

CITY OF FERNDALE

POLICE DEPARTMENT

2220 Main Street ♦ Ferndale, WA 98248
PH 360-384-3390 ♦ FAX 360-384-3345

APPLICATION PACKAGE LATERAL OFFICER

Thank you for your interest in working for the City of Ferndale Police Department

This application package includes:

- A six-page application and background form
- Veteran's Scoring Criteria Declaration
- Lateral Police Officer Supplemental Questionnaire
- A copy of the minimum standards
- Survey Form (Optional)

A completed application will include the following:

- A completed and signed application form
- Cover-Letter and Resume

**Application packets may be
returned by email to:**

dwharton@ferndalepd.org

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EMPLOYMENT APPLICATION

<i>An incomplete application may delay action or disqualify you. Please type or use ballpoint pen in completing the application.</i>	Position Applied For:
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Name _____		
Last	First	Middle
Street Address		
City		
State		ZIP
Home Phone		
Daytime Phone		Other Phone
Email		work permit? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever applied for employment with the City of Ferndale? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes: Month and Year: _____		Department: _____
Are you available for full-time employment? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what hours or schedule can you work?		
You may need to work overtime. Will such a requirement create a problem for you? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why? Reason:		
Do you have relatives working for the City? If yes, give name and department		
Have you ever worked for, or are you acquainted with, other City employees? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give name(s) and department(s):		

**List 3-5 references who are social acquaintances and have knowledge of you and your qualifications
(Exclude any relatives and former employers)**

Name of Individual	Complete mailing address where the person can be contacted	Telephone Number(s)
Email:		
Email:		
Email:		
Email:		
Email:		

EDUCATION

Type of School	School & Location	Major Courses	Credit Hours Earned	Dates Attended	Degree Received
High School or GED					
Business or Technical					
Undergraduate Studies					
Graduate Studies					
Other Courses or Training					

Describe the skills, knowledge and abilities that qualify you for this position:

List licenses or certificates (professional or trade licenses which are required for this position):

WORK HISTORY

ATTACH A COPY OF YOUR CURRENT RESUME

Beginning with your present or most recent employment, list your work experience history for the last 10 years. Attach additional sheets as necessary. **COMPLETE THE FOLLOWING SECTIONS EVEN IF YOU ARE SUBMITTING A RESUME IN ADDITION TO THIS APPLICATION. AN INCOMPLETE APPLICATION MAY DISQUALIFY YOU.**

In evaluating your application, we may contact the employers listed below unless you indicate those you do not want us to contact, and state a reason. List additional employers on a separate sheet.

Employer's Name:	From:	To:
Address:	Telephone:	Supervisor:
Position Title:	Hours worked per week:	
Primary Duties:	Number of employees Supervised by you:	
Reason for Leaving:	May we contact this employer? If not, please state reason:	

Employer's Name:	From:	To:
Address:	Telephone:	Supervisor:
Position Title:	Hours worked per week:	
Primary Duties:	Number of employees Supervised by you:	
Reason for Leaving:	May we contact this employer? If not, please state reason:	

Employer's Name:	From:	To:
Address:	Telephone:	Supervisor:
Position Title:	Hours worked per week:	
Primary Duties:	Number of employees Supervised by you:	
Reason for Leaving:	May we contact this employer? If not, please state reason:	

Employer's Name:		From:	To:
Address:	Telephone:	Supervisor:	
Position Title:		Hours worked per week:	
Primary Duties:		Number of employees Supervised by you:	
Reason for Leaving:	May we contact this employer? If not, please state reason:		

Employer's Name:		From:	To:
Address:	Telephone:	Supervisor:	
Position Title:		Hours worked per week:	
Primary Duties:		Number of employees Supervised by you:	
Reason for Leaving:	May we contact this employer? If not, please state reason:		

Employer's Name:		From:	To:
Address:	Telephone:	Supervisor:	
Position Title:		Hours worked per week:	
Primary Duties:		Number of employees Supervised by you:	
Reason for Leaving:	May we contact this employer? If not, please state reason:		

Employer's Name:		From:	To:
Address:	Telephone:	Supervisor:	
Position Title:		Hours worked per week:	
Primary Duties:		Number of employees Supervised by you:	
Reason for Leaving:	May we contact this employer? If not, please state reason:		

DRUG POLICY

It is the policy of this Employer to maintain a drug/alcohol free workplace. Employees who are observed in possession, using or under the influence of such substances (drugs/alcohol) will be terminated and may have criminal actions filed against them. If you are affected by or become an abuser of drugs or alcohol, you may ask for help from your supervisor.

EQUAL OPPORTUNITY STATEMENT

Equal opportunity is the policy of this Employer and employment opportunities will NOT be limited because of race, color, religion, sex, sexual preference, handicap or nationality, or prior military service and will be so applied. This Employer affirmatively seeks to employ and advance applicants in protected classes. Hiring, promotions, lay-offs, discharge, rates of pay, training and other employment activities will be consistent with this Equal Opportunity Statement. The Employer abides by the principles of the Age Discrimination in Employment Act (ADEA) and does not unlawfully discriminate on the basis of age. This Employer complies with the Americans with Disabilities Act (ADA) when requested to make an accommodation. You are to report such requests to your supervisor or notify the City of any need for accommodations in the hiring process.

EMPLOYMENT AGREEMENT and CIVIL SERVICE RULES

I understand that if employed, I am employed under the City of Ferndale Civil Service Rules, City of Ferndale Personnel Policies and Procedures, Ferndale Police Department Policies and Procedures, and any labor contracts that apply to this position.

AGREEMENT ON CONDUCT AND DISPUTES

I agree to physical or other testing when such testing is part of a drug/alcohol testing program or reasonably necessary in determining job-related abilities or reasonable expectation of successfully performing the job to the Employer’s standards. I agree to abide by Employer’s rules and policies including the prohibition against any form of sexual or other harassment of another employee or citizen. I agree to participate in Employer sponsored benefit programs. My signature certifies that I have read this application in detail and am in complete agreement with the contents, including the policy statements. I authorize you to withhold amounts owed to the Employer from my pay. (Initial)

Agreement to dispute resolution process and procedures of the City of Ferndale: In consideration for evaluating my application and/or providing me with employment, which I am seeking, desire to have, and is of great value to me, I agree to resolve any manner of dispute that may arise between myself and the City through the Internal Grievance Procedures of the City of Ferndale or through the established Civil Service Regulations. (Initial)

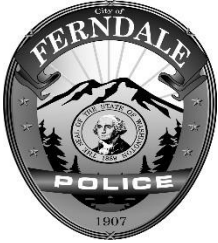
MINIMUM SELECTION STANDARDS

I have reviewed and meet the minimum selection standards listed for this position. (Initial)

SIGNATURE AND ACKNOWLEDGEMENT

I, the below-signed, make this application as an inducement to this Employer to evaluate my application and to employ me. I have read this completed application, including the Equal Opportunity Statement, and I certify that entries made by me are without omission and are a full, truthful account of my present and past activities. I authorize and give the right to this Employer to make a thorough, vigorous investigation of all entries made on this form by me and other materials I have provided. Any false or misleading statement or entry on this form and other material I have provided will result in my disqualification for employment consideration and if hired, will result in immediate termination. I agree to prompt payroll deduction of overpayments made to me or amounts owed to the City of Ferndale.

Date:	This is a legal document, read it carefully before signing: Signature:
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CITY OF FERNDALE
 2220 Main Street, Ferndale, Washington 98248.
VETERAN'S SCORING CRITERIA DECLARATION

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

If you answered "No" to question #1 you do not need to complete this form.

2. I hereby claim **10%** veteran's scoring criteria because I have served during one of the following periods of war or hostile environments and **am NOT receiving military retirement** and I answered "yes" to question number 1 on this form. Yes No

Date of Service

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> World War II
<input type="checkbox"/> Korean Conflict
<input type="checkbox"/> Vietnam Era: August 5, 1964 to May 7, 1975
<input type="checkbox"/> Persian Gulf period of war (August 2, 1990 to the present)
<input type="checkbox"/> Hostile Environment (check one) | <input type="checkbox"/> The crisis in Lebanon
<input type="checkbox"/> Panama
<input type="checkbox"/> Somalia

<input type="checkbox"/> Haiti, Operation Uphold Democracy
<input type="checkbox"/> Bosnia, Operation Joint Endeavor | <input type="checkbox"/> The invasion of Grenada
<input type="checkbox"/> Operation Just Cause
<input type="checkbox"/> Operation Restore Hope

<input type="checkbox"/> Global War on Terrorism (9/11 to current) | <hr/>
<hr/>
<hr/>
<hr/>
<hr/> |
|---|--|--|---|

3. I hereby claim **5%** veteran's scoring criteria because I did not serve during a period of war or in a hostile environment as listed in #2 above or because I am receiving military retirement **and** I answered "yes" to question number 1 on this form. Yes No

4. Have you previously claimed veteran's preference or scoring criteria to be appointed to a position with a county or municipal government or other political subdivision of the State? Yes No

5. 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

6. I certify the above data to be true to the best of my knowledge and understand that by falsely claiming Veteran's Scoring Criteria I subject myself to removal from a register or dismissal from employment. Yes No

7. I acknowledge that it is my responsibility to provide an appropriate copy of form DD214 or separation orders indicating an honorable discharge with this document as proof of my claim to veteran's scoring criteria. Yes No

DATE: _____ SIGNATURE: _____

PRINTED NAME: _____

POSITION APPLIED FOR: _____



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LATERAL POLICE OFFICER SUPPLEMENTAL QUESTIONNAIRE

Do you have a high school degree or GED? Yes No

Are you a U.S. Citizen? Yes No

Are you at least 21 years of age? Yes No

Do you have a valid driver's license? Yes No

Do you possess a valid state certification as a trained and qualified Peace Officer or certification from BPOTP Indian Police Academy or Land MGT Police Training? Yes No

I have attached a copy of my Peace Officer certification. Yes No

Do you have at least twelve (12) consecutive months as a full-time commissioned law enforcement officer and had not had a lapse of employment as a full-time commissioned law enforcement officer for a period exceeding the previous twenty-four (24) months? Yes No

Please identify the agency / agencies where you gained this experience:

Answering "no" to any of the questions above make you ineligible for lateral police officer. You may be eligible for entry level police officer (go to www.publicsafetytesting.com)

Have any adult felony convictions? Yes No

"Yes" to the question above makes you ineligible for lateral police officer.

*To qualify as a lateral candidate your certification is subject to verification and approval for the equivalency academy by the Washington State Criminal Justice Training Center.

FERNDALE POLICE DEPARTMENT
MINIMUM SELECTION STANDARDS

Selection standards are applicable to all POLICE OFFICER and RESERVE OFFICER candidates.

MINIMUM STANDARDS

1. Applicant must be at least 21 years of age for appointment.
2. Minimum education High School Graduation or equivalent.
3. A valid Washington State Driver's License is required prior 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:
 - Driving While Under the Influence or Reckless Driving;
 - Hit and Run;
 - Five convictions for moving violations (speeding, negligent, etc.) within a five-year period;
 - Three or more accidents within a five-year period wherein the applicant was judged at fault or charged;
 - 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.
7. **CITIZENSHIP:** United States citizenship is **REQUIRED** for appointment.
8. **DRUG & ALCOHOL USE:** The applicant's history of drug and alcohol usage will be thoroughly investigated during the employment screening process. Evidence of excessive past or current drug/alcohol use will be grounds for disqualification. If it is deemed necessary by the Ferndale Police Department, a psychological and/or a medical evaluation may be conducted to assist the department in making a final determination. Examples of drug and alcohol use that may be grounds for disqualification include:
 - Illegal use or experimentation with any controlled substances, including marijuana, during the five years prior to filing an application for employment.
 - Any experimentation or illegal use of controlled substances while employed as a law enforcement officer.
 - Any use of any hallucinogen within the last 10 years.
 - Use of any controlled substances. Persons who have experimented will be considered on a case-by-case basis.

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OPTIONAL FORM

Completing this form is strictly voluntary, but we would like to track the effectiveness of our advertising. Your input would be very helpful.

I learned about this job through (check appropriate responses):

_____ A friend or relative

_____ A City of Ferndale employee

_____ A newspaper advertisement or article (please specify)

_____ IPMA – Public Sector Jobs

_____ Jobs Available

_____ WASPC mailing

_____ Internet @

_____ Other