



**KEVIN BARTON**  
**WASHINGTON COUNTY DISTRICT ATTORNEY**

150 North First Avenue, Suite 300, MS 40, Hillsboro, Oregon 97124-3002  
(503) 846-8671 / (503) 846-3407 (fax)  
www.WashingtonCountyDA.org

POSITION APPLIED FOR: \_\_\_\_\_

**PERSONAL HISTORY STATEMENT**

**A. APPLICANT IDENTIFICATION – Information provided in this section is used for identification purposes only.**

Name: \_\_\_\_\_  
LAST FIRST MIDDLE

Address: \_\_\_\_\_  
STREET CITY STATE ZIP CODE COUNTY

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Cell or Pager #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social security number: \_\_\_\_\_  
MONTH/DAY/YEAR

Nickname(s), maiden name, or other names by which you have been known:  
\_\_\_\_\_

Driver's license #: \_\_\_\_\_ Expiration date: \_\_\_\_\_ State: \_\_\_\_\_

List other States in which you've had a driver's license: \_\_\_\_\_

Spouse/Significant Other Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
SSN: \_\_\_\_\_

**B. RESIDENCES – List all addresses where you have lived during the past 10 years, beginning with your present address. List date by month and year, attach extra page if necessary.**

DATES	ADDRESS
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**C. EXPERIENCE AND EMPLOYMENT**

Have you ever been discharged for failing to pass a probationary period?

No       Yes

Have you ever been discharged from any position?

No       Yes      If yes, why?

---

---

Have you ever resigned to avoid discharge or resigned while under suspension or while dismissal proceedings were pending?     No     Yes

Are you related to or acquainted with anyone who works in the District Attorney's Office?

No     Yes

If yes, name and relationship: \_\_\_\_\_

---

**D. LEGAL**

Have you ever been arrested or convicted of a crime?

No       Yes

If yes, complete the following

<b>POLICE AGENCY AND CRIME CHARGED</b>	<b>CITY &amp; STATE</b>	<b>DATE</b>	<b>DISPOSITION OF CASE</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Has a relative or someone in your household been convicted of a crime within the past five years?     No     Yes

Name and DOB: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Name and DOB: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

If yes, complete the following

<b>POLICE AGENCY AND CRIME CHARGED</b>	<b>CITY &amp; STATE</b>	<b>DATE</b>	<b>DISPOSITION OF CASE</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever been involved as a party in civil litigation?  No  Yes

If yes, give details: \_\_\_\_\_

\_\_\_\_\_

Have you ever been involved as a witness or a victim in a criminal case?  No  Yes

If yes, give details: \_\_\_\_\_

\_\_\_\_\_

**E. MOTOR VEHICLE OPERATION**

Has your driver's license ever been suspended or revoked?

No  Yes

If yes, give date, location and reasons: \_\_\_\_\_

\_\_\_\_\_

**AFFIRMATION**

I hereby certify that there are no willful misrepresentations, omissions, or falsifications in the foregoing statements and answers to the questions. I am fully aware that any such misrepresentations, omissions, or falsifications will be grounds for immediate rejection.

\_\_\_\_\_  
SIGNATURE IN FULL

\_\_\_\_\_  
DATE COMPLETED



**KEVIN BARTON**  
**WASHINGTON COUNTY DISTRICT ATTORNEY**

150 North First Avenue, Suite 300, MS 40, Hillsboro, Oregon 97124-3002  
(503) 846-8671 / (503) 846-3407 (fax)  
www.WashingtonCountyDA.org

**AUTHORIZATION FOR RELEASE OF  
INFORMATION AGREEMENT**

APPLICANT'S NAME \_\_\_\_\_

CURRENT ADDRESS \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

TO WHOM IT MAY CONCERN: I am an applicant for a position with the Washington County, Oregon District Attorney's Office. The County needs to thoroughly investigate my employment background and personal history to evaluate my qualifications for this position. It is in the public interest that all relevant information concerning my personal and employment history be disclosed to Washington County.

I hereby authorize any representative of the Washington County District Attorney's Office to obtain any information in your files pertaining to my employment records, or any part thereof, regardless of whether those records are considered public, private or confidential. The intent of this authorization is to provide full and free access to my background and history, for the specific purpose of conducting a background investigation that may provide relevant information for the District Attorney's Office to consider in determining my suitability for employment with Washington County. It is my specific intent to provide access to personnel information, however personal or confidential it may appear to be. This release does not authorize the release of any medical records.

I consent to your release of any and all public and private information that you may have concerning me, my work record, my background and reputation, my military service records, educational records, my criminal history including any arrest records, any information in investigatory files, efficiency ratings, complaints or grievances against me, attendance records, polygraph examinations, and any disciplinary investigations, including any files which are deemed to be confidential or sealed.

The information furnished in your Statement of Personal History and all the information supplied by you for the application process will be treated as confidential to the extent permitted by Oregon Law; and is to be utilized for the purpose of enabling the Washington County District Attorney's Office to determine your qualifications and to assist in the hiring decision. The Statement of Personal History is the property of Washington County District Attorney's Office and will not be returned to you. In addition, any reports, information or feedback that we receive because of the background investigation, are the property of Washington County District Attorney's Office, and will only be released at the authority of the Department Director.

Information voluntarily submitted by background sources in response to a request for information will be treated as confidential if so requested by the provider, pursuant to ORS 192.355(4). Washington County obliges itself not to disclose background information submitted in confidence if the provider requests confidentiality, as there is a strong public interest in obtaining complete and accurate background information. Disclosure of confidential background information harms the public interest in making providers of background information reluctant to share this information, and thus encourages the hiring of corrections professionals who may have significant background issues that would have precluded employment had the information been known to Washington County.

I hereby release you, your organization, and all others from liability or damages that may result from furnishing the requested information, regardless of any prior agreement I have made with you or your organization to the contrary.

For and in consideration of Washington County's acceptance and processing of my application for employment and background check, I agree to hold harmless and indemnify Washington County, its officers, agents, and employees from any claim or liability associated to my background check and any decision to employ, not employ, or cease employing me with Washington County. I understand that if information of a serious criminal nature is discovered in this investigation, that information will be turned over to the proper authorities.

I understand that the Privacy Act, 5 USC § 552a, prohibits disclosure of certain federal records without my signed authorization or other statutory exemption. My signature above indicates my express permission to release these records pursuant to 5 USC § 552a (b), to the Washington County District Attorney's Office for their use in conducting this background check.

A photocopy or telephonic facsimile (fax) of this release shall be valid as an original, even though such photocopy or fax does not contain my original signature. This release is valid for six months from the date of my signature above.