

Office Use Only
Application Received by

____/____/____



Wapato Police Department
205 South Simcoe Avenue
Wapato WA 98951

Phone: 509.877.4275
Fax: 509.877.9723

EMPLOYMENT APPLICATION

Read And Complete The Application Carefully

All questions must be answered in full by typing or printing in ink. Do not answer any questions by stating "See Resume". Return the completed application to the Police Department. The application must be received by the closing time and date stated in the job application. Application must be signed and dated.

The City of Wapato is an Equal Opportunity Employer and shall not discriminate against any employee or applicant for employment because of race, color, religion, sex, age martial status, national origin or handicaps unless based upon a bona fide occupation disqualification. If you believe you have been discriminated against, you should notify the Mayor immediately.

Position Applying For: Entry Level Police Officer Date: _____

I. PERSONAL HISTORY

Name: _____
 Last First Middle Initial

Present Address: _____

City State Zip

Telephone No.: _____ Cell No.: _____

e-mail address: _____

Do you meet the minimum age requirements of the job? _____

Social Security Number: _____ Drivers License: _____

List any relatives employed by the City of Wapato: _____

List any criminal and traffic convictions in the past seven years.
(This information may not necessarily bar you from employment)

Conviction	Date
Conviction	Date
Conviction	Date

Professional or Work References
(Do not list relatives)

Name	Address	Telephone No.
Name	Address	Telephone No.
Name	Address	Telephone No.

Do you have any activities, commitments or responsibilities that may prevent you from meeting work attendance requirements (shift work, weekends or evenings)?
 No Yes Comments: _____

II. MEDICAL AND PHYSICAL HISTORY

Can you perform the essential functions of the job for which you are applying with or without reasonable accommodations?
 No Yes Comments: _____

III. RECORD OF EDUCATION

Schools:

High School: _____
Name City, State
Last Year Completed: ___ Did you graduate? ___ Diploma/GED ___

College: _____
Name City, State
Did you graduate? ___ Type of Degree? ___ In _____

Other: _____
Name City, State
Did you graduate? ___ Type of Degree? ___ In _____

What other experiences, skills, training, qualifications or certifications do you have which you would like considered as part of this application?

IV. RECORD OF EMPLOYMENT

Agency Name: _____
Address: _____ Phone # _____
Job Title: _____ Supervisor: _____
Employed From _____ To _____ Salary: Beg _____ End _____
Duties: _____

Reason for leaving: _____
May we contact this employer: _____ If no, why? _____

Agency Name: _____
Address: _____ Phone # _____
Job Title: _____ Supervisor: _____
Employed From _____ To _____ Salary: Beg _____ End _____
Duties: _____

Reason for leaving: _____
May we contact this employer: _____ If no, why? _____

Agency Name: _____
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Employed From _____ To _____ Salary: Beg _____ End _____
Duties: _____

Reason for leaving: _____
May we contact this employer: _____ If no, why? _____

V. MILITARY SERVICE

Were you in the US Armed Forces? _____ If yes, what branch? _____
Dates of Duty: From: _____ To: _____
List duties in the service, including special training: _____

Are you presently a member of a military reserve organization or National Guard?

VII. PLEASE READ THE FOLLOWING STATEMENT, THEN SIGN AND DATE YOUR APPLICATION. YOUR SIGNATURE BELOW INDICATES THAT YOU UNDERSTAND THE FOLLOWING STATEMENT:

The facts set forth in my application for employment are true and complete. I am legally able to accept employment in the United States. I understand that employment is contingent upon review of my abstract of driving record to confirm I qualify as a driver for the City if the position involves driving.

I authorize the City of Wapato to investigate all statements in this application and to secure any necessary information from all my employers, references, and academic institutions. I hereby release all of those employers, references, and academic institutions, and the City of Wapato and its employees thereof, from any and all liability arising from their giving or receiving information about my employment history, my academic credentials or qualifications, and my suitability for employment with the City of Wapato. You are hereby authorized to make any job related investigation of my personal history including credit references through any investigative agencies of your choice. For this purpose please list any names by which you have been known as: _____.

I understand that I have the right to provide additional information in the case of derogatory information as well as requesting a copy of my consumer credit report from the agency that provided it to the City of Wapato.

Any offer of employment made by the City of Wapato to prospective full-time or regular part-time employees will be contingent upon satisfactory completion of the employment testing exams. A drug screening that is positive for illicit or misused drugs may result in termination or rescinding of a job offer. Failure to sign the consent for drug screening will be treated the same as an incomplete application and the applicant will be removed from further employment consideration. A polygraph and psychological examination will be required for some positions. Any testing required will be paid for by the City of Wapato. Passing the employment testing examinations does not guarantee employment with the City of Wapato.

I understand that false statements on this application shall be considered sufficient cause for dismissal. I understand that nothing in this employment application, in the City's policy statement or personnel guidelines, or in my communications with any City official is intended to create an employment contract between the City and myself. I also understand that the City has the right to modify its policies without giving me any advance notice of the changes. I understand that employment can be termination with or without cause, and with or without notice, at any time, at the option of either the City or the employee.

Applicant's Signature Date

Subscribed and sworn to before me on the _____ day of _____, 20_____.

Notary Public for the State of Washington
Residing at: _____
My Commission Expires on: _____

PREFERENCE POINTS

Name: _____ Testing Date: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Under Washington state law, veteran's preference may be claimed if you received a discharge under honorable conditions, or received a discharge for physical reasons with an honorable record, and: (1) served in any branch of the armed forces of the United States between World War I and World War II, or during any period of war; or, (2) served in any branch of the armed forces of the United States and received the armed forces expeditionary medal, or Marine Corps and Navy expeditionary medal, for opposed action on foreign soil. Veteran's preference must be claimed within ten (10) years of release from active duty. (Military reserve time does not qualify.)

Do you claim veteran's preference? Yes No If yes, provide dates of service:

Date of entry: _____ Date of release: _____ Date of retirement: _____

Did you receive the Armed Forces, Marine Corps and Navy expeditionary medal or Southwest Asia Service Medal for opposed action on foreign soil? Yes No If yes, where did you serve? _____

Have you ever used veteran's preference to obtain employment? Yes No

If yes, which job(s): _____

******Proof of military service or release from active duty papers (Form DD214) must be submitted with this application******