

CITY OF WARDEN (POLICE) EMPLOYMENT APPLICATION

121 S Main St
Warden, WA
98857
(509) 349-2326

DO NOT SUBMIT A PHOTOGRAPH OF YOURSELF

The City of Warden is an Equal Employment Opportunity (EEO) employer and does not discriminate in any employer/employee relations based on race, color, sex, sexual orientation, national origin, age, marital status, genetic information, veteran's status, or any other basis protected by applicable discrimination laws.

READ APPLICATION CAREFULLY. ALL QUESTIONS MUST BE COMPLETED IN INK AND IN HANDWRITING OF THE APPLICANT. IMPORTANT: APPLICATIONS MUST BE SIGNED IN ALL DESIGNATED PLACES. FAILURE TO COMPLY WITH THESE INSTRUCTIONS MAY CAUSE APPLICATION TO BE REJECTED. THE CITY WILL MAKE REASONABLE ACCOMODATIONS IN THE APPLICATION PROCESS FOR APPLICANTS WITH DISABILITES. VERIFICATION OF ELIGIBILITY TO WORK IN THE U.S. WILL BE REQUIRED IF AN EMPLOYMENT OFFER IS MADE. **Applications must be received by 12:00 NOON on closing date to be accepted.**

Date _____

PERSONAL HISTORY

Name _____
Last First Initial

Address _____
No. Street City State Zip

Home Phone _____ Cell Phone _____ Social Security No. _____

Do you currently have a valid Driver's License? Yes _____ No _____

Driver's License Number _____ State ____ Exp. Date _____

E-Mail _____

Date you are available for work: _____

Date you tested with Public Safety Testing _____

Have you filed an application here before? Yes _____ No _____ If Yes, give date: _____

Are any of your relatives presently employed with the City of Warden ? Yes _____ No _____

CRIMINAL CONVICTION – POLICE DEPT POSITION ONLY

Have you been convicted of or plead guilty or no contest to a felony or misdemeanor? YES ___ NO ___

If Yes, please provide details regarding the crime and the sentence or fine imposed

Conviction: _____ Location _____ Date _____

Explain: _____

Have you ever applied for employment with any other law enforcement agency and been rejected for failing the background or polygraph examination? Yes _____ No _____ If yes, indicate the following:

Date of Application	Name/Address of the Agency	Date of Rejection
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_____	_____	_____
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_____	_____	_____
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Have you ever been employed by any other law enforcement agency? Yes _____ No _____

Dates of employment	Name/Address of the Agency	Position(s) Held
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_____	_____	_____
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_____	_____	_____
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Have you ever been involuntarily terminated from any employment with a law enforcement agency?

Yes _____ No _____ If YES, indicate the following:

Name/Address of the Agency	Date of termination of employment	Reason for termination
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_____	_____	_____
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U.S. MILITARY RECORD

RCW 41.04.010 provides for a veterans' preference to be added to the passing grade of certain veterans. If you believe that you are eligible to be considered for such preference you should complete the following questionnaire, by checking statements that apply to you. **Also, certify the accuracy of your answers by your signature, and attach a copy of your DD214 form.**

Veteran of the U.S. Military Services: Yes _____ No _____ Dates of Service _____
If yes, branch: _____

Date of termination from the United States active military service _____

YOU MUST:

1. _____ (initial) Have served on active duty in a branch of the Armed Forces of the United States.

AND

2. _____ (initial) Have been released from active service under honorable conditions, i.e., received an honorable discharge or a discharge for physical reasons with honorable record;

3. Did you serve during a period of war or in an armed conflict: Yes _____ No _____

4. _____ (initial) Not currently be in the military, i.e., on active duty. If you are, you are not a "Veteran " by definition and, therefore, not eligible. This is the interpretation given by the State Office of Veteran's Affairs. It applies even if there was a prior period of service.

5. If you meet all of the above requirements the following scoring criteria shall apply:

- a. 10% preference will be added to your passing examination grade if you served during a period of war or in an armed conflict and you are not receiving veteran's retirement payments.
- b. 5% preference will be added to your passing examination grade if your service was not during a period of war or in an armed conflict OR you are receiving veteran's retirement payments.

I certify that to the best of my knowledge I am entitled to **5% , 10% (circle one)** veterans' preference and that by falsely claiming veteran's preference, I will be disqualified from employment with the City of Warden. I also understand that if employed, any misrepresentation of facts regarding my receiving veteran' preference is sufficient cause for dismissal.

WORK HISTORY

Beginning with your present or most recent employment, list your work/experience history for the last 10 years or experience prior to that time which is directly related to the position for which you are applying. Attach additional sheets as necessary. Be sure to include any non-paid experience which is related to the job for which you are applying. **Complete the following sections even if you are submitting a resume** in addition to this application. An incomplete application may disqualify you. If you have been known by a different name by any of these employers, please identify the employer and state the name here _____.

	Mo/Year	To	Mo/Year
Employer's Name _____	From _____	To _____	
Address _____	Supervisor _____		
Phone _____	Hours Worked Per Work _____		
Position _____			
Number Of Employees Supervised By You _____			
Reason For Leaving _____			
Primary Duties _____			

	Mo/Year	To	Mo/Year
Employer's Name _____	From _____	To _____	
Address _____	Supervisor _____		
Phone _____	Hours Worked Per Work _____		
Position _____			
Number Of Employees Supervised By You _____			
Reason For Leaving _____			
Primary Duties _____			

	Mo/Year	To	Mo/Year
Employer's Name _____	From _____	To _____	
Address _____	Supervisor _____		
Phone _____	Hours Worked Per Work _____		
Position _____			
Number Of Employees Supervised By You _____			
Reason For Leaving _____			
Primary Duties _____			

SKILLS/TRAINING

Please summarize your job-related skills or specialized training:

List job related professional, trade, business, or civic associations and any offices held. (You may exclude memberships that would reveal sex, race, religion, national origin, age, color, disability, or other protected status.)

List any additional information you would like us to consider.

PERSONAL REFERENCES (NOT FORMER EMPLOYERS OR RELATIVES)

Name and Occupation	Address	Phone Number
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

RECORD OF EDUCATION

School	Name & Address	Course of study	Last Year Completed	Did you Graduate?	Diploma Or Degree
High	<hr/>	<hr/>	1 2 3 4	Yes No	<hr/>
College	<hr/>	<hr/>	1 2 3 4	Yes No	<hr/>
Other	<hr/>	<hr/>	1 2 3 4	Yes No	<hr/>

ACKNOWLEDGMENT OF EMPLOYMENT AT-WILL DOCTRINE

I UNDERSTAND THAT IF HIRED I WILL SERVE AT THE PLEASURE OF THE CITY OF WARDEN AND THAT MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, OR FOR ANY REASON (CONSISTENT WITH EXISTING PERSONNEL POLICIES AND PROCEDURES, INCLUDING DUE PROCESS REQUIREMENT), WITHOUT RECOURSE.

Applicant's Signature

THE FACTS SET FORTH IN THIS APPLICATION FOR EXAMINATION ARE TRUE AND COMPLETE. I UNDERSTAND THAT IF QUALIFIED FOR EXAMINATION, OR EMPLOYED, FALSE STATEMENTS ON THIS APPLICATION SHALL BE CONSIDERED CAUSE FOR DISMISSAL. I HAVE READ THE POSITION OPEN ANNOUNCEMENT AND I CAN PERFORM THE ESSENTIAL FUNCTION OF THE POSITION FOR WHICH I AM APPLYING, WITH OR WITHOUT REASONABLE ACCOMODATION.

Applicant's Signature

I UNDERSTAND THAT IF I RECEIVE A CONDITIONAL OFFER OF EMPLOYMENT FOR A POSITION WHERE I WILL HAVE UNSUPERVISED ACCESS TO CHILDREN, DEVELOPMENTALLY DISABLED PERSONS, OR VULNERABLE ADULTS, THE CITY OF WARDEN IS AUTHORIZED TO COMPLETE A THOROUGH BACKGROUND CHECK.

Applicant's Signature

I Certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Date _____

Place of Signing _____

Signature

NOTE: IN ACCORDANCE WITH FEDERAL LAW, IF HIRED YOU WILL BE REQUIRED TO FURNISH DOCUMENTARY PROOF OF WORK AUTHORIZATION AND IDENTITY WITHIN 24 HOURS OF EMPLOYMENT. ATTESTATION FORMS WILL BE PROVIDED BY THE CITY AND DESIGNATED DOCUMENTS WILL BE IDENTIFIED PRIOR TO HIRING.

City of Warden
Police Department
121 S Main Street
Warden, WA 98857

DRIVING RECORD
(To be completed with application)

Name: _____
PLEASE PRINT Last First MI

List all notices of infractions or traffic citations (other than parking tickets) which you have received in the past 5 years.

State	Month/Year	Type of Infraction

Infractions or citations will not necessarily remove you from consideration. The City of Warden will; however, consider your driving record when making employment decisions.

The information provided above is true to the best of my knowledge. I understand that providing false information is cause for elimination in the selection process or dismissal from employment.

Signed: _____ Date: _____

Finalists, upon notification that references will be checked, will be required to submit a copy of their driving abstract to Human Resources. Driving abstracts may be obtained at any Washington State Department of Licensing branch office for a small fee. Other states may have different procedures. This fee is at the Finalist's own expense.

City Of Warden Driving Standards:

Applicants for position in which the employee is expected to operate a motor vehicle must be at least 18 years old and will be required to present a valid Washington State driver's license with any necessary endorsements. Driving records of applicants may be checked. Applicants can be disqualified under the following circumstances:

- Violations
More than two moving traffic violations within the preceding three years; or reckless driving violation within the preceding five years; or driving while intoxicated within the preceding five years.
- Accidents
More than one motor vehicle accident within the preceding three years for which the applicant received a traffic or criminal citation and was convicted, forfeited bail, or entered a plea of "guilty" or "nolo contendere."

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AUTHORIZATION TO RELEASE EMPLOYMENT RECORDS

References will only be checked for FINALISTS.

Current and/or prior employers will only be contacted after an applicant has been notified that he/she is a finalist. I certify that the information given by me to the City of Warden is true and complete to the best of my knowledge. I understand that falsification of this application will be grounds for elimination from further consideration or, if employed, may result in discipline up to and including immediate dismissal. I further certify that I am not engaged in any outside activity or business that could be considered in conflict with the City of Warden interest or those of its clients, nor will I become engaged in such activity or business if employed.

I, the undersigned applicant for employment with the City of Warden, in consideration of the review of my employment application, do authorize the City of Warden to solicit information regarding my character, general reputation, previous employment, and similar background information, and to contact any and all prior employers or references I have given on my application. 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 employed, I release the City of Warden from any liability for further references it may provide regarding my work history at the City of Warden.

If employed, I further agree that if I lose, damage, or fail to return any of the City of Warden's property, the City of Warden is authorized to deduct from my wages sufficient reasonable funds to replace its property.

It is my intention that any copy of this authorization be as effective as the original.

Date _____

Name (please print) _____

Signature _____