Seattle Police Department Personal History Information Packet CIVILIAN

The attached information contains the Seattle Police Department's (SPD) **Minimum Selection Standards** and **Personal History Information (PHI)** packet. It is very important that you review this information carefully and understand its contents. If you do **NOT** meet one or more of the standards, you should decline further consideration of employment with the Seattle Police Department at this time. Your current disqualification may not keep you from applying in the future, as many situations may remedy themselves over time. Please contact the Background Investigation Unit at (206) 684-5464 to inquire further regarding your specific situation.

Requested Documentation:

Be certain to attach photocopies of your driver's license, social security card and DD 214 (member-4), if applicable.

* Failure to return the PHI packet may result in disqualification from the hiring process.

<u>Keep all other required documentation</u> (college transcripts, high school diploma, birth certificate, naturalization documentation, etc.). These documents are submitted at a later date directly to the background detective assigned to your investigation.

INSTRUCTIONS TO THE APPLICANT

The information you provide in this Personal History Information (PHI) packet will be used in the investigation into your background to assist in determining your suitability for the position you have applied for. Please fill out the questionnaire completely and accurately. Please note:

- 1. The completion of this questionnaire is mandatory.
- 2. All statements are subject to verification.
- 3. Deliberate inaccuracies or omissions may bar or remove you from further testing and employment with SPD.
- 4. All requested time periods in your background must be accounted for.
- 5. All information contained on the Personal History Information questionnaire and any information you provide will be reviewed with you during your pre-employment interview.

It is to your advantage to respond openly. Any negative factor in your background will be evaluated in terms of the circumstances and facts surrounding its occurrence, and its degree of relevance to the job you are applying for. For example, being fired from a job or having an arrest record may not in itself grounds for disqualification. During the investigation, the background investigator will inquire into the facts surrounding such an occurrence. An evaluation will then be made of the relevance of these facts to the requirements of the job.

You must list all arrests and/or convictions even if you received a release or a pardon. You must also list the time(s) you were detained by the police for any reason. Document this information in the Criminal History section of this questionnaire.

The Americans With Disabilities Act prohibits employers from making medically related inquiries prior to a conditional offer of employment. Therefore, if you are completing this personal history statement before you have received a conditional offer of employment, then please note you are not being asked to divulge information concerning physical or medical conditions, either past or current.

Please print in ink or type your response on this PHI. If a question does not apply to you, write "N/A" (not applicable) in the space provided for your answer. If you need more space to respond to a question, use the continuation sheets provided and identify the additional information with the question number.

SELECTION STANDARDS

MINIMUM STANDARDS FOR ALL SPD APPLICANTS:

- 1. EDUCATION: Minimum Education is dependent upon the education requirement listed in the specific job announcement.
- 2. MILITARY RECORD: The applicant must have been discharged under honorable conditions (fair employment laws apply).
- 3. WASHINGTON DRIVER'S LICENSE: A valid Washington State Driver's License is required prior to being hired, if required in the specific job announcement you are applying for.
- 4. TRAFFIC RECORD: An applicant's driving record will be thoroughly assessed and may be a factor for disqualification. Examples of infractions/traffic crimes that may be disqualifying include:
 - A. Driving While Intoxicated (DWI), Reckless Driving or Hit & Run Driving.
 - B. Suspension of your driver's license within five years of the date of application.
 - C. Three or more moving violations (speeding, negligent driving, etc.) in the past five years of the date of application will be carefully reviewed.
 - D. Two or more accidents within five years of the date of application, wherein applicant was judged to be at fault and/or charged with a moving violation.
- 5. CRIMINAL ACTIVITY: An applicant's criminal record, including all arrests, prosecutions, deferred prosecutions, 'Alford' pleas, and non-conviction information will be thoroughly assessed and may be grounds for disqualification. The following will be disqualifying:
 - A. Any adult felony conviction.
 - B. Any misdemeanor or felony conviction while employed in a criminal justice and/or law enforcement capacity.
 - C. Any domestic violence conviction.
- 6. EMPLOYMENT: An applicant's employment history, including any terminations, or leaving an employer in lieu of termination, will be thoroughly assessed and may be grounds for disqualification.
- 7. FINANCIAL: An applicant's credit history, including excessive credit card debt or unresolved accounts in collection will be thoroughly assessed and may be grounds for disqualification. The following will be disqualifying:
 - A. Failure to pay income tax or child support.

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SEATTLE POLICE DEPARTMENT PERSONAL HISTORY INFORMATION

APPLICATION FOR THE POSITION OF:	
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PERSONAL INFORMATION						
NAME:			SO	CIAL SECUE	RITY NO.	
Last	First	Mid	dle			
List any other name, alias, nic	ckname by	which you h	ave bee	n known, incl	uding maid	en name.
DRIVERS LICENSE #:		,	STATE:			
WORK PHONE:]	HOME	PHONE:		
CELL PHONE:]	EMAIL:			
DATE OF BIRTH:		I	HEIGHT	Γ: V	VEIGHT:	
PLACE OF BIRTH:						
City, County or Town ARE YOU A US CITIZEN			State			
If you are a naturalized citize documentation to your interv		S fill out the	informa	tion below and	d bring	
Certificate Number Da	te	Court	City	Sta	te	
II.	RESID	ENCE REC	ORD			
Please list each address at whi your present address working	-		-	ets, if necessa	ry.	
Street		City	State		Date of Oce From	cupancy To
			State	Zip code	lioni	

Name Date of Birth						
	· · · · · · · · · · · · · · · · · · ·	dren receive child support or		e income: \	Yes []	No []
Are	e you responsible	e for support payments: Yes	[]No[] If yes,	Explain		
Fos	ster parents, 6-Pa	ER: List 1-Spouse or Domes rents-in-law, 7-Brothers, 8-S ber in square provided)				
#	Name	Street Address	City	State	Zip	Best Contact #
	·					

List five adult references (not relatives, former or present employers, or former or present coworkers) you have known for at least three years (preferably the past 3 years). It is very important that you list work phone numbers for all references. You may need a list of alternative references that can be supplied to your background detective in the event some of the references cannot be contacted.

Yrs.	Name	Street Address	City	State	Zip	Best Contact #

V. EMPLOYMENT

temporary	or seasonal employment, ar	your complete history for the all periods of unemploym ESS AND PHONE NUMBE	ent, schooling, or	military service.
From: To:	Name of Employer	Address of Employer	Phone No.	Job Title
Description	n of Duties	Shift	hours worked	
Name of S	upervisor and phone no.			
Name of C	o-worker	Salary	Why did you leav	ve?
From: To:	Name of Employer	Address of Employer	Phone No.	Job Title
Description	n of Duties	Shift	hours worked	
Name of S	upervisor and phone no.			
Name of C	o-worker	Salary	Why did you leav	ve?
From: To:	Name of Employer	Address of Employer	Phone No.	Job Title
Description	n of Duties	Shift	hours worked	
Name of S	upervisor and phone no.			
Name of C	o-worker	Salary	Why did you leav	ve?
From: To:	Name of Employer	Address of Employer	Phone No.	Job Title
Description	n of Duties	Shift	hours worked	
Name of S	upervisor and phone no.			
Name of C	o-worker	Salary	Why did you leav	ve?
From: To:	Name of Employer	Address of Employer	Phone No.	Job Title
Description	n of Duties	Shift	hours worked	
Name of S	upervisor and phone no.			
Name of C	o-worker	Salary	Why did you leav	ve?

EMPLOYMENT - CONTINUED

From: To:	Name of Employer	Address of Employer	Phone No.	Job Title	
Description	n of Duties	Shift	hours worked		
Name of S	supervisor and phone no.				
Name of C	Co-worker	Salary	Why did you leav	ve?	
From: To:	Name of Employer	Address of Employer	Phone No.	Job Title	
Description	n of Duties	Shift	hours worked		
Name of S	supervisor and phone no.				
Name of C	Co-worker	Salary	Why did you leav	ve?	
From: To:	Name of Employer	Address of Employer	Phone No.	Job Title	
Description	n of Duties	Shift hours worked			
Name of S	supervisor and phone no.				
Name of C	Co-worker	Salary	Why did you leav	ve?	
From: To:	Name of Employer	Address of Employer	Phone No.	Job Title	
Description	n of Duties	Shift	hours worked		
Name of S	upervisor and phone no.				
Name of C	Co-worker	Salary	Why did you leav	ve?	
From: To:	Name of Employer	Address of Employer	Phone No.	Job Title	
Description	n of Duties	Shift	hours worked		
Name of S	supervisor and phone no.				
Name of C	Co-worker	Salary	Why did you leav	ve?	

masturbation) v	with yourself	exual acts (including and/or anyone while existence:	at work? Yes	[] No []	If yes, p	olease explain
•		ged, asked to resign, s, memos, written not	•	-	•	•
		for any type of comphe outcome? Describ				
•		seled or disciplined for r(s) and explain what	_			
VI.		EDUCATION	Ī			
List all high scl	nools you ha	ve attended.				
Name		Location		Dates A	ttended	Graduated
List all Schools	Colleges a	nd Universities you h	ave attended			
Name	, coneges as	Location	ave attended.	Dates	Major	Degree/GPA
VII.		PRIOR APPL	ICATIONS			
		other law enforceme s Seattle Police Depa				please list each
Date Date		rtment	Sta		WCII.	
		ound by this or any o				
Year Backgro	unded Ag	ency	Ba	ckground	er Name &	Contact #

VIII.	GROUPS/OI	R <u>GANIZAT</u>	TONS/INTERNET MEMBERSHIPS
Please list	i, in the space provid	led below, an	y groups, clubs, organizations, and/or Internet sites or
	ooards to which you		
Group/O	Organization/Site	Theme of G	roup/Organization/Site
	mpliance with RCW 49.44		
IX.			VAL HISTORY
	2		re provided herein and/or otherwise during your e reported to the appropriate authorities.
	ever been cited for, other than parking c		arged, indicted or convicted of any criminal or traffic [No []
-	driver's license ever d, reason, state, etc	been suspend	ded or revoked? Yes [] No [] If yes, list dates
the tables employme	below. An arrest or	conviction re	each incident that you have <u>ever</u> been involved in using ecord will not necessarily disqualify you for e on the supplemental pages (p 16 and 17).
Date	City, State or C	Country	Details of Traffic Citations and Dispositions
TDAFFI	C ACCIDENTS		
Date	City, State or C	ountry	Details of Accidents (Injury/Non-injury)
ARREST	S / OFFENSES – J	uvenile and	Adult
List any t	ime that you've beer	n contacted b	y law enforcement and your information has been taken.
Date	City, State or C	ountry	Details of Arrests / Offenses / Disposition – was there only a report written? Deferred prosecution?
 			prosecution:
-			

IX. **CRIMINAL HISTORY - CONTINUED**

Have you ever been named in any legal restraining order? Check answer: Yes [] No [] If Yes, explain
Have you ever viewed child pornography (Internet, Magazines, Movies, Other Media, Etc.)? Check answer: Yes [] No [] If Yes, List Year(s), How Often?
Have you ever illegally downloaded anything from the internet? Yes [] No [] If Yes, explain
Have you ever patronized a prostitute or paid for illegal sexual contact? Yes [] No [] If Yes, explain (where, when, etc.)
In your lifetime, either as an adult or juvenile, have you ever committed a crime for which you were not caught? Yes [] No [] If yes, please describe below:
Have you ever been involved in any incidents of "road rage" or incidents where you were chased, chased someone else or used a motor vehicle to assault or intimidate someone?
List all incidents in which you were a defendant, complainant or a witness in any criminal, civil, juvenile court proceeding, an administrative or investigative hearing by an City, County, State, Federal Agency or a Grand Jury other than in the performance of duties as a police officer.

Please complete the following table by writing your responses in the boxes below each inquiry specific to each illegal drug (including prescription drugs used illegally) listed:

specific to cuch megan	1 In 1: - 4		
	1. Indicate whether you	2. List the specific	3. List the most recent
	have <u>used</u> any drug(s)	substance used within	date (month and year) of
	listed below	the corresponding row to	your recreational or
	recreationally or	the left.	experimental use of each
	experimentally. Mark		drug(s) listed below or
	"Y" for each drug used		mark N/A, not applicable,
	or mark N/A, not		for each drug never used.
	applicable, for each drug		
	not used.		
Marijuana, Hashish,			
Cannabis			
Cocaine, Crack			
Club Drugs: Ecstasy,			
MDMA, Ketamine, GHB,			
Rohypnol			
Hallucinogens, LSD,			
Mushrooms, Psylocybin			
PCP, Angel Dust, Wet,			
Phencyclidine			
Opium, Morphine, Heroin			
Methamphetamine, Crank,			
Crystal, Ice, Speed, Glass,			
Amphetamine			
Synthetic Cannabinoids,			
also known as "Spice,"			
"K2," or "Genie."			
Substituted Cathinones,			
also known as "Bath			
Salts."			
Inhaled aerosols, also			
known as Huffing (Paint)			
or Whippits (Nitrous			
Oxide), or used Khat			
Pharmaceuticals not			
prescribed to you by a			
doctor, i.e. Oxycontin,			
Oxycodone, Vicodin,			
Methcathinone, Ritalin,			
Steroids (injection or pills)			

ited States? Yes [] No [] itional specialties Its: City State/Country
its:
its:
•
RMATION
individual's qualifications for the position
tion below. Be complete and accurate. The
luating your qualifications, but rather the
S.
rent Monthly Expenditures
Estate (mortgage): \$
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r monthly payments - describe:
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The Seattle Police Department is an Equal Opportunity Employer 12

Total Monthly Expenditures:

\$

\$

Total Monthly Income:

Current Assets		Current L	iabilities			
Savings:	3	Real Estate Indebtedness: \$				
Checking:		Long Term Loans:				
Real Estate:		Charge A	ccounts:			
Stocks and Bonds:		Vehicles:				
Life Insurance (cash value of poli	cy):	Other Lia	bilities - Describe:			
Vehicles:						
Other Assets - Describe:						
Total Assets:		Total Lial	hilities:	\$		
Total Assets.) 	Total Liai	omities.	Ф		
Please supply additional information	on about vour	charge acc	ounts, contracts or ot	her liabilities.		
Name of Firm	Type of Ac		Monthly Payment	Balance		
Traine of Fifth	Type of the	Count	ivionimy rayment	Bulunee		
Have any of your bills ever been tugive details below including (when						
Have you ever had anything you pubelow including (when, firms invol	_			please give detail		
Have your wages ever been garnish below including (when, where, wh	•		s[] No[] If yes, pl	ease give details		

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XII.	FINANCIAL INFORMATION - CONTINUED
	een delinquent on income tax or other tax payments: Yes [] No [] If yes, please w including (when, where, why, amounts involved).
XIII.	MISCELLANEOUS
	the essential job duties of this position with or without reasonable Yes [] No []
-	ny additional information regarding your background, other than medical, that your stigator should be aware of:

XIV. VERIFYING DOCUMENTS

The following documents are required to be submitted by all SPD applicants with this completed personal history information packet:

- 1. **Enlarged photocopy** of current Driver's License
- 2. **Photocopy** of Social Security card.
- 3. **Photocopy** of DD-214 (Member-4), if ever in military service.

You will be required to submit the following documents, at a later date, if you are assigned to a background detective:

- 1. **Official copy** of your birth certificate.
- 2. **Photocopy** of your high school diploma, transcripts or G.E.D.
- 3. **Official sealed transcripts** from colleges attended with degree(s) if awarded.
- 4. **Photocopy** Naturalization papers, if foreign-born.
- 5. **Photocopy** of marriage certificate or registered domestic partnership, if applicable.
- 6. **Photocopy** of divorce decree or termination of domestic partnership, if applicable.
- 7. **Photocopy** of official name change order, if applicable.
- 8. **Photocopy** of Passport information, if applicable.

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XV. CERTIFICATION – APPLICANT SIGNATURE

RCW 49.44.040 provides that, "Every person who shall obtain employment or appointment to any office or place of trust, by color or aid of any false or forged letter or certificate of recommendation, shall be guilty of a misdemeanor."

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

I understand that if any of the above information contains any misrepresentations or falsification or if any material information has been omitted, I may be discharged by the Seattle Police Department, regardless of the time elapsed before discovery.

I understand that this application and any and all related materials submitted to and collected by the Seattle Police Department shall remain in the possession of the Seattle Police Department to the fullest extent permitted by law.

My signature below certifies that I have read and understand this complete application, and agree to the terms and conditions outlined in this document.

Signature of Applicant	Date

ADDITIONAL SHEETS

CONSENT TO RELEASE INFORMATION AND RELEASE FROM LIABILITY

TO WHOM IT MAY CONCERN:

I am an applicant for a position with the Seattle Police Department, herein after "Department". The Department needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I have applied. I have authorized the Department to gather all available information regarding my employment background, background investigation(s), personal history, and other information, which may be of a confidential or privileged nature.

I, the undersigned, authorize you to furnish the Seattle Police Department any and all information that you have concerning me, including without limitation my work record, my background and reputation, my driving history, criminal history, including any arrest records and any information contained in investigatory files, my medical records, my psychological testing and analysis plus recommendation, my military service records, my education background and records, my financial status, 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 Department. I further specifically consent to the Washington Department of Revenue's release of any tax returns, as defined by RCW, that pertain to me. I request your cooperation in supplying this information to the Seattle Police Department.

I hereby agree to release you and those who supplied you with the above information, your company or organization, and the City of Seattle, its employees and the Department from any liability for any damage which may result from furnishing the requested information.

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to disclosure of records, and I waive those rights with the understanding that information furnished will be used by the Seattle Police Department in conjunction with employment procedures. I will make no attempt to gain access to the information provided by you to the Seattle Police Department. The information attained will not be shared with Executive Services Department.

	Applicant's First, Middle and Last name (please prin	Date of Birth
	Applicant's Signature	Date
	Applicant's Current Address	Phone Number
	Social Security Number	Check Picture ID □
	Driver's License number or State I.D. number	Issuing State
Subscribed and	sworn to before me on the day of	,
	Notary Public in and for the State of	
	residing at the city of	·

NOTE: A photocopy reproduction of this request shall be for all intents and purposes as valid as the original.

USE OF CREDIT REPORTS FOR EMPLOYMENT PURPOSES AUTHORIZATION TO BE SIGNED AS A CONDITION OF EMPLOYMENT

By completing and signing this document, I agree that the Seattle Police Department may obtain a consumer credit report or other information regarding me and may consult its own files for my credit report. I understand that this information will be used only for employment purposes.

Please fill out this document completely. NOTE: Failure to complete this document will remove you from further consideration for employment.

App	licant's First, Middle and L	ast name (please print)	Date of Birth
App	licant's Signature		Date
App	licant's Current Address		Phone Number
Soci	ial Security Number		Check Picture ID □
Driv	ver's License number or Stat	te I.D. number	Issuing State
Subscribed and sworn	to before me on the	day of	
	Notary Public in and	for the State of	
	residing at the city of		·
	My commission expir	res	•

NOTE: A photocopy reproduction of this request shall be for all intents and purposes as valid as the original.

Seattle Police Department Civilian Hiring Process Acknowledgement Minimum Standards Regarding Illegal Drug Use

I, the undersigned applicant, acknowledge that SPD requires that SPD sworn applicants:

- 1. Have **not** used Marijuana within one (1) year prior to the date of this Acknowledgment of Minimum Standards Regarding Illegal Drug Use, **and**
- 2. Have **not** used Marijuana more than twenty-five (25) times within the ten (10) years prior to the date of this Acknowledgment of Minimum Standards Regarding Illegal Drug Use, **and**
- 3. Have **not** used cocaine or crack within the five (5) years prior to the date of this Acknowledgment of Minimum Standards Regarding Illegal Drug Use, **and**
- 4. Have **not** used club drugs, such as, but not limited to: Ketamine, GHB, Rohypnol, or MDMA (ecstasy) within the three (3) years prior to the date of this Acknowledgment of Minimum Standards Regarding Illegal Drug Use, **and**
- 5. Have **not** used any Hallucinogens, LSD, Mushrooms, or Psylocybin within the five (5) years prior to the date of this Acknowledgment of Minimum Standards Regarding Illegal Drug Use, **and**
- 6. Have **not** used PCP, Angel Dust, Wet or Phencyclidine within the five (5) years prior to the date of this Acknowledgment or Minimum Standards Regarding Illegal Drug Use, **and**
- 7. Have **not** used Opium, Morphine, or Heroin within the five (5) years prior to the date of this Acknowledgment of Minimum Standards Regarding Illegal Drug Use, **and**
- 8. Have **not** used Methamphetamine, Crank, Crystal, Ice, Speed, Glass, or Amphetamine within the five (5) years prior to the date of this Acknowledgment of Minimum Standards Regarding Illegal Drug Use, **and**
- 9. Have **not** used any Synthetic Cannabinoids, also known as "Spice," "K2," or "Genie" within the three (3) years prior to the date of this Acknowledgment of Minimum Standards Regarding Illegal Drug Use, **and**
- 10. Have **not** used any Substituted Cathinones, also known as "Bath Salts" within the three (3) years prior to the date of this Acknowledgment of Minimum Standards Regarding Illegal Drug Use, **and**
- 11. Have **not** inhaled aerosols, sometimes referred to as Huffing (paint) or Whippits (Nitrous Oxide) or used Khat within the five (5) years prior to the date of this Acknowledgment of Minimum Standards Regarding Illegal Drug Use, **and**
- 12. Have not used pharmaceuticals not prescribed to you by a doctor, i.e. Oxycotin, Oxycodone, Vicodin, Methcathinone, Ritalin, and/or Steriods within three (3) years prior to the date of this Acknowledgment of Minimum Standards Regarding Illegal Drug Use, and
- 13. Have **not** used four (4) or more controlled substances within the five (5) years prior to the date of this Acknowledgment of Minimum Standards Regarding Illegal Drug Use, **and**
- 14. Have **not** used any illegal drug(s) or illegally used pharmaceuticals more than twenty-five (25) times within the five (5) years prior to the date of this Acknowledgment of Minimum Standards Regarding Illegal Drug Use, **and**
- 15. Have **not** used any illegal drug(s) while employed in a criminal justice and/or law enforcement capacity, **and**
- 16. Have **not** manufactured or cultivated illegal drug(s) for the purpose of the sales/marketing of the drug(s).

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Seattle Police Department Civilian Hiring Process Acknowledgement - continued Minimum Standards Regarding Illegal Drug Use

Please note that use of illegal drugs and the illegal use of prescription drugs, as used in this acknowledgment, means the use of one or more drugs, the possession or distribution of which is unlawful under the Uniform Controlled Substances Act.

Periodically, applicants have experimented with and/or casually used drugs, including illegal drugs and the illegal use of prescription drugs; however, any use in excess of the above standards shall be reason for disqualification from the SPD employment process.

By signing, you, the applicant, acknowledge that you understand the SPD Civilian Hiring Minimum Standards Regarding Illegal Drug Use.

Print and sign y	our full name and o	date the acknowledgment below:		
		/		
Signature		Date		
First Name,	Last Name,	Middle Initial		

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Seattle Police Department Civilian Hiring Process Certification

The following certification regarding your personal use of illegal drugs and/or illegal use of prescription drugs shall be confirmed by a background investigation at a later date. Lack of candor will result in immediate disqualification from the Seattle Police Department's (SPD) Hiring Process.

Please note that use of illegal drugs and the illegal use of prescription drugs, as used in this certification, means the use of one or more drugs, the possession or distribution of which is unlawful under the Uniform Controlled Substances Act.

Please check **one** box in each of the following two sections:

Section 1: Compliance with SPD's Minimum Standards regarding Illegal Drug Use				
A. [] I, the undersigned, am in compliance with the standards outlined in the SPD Minimum Standards Regarding Illegal Drug Use found on page one of this pace	ket.			
Minimum Standards Regarding Illegal Drug Use found on page one of this pac however, I wish to submit my application for further consideration while know	I, the undersigned, am not in compliance with the standards outlined in the SPD Minimum Standards Regarding Illegal Drug Use found on page one of this packet; however, I wish to submit my application for further consideration while knowing that my noncompliance with the above noted standards on page one may disqualify me from the SPD employment process.			
Soution 2. Compart Days Hoo In oning				
Section 2: Current Drug Use Inquiry Have you experimented with and/or are you currently (within the past year from the date of	E thia			
Certification) using illegal drugs or using prescription drugs illegally?	uns			
Continentially using megal drugs of using presemption drugs megally.				
[] YES or [] NO				
By signing, you, the applicant, certify your responses above as they relate to the SPD Minimum Standards Regarding Illegal Drug Use outlined above and your current illegal drug use.				
Print and sign your full name and date the certification below:				
,				
Signature Date				
Signature				
First Name, Last Name, Middle Initial				