

# 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
  - 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 Office    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 \_\_\_\_\_  
Month Day Year 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 Month / Year To Month / Year  
Street City State Zip

Address \_\_\_\_\_ From Month / Year To Month / Year  
Street City State Zip

Address \_\_\_\_\_ From Month / Year To Month / Year  
Street City State Zip

Address \_\_\_\_\_ From Month / Year To Month / Year  
Street City State Zip

Address \_\_\_\_\_ From Month / Year To Month / Year  
Street City State Zip

## 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

# NAPAVINE POLICE DEPARTMENT APPLICATION FOR EMPLOYMENT

## EDUCATION cont..... (print clearly or type)

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 please 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 & Address of Employer	Reason for Leaving
<b>From</b> <b>To</b> ____/____                  ____/____ <small>Month Year                  Month Year</small> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Voluntary <input type="checkbox"/>	Supervisor _____ Telephone # _____ Email _____	
<b>Title and/or Duties</b>		

Not Employed From Month Year \_\_\_\_/\_\_\_\_ To Month Year \_\_\_\_/\_\_\_\_

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

## NAPAVINE POLICE DEPARTMENT APPLICATION FOR EMPLOYMENT

**EMPLOYMENT cont....** (print clearly or type)

Not Employed From     /    /     To     /    /      
Month Year Month Year

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

Not Employed From     /    /     To     /    /      
Month Year Month Year

Dates of Employment	Name & Address of Employer	Reason for Leaving
<p><b>From</b>                      <b>To</b></p> <p><u>    </u>/<u>    </u>/<u>    </u>                      <u>    </u>/<u>    </u>/<u>    </u></p> <p><small>Month Year                      Month Year</small></p> <p>Full-Time <input type="checkbox"/></p> <p>Part-Time <input type="checkbox"/></p> <p>Voluntary <input type="checkbox"/></p>	<p>Supervisor _____</p> <p>Telephone # _____</p> <p>Email _____</p>	
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Not Employed From     /    /     To     /    /      
Month Year Month Year

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<b>Title and/or Duties</b>		

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)

\_\_\_\_\_

## NAPAVINE POLICE DEPARTMENT APPLICATION FOR EMPLOYMENT

### MILITARY SERVICE (print clearly or type)

Have you ever served in the military? Yes  No

Dates of Service	Branch of Service	Draft Classification												
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<small>Month Year</small>	<small>Month Year</small>													
____/____	____/____													
<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)

### 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 every law enforcement agency for which you have taken a polygraph and/or psychological test and list the results**

Agency	Results

# NAPAVINE POLICE DEPARTMENT APPLICATION FOR EMPLOYMENT

## 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 \_\_\_\_\_

## NAPAVINE POLICE DEPARTMENT APPLICATION FOR EMPLOYMENT

Have you ever had high risk auto insurance? Yes  No

### MOTOR VEHICLE OPERATION cont..... (print clearly or type)

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	<input type="checkbox"/> Injury <input type="checkbox"/> Non-Injury
Police Investigation? Yes <input type="checkbox"/> No <input type="checkbox"/>	Police Agency	
Date	Location	<input type="checkbox"/> Injury <input type="checkbox"/> Non-Injury
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 # \_\_\_\_\_ Email \_\_\_\_\_

# NAPAVINE POLICE DEPARTMENT APPLICATION FOR EMPLOYMENT

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

Name _____	Relationship _____
Address _____	_____
Street/PO Box _____	City _____ State _____ Zip _____
Phone # _____	Email _____
Name _____	Relationship _____
Address _____	_____
Street/PO Box _____	City _____ State _____ Zip _____
Phone # _____	Email _____
Name _____	Relationship _____
Address _____	_____
Street/PO Box _____	City _____ State _____ Zip _____
Phone # _____	Email _____

## 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.



NAPAVINE POLICE DEPARTMENT  
APPLICATION FOR EMPLOYMENT

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

\_\_\_\_\_  
today's date

**Notarial Acknowledgement:**

State of \_\_\_\_\_

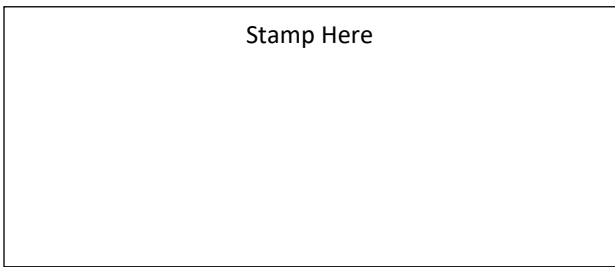
County of \_\_\_\_\_

On \_\_\_\_\_, before me, \_\_\_\_\_, personally appeared, \_\_\_\_\_  
(Date) (Name of notary) (Name of job applicant)

*Notary: Please check either № 1 or № 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.*

NAPAVINE POLICE DEPARTMENT  
APPLICATION FOR EMPLOYMENT