ALGONA CIVIL SERVICE COMMISSION

ELIGIBILITY ROSTER

Position: Lateral Entry Police Officer

Date Open: August 8, 2016

Report to: Sergeant/Chief

Salary: $4,841 - $5,884

PRIMARY DUTIES

- Maintain public peace and order.
- Provide public protection to ensure safety and security of individuals and property.
- Prevent crime.
- Conduct initial investigations, collect related evidence, interview victims, witnesses and suspects, and testify in court.

MINIMUM QUALIFICATIONS

- Minimum 21 years of age.
- High School Diploma or GED.
- Valid WA Driver's License.
- United States Citizen.
- No felony convictions.
- Ability to read, write and speak the English language fluently.
- Must be willing to work various shifts to include nights, holidays, weekends, and on-call as required.
- Must have excellent communications skills and ability to make decisions during stressful situations.
- Must have two years experience as a full-time paid police officer.
- Must possess or successfully obtain a Washington State Criminal Justice Training Academy certification within eight months from hire date, or successfully pass the equivalency test.

TESTING PROCEDURE

The testing procedure will consist of resume screening, an Oral Board, Psychological test, polygraph test, physical examination with drug screen, extensive background check, and Chief's interview.

SUBMIT APPLICATION TO:
(must use City of Algona Application Form)

Civil Service Examiner
City of Algona
402 Warde Street
Algona, WA 98001

DEADLINE: September 16, 2016

Requirements outlined in this job description may be subject to modification to reasonably accommodate individuals with disabilities who are otherwise qualified for employment in this position. However, some requirements may exclude individuals who pose a direct threat or significant risk to the health and safety of themselves or other employees.

City of Algona
Civil Service Commission

402 Warde Street
Algona, WA 98001
(253) 833-2897

POLICE OFFICER APPLICATION

Return your application packet to:

City of Algona Civil Service
402 Warde Street
Algona WA 98001

Please check one:

Entry Level Exam ☐
Lateral Entry Exam ☐

Name			
Address			
City		**State**	
Home Phone #		**Message Phone #**	

Return your completed application forms along with the following items:

1. City of Algona Personal History Statement
2. Supplemental questionnaire
3. Waiver & Authorization to Release Information.
4. Authorization of release of prior employment information
5. Accident Waiver
6. An autobiography in your own handwriting. Please keep it to a maximum of two pages
7. Copies of any certificates or diplomas that may help us in determining your qualifications for the employment

All information provided will be verified during a background investigation and polygraph examination.

ALGONA POLICE DEPARTMENT

PERSONAL HISTORY STATEMENT

ANSWER ALL QUESTIONS THOUROUGHLY AND HONESTLY. OMMISSIONS OR FALSE STATEMENTS MAY BE GROUNDS FOR DISQUALIFICATION. ANSWERS MAY BE VARIFIED THROUGH A POLYGRAPH TEST. USE ADDITIONAL SHEETS IF NECESSARY.

PERSONAL INFORMATION

1. YOUR NAME:
   LAST FIRST MIDDLE

_____

ADDRESS: CITY STATE ZIP

_____

2. OTHER NAMES (INCLUDING NICKNAMES) YOU HAVE USED OR BEEN KNOWN BY:

_____

3. LIST PHONE NUMBERS WHERE YOU CAN BE CONTACTED:

   HOME:_____WORK:_____OTHER:_____

4. DATE OF BIRTH:_____

5. ARE YOU A US CITIZEN? YES [ ] NO [ ]

6. SOCIAL SECURITY NUMBER:_____

7. HEIGHT:_____ WEIGHT:_____ EYES:_____ HAIR:_____

RELATIVES, REFERENCES AND ACQUAINTANCES:

8. PLEASE SUPPLY THE FOLLOWING INFORMATION:

   NAME: ADDRESS: PHONE:

FATHER:_____

MOTHER:_____

FATHER IN LAW:_____

MOTHER IN LAW:_____

SPOUSE:_____

FORMER SPOUSE(S):_____

BROTHER(S)/SISTER(S):_____

_____

_____

STEP MOTHER:_____

STEP FATHER:_____

STEP BROTHER(S)/SISTER(S):_____

OTHER RELATIVES WITH WHOM YOU HAVE A CLOSE PERSONAL RELATIONSHIP (INCLUDING CHILDREN):

NAME: RELATIONSHIP: ADDRESS: PHONE:

_____

_____

_____

9. BELOW, LIST THOSE INDIVIDUALS WITH WHOM YOU HAVE RESIDED DURING THE LAST 10 YEARS:

NAME: ADDRESS: PHONE:

_____

_____

_____

_____

10. LIST REFERENCES: (3-5 INDIVIDUALS WHO HAVE KNOWLEDGE OF YOU AND YOUR QUALIFICATIONS. EXCLUDE RELATIVES, FORMER EMPLOYERS AND FRIENDS)

NAME: ADDRESS: PHONE:

_____

_____

_____

11. LIST 3-5 INDIVIDUALS WHO ARE SOCIAL ACQUAINTANCES (I.e. PERSONS WITH WHOM YOU HAVE SEEN FREQUENTLY DURING THE PAST YEAR) AND HAVE KNOWLEDGE OF YOU AND YOUR QUALIFICATIONS:

NAME:	ADDRESS:	PHONE:

12. EDUCATION:

[ ] I POSSESS A HIGH SCHOOL DIPLOMA

[ ] I PASSED A G.E.D. (GENERAL EDUCATIONAL DEVELOPMENT) TEST

[ ] I POSSESS OTHER EQUIVALENT. EXPLAIN:_____

[ ] I DO NOT CURRENTLY HAVE A HIGH SCHOOL DIPLOMA OR ITS EQUIVALENT, BUT I PLAN TO SATISFY THE REQUIREMENT IN THE FUTURE AS FOLLOWS:

13. LIST ALL SCHOOLS YOU HAVE ATTENDED BEGINNING WITH HIGH SCHOOL:

NAME OF SCHOOL:	LOCATION:	DATES ATTENDED: FROM:	TO:	DEGREE OR COURSE OF STUDY

14. HAVE YOU EVER BEEN SUSPENDED OR EXPELLED FROM ANY HIGH SCHOOL OR SECONDARY SCHOOL? IF YES, PLEASE EXPLAIN:_____

15. LIST PREVIOUS RESIDENCES WHERE YOU HAVE LIVED (ACCOUNT FOR ALL TIME WITH MOST RECENT ADDRESS FIRST. DO NOT LIST PRESENT ADDRESS):

ADDRESS OF RESIDENCE:	DATES: FROM:	TO:	NAME AND ADDRESS OF LANDLORD:

16. BEGINNING WITH MOST CURRENT EMPLOYMENT, LIST ALL JOBS (INCLUDING PART-TIME, TEMPORARY, AND VOLUNTARY POSITIONS INCLUDING MILITARY SERVICE OR UNEMPLOYMENT) YOU HAVE HELD. LIST THOSE PERIODS IN SEQUENCE IN THE SPACE PROVIDED:

(1). NAME AND ADDRESS OF EMPLOYER: PHONE:

JOB TITLE AND DUTIES:

DATES OF EMPLOYMENT: FROM: MO/YR TO: MO/YR SUPERVISOR:

CO-WORKERS:

REASON FOR LEAVING:

(2). NAME AND ADDRESS OF EMPLOYER: PHONE:

JOB TITLE AND DUTIES:

DATES OF EMPLOYMENT: FROM: MO/YR TO: MO/YR SUPERVISOR:

CO-WORKERS:

REASON FOR LEAVING:

(3). NAME AND ADDRESS OF EMPLOYER: PHONE:

JOB TITLE AND DUTIES:

DATES OF EMPLOYMENT: FROM: MO/YR TO: MO/YR SUPERVISOR:

CO-WORKERS:

REASON FOR LEAVING:

(4). NAME AND ADDRESS OF EMPLOYER: PHONE:

JOB TITLE AND DUTIES:

DATES OF EMPLOYMENT: FROM: MO/YR TO: MO/YR SUPERVISOR:

CO-WORKERS:

REASON FOR LEAVING:

(5). NAME AND ADDRESS OF EMPLOYER: PHONE:

JOB TITLE AND DUTIES:

DATES OF EMPLOYMENT: FROM: MO/YR TO: MO/YR SUPERVISOR:

CO-WORKERS:

REASON FOR LEAVING:

(6). NAME AND ADDRESS OF EMPLOYER: PHONE:

DATES OF EMPLOYMENT: FROM: MO/YR TO: MO/YR SUPERVISOR:

CO-WORKERS:

REASON FOR LEAVING:

(7). NAME AND ADDRESS OF EMPLOYER: PHONE:

JOB TITLE AND DUTIES:

DATES OF EMPLOYMENT: FROM: MO/YR TO: MO/YR SUPERVISOR:

CO-WORKERS:

REASON FOR LEAVING:

(8). NAME AND ADDRESS OF EMPLOYER: PHONE:

JOB TITLE AND DUTIES:

DATES OF EMPLOYMENT: FROM: MO/YR TO: MO/YR SUPERVISOR:

CO-WORKERS:

REASON FOR LEAVING:

17. WOULD ANY PROBLEM RESULT IF YOUR PRESENT EMPLOYERS WERE CONTACTED DURING THE COURSE OF THE BACKGROUND INVESTIGATION?
YES [ ] NO [ ]

18. IF YOU HAVE HAD NO PRIOR EMPLOYMENT, PLEASE EXPLAIN:

_____

ADD ANY ADDITIONAL EMPLOYERS ON A ATTACHED DOCUMENT, ALL EMPLOYMENT IS NECESSARY.

19. HAVE YOU EVER FILED A CLAIM (S) FOR WORKER'S COMPENSATION?
YES [ ] NO [ ] IF YES, PLEASE GIVE DETAILS INCLUDING WHEN, WHERE AND THE CIRCUMSTANCES:_____

_____

_____

20. HAVE YOU HAD ANY EXTENDED WORK ABSENCES FOR REASONS OTHER THAN EARNED VACATIONS? YES [ ] NO [ ] IF YES, EXPLAIN INCLUDING WHEN, WHERE, WHY AND NAME OF EMPLOYER. _____

_____

_____

_____

21. HAVE YOU EVER BEEN FIRED OR ASKED TO RESIGN FROM ANY PLACE OF EMPLOYMENT? YES [ ] NO [ ] IF YES, GIVE DETAILS INLCUDING WHEN, WHERE, AND THE CIRCUMSTANCES._____

_____

_____

_____

22. HAVE YOU EVER BEEN A SUCCESSFUL OR UNSUCCESSFUL CANDIDATE FOR ANOTHER POSITION REQUIRING PEACE OFFICER POWERS? YES [ ] NO [ ] IF YES GIVE DETAILS INCLUDING WHEN, NAME OF AGENCY AND CIRCUMSTANCES AND POSITION.
_____

_____

_____

_____

_____

23. HAVE YOU EVER SERVED IN THE ARMED FORCES, NATIONAL GUARD OR MILITARY RESERVES? YES [ ] NO [ ]

BRANCH:_____ SERVICE #:_____ TYPE OF DISCHARGE:_____
DATES OF SERVICE: FROM:_____ TO: _____

24. LIST CURRENT AND PAST DRAFT CLASSIFICATIONS IN ORDER:

_____

25. ARE YOU CURRENTLY PARTICIPATING IN MILITARY RESERVE OR NATIONAL GUARD PROGRAMS? YES [ ] NO [ ] _____

26. HAVE YOU EVER BEEN THE SUBJECT OF ANY JUDICIAL OR NON-JUDICIAL DISCIPLINARY ACTION WHILE IN THE MILITARY OR NATIONAL GUARD OR MILITARY RESERVES? YES [ ] NO [ ] IF YES, GIVE DETAILS INCLUDING BRANCH OF SERVICE, WHEN, WHERE AND THE CIRCUMSTANCES._____

_____

_____

_____

27. LIST PAST COMMANDING OFFICERS OR MILITARY ACQUAINTANCES. (LIST THOSE INDIVIDUALS WHO KNOW YOU WELL ENOUGH TO PROVIDE ACCURATE INFORMATION ABOUT YOU.)

NAME ADDRESS PHONE YEARS KNOWN

_____

_____

_____

28. PLEASE FILL IN THE FINANCIAL STATEMENT BELOW. BE COMPLETE AND ACCURATE.

CURRENT MONTHLY SALARY: $_____

SPOUSE'S SALARY: $_____

OTHER MONTHLY INCOME/DESCRIBE: $_____

TOTAL MONTHLY INCOME: $_____

CURRENT ASSETS:

SAVINGS: $_____

CHECKING: $_____

REAL ESTATE: $_____

STOCKS AND BONDS $_____

LIFE INSURANCE (CASH VALUE OF WHOLE LIFE POLICY): $_____

AUTOS: $_____

OTHER ASSETS/DESCRIBE: $_____

TOTAL ASSETS:_____

CURRENT MONTHLY EXPENDITURES:

REAL ESTATE (MORTGAGE) PAYMENT(S): $_____

RENT: $_____

OTHER MONTHLY PAYMENTS (DESCRIBE): $_____

_____

_____

TOTAL MONTHLY EXPENDITURES: $_____

CURRENT LIABILITIES:

REAL ESTATE INDEBTEDNESS: $_____

LONG TERM LOANS: $_____

CHARGE ACCOUNTS: $_____

OTHER LIABILITIES (DESCRIBE): $_____

_____

_____

_____

_____

_____

TOTAL LIABILITIES: $_____

29. PLEASE SUPPLY MORE DETAILED INFORMATION ABOUT YOUR CHARGE ACCOUNTS, CONTRACTS OR OTHER FINANCIAL LIABILITIES:

ACCOUNT NAME: **ADDRESS:** **ACCOUNT #:**

_____

_____

_____

_____

_____

_____

30. HAVE YOU EVER FILED FOR OR DECLARED BANKRUPTCY OR FILED FOR THE WAGE EARNER'S PLAN? OR HAD A HOME FORECLOSURE? YES [ ] NO [ ]

IF YES, EXPLAIN:_____

31. HAVE ANY OF YOUR BILLS BEEN TURNED OVER TO A COLLECTION AGENCY?
YES [ ] NO [ ] EXPLAIN:

32. HAVE YOU EVER HAD PURCHASED GOODS REPOSSESSED? YES [ ] NO [ ]
EXPLAIN.

33. HAVE YOUR WAGES EVER BEEN GARNISHED? YES [ ] NO [ ] IF YES,
EXPLAIN:

34. HAVE YOU EVER BEEN DELINQUENT ON INCOME OR OTHER TAX PAYMENT?
YES [ ] NO [ ] IF YES, EXPLAIN:

35. IF YOU HAVE EVER BEEN ARRESTED OR CONVICTED FOR ANY CRIME (EXCLUDING TRAFFIC CITATIONS), GIVE THE FOLLOWING INFORMATION:

DATE: POLICE AGENCY: CIRCUMSTANCES:

36. HAVE YOU EVER BEEN REPORTED TO A LAW ENFORCEMENT AGENCY AS A MISSING PERSON OR A RUNAWAY? YES [ ] NO [ ] IF YES, EXPLAIN:_____

37. ARE YOU NOW OR HAVE YOU EVER BEEN INVOLVED AS A PLAINTIFF OR DEFENDANT IN ANY COURT ACTION? YES [ ] NO [ ] IF YES, EXPLAIN:_____

38. ARE YOU NOW OR HAVE YOU EVER BEEN INVOLVED AS A PLAINTIFF OR DEFENDANT IN ANY COURT ACTION? YES [ ] NO [ ] IF YES, EXPLAIN:_____

39. WASHINGTON STATE DRIVERS LICENSE NUMBER:_____ EXP DATE:_____

40. LIST OTHER STATES WHERE YOU HAVE BEEN LICENSED:_____

41. HAVE YOU EVER BEEN REFUSED A DRIVER'S LICENSE BY ANY STATE? YES [ ] NO [ ]
IF YES, EXPLAIN:_____

42. WASHINGTON STATE LAW REQUIRES ALL DRIVERS TO HAVE AUTO INSURANCE. LIST YOUR INSURANCE COMPANY:_____

43. LIST ALL TRAFFIC CITATIONS/INFRACTIONS (EXCLUDE PARKING CITATIONS) YOU HAVE RECEIVED WITHIN THE LAST 7 YEARS:

NATURE OF VIOLATION: LOCATION: DATE:

_____

_____

44. HAVE YOU EVER BEEN INVOLVED AS A DRIVER IN A MOTOR VEHICLE ACCIDENT WITHIN THE LAST 7 YEARS? YES [ ] NO [ ] IF YES, EXPLAIN:

DATE:_____ LOCATION:_____ INJURY:_____
POLICE INVESTIGATION YES [ ] NO [ ] POLICE AGENCY:_____

DATE:_____ LOCATION:_____ INJURY:_____
POLICE INVESTIGATION YES [ ] NO [ ] POLICE AGENCY:_____

45. IF THERE IS ANYTHING YOU WISH TO DISCUSS ABOUT YOUR DRIVING RECORD, PLEASE USE THE SPACE PROVIDED BELOW:

_____

_____

_____

_____

_____

46. HAS YOUR LICENSE EVER BEEN SUSPENDED, REVOKED OR PLACED ON NEGLIGENT OPERATOR'S PROBATION? YES [ ] NO [ ] IF YES, EXPLAIN:

_____

_____

47. LIST ANY SPECIAL LICENSES YOU HOLD:

48. LIST ANY SPECIALIZED MACHINERY OR EQUIPMENT WHICH YOU CAN OPERATE:

49. CAN YOU SPEAK ANY FOREIGN LANGUAGE: (INDICATE DEGREE OF FLUENCY – EXCELLENT, FAIR, GOOD, POOR).

LANGUAGE:	READING:	SPEAKING:	UNDERSTANDING:

50. LIST ANY OTHER SPECIAL SKILLS OR QUALIFICATIONS YOU MAY POSSESS (INCLUDE HOBBIES/SPORTS AND OTHER SPECIAL INTEREST GROUPS OR ORGANIZATIONS THAT YOU ARE INVOLVED WITH).

51. LIST THE FOLLOWING INFORMATION CONCERNING ALL DOCTORS CONSULTED WITHIN THE LAST THREE YEARS. ALL PERIODS OF HOSPITALIZATION WITHIN THE LAST FIVE YEARS. NOTE: THE INFORMATION PROVIDED IN THIS SECTION WILL BE EVALUATED BY COMPETENT MEDICAL PERSONNEL. YOU WILL BE GIVEN THE OPPORTUNITY TO DISCUSS THE JOB RELATEDNESS AND SIGNIFICANCE OF ANY MEDICAL CONDITION WITH A PHYSICIAN AT THE TIME OF YOUR MEDICAL EVALUATION.

NATURE OF ILLNESS: MONTH/YEAR: NAME/ADDRESS OF PHYSICIAN:

52. ARE YOU CURRENTLY TAKING ANY MEDICATION PRESCRIBED BY YOUR PHYSICIAN?
YES [ ] NO [ ] IF YES, EXPLAIN:

53. IF IT BECOMES NECESSARY TO TAKE A HUMAN LIFE IN THE COURSE OF YOUR DUTIES AS A POLICE OFFICER, WOULD YOU HAVE ANY BELIEFS THAT WOULD PREVENT YOU FROM DOING SO? YES [ ] NO [ ] IF YES, EXPLAIN:

54. DO YOU HAVE ANY BELIEFS WHICH WOULD PREVENT YOU FROM FULLY PERFORMING THE DUTIES OF A POLICE OFFICER, INCLUDING WORKING ON WEEKENDS, EVENINGS OR NIGHT SHIFTS? YES [ ] NO [ ] IF YES, EXPLAIN:

55. ARE THERE ANY INCIDENTS IN YOUR LIFE OR DETAILS NOT MENTIONED HEREIN WHICH MAY INFLUENCE THIS DEPARTMENTS EVALUATION OF YOUR SUITABILITY TO BE A POLICE OFFICER? YES [ ] NO [ ] IF YES, EXPLAIN:

56. IN THE SPACE PROVIDED BELOW, STATE IN YOUR OWN HANDWRITING YOUR REASON FOR APPLYING FOR THIS POSITION:_____

57. DO YOU HAVE ANYTHING ELSE TO ADD ABOUT YOUR BACKGROUND OR INFORMATION REGARDING YOUR POTENTIAL EMPLOYMENT AS A POLICE OFFICER?_____

58. HAVE YOU EVER BEEN REFUSED INSURANCE FOR ANY REASON OTHER THAN FAILURE TO PAY A PREMIUM? YES [ ] NO [ ]

59. HAVE YOU EVER APPLIED FOR A PERMIT TO CARRY A CONCEALED WEAPON?
YES [ ] NO [ ] PERMIT GRANTED YES [ ] NO [ ] DATE:_____
NAME OF LAW ENFORCEMENT AGENCY_____

SUBMIT A COPY OF YOUR DRIVER'S LICENSE AND SOCIAL SECURITY CARD WITH YOUR APPLICATION.

COMPLETE AND ATTACHED THE FOLLOWING FORMS, FAILURE TO ATTACH THE REQUIRED FORMS CAN RESULT IN DISQUALIFICATION:

POLICE OFFICER APPLICANT DRUG HISTORY QUESTIONARE

ONE PAGE HANDWRITTEN AUTOBIOGRAPHY

I HEREBY CERTIFY THAT ALL STATEMENTS MADE IN THIS PERSONAL HISTORY STATEMENT ARE TRUE AND COMPLETE AND I UNDERSTAND THAT ANY MISSTATEMENT OF MATERIAL FACTS WILL SUBJECT ME TO DISQUALIFICATION OR DISMISSAL.

SIGNATURE IN FULL **DATE COMPLETED**

POLICE OFFICER APPLICANT
DRUG HISTORY SUPPLEMENTAL QUESTIONNAIRE

Name	

In an effort to assist you in determining whether you meet the standards for an Algona Police Department employee, the following quick checklist is provided.

Each applicant **MUST** complete and submit this questionnaire along with the City of Algona Civil Service Commission Application in order to be considered as a candidate.

DRUGS

		YES	NO
1.	Have you used marijuana or its derivative within one year prior to making application for this written test?	☐	☐
2.	Have you used any controlled substance (not prescribed for you by an authorized individual) within the last three years?	☐	☐
3.	Have you used any controlled substance (not prescribed for you by an authorized individual, including marijuana or its derivative) since your 25th birthday?	☐	☐
4.	Have you used marijuana or its derivative more than 25 times?	☐	☐
5.	Have you used any opiate; i.e. heroin, morphine, opium, not prescribed for you by a physician? (Do not include the occasional use of cough syrup or minor pain medicine which contains codeine, such as aspirin with codeine.)	☐	☐
6.	Have you ever used any hallucinogenic drugs (excluding marijuana or its derivative) such as LSD, PCP, mushrooms, etc?	☐	☐
7.	Have you used cocaine more than three times?	☐	☐
8.	Have you used other controlled substances (not prescribed for you by an authorized individual) more than 10 times? This includes the total usage of all other controlled substances such as speed, amphetamines, barbiturates and tranquilizers.	☐	☐
9.	Excluding marijuana, have you ever used more than three different controlled substances (not prescribed for you by an authorized individual)?	☐	☐
10.	Have you ever used any controlled substances (not prescribed for you by an authorized individual) since applying for a job in a law enforcement agency?	☐	☐
11.	Have you ever completed a drug rehabilitation program?	☐	☐
12.	Are you currently involved in a drug rehabilitation program?	☐	☐

CRIMINAL HISTORY

13. Have you been convicted of a felony since your 18th birthday? ☐ ☐

14. Have you been convicted of a misdemeanor or gross misdemeanor in the past year? ☐ ☐

15. Have you been convicted of two or more misdemeanors in the past five years? ☐ ☐

16. Have you committed any crimes as an adult, age 18 years and over? List all crimes whether or not they resulted in arrest or conviction? ☐ ☐

17. Have you ever committed any felonies (robberies, burglaries, etc.)? ☐ ☐

If you have answered "YES" to questions 1 – 10 and 13-16, you do NOT meet the employment standards required by the Algona Police Department. A "YES" answer to any of the fifteen questions may be an automatic disqualifier. If you think you have information or extraordinary circumstances regarding "YES" answers on questions 1 - 10 and 13 - 16 that have a direct bearing on your case, you must submit a written explanation with this questionnaire.

A "YES" answer to questions 11 and 12 DOES NOT automatically disqualify you for employment, however a mandatory drug test will be required prior to employment.

The written explanation must state when the action or event occurred and the extenuating circumstance that you wish to have considered (who, what, where, when, and why).

If your "YES" answer involves drugs, identify the drugs, state the number of times each drug was used and the approximate date that it was used. Each situation will be considered individually according to the frequency, type of involvement and the length of the period of abstinence. Make sure that your explanations are complete and legibly written.

Responses that do not fully explain the situation will NOT be reviewed further. This information MUST be submitted at the same time as your application.

The effectiveness of the Algona Police Department hinges on the quality of the personnel it employs and the level of public trust in those personnel. The quality and level of service the Department provides is directly related to how well its employees perform their job functions. Algona Police Department employees need sound character, integrity, intelligence, tact, good judgement, physical courage, communication skills, emotional and financial stability, impartiality, understanding and sensitivity.

This supplemental questionnaire has been provided as clarification regarding the background investigation process.

City of Algona
Civil Service Commission
402 Warde Street
Algona, WA 98001
(253) 833-2897

WAIVER AND AUTHORIZATION TO RELEASE INFORMATION

To Whom It May Concern:

I authorize you to furnish the Algona Police Department with any and all information that you have concerning my work record, reputation, medical records, military service records, financial status and other general information about me. Information of a conditional or privileged nature may be included. Your reply will be used to assist the 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 those rights with the understanding that information furnished will be used by the Algona Police Department in conjunction with employment procedures.

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

_____ _____

Applicant's Signature Date

SUBSCRIBED AND SWORN BEFORE ME ON THIS _____ DAY OF _____, 20___

_____

NOTARY PUBLIC IN AND FOR
THE STATE OF WASHINGTON

_____

(Print Name)

RESIDING _____

MY COMMISSION EXPIRES _____

NOTE: A Photocopy reproduction of this request shall be for all intents and purposes as valid as the original. You may retain this form for your files.

City of Algona
Civil Service Commission
402 Warde Street
Algona, WA 98001
(253) 833-2897

AUTHORIZATION FOR RELEASE OF PRIOR EMPLOYMENT INFORMATION

I, _____ am interested in obtaining a position with the City of Algona. As a part of the application and screening process, I understand the City of Algona needs to obtain information relating to my prior employment to assist in the selection and screening of applicants. In consideration for the employer's willingness to consider my candidacy for this position, I hereby authorize the City of Algona to request all pertinent information, either in writing or orally, regarding my prior employment. I have included on my application form all of my prior employers within the last ten (10) years and warrant this is an accurate and complete list. I have also included the names of my supervisors and either an address or phone number where that individual can be reached.

I also authorize my prior employers to supply the City of Algona with accurate factual information about my prior employment, and hereby release that employer from any form of liability for the information provided, including the opinions of the employer about my performance, work habits, attendance, performance reviews and eligibility for re-hire. I also release my prior employers from any form of liability for opinions stated regarding my performance, unless my prior employer makes knowingly false statements of fact in the exchange of information and I am harmed by such disclosures.

1. I recognize this information is essential to my chances of obtaining a position with the City of Algona, and therefore request that any policies put in place to "protect me" from the disclosure of adverse information be waived by this release form.

2. I also release my prior employer from any claims regarding my right to privacy regarding the information requested in connection with my application with the City of Algona.

I hereby release City of Algona, and my prior employers, their officers directors, employees, insurers and agents, in their individual and representative capacity, from any and all liability for damages which may result from the exchange of information indicated above. I also acknowledge I am signing this agreement as my free and voluntary act.

_____ _____

Applicant Signature Date

ACCIDENT WAIVER

Whereas, the City of Algona Police Department is conducting an examination for the position of Police Officer and, Whereas, I _____, the undersigned, residing at _____, in the City of _____, and the State of _____, have presented to the Algona Police Department my signed application to participate in this examination and have been informed that as a part of the examination given for this position, it will be necessary for me to demonstrate my strength, endurance and physical agility in a series of tests.

Now, THEREFORE, I for myself, my heirs, executors, administrators or assigns hereby waive any and all claims against the Algona Police Department, the City itself, and any State agency or member thereof, now or thereafter to accrue for, on account of any injury or damage that I may sustain because of, or in connection with or on account of this physical strength and agility test and hereby release the Algona Police Department, the City or any State agency or member thereof, from any or all liability or claim for damages for any injury occurring as a result of these tests.

_____ _____

SIGNED WITNESS

_____

Date

City of Algona
Civil Service Commission
402 Warde Street
Algona, WA 98001
(253) 833-2897

STANDARD OF PHYSICAL FITNESS
ALGONA POLICE OFFICER APPLICANTS

City of Algona law enforcement officer applicants are expected to pass the Criminal Justice Training Basic Law Enforcement Academy Physical Fitness Ability Test. The test is comprised of five tests:

300 – METER RUN — ***ANAEROBIC POWER*** – This test measures anaerobic capacity used in high intensity baton and defensive tactics training, and is important for performing short intense bursts of effort such as foot pursuits, rescues and use of force.

PUSH UPS — ***MUSCULAR ENDURANCE OF UPPER BODY*** – This test measures the muscular strength/endurance of the upper body muscles in the shoulder, chest, and back of the upper arms used in high intensity self defense and arrest simulation training. This is important for use of force involving pushing motion breaking one's fall to the ground, use of the baton, etc.

SIT-UP TEST — ***MUSCULAR ENDURANCE OF ABDOMINAL MUSCLES*** – This test measures the muscular strength/endurance of the abdominal muscles, which are used in self-defense and high intensity arrest-simulation training.

1.5 MILE RUN/WALK — ***CARDIOVASCULAR CAPACITY*** – This test measures cardio-respiratory endurance or aerobic capacity used in extended control and defensive tactics training.

The physical fitness ability test is a pass/fail test. The passing score is 160 points with a range of scores for each test between 30 and 50 points. The following chart represents the mean for each test.

300 Meter Run	Push Ups	Sit Ups	1.5 Mile Run/Walk
62.5 seconds	28 push ups	34 sit ups/one minute	14.02 minutes

ALGONA POLICE DRIVING STANDARDS

Listed below are the driving standards that the Algona Police Department uses to screen police officer applicants. Using these standards, if your permanent driving record totals six or more points for the preceding 36 months from the date of application you will not be allowed to continue with the testing process. Driving records of all applicants are automatically checked prior to an offer of employment. **DO NOT APPLY** if your driving record totals six or more points based on the following criteria.

VIOLATIONS	**POINTS**
Revocation of driver's license	8
Denial of Issuance of driver's license	8
Negligent homicide	8
Driving while intoxicated (involving an accident)	8
Driving while intoxicated (no accident involved)	6
Reckless driving (involving an accident)	8
Reckless driving (no accident involved)	6
Negligent driving (involving an accident)	5
Negligent driving (no accident involved)	4
Hit and Run (attended, occupants in vehicle)	8
Hit and Run (unattended, no occupants in vehicle)	6
Driving while license suspended (DWLS)	4
Speeding in excess of the posted limit:	
0 – 14 over	2
15 – 19 over	3
20 – 25 over	4
Over 25	6
Convictions or forfeitures for other moving violations:	
Each violation involving an accident	4
Each violation not involving an accident	2

If the applicant receives a traffic ticket during the selection/hiring process, that puts them at six or more points, they will be disqualified from employment.

Example: Applicant has two tickets in the last three years for speeding in excess of 0 - 14, the applicant would have a total of 4 points and could continue on in the process.

Example: The applicant has three tickets (no matter what the category in the last three years) the total would be at least six points and the applicant would not be allowed to continue with the testing process.

APPENDIX A
TO THE
AGREEMENT
BY AND BETWEEN
CITY OF ALGONA, WASHINGTON
AND
FRATERNAL ORDER OF POLICE LOCAL 27

JANUARY 1, 2014, THROUGH DECEMBER 31, 2016

THIS APPENDIX is supplemental to that Agreement by and between the CITY OF ALGONA, WASHINGTON ("Employer") and the FRATERNAL ORDER OF POLICE LOCAL 27, ("Union").

A.1 Effective January 1, 2014, monthly rates of pay for employees covered under this Agreement shall be as follows:

Classification	Step A 00-06 mo.	Step B 07-18 mo.	Step C 19-30 mo.	Step D 31-42 mo.	Step E 43-60 mo.
Police Sgt.	5,248	5,510	5,786	6,075	6,379
Patrol Officer	4,653	4,886	5,130	5,387	5,656

A.2 Effective January 1, 2015, monthly rates of pay set forth in Section A.1 shall be increased by a COLA increase of one hundred percent (100%) of that percentage increase set forth in the US City Average, all items index (CPI-U) (1982-84=100) for that period from June 2013 to June 2014 as is supplied by the Bureau of Labor Statistics, United States Department of Labor; provided however said increase shall not exceed three percent (3%) nor shall it be less than two percent (2%).

A.3 Effective January 1, 2016, monthly rates of pay set forth in Section A.1 as further amended by Section A.2, shall be increased by a COLA increase of one hundred percent (100%) of that percentage increase set forth in the US City Average, all items index (CPI-U) (1982-84=100) for that period from June 2014 to June 2015 as is supplied by the Bureau of Labor Statistics, United States Department of Labor; provided however said increase shall not exceed three percent (3%) nor shall it be less than two percent (2%).