



# City of Montesano

## CIVIL SERVICE COMMISSION

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### EXAMINATION ANNOUNCEMENT: POLICE OFFICER (LATERAL)

#### *CONTINUOUS RECRUITMENT*

**Salary Range (2024): \$5,852 - \$7,315 Lateral officers start at Step C = \$6,583**  
**Salary Range (2025): \$6,115 –\$7,644 Lateral officers start at Step C = \$6,880**

The City of Montesano is examining applicants, who have successfully completed the Washington State Basic Law Enforcement Academy (or equivalent), for potential employment as a full-time Police Officer. Lateral Officer candidates must be eligible for or currently possess Peace Officer Certification in good standing by the Washington Criminal Justice Training Commission.

This recruitment is continuous - applications are accepted at any time and will be scored according to an objective assessment of training and experience before being placed on a continuously updated eligibility for hire list which is then certified by the Civil Service Commission. The top three candidates from the eligibility list will be forwarded to the Chief of Police for consideration whenever a position becomes vacant or new positions are added.

The City of Montesano is the county seat for Grays Harbor County and has a population of approximately 4,100 residents with continued growth anticipated. The Police Department consists of the Chief of Police, one Lieutenant, six Patrol Officers, one part-time Parking Enforcement Officer, and two Police Deputy Clerk/Evidence Custodians. The Patrol Officers and Police Clerks are union-represented, civil service-tested positions.

All Police Officers are represented by the Washington State Teamsters Union Local #252. The Patrol Division schedule currently consists of four 12-hour work shifts followed by 4 days off. All medical, dental and vision coverage for the Officers and dependent family is currently covered by the City with only a slight employee co-pay for family members.

Our department is committed to community-oriented policing, which we implement in our daily patrols along with programs such as the Annual William Brookshire Bike Rodeo, National Night Out, and two city wide festivals; The Festival of Lights and The Historical Car Show.

The Montesano Police Department embraces the “community policing” philosophy as reflected in the department’s mission statement:

*“Through citizen partnerships and problem solving, we will help build a stronger, more self sufficient community- a community in which crime and disorder will not thrive.”*



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Applicants should be self-motivated with a strong desire to serve the community and promote professional law enforcement services.

Members of the Montesano Police Department are very proud of their service to the community; all new applicants should have a history of demonstrative leadership and quality public service. Experienced officers from diverse cultural and ethnic backgrounds are encouraged to apply. The City of Montesano is an equal opportunity employer.

### **NATURE OF WORK:**

This position is responsible for the protection of life and property of the citizens of Montesano by the prevention of crime, apprehension of criminals, and the enforcement of laws and ordinances of the City of Montesano and the State of Washington. The work performed consists of assigned patrol, criminal investigations, and traffic regulation duties. Police work involves an element of personal danger and employees must be able to act without direct supervision and exercise independent judgment in meeting emergency situations. Assignments, general instructions, and special instructions are received from administrative officers who review work methods and results through reports, observations, discussion and evaluation reports.

### **EXAMPLES OF WORK:**

Proactively patrols the city, in a patrol car or on foot, to handle calls for service, prevent and discover criminal acts, apprehend offenders, and to enforce vehicle and traffic laws.

Responds to and resolve complaints involving victims of crimes, automobile accidents, and other calls for assistance.

Prepares written reports relating to investigated cases, complaints, and shift activities.

Conducts criminal investigations, gathers evidence, obtains witness/victim/suspect statements, makes arrests, conducts follow-up investigations, and prepares high-quality documentation for such activities. Assists the Prosecutor in preparing for trial and testifies as a witness in court.

Conducts accident investigations; provides first aid for injured; takes safeguards to prevent further accidents; interviews involved parties and witnesses; takes statements; examines vehicles, roadways, traffic controls, and obstructions to view; clears obstructions and records data; and prepares detailed accident reports.

Performs varied duties such as traffic control; police protection at fires, parades, processions, and sporting events; controls school crossing traffic; and checks and reports on deficient street lights, signs, and road surfaces.



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### **DESIRABLE KNOWLEDGE, ABILITIES, AND SKILLS:**

A desire to perform all aspects of law enforcement in a fair and impartial manner with an energetic and positive perspective in order to provide exceptional services to the community.

Ability to cope with situations firmly, courteously, tactfully, and with respect for the rights of citizens.

Ability to analyze situations quickly and objectively to determine proper courses of action.

Ability to understand and carry out oral and written instructions.

Ability to write and speak effectively, including over the radio.

Ability to establish and maintain effective working relationships with other employees and the general public.

Skill in the use and care of firearms, and in first aid practices.

### **REQUIREMENTS:**

- High School graduate or GED equivalent.
- Successful completion of the Washington State Criminal Justice Training Commission Basic Law Enforcement Academy (BLEA) or its equivalent with Washington BLEA Equivalency Academy.
- Certified Washington State Peace Officer in good standing (no pending decertification actions).
- Ability to meet physical, medical and background standards for Police Officers as established by the City.
- 21 years of age at time of application.
- United States Citizen.
- A valid Washington State Driver's License upon hire and acceptable driving record.

### **SPECIAL REQUIREMENTS:**

As a condition of employment, candidates will be required to successfully complete the following:

- Background investigation by the Police Department (criminal activity, employment history, credit history, driving record, social media activity, etc.).

Following a conditional offer of employment, a potential officer must successfully complete, as a condition of final employment:

- A medical examination by a licensed physician, including drug test;
- A psychological examination by a licensed psychologist to establish fitness for duty;
- Polygraph examination.



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### EXAMINATION PROCEDURES:

A qualifications examination, based on the scoring of past training and experience, will be conducted of all qualified lateral applicants. Those candidates passing the qualifications examination will be ranked on an eligibility list in the order of the examination score. The qualifications examination measures the applicant's self-declared expertise and experience in a number of policing areas including: patrol work, youth liaison work, DARE, detective, field training officer, emergency vehicle operations instructor, firearms instructor, defensive tactics instructor, and relief supervisor.

Following certification, an eligibility hire list may be used, at the discretion of the Police Chief, to fill vacancies. The Chief may request either the lateral list or the entry level eligibility list, based upon the needs of the department.

The Chief may choose from among the top three candidates on an eligibility list. Candidates may be asked to interview with the Chief and/or his designee. All requirements would have to be satisfactorily completed by the candidate as a condition of hire.

Candidates appointed to a Police Officer position will be required to satisfactorily complete a 12-month probationary period in accordance with Montesano Civil Service Rules. Salary levels and certain other conditions of employment are established by a collective bargaining agreement.

Veteran's Scoring Criteria will be added to the final score for those who qualify under the City's Civil Service Rules. If you wish to request veteran's scoring criteria, you must complete a City of Montesano veteran's scoring criteria form and return it, along with a form DD214, with your job application. Unclear information or information that is not supported by the DD214 will be disregarded.

*Under Washington state law, if you have previously utilized Veteran's preference or scoring criteria to obtain a public service job, you may not claim preference or scoring criteria a second time.*

### CONDITIONS OF EMPLOYMENT:

In accordance with the Immigration and Nationality Act (INA), Section 274A, all new employees must show employment authorization to work in the United States and verification of identity. Applicants are advised that this documentation is a condition of employment with the City of Montesano. New employees will be advised of acceptable documents to verify identity and work authorization.

### HOW TO APPLY:

Applicants may retrieve the required application materials and lateral experience qualifications test from the City's Internet webpage at [www.CityofMontesano.com](http://www.CityofMontesano.com). You may request a Police Officer (Lateral Entry) application packet by contacting the City's Civil Secretary, at (360) 249-4245 or [civilservice@montesano.us](mailto:civilservice@montesano.us).

***Resumes or other application forms will not be accepted in lieu of the official application packet.***



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## LATERAL POLICE OFFICER APPLICATION QUESTIONNAIRE

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

1. Have you successfully completed the probationary period at your most recent law enforcement department or agency?

YES     NO

2. Have you successfully completed the Washington State Basic Law Enforcement Academy (BLEA)?

YES     NO    *Date of completion:* \_\_\_\_\_

3. Are you a certified Washington State Peace Officer in good standing without any pending decertification actions?

YES     NO

4. If you have successfully completed a basic law enforcement academy through another State, or federal law enforcement academy, please list the name of the academy / location, and date of completion.

Academy Name	Location	Completion Date

5. 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:

*Date of completion of Washington State Equivalency Academy:* \_\_\_\_\_



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### PRIOR LAW ENFORCEMENT TRAINING

Name of Course:		Total Hours of Training
Institution of Learning / Instructor:		
Date Training Began:	Date Training Ended:	
Training Topic:		

Name of Course:		Total Hours of Training
Institution of Learning / Instructor:		
Date Training Began:	Date Training Ended:	
Training Topic:		

Name of Course:		Total Hours of Training
Institution of Learning / Instructor:		
Date Training Began:	Date Training Ended:	
Training Topic:		



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Name of Course:		Total Hours of Training
Institution of Learning / Instructor:		
Date Training Began:	Date Training Ended:	
Training Topic:		

Name of Course:		Total Hours of Training
Institution of Learning / Instructor:		
Date Training Began:	Date Training Ended:	
Training Topic:		

Name of Course:		Total Hours of Training
Institution of Learning / Instructor:		
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Training Topic:		



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Name of Course:	Total Hours of Training
Institution of Learning / Instructor:	
Date Training Began:	Date Training Ended:
Training Topic:	

Name of Course:	Total Hours of Training
Institution of Learning / Instructor:	
Date Training Began:	Date Training Ended:
Training Topic:	

**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 the Applicant:** \_\_\_\_\_ **Dated:** \_\_\_\_\_





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## LATERAL POLICE OFFICER LISTING OF QUALIFICATIONS

APPLICANT'S 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:

<b>Police Patrol Experience</b>	
Select ONE box to most clearly identify your experience	<b>A</b> <input type="checkbox"/> Completed Washington State Basic Law Enforcement Academy (BLEA), but does not have patrol experience
	<b>B</b> <input type="checkbox"/> Completed BLEA and currently in (or did not complete) a Field Training Program
	<b>C</b> <input type="checkbox"/> Completed BLEA and successfully completed a Field Training Program but has NOT been assigned as a solo officer for one year.
	<b>D</b> <input type="checkbox"/> Completed BLEA, completed a Field Training Program & assigned to Patrol as a solo officer for one year.
	<b>E</b> <input type="checkbox"/> Completed BLEA, completed a Field Training Program & assigned as a solo officer in Patrol for two or more years.

<b>Assignments to School Districts</b>	
Select ONE box to most clearly identify your experience	<b>A</b> <input type="checkbox"/> Completed training as a School Resource Officer, Gang Officer, or DARE Officer – however no experience yet at a school.
	<b>B</b> <input type="checkbox"/> Completed training as a School Resource Officer, Gang Officer, or DARE Officer and has been assigned to a school for one school year.
	<b>C</b> <input type="checkbox"/> Completed training as a School Resource Officer, Gang Officer, or DARE Officer and has been assigned to a school for two school years.
	<b>D</b> <input type="checkbox"/> Completed training as a School Resource Officer, Gang Officer, or DARE Officer and has been assigned to a school for three or more school years.

<b>Detective or Investigations Assignment</b>	
Select ONE box to most clearly identify your experience	<b>A</b> <input type="checkbox"/> Assigned as a full-time detective – under one year
	<b>B</b> <input type="checkbox"/> Assigned as a full-time detective for two years.
	<b>C</b> <input type="checkbox"/> Assigned as a full-time detective for three years.
	<b>D</b> <input type="checkbox"/> Assigned as a full-time detective for four years or more.



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<b>Field Training Officer</b>		
Select ONE box to most clearly identify your experience	<b>A</b>	<input type="checkbox"/> State trained or certified as FTO, no experience in training a recruit
	<b>B</b>	<input type="checkbox"/> State trained or certified as a FTO and have trained one recruit in a full training phase.
	<b>C</b>	<input type="checkbox"/> State trained or certified as a FTO and have trained two recruits in a full training phase.
	<b>D</b>	<input type="checkbox"/> State trained or certified as a FTO and have trained three or more recruits in a full training phase.

<b>Shift Supervisor</b>		
Select ONE box to most clearly identify your experience	<b>A</b>	<input type="checkbox"/> Supervised volunteer groups such as Crime Watch, Explorers, VIPs, or Reserve Officers.
	<b>B</b>	<input type="checkbox"/> Occasionally assigned as the Officer-in-Charge of at least one other patrol officer in the absence of a Sergeant or supervisor. (5 times or less)
	<b>C</b>	<input type="checkbox"/> Regularly assigned or designated shift Officer-in-Charge of at least one other patrol officer in lieu of a Sergeant or supervisor.
	<b>D</b>	<input type="checkbox"/> Held the rank of a shift supervisor such as Corporal, Sergeant, equivalent, or above.

<b>Firearms Training Instructor</b>		
Select ONE box to most clearly identify your experience	<b>A</b>	<input type="checkbox"/> State trained or certified as a Firearms Training Officer, but have no experience in teaching this discipline.
	<b>B</b>	<input type="checkbox"/> State trained or certified as a Firearms Training Officer with one year or less of experience teaching this discipline.
	<b>C</b>	<input type="checkbox"/> State trained or certified as a Firearms Training Officer with more than one year and up to two years of experience teaching this discipline.
	<b>D</b>	<input type="checkbox"/> State trained or certified as a Firearms Training Officer with three or more years teaching this discipline.



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<b>Emergency Vehicle Operations Instructor</b>		
Select ONE box to most clearly identify your experience	<b>A</b>	<input type="checkbox"/> State trained or certified as an EVOC Instructor, no experience in teaching that discipline.
	<b>B</b>	<input type="checkbox"/> State trained or certified as an EVOC Instructor, with one year or less in teaching that discipline.
	<b>C</b>	<input type="checkbox"/> State trained or certified as an EVOC Instructor, with more than one year but less than two years teaching that discipline.
	<b>D</b>	<input type="checkbox"/> State trained or certified as an EVOC Instructor, with three or more years teaching this discipline.

<b>Defensive Tactics or Defensive Weapons Instructor</b>		
Select ALL boxes that most clearly identify your experience		<b>Certified and/or trained by the State or other certified agency as an instructor</b>
	<b>0.5</b>	<input type="checkbox"/> Defensive Tactics Instructor –OR–
	<b>1.5</b>	<input type="checkbox"/> Defensive Tactics Master Instructor
	<b>0.5</b>	<input type="checkbox"/> TASER Instructor
	<b>0.5</b>	<input type="checkbox"/> Baton Instructor
	<b>0.5</b>	<input type="checkbox"/> OC Instructor
	<b>0.5</b>	<input type="checkbox"/> Less Lethal Shotgun Instructor
	<b>0.5</b>	<input type="checkbox"/> SIMS (Simunitions) Instructor
<b>0.5</b>	<input type="checkbox"/> Other Instructor : _____	



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<b>Collision Investigations Training</b>		
Select ONE box to most clearly identify your experience. <i>(It is understood the most advanced class checked will mean the applicant has attended and passed lesser classes)</i>	<b>A</b>  <b>B</b>  <b>C</b>  <b>D</b>  <b>E</b>	<input type="checkbox"/> Basic Collision Investigations during initial academy (BLEA) training.  <input type="checkbox"/> 40-hour Basic Collision Investigations Course (Post-Academy).  <input type="checkbox"/> 80-hour Advanced Collision Investigations Course (Post-Academy).  <input type="checkbox"/> 120-hour Technical Collision Investigations Course (Post-Academy)  <input type="checkbox"/> Certified Collision Reconstructionist

**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.

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)

**SIGNATURE OF APPLICANT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**The applicant must now complete the City Employment Application and attach that application to this paperwork to submit.**



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## APPLICATION FOR EMPLOYMENT

112 North Main Street Montesano, WA. 98563 (360) 249-4245 FAX: (360) 249-3690

**EQUAL OPPORTUNITY:** The City of Montesano, Washington is an equal opportunity employer. We hire, train, and promote without discrimination due to race, color, religion, gender, national origin, ancestry, marital status, age, sexual orientation, or handicap. The City of Montesano affirmatively seeks to employ and advance qualified Vietnam veterans and disabled veterans. Hiring, promotions, lay-offs, discharge, rates of pay, training and other employment activities will be consistent with this Equal Opportunity Statement.

**INSTRUCTIONS:** Print or type all information. The application must be filled out accurately and completely. Answer all questions. Do not leave an items blank. If an item does not apply, write N/A (not applicable). If you need additional space to answer a question fully, you may use full sheets of paper that are the same size as this page. On each additional page, include your name, the position title for which you are applying, and the specific section of this application form that you are continuing to an additional page. You may also attach copies of resumes, documents, or certificates which support your application. All materials submitted become the property of the City of Montesano and will not be returned. Nothing can be added to you application after the announcement period has closed. All statements made on the application are subject to verification. Failure to follow these instructions may be cause for rejection of the application. Illegible or incomplete applications may be rejected. Exaggerated, false, or misleading statements may be cause for rejection of the application and/or termination of employment. My initials at the end of this sentence affirm that I have read and understand these instructions. \_\_\_\_\_(Initials)

### PERSONAL INFORMATION

LAST NAME M.I.	FIRST	OTHER NAMES BY WHICH YOU HAVE BEEN KNOWN	
MAILING ADDRESS			
RESIDENCE ADDRESS (IF DIFFERENT THAN ABOVE)			
SOCIAL SECURITY NUMBER	TELEPHONE NUMBER	ALTERNATE PHONE NUMBER(S)	
ARE YOU 18 YEARS OF AGE OR OLDER (21 YEARS OF AGE FOR POLICE APPLICANTS)?			<input type="checkbox"/> YES <input type="checkbox"/> NO
DO YOU HAVE A LEGAL RIGHT TO WORK IN THE UNITED STATES? IF OFFERED EMPLOYMENT YOU WILL BE REQUIRED TO PRESENT EVIDENCE OF YOU RIGHT TO WORK.			<input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU PREVIOUSLY APPLIED FOR EMPLOYMENT WITH THE CITY OF MONTESANO?			<input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU PREVIOUSLY BEEN EMPLOYED BY THE CITY OF MONTESANO? IF YES, COMPLETE THE FOLLOWING.			



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YES  NO

LIST ANY RELATIVES OR MEMBERS OF YOUR HOUSEHOLD WHO ARE EMPLOYED BY THE CITY OF MONTESANO.  
NAMES JOB TITLE/DEPARTMENT

**DRIVER'S LICENSE:** If the position for which you are applying will require you to operate a vehicle: (1) You must possess a valid driver's license. (2) Any special endorsements must be current and valid. (3) If you are offered employment by the City of Montesano, and if your driver's license is from another State, you will be required as a condition of employment to obtain a valid Washington State Driver's License before you can begin work.

DRIVER'S LICENSE NUMBER	STATE	EXPIRATION	CLASSIFICATION
DO YOU AUTHORIZE THE CITY OF MONTESANO TO INVESTIGATE YOUR DRIVING RECORD? IF YES, THE CITY MAY, AT ITS DISCRETION, OBTAIN AN ABSTRACT OF YOUR DRIVING RECORD FROM THE APPLICABLE DEPARTMENT OF LICENSING.			<input type="checkbox"/> YES <input type="checkbox"/> NO

**EMPLOYMENT DESIRED**

POSITION OR TYPE OF WORK FOR WHICH YOU ARE APPLYING? \_\_\_\_\_

HOW DID YOU LEARN ABOUT THE POSITION FOR WHICH YOU ARE APPLYING? \_\_\_\_\_

DO YOU WISH TO WORK:  FULL TIME  PART TIME  TEMPORARY  SUMMER

IF PART TIME, SPECIFY DAYS AND HOURS PER WEEK.

MONDAY  TUESDAY  WEDNESDAY  THURSDAY  FRIDAY  SATURDAY  SUNDAY

\_\_\_\_HOURS PER WEEK

WHAT IS YOUR MINIMUM SALARY REQUIREMENTS? \$\_\_\_\_ PER PICK

DATE AVAILABLE TO START EMPLOYMENT? \_\_\_\_\_

DO YOU HAVE ANY COMMITMENTS TO ANOTHER EMPLOYER THAT MIGHT AFFECT YOUR EMPLOYMENT WITH THE CITY OF MONTESANO?  YES  NO

PLEASE, SPECIFY COMMENTS:

**EDUCATION:** Educational qualifications are subject to verification. If an offer of employment is made, you may be asked to provide dates of attendance to facilitate verification.

DO YOU HAVE A HIGH SCHOOL DIPLOMA OR EQUIVALENT?  YES  NO

WHAT POST SECONDARY DEGREE(S) DO YOU HOLD? \_\_\_\_\_

MAJOR / MINOR DEGREE, FIELD OR PROGRAM OF STUDY? \_\_\_\_\_

NAME AND LOCATION OF COLLEGES OR UNIVERSITIES ATTENDED? \_\_\_\_\_

**MILITARY SERVICE**

DATES OF MILITARY SERVICE				BRANCH OF SERVICE	RANK AT SEPARATION
ENTERED INTO		DISCHARGED			
MONTH	YEAR	MONTH	YEAR	IF YOU ARE CLAIMING PREFERENCE AS A VETERAN OR DISABLED VETERAN, YOU MUST ATTACH A COPY OF YOUR DD-214 FORM AND/OR YOUR VETERANS AFFAIRS DISABILITY LETTER AND CLAIM NUMBER. <b>VETERAN'S POINTS CLAIMED (CHECK ONE)</b> <input type="checkbox"/> 5 POINTS <input type="checkbox"/> 10 POINTS	
-		-			
LIST ANY SPECIALIZED TRAINING RECEIVED IN THE MILITARY: _____					
OPTIONAL: LIST ANY MEDALS, COMMENDATIONS, OR AWARDS RECEIVED IN THE MILITARY: _____					



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### EMPLOYMENT HISTORY

MAY WE CONTACT YOUR PRESENT EMPLOYER REGARDING YOUR RECORD OF EMPLOYMENT?  YES  NO

LIST YOUR PREVIOUS 10 YEARS OF EMPLOYMENT HISTORY, IN THE ORDER OF YOUR MOST CURRENT TO YOUR LEAST CURRENT

MOST RECENT EMPLOYER				EMPLOYER:
FROM		TO		
MONTH	YEAR	MONTH	YEAR	
-		<b>PRESENT</b>		ADDRESS:
				TELEPHONE NUMBER:
TOTAL YEARS		YEARS MONTHS		YOUR JOB TITLE:
HOURS PER WEEK:				SUPERVISOR'S NAME AND TITLE:
REASON FOR LEAVING POSITION:				
SPECIFIC DUTIES PERFORMED: _____				
NUMBER OF EMPLOYEES SUPERVISED: _____				

SECOND MOST RECENT EMPLOYER				EMPLOYER:
FROM		TO		
MONTH	YEAR	MONTH	YEAR	
-		-		ADDRESS:
				TELEPHONE NUMBER:
TOTAL YEARS		YEARS MONTHS		YOUR JOB TITLE:
HOURS PER WEEK:				SUPERVISOR'S NAME AND TITLE:
REASON FOR LEAVING POSITION:				
SPECIFIC DUTIES PERFORMED: _____				
NUMBER OF EMPLOYEES SUPERVISED: _____				

THIRD MOST RECENT EMPLOYER				EMPLOYER:
FROM		TO		
MONTH	YEAR	MONTH	YEAR	
-		-		ADDRESS:
				TELEPHONE NUMBER:
TOTAL YEARS		YEARS MONTHS		YOUR JOB TITLE:





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HOURS PER WEEK: _____	SUPERVISOR'S NAME AND TITLE: _____
REASON FOR LEAVING POSITION: _____	
SPECIFIC DUTIES PERFORMED: _____	
NUMBER OF EMPLOYEES SUPERVISED: _____	

FOURTH MOST RECENT EMPLOYER				EMPLOYER:
FROM		TO		ADDRESS:
MONTH	YEAR	MONTH	YEAR	
.		.		TELEPHONE NUMBER: _____
TOTAL YEARS		YEARS MONTHS		YOUR JOB TITLE: _____
HOURS PER WEEK: _____				SUPERVISOR'S NAME AND TITLE: _____
REASON FOR LEAVING POSITION: _____				
SPECIFIC DUTIES PERFORMED: _____				
NUMBER OF EMPLOYEES SUPERVISED: _____				

FIFTH MOST RECENT EMPLOYER				EMPLOYER:
FROM		TO		ADDRESS:
MONTH	YEAR	MONTH	YEAR	
.		.		TELEPHONE NUMBER: _____
TOTAL YEARS		YEARS MONTHS		YOUR JOB TITLE: _____
HOURS PER WEEK: _____				SUPERVISOR'S NAME AND TITLE: _____
REASON FOR LEAVING POSITION: _____				
SPECIFIC DUTIES PERFORMED: _____				
NUMBER OF EMPLOYEES SUPERVISED: _____				

### SPECIAL SKILLS – OFFICE

DO YOU TAKE SHORTHAND?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
CAN YOU USE A TRANSCRIBE DICTATION MACHINE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
TYPING SPEED: _____ WORDS PER MINUTE		
BUSINESS MACHINES (OTHER THAN COMPUTERS) YOU CAN OPERATE: _____		



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WHAT COMPUTER EXPERIENCE DO YOU HAVE (MAC OR PC)? \_\_\_\_\_

- A. LEVEL OF SKILL: \_\_\_\_\_
- B. YEARS OF OPERATING EXPERIENCE: \_\_\_\_\_
- C. WHAT SOFTWARE ARE YOU PROFICIENT WITH? \_\_\_\_\_
- D. DESCRIBE YOUR COMPUTER OPERATION ABILITIES: \_\_\_\_\_

OTHER SKILLS: \_\_\_\_\_

### SPECIAL SKILLS – FIELD OPERATIONS

LIST LIGHT AND/OR HEAVY EQUIPMENT ARE YOU QUALIFIED TO OPERATE: \_\_\_\_\_

- A. LEVEL OF SKILL: \_\_\_\_\_
- B. YEARS OF OPERATING EXPERIENCE: \_\_\_\_\_

OTHER SKILLS: \_\_\_\_\_

### MISCELLANEOUS INFORMATION

IF OFFERED A JOB, ARE YOU WILLING TO UNDERGO A PRE-EMPLOYMENT PHYSICAL EXAMINATION?	<input type="checkbox"/> YES <input type="checkbox"/> NO
IF OFFERED A JOB, ARE YOU WILLING TO UNDERGO A PRE-EMPLOYMENT DRUG SCREENING TEST?	<input type="checkbox"/> YES <input type="checkbox"/> NO
CAN YOU PERFORM THE BONA FIDE OCCUPATIONAL QUALIFICATIONS OF THE JOB YOU HAVE APPLIED FOR (WITH OR WITHOUT ACCOMODATION)?	<input type="checkbox"/> YES <input type="checkbox"/> NO
WITHIN THE LAST SEVEN (7) YEARS, HAVE YOU BEEN CONVICTED OF OR ARE YOU PRESENTLY CHARGED WITH A CRIME (OTHER THAN MINOR TRAFFIC VIOLATIONS) A "YES" REPLY DOES NOT AUTOMATICALLY DISQUALIFY YOU.	<input type="checkbox"/> YES <input type="checkbox"/> NO
FOR POLICE APPLICANTS ONLY: HAVE YOU <b>EVER</b> BEEN CONVICTED OF OR ARE YOU PRESENTLY CHARGED WITH A CRIME (OTHER THAN MINOR TRAFFIC VIOLATIONS)?	<input type="checkbox"/> YES <input type="checkbox"/> NO

**PROFESSIONAL REFERENCES:** LIST THREE (3) PROFESSIONAL OR BUSINESS REFERENCES WHO ARE NOT YOU RELATIVES OF EMPLOYEES OF THE CITY OF MONTESANO. STATE THE NATURE OF YOUR BUSINESS RELATIONSHIP (I.E., CO-WORKER, SUPERVISOR, OR ASSOCIATE).

NAME	ADDRESS	PHONE	RELATIONSHIP	YEARS KNOWN



# City of Montesano CIVIL SERVICE COMMISSION

**PERSONAL REFERENCES:** LIST THREE PERSONAL REFERENCES WHO ARE NOT YOUR RELATIVES OR EMPLOYEES OF THE CITY OF MONTESANO. STATE THE NATURE OF YOUR RELATIONSHIP (I.E., FRIEND, LANDLORD, ETC.).

NAME	ADDRESS	PHONE	RELATIONSHIP	YEARS KNOWN

**IMPORTANT:** READ EACH SECTION BELOW CAREFULLY AND COMPLETELY. IF YOU DO NOT UNDERSTAND ANY PORTION OF THE STATEMENTS BELOW, AS FOR CLARIFICATION. YOUR SIGNATURE INDICATES THAT YOU HAVE READ AND UNDERSTAND EACH OF THE PROVISIONS LISTED AND THAT YOU AGREE TO ABIDE BY THE CONDITIONS STATED THEREIN.

**NOTICE TO PERSONS WITH DISABILITIES:** TESTING ARRANGEMENTS TO ACCOMMODATE PERSONS WITH DISABILITIES WILL BE MADE UPON REQUEST OF THE APPLICANT. IF ACCOMMODATION IS REQUESTED, THE APPLICANT WILL BE REQUIRED TO STATE WHAT ACCOMMODATION IS NEEDED.

**HOW TO APPLY:** APPLICATIONS FOR EMPLOYMENT SHOULD BE SUBMITTED TO THE CITY OF MONTESANO AT THE ADDRESS SHOWN ON PAGE ONE (1) OF THIS APPLICATION FORM. SUBMIT ONE APPLICATION FOR EACH POSITION. AN APPLICATION MAY BE REJECTED WHICH IS RECEIVED UNSIGNED, INCOMPLETE, OR AFTER THE CLOSING DATE SPECIFIED ON THE JOB ANNOUNCEMENT.

**EXAMINATION PROCESS:** YOU WILL BE NOTIFIED WITHIN FOUR (4) WEEKS OF THE CLOSING DATE OF THE JOB ANNOUNCEMENT REGARDING ANY TESTING PROCEDURES WHICH MAY BE INVOLVED IN THE HIRING PROCESS. ANY PART OF THE ANNOUNCED EXAMINATION MAY BE ELIMINATED IF THERE IS AN INSUFFICIENT NUMBER OF APPLICANTS TO JUSTIFY GIVING THE COMPLETE EXAMINATION.

**PRE-EMPLOYMENT MEDICAL EXAMINATION:** APPLICANTS SELECTED FOR EMPLOYMENT MAY BE REQUIRED TO PASS A MEDICAL EXAMINATION GIVEN BY A PHYSICIAN DESIGNATED BY THE CITY OF MONTESANO.

**PAY PLAN:** NEW EMPLOYEES ORDINARILY START AT THE MINIMUM RATE IN THE SALARY RANGE.

**PROBATIONARY PERIOD:** EMPLOYEES SERVE A PROBATIONARY PERIOD AS DETERMINED BY CITY POLICY OR BY ANY APPLICABLE COLLECTIVE BARGAINING AGREEMENT. TERMINATION OF EMPLOYMENT DURING THE PROBATIONARY PERIOD MAY BE WITH OR WITHOUT CAUSE AND IS NOT SUBJECT TO ANY APPEAL PROCESS NOR THE GRIEVANCE PROCEDURE OF ANY APPLICABLE COLLECTIVE BARGAINING AGREEMENT.

**DRUG POLICY:** IT IS THE POLICY OF THE CITY OF MONTESANO TO MAINTAIN A DRUG FREE WORKPLACE. EMPLOYEES WHO ARE OBSERVED IN POSSESSION OF OR USING CONTROLLED SUBSTANCES (DRUGS) WILL BE TERMINATED AND MAY HAVE CRIMINAL ACTIONS FILED AGAINST THEM. EMPLOYEES IN CERTAIN POSITIONS ARE SUBJECT TO FEDERAL LAWS REQUIRING PRE-EMPLOYMENT REQUIRING PRE-EMPLOYMENT, POST-ACCIDENT, AND RANDOM DRUG TESTING.

**AGREEMENT:** I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS CORRECT TO THE BEST OF MY KNOWLEDGE AND I UNDERSTAND THAT ANY FALSIFICATION, MISREPRESENTATION, OR OMISSION ON THIS APPLICATION IS GROUNDS FOR REFUSAL TO HIRE, OR IF HIRED, IS GROUNDS FOR TERMINATION. I AUTHORIZE ANY OF THE PERSONS OR ORGANIZATIONS REFERENCED IN THIS APPLICATION TO GIVE THE CITY OF MONTESANO ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT, EDUCATION, OR ANY OTHER INFORMATION THEY MIGHT HAVE, PERSONAL OR OTHERWISE, WITH REGARD TO ANY OF THE SUBJECTS COVERED BY THIS APPLICATION. I AUTHORIZE THE CITY OF MONTESANO TO REQUEST AND RECEIVE SUCH INFORMATION.



# City of Montesano

## CIVIL SERVICE COMMISSION

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I UNDERSTAND THAT MY EMPLOYMENT CAN BE TERMINATED AT ANY TIME FOR ANY REASON THAT IS NOT VIOLATIVE OF LAW. AT THE DISCRETION OF EITHER THE CITY OF MONTESANO OR MYSELF. I UNDERSTAND THAT NO MANAGEMENT OFFICIAL OTHER THAN THE CHIEF EXECUTIVE OFFICER HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT CONTRARY TO THE FOREGOING OR MAKE ANY ORAL ASSURANCE OR PROMISE OF CONTINUED EMPLOYMENT.

I AGREE TO COMPLY WITH THE CITY OF MONTESANO RULES, REGULATIONS, AND POLICIES, AND ACKNOWLEDGE THAT THESE RULES, REGULATIONS, AND POLICIES MAY BE CHANGED, INTERPRETED, WITHDRAWN, OR SUPPLEMENTED ANY TIME, AND WITHOUT PRIOR NOTICE TO ME.

I UNDERSTAND THAT THIS APPLICATION AND ANY OTHER DOCUMENTS WHICH I MAY RECEIVE ARE NOT CONTRACTS OF EMPLOYMENT.

**RELEASE:** I HEREBY RELEASE AND HOLD HARMLESS ANY PERSON, CORPORATION, COMPANY, OR OTHER ENTITY FROM ANY AND ALL POSSIBLE DAMAGES, DIRECT OR CONSEQUENTIAL, IMMEDIATE OR REMOTE, OF ALL FORMS OR TYPES, THAT I MAY SUSTAIN OR ALLEGE TO SUSTAIN BY VIRTUE OF THAT PERSON, CORPORATION, COMPANY, OR OTHER ENTITY COMPLYING WITH MY REQUEST TO FULLY AND COMPLETELY COMPLY WITH THE INVESTIGATION, INQUIRY, OR INTERESTS OF THE CITY OF MONTESANO, TO WHOM I HAVE MADE AN APPLICATION OF EMPLOYMENT AND IS THE BEARER OF THIS AUTHORIZATION.

SIGNATURE: \_\_\_\_\_ .                      DATE: \_\_\_\_\_ .