



City of Toledo POLICE DEPARTMENT



POSITION OPENING PART-TIME LATERAL POLICE OFFICER

POSITION SUMMARY:

This position is a permanent part-time position for twenty (20) hours per week. This position provides emergency services, security and protection of the citizens of the city by patrolling businesses and residential areas, responding to requests for information and assistance, investigating criminal activity and otherwise ensuring the proper enforcement of all local, state and federal laws and regulations.

This description reflects the general concept and intent of the position and should not be construed as a detailed statement of all the work requirements that may be inherent in a position.

GENERAL MINIMUM QUALIFICATIONS:

1. Must be a U.S. citizen or a lawful permanent resident at time of appointment.
2. Must possess a High School diploma or equivalent.
3. Must be at least twenty-one (21) years of age at time of appointment.
4. Must possess and maintain a valid Washington State Driver's License and a driving record acceptable to the department and city and the city's insurance carrier.
5. Have no convictions for a felony offense.
6. Must have been employed as a commissioned officer continuously for 12 months within the past 24 months.
7. Washington State applicants must have completed the Washington State Criminal Justice Training Commission Academy and hold a current peace officer certification or have an equivalent certification from another state approved basic law enforcement academy. Out of state applicants who have not completed the WA State Criminal Justice Training Academy must successfully pass the state's equivalency test during the initial 12 months of employment.
8. Must meet the required requirements, including polygraph, psychological and background screening.

SALARY & BENEFITS: Starting salary DOQ, vacation, sick leave, longevity, retirement plan, and medical benefits.

TO APPLY: Application packet can be picked up or requested at the City of Toledo, 130 N. Second St., Toledo, or emailed to you. Contact City Hall at 360-864-4564 or email cityoftoledo@toledotel.com .

APPLICATION DEADLINE: Monday, December 5, 2021 by 4:00pm. Mailed applications must be postmarked by Friday, December 2nd.

TOLEDO POLICE DEPARTMENT

- Application must be filled out completely. *Incomplete applications will not be accepted.*
- If a question is not applicable to you, enter N/A in the space provided
- If there is insufficient space on the form for you to include all the information required, attach extra sheets to the application. Be sure to reference the relevant section before continuing your answer
- **Application must be accompanied by the following:**
 - Resume
 - Copy of law enforcement certificate
 - Copy of birth certificate
 - Proof of high school education or equivalent
 - Any other training you may have that may assist us in considering your application
 - If you would like, submit any documentation which would assist you in explaining any past unusual situations or problems. *For example: civil suits, criminal convictions, etc.*
- Any negative factors in your past will be evaluated in terms of frequency, recency, relevancy, circumstances surrounding its occurrence, and significance to the position for which you are applying for. *For example; being fired from a job, having an arrest, or poor traffic record may not be, in and of itself, grounds for disqualification*

The Toledo Police Department and City of Toledo is an equal opportunity employer and is committed to providing equal opportunity and access regardless of race, religion, creed, color, national origin, age, sex, sexual orientation, disabled veteran status, physical, mental or sensory disability. Women, minorities, veterans and persons with disabilities are encouraged to apply. The city will provide reasonable accommodation for persons with disabilities during the selection process, if requested.

Only United States citizens and aliens lawfully authorized to work in the United States are eligible for employment. All new employees will be required to complete and sign an Employment Eligibility Verification Form and present documentation verifying identity and employment eligibility.

Please return application to:

Toledo Police Department

PO Box 517

130 N. Second Street

Toledo, WA 98591-0517

Email: toledopd@toledotel.com

TOLEDO POLICE DEPARTMENT APPLICATION FOR EMPLOYMENT



POSITION APPLYING FOR (Please select)

Entry Level
 Lateral
 Reserve
 Police Chief

PERSONAL (print clearly or type)

Name _____

Last
First
Middle

Other Names/Aliases (including nicknames) you have used or been known by _____

Address _____

Street/PO Box
City
State
Zip

Contact # (s) _____

Home Phone #
Cell Phone #

Email _____

How would you like us to contact you? _____

Have you ever been employed by the Toledo Police Department or City of Toledo before? No Yes

If YES, position and dates _____

Relatives employed by the Toledo Police Department or City of Toledo _____

Dates available for work _____

EMPLOYMENT (print clearly or type)

Beginning with your most current employment, please list all jobs (including part-time, temporary and voluntary positions) you have held in the past 5 years. Do not include military service.

Do you have any concerns about your current/previous employer(s) being contacted during the course of the background investigation? NO YES _____

Not Employed
 From Month Year ____/____
 To Month Year ____/____

Dates of Employment	Current or Most Recent Employer	Reason for Leaving
Start Date End Date ____/____/____ ____/____/____ <small>Month Year Month Year</small> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/>	Name _____ Address _____ Telephone # _____ Supervisor _____	
Position/Title Job Duties		

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Not Employed From Month Year ____/____/____ To Month Year ____/____/____

Dates of Employment	Name & Address of Employer	Reason for Leaving
Start Date End Date ____/____/____ ____/____/____ <small>Month Year Month Year</small> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/>	Name _____ Address _____ _____ Telephone # _____ Supervisor _____	
Title/Position Duties		

Not Employed From Month Year ____/____/____ To Month Year ____/____/____

Dates of Employment	Name & Address of Employer	Reason for Leaving
Start Date End Date ____/____/____ ____/____/____ <small>Month Year Month Year</small> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/>	Name _____ Address _____ _____ Telephone # _____ Supervisor _____	
Title/Position Job Duties		

Not Employed From Month Year ____/____/____ To Month Year ____/____/____

Dates of Employment	Name & Address of Employer	Reason for Leaving
From To ____/____/____ ____/____/____ <small>Month Year Month Year</small> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/>	Name _____ Address _____ _____ Telephone # _____ Supervisor _____	
Title/Position Job Duties		

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Not Employed From Month ___/___ Year To Month ___/___ Year

Dates of Employment	Name & Address of Employer	Reason for Leaving
From To ___/___ ___/___ <small>Month Year Month Year</small> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/>	Name _____ Address _____ _____ Telephone # _____ Supervisor _____	
Title/Position Job Duties		

Have you ever had any extended work absences as a result of discipline: such as suspensions, or leaves of absences etc.?

No Yes If YES, please briefly explain

Have you ever been fired or asked to resign from any place of employment?

No Yes

If YES, please _____

Have you ever been a successful or unsuccessful candidate for another position requiring peace office powers?

No Yes If YES, please explain _____

RESIDENCE (print clearly or type)

List all of your residence during the last 5 years. Begin with your most current residence

Address _____	From	<small>Month</small> ___/___ <small>Year</small>	To	<small>Month</small> ___/___ <small>Year</small>
<small>Street City State Zip</small>				
Address _____	From	<small>Month</small> ___/___ <small>Year</small>	To	<small>Month</small> ___/___ <small>Year</small>
<small>Street City State Zip</small>				
Address _____	From	<small>Month</small> ___/___ <small>Year</small>	To	<small>Month</small> ___/___ <small>Year</small>
<small>Street City State Zip</small>				
Address _____	From	<small>Month</small> ___/___ <small>Year</small>	To	<small>Month</small> ___/___ <small>Year</small>
<small>Street City State Zip</small>				

EDUCATION (print clearly or type)

Do you have law enforcement certification? Yes No

List all law enforcement academies attended

NAME	LOCATION	DATES ATTENDED	MAJOR/COURSE OF STUDY	DEGREE OR DIPLOMA

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Did you graduate from high school or obtain a GED? Yes No Date _____

List all high schools attended

SCHOOL NAME	LOCATION

List all Colleges/Universities attended

NAME	LOCATION	DATES ATTENDED	MAJOR/COURSE OF STUDY	DEGREE OR DIPLOMA

List all Business/Trade schools attended

NAME	LOCATION	DATES ATTENDED	MAJOR/COURSE OF STUDY	DEGREE OR DIPLOMA

List all other courses/training

NAME	LOCATION	DATES ATTENDED	MAJOR/COURSE OF STUDY	DEGREE OR DIPLOMA

Have you ever been suspended or expelled from any school? No Yes

If YES please explain (include school, date, and circumstances) _____

Do you have any plans for furthering your education or developing existing skills? If so please explain _____

MILITARY SERVICE (print clearly or type)

Have you ever served in the U.S. Armed Forces, National Guard or Military Reserves? Yes No

Dates of Service	Branch of Service	Draft Classification
From To ____/____/____ ____/____/____ <small>Month Year Month Year</small>		

Related skills/experience applicable to civilian employment

Are you currently participating in the U.S. Military Reserve or National Guard Program? Yes No

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MILITARY SERVICE cont. (print clearly or type)

Have you ever been the subject of any judicial or non-judicial disciplinary action while in the military, National Guard or military reserves? No Yes If YES, please explain (include branch of service, when, where and circumstances)

Have you ever had security clearance denied, suspended or revoked? No Yes
If YES, please explain _____

Were you ever confined to a brig, jail, confinement facility or guard house? No Yes
If YES, please explain _____

MISCELLANEOUS INFORMATION (print clearly or type)

Do you have any activities, commitments or responsibilities that may prevent you from meeting work attendance, travel, overtime or training requirements? No Yes
If YES, please explain _____

Have you ever applied for a permit to carry a concealed weapon? No Yes
If YES, please provide the following information

Date	Purpose	
Permit granted? Yes <input type="checkbox"/> No <input type="checkbox"/>	Name of Law Enforcement Agency	

List all law enforcement agencies for which you have applied for a position and the agency's reason for not hiring you

Agency	Reason

List every law enforcement agency for which you have taken a polygraph and/or psychological test and list the results

Agency	Results

SPECIAL QUALIFICATIONS (print clearly or type)

List any professional memberships, certificates, licenses (such as pilot's license, radio operator etc.)

List any other special skills or qualifications that you may possess (include hobbies/sports and other special interest groups or organizations that you are involved in) _____

Can you speak any foreign language? No Yes
Indicate degree of fluency (excellent, fair, good, poor)

Language	Reading	Speaking	Comprehension

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OFFICE OR ADMINISTRATIVE (print clearly or type)

Please indicate your level of skill with the following software systems

Word _____ Outlook _____ Spillman _____
Office Machines _____

LEGAL (print clearly or type)

Proof is required that you are a legal resident in this country. If employed can you provide such documentation?

Yes No

If you have ever been arrested or convicted for any crime (excluding traffic citations) please provide the following information

Arrest/Conviction	Approximate Date(s)	Police Agency

Were you ever required to appear before a juvenile court for an act which would have been a crime if committed by an adult? No Yes If YES, please explain (when, where, circumstances) _____

MOTOR VEHICLE OPERATION (print clearly or type)

Operation of a motor vehicle is an integral part of law enforcement. An investigation of your driving history will be made through a records check. To expedite this procedure, please supply the following information.

Do you possess a Washington State driver's license? Yes No

Driver's License # _____ State _____ Exp. Date _____

Have you ever been licensed to operate a motor vehicle in any other state than Washington? No Yes

State _____ State _____ State _____

Have you ever been refused a driver's license by any state? No Yes If YES, please explain _____

Has your license ever been suspended or revoked? No Yes If YES, please explain _____

Effective January 1, 1989, Washington State Law requires all drivers to have auto insurance with liability minimums of \$25,000 for the injury or death of one person, \$50,000 for two and \$10,000 property damage or show financial responsibility in one of two ways – a liability bond that meets requirements or by a \$60,000 certificate deposit.

Do you have current auto insurance? Yes No

Have you ever had your auto insurance cancelled or refused? No Yes

If YES, please explain _____

Have you ever had high risk auto insurance? No Yes

List all traffic citations (excluding parking citations) you have received within the last 7 years

Violation	Location (city)	Approximate Date	Fined or action taken on driver's license

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MOTOR VEHICLE OPERATION cont..... (print clearly or type)

Have you ever been involved as a driver in a motor vehicle accident? No Yes

If YES, please provide the following information for each accident

Date	Location	<input type="checkbox"/> Injury <input type="checkbox"/> Non-Injury
Police Investigation? Yes <input type="checkbox"/> No <input type="checkbox"/>	Police Agency	
Date	Location	<input type="checkbox"/> Injury <input type="checkbox"/> Non-Injury
Police Investigation? Yes <input type="checkbox"/> No <input type="checkbox"/>	Police Agency	

PERSONAL HABITS (print clearly or type)

Have you ever used or experimented with:	Yes	No	How Many Times	Last Time (month/year)
Marijuana				
Amphetamines				
Cocaine				
Heroin				
Pain Killers (other than prescribed)				
LSD				
PCP				
Barbiturates (downers)				
Valium				
Hallucinogens				
Alcohol				
Any other drugs (list/describe)				

Have you ever been involved in the sale or delivery of any controlled substance? No Yes

If it becomes necessary to take a human life in the course of your duties as a peace officer would you have any beliefs that would prevent you from doing so? No Yes If YES, please explain _____

Are there any incidents in your life or details not mentioned here in which may influence this department's evaluation of your suitability to be an employee? No Yes If YES, please explain _____

REFERENCES – list people not related to you (print clearly or type)

Name _____ Relationship _____ Years Known _____
Phone # _____

Name _____ Relationship _____ Years Known _____
Phone # _____

Name _____ Relationship _____ Years Known _____
Phone # _____

TOLEDO POLICE DEPARTMENT
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PLEASE READ CAREFULLY BEFORE SIGNING THIS APPLICATION

I authorize the Toledo Police Department and/or City of Toledo to investigate all statements in this application to secure any necessary information from all my employers, references, and academic institutions.

I hereby release all of those employers, references, academic institutions, and the Toledo Police Department and/or City of Toledo from any and all liability arising from their giving or receiving information about my employment history, my academic credentials or qualifications, and my suitability for employment with the city. I also authorize the Toledo Police Department and/or City of Toledo to make any investigation of my personal history and financial and credit record through any investigations or credit/bureaus of the City's choice and I understand that, upon my written request made within a reasonable period of time, the agency providing a consumer credit report to the city will provide me with a complete description of the nature and scope of the credit report investigation. It is further agreed and understood that I shall hold the Toledo Police Department and/or City of Toledo harmless for any use of any and all information gained through these inquires.

I understand that any offer of employment is contingent upon receipt of a satisfactory report concerning my credit, academic credentials, and employment references. I further understand that any misrepresentations in any of my answers or statements will result in a cancellation of my application, or if employed, will be cause for dismissal. I also authorize the Toledo Police Department and/or City of Toledo to supply information about my employment record, in whole or in part, in confidence or any prospective employer, government agency, or other partying having a legal and proper interest, and I hereby release the city from any and all liability for it providing this information.

If I am applying for an exempt position, I understand that nothing in this application or my communications with any Toledo official is intended to create an employment contract between the City of Toledo and me. In the event of my employment with the Toledo Police Department and/or City of Toledo, I will comply with all rules, regulations, and policies set for in the department and city's policy manual or in communications distributed by the department and city.

I further agree to the following terms and conditions of employment:

1. A pre-employment evaluation (background investigation, psychological and, polygraph).
2. Meeting minimum or maximum age requirements of applicable law, rules and regulations.
3. Submitting proof of citizenship or U.S. work permit, upon employment, **if required**.
4. Meeting job attendance and performance requirements.

Signature of Applicant _____ Date _____

The Age Discrimination in Employment Act of 1967 prohibits discrimination on the bases of age with respect to persons who are at least 40 but less than 70 years of age.

Discrimination in employment is prohibited under TITLE VII of the Civil Rights Act of 1984 and Section 504 of the Rehabilitation Act of 1983.

In compliance with federal and state laws equal employment opportunity guidelines, applicants are considered for employment on the basis of qualifications and demonstrated abilities without regard to race, religion, age, color, national origin, sex, disability, sexual orientation, marital status, genetic information, veterans' status, or any other basis prohibited by federal, state, or local law

Reasonable accommodations with the application and examination process are available, upon request, for persons with disabilities

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WAIVER AND AUTHORIZATION TO RELEASE INFORMATION

*This document affects your legal rights. Read carefully before signing.
You may wish to consult an attorney before you sign this document.*

To whom it may concern:

I, the undersigned, authorize you to furnish the Toledo Police Department and/or City of Toledo or its representatives any and all information that you have concerning me, my work record, my reputation, my medical records, my psychological testing and analysis plus recommendation, my financial status, and such other information and records you may have in your possession relating to me. Information of a confidential or privileged nature may be included in the materials you provide to the Toledo Police Department and/or City of Toledo or its representatives. Your reply will be used to assist the Toledo Police Department in determining my qualifications and fitness for a position I am seeking with the Toledo Police Department. A photocopy or digital image of this release may be honored as if it is a signed original.

I understand my right to request access to any public records relating to me pursuant to Title 5 of the United States Code, Section 5 et seq., the Privacy Act of 1974, the Freedom of Information Act, and Revised Code of Washington (RCW) 42.17 et seq., and specifically waive those rights understanding that the information furnished will be used by the Toledo Police Department and/or City of Toledo or its representatives in conjunction with employment procedures. I will make no attempt to gain access to the information provided by you to the Toledo Police Department and/or City of Toledo or its representatives in conjunction with this employment process and hereby expressly waive any rights I may have to request the disclosure or information provided by you to the Toledo Police Department and/or City of Toledo or its representatives in conjunction with employment procedures.

Further, I do hereby release you, your organization, your agents, and others from any liability or damage which may result from furnishing information to the Toledo Police Department and/or City of Toledo pursuant to this waiver and authorization to release information.

Job applicant's printed name

X _____
Job applicant's signature

today's date

Notarial Acknowledgement:

State of _____

County of _____

On _____, before me, _____, personally appeared, _____
(Date) (Name of notary) (Name of job applicant)

Notary: Please check either No. 1 or No. 2 below (but not both):

- 1. Who is personally known to me
-- OR --
- 2. Who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed on this Release, and acknowledged to me that he executed the same as his free act and deed?

WITNESS my hand and official seal

(Notary signature)

Stamp Here

My Commission Expires: _____
ID number: _____
Expires: _____

Notary: Please affix your notarial seal to the right.