



City of Hoquiam
EMPLOYMENT APPLICATION
 Administration Department
 609 8th Street
 Hoquiam, WA 98550

The City of Hoquiam is an equal Opportunity Employer

The City of Hoquiam provides reasonable accommodation to its employees & the public with disabilities, including disabled veterans.

An incomplete application may delay or disqualify you. Do not use pencil to complete this application.

Personal

Position Applied For	Department		
Name: Last	First	M.I.	
Street Address	Home Phone		
City	State	Zip	Day time Phone
Are you under 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No		<small>Notice: If you are currently under PERS, LEOFF, or TRS, your retirement benefits may be interrupted if you are hired by the City of Hoquiam. Contact State Department of Retirement Systems with questions.</small>	

Education

High School Diploma or GED received? Yes No If no degree, please specify semester or credit hours

College/University/Voc Tech School	City/State	Major	Degree/Cert	Credit Hours
College/University/Voc Tech School	City/State	Major	Degree/Cert	Credit Hours
College/University/Voc Tech School	City/State	Major	Degree/Cert	Credit Hours

Skills

Describe your skills, knowledge & abilities that qualify you for this position.

List licenses, professional affiliations, and non-religious volunteer experiences that pertain to this position.

Employment History

(Please Read Carefully)

Resumes may be attached but will not be accepted as a substitute for completing this section. Beginning with your present or most recent employment, list your work experience for at least the last ten years, including periods of self-employment & US Military service. Attach separate sheets if necessary.

From (month/yr)	Company Name			Your Position (Title)	
To (month/yr)	City	State/Zip	Type of Company		Telephone
Salary	Full/Part Time	Supervisor's Name/Title			May We Contact () Yes () No
Duties:					
From (month/yr)	Company Name			Your Position (Title)	
To (month/yr)	City	State/Zip	Type of Company		Telephone
Salary	Full/Part Time	Supervisor's Name/Title			May We Contact () Yes () No
Duties:					
From (month/yr)	Company Name			Your Position (Title)	
To (month/yr)	City	State/Zip	Type of Company		Telephone
Salary	Full/Part Time	Supervisor's Name/Title			May We Contact () Yes () No
Duties:					
From (month/yr)	Company Name			Your Position (Title)	
To (month/yr)	City	State/Zip	Type of Company		Telephone
Salary	Full/Part Time	Supervisor's Name/Title			May We Contact () Yes () No
Duties:					

Have you been convicted of a felony or released from prison within the last 7 years?

Yes No

If the answer is "yes", please give the nature of the crime, dates of conviction, & the court in which you were convicted.

Do you have any relatives employed by the City of Hoquiam? Yes No

Name & Relationship of Relative (s) at the City of Hoquiam

Having a relative employed by the City of Hoquiam will not necessarily bar you from employment.

This statement must not be altered. I understand that false or misleading information in any of my answers or statements will result in my application being eliminated from further consideration, or if employed, will be cause for my dismissal. All statements submitted on this application for employment will be subject to investigation and verification prior to appointment.

Signature of Applicant

Date

This page is optional. It will be used only for record keeping purposes.

RECRUITMENT INFORMATION

How did you learn about the job?

Position you are applying for? _____

Saw advertisement in paper (which one) _____

Magazine or Journal (which one) _____

Saw job posting (where) _____

Career Fair (which one) _____

Heard about it from current city employee (whom) _____

E.E.O. Information

The data collected below will not be used to make employment decisions. It will be used for affirmative action record keeping purposes only.

Date of birth: _____ () Male () Female

() African American () Hispanic () Native American (proof of tribal affiliation is required)

() Asian () Pacific Islander () Caucasian (White, not of Hispanic Origin)



City of Hoquiam CIVIL SERVICE COMMISSION

LATERAL POLICE OFFICER LISTING OF QUALIFICATIONS

DATE: APPLICANT NAME:

This listing of qualifications form will be the basis of the LATERAL OFFICER examination process. You will be asked a number of questions regarding your work experience and past training related to the position of LATERAL police officer. Please answer all the questions honestly, accurately and to the best of your ability. The responses you provide will be scored by the Civil Service Examiner. Your final weighted score will become the basis for your ranking on the list for hire for LATERAL POLICE OFFICERS.

Since this is a continuous process, your score will place you on the list as it exists at the time of application. The list may change over time as applicants and scores are added.

WARNING:

Your answers will be verified through the application materials that you submit and through reference/ background checks. Willful misrepresentation on this or any other applications to the city will be cause for immediate disqualification from consideration for this position, or if discovered after employment is offered or accepted, grounds for immediate termination.

INSTRUCTIONS:

For each work area listed below, choose the statement from the level description listed that **BEST** describes your experience and/or training. You may select only one "score ranking" level for each identified experience or training area. Enter the letter of the level description (as defined below) that best applies to your background.

Space below the scoring box is provided for you to justify, explain and clarify your response in each category. In this explanation line, you should include specifics about your training and experience- to include special training courses, law enforcement certifications, and a description of the months/years of service within said position or assignment.

LEVEL DESCRIPTIONS:

SCORE A	I have little or no experience, training or education in performing this task.
SCORE B	I have had education or training on this task, but I have little or no experience performing this task on the job.
SCORE C	I have performed this task on the job, but my work on this task was monitored closely by a supervisor or senior employee.
SCORE D	I have performed this task as a regular part of a job. I have performed it <u>independently and typically without close supervision or review by a supervisor.</u>
SCORE E	I am recognized by my peers as highly competent in performing this task. With this expertise, I have supervised the performance of this task and/or have been consulted by others who have been assigned to this role or task.



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Police Patrol	Score:	Serving as a full-time, sworn law enforcement officer in a unit of group assigned to basic patrol/ enforcement tasks.
JUSTIFY/ EXPLAIN/ CLARIFY YOUR SCORE:		

Assignment to Schools	Score:	Serving as a full-time, sworn law enforcement officer assigned to special detail(s) involving public schools: to include school resource officer, DARE officer, juvenile officer and/or gang enforcement officer.
JUSTIFY/ EXPLAIN/ CLARIFY YOUR SCORE:		

Detective/ Investigations	Score:	Serving as a full-time, sworn law enforcement officer assigned with the primary duty of investigative tasks outside of routine patrol assignment.
JUSTIFY/ EXPLAIN/ CLARIFY YOUR SCORE:		

Field Training Officer	Score:	Certified and/or trained by state or agency to act as a field training officer engaged in training, orienting, guiding and evaluating new officers (on two or more occasions).
JUSTIFY/ EXPLAIN/ CLARIFY YOUR SCORE:		

Shift Supervisor	Score:	Full-time, sworn law enforcement officer promoted to a formal supervisory position (lead officer, corporal, sergeant, etc) or assigned by a superior officer as an acting sergeant or officer-in-charge of a patrol shift on a regular basis. (Regular basis shall consist of at least 20 occasions per year).
JUSTIFY/ EXPLAIN/ CLARIFY YOUR SCORE:		

Firearms Instructor	Score:	Trained, designated and served as a law enforcement firearms instructor (at least one year).
JUSTIFY/ EXPLAIN/ CLARIFY YOUR SCORE:		

Emergency Vehicle Operations Instructor	Score:	Certified and/or trained by state or agency as an emergency vehicle operations instructor (at least one year).
JUSTIFY/ EXPLAIN/ CLARIFY YOUR SCORE:		

Defensive Tactics Instructor	Score:	Certified and/or trained by state or agency as a defensive tactics instructor. This
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		category can include Taser, baton, OC, or other less-than-lethal weapon instructors (conduct instruction for at least one year).
JUSTIFY/ EXPLAIN/ CLARIFY YOUR SCORE:		

Collision Investigation Training	Select ONE box to most clearly identify your training.	<input type="checkbox"/> 8 hour basic investigation in academy. <input type="checkbox"/> 40 hour collision investigation course. <input type="checkbox"/> 80 hour advance collision investigation. <input type="checkbox"/> 120 hour technical collision investigation. <input type="checkbox"/> Certified collision reconstructionist.
JUSTIFY/ EXPLAIN/ CLARIFY YOUR SCORE:		

I hereby authorize the Hoquiam Police Department to conduct a complete background investigation into my complete history, including my former employment, together with any and all information concerning my personal ability, personal character, credit history, arrest record, traffic record, personal and professional references and other background information. I hereby release any law enforcement agency, company, corporation, or individual from any and all liability for furnishing any information concerning my background.

I hereby certify that there are no willful misrepresentations or falsification of statements and answers to questions in my application or in any documents relating to my background. I am aware that should investigation disclose such misrepresentations and falsifications, my application will be immediately rejected and/or my employment immediately terminated.

SIGNATURE OF APPLICANT: _____ DATE: _____



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LATERAL POLICE OFFICER APPLICATION QUESTIONNAIRE

DATE: _____ APPLICANT NAME: _____

1. Are you a United States Citizen? Yes No
2. Are you now at least 21 years of age? Yes No
3. Do you possess a valid Washington State Driver's License? Yes No
4. Have you successfully completed high school or GED equivalent? Yes No
5. Have you successfully completed the probationary period at your most recent law enforcement department or agency? Yes No
6. Have you successfully completed the Washington State Basic Law Enforcement Training Academy (BLET)? Date of completion: Yes No
7. Are you a certified Washington State Peace Officer in good standing? Yes No
8. If you have successfully completed basic law enforcement training through another state, or federal academy, please list the academy/ location: and date of completion:
9. If you have completed the Washington State Basic Law Enforcement Equivalency Academy, list date of completion:

PRIOR LAW ENFORCEMENT EMPLOYMENT:

Name/ Address of Employer:
Dates of Employment: (start) (end)
Title or Position:
General Job Duties:
Name/ Phone Number of Last Supervisor:

Name/ Address of Employer:
Dates of Employment: (start) (end)
Title or Position:
General Job Duties:
Name/ Phone Number of Last Supervisor:

Name/ Address of Employer:
Dates of Employment: (start) (end)
Title or Position:
General Job Duties:
Name/ Phone Number of Last Supervisor:



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PRIOR LAW ENFORCEMENT TRAINING:

(Only list the top 5 courses- additional courses can be included on your resume.)

Name of Course:
Length (hours) of Training:
Instructor or Institution:
Date(s) Attended:

Name of Course:
Length (hours) of Training:
Instructor or Institution:
Date(s) Attended:

Name of Course:
Length (hours) of Training:
Instructor or Institution:
Date(s) Attended:

Name of Course:
Length (hours) of Training:
Instructor or Institution:
Date(s) Attended:

Name of Course:
Length (hours) of Training:
Instructor or Institution:
Date(s) Attended:

NOTICE: Resumes or other application forms will not be accepted in lieu of this part of the official Lateral Officer application packet.

I hereby authorize the Hoquiam Police Department to conduct a complete background investigation into my complete history, including my former employment, together with any and all information concerning my personal ability, personal character, credit history, arrest record, traffic record, personal and professional references and other background information. I hereby release any law enforcement agency, company, corporation, or individual from any and all liability for furnishing any information concerning my background.

I hereby certify that there are no willful misrepresentations or falsification of statements and answers to questions in my application or in any documents relating to my background. I am aware that should investigation disclose such misrepresentations and falsifications, my application will be immediately rejected and/or my employment immediately terminated.

SIGNATURE OF APPLICANT: _____ DATE: _____



City of Hoquiam CIVIL SERVICE COMMISSION

VETERAN'S SCORING CRITERIA DECLARATION

DATE: ___/___/___

NAME: _____

I hereby certify that I have been released from active duty and I received an honorable discharge, received a discharge for physical reasons with an honorable record, and have been released from active military service with evidence of service other than that for which an undesirable, bad conduct or dishonorable discharge was issued. YES NO

IF YOU ANSWERED "NO" TO ABOVE, DO NOT COMPLETE THIS FORM

I hereby claim veteran's preference scoring criteria for the position I have applied because I served during a period of war or hostile environment and *I am not currently receiving military retirement.* YES NO

I hereby claim veteran's preference scoring criteria for the position I have applied because I served during a period of war or hostile environment and *I am currently receiving military retirement.* YES NO

I am a veteran of the following WAR(S) OR CONFLICT(S):

_____.

Have you previously claimed veteran's preference or scoring criteria to be appointed to any position with a county or municipal government, or any other political subdivision in the State of Washington? YES NO

I realize that reserve components, Washington State Guard and National Guard service for less than six continuous months is NOT regarded as active duty. YES NO

I certify that the above information is true and correct to the best of my knowledge and I understand that by falsely claiming veteran's scoring criteria or preference, I subject myself to removal from the eligibility list and/ or termination from employment. YES NO

I acknowledge that it is my responsibility to provide an appropriate copy of form DD214 with this document as proof of my claim to veteran's scoring criteria or preference. YES NO

SIGNATURE: _____ DATE: _____

****ATTACH COPY OF DD214 FORM TO THIS DOCUMENT FOR SUBMISSION WITH OTHER EMPLOYMENT APPLICATION FORMS****