



# City of Montesano CIVIL SERVICE COMMISSION

## LATERAL POLICE OFFICER APPLICATION QUESTIONNAIRE

APPLICANT NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

1. Are you a United States Citizen?  Yes  No
2. Are you now at least 21 years of age?  Yes  No
3. Do you possess a valid Washington State Driver's License?  Yes  No
4. Have you successfully completed high school or GED equivalent?  Yes  No
5. Have you successfully completed the probationary period at your most recent law enforcement department or agency?  Yes  No
6. Have you successfully completed the Washington State Basic Law Enforcement Academy (BLEA)? Date of completion:  Yes  No
7. Are you a certified Washington State Peace Officer in good standing (no pending de-certification actions)?  Yes  No
8. If you have successfully completed basic law enforcement training through another state, or federal academy, please list the name of the academy/ location: and date of completion:
9. If you have completed the Washington State Basic Law Enforcement Equivalency Academy in conjunction with another state or federal academy as listed in question #8, list date of completion:

**PRIOR LAW ENFORCEMENT EMPLOYMENT (starting with most recent):**

Name/ Address of Employer:  
 Dates of Employment: (start) (end)  
 Title or Position:  
 General Job Duties:  
 Name/ Phone Number of Last Supervisor:

Name/ Address of Employer:  
 Dates of Employment: (start) (end)  
 Title or Position:  
 General Job Duties:  
 Name/ Phone Number of Last Supervisor:

Name/ Address of Employer:  
 Dates of Employment: (start) (end)  
 Title or Position:  
 General Job Duties:



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Name/ Phone Number of Last Supervisor:

**PRIOR LAW ENFORCEMENT TRAINING:**

(Only list what you feel are the four courses most relevant for this position- additional courses can be included on your resume.)

Name of Course:  
Length (hours) of Training:  
Instructor or Institution:  
Date(s) Attended:

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***NOTICE: Resumes or other application forms will not be accepted in lieu of this part of the official Lateral Officer application packet.***

I hereby authorize the Montesano Police Department to conduct a complete background investigation into my complete history, including my former employment, together with any and all information concerning my personal ability, personal character, credit history, arrest record, traffic record, personal and professional references and other background information. I hereby release any law enforcement agency, company, corporation, or individual from any and all liability for furnishing any information concerning my background.

I hereby certify that there are no willful misrepresentations or falsification of statements and answers to questions in my application or in any documents relating to my background. I am aware that should investigation disclose such misrepresentations and falsifications, my application will be immediately rejected and/or my employment immediately terminated.

SIGNATURE OF APPLICANT: \_\_\_\_\_

DATE: \_\_\_\_\_