

**FIFE POLICE DEPARTMENT  
RESERVE POLICE OFFICER APPLICATION**

Name \_\_\_\_\_  
(Last) (First) (Middle)

Contact Phone \_\_\_\_\_ Email Address \_\_\_\_\_



**City of Fife  
Police Department  
Fife, Washington**



**Please Note:**

Application must be typed or clearly printed. All questions must be answered. Applications which are not complete and legible will not be considered. If space is not sufficient for complete answers or you wish to furnish additional information, attach sheets of the same size as this application and number answers to correspond with questions.

1. Include ZIP CODES in all addresses. Your application will be rejected if zip codes are not included.
2. If you have been married less than ten (10) years, include your maiden name in parenthesis.
3. Indicate in which state you held a driver's license.

This is not a civil service position, and this application does not fill the requirements for application as a regular patrol officer and must be updated or reviewed prior to application as a reserve police officer.

This application is does not contain all of the information needed for a background check. If selected, additional information will be required to complete a full background investigation.

**CITY OF FIFE POLICE DEPARTMENT  
FIFE, WASHINGTON**

**WAIVER TO PERMIT BACKGROUND INVESTIGATION**

I, \_\_\_\_\_, hereby authorize the City of Fife Police Department to conduct an investigation into my complete history, including my former employment, together with any and all information concerning my ability, personal character, credit, arrest record, etc.

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

I also hereby understand and agree to submit to a polygraph examination if I am so requested, as part of my background investigation.

I hereby certify that there are no willful misrepresentations in, or falsifications of statements and answers to questions herein. I am aware that should investigation disclose such misrepresentations or falsifications, my application will be rejected.

Signature \_\_\_\_\_

Witness \_\_\_\_\_

Dated \_\_\_\_\_

---

**PERSONAL**

1. Name \_\_\_\_\_  
Last, including maiden First Middle

2. Address \_\_\_\_\_  
Street City State Zip Code

3. Telephone number ( ) \_\_\_\_\_ How long at address? \_\_\_\_\_

4. Social Security Number \_\_\_\_\_

5. Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

6. Height \_\_\_\_\_ Weight \_\_\_\_\_ Eyes \_\_\_\_\_ Hair \_\_\_\_\_

7. Any other names you've used \_\_\_\_\_

8. Are you a U.S. citizen? \_\_\_\_ If not, give date and place of entry \_\_\_\_\_

9. List any other addresses for the past 5 years starting with your address 5 years ago:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Are you in good health? Yes [ ] No [ ] Have you had any serious illnesses/operations in the past 5 years? Yes [ ] No [ ] If so, describe and give dates \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How many days have you lost from work or school in the past 5 years due to illness? \_\_\_\_\_

11. Have you ever been rejected from a position or armed service for a physical or mental impairment? Yes [ ] No [ ] If yes, explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. Did you graduate from High School? [ ] Yes [ ] No Year \_\_\_\_\_

13. High Schools Attended:

Name	Street Address	City/State	Zip	Years
------	----------------	------------	-----	-------

Name	Street Address	City/State	Zip	Years
------	----------------	------------	-----	-------

14. Colleges Attended – Total Credits \_\_\_\_\_ Major \_\_\_\_\_ Degree \_\_\_\_\_

Name	Street Address	City/State	Zip	Years
------	----------------	------------	-----	-------

Name	Street Address	City/State	Zip	Years
------	----------------	------------	-----	-------

15. Special training not included above (i.e. military schools, correspondence, etc)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

16. List below your complete work history starting with your present position and working backward through your experience. Include city, state and zip code in all addresses.

A. Employer \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
Duties \_\_\_\_\_  
Began \_\_\_\_\_ Left \_\_\_\_\_ Immediate supervisor \_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
What did you like most about your job? \_\_\_\_\_  
What did you like least about your job? \_\_\_\_\_

B. Employer \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
Duties \_\_\_\_\_  
Began \_\_\_\_\_ Left \_\_\_\_\_ Immediate supervisor \_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
What did you like most about your job? \_\_\_\_\_  
What did you like least about your job? \_\_\_\_\_

C. Employer \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
Duties \_\_\_\_\_  
Began \_\_\_\_\_ Left \_\_\_\_\_ Immediate supervisor \_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
What did you like most about your job? \_\_\_\_\_  
What did you like least about your job? \_\_\_\_\_

D. Employer \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
Duties \_\_\_\_\_  
Began \_\_\_\_\_ Left \_\_\_\_\_ Immediate supervisor \_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
What did you like most about your job? \_\_\_\_\_  
What did you like least about your job? \_\_\_\_\_

17. Have you ever been fired? [ ] Yes [ ] No Laid Off? [ ] Yes [ ] No

18. List names and full addresses of three reliable persons, other than relatives or past employers, who know you well enough to give information about you. Complete addresses are necessary.

a. Name \_\_\_\_\_ Address \_\_\_\_\_  
Occupation \_\_\_\_\_ City, State \_\_\_\_\_  
Home Phone \_\_\_\_\_ Years known \_\_\_\_\_ Zip \_\_\_\_\_

b. Name \_\_\_\_\_ Address \_\_\_\_\_  
Occupation \_\_\_\_\_ City, State \_\_\_\_\_  
Home Phone \_\_\_\_\_ Years known \_\_\_\_\_ Zip \_\_\_\_\_

c. Name \_\_\_\_\_ Address \_\_\_\_\_  
Occupation \_\_\_\_\_ City, State \_\_\_\_\_  
Home Phone \_\_\_\_\_ Years known \_\_\_\_\_ Zip \_\_\_\_\_

19. Do you have any relatives in police or law enforcement work? Yes [ ] No [ ] If yes, complete the following:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Employed by \_\_\_\_\_  
Address: \_\_\_\_\_  
Street City State Zip

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Employed by \_\_\_\_\_  
Address: \_\_\_\_\_  
Street City State Zip

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Employed by \_\_\_\_\_  
Address: \_\_\_\_\_  
Street City State Zip

20. If now employed, may we ask your employer about your work? Yes [ ] No [ ] If no, explain: \_\_\_\_\_

21. What experience do you have with firearms? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

22. Do you speak or read any foreign language? Yes [ ] No [ ] If yes, specify the language and degree of fluency (good, fair, poor)

Language \_\_\_\_\_ Speak \_\_\_\_\_ Read \_\_\_\_\_ Both \_\_\_\_\_  
Language \_\_\_\_\_ Speak \_\_\_\_\_ Read \_\_\_\_\_ Both \_\_\_\_\_

23. Are you now, or have you ever been a member of any organization, association, movement, group, combination of persons which advocates the overthrow of our constitutional form of government, or which has adopted a policy of advocating or approving the commission of acts of force or violence to deny other's rights under the constitution of the United States, or of seeking to alter the form of government of the United States by unconstitutional means? Yes ( ) No [ ] If yes, explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

24. Were you in the Armed Forces? Yes [ ] No [ ] Branch \_\_\_\_\_ Highest rank \_\_\_\_\_

Date of enlistment \_\_\_\_\_ Discharge \_\_\_\_\_

Was your discharge honorable? Yes [ ] No [ ]

25. Are you presently a member of any U.S. Armed Forces Reserve? Yes [ ] No [ ] If so, which branch? \_\_\_\_\_

26. You may list below any experiences or training you have had or special ability which, in your opinion, will qualify you for the position of Reserve Police Officer. Describe fully positions you have held which required executive ability to lead other people \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

27. Do you know of anything that would disqualify you for appointment to the Police Department or prevent your full discharge of the official duties of such a position? Yes [ ] No [ ] If yes, explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

28. Have you ever applied for a police job? Yes [ ] No [ ] If yes, where and when? \_\_\_\_\_  
\_\_\_\_\_

29. What prompted you to make application for appointment to the Police Department?

30. Driver's license number \_\_\_\_\_ State \_\_\_\_\_

31. Do you have a Washington State Reserve Academy certificate? Yes [ ] No [ ] If yes, name of academy \_\_\_\_\_ Dates attended/graduated \_\_\_\_\_

## Statement of Understanding

***I understand that this appointment is for a volunteer position as a Reserve Police Officer only and there is no connection between this position and that of a civil service Patrol Officer for the City of Fife.***

***I also understand that the appointment tendered me will be contingent upon the results of a complete character and fitness investigation, and I am aware that willfully withholding information or making false statements on this application will be basis for dismissal for the service.***

***I agree with these conditions, and I hereby certify that all statements made by me on this application are true and complete to the best of my knowledge.***

Respectfully,

---

Signature

---

Date

# City of Fife Drug Use Standards

**It is common for candidates to have experiments with or casually used substances in their past. Any uses over allowed standards may disqualify an applicant. All applicants will be subject to a drug screening test prior to employment.**

- Recent or current illegal drug use or possession while employed in criminal justice or law enforcement capacity or manufacturing and/or cultivating illegal drugs for sale as an adult will automatically disqualify the applicant.
- Each applicant must be drug free for a minimum of three (3) years prior to this application for all categories of the controlled substances listed below.
- No possession of marijuana and or hashish over 20 times (regardless of time frame). No possession within the last three (3) years.
- No combined usage of non-prescribed stimulant (amphetamines, methamphetamines) over three (3) times. Stimulants include Ritalin, crank, crystal, ice, etc. No possession within the last ten (10) years
- No combined possession of manufactured hallucinogenic drugs (LSD, PCP, etc.) over three (3) times. No possession within the last ten (10) years.
- No combined possession of hallucinogenic mushrooms, peyote, etc. over three (3) times. No possession within the last five (5) years.
- No possession of cocaine over three (3) times. No possession within the last ten 10 years.
- No possession of anabolic steroids or HGH within the last five 5 years.
- No possession of designer drugs (Ecstasy, Ketamine, GHB, their analogs etc.) over three 3 times. No possession within the last five (5) years.
- No possession of any other illegal drug within the last ten (10) years.
- No possession of prescribed drugs that were not prescribed to the applicant after submitting an application with any law enforcement agency.
- Possession of prescription drugs not prescribed to the applicant must be disclosed and will be reviewed on a case by case basis. (Examples will be the occasional use of cough syrup or pain medication.)
- No injection of amphetamines, methamphetamines, cocaine, heroin, barbiturates, valium, clandestine crank, etc. Exception will be that of steroid use, see above.
- No possession of non-prescribed heroin, or morphine regardless of time frame.
- No selling, offer to sell, or transport for the sale of any illegal drug narcotics for profit.
- No drug manufacturing regardless of time frame.

Drug use prior to fifteen (15) years of submitting the application will be reviewed on a case by case basis.

The Chief of Police has the discretion to consider mitigating factors concerning the Drug Use Policy and will make the final determination as to the applicant's suitability for the agency.

While this list is not all inclusive use of ANY controlled substance not listed here will be considered on a case by case basis. All answers will be VERIFIED on the polygraph test.

**I have read and understand the City of Fife Drug Use Standards listed above.**

_____	_____
<b>Signature</b>	<b>Date</b>
_____	_____
<b>Witness</b>	<b>Date</b>

# City of Fife Police Department Supplemental Questionnaire

This form must be completed in full and returned with your application Please print and circle your answers

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

Social Security Number: \_\_\_\_\_ Position applied for: \_\_\_\_\_

- |  |             |              |
|--|-------------|--------------|
| I will cooperate in a background investigation by providing complete truthful information during the background investigation process.   | <b>True</b> | <b>False</b> |
| I will be truthful in the polygraph examination.   | <b>True</b> | <b>False</b> |
| I am willing to undergo an In-depth, job related evaluation by a licensed Psychologist.  | <b>True</b> | <b>False</b> |
| I am willing to undergo a thorough medical examination. I will be age 21 or older by the date of the employment.   | <b>True</b> | <b>False</b> |
| I have been removed from another police agency employment register within the past 12 months. If so, state when, where, and reason below:  | <b>True</b> | <b>False</b> |
| I have not been convicted of a felony as an adult (18 or older).   | <b>True</b> | <b>False</b> |
| I have not manufactured, bought, sold, possessed, or used any controlled substance such as marihuana, cocaine, opiates, or other illegal prescription or non-prescription drugs within three (3) years of applying for position.         | <b>True</b> | <b>False</b> |
| I am willing to carry and use a firearm as necessary in the performance of my duties if required.  | <b>True</b> | <b>False</b> |
| I can read, write, and speak the English language so as to be easily understood by others.   | <b>True</b> | <b>False</b> |
| I have been arrested and convicted of a domestic violence crime. If true, state when and where. _____  | <b>True</b> | <b>False</b> |
| I have not manufactured, bought, sold, possessed, or used any controlled substance(s) such as marihuana, cocaine, opiates, or other illegal prescription or non-prescription drugs within three (3) years of applying for this position. | <b>True</b> | <b>False</b> |
| I have read and understand the drug standards listed in this application and fall within the listed guidelines.  | <b>True</b> | <b>False</b> |

I certify that the answers listed above are true and correct.

\_\_\_\_\_  
Signature

Date \_\_\_\_\_

\_\_\_\_\_  
Witness

Date \_\_\_\_\_