

POLICE DEPARTMENT EMPLOYMENT APPLICATION



6100 219th St SW Suite 200 Mountlake Terrace, WA 98043 Human Resources: (425) 744-6265 HRCity@ci.mlt.wa.us

The City of Mountlake Terrace is an Equal Opportunity Employer

It is policy of the City of Mountlake Terrace to fully comply with the Civil Rights Act of 1964, the Civil Rights Restoration Act of 1987, and related statutes and regulations in all its programs and activities.

The City of Mountlake Terrace is an equal opportunity employer and encourages applications from all persons regardless of race, creed, color, sex, national origin, marital status, age or physical, sensory or mental disability unless based upon a bona fide occupational qualification. (State Law: Chapter 49.60 RCW and WAC 126)

READ ALL INSTRUCTIONS BEFORE COMPLETING APPLICATION

- USE DARK INK OR TYPED ONLY.
- 2. YOU MUST SHOW THAT YOU MEET THE ANNOUNCED <u>ELIGIBILITY REQUIREMENTS</u> AS OUTLINED IN THE JOB POSTING PRIOR TO HIRE.
- 3. YOU MUST SUBMIT AN ORIGINAL SIGNED APPLICATION FOR EACH POSITION.
- 4. A RÉSUMÉ MAY BE ATTACHED BUT WILL <u>NOT</u> BE ACCEPTED AS A SUBSTITUTE FOR THE APPLICATION AND ANY OTHER REQUIRED INFORMATION.
- 5. LATERAL AND ENTRY LEVEL APPLICANTS PLEASE CONTACT PUBLIC SAFETY TESTING

IMPROPERLY COMPLETED OR UNSIGNED APPLICATIONS WILL NOT BE ACCEPTED.

POSITION/EXAMINATION APPLYING FOR:						
NAME:						
MAILING ADDRESS:						
CONTACT PHONE No. (Area Code):						
EMAIL ADDRESS:						
DO YOU HAVE A VALID DRIVERS LICENSE?	DO YOU HAVE A VALID DRIVERS LICENSE?					
 WORK EXPERIENCE Describe in detail your work experience. Be sure to include your present job. Attach additional sheets if necessary. 						
EMPLOYER #1		DATE STARTED	DATE LEFT	PAY		
ADDRESS		SUPERVISOR/PHON	MAY WE CONTACT?			
				☐ Yes ☐ No		
REASON FOR LEAVING						
LIST YOUR JOB TITLE AND SPECIFIC DUTIES						

EMPLOYER #2			DATE STARTE	ED	DATE LE	FT		PAY
ADDRESS		SUPERVISOR/PHONE				MAY WE CONTACT?		
						□ Ye	es	□ No
REASON FOR LEAVING	3							
LIST YOUR JOB TITLE	AND SPECIFIC DUTIES							
EMPLOYER #3			DATE STARTE	ĒD	DATE LE	FT		PAY
ADDRESS			SUPERVISOR /	PHONE		MAY	WE	CONTACT
						□ Ye	es	□ No
REASON FOR LEAVING	3					<u>.</u>		
LIST YOUR JOB TITLE	AND SPECIFIC DUTIES							
	LIST O	THER IORS	YOU HAVE HELI	n				
DATES	LISTO	JOB T					MDI	.OYER
DATES		306 1	IILE				IVIFL	OTER
	EDUCA	ATION, TRAI	NING, AND CERT	TIFICATI	ION			
HIGH SCHOOL DIPLON	IA or G.E.D.: ☐ Yes	☐ No						
COLLEGE/UNIVERSITY Ma			or/Concentration Credit Hou			dit Hours*	lours* Degree	
DROOF OF BROOK ALACOPERITATION AND RECOPE ORTANIER IS DECLURED BRIOR TO HER								
PROOF OF PROGRAM ACCREDITATION AND DEGREE OBTAINED IS REQUIRED PRIOR TO HIRE. *You may include credit hours that you will receive by the end of current quarter or semester.								
OTHER COURSES AND TRAINING Name of Institute & Location Diploma/Hours Completed/Date								
					<u> </u>			•
PROFESSIONAL LICENSE, CERTIFICATE, OR REGISTRATION (if re				LICENSE NO. DAT		DATE ISSUI	E ISSUED EXP. DATE	
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A CONVICTION RECORD WILL NOT NECESSARILY DISQUALIFY YOU FOR EMPLOYMENT						
Have you been convicted of a felony within the last ten (10) years?						
If yes, please desc	cribe:					
	Military Service/Veteran's Preferen	nce				
Do you wish to cla	im Veteran's Preference?					
•	☐ Yes ☐ No (check one)					
If you wish to claim Veteran's Preference, you must attach a copy of your Form DD 214 that includes status of discharge.						
	Public Employment Information					
Have you ever bee	en employed by the City of Mountlake Terrace?	Reason for leaving?				
	Yes No (check one)	Resigned Lay Off				
If yes, what was yo	· · · · · · · · · · · · · · · · · · ·	☐ Dismissal ☐ Still Employed				
	equired to use this space to explain how they meet the elmé may be attached but will NOT be accepted as a substitut					
A. I understand that failure to show how I meet the eligibility requirements for this position may make me ineligible to compete in this examination process. B. I understand that drug testing is required for Public Safety positions prior to hire. C. I understand that background inquiries will be made and should investigation at any time disclose any misrepresentation or falsification, my application may be rejected, my name may be removed from the register, or I may be dismissed from City of Mountlake Terrace employment. D. I understand that I will be required to provide documentation showing my age, identity and my authorization to work in the United States. E. I hereby certify that all statements made on or in connection with this application including those regarding my training and experience are true and complete to the best of my knowledge and belief. Signature of Applicant (Date)						

HUMAN RIGHTS DATA

THIS INFORMATION ASSISTS THE CITY OF MOUNTLAKE TERRACE TO IDENTIFY RECRUITMENT NEEDS. ALTHOUGH COMPLETION IS OPTIONAL, YOUR COOPERATION WOULD BE GREATLY APPRECIATED.

The following information is being collected by the City of Mountlake Terrace Human Resources Department and Federal Equal Employment Opportunity requirements only. Your responses are strictly voluntary and will help in monitoring our affirmative action efforts. This page will be separated from your application prior to review by assessors.

A. POSITION APPLIE	D FC	R:				
B. ETHNIC CATEGOR HISPANIC OR L. CAUCASIAN AFRICAN AMER	ATINO	Check any that apply		ASIAN AMERICAN INDIAN OR ALASKA NATIVE NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER		
C. GENDER MALE				FEMALE		
RECRUITMENT INFORMATION						
How did you first learn about the position for which you are applying?						
Friend or Relative						
City Employee		Name:				
City Web Site		If you were directed to the City website, please provide the source:				
Job Fair		Name and/or date of Job Fair:				
Newspaper Advertisement						
Other		Please specify:				