



City of Montesano CIVIL SERVICE COMMISSION

LATERAL POLICE OFFICER LISTING OF QUALIFICATIONS

APPLICANT NAME: _____ DATE: _____

This listing of qualifications form will be the basis of the LATERAL OFFICER Examination process. You will be asked a number of questions regarding your work experience and past training related to the position of LATERAL police officer. Please answer all the questions honestly, accurately and to the best of your ability. The responses you provide will be scored by the Civil Service Examiner. Your final weighted score will become the basis for your ranking on the list for hire.

This form is designed to be completed electronically as a Microsoft Word document.

Since this is a continuous process, your score will place you on the list as it exists at the time of application. The list may change over time as applicants and scores are added.

WARNING:

Your answers will be verified through the application materials that you submit and through reference/ background checks. Willful misrepresentation on this or any other applications to the city will be cause for immediate disqualification from consideration for this position, or if discovered after employment is offered or accepted, grounds for immediate termination.

INSTRUCTIONS:

For each work area listed below, choose the statement from the level description listed that **BEST** describes your experience and/or training. You may select only one "score ranking" level for each identified experience or training area, unless you are certified in multiple disciplines (such as listed under defensive tactics instructor). Check the box which best applies to your background.

Space below the scoring box is provided for you to justify, explain and clarify your response in each category. In this explanation line, you should include specifics about your training and experience- to include special training courses, law enforcement certifications, and a description of the months/years of service within said position or assignment.



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EXPERIENCE SCORING:

Police Patrol Experience	Select ONE box to most clearly identify your experience.	<input type="checkbox"/> A: Completed Washington State Basic Law Enforcement Academy (BLEA), no experience yet in patrol. <input type="checkbox"/> B: Completed BLEA and currently in (or did not complete) a field training program. <input type="checkbox"/> C: Completed BLEA and successfully completed a field training program. <input type="checkbox"/> D: Completed BLEA, completed a field training program & assigned to patrol for one year of experience. <input type="checkbox"/> E: Completed BLEA, completed a field training program & assigned to patrol for two or more years of experience.
Assignment to Schools	Select ONE box to most clearly identify your experience.	<input type="checkbox"/> A: Completed training as a School Resource Officer, Gang Officer or DARE Officer- no experience yet at a school. <input type="checkbox"/> B: Assigned as School Resource Officer, Gang Officer or DARE Officer for one school year. <input type="checkbox"/> C: Assigned as School Resource Officer, Gang Officer or DARE Officer for two school years. <input type="checkbox"/> D: Assigned as School Resource Officer, Gang Officer or DARE Officer for three or more school years.
Detective or Investigation Assignment	Select ONE box to most clearly identify your experience.	<input type="checkbox"/> A: Assigned as full-time detective- under one year. <input type="checkbox"/> B: Assigned as full-time detective for two years. <input type="checkbox"/> C: Assigned as full-time detective for three years. <input type="checkbox"/> D: Assigned as full-time detective for four years or more.



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Field Training Officer	Select ONE box to most clearly identify your experience.	<input type="checkbox"/> A: State trained or certified as FTO, no experience in training a recruit. <input type="checkbox"/> B: State trained or certified as FTO and have trained one recruit in full training phase. <input type="checkbox"/> C: State trained or certified as FTO and have trained two recruits in full training phase. <input type="checkbox"/> D: State trained or certified as FTO and have trained three or more recruits in full training phase.
Shift Supervisor	Select ONE box to most clearly identify your experience.	<input type="checkbox"/> A: Supervise volunteer groups such as Crime Watch, Explorers or Reserve Officers. <input type="checkbox"/> B: Occasionally assigned as the officer-in-charge of at least one other patrol officer in absence of sergeant or supervisor. <input type="checkbox"/> C: Regularly assigned or designated shift officer-in-charge of at least one other patrol officer in lieu of sergeant or supervisor. <input type="checkbox"/> D: Held rank of a shift supervisor such as corporal, sergeant or equivalent.
Firearms Officer or Instructor	Select ONE box to most clearly identify your experience.	<input type="checkbox"/> A: State trained or certified as Firearms Officer, no experience in teaching. <input type="checkbox"/> B: State trained or certified as Firearms Officer, one year experience in teaching. <input type="checkbox"/> C: State trained or certified as Firearms Officer, two years experience in teaching. <input type="checkbox"/> D: State trained or certified as Firearms Officer, three or more years experience in teaching.
Emergency Vehicle Operations Instructor	Select ONE box to most clearly identify your experience.	<input type="checkbox"/> A: State trained or certified as EVOC instructor, no experience in teaching. <input type="checkbox"/> B: State trained or certified as EVOC instructor, one year experience in teaching. <input type="checkbox"/> C: State trained or certified as EVOC instructor, two years experience in teaching. <input type="checkbox"/> D: State trained or certified as EVOC instructor, three or more years experience in teaching.



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Defensive Tactics or Defensive Weapons Instructor	Select the box or boxes which most clearly identify your experience.	Certified and/or trained by state or agency as a defensive tactics instructor: <ul style="list-style-type: none"> <input type="checkbox"/> Defensive Tactics Instructor -OR- <input type="checkbox"/> Defensive Tactics Master Instructor <input type="checkbox"/> TASER Instructor <input type="checkbox"/> Baton Instructor <input type="checkbox"/> OC Instructor <input type="checkbox"/> Impact Ammunition Instructor <input type="checkbox"/> Other DT Instructor (list below)
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Collision Investigation Training	Select ONE box to most clearly identify your training.	<ul style="list-style-type: none"> <input type="checkbox"/> Basic investigation in academy. <input type="checkbox"/> 40-hour collision investigation course. <input type="checkbox"/> 80-hour advanced collision investigation. <input type="checkbox"/> 120-hour technical collision investigation. <input type="checkbox"/> Certified collision reconstructionist.
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ADDITIONAL INFORMATION OR CLARIFICATION:

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.



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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.

PHONE (required): _____ CELLULAR: _____

EMAIL (required): _____

DATE: _____

SIGNATURE OF APPLICANT: _____