



CITY OF LAKE FOREST PARK POLICE EMPLOYMENT APPLICATION

17425 Ballinger Way NE
Lake Forest Park, WA 98155
Civil Service Examiner, Ruth Muller, 206.419.7290, remuller@earthlink.net
<http://cityoflfp.com/police/>

The City of Lake Forest Park is an Equal Opportunity Employer

GENERAL INFORMATION

(Last)

(First)

(Middle)

NAME _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____
TELEPHONE _____ WORK _____ E-MAIL _____

FOR POSITION OF LATERAL POLICE OFFICER

DO YOU CLAIM VETERANS PREFERENCE? Yes No

Date entered: _____ Date of separation: _____

CAN YOU PROVE THAT YOU ARE LEGALLY ENTITLED TO WORK IN THE U.S? Yes No

Can you perform the essential functions of the job for which you are applying with or without reasonable accommodation?

Yes No

OTHER THAN PARKING TICKETS, HAVE YOU BEEN CONVICTED OF ANY LAW VIOLATION WITHIN THE LAST 10 YEARS? (List all traffic offenses and criminal law violations)

Yes No

IF YES, EXPLAIN BELOW. (A conviction record will not necessarily bar your from employment.)

Date	Charge	Sentence	Remarks

EDUCATION

HIGH SCHOOL	MAJOR	CREDIT HOURS	DEGREE RECEIVED

COLLEGE OR UNIVERSITY*	MAJOR	CREDIT HOURS	DEGREE RECEIVED

*PROOF OF PROGRAM ACCREDITATION AND DEGREE OBTAINED IS REQUIRED PRIOR TO HIRE.

LIST VOCATIONAL, ON-THE-JOB, OR OTHER APPLICABLE TRAINING.	HOURS/CREDITS

LICENSES/CERTIFICATIONS

VALID DRIVER'S LICENSE? **Yes** **No** STATE: _____ LICENSE NO.: _____

VALID COMMERCIAL DRIVER'S LICENSE? **Yes** **No** STATE: _____ LICENSE NO.: _____

LIST LICENSES OR CERTIFICATION THAT YOU HOLD WHICH RELATE TO THE POSITION FOR WHICH YOU ARE APPLYING.

TYPE OF LICENSE OR CERTIFICATION	ISSUING STATE	LICENSE NUMBER

EXPERIENCE

	YEARS EXPERIENCE	TYPE OF EQUIPMENT; SOFTWARE USED; OTHER DETAILS
PERSONAL COMPUTER:	_____	(WPM =) _____
WORD PROCESSING	_____	_____
SPREADSHEET	_____	_____
DATABASE	_____	_____
CAD	_____	_____
OTHER	_____	_____

WORK HISTORY

Begin with your present or most recent employment. Include self-employment, military service, volunteer experience and periods of unemployment. The following sections **MUST** be completed even if a resume is submitted. Attach additional sheets of paper if you require more space.

#1 TITLE: _____ FROM: _____ TO: _____ TOTAL MONTHS: _____
TYPE OF COMPANY: _____ FULL-TIME: _____ PART-TIME _____
EMPLOYED BY: _____ PHONE NO.: _____
ADDRESS: _____
IF APPLICABLE, NUMBER OF EMPLOYEES SUPERVISED: _____
SUPERVISOR'S NAME/TITLE: _____
LAST SALARY: _____ MAY WE CONTACT THIS EMPLOYER? YES _____ NO _____
SCOPE OF JOB: _____

REASON FOR LEAVING: _____

#2 TITLE: _____ FROM: _____ TO: _____ TOTAL MONTHS: _____
TYPE OF COMPANY: _____ FULL-TIME: _____ PART-TIME _____
EMPLOYED BY: _____ PHONE NO.: _____
ADDRESS: _____
IF APPLICABLE, NUMBER OF EMPLOYEES SUPERVISED: _____
SUPERVISOR'S NAME/TITLE: _____
LAST SALARY: _____ MAY WE CONTACT THIS EMPLOYER? YES _____ NO _____
SCOPE OF JOB: _____

REASON FOR LEAVING: _____

#3 TITLE: _____ FROM: _____ TO: _____ TOTAL MONTHS: _____
TYPE OF COMPANY: _____ FULL-TIME: _____ PART-TIME _____
EMPLOYED BY: _____ PHONE NO.: _____
ADDRESS: _____
IF APPLICABLE, NUMBER OF EMPLOYEES SUPERVISED: _____
SUPERVISOR'S NAME/TITLE: _____
LAST SALARY: _____ MAY WE CONTACT THIS EMPLOYER? YES _____ NO _____
SCOPE OF JOB: _____

REASON FOR LEAVING: _____

WORK HISTORY

(continued)

#4 TITLE: _____ FROM: _____ TO: _____ TOTAL MONTHS: _____
TYPE OF COMPANY: _____ FULL-TIME: _____ PART-TIME _____
EMPLOYED BY: _____ PHONE NO.: _____
ADDRESS: _____
IF APPLICABLE, NUMBER OF EMPLOYEES SUPERVISED: _____
SUPERVISOR'S NAME/TITLE: _____
LAST SALARY: _____ MAY WE CONTACT THIS EMPLOYER? YES _____ NO _____
SCOPE OF JOB: _____

REASON FOR LEAVING: _____

#5 TITLE: _____ FROM: _____ TO: _____ TOTAL MONTHS: _____
TYPE OF COMPANY: _____ FULL-TIME: _____ PART-TIME _____
EMPLOYED BY: _____ PHONE NO.: _____
ADDRESS: _____
IF APPLICABLE, NUMBER OF EMPLOYEES SUPERVISED: _____
SUPERVISOR'S NAME/TITLE: _____
LAST SALARY: _____ MAY WE CONTACT THIS EMPLOYER? YES _____ NO _____
SCOPE OF JOB: _____

REASON FOR LEAVING: _____

AUTHORIZATION

I hereby certify that this application and any other materials and/or documents provided in this application process contain no willful misrepresentation and that the information given is true and complete to the best of my knowledge. I am aware that should investigation at any time disclose any such misrepresentation or falsification, my application may be rejected, my name may be removed from consideration, or if employed, I may be discharged from my employment.

I authorized my current or former employers and all schools or educational and technical institutions which I have attended to provide City of Lake Forest Park representatives any information regarding my current or former employment, scholastic records or ratings. I hereby release any such current or former employers or institutions, their agents or employees from any and all liability resulting from the release of such information. My authorization and release from liability are voluntary acts. This authorization shall be effective for employment investigations by the City of Lake Forest Park only.

Further, I understand that at time of hire I will be required to provide documentation showing authorization to work in the United States.

Signature of Applicant _____ Date _____

AFFIRMATIVE ACTION INFORMATION

In order to ensure equal employment opportunity, the City of Lake Forest Park requests your volunteer cooperation by indicating the following. Your answers will be treated as confidential and will not be considered part of your application.

NAME: _____

SEX : **M or F**

AGE OVER 40: **Yes** **No**

ETHNIC GROUP: (Select only one racial/ethnic group)

- African American
- Asian / Pacific Islander
- Caucasian (white, not Hispanic origin)
- Hispanic
- Native American (Indian, Eskimo, etc.)

INDIVIDUAL WITH A DISABILITY: **Yes** **No**

VETERAN: **Yes** **No**

HOW DID YOU LEARN OF POSITION OPENING?

Print Ad Internet Job line Job Posting Other _____