



Entry Level Officer Application Check List

- ☐ Application
- ☐ Release of Information to the City of Othello
- ☐ Waiver to Release Info to OPD (notarized)
- ☐ Waiver for Physical Ability Test (notarized)
- ☐ Veterans Preference Form DD214
- ☐ Copy of Driver's License
- ☐ Copy of High School Diploma, GED, or transcripts
- ☐ At least 20 1/2 years old at time of applying
- ☐ No disqualifying criminal history as proved by Federal and State Laws
- ☐ Claiming RCW 41.04.005 (for written test only)
- ☐ Claiming RCW 73.16 (for employment preference)

SECTION 5. MINIMUM REQUIREMENTS

1. United States citizen, 20 1/2 years of age.
2. High School Graduate or equivalent.
3. A valid State Driver's License. If this is not a Washington State drivers license, then the ability to obtain a Washington State driver's license within 30 days of employment by the Othello Police Department.
4. Ability to pass Civil Service testing as directed by the Civil Service Commission. See Rule IV – Examinations.
5. As a condition of employment, the applicant must successfully complete background investigations administered by or under the direction of the appointing authority, to include emergency service responders testing in the area of a polygraph examination, psychological and medical examinations before being permitted to enter into service with the City.
6. Must be able to read and write the English language.
7. No disqualifying criminal history as proved by federal and state laws.
8. **APPLIES TO LATERALS ONLY:** Applicants must have been employed with at least twelve (12) months of consecutive service as a full-time paid peace officer with a municipal, county, or state law enforcement agency and must possess a valid State of Washington Basic Law Enforcement Academy Certification or equivalent of.

CITY OF OTHELLO



EMPLOYMENT APPLICATION

Applications will be processed only when the City of Othello has announced a recruitment and the closing date has not passed. The City of Othello will not process unsolicited applications for employment nor will it retain applications for future consideration. The City of Othello is an EEO employer and does not discriminate in any employer/employee relations based on race, color, religion, sex, sexual orientation, national origin, age marital status, disability, genetic information, veteran's status or any other basis protected by applicable discrimination laws.

PRINT or TYPE.

APPLICANT'S NAME (Last)		(First)	(M.I.)	
MAILING ADDRESS (Number and Street)			DAYTIME TELEPHONE NUMBER	
(City)	(State)	(Zip Code)	MESSAGE TELEPHONE NUMBER	
POSITION FOR WHICH YOU ARE APPLYING			PERSONNEL USE ONLY	
1. GENERAL				
A. Are you currently employed by the City of Othello?			<input type="checkbox"/> YES	<input type="checkbox"/> NO
B. Can you perform essential functions of this position with/without reasonable accommodation?			<input type="checkbox"/> YES	<input type="checkbox"/> NO
C. Are you available to work evenings and weekends if necessary?			<input type="checkbox"/> YES	<input type="checkbox"/> NO
D. The City of Othello is mindful of its obligation to employ qualified persons and its entitlement under law to consider an applicant's convictions record as it relates to job performance. A conviction record will not disqualify you for employment unless such record would reasonably affect your fitness for the job for which you have applied. Have you been convicted of a felony or released from prison within the last ten years, or been convicted of a misdemeanor other than minor traffic offenses within the past three years? If yes, please explain _____			<input type="checkbox"/> YES	<input type="checkbox"/> NO
E. Have you ever been dismissed or fired from a position for any reason? (A "YES" answer will not automatically bar you from further consideration--provide details in Item H.)			<input type="checkbox"/> YES	<input type="checkbox"/> NO
F. Have you ever resigned from or quit a position while under investigation or after being informed that discipline would be taken against you, or during an appeal of a disciplinary action? (A "YES" answer will not automatically bar you from further consideration--provide details in Item H.)			<input type="checkbox"/> YES	<input type="checkbox"/> NO
G. Are you legally eligible for employment in the United States?			<input type="checkbox"/> YES	<input type="checkbox"/> NO
H. EXPLANATIONS (Please feel free to attach additional pages as necessary): Do any convictions of a crime within the last ten years involve behavior that would adversely affect job performance?			<input type="checkbox"/> YES	<input type="checkbox"/> NO
I. Do you possess a valid Driver's License? (If "YES", fill in the information below.) State issued by: _____ Describe any applicable endorsements or restrictions:			<input type="checkbox"/> YES	<input type="checkbox"/> NO
J. Do you have any relatives who work for the City of Othello? (If "YES", provide the name(s) below.)			<input type="checkbox"/> YES	<input type="checkbox"/> NO

2. EDUCATIONA. Check the highest grade completed: ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12

B. If you did not complete high school, do you have a high school equivalency diploma?

☐ YES☐ NOC. Check the number of years of post-secondary education: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7

	Name and Location of Institution	Units Completed	Dates Attended	Course of Study	Degree, Diploma or Certificate Obtained
1)					
2)					
3)					
4)					
5)					

D. List below valid licenses or certificates of professional or vocational competence relevant to this application.

	License/Certificate	License/Certificate Number	Expiration Date
1)			
2)			
3)			
4)			

3. EMPLOYMENT HISTORY--Starting with the most recent, describe ALL paid, military, and applicable volunteer experience. If you do not have adequate space on this form to provide a complete work history, please attach a resume.

From	To	Job Title
Hours per Week	Overtime Eligible <input type="checkbox"/> YES <input type="checkbox"/> NO	Name of Company/Organization
Address		Phone
Duties		
Reason for Leaving		

From	To	Job Title	
Hours per Week	Overtime Eligible <input type="checkbox"/> YES <input type="checkbox"/> NO	Name of Company/Organization	
Address		Phone	
Duties			
Reason for Leaving			

From	To	Job Title	
Hours per Week	Overtime Eligible <input type="checkbox"/> YES <input type="checkbox"/> NO	Name of Company/Organization	
Address		Phone	
Duties			
Reason for Leaving			

From	To	Job Title	
Hours per Week	Overtime Eligible <input type="checkbox"/> YES <input type="checkbox"/> NO	Name of Company/Organization	
Address		Phone	
Duties			
Reason for Leaving			
From	To	Job Title	
Hours per Week	Overtime Eligible <input type="checkbox"/> YES <input type="checkbox"/> NO	Name of Company/Organization	

	Address	Phone
Duties		
Reason for Leaving		

From	To	Job Title
Hours per Week	Overtime Eligible <input type="checkbox"/> YES <input type="checkbox"/> NO	Name of Company/Organization
Address		Phone
Duties		
Reason for Leaving		

From	To	Job Title
Hours per Week	Overtime Eligible <input type="checkbox"/> YES <input type="checkbox"/> NO	Name of Company/Organization
Address		Phone
Duties		
Reason for Leaving		

4. REFERENCES--Please list three professional references who know about your qualifications.			
Name	Address	Daytime Phone	Relationship
A.			
B.			
C.			
D. May we contact your current employer?			<input type="checkbox"/> YES <input type="checkbox"/> NO
5. MISCELLANEOUS			
A. When will you be available to start work?			
6. NOTICES			
<ul style="list-style-type: none"> • If you are employed by the City of Othello, you will be required to establish your identity and authorization to work in the United States, as required by the Immigration Reform and Control Act. • The City of Othello is a smoke and drug free work place. You may be required to complete a drug test prior to employment and may be subject to random drug testing after employment (safety sensitive positions only). • If you are unable to complete the application process due to disability, the City of Othello will provide reasonable accommodations to assist you. • Please do not submit an identification photo; if needed, we will obtain one after hire. 			
7. CERTIFICATION			
<p>I hereby certify that the information provided by me in this application for employment is true, correct, and complete. I understand that any misstatement, failure to answer fully or omission of fact in this application may result in my not being considered in the selection process or may result in my dismissal after hire. I understand that acceptance of an offer of employment does not create a contractual obligation upon the City of Othello to continue to employ me in the future. I understand that if I receive a Conditional Offer of Employment for a position where I will have unsupervised access to children, developmentally disabled persons or vulnerable adults, the City of Othello is required to complete a thorough background check as authorized by the Child/Adult Abuse Information Act. If I am applying for an exempt position, I understand that nothing in this application or my communications with any City of Othello official is intended to create an employment contract between the City of Othello and me. For determination of my potential employment eligibility, I hereby authorize release of educational, police, criminal, employment and reference information pertinent to the position for which I am applying. I further authorize the City of Othello to rely upon and use, as it sees fit, any information received from such contacts.</p>			
NAME	Signature		Date

MAIL or DELIVER your completed application to:

City Administration Office
 City of Othello
 500 E Main St
 Othello, WA 99344



RELEASE OF INFORMATION

I certify that the information given by me to the City of Othello is true and complete to the best of my knowledge. I understand that, if employed, false or misleading information may result in immediate dismissal.

I further certify that I am not engaged in any outside activity or business that could be considered in conflict with the City of Othello's interest, nor will I become engaged in such activity or business if employed.

I authorize the City of Othello to solicit information regarding my character, general reputation, previous employment, and similar background information, and to contact any and all references I have given on my application. I hereby release all parties and persons connected with any such request for information from all claims, liabilities, and damages for any reason arising out of the furnishing of such information. If employed, I release the City of Othello from any liability for future references it may provide regarding my work history at the City.

In consideration of my employment, I agree that my employment and compensation can be terminated with or without cause, and with or without notice at any time, at the option of either the City of Othello or myself. I understand that no representative of the City of Othello, other than the City Administrator or Mayor, has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

If employed, I further agree that if the City of Othello advances any paid leave before it has been accrued, or advances or loans me any money during the course of my employment, or if I lose, damage, or fail to return any of the City of Othello's property, the City of Othello is authorized to deduct from my wages sufficient funds to repay such loans or advances or to replace its property.

Applicant

Date

DECLARATION OF INTENT TO CLAIM VETERANS' SCORING CRITERIA

RCW 41.04.010, veterans' scoring criteria may be claimed if you received an honorable discharge or received a discharge for physical reasons with an honorable record and meets the criteria set in **RCW 41.04.005**. Either 5% or 10% may be added to the passing grad on competitive written examinations. This scoring criteria may only be used until the veteran's first appointment/employment.

RCW 73.16.010 provides for preference for appointment and employment to honorably discharged veterans of wars or campaigns and their widows.

To give effect to both RCW 73.16.010 and RCW 41.04.010 in competitive examinations, veterans who are not entitled to preference under RCW 41.04.010 but who are entitled to preference under RCW 73.16.010 shall be afforded the full benefit of the latter privilege. Where two or more candidates for employment have equal qualifications, including performance on examinations, interviews, and other testing, preference must be given the veteran under RCW 73.16.010.

NOTE: VETERANS' BENEFITS, AS PROVIDED BY RCW 41.04.010, MAY NOT BE CLAIMED IF PREVIOUSLY USED TO GAIN EMPLOYMENT.

If you intend to claim your veterans' benefit, please complete the following information and deliver it to the examiner by the required time.

I HEREBY CLAIM MY VETERAN'S BENEFIT AND DECLARE THAT THE FOLLOWING FACTS ARE TRUE AND EXACT:

Signature

Date

CHECK IF APPLICABLE:

____ I HEREBY CLAIM VETERAN'S SCORING CRITERIA AS DEFINED IN RCW 41.04.005 (for written tests only)

____ I HEREBY CLAIM VETERAN'S PREFERENCE AS DEFINED IN RCW 73.16.010

DATES OF U.S. MILITARY SERVICE FROM: _____ TO: _____

BRANCH OF SERVICE: _____

RANK OF SEPARATION: _____

LIST ANY SPECIALIZED TRAINING RECEIVED IN THE MILITARY: _____

LIST ANY MEDALS, COMMENDATIONS, OR AWARDS RECEIVED IN THE MILITARY:

ARE YOU PRESENTLY IN AN ACTIVE RESERVE UNIT: ☐ YES ☐ NO

ARE YOU PRESENTLY RECEIVING MILITARY RETIREMENT: ☐ YES ☐ NO

IF CLAIMING VETERANS' PREFERENCE, YOU MUST ATTACH A COPY OF YOUR FORM DD 214

Othello Civil Service Commission
WAIVER AND AUTHORIZATION TO RELEASE INFORMATION

NOTICE: THIS FORM MUST BE SIGNED BEFORE A NOTARY PUBLIC

To Whom It May Concern:

I authorize you to furnish the Othello Police Department with any and all information that you have concerning me, my work record, my reputation, my medical records, my psychological testing analysis and recommendation, my military records and my financial status. I further authorize the Othello Police Department to obtain any criminal history records. Information of a confidential or privileged nature may be included. Your reply will be used to assist the Othello Police Department in determining my qualifications and fitness for the position I am seeking with the department. I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, and waive these rights with the understanding that information furnished will be used by the Othello Police Department in conjunction with employment procedures.

I hereby release you, your organization, and others from any liability or damage that may result from furnishing the information requested.

A photocopy of this authorization shall be as valid as the original.

Print Name

Signature

Address

Date

State of _____:

County of _____:

I certify that I know or have satisfactory evidence that _____ is the person who appeared before me and said person acknowledged that he/she signed this instrument and acknowledged it to be his/her free and voluntary act for the uses and purposes mentioned in the instrument.

Dated: _____

Witness my hand and official seal

Commission expires: _____

Othello Civil Service Commission
WAIVER AND RELEASE for PHYSICAL AGILITY TESTING

I, the undersigned, acknowledge that I have willingly chosen to participate in the Othello Police Department's physical fitness test for police officer candidates.

I have received advance notification of the tests that will be administered. I have had the opportunity to consult my personal physician and have done so or have chosen not to. I understand the potential for serious injury or death.

I hereby release the City of Othello, its officials, employees, and agents from any liability for injuries or death that may occur as a result of my participation in the police officer physical agility tests.

I sign this waiver and release willingly and of my own volition without coercion of any kind. I understand that by signing this form I give up all rights whatsoever to recover damages from the City for injury or death arising out of the physical agility testing.

Print name

Signature

Address

Date

State of:

County of:

I certify that I know or have satisfactory evidence that _____ is the person who appeared before me and said person acknowledged that (he/she) signed this instrument and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in the instrument.

Dated: _____

Witness my hand and official seal

Commission Expires: _____