Position: Police Officer (Testing)

Application Deadline: Wednesday, April 8, 2020 by 5:00 p.m.

Agency: Washington Police Department – Washington, Illinois

Location: – Washington, Illinois (Central Illinois – Peoria Metro Area)

Starting Salary: \$50,956.15 (Lateral Transfer Salary can be higher) (All equipment is issued to new officers)

Qualifications: 1) Applicants must be 20 years and 6 months old by **April 11, 2020**. 2) Have a High School diploma or GED and an Associate's Degree or 60 semester college credit hours or 90 quarter college credit hours from an accredited college or university with a minimum grade of "C" for the required hours, 3) Have no felony convictions. 4) Be a U.S. citizen. 5) Have a valid driver's license.

Responsibilities: Individuals must share the vision & values of the Washington Police Department. The successful applicant must display the highest levels of integrity, sound judgment and ethical standards. We are seeking individuals who are team oriented with a high level of maturity and personal responsibility. Some responsibilities include, but are not limited to: enforcement of the law; prevention of crime; discover commission of crimes; control traffic flow and enforce State & local traffic regulations; perform certain administrative and technical tasks in support of the Department; aggressive, problem solving Patrol strategies; investigation of motor vehicle accidents, as well as misdemeanor and felony complaints; process crime scenes, understand and embrace the philosophy of Community Policing.

Washington is one of the fastest growing communities in Central Illinois with a population of 16,566 as of the 2016 Special Census.

Special Conditions: Applicant must participate in and successfully pass each phase of the process to continue onto the next phase of the selection process;

Phase 1 – Orientation, Phase 2 – Physical Agility Test, Phase 3 – Written Examination, Phase 4 – Oral Test, Phase 5 – Applicant Ride along Evaluation, Phase 6 – Background Investigation, Phase 7 – Preliminary Commission Interview, Phase 8 – Polygraph Examination, Phase 9 – Psychological Examination, Phase 10 – Medical Examination, Phase 11 – Final Physical Ability Test, Phase 12 – Commission Interview.

A MANDATORY ORIENTATION will be given on Saturday, April 11, 2020, at 8:00 a.m., at Five Points Washington, 360 N. Wilmor Road, Washington, Illinois.

Physical Agility and Written Examination to follow Orientation Session.

For more information:

Questions can be directed to us on Facebook: @WashingtonPoliceDepartment or Twitter: @Wash IL Police

For more information contact:

Kent Henderson, Administrative Officer Washington Police Department 115 W. Jefferson Street Washington, IL 61571 khenderson@ci.washington.il.us (309) 444-1143

CITY OF WASHINGTON BOARD OF POLICE COMMISSIONERS

DOCTOR'S RELEASE

A strenuous physical qualifications test (agility test) established by the Illinois Local Government Law Enforcement Officers Training Board will be conducted by a certified physical fitness instructor. The physical fitness of each applicant will be measured by:

• 1.	Threshold Weight
• 2.	Sit and Reach Test
• 3.	1 minute sit Up Test
• 4.	1 Repetition Maximum Bench Press
• 5.	1.5 Mile Run
"I hereby of capable of Ability Tes	participating in this strenuous Physical Qualifications Test (Physical
	Signed:Address:
	Date:

TO BE TURNED IN AT THE PHYSICAL AGILITY TESTING FACILITY

This form is **NOT** to be turned in with the completed application; you will be required to bring this form with you to the physical agility test. If you do not present this form at the physical agility test, you will not be allowed to participate in the test, and will be eliminated from the testing process.

BOARD OF POLICE COMMISSIONERS POLICE OFFICER APPLICATION

APPLICATION CHECKLIST (This Checklist must be completed and returned with your completed APPLICATION)

Check the box for all appropriate statements, and insure that all documents referred to are attached to your completed APPLICATION.

You are a cit	izen of the United States of America.
You have or examination.	will have reached age 20 and 6 months before the date of the
You are not,	and will not be on the date of the examination, over age 35.
You have att	ached to your application the following:
□ Your High	School diploma or its equivalent; and
□ Proof of on	e of the following (check the box that applies to you):
	Associates Degree or higher degree; or
	A college or university transcript showing you have earned not less that 60 semester hours (90 quarter hours) of credit at an accredited college or university (minimum grade of "C" for each semester hour is required) or
	Current employment as a full-time police officer; or
	30 months of previous experience as a part-time or auxiliary policeman at the local, state or federal level, including "Military Police" service.
Military servi	ce record, if any;
and Birth Ce	rtificate; and
A copy of a v	ralid motor vehicle operator's license.
	ly-commissioned Police Officer. attach a copy of your certificate of the Minimum Standards Basic Law Enforcement Training Course.
You have sig	ned your application, and your signature has been notarized.

The completed checklist must be returned with your application to the Police Department, 115 W. Jefferson Street, Washington, IL 61571. Until applications are received by the Police Department, they will not be considered to have been received by the Board of Police Commissioners.

NOTICE TO APPLICANT

YOU ARE HEREBY NOTIFIED that all new police officers must enter into and sign an Employment Agreement with the City of Washington to reimburse the City for hiring and training expenses incurred by the City in the event the new police officer ceases his or her employment within thirty (30) months after the conclusion of the new police officer's field training.

Benjamin Baer Secretary City of Washington Police Commission

CITY OF WASHINGTON BOARD OF POLICE COMMISSIONERS

Orientation Packet For Police Written and Physical Agility Exams

City of Washington Patrol Officer Examination

Orientation: Saturday, April 11, 2020

(Washington, Illinois)

Physical Agility Exam: Saturday, April 11, 2020

(Washington, Illinois)

Written Exam: Saturday, April 11, 2020

(Washington, Illinois)

Examination Location: Five Points Washington,

360 N. Wilmor Road

APPLICATION INSTRUCTIONS

The Board of Police Commissioners of the City of Washington thanks you for your interest in a position with the Washington Police Department. It will be necessary for you to complete the enclosed Application and Application Checklist, and return them to the Police Department, 115 W. Jefferson St., Washington, IL 61571, no later than **April 8, 2020 at 5:00 p.m.** Applications and Application Checklists received after that date will not be accepted, and individuals whose application and application checklist are received after that date will not be allowed to participate in the testing process.

In order for you to be eligible to participate in the examination process, you must fully complete and return the enclosed Application and Application Checklist. Please complete each box or blank with the appropriate information. If a question or request for information does not apply to you, please print "DNA" in the appropriate space. Continuation sheets have been provided if you need additional space for your answers or responses to any of the questions. Please feel free to reproduce those continuation sheets should you need more space than is provided. You must attach a copy of your driver's license to your Application.

SECTION 1 APPLICATION

Fully complete the Application and Application Checklist for positions with the Washington Police Department. Attach the required documentation to your Application. This will include all of the items noted on the Application Checklist.

Your Application, when filed, must be accompanied by the Application Checklist, fully completed by you. Please insert your name, address, driver's license number, and the other information required in the upper right-hand corner of the Application Checklist, and please check all statements that apply to you. The Application Checklist must accompany your Application.

Please make sure that your Application is signed and notarized before you file it with the Police Department. Applications that are not signed, or are not notarized, will not be deemed to be filed. The completed and signed Application and Application Checklist must be returned to the Police Department, 115 W. Jefferson St., Washington, IL 61571. Until the Application is actually received, in the Office of the Police Department, your Application will not be deemed to have been filed. All Applications must be received prior to 5:00 p.m. on April 8, 2020.

Any Applications received by the Police Department after that date and time will not be accepted. If you deliver your completed Application to the Washington Police Department, it **will not** be deemed to have been delivered to the Commission until it reaches the Police Department office.

SECTION 2 ORIENTATION

Immediately prior to the Physical Agility Test, an Orientation session will be held by the Board of Police Commissioners. Your attendance at the Orientation session is required in order for you to participate in the testing process. You should plan on arriving at the testing location no later than 8:00 a.m. at the Washington, Illinois testing location in order to participate in the Orientation session.

SECTION 3 PHYSICAL ABILITY TEST

Immediately following the Orientation, the Board of Police Commissioners will administer the Physical Ability Test. The Physical Ability Test of applicants is the first formal phase of the testing process. The Physical Ability Test is designed to measure a candidate's ability to perform those tasks required by police officers on a daily basis. The attached description of the Physical Ability Test is designed to familiarize you with the physical ability events and provide you with some training to help you prepare for the test. The suggestions provided are not exhaustive. You are encouraged to engage in whatever additional preparation strategies you believe will enhance your chances of performing effectively on the test and on the job. Prior to participating in the Physical Ability Test, you will be required to read and sign a Release of Liability. If you do not sign the Release, you will not be allowed to participate in the Physical Ability Test. You will also be required to present the Doctor's Release that you received with your application materials. If you do not present your Doctor's Release, fully signed and completed, you will not be allowed to participate in the Physical Ability Test.

SECTION 4 WRITTEN EXAMINATION

Immediately following the Physical Ability Test, the Board of Police Commissioners will administer the Written Examination. The Written Examination of applicants is the second formal phase of the testing process. You should bring with you not less than two No. 2 pencils. In addition, you will be required to present a valid driver's license, or other acceptable photo identification, to the testing representative. Failure to bring No. 2 pencils or your valid driver's license will result in you being ineligible to participate in the testing process. The Police Officer Series Exam will be administered during this

phase of the testing process. This Examination covers abilities and skills, and must be completed within the applicable time limit.

SPECIAL NOTICE TO CANDIDATES

Due to the legal requirements under which the Board of Police Commissioners must operate, no exceptions to any rules will be granted. You must attend each test phase (orientation, physical ability test, and written examination) at the date, time and place specified. If you fail to successfully complete any of the test phases, you will be eliminated from further participation in this testing cycle.

SECTION 6 AMERICANS WITH DISABILITIES ACT

Under the Americans with Disabilities Act (ADA), reasonable accommodation must be provided in the job application process to provide a qualified applicant with an equal opportunity to be considered for a job. The Board of Police Commissioners acts as a commission of the City of Washington for purposes of the initial testing steps in the selection process for law enforcement officers. It is obligated to make a reasonable accommodation only for known limitations of an otherwise qualified individual with a disability. It is the responsibility of the applicant with a disability to inform the Board of Police Commissioners that an accommodation is needed to participate in the testing process. The Board is not required to provide an accommodation if unaware of the need. An applicant seeking an accommodation for any phase of the initial testing process must file a written request at least 5 working days prior to the date the testing phase is to be held and for which an accommodation is being sought. If a representative of the Board of Police Commissioners is approached during any phase of the testing process (orientation, physical ability test, or written examination) by a candidate requesting an accommodation in order to participate in that phase of the testing process, the representative will not authorize or approve an accommodation or suggest such approval, and will not allow the candidate to continue in the process with the benefit of the accommodation. The City of Washington and its elected officials, agents, servants, employees, and members of the Board of Police Commissioners hereby deny and therefore disclaim any and all responsibility or liability to any person or party for any injury, damage, loss, and/or death resulting in any way from use of information contained in the physical ability test and information contained in these instructions.

SECTION 7 ORAL INTERVIEW

All applicants who have passed the Physical Ability Test and the Written Examination may participate in the Oral Interview. The Oral Interview phase of the testing of

applicants for positions with the Washington Police Department consists of a series of questions that you will be asked to answer or to which you will be asked to respond. The time within which you may answer the questions will be carefully limited. You will be notified of the time, place and date of your Oral Interview shortly after the Commission receives the grades for the Written Examination. Your performance on the Oral Interview will be graded by the Police Commissioners, and a numeric score assigned. You must score a 70 or above to successfully complete this phase of the testing process.

SECTION 8 ELIGIBILITY REGISTER

After the completion of the Oral Interview phase of the testing process, an initial eligibility register will be prepared based upon a weighted average of the scores received on the Written Examination and the Oral Interview. All candidates who have passed all phases of the testing process to this point will be ranked based upon the weighted score. Each candidate will be given 10 days within which to request credits for education, military experience, and police service. Those who qualify for the credit(s) and who request the application of the credit, will receive an additional five points added to their composite score. A final eligibility register will then be prepared with the credits applied, and the candidates ranked again. This will then be the hiring list for the Washington Police Department. When a position becomes available, or the Commission expects a position to become available, candidates on the list will be processed through the balance of the test phases. Those candidates who are part-time or full-time police officers with a current PTI certificate, and the candidates at the top of the list will generally be processed first.

SECTION 9 RIDE ALONG EVALUATION

Each applicant who passes the Oral Interview may participate in the Ride Along Evaluation. The Ride Along Evaluation is an 8 hour evaluation that consists of you accompanying a Washington Police Officer on his or her work shift. You will be evaluated on your attitude, observation skills, attentiveness, demeanor, character, speech, alertness, ability to communicate, judgment, self-confidence, emotional stability, social skill, and general fitness for the position. You will be required to complete and submit reports or statements prescribed by the Board. You will be notified of the time, place and date of your Ride Along Evaluation shortly after the Commission receives the grades for the Oral Interviews. Your performance on the Ride Along Evaluation will be evaluated by the Board on a Pass/Fail basis.

SECTION 10 BACKGROUND INVESTIGATION

Each applicant who passes the Oral Interview must submit to an investigation of his or her background, character, employment, credit, and references, among other things. You may be asked to sign releases, authorizations and consents as may be reasonably necessary to complete the Background Investigation. You will be required to submit to fingerprinting and authorize a privacy release. The results of the Background Investigation, and the fingerprinting, will be evaluated by the Board on a Pass/Fail basis.

SECTION 11 PRELIMINARY COMMISSION INTERVIEW

Those applicants who pass the Background Investigation will be scheduled to meet with the Board of Police Commissioners for a Preliminary Commission Interview. The Preliminary Commission Interview provides the Board an opportunity to meet with you and ask you questions about any of the previous phases of the Examination process, as well as any other matters the Board wishes to address. You will be asked questions designed to allow the Board to evaluate and grade you on your general fitness for a position with the Washington Police Department. You will be notified of the time, place and date of your Preliminary Commission Interview shortly after the results of the Background Investigation has been received by the Police Commission. Your performance on the interview will be evaluated by the Board on a Pass/Fail basis.

SECTION 12 BALANCE OF TESTING PHASES

All candidates, prior to being hired by the Washington Police Department, must successfully complete the following additional phases of the testing process:

- 1. Polygraph Examination
- 2. Psychological Examination
- 3. Medical and Physical Examination
- 4. Final Physical Ability Test
- 5. Final Commission Interview, if necessary.

All candidates who are offered a position with the Washington Police Department must enter into and sign an Employment Agreement. That Employment Agreement requires that the candidate repay a part of the training costs incurred by the City of Washington in training the candidate, if the candidate leaves the employment of the City of Washington within 30 months of being hired. A candidate will not be hired until such an Employment Agreement is signed. Once a candidate is hired, he or she must attend and successfully complete the Police Training Institute (PTI), or the State Police

Academy (Academy). Failure to successfully complete PTI or the Academy will result in termination of employment. The City of Washington utilizes a probationary period for new police officers of 18 months. The probationary period may be extended by the Police Commission for up to an additional 6 months. During the probationary period, the Police Commission receives regular reports from the Chief of Police, training officers, and supervisors of the new officer and evaluates the performance of the new officer. If you have any questions regarding the testing process, or the hiring process, please feel free to contact Administrative Officer Kent Henderson, 115 W. Jefferson Street, Washington, IL 61571, khenderson@ci.washington.il.us.

PHYSICAL ABILITY TEST INFORMATION SHEET

It has been well documented that law enforcement personnel (as an occupational class) have serious health risk problems in terms of cardiovascular disease, lower back disorders, and obesity. Law enforcement agencies have the responsibility of minimizing known risks. Physical fitness is a health domain which can minimize the "known" health risk for law enforcement officers. Physical fitness has been demonstrated to be a bona fide occupational qualification (BFOQ). Job analyses that account for physical fitness have demonstrated that the fitness areas are underlying factors determining the physiological readiness to perform a variety of critical physical tasks.

SECTION 1 SIT AND REACH TEST

Description:

This test measures the flexibility of the lower back and upper leg area. It is an important area for performing police tasks involving range of motion and is important in minimizing lower back problems. The test involves stretching out to touch the toes or beyond with extended arms from the sitting position. You will be required to sit on the ground or floor with your knees straight and feet flat against a sit and reach box. Your forward movement must be steady and even, not a lurching motion. The sit and reach box is marked in inches.

The score is in the inches reached on a yard stick with 15 inches being at the toes.

Preparation:

Prepare for this test by performing sitting-type of stretching exercises daily. There are two primarily recommended exercises: *Sit and Reach*: Do 5 repetitions of the exercise. Sit on the ground with legs straight. Slowly extend forward at the waist and extend the fingertips toward the toes (keeping legs straight). Hold for 10 seconds. *Towel Stretch*: Sit on the ground with the legs straight. Wrap a towel around the feet holding each end

with each hand. Lean forward and pull gently on the towel extending the torso toward the toes.

SECTION 2 1 MINUTE SIT UP TEST

Description:

This test measures the muscular endurance of the abdominal muscles. It is an important area for performing police tasks that involve the use of force and is an important area for maintaining good posture and minimizing lower back problems. The correct sit up for the test will consist of hands clasped behind the head with the fingers interlocked. Your shoulder blades must touch the mat or floor in the down position. The score is the number of bent leg sit ups performed in 1 minute.

Preparation:

Prepare for this test by using a progressive routine. Do as many bent leg sit ups (hands behind the head) as possible in 1 minute. At least 3 times a week, do 3 sets (3 groups of the number of repetitions you did in one minute).

SECTION 3 ONE REPETITION MAXIMUM BENCH PRESS

Description:

This test measures the maximum weight pushed from the bench press position, and measures the amount of force the upper body can generate. It is an important area for performing police tasks requiring upper body strength. You will be required to lie on your back with your feet on the floor or bench. You will lower the weight to touch your chest, and then return the weight to starting position. The score is a ratio of weight pushed divided by body weight.

Preparation:

Preparation for this test will depend upon whether you have access to weights. If you have access to weights: determine the maximum weight you can bench press one time. Take 60% of that poundage. This will be the training weight. You should be able to do 8-10 repetitions of that weight. Do 3 sets of 8-10 repetitions adding 2 1/2 to 5 pounds every week. If you do not have access to weights: exercise using pushups. Determine how many pushups you can do in one minute. At least 3 times a week, do 3 sets of the amount you can do in one minute.

SECTION 4 1.5 MILE RUN

Description:

This is a timed run that measures heart and vascular system capabilities to transport oxygen. It is an important area for performing police tasks involving stamina and endurance and will help to minimize the risk of cardiovascular problems.

The score for this test is the time in minutes and seconds.

Preparation:

Prepare for the 1.5 mile run on a gradual basis. Below is a gradual schedule that would enable you to perform a maximum effort for the 1.5 mile run. If you can advance the schedule on a weekly basis, then proceed to the next level. If you can do the distance in less time, then that should be encouraged.

WEEK	ACTIVITY	DISTANCE	TIME	FREQUENCY
1	Walk	1 Mile	20'-17'	5/week
2	Walk	1.5 Miles	29'-25'	5/week
3	Walk	2 Miles	35'-32'	5/week
4	Walk	2 Miles	30'-28'	5/week
5	Walk/Jog	2 Miles	27'	5/week
6	Walk/Jog	2 Miles	26'	5/week
7	Walk/Jog	2 Miles	25'	5/week
8	Walk/Jog	2 Miles	24'	4/week
9	Jog	2 Miles	23'	4/week
10	Jog	2 Miles	22'	4/week
11	Jog	2 Miles	21'	4/week
12	Jog	2 Miles	20'	4/week

SECTION 5 PERFORMANCE STANDARDS

The following chart shows the Minimum performance standards for each of the tests that make up the physical agility test:

POWER CHART

Test		Me	en		Women			
Age Group	20-29	30-39	40-49	50-59	20-29	30-39	40-49	50-59
Sit and Reach	16.0	15.0	13.8	12.8	18.8	17.8	16.8	16.3
1-Minute Sit-Up	37	34	28	23	31	24	19	13
Max Bench Press %	.98	.87	.79	.70	.58	.52	.49	.43
1.5 Mile Run	13.46	14.31	15.24	16.21	16.21	16.52	17.53	18.44

BOARD OF POLICE COMMISSIONERS POLICE OFFICER APPLICATION

115 W. Jefferson St., Washington, IL 61571 Phone: 309-444-2313/Fax: 309-444-7511

INSTRUCTIONS: Fill out this application completely and accurately. If your application is made out properly it may increase your chances of employment. All statements in your application are subject to verification. **Incorrect statement(s) will bar or remove you from employment.** If writing space provided is inadequate, use the continuation sheet at the end of this application and identify additional information by question number. Use the term "DNA" ("does not apply") if the question does not apply. Please type or print in blue or black ink.

1. NAME (LAST, FIRST, MIDDLE):											
2. LIST ANY OTHER NAMES, ALIASES YOU HAVE USED, OR BEEN KNOWN BY (INCLUDE MAIDEN NAME, IF APPLICABLE):											
3. HOME ADDRESS (ADDRESS (NO. STREET, CITY, STATE, ZIP CODE & COUNTY):											
4. HOME PHONE:	4. HOME PHONE: 5. EMAIL: 6. SOCIAL SECURITY NO:										
7. WITH WHOM DO	YOU LIVE AT	THE ABO	VE ADDRESS? (LI	ST FULL NAMES &	& RELATIO	ONSHIPS):					
8. DATE OF BIRTH:	9. F	PLACE OF	BIRTH (CITY, STA	ATE & ZIP CODE):							
10. SEX:	11. HEIGHT: (FT)	: (IN)	12. WEIGHT:	13. AGE:		14. EYE COLOF	₹:	15. HAIR COLOR:			
16. ARE YOU A U.S.		YES NO		NATIVE BORN NATURALIZED	IF "NAT	I URALIZED," GIVE	PART	I ICULARS:			
					l .						
17. LIST EVERY MEN	MBER OF YOU	JR IMMED	DIATE FAMILY WH	O IS STILL LIVING	(INCLUD	E FATHER, MOTI	HER, S	ISTERS AND BROTHERS)			
NAME		REI	ATIONSHIP	A	ADDRESS			OCCUPATION			
ARE YOU A FULLY O	COMMISSION	ED POLIC	E OFFICER? YES								
ARE YOU A FULLY COMMISSIONED POLICE OFFICER? YES NO											

EDUCATION												
18. LIST THE VARIOUS SCHOOLS YOU HAVE ATTENDED AND OTHER INFORMATION REQUESTED.												
NAME & ADDRESS OF SCHOOL (INCLUDE CITY, STATE & ZIP CODE)	NO. OF YEARS COMPETED	DATES ATTENDED	GRADUATE YES NO	AVERAGE GRADE								
GRAMMAR SCHOOLS												
			,									
HIGH SCHOOLS												
BUSINESS COLLEGES	1	<u>l</u>										
EXTENSION OR CORRESPONDENCE COURSES												
EXTENSION ON SOURCE SUBERIOR SECTION												
	 											
	<u> </u>											
19. JUNIOR COLLEGE, COLLEGES OR UNIVERSITIES	NO. OF YEARS	MAJOR OR FIELD OF STUDY	DEGREES ATTAINED	DATES ATTENDED								
			<u>-</u>									
20. WERE YOU EVER EXPELLED OR YES IF "YES" PLEASE EXPLAIN: SUSPENDED FROM ANY SCHOOL? NO												
21. LIST OTHER FORMAL EDUCATION BEYOND HIGH:	SCHOOL YOU MAY	HAVE INCLUDING SPI	ECIAL TRAINING CO	OURSES:								
22. LIST ANY PROFESSIONAL LICENSES OR CERTIFIC	OOH UOY SNOITA	LD OR HAVE HELD:		22. LIST ANY PROFESSIONAL LICENSES OR CERTIFICATIONS YOU HOOLD OR HAVE HELD:								

		DRIV	ING F	IISTORY		
23. CAN YOU OPERA	TE AN AUTOMOBILE	Y	/ES NO		SS A VALID OPERATOR'S CENSE FROM ILLINOIS?	YES NO
IF "YES" DATE OF EX	PIRATION:		DRIVERS LICENSE I	NUMBER:		
25. HAVE YOU EVER OR CHAUFFER'S	BEEN REFUSED AN OLICENSE BY ANY STA		YES NO	IF "YES" PLEASE EX	PLAIN:	
HAVE YOU EVER HAD	O AN OPERATOR'S O	R CHAUFFER'S LIC	ENSE IN	ANY OTHER STATE?		YES NO
26. WAS YOUR LICEN REVOKED?	ISE EVER SUSPENDE		YES NO	IF "YES" PLEASE EX	PLAIN:	
27. HAS YOUR LICEN PROBATION?	SE EVER BEEN PLAC		YES NO	IF "YES" PLEASE EX	PLAIN:	
		RE	SIDE	NCES		
28. LIST YOUR RESID	ENCES FOR THE LAS	ST TEN YEARS, STA	ARTING V	WITH YOUR PRESEN	Γ ADDRESS.	
FROM (MO & YR)	TO (MO & YR)	ADDRES	SS OF RE	ESIDENCE	CITY, STATE & ZIF	CODE
29. DO YOU OWN OR YOUR OWN HOME		YE:	S 3	0. DO YOU OWN OR A		YES NO
IF "YES" PLEASE GIVI	E LOCATION:		·			

		MILITA	ARY SER	VICE			
31. HAVE YOU EVER SERVED IN ANY ANY MILITARY ORGANIZATION OF THE U.S.?	YES NO	IF "YES"	' WHAT BRAN	CH?			
32. WHAT IS YOUR SERVICE SERIAL NO.:		33 . HIGH	HEST RANK H	ELD:	34. RANK AT DISC	CHARGE:	
35. GIVE DATE AND LOCATION OF ENTRAN	CE TO A	CVTIVE DU	JTY (CITY & S	TATE):	1		
36. LIST PERIOD(S) OF ACTIVE SERVICE (F	ROM DA	TE):					
37. WHAT TYPE OF DISCHARGE DID YOU R (HONORABLE, DISHONORABLE, CONDIT ETC.)?		PLEASE	BE EXACT:				
38. IF YOU HAD NO MILITARY SERVICE EXF	PLAIN:						
39. LIST ALL DRAFT CLASSIFICATIONS YOU	J HAVE F	HAD (I.E., 1-	-A, ETC.):				
40. IF YOU ARE A NON-VET, LIST THE FOLL	OWING:						
LOCAL BOARD NO.:		ADDRESS	, CITY, STATE	& ZIP CODE:			
	ES	IF "YES" PI	LEASE EXPLA	IN:			
	⁄ES 🔲	IF "YES"	ACTIVE INACTIVE	BRANCH:		UNIT:	RANK:
EVER A MEMBER OF ANY BRANCH OF THE U.S. RESERVE FORCES?	NO 🗆 –	ADDRESS	;	•		FROM:	TO:
	ÆS 🔲	IF "YES" W STATE:	/HAT	REGIMENT:		UNIT:	RANK:
YOU EVER A MEMBER OF THE NATIONAL GUARD?	NO 🔲 –	RANK:		TYPE OF DISC	HARGE:	FROM:	TO:
44. LIST ANY DISCIPLINARY ACTION TAKEN	I I AGAINS	NI UOY TS	THE NATIONA	L GUARD OR R	ESERVE UNIT:	1	1

LAW ENFORCEMENT CONTACT CIRCUMSTANCES									
45. HAVE YOU EVER HAD YI CONTACT WITH THE POLICE?	ES 🔲 NO 🗍	IF "YES" PLEASE EXPLAIN BELOW:							
46. HAVE YOU EVER BEEN YE REQUIRED TO PAY A FINE IN N EXCESS OF \$25.00	10 🗌	IF "YES" PLEASE EXPLAIN BELOW:							
47. HAVE YOU EVER BEEN YE FINGERPRINTED BY A POLICE AGENCY?	S 10	IF "YES" PLEASE EXPLAIN BELOW:							
AGENCY		DATE	PURPOSE						
48. LIST ALL TRAFFIC CITATIONS YOU HAVE	RECE								
LOCATION (CITY)		APPROXIMATE DATE	NATURE OF VIOLATION						

			EMF	LOYM	EN	T HISTORY	′		
			AGF	NCY		PROXIMATEE	POSITION	ONLIST	STATUS
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	CIVIL SERVICE EXAM? N	40 L							
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		ES NO	IF "YES"	PLEASE E	XPLA	AIN:			
		YES NO	IF "YES"	PLEASE E	XPLA	AIN:			
53.	HAVE YOU EVER SUBMITTED AN AF	PPLICA	TION FOR	APPOINT	MEN	T TO ANOTHER	POLICE DEP	ARTMENT?	YES NO
	LIANE VOLLEVED DEEN A LANG		IF	"YES" LIS		DATE FROM	DATE TO		LOCATION
	HAVE YOU EVER BEEN A LAW ENFORCEMENT OFFICER OR HELD SIMILAR POSITION?	Α							
	YE	S 🔲 N							
	WERE YOU EVER DISCHARGED OR FORCED TO RESIGN BECAUSE OF MISCONDUCT OR UNSATISFACTOR SERVICE OR WHILE UNDERINVESTI	RY IGATIO	N?	'YES" PLE	ASE	EXPLAIN:	INCLUDE NA EMPLOYERS		RESSES OF
		S N		YES" PLE	ASF	EXPLAIN:			
	ARE YOU NOW OR YOU EVER BEEN ENGAGED IN ANY BUSINESS AS AN PARTNER OR CORPORATE MEMBE	OWNE							
	YE	S 🔲 N	0 🗆						
	LIST ALL JOBS YOU HAVE HELD FO OR MOST RECENT JOB FIRST. INCL								
	EMPLOYERS NAME:		ADDRES	S:				TYPE OF	BUSINESS:
1	NAME & TITLE OF SUPERVISOR:		FROM	ТО	:	SALARY PER	MONTH:	EXACT T	ITLE OR POSITION:
	EXPLAIN WHAT YOUR DUTIES WE	S WERE: REASON FOR LEAVING:							
	EMPLOYERS NAME:		ADDRESS: TYPE OF BUSINESS:						BUSINESS:
2	NAME & TITLE OF SUPERVISOR:		FROM	ТО	:	SALARY PER	MONTH:	EXACT TIT	LE OR POSITION:
	EXPLAIN WHAT YOUR DUTIES WERE: REASON FOR LEAVING:								

	EMPLOYERS NAME:	ADDRESS:			TYPE OF BUSINESS:				
3	NAME & TITLE OF SUPERVISOR:	FROM:	TO:	SALARY PER MONTH:	EXACT TITLE OR POSITION:				
	EXPLAIN WHAT YOUR DUTIES WERE:			REASON FOR LEAVING:					
	EMPLOYERS NAME:	ADDRESS:			TYPE OF BUSINESS:				
4	NAME & TITLE OF SUPERVISOR:	FROM:	TO:	SALARY PER MONTH:	EXACT TITLE OR POSITION:				
	EXPLAIN WHAT YOUR DUTIES WERE:			REASON FOR LEAVING:					
	EMPLOYERS NAME:	ADDRESS:			TYPE OF BUSINESS:				
5	NAME & TITLE OF SUPERVISOR:	FROM:	TO:	SALARY PER MONTH:	EXACT TITLE OR POSITION:				
	EXPLAIN WHAT YOUR DUTIES WERE:			REASON FOR LEAVING:					
	EMPLOYERS NAME:	ADDRESS:			TYPE OF BUSINESS:				
6	NAME & TITLE OF SUPERVISOR:	FROM:	TO:	SALARY PER MONTH:	EXACT TITLE OR POSITION:				
	EXPLAIN WHAT YOUR DUTIES WERE:			REASON FOR LEAVING:					
	EMPLOYERS NAME:	ADDRESS:			TYPE OF BUSINESS:				
7	NAME & TITLE OF SUPERVISOR:	FROM:	TO:	SALARY PER MONTH:	EXACT TITLE OR POSITION:				
	EXPLAIN WHAT YOUR DUTIES WERE:			REASON FOR LEAVING:					
	EMPLOYERS NAME:	ADDRESS:			TYPE OF BUSINESS:				
8	NAME & TITLE OF SUPERVISOR:	FROM:	TO:	SALARY PER MONTH:	EXACT TITLE OR POSITION:				
	EXPLAIN WHAT YOUR DUTIES WERE:	REASON FOR LEAVING:							
58.	INDICATE BY NUMBER ANY OF THE ABOV	E EMPLOYER	S WHOM YO	DU DO NOT WISH FOR US TO	CONTACT:				
59.	EXPLAIN YOUR REASON FOR APPLYING F	OR THIS POS	SITION:						

	CREDIT HISTORY											
	60. LIST THREE COMMERCIAL OR BUSINESS CREDIT REFERENCES (INCLUDE BANK OR CHARGE ACCOUNT, OR FIRMS YOU HAVE BORROWED MONEY FROM FOR ANY PURPOSE).											
N/	AME & ADD	RESS OF FIRM		TYPE OF	BUSINESS	AMOUNT	DATE OPENED	DATE CLOSED				
61 . HA	VE YOU EV	'ER BEEN SUED? YES NO	IF "YES"	PLEASE	EXPLAIN:							
62. LIS	ST ANY OUT	STANDING DEBTS &	LIST THE	E AMOUT((S) WHETHER IN ARR	EARS:						
	OUNT OF	AMOUNT CURRENTLY	IN ARF	REARS		AMOUN	T OWED TO					
	DEBT	OWED	YES	NO	NAMI		ADDRI	ESS				
\$		\$										
\$		\$										
HAVE	YOU EVER	FILED FOR BANKRU	PTCY?	YES NO	IF "YES" PLEASE EX	(PLAIN:						
				Α	CQUAINTANC	ES						
AF	RE FRIENDS		ΓS, OR FE				ER EMPLOYERS OR RITHOSE PERSONS WHO					
	NAME:			ADDRES	SS:		HOME PHONE:					
1	BUSINESS	ADDRESS:		NESS OCC ESSION:		BUSINESS PHONE:	WHAT CAPACITY DO PERSON?	YOU KNOW THIS				
	NAME:			ADDRES	SS:		HOME PHONE:					
BUSINESS ADDRESS: BUSINESS OCCUPATION OR BUSINESS WHAT CAPACITY DO YOU KNOW PROFESSION: BUSINESS ADDRESS: BUSINESS OCCUPATION OR PHONE: BUSINESS PHONE: BUSINESS WHAT CAPACITY DO YOU KNOW PERSON?								YOU KNOW THIS				
	NAME:			ADDRES	SS:		HOME PHONE:					
3	BUSINESS ADDRESS: BUSINESS OCCUPATION PROFESSION:					BUSINESS PHONE:	WHAT CAPACITY DO PERSON?	YOU KNOW THIS				

REFERENCES								
64. FILL IN BELOW THE NAMES OF FIVE ADULTS NOT RELATED TO YOU & NOT FORMER EMPLOYERS, WHO HAVE KNOWN YOU FOR A PERIOD, PREFEREABLY MORE THAN FIVE YEARS. ALL PERSONS TO WHOM YOU REFER WILL BE ASKED TO APPRAISE YOUR CHARACTER, ABILITY, EXPERIENCE, PERSONALITY & OTHER QUALITIES.								
	NAME:	ADDRESS:			HOME PHONE:			
1	BUSINESS ADDRESS:	BUSINESS OCCUPATION/PROFESSION:	BUSINESS PHONE: YEARS KNOWN:					
2	NAME:	ADDRESS:	HOME PHONE:					
	BUSINESS ADDRESS:	BUSINESS OCCUPATION/PROFESSION:	BUSINESS PH	HONE:	YEARS KNOWN:			
3	NAME:	ADDRESS:	HOME P		'HONE:			
	BUSINESS ADDRESS:	BUSINESS OCCUPATION/PROFESSION:	BUSINESS PH	HONE:	YEARS KNOWN:			
4	NAME:	ADDRESS:	HOME PHONE:		ONE:			
	BUSINESS ADDRESS:	BUSINESS OCCUPATION/PROFESSION:	BUSINESS PI	HONE:	YEARS KNOWN:			
	NAME:	ADDRESS:	HOME PHONE:		ONE:			
5	BUSINESS ADDRESS:	BUSINESS OCCUPATION/PROFESSION:	BUSINESS PH	HONE:	YEARS KNOWN:			
I hereby certify that there are no willful misrepresentations, or falsifications in this application, and all of my answers are true and correct to the best of my knowledge and belief.								
Signature in Full: Date:								
Subscribed and Sworn before me this day of, 20								
Notary Public								
NOTE: Should you successfully complete all other phases of the examination process, you will be subjected to a thorough medical examination prior to appointment. Medical examination may include testing for drugs/narcotics, communicable diseases and alcohol abuse. You will be required to give a thorough medical history and may be required to meet vision standards established by the City of Washington.								

CONTINUATION SHEET

Indicate in the left hand column, the number of the question you are answering, and then complete your answer in the space provided.

QUESTION NUMBER	CONTINUATION OF ANSWER	
SIGNATURE:		DATE:

CONTINUATION SHEET

Indicate in the left hand column, the number of the question you are answering, and then complete your answer in the space provided.

QUESTION NUMBER	CONTINUATION OF ANSWER			
SIGNATURE:	SIGNATURE: DATE:			