

NAPAVINE POLICE DEPARTMENT

- Application must be filled out completely. *Incomplete applications will be returned to you for further information*
- If a question is not applicable to you, enter N/A in the space provided.
- If there is insufficient space on the form for you to include all the information required, attach extra sheets to the application. Be sure to reference the relevant section before continuing your answer.
- **Application must be accompanied by the following:**
 - Resume and cover letter
 - Copy of law enforcement certificate
 - Copy of birth certificate
 - Copy of social security card
 - Copy of Driver's License
 - Copy of DD-214 (if prior military)
 - Proof of high school education or equivalent
 - Any other training you may have that may assist us in considering your application
 - If you would like, submit any documentation which would assist you in explaining any past unusual situations or problems. For example: civil suits, criminal convictions, etc.
- *Any negative factors in your past will be evaluated in terms of frequency, recency, relevancy, circumstances surrounding its occurrence, and significance to the position for which you are applying for. For example: being fired from a job, having an arrest, or poor traffic record may not be, in and of itself, grounds for disqualification.*

In compliance with federal and state laws equal employment opportunity guidelines, applicants are considered for employment on the basis of qualifications and demonstrated abilities without regard to race, religion, age, color, national origin, sex, disability, sexual orientation, marital status, genetic information, veteran's status, or any other basis prohibited by federal, state, or local law.

Reasonable accommodations with the application and examination process are available, upon request, for persons with disabilities.

Please return application to:

Napavine Police Department

P.O. Box 179

407 SW Birch Ave

Napavine, WA 98565

POSITION APPLYING FOR (Please select)

Entry Level Police Officer Lateral Police Officer Reserve Police Officer Police Chief

NAPAVINE POLICE DEPARTMENT

APPLICATION FOR EMPLOYMENT

PERSONAL (print clearly or type)

Name: _____
Last
First
Middle

Other Names/Aliases (including nicknames) you have used or been known by: _____

Address: _____
Street/PO Box
City
State
Zip

Contact # (s): _____
Telephone #
Cell Phone #

Email: _____

Date of Birth: _____

THE AGE DISCRIMINATION IN EMPLOYMENT ACT OF 1967 PROHIBITS DISCRIMINATION ON THE BASIS OF AGE WITH RESPECT TO PERSONS WHO ARE AT LEAST 40 BUT LESS THAN 70 YEARS OF AGE.

Social Security #: _____

THE SSN WILL BE USED FOR IDENTIFICATION PURPOSES ONLY TO ENSURE THAT PROPER RECORDS ARE OBTAINED.

Dates available for work: _____

RESIDENCE (print clearly or type)

List all of your residence during the last 5 years. Begin with your most current residence.

Address: _____ From: _____/_____/____ To: _____/_____/____
Street
City
State
Zip
Month Year
Month Year

Address: _____ From: _____/_____/____ To: _____/_____/____
Street
City
State
Zip
Month Year
Month Year

Address: _____ From: _____/_____/____ To: _____/_____/____
Street
City
State
Zip
Month Year
Month Year

Address: _____ From: _____/_____/____ To: _____/_____/____
Street
City
State
Zip
Month Year
Month Year

Address: _____ From: _____/_____/____ To: _____/_____/____
Street
City
State
Zip
Month Year
Month Year

EDUCATION (print clearly or type)

Do you have Law Enforcement certification? Yes No

List all Law Enforcement academies attended:

Name:	Location:	Dates Attended:	Major/Course of Study:	Degree or Diploma:

Have you graduated from High School? Yes No Date: _____

If not, do you have GED Certificate? Yes No Date: _____

List all High Schools attended:

Name:	Location:	Dates Attended:	Major/Course of Study:	Degree or Diploma:

List all Colleges/Universities attended:

Name:	Location:	Dates Attended:	Major/Course of Study:	Degree or Diploma:

List all Business/Trade Schools attended:

Name:	Location:	Dates Attended:	Major/Course of Study:	Degree or Diploma:

List all other courses/training:

Name:	Location:	Dates Attended:	Major/Course of Study:	Degree or Diploma:

Have you ever been suspended or expelled from any school? Yes No If yes, explain (include school, date, and circumstances): _____

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

EMPLOYMENT (print clearly or type)

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. Do not include military service.

Not Employed From: Month Year ____/____ To: Month Year ____/____

Dates of Employment:	Name and Address of Employer:	Reason for Leaving:
From: ____/____ To: ____/____ <small>Month Year Month Year</small> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary <input type="checkbox"/>	Supervisor _____ Telephone # _____ Email _____	
Title and/or Duties:		

Not Employed From: Month Year ____/____ To: Month Year ____/____

Dates of Employment:	Name and Address of Employer:	Reason for Leaving:
From: _____ To: _____ <small>Month Year Month Year</small> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary <input type="checkbox"/>	Supervisor _____ Telephone # _____ Email _____	
Title and/or Duties:		

Not Employed From: Month Year ____/____/____ To: Month Year ____/____/____

Dates of Employment:	Name and Address of Employer:	Reason for Leaving:
From: _____ To: _____ <small>Month Year Month Year</small> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary <input type="checkbox"/>	Supervisor _____ Telephone # _____ Email _____	
Title and/or Duties:		

Not Employed From: Month Year ____/____/____ To: Month Year ____/____/____

Dates of Employment:	Name and Address of Employer:	Reason for Leaving:
From: _____ To: _____ <small>Month Year Month Year</small> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary <input type="checkbox"/>	Supervisor _____ Telephone # _____ Email _____	
Title and/or Duties:		

Not Employed From: Month Year ____/____/____ To: Month Year ____/____/____

Dates of Employment:	Name and Address of Employer:	Reason for Leaving:
From: _____ To: _____ <small>Month Year Month Year</small> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary <input type="checkbox"/>	Supervisor _____ Telephone # _____ Email _____	
Title and/or Duties:		

Would any problems result if your present employer was contacted during the course of the background investigation? Yes No

If YES, when should contact be made? _____

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 explain (include employer, when, where and circumstances)

Have you ever been a successful or unsuccessful candidate for another position requiring peace office powers?

Yes No

If YES, please explain (include agency, when, where and circumstances) _____

MILITARY SERVICE (print clearly or type)

Have you ever served in the military? Yes No

Dates of Service:		Branch of Service:	Draft Classification:
From:	To:		
_____/_____ <small>Month Year</small>	_____/_____ <small>Month Year</small>		
Related skills/experience applicable to civilian employment:			

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 explain (include branch of service, when, where and circumstances) _____

*If you elect to apply your military/veteran or Law Enforcement reserve service credit in this hiring process, indicate your choice by checking the box and signing below. (One time credit use only for military/veteran if appointed/hired, per RCW 41.04.010).

Law Enforcement Reserve

Military/Veteran

Job Applicant's Signature

Date

* By initialing below, you affirm that you have not previously been appointed/hired using this military/veteran credit.

Job Applicant's Initials

Date

MISCELLANEOUS INFORMATION (print clearly or type)

Have you ever been employed by the Napavine Police Department/City of Napavine before? Yes No

If YES, under what name and in what position? _____

List all relatives employed by the City of Napavine _____

Do you know of any time in the next year during which you will need to be absent from work? Yes No

If YES, please explain _____

Do you have any activities, commitments or responsibilities that may prevent you from meeting work attendance, travel, overtime or training requirements? Yes No

If YES, please explain _____

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

If YES, please provide the following information:

Date:	Purpose:	
Permit Granted: Yes <input type="checkbox"/> No <input type="checkbox"/>	Name of Law Enforcement Agency:	

List all Law Enforcement agencies for which you have applied for a position and the agency's reason for not hiring you:

Agency:	Reason:

List all Law Enforcement agencies for which you have taken a polygraph and/or psychological test and list the results:

Agency:	Results:

--	--

SPECIAL QUALIFICATIONS (print clearly or type)

List any professional memberships, certificates, licenses (such as pilot's license, radio operator etc.)

List any other special skills or qualifications that you may possess (include hobbies/sports and other special interest groups or organizations that you are involved in) _____

Can you speak any foreign language? Yes No

Indicate degree of fluency (*excellent, fair, good, poor*)

Language:	Reading:	Speaking:	Comprehension:

OFFICE OR ADMINISTRATIVE (print clearly or type)

Typing speed: _____ wpm

Office Machines: _____

LEGAL (print clearly or type)

Proof is required that you are a legal resident in this country. If employed, can you provide such documentation?

Yes No

If you have ever been arrested or convicted for any crime (excluding traffic citations) please provide the following information:

Arrest/Conviction:	Approximate Date(s):	Police Agency:

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

If YES, please explain (when, where, circumstances) _____

MOTOR VEHICLE OPERATION (print clearly or type)

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.

Do you possess a Washington State driver's license? Yes No

Driver's License # _____ State _____ Exp. Date _____

Have you ever been licensed to operate a motor vehicle in any other state than Washington? Yes No

State _____ State _____ State _____

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

If YES, please explain _____

Has your license ever been suspended or revoked? Yes No

If YES, please explain _____

Effective January 1, 1989, Washington State Law requires all drivers to have auto insurance with liability minimums of \$25,000 for the injury or death of one person, \$50,000 for two and \$10,000 property damage or show financial responsibility in one of two ways - a liability bond that meets requirements or by a \$60,000 certificate deposit.

Do you have current auto insurance? Yes No

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

If YES, please explain _____

Have you ever had high risk auto insurance? Yes No

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

Violation:	Location (City):	Approximate Date:	Fined or action taken on driver's license:

Have you ever been involved as a driver in a motor vehicle accident? Yes No

If YES, please provide the following information for each accident:

Date:	Location:	Injury <input type="checkbox"/> Non-Injury <input type="checkbox"/>
Police Investigation? Yes <input type="checkbox"/> No <input type="checkbox"/>	Police Agency:	
Date:	Location:	Injury <input type="checkbox"/> Non-Injury <input type="checkbox"/>

Police Investigation? Yes <input type="checkbox"/> No <input type="checkbox"/>	Police Agency:
--	-----------------------

PERSONAL HABITS (print clearly or type)

Have you ever used or experimented with:	Yes	No	How Many Times:	Last Time (Month/Year):
Marijuana				
Amphetamines				
Cocaine				
Heroin				
Pain Killers (other than prescribed)				
LSD				
PCP				
Barbiturates (downers)				
Valium				
Hallucinogens				
Alcohol				
Any Other Drugs (list/describe)				

Have you ever been involved in the sale or delivery of any controlled substance? Yes No

If it becomes necessary to take a human life in the course of your duties as a peace officer, would you have any beliefs that would prevent you from doing so? Yes No

If YES, please explain _____

Are there any incidents in your life or details not mentioned here in which may influence this department's evaluation of your suitability to be an employee? Yes No

If YES, please explain _____

REFERENCES – list people not related to you (print clearly or type)

Name: _____ Relationship: _____

Address: _____
Street/PO Box City State Zip

Phone #: _____ E-mail: _____

Name: _____ Relationship: _____

Address: _____
Street/PO Box City State Zip

Phone #: _____ E-mail: _____

Name: _____ Relationship: _____

Address: _____
Street/PO Box City State Zip

Phone #: _____ E-mail: _____

Name: _____ Relationship: _____

Address: _____
Street/PO Box City State Zip

Phone #: _____ E-mail: _____

Name: _____ Relationship: _____

Address: _____
Street/PO Box City State Zip

Phone #: _____ E-mail: _____

PLEASE READ CAREFULLY BEFORE SIGNING THIS APPLICATION

AGREEMENT

To the best of my knowledge, I certify that all statements made by me on this application are true and complete and that I can perform the essential functions of the position for which I am applying for with or without reasonable accommodations. I understand that if I receive a Conditional Offer of Employment for a position where I may have unsupervised access to children, developmentally disabled persons, or vulnerable adults, the City of Napavine is required to complete a thorough background check as required by the Child/Adult Abuse Information act. I understand that if I receive a Conditional Offer of Employment for a position which requires a Commercial Driver's License, I will be tested for the presence of drugs as part of the pre-employment screening.

I understand that misrepresentation or falsification of statements made in this application constitutes grounds for immediate dismissal and I authorize investigation of all statements in this application. If I am applying for an exempt position, I understand that nothing in this application or my communications with any City of Napavine official is intended to create an employee contract with the Napavine Police Department and/or City of Napavine. In the event of my employment with the Napavine Police Department, I will comply with all rules, regulations, and policies set forth in the Napavine Police Department's and/or City of Napavine's policy manual or in communications distributed by the City.

AUTHORIZATION TO RELEASE EMPLOYMENT RECORDS

I authorize the release of all high school, college, and other educational records pertaining to my attendance, course work and other school activities. The disclosure of any and all information about me contained in private and governmental files and any medical information relevant to this application for employment or relating to my present or former employment history. The Napavine Police Department and/or City of Napavine is authorized to solicit information regarding my character, general reputation, previous employment and similar background information, and to contact any and all references I have given on my application. The Napavine Police Department and/or City of Napavine is also authorized to make any investigation of my personal history and financial and credit record through any investigations or credit/bureaus of the City's choice.

To my former employers named in this application, please furnish the Napavine Police Department and/or City of Napavine with personnel information as requested by the city. I hereby release all parties and persons connected with any such request for information from all claims, liabilities, and damages for any reason arising out of the furnishing of such information. If I become employed by the Napavine Police Department, I release

the Napavine Police Department and/or City of Napavine from any liability for future references it may provide regarding my work history and performance at the Napavine Police Department.

I further agree to the following terms and conditions of employment:

1. A pre-employment health evaluation (psychological evaluation, polygraph and physical).
2. Meeting minimum or maximum age requirements of applicable law, rules and regulations.
3. Submitting proof of citizenship or U.S. work permit, upon employment, if required.
4. Meeting job attendance and performance requirements.

Signature of Applicant: _____ Date: _____

WAIVER AND AUTHORIZATION TO RELEASE INFORMATION

This document affects your legal rights. Read carefully before signing. You may wish to consult an attorney before you sign this document.

To whom it may concern:

I, the undersigned, authorize you to furnish the Napavine Police Department and/or City of Napavine or its representatives any and all information that you have concerning me, my work record, my reputation, my medical records, my psychological testing and analysis plus recommendation, my financial status, and such other information and records 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 Napavine Police Department and/or City of Napavine or its representatives. Your reply will be used to assist the Napavine Police Department in determining my qualifications and fitness for a position I am seeking with the Napavine Police Department. A photocopy or digital image of this release may be honored as if it is a signed original. I understand my right to request access to any public records relating to me pursuant to Title 5 of the United States Code, Section 5 et seq., the Privacy Act of 1974, the Freedom of Information Act, and Revised Code of Washington (RCW) 42.17 et seq., and specifically waive those rights understanding that the information furnished will be used by the Napavine Police Department and/or City of Napavine or its representatives in conjunction with employment procedures. I will make no attempt to gain access to the information provided by you to the Napavine Police Department and/or City of Napavine or its representatives in conjunction with this employment process and hereby expressly waive any rights I may have to request the disclosure or information provided by you to the Napavine Police Department and/or City of Napavine or its representatives in conjunction with employment procedures. Further, I do hereby release you, your organization, your agents, and others from any liability or damage which may result from furnishing information to the Napavine Police Department and/or City of Napavine pursuant to this waiver and authorization to release information.

Job Applicant's Printed Name

X _____
Job Applicant's Signature

Date

Notarial Acknowledgement

State of _____

County of _____

On, _____, before me, _____, personally appeared, _____
(Date) *(Name of Notary)* *(Name of Applicant)*

Notary, please check either No. 1 or No. 2 below (but not both):

- 1. Who is personally known to me
- OR--*
- 2. Who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed on this Release, and acknowledged to me that he executed the same as his free act and deed?

WITNESS my hand and official seal

(Notary Signature)

My Commission Expires: _____

ID Number: _____

Expires: _____

Notary: Please affix your notarial seal to the right.

