

Skagit-Island Multiple Agency Response Team

600 S. 3rd
Mount Vernon, WA 98273

360.416-1911
360.428.3211 (24-hour Dispatch)

COMMUNITY REPRESENTATIVE APPLICATION

Date _____

Application must be typewritten or clearly printed.

PERSONAL HISTORY

Full Name (Last, First, Middle)

List all other names you have used including nicknames. If female, list maiden name. If you have ever used any surnames other than your true name, during what period and under what circumstances were these names used. If you have ever legally changed your name, give date and place.

Birth Date (Month, Day, Year)

Place of Birth

Are you a U.S. Citizen? Yes ____ No ____

Present Street Address (Street, City, State, Zip Code)

Email _____

Home Phone _____

Work Phone _____

Mailing Address (if different from above)

List all of your residences in the past five years, including addresses while attending school if away from home, and all military addresses including any off military bases.

DATE	STREET ADDRESS	CITY	STATE

EDUCATION

NAME OF SCHOOL	STREET ADDRESS	DATE	COURSE PURSUED	DEGREE
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High School

Colleges

List any special abilities.

List foreign languages you speak, if any, and your proficiency.

Are you a licensed driver? Yes ____ No ____

State _____ Driver's License Number _____

EMPLOYMENT

List all employment for the last ten years, including summer and part-time. If unemployed for a time, list that also.

<u>NAME AND ADDRESS OF EMPLOYER</u>	<u>DATE</u>	<u>POSITION</u>	<u>REASON FOR LEAVING</u>
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Name:
Address:
City & State:
Supervisor:

Name:
Address:
City & State:
Supervisor:

Name:
Address:
City & State:
Supervisor:

Name:
Address:
City & State:
Supervisor:

Have you ever been dismissed from any employment or position you have held? Yes ____ No ____

Employer's Name _____ Date _____ Reason _____

MILITARY RECORD

Have you ever served on active duty in the Armed Forces of the United States Yes ____ No ____

Branch of Military Service _____ Dates of Active Duty _____ to _____

Type of Discharge _____ Basis for Discharge _____

Member of Reserve Yes ____ No ____ Ready ____ Standby ____ Service Branch _____

Was any type of disciplinary action taken against you while in the services? Yes ____ No ____

Nature of Action _____

National Guard _____ Present _____ Former _____

Give name of Unit and location _____

Summer camp attendance: From _____ To _____ Where _____

REFERENCES

Give three references (not relatives, former or present employers, fellow employees) who are responsible adults with reputable standing in the community.

Name _____
Address _____
Occupation _____ No. of Years Known _____

Name _____
Address _____
Occupation _____ No. of Years Known _____

Name _____
Address _____
Occupation _____ No. of Years Known _____

COURT RECORD

Have you ever been arrested or charged with any crime, including traffic (DWI, Reckless Driving, etc.)?

Yes ____ No ____

DATE	DEPARTMENT	CHARGE	DISPOSITION	DETAILS

Has any member of your family of close relative been arrested for other than traffic violations?
Yes ____ No ____

NAME	RELATIONSHIP	DATE	PLACE	CHARGE	DISPOSITION

ORGANIZATION MEMBERSHIP

Are you now, or have you ever been a member of any club, society or organization? Yes ____ No ____

NAME	CITY AND STATE	FORMER	PRESENT

Are you now or have you ever been a member of any organization, association, movement or group which has adopted or shows a policy of advocating or approving the commission of acts of force or violence to deny other persons of their rights under the Constitution of the United States by unconstitutional means?
Yes ____ No ____ If the answer is yes to any of these, explain fully.

NOTIFY IN CASE OF EMERGENCY

Name	Address	Phone #

AUTHORIZATION TO RELEASE INFORMATION

I authorize you to furnish the Executive Board for Skagit-Island Multiple Agency Response Team with any and all information that you have concerning me and/or my work record. Information of a confidential or privileged nature may be included. Your reply will be used to assist the Skagit-Island Multiple Agency Response Team in determining my qualifications and fitness for the Community Representative position I am seeking.

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

Applicant's Signature

Date

A photocopy reproduction of this authorization shall be for all purposes as valid as the original. You may retain this form for your files.

Upon Administrative Selection

Responsible Law Enforcement Agency will complete:

- Criminal History Check
- Fingerprint Applicant
- CJIS Training Compliant