controlled drugs to friends or others in exchange for money or in trade for goods?

- A. Doesn't apply, I have never done this.
- B. Most recent time _____

Have you ever grown, manufactured or processed any controlled substance?

- Yes No What type? _____
Most recent time? _____

Have you ever been rejected from any employment or military service, or discharged from any position due to use of alcohol or controlled substance? Yes No

Are you aware that the employment environment within this agency is a DRUG FREE ENVIRONMENT and that a violation of this practice can lead to termination? Yes No

Sleep	No. of Hours	Below mark which best describes your sleep				Dreams
		<input type="radio"/> Regular	<input type="radio"/> Irregular	<input type="radio"/> Restful	<input type="radio"/> Restless	<input type="radio"/> Yes <input type="radio"/> No
Eat	Times per day	Below mark which best describes your appetite				
		<input type="radio"/> Regular	<input type="radio"/> Irregular	<input type="radio"/> Good	<input type="radio"/> Fair	<input type="radio"/> Poor
Alcohol Beverages		Preference		Frequency	Consumption	
		<input type="radio"/> Beer	<input type="radio"/> Liquor	<input type="radio"/> Occasional	<input type="radio"/> Light	<input type="radio"/> Heavy
		<input type="radio"/> Wine	<input type="radio"/> Liqueur	<input type="radio"/> Daily	<input type="radio"/> Moderate	
Smoke	Tobacco	Marijuana	Frequency		How many?	
	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Occasional	<input type="radio"/> Daily		
Exercise	Frequency	Type (s)				
	<input type="radio"/> Occasional	<input type="radio"/> Walking	<input type="radio"/> Calisthenics	<input type="radio"/> Baseball	<input type="radio"/> Hike/Climb	
	<input type="radio"/> Regular	<input type="radio"/> Jogging	<input type="radio"/> Weightlifting	<input type="radio"/> Football	<input type="radio"/> Skiing	
	<input type="radio"/> Daily	<input type="radio"/> Bicycle	<input type="radio"/> Isometric	<input type="radio"/> Basketball		
		<input type="radio"/> Other	_____			

WOODLAND POLICE DEPARTMENT MEDICAL HISTORY STATEMENT (2022)

Occupation or Work: Mark each that applies.

Light/Sedentary	<input type="checkbox"/>	Sitting	<input type="checkbox"/>	Lifting	<input type="checkbox"/>	Climbing	<input type="checkbox"/>
Moderate	<input type="checkbox"/>	Standing	<input type="checkbox"/>	Twisting	<input type="checkbox"/>	Running	<input type="checkbox"/>
Heavy	<input type="checkbox"/>	Bending	<input type="checkbox"/>	Riding	<input type="checkbox"/>	Jumping	<input type="checkbox"/>
Daily Work Hours	Day <input type="checkbox"/>	Regular	<input type="checkbox"/>	Regular Job	<input type="checkbox"/>		
	Night <input type="checkbox"/>	Irregular	<input type="checkbox"/>	Moonlighting	<input type="checkbox"/>		

Exposures

Have you ever been exposed to any of the following, whether at home, at work, or in any other setting?

Prolonged loud noises at work, or gunfire in military service or loud music?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Substances which irritated your skin or eyes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sprays or powders for insects or plants?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Prolonged x-rays or with radio-active isotopes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Dusty conditions such as sandblasting, grinding, or drilling of rock, coal, silica, asbestos, or asbestos products?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Have you ever had a bad reaction to?

High environmental temperatures?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Low environmental temperatures?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Have you ever had a claim for the following?

An occupational disease or sickness?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
An industrial accident / injury?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you any claim now pending for the above?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Were you ever in the Armed Services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you receive a medical discharge?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you been rejected by the military service for health reasons?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Family Medical History

If a parent, grandparent, brother or sister has had any of the following diseases, please check.

	Mother	Father	Brother	Sister	Grandparent
Diabetes					
Cancer / Tumor					
High Blood Pressure					
Tuberculosis					
Heart Disease					
Family / Heredity Disease					

WOODLAND POLICE DEPARTMENT MEDICAL HISTORY STATEMENT (2022)

Your Medical History

If you have ever had or now have any of the following, please check box:

- | | | | | | |
|------------------------------|-----------------------------|-------------------------|------------------------------|-----------------------------|--------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Tuberculosis | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Sickle Cell Disease |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Pneumonia | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Anemia |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Bronchitis | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Diabetes (Sugar Disease) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Emphysema | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Kidney Disease |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Asthma | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Rheumatism, Arthritis |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | High Blood Pressure | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Varicose Veins |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Heart Disease or Murmur | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Phlebitis |

If you have ever had or now have any of the following, please check box:

- | | | | | | |
|------------------------------|-----------------------------|--------------------------------|------------------------------|-----------------------------|---------------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Rheumatic Fever | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Hay Fever |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Encephalitis, Meningitis | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Allergic Rhinitis (Nose Allergy) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Epilepsy, Convulsions | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Lung Infections |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Glaucoma | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Scarlet Fever |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Duodenal or Stomach Ulcer | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Venereal Disease (Syphilis/Gonorrhea) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Gall Bladder Trouble | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Cancer |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Liver Trouble or Hepatitis | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Hyperthyroidism or Goiter |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Hiatal or Diaphragmatic Hernia | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Hypothyroidism |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Other Diseases (Explain below) | | | |

Your Symptom History

- | | | |
|------------------------------|-----------------------------|------------------------------------------------------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Have you gained or lost more than 10 lbs without trying in the past 2 years? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Have you had any changes in your appetite in the past six months? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Have you noticed unusual fatigue (tiredness) or weakness recently? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Have you been told by a doctor that you had trouble with your thyroid gland? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Have you noticed changes in your hair or skin color or texture? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Have you a mole (dark growth) or wart which changed color in the past year? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Do you have a skin rash, burning, itching or other skin sensitivity? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Have you had any skin cancers removed? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Have you had bleeding gums in the past year? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Do you have frequent nosebleeds for no apparent reason? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Do you have sinus trouble frequently? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Do you have colds twice or more per month? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Have you ever coughed up blood? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Have you had a chest xray in the past two years? |

WOODLAND POLICE DEPARTMENT MEDICAL HISTORY STATEMENT (2022)

Your Symptom History (continued)

- Yes No Do you often cough up a large amount of mucus?
 Yes No Have you ever had a positive TB (tuberculosis) skin test?
 Yes No Do you have shortness of breath?
 Yes No Do your ankles or feet often swell?

 Yes No Have you had a feeling of pain, pressure or tightness in your chest in the past year?
 Yes No Do you sometimes wake up at night short of breath?
 Yes No Do you get pains or cramps in the back of your legs while walking?
 Yes No Do you get pains or cramps in your legs at night?
 Yes No Do you sometimes have severe soaking sweats at night?
 Yes No Have you had reason to have an electrocardiogram (ECG) in the past two years?
 Yes No Do you suffer from indigestion or heartburn?
 Yes No Is swallowing painful or difficult for you?
 Yes No Do you take antacid medicine such as TUMS or Alka Seltzer frequently?
 Yes No Have you vomited blood or coffee ground-like material?
 Yes No Have you ever had jaundice (yellow tinge to skin or whites of eyes)?
 Yes No Are your bowel movements ever black or bloody?
 Yes No Are your bowel movements ever difficult or painful?
 Yes No Have you had hemorrhoids (piles)?
 Yes No Have you had abdominal pain (bellyache) bad enough to see a doctor?
 Yes No Have you been told that you drink too much alcohol?
 Yes No Do you frequently get up at night to urinate?
 Yes No Do you ever have difficulty starting or stopping your urine stream?
 Yes No Do you ever feel unable to completely empty your bladder of urine?
 Yes No Has your urine ever been red, black, brown or bloody?
 Yes No Has a doctor ever told you that you had sugar, albumen or pus in your urine?
 Yes No Have you ever had a bladder or kidney infection?
 Yes No Have you ever passed kidney stones or gravel?
 Yes No Have you ever had a hernia (rupture)? *Surgically repaired?* Yes No
 Yes No Have you ever had a broken bone (fracture), or a joint injury?
 Yes No Was an operation required to repair the fracture or joint injury?

 Yes No Have you ever had an accident or sports injury to your:

Shoulder _____	Wrist _____	Thigh bone _____	Foot _____
Upper arm _____	Hand _____	Knee _____	Toes _____
Elbow _____	Fingers _____	Leg bones _____	
Forearm _____	Hip _____	Ankle _____	

WOODLAND POLICE DEPARTMENT MEDICAL HISTORY STATEMENT (2022)

Your Symptom History (continued)

Yes No With any of the above injuries, have you had any problems since?

Pain	_____	Joint tap for fluid	_____
Swelling	_____	Lost time from work	_____
Stiffness	_____	Limitation of motion	_____
Weakness	_____		

Yes No Do you have an open industrial or insurance claim for this?

Yes No Settled a claim for this?

Yes No Have you ever had a neck injury or sprain or whiplash injury?

Yes No Bad enough to see a doctor, osteopath or chiropractor?

Yes No Bad enough to have xrays for it?

Yes No Bad enough to be laid off work? How long? _____

Yes No Do you have an open claim? Settled a claim for it? Yes No

Yes No Have you had a low backache pain for aching or numbness in your buttock or

Yes No Have you ever had back pain from sprain? ___ Disc? ___ Pinched nerve? ___

Yes No How many times? _____

Yes No Bad enough to see a doctor? ___ Orthopedic surgeon? ___

Yes No Bad enough to have x-rays?

Yes No Bad enough to be laid off work? ___ How many times? ___

Yes No How long? _____

Yes No Have you had manipulations? ___ Adjustments? ___

Yes No Injections? ___ Physiotherapy? ___

Yes No Have you had a myelogram study for it? ___

Yes No Have you had an operation? ___ Laminectomy? ___ Fusion? ___

Yes No Have you an open industrial insurance claim for it? ___ Or settled claim? ___

Yes No Have you changed your job because of a spine problem?

Yes No Have you been disqualified or rejected for employment for a spine problem?

Yes No Have you ever had an orthopedic consultation?

Yes No Have you ever had any fainting spells or convulsions (seizures or fits)?

Yes No Have you ever had a head injury or skull fracture which made you unconscious?

Yes No Do you have migraine or other recurring headaches?

Yes No Does aspirin relieve your headaches?

Yes No Do you have earache or ear infections often?

Yes No Do you sometimes have difficulty hearing what is said to you?

Yes No Do you have ringing or buzzing noises in your ears?

Yes No Have you had any serious eye injuries or infections?

Yes No Does your eyesight ever blur?

Yes No Have you had any sudden loss of vision?

WOODLAND POLICE DEPARTMENT MEDICAL HISTORY STATEMENT (2022)

Your Symptom History (continued)

- Yes No Do you use any medicines regularly? If so, which ones:
- Yes No Have you taken any medicine in the past two months?
If so, which ones? Underline
- Yes No Are you allergic or sensitive to any medicine?
If so, which ones? Circle
- Yes No Are you allergic or sensitive to any foods, injections, or
insect stings? Please list which ones:
- _____
- _____
- _____
- Yes No Have you ever had problems adjusting?
- In school With your family
- At work With social groups
- With peers With your boss
- Yes No Have you ever received counseling or been hospitalized for an emotional
problem?
- Yes No Do you get headaches, stomach disorders or stiff muscles after stressful
situations?
- Yes No Have you lost time from work for stress, from tension, for apprehension (fear)?
- Yes No Do you drink enough to be intoxicated (drunk) at least once a year?
- Yes No Have you ever considered or attempted suicide?

Your Past Hospitalization (please list)

Month	Year	Reason	Hospital / City	Operation, if any

WOODLAND POLICE DEPARTMENT MEDICAL HISTORY STATEMENT (2022)

Describe anything else which you feel may be important in your medical history, including any conditions not specifically referred to in the preceding questions.

I hereby certify that all statements made in this Medical History Statement are true and complete, and I understand that any misstatements of material facts may subject me to disqualification or dismissal.

Applicant Signature _____ Date Completed _____