# CITY OF SUMAS POLICE DEPARTMENT

Daniel DeBruin, Chief of Police
433 Cherry St.
P.O. Box 9
Sumas, WA 98295
(360) 988-5711 / Fax (360) 988-8855


## Application Packet

## Police Officer

***Thank you for your interest in the Police Officer position with the City of Sumas.***

**This application package includes:**

- A thirteen page applications and background form
- A copy of minimum standards

**A complete application will include the following:**

- A completed and signed application form, including all requested attachments.

## DIRECTIONS TO APPLICANTS

(Read carefully before answering the following questions.)

**1.** All the statements in this application shall be under the penalties of perjury and in the applicant's own printing in ink. An unreadable application may be rejected.

**2.** Please fill in all the blanks. Attach additional sheets of paper, if necessary, to completely answer any question.

**3.** Applications which show the applicant lacks the qualifications as to age, health, experience, etc. required by Civil Service Regulations will be cause for disqualification and the applicant will be notified.

**4.** Applicants will be notified of the time and place of the oral board examination. Applicants must give notice of any change of Post Office address, phone number, or any inability to attend the examination.

**5.** Sumas Police Department will accept applications until position is filled. All required documents must be turned in a one time.

**Sumas Police Dept.**
**433 Cherry St.**
**Sumas, WA 98295**

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The City of Sumas is an Equal Opportunity Employer.

**REQUIREMENTS FOR APPLICANTS**:

1. Must be at least 21 years of age.

2. Must have no previous criminal convictions.

3. Must be in good health.

4. Must have good credit.

5. Must successfully complete a physical examination prior to employment.

6. Must be a citizen of the United States.

7. Must possess or obtain a Washington State Driver's License by the time of employment.

8. Must have a High School Diploma or G.E.D.

**To be considered for this position, applicants must complete and return the attached application with a detailed resume explaining the education and experience they possess which qualifies them for this position, and letter of interest.**

Qualified applicants will be interviewed and administered an oral examination. Prior to appointment to service, the applicant selected will be subject to a complete credit check, background investigation, polygraph examination and psychological examination. In addition, successful applicants will be asked to provide, at their own expense, evidence of successful completion of a physical examination.

I understand and agree to the above qualifications and requirements. I declare the answers to the following questions to be true to the best of my knowledge. I understand the failure to correctly answer, or completely answer any questions is grounds for my dismissal at any time.

_____
Signature of Applicant

_____
Date

## GENERAL INFORMATION

Name:_____
(last) (first) (middle)

Current Street Address_____

City_____ State:_____ Zip_____

Home Phone:_____ Cell Phone_____ Business_____

Phone_____

Social Security No._____ Date of Birth_____

Education:--Circle total years of pre-college years completed: 1 2 3 4 5 6 7 8 9 10 11 12

| Colleges or universities attended: | Years Attended | Degree? (Yes or no & state type) | Course of study |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

Military, service and rank if applicable_____ Years of service_____

Type of military discharge:_____

Are there any limitations on physical abilities that you think we should be aware of which may affect your work performance as a police officer?

Yes:_____ No:_____ If yes, please explain_____

Have you ever been declined for insurance coverage? Yes:___ No:___

If yes, why?_____

Regarding vision and hearing, is there anything that you think we should be aware of that would in any way interfere with your performance as a police officer should you be selected for this position?

Yes_____ No___ If yes, please explain_____

_____

Height in bare feet:_____ Weight:_____ Most ever weighed:_____

Have you ever applied for police work? Yes:_____ No:_____

Where:_____

Accepted? Yes:_____No:_____ If no, why not?_____

_____

_____

Do you have prior police experience: Yes:_____ No:_____

When:_____Where_____

_____

Do you have prior civil service or government experience?

Yes:____ No____When:_____Where_____

Do you have any relatives in law enforcement work? Yes_____No_____

Do you have any firearms training? Yes:_____ No:_____

What kind?_____

## EMPLOYMENT HISTORY

Employment record: List all employment beginning with latest; attach a separate sheet of paper if needed.

Company Name_____Phone_____

Address:_____

Job Title:_____Immediate Supervisor_____

Salary (monthly): Beginning: $_____ Final:_____

Duties included:_____

Dates Employed:_____Why did you leave ? _____

_____

Company Name_____Phone_____

Address:_____

Job Title:_____Immediate Supervisor_____

Salary (monthly): Beginning: $_____ Final: $_____

Duties Included:_____

Dates Employed:_____Why did you leave ? _____

_____

Company name_____Phone_____

Address:_____

Job Title:_____Immediate Supervisor_____

Salary (monthly): Beginning: $_____ Final: $_____

DutiesIncluded:_____

Dates Employed:_____Why did you leave ? _____

_____

Have you ever been laid off a job? Yes:_____ No:_____

Why:_____

Have you ever been fired from a job? Yes:_____ No:_____

Why:_____

Please describe your skill level with computers. Please include the types of software you have used.

_____

_____

_____

Please list any other types of equipment you are trained to operate:

_____

_____

_____

Please list any special training, skills, and professional licenses or certifications that may be applicable:

_____

_____

_____

_____

Do you possess a valid Washington's driver's License? Yes_____No_____

Driver's Lic. No._____ Car License No. _____

Do you possess a motorcycle endorsement? Yes:_____ No:_____

Do you have any activities, commitments, or responsibilities that may prevent you from meeting work attendance requirements (work involves rotating shift work schedule)? Yes:___No:_____

Comments:_____

Do you have any problems in becoming lawfully employed in this country because of visa or immigration status? Yes____No____

Comments_____

Can you provide proof of citizenship, visa, or alien registration number after being hired?
Yes:_____ No:_____

Comments_____

Have you ever been fingerprinted? Yes:_____ No:_____

Reason_____

Have you ever had any traffic tickets? Yes:_____ No:_____

Reason:_____

Have you ever been arrested? Yes:_____ No:_____ Reason_____

_____When:_____Where:_____

Comment _____

Have you ever been convicted of any crime other than traffic tickets? Yes:_____ No:_____ If yes, please give details of each conviction, including whether trial or guilty plea, and exact nature of sentence.

_____

_____

_____

Do you have satisfactory credit rating? Yes:_____No_____

Have you ever been refused credit? Yes:_____No_____

Are you buying on credit now? Yes:_____No_____

Have you ever declared bankruptcy? Yes:_____No_____

Talents, hobbies, other skills _____

_____

_____

Volunteer or other types of activities you are involved in _____

_____

_____

Why do you want to be a Sumas police officer?

_____

_____

_____

_____

List three references who are neither relatives nor former employers.

Name:_____ Occupation_____

Address_____Phone_____

Name:_____ Occupation_____

Address_____Phone_____

Name:_____ Occupation_____

Address:_____Phone_____

PLEASE READ THE FOLLOWING AND SIGN BELOW:

I certify that all statements above are true under penalty of perjury. I understand that false statements shall be sufficient cause for termination.

_____ _____

Signature of Applicant Date

## MINIMUM STANDARDS

1. Applicant must be at least 21 years of age for appointment.

2. Minimum education High School Graduate or equivalent.

3. A Valid Washington State Driver's License is required to being hired.

4. TRAFFIC RECORD: An applicant's driving record will be thoroughly assessed and may be a factor for disqualification. Examples of infractions which may be disqualifying include, but are not limited to:

    a. Driving While Under the Influence or Reckless Driving
    b. Hit and Run
    c. Five convictions for moving violations (speeding, negligent, etc.) within a five year period
    d. Three or more accidents within a five year period wherein the applicant was judged at fault or charged
    e. Alcohol / Drug related driving

5. MEDICAL: Applicants must meet LEOFF medical standards.

6. CRIMINAL CONVICTIONS: Felony convictions are disqualifying. Misdemeanor arrests/convictions will be reviewed on a case-by-case basis.

# Authorization For Release Of Information Agreement

TO WHOM IT MAY CONCERN: I _____, am an applicant for a position with the **Sumas Police Department/City of Sumas** hereinafter potential employer. The employer needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I applied. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed to the above employer.

I hereby authorize any representative of the employer bearing this release to obtain any information in your files pertaining to my employment records and I hereby direct you to release such information upon request of the bearer. I do hereby authorize a review of and full disclosure of all records or any part thereof, concerning myself, by and to any duly authorized agent of the employer whether said records are of public, private or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure. I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life for the specific purpose of pursuing a background investigation that may provide pertinent data for the employer to consider in determining my suitability for employment with that employer. It is my specific intent to provide access to personnel information, however personal or confidential it may appear to be.

I consent to your release of any and all public and private information that you may have concerning me, my work record, my background and reputation, my military service records, educational records, my financial status, my criminal history record, including any arrest records, any information contained in investigatory files, efficiency ratings, complaints or grievances filed by or against me, the records or recollections of attorneys at law or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have or have had an interest, attendance records, and any internal affairs investigations and discipline, including any files which are deemed to be confidential and/or sealed.

I hereby release you, your agency and all others from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I hereby release you as the custodian of such records of the Sumas Police Department/City of Sumas including its officers, employees or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I direct you to release such information upon request of the duly accredited representative of the employer regardless of any agreement I may have made with you previously to the contrary. The law enforcement organization requesting the information pursuant to this release will discontinue processing my application if you refuse to disclose the information requested.

For and in consideration of the employer's acceptance and processing of my application for employment, I agree to hold the Sumas Police Department/City of Sumas, its agents, and employees harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the employer.

A photocopy of FAX copy of this release form will be valid as an original thereof, even though the said photocopy or FAX copy does not contain an original writing of my signature.

This waiver is valid for a period of _____ months from the date of my signature.

Should there be any questions as to the validity of this release, you may contact me at the telephone number listed on this form.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request.

SIGNATURE: _____

SIGNATURE (Printed): _____

DATE: _____

PHONE NUMBER: _____

STATE OF WASHINGTON )
)ss.
COUNTY OF _____ )

On this ____ day of _____ 20___, before me, the subscriber, a Notary Public in and for said State and County, personally appeared,_____
_____
known or identified to me to be the person whose name is subscribed to the within instrument, and in due form of law acknowledged that he/she is authorized on behalf of said company to execute all documents pertaining hereto and acknowledged to me that he/she executed the same as his/her voluntary act and deed on behalf of said company.

**IN TESTIMONY WHEREOF,** I have hereunto set my hand and affixed my seal in said State and County on the day and year last above written.

Notary Seal

_____
(Signature of Notary)

My Commission Expires: _____