CIVIL SERVICE POSITION: Police Officer – Lateral (Experienced)

CLOSING: Open Continuously

2010 SALARY RANGE: $4,643 - $5,862 monthly

FLSA STATUS: Nonexempt. This position is eligible for overtime compensation.

BASIC FUNCTION: Under the direction of a Police Sergeant, perform general duty police work involving resolution of citizen and public safety concerns; the protection of life and property; the enforcement of laws and ordinances; the prevention and investigation of crimes; and maintenance of order. The incumbent in this position will help create and nurture a community oriented public safety department as envisioned by the City Council and set forth in the department vision and values statement: will respond positively to citizen concerns, encourage citizen involvement and the development of creative approaches to public safety; will participate in the coordination of Police Department efforts to impact perceived and actual crime problems; and will provide feedback to the department on community concerns and initiatives.

REPRESENTATIVE DUTIES: Respond to emergency and routine calls for service. Perform computer inquiries from the patrol vehicle and stationary terminals. Serve and enforce civil process issued by the courts to include restraining orders, orders for protection, no contact orders, anti-harassment orders and subpoenas; serve arrest and search warrants. Provide the public with general information on laws and ordinances; explain process of filing a formal complaint; direct citizens to appropriate authorities as necessary, reassure the public regarding concerns with safety. Attend meetings, seminars and other training classes to maintain current knowledge of criminal and civil laws, as well as technical skills to remain proficient in the performance of duty; may train other employees. Document incidents and actions by writing case reports and field interview cards; maintain daily logs and prepare other related reports. Patrol designated area of city in police vehicle, on foot patrol, bicycle patrol and/or other conveyances on an assigned shift; patrol business and residential districts to provide an element of safety by obvious visibility; look for crimes or potential crimes or hazardous situations in progress. Act as primary investigator of all crimes occurring within assigned areas during duty hours; make on scene arrests when warranted; protect crime scenes in situations warranting additional investigation; use varying and justifiable degrees of physical force to overcome resisting suspects and to protect self and others from injury. Pursue fleeing suspects on foot and in vehicles; perform rescue and pursuit operations. Investigate and/or handle complaints involving family disputes, juvenile disputes, mentally disabled persons. Provide first aid cardiopulmonary resuscitation to injured persons. Take immediate action to remedy hazards and protect life and property. Stop traffic violators and take appropriate remedial action; identify suspicious individuals and question their activities. Apprehend violators or offenders of the law; in situations where lawful arrests are resisted, the officer must be prepared and able at times through training, judgment and high levels of physical exertion to use justifiable levels of force to overcome the resistance and protect citizens, themselves, fellow officers. Tactfully diffuse any verbal abuse which may occur in the course of performing work assignments. Endure verbal and mental abuse when confronted with hostile views and opinions of suspects and others encountered in an antagonistic environment. Testify in court hearings. Search for lost or wanted persons over varying terrain and conditions for extended periods of time. Perform searches of people, vehicles, buildings and large outdoor areas which may involve feeling and detecting objects, walking for long periods of time, detaining people and stopping suspicious vehicles and persons. Determine when a lawful search or arrest can or should be attempted; determine when and to what extent physical force should be used, as governed by law and department regulations. Investigate traffic accidents in various weather and traffic conditions; physically direct traffic; place temporary traffic control devices such as portable stop signs, barricades and other forms of directional signing as needed. Read, review, interpret, serve and enforce various court orders. Develop knowledge about known offenders and businesses possibly involved in or promoting criminal activity; correlate records of such criminal activity. Recover lost or stolen property; lift and move commonly recovered items such as bicycles, televisions, stereo components, tools, automotive wheels and parts, and small safes without destroying or damaging items. Assist in administrative duties such as coordinating multi-department response to persistent criminal activity, planning police/community relations events, and training, leading or coordinating non-sworn work units such as Parking Enforcement. Attend neighborhood meetings and interact with community members to solve neighborhood problems, improve community and police relations and build public trust. Prepare affidavits for search warrants; interview witnesses and suspects. Develop and use informants and other investigative aids; appear in court to present evidence and to testify against persons accused of crimes. Provide assistance and referrals for domestic violence cases, indigent persons and stranded individuals. Prepare material to present at training sessions for police officers or others, including schools, businesses, private citizen groups, etc. Perform related duties as assigned.

EDUCATION AND EXPERIENCE: High school graduation or equivalent. College level coursework in a related field, bilingual capability, community policing, investigations or proactive response programs and specialized law enforcement training are highly desirable. LICENSES AND OTHER REQUIREMENTS: Requires graduation from Washington State Criminal Justice Center Basic Law Enforcement Academy or state approved equivalent. If out-of-state, candidates must also successfully complete the Washington State Criminal Justice Center Equivalency Academy within 90 days of employment, valid Washington driver’s license by hire date, and satisfactory results of stringent personal background investigation.

TO APPLY: To request the Employment Application Form and required Self-Screening and Supplemental Questionnaires call the 24-hour job line at (253) 512-2265, or download from www.cityoflakewood.us. Reapplication is acceptable at any time unless formally notified otherwise by the Lakewood Civil Service Commission. EOE.
Applications will be accepted on a continuous basis.
Testing will be conducted as needed to fulfill estimated departmental needs and as sufficient applications are received.
Based on predetermined criteria, applications will be rated and the highest scoring candidates will proceed to the oral board interview and written exercise.
Successful candidates will be ranked on an eligibility list by total scores from a written essay and an oral board interview administered on the same day.
An overall minimum passing score of 70% is required.
Candidates will be ranked on the eligibility list for a one-year period upon certification by the Civil Service Commission.
Candidates’ ranking on the eligibility list may change as other names are added to the list in subsequent examination sessions.
The highest scoring candidates will proceed to the Chief’s or Chief’s designee interview and thorough background investigations as openings occur.
The Rule of Five shall be utilized for final selection(s).
Any offer of employment will be conditional upon successfully passing a polygraph, psychological examination, and a physical examination which includes drug testing.
The approximate length of time from background investigation to hire is three months.
Thank you for your interest in a career in law enforcement with the City of Lakewood. The Lakewood Police Department is seeking commissioned officers who value high quality service and community involvement.

This packet contains information about the hiring process, as well as, an employment application and self-screening and supplemental questionnaires.

**Application Check List:**

- [ ] Completed and signed City of Lakewood Employment Application
- [ ] Completed and signed Self-Screening Questionnaire
- [ ] Completed Supplemental Questionnaire

Please do not submit any additional materials other than those requested in the packet.

Completed application packets are accepted continuously and may be either mailed to the Human Resources Department or delivered in person at Lakewood City Hall between the hours of 8:30 AM and 5:00 PM at 6000 Main Street S.W. Lakewood, WA 98499.
CITY OF LAKEWOOD
SELF-SCREENING QUESTIONNAIRE
LATERAL POLICE OFFICER

Name (please print): ____________________________________________

Circle TRUE or FALSE for each statement as listed. The following is a list of employment standards and conditions of work. If you cannot circle TRUE for all of the following statements, you will be screened out. Please answer carefully. All answers will be verified in the course of the required background investigation and polygraph examination. Dishonest answers and negative answers will be grounds for rejecting your application. If you have questions regarding the meaning of any statement listed below, seek clarification before you submit your application by calling Human Resources at (253) 589-2489.

<table>
<thead>
<tr>
<th>Statement</th>
<th>TRUE</th>
<th>FALSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I will cooperate in a background investigation by providing complete and truthful information to the investigators.</td>
<td>TRUE</td>
<td>FALSE</td>
</tr>
<tr>
<td>2. I will be truthful in a polygraph examination.</td>
<td>TRUE</td>
<td>FALSE</td>
</tr>
<tr>
<td>3. I have obtained or can obtain a Washington State driver’s license.</td>
<td>TRUE</td>
<td>FALSE</td>
</tr>
<tr>
<td>4. I do not exceed the 6 point driving violation limit for the most recent 60 months; if the police officer driving standards are applied to my driving history (see the following page for standards).</td>
<td>TRUE</td>
<td>FALSE</td>
</tr>
<tr>
<td>5. I have not been convicted of a felony as an adult (18 years of age or older).</td>
<td>TRUE</td>
<td>FALSE</td>
</tr>
<tr>
<td>6. I have not bought, sold, possessed, or used any controlled substance such as marijuana, cocaine, opiates, or other illegal drugs, during my entire commissioned service as a police officer, except as required for job duties.</td>
<td>TRUE</td>
<td>FALSE</td>
</tr>
<tr>
<td>7. I do not have a history of committing illegal acts which could undermine the public confidence in a police officer or the City of Lakewood Police Department. As a result, I believe I can pass an investigation which thoroughly covers my personal history including ANY illegal behaviors (misdemeanors or acts for which I was not caught), immoral acts, my work history, honesty and integrity.</td>
<td>TRUE</td>
<td>FALSE</td>
</tr>
<tr>
<td>8. I am able to perform the essential functions of police work with or without reasonable accommodation; essential job functions include running, subduing and detaining fleeing suspects, driving a vehicle, shooting a firearm, verbal communication with the public and writing reports.</td>
<td>TRUE</td>
<td>FALSE</td>
</tr>
<tr>
<td>9. I am willing to undergo a thorough medical examination.</td>
<td>TRUE</td>
<td>FALSE</td>
</tr>
<tr>
<td>10. I am willing to be evaluated by a psychologist.</td>
<td>TRUE</td>
<td>FALSE</td>
</tr>
<tr>
<td>11. I am willing to carry and use a firearm.</td>
<td>TRUE</td>
<td>FALSE</td>
</tr>
<tr>
<td>12. I will work any shift, including nights, weekends, holidays, as assigned by my superiors.</td>
<td>TRUE</td>
<td>FALSE</td>
</tr>
<tr>
<td>13. I can read, write, and speak the English language, so as to be easily understood by others.</td>
<td>TRUE</td>
<td>FALSE</td>
</tr>
<tr>
<td>14. I have a high school diploma or a G.E.D.</td>
<td>TRUE</td>
<td>FALSE</td>
</tr>
<tr>
<td>15. I have never been dismissed from a commissioned law enforcement position, other than being laid off for a reduction in force.</td>
<td>TRUE</td>
<td>FALSE</td>
</tr>
<tr>
<td>16. I have never been asked to resign in lieu of discharge from a commissioned law enforcement position.</td>
<td>TRUE</td>
<td>FALSE</td>
</tr>
<tr>
<td>17. I have never resigned from a commissioned law enforcement position in order to avoid discipline.</td>
<td>TRUE</td>
<td>FALSE</td>
</tr>
</tbody>
</table>
### BASIC COMMISSIONED EMPLOYEE DRIVING STANDARDS
(for 60 months preceding the date of application)

<table>
<thead>
<tr>
<th>Each Violation</th>
<th>Possible Points</th>
<th>Actual Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revocation of driver’s license</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>Denial of issuance of driver’s license</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>Negligent homicide</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>Driving while intoxicated (involving an accident)</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>Driving while intoxicated (no accident involved)</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Reckless driving (involving an accident)</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>Reckless driving (no accident involved)</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Negligent driving (involving an accident)</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Negligent driving (no accident involved)</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Hit and run (attended)</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>Hit and run (unattended)</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Driving while driver’s license suspended (DWLS)</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Speeding in excess of posted limit:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0-14 over</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>15-19 over</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>20-25 over</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>over 25</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Convictions or forfeitures for other moving violations:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>each violation involving an accident</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>each violation not involving an accident</td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

**Total Score** ___  
(Must be less than 7)

Please list your graduation date from the Washington State Criminal Justice Academy ________________.

If you have not graduated from the academy in Washington, please identify which state ________________.

________________________________________

Name (please print)

________________________________________

Signature

________________________________________

Date
CITY OF LAKEWOOD
LATERAL POLICE OFFICER
SUPPLEMENTAL QUESTIONNAIRE

This supplemental questionnaire is designed to help us evaluate candidates on those factors important to success as a commissioned employee with the City of Lakewood. It is important that you answer each question fully.

Be specific and concise in your response. You may NOT attach additional pages unless requested, such as certifications, etc.

NOTE: This supplemental questionnaire must be completed in your own handwriting. Please print all responses. DO NOT SUBMIT A TYPED COPY.

SECTION I - LAW ENFORCEMENT EXPERIENCE

List all positions you have held as a commissioned, full-time, paid peace officer, beginning with your present job.

a. Title/Rank of your CURRENT position: ________________________________
   Department where you are employed: ________________________________
   Address: __________________________________________________________________________
   Number of Full-Time Paid Sworn Officers:  ______________________________________________
   City or County your department serves: _________________________________________________
   City or County population: ___________________________________________________________
   Dates of Employment: ___________________________________________________________________
   Total Number of Months Employed: _________________ Per Month: _______________________________
   Your major responsibility: _____________________________________________________________
   Your immediate supervisor's name: _____________________________________________________
   Reason for leaving: _________________________________________________________________
   ___________________________________________________________________________________
b. Title/Rank of your previous position: _______________________________________________
   Department where you are employed: _______________________________________________
   Address: ______________________________________________________________________

   Number of Full-Time Paid Sworn Officers: __________________________________________
   City or County your department serves: ____________________________________________
   City or County population: _________________________________________________________
   Dates of Employment: ____________________________________________________________
   Total Number of Months Employed: ___________________________ Per Month: __________
   Your major responsibility: _________________________________________________________
   Your immediate supervisor's name: _____________________________________________
   Reason for leaving: _______________________________________________________________

   c. Title/Rank of your previous position: _____________________________________________
      Department where you are employed: _____________________________________________
      Address: ______________________________________________________________________

      Number of Full-Time Paid Sworn Officers: _________________________________________
      City or County your department serves: _________________________________________
      City or County population: _____________________________________________________
      Dates of Employment: __________________________________________________________
      Total Number of Months Employed: ___________________________ Per Month: __________
      Your major responsibility: _____________________________________________________
      Your immediate supervisor's name: _____________________________________________
      Reason for leaving: _____________________________________________________________

   d. Title/Rank of your previous position: _____________________________________________
      Department where you are employed: _____________________________________________
      Address: ______________________________________________________________________

      Number of Full-Time Paid Sworn Officers: _________________________________________
      City or County your department serves: _________________________________________
      City or County population: _____________________________________________________
      Dates of Employment: __________________________________________________________
      Total Number of Months Employed: ___________________________ Per Month: __________
      Your major responsibility: _____________________________________________________
      Your immediate supervisor's name: _____________________________________________
      Reason for leaving: _____________________________________________________________

If you need more space to respond, please attach additional pages.
Formal Education: List formal education you have completed at the college or university level. Note course title or degree earned, school and location, dates attended and number of credit hours earned.

a. Course Title/Major: _______________________________________________________________
   College/University Attended/Location: ________________________________________________
   Type of Degree Received: _____________ Total Number of Credit Hours Earned: ___________
   Dates Attended: __________________________________________________________________

b. Course Title/Major: _______________________________________________________________
   College/University Attended/Location: ________________________________________________
   Type of Degree Received: _____________ Total Number of Credit Hours Earned: ___________
   Dates Attended: __________________________________________________________________

c. Course Title/Major: _______________________________________________________________
   College/University Attended/Location: ________________________________________________
   Type of Degree Received: _____________ Total Number of Credit Hours Earned: ___________
   Dates Attended: __________________________________________________________________

d. Course Title/Major: _______________________________________________________________
   College/University Attended/Location: ________________________________________________
   Type of Degree Received: _____________ Total Number of Credit Hours Earned: ___________
   Dates Attended: __________________________________________________________________

e. Course Title/Major: _______________________________________________________________
   College/University Attended/Location: ________________________________________________
   Type of Degree Received: _____________ Total Number of Credit Hours Earned: ___________
   Dates Attended: __________________________________________________________________

Foreign Language Skills: Indicate the language and your ability below.

<table>
<thead>
<tr>
<th>Language</th>
<th>Conversational</th>
<th>Fluent</th>
<th>Written</th>
</tr>
</thead>
<tbody>
<tr>
<td>Korean</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spanish</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cambodian</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Laotian</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vietnamese</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Russian</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>American Sign Language</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Law Enforcement Education/Training:** Indicate the law enforcement-related training courses or education classes you have completed that meet the stated hourly duration or which provide you law enforcement instructor certification status. Training course certificates of completion are required for each course you list, and should be attached to this application. If certification is unavailable, please explain in the space below the table (**) along with the number of hours of training received and the number of hours of instruction you have provided. DO NOT INCLUDE training received through completion of basic academy and/or field training upon initial employment.

### A. Certification Received?

<table>
<thead>
<tr>
<th>Course</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Handgun Instructor</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Rifle/Shotgun Instructor</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Non-Lethal Weapons Instructor</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Defensive Tactics Level I Instructor</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Defensive Tactics Level II Instructor</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>O.C. Spray Instructor</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Emergency Vehicle Operations Instructor (EVOC)</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>WMD/Hazmat Response Instructor</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Field Training Officer (FTO) or Patrol Training Officer (PTO)</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>SRT/Swat Level I Certification</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>SRT/Swat Level II Certification</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>High Risk Entry Team Certification</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Sniper Certification</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Hostage Negotiator (Basic)</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Hostage Negotiator (Advanced)</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>MDC/CAD Instructor</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Enforcer/Spillman Instructor</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Meth/Clandestine Lab Team Member</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Bomb Team/Hazardous/Explosive Device Team Member</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>K-9 Handler Certification</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Kennel Master Certification</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Traffic Accident/Collision Investigator (Basic)</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Fatality Accident Investigator (Advanced)</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Traffic Accident Reconstructionist (Master)</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Commercial Vehicles Enforcement Certification</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Wrecking/Junkyard Operations Enforcement Certification</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Bike Patrol Certification</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Bike Patrol Instructor</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Eliminating Bias from Policing Instructor</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Marine Patrol Certification</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Crime Free Housing Trainer</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Domestic Violence First Responder Instructor</td>
<td>YES</td>
<td>NO</td>
</tr>
</tbody>
</table>

**
B. Courses/schools over 40 hours in duration. Please list:

1. Course Title: ______________________________________________________________
   Course Length: _____________________________________________________________
   Instructor/Institution: ________________________________________________________
   Dates Attended: ____________________________________________________________

2. Course Title: ______________________________________________________________
   Course Length: _____________________________________________________________
   Instructor/Institution: ________________________________________________________
   Dates Attended: ____________________________________________________________

3. Course Title: ______________________________________________________________
   Course Length: _____________________________________________________________
   Instructor/Institution: ________________________________________________________
   Dates Attended: ____________________________________________________________

4. Course Title: ______________________________________________________________
   Course Length: _____________________________________________________________
   Instructor/Institution: ________________________________________________________
   Dates Attended: ____________________________________________________________

5. Course Title: ______________________________________________________________
   Course Length: _____________________________________________________________
   Instructor/Institution: ________________________________________________________
   Dates Attended: ____________________________________________________________

(MAXIMUM OF 5 COURSES)
SECTION II - LAW ENFORCEMENT DUTY AND SPECIAL ASSIGNMENTS

Describe all duty and specialty assignments in your law enforcement career specifically related to the areas identified below. Assignments can be details or additional duties; however you must have been performing duties within each assignment for a minimum of six (6) continuous months. Please list combined assignments in one assignment area and note that it is a combined assignment.

TRAFFIC:

a. Assignment: ________________________________________________________________

Your title/rank: ________________________________________________________________

Your immediate supervisor: ______________________________________________________

Department: ___________________________________________________________________

Length of Assignment: From: ________________________________ To: ________________________________

Month/Year Month/Year

Total Length of Assignment: ______________________________________________________

Duties Performed: _______________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

COMMUNITY POLICING/SRO

b. Assignment: ________________________________________________________________

Your title/rank: ________________________________________________________________

Your immediate supervisor: ______________________________________________________

Department: ___________________________________________________________________

Length of Assignment: From: ________________________________ To: ________________________________

Month/Year Month/Year

Total Length of Assignment: ______________________________________________________

Duties Performed: _______________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________
INVESTIGATIONS:
c. Assignment: ____________________________________________________________
   Your title/rank: _________________________________________________________
   Your immediate supervisor: _______________________________________________
   Department: ____________________________________________________________
   Length of Assignment: From: _______ To: _______
   Month/Year                   Month/Year
   Total Length of Assignment: _____________________________________________
   Duties Performed: ________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________

PRO-AC:
d. Assignment: ____________________________________________________________
   Your title/rank: _________________________________________________________
   Your immediate supervisor: _______________________________________________
   Department: ____________________________________________________________
   Length of Assignment: From: _______ To: _______
   Month/Year                   Month/Year
   Total Length of Assignment: _____________________________________________
   Duties Performed: ________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________

Verification of length and completion of assignments may be required.
SECTION III - TACTICAL WORK EXPERIENCE

<table>
<thead>
<tr>
<th>TASK</th>
<th>NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of High Risk Felony Stops in the last two years during which you were assigned to routine patrol.</td>
<td></td>
</tr>
<tr>
<td>Number of Vehicle Pursuits in the last two years on patrol.</td>
<td></td>
</tr>
<tr>
<td>Number of Foot Pursuits in the last two years on patrol.</td>
<td></td>
</tr>
<tr>
<td>Total number of DV with weapon, active shooter, barricade, hostage, etc. incidents where you have been the first or second to arrive on scene, in the last two years on patrol.</td>
<td></td>
</tr>
<tr>
<td>Number of Forced Entries from Patrol Response (not as part of a tactics team).</td>
<td></td>
</tr>
<tr>
<td>Total number of Raids you have participated in, regardless of assignment.</td>
<td></td>
</tr>
<tr>
<td>Total number of Warrants issued (that you personally wrote), regardless of assignment.</td>
<td></td>
</tr>
</tbody>
</table>

SECTION IV - GENERAL INFORMATION

This section must be completed for your application to be considered. Your responses will not necessarily eliminate you from consideration. Attach additional pages if necessary.

1. What is your interest in leaving your Department to join the Lakewood Police Department?

2. Have you had any complaints officially filed against you in the last three years while performing the duties of a Law Enforcement Officer?

   Yes ____  No ____

   If yes, please explain in detail. Include the type of complaint, reason for the complaint, date and resolution. (If you have had more than one complaint filed against you, please cite each one.)
3. Have you ever been the subject of an internal affairs investigation?

   Yes _____ No _____

   If yes, please explain in detail. Include the type of investigation, reason for the investigation, date and resolution. (If you have had more than one investigation, please cite each one.)

4. If you have ever had a disciplinary action imposed on you while performing the duties of a Law Enforcement Officer, please explain the circumstances in detail, including what disciplinary action was taken, the reason for the disciplinary action, the name and address of your employer and the date of the action. (If you have received more than one, please cite each instance.)
EMPLOYEE REFERENCE CHECK
RELEASE FORM
Applicant Disclosure and Authorization

I certify that the information given by me to the City of Lakewood is true and complete to the best of my knowledge. I understand that, false or misleading information may result in immediate dismissal.

I further certify that I am not engaged in any outside activity or business that could be considered in conflict with the City of Lakewood's interest, nor will I become engaged in such activity or business if employed.

I authorize the City of Lakewood to solicit information regarding my character, general reputation, credit, previous employment, and similar background information, and to contact any and all references I have given on my application. I hereby release all parties and persons connected with any such request for information from all claims, liabilities, and damages for any reason arising out of the furnishing of such information. If employed, I release the City of Lakewood from any liability for future references it may provide regarding my work history at the City.

In consideration of my employment, I agree that my employment and compensation can be terminated with or without cause, and with or without notice at any time, at the option of either the City of Lakewood or myself. I understand that no representative of the City of Lakewood, other than the City Manager, has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

If employed, I further agree that if the City of Lakewood advances any paid leave before it has been accrued, or advances or loans me any money during the course of my employment, of if I lose, damage, or fail to return any of the City of Lakewood's property, the City of Lakewood is authorized to deduct from my wages sufficient funds to repay such loans or advances or to replace its property.

____________________________________________
Applicant’s Name (Printed)

____________________________________________     _______________
Signature of Applicant        Date

July 2010
FAIR CREDIT REPORTING ACT/RCW 19.182.020
Applicant Disclosure and Authorization

As part of the background investigation prior to completing an evaluation of your application for employment and if hired, bi-annually thereafter, the City of Lakewood will obtain a consumer report from a consumer reporting agency.

This information may include details regarding your credit-worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. Such information is substantially related to the job position to which you are applying or are currently in, if employed with the City.

The City of Lakewood will use the report only for employment purposes and, in compliance with RCW 19.182.020, states the following reason(s) for use of the report(s).

________________________________________________________________________

The City of Lakewood will give you a copy of the report and a statement of your rights under the Fair Credit Reporting Act before making any adverse employment decision based, in whole or in part, on the report.

Your authorization to the City of Lakewood to obtain this report is a condition for further consideration of your application for employment or continued employment.

I, __________________________ (print name) have read and understand the above disclosure. I hereby authorize the City of Lakewood to obtain a consumer report on me for employment purposes.

____________________________________________     _______________
Signature        Date

Created July 2010
The City of Lakewood is an Equal Opportunity Employer. To help us comply with record keeping and reporting requirements, please complete the survey section below. Providing this information is voluntary. This information will be removed from the application packet, kept in a confidential separate file and will not be used in the evaluation of your application.

**POSITION APPLIED FOR**

**NAME**

**SEX:**  
☐ MALE  ☐ FEMALE

**AGE OVER 40?**  
☐ YES  ☐ NO

**ETHNIC GROUP** (Choose only one):

☐ White (not of Hispanic origin) - Those having origins in any of the original peoples of Europe, North Africa or the Middle East.

☐ Black (not of Hispanic origin) - Those having origins in any of the Black racial groups of Africa.

☐ Hispanic - Those of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture regardless of race.

☐ Asian - Those having origins in any of the original peoples of the Far East, Southeast Asia, or Indian Subcontinent.

☐ Native Hawaiian or Pacific Islander - Those having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

☐ Native American or Alaskan Native - Those having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

☐ Two or more races (not of Hispanic origin).

**INDIVIDUAL WITH A DISABILITY?**  
☐ YES ☐ NO

**HOW DID YOU LEARN OF THIS POSITION OPENING?**

☐ Newspaper  ☐ Job Posting  ☐ Job Line  ☐ Friend  ☐ Internet
BENEFITS SUMMARY
for LAKEWOOD POLICE INDEPENDENT GUILD MEMBERS

This is a summary of benefits and is not meant to be all inclusive. Please refer to the Lakewood Police Independent Guild collective bargaining agreement, City policies and plan booklets for details.

WORK HOURS
The regular work day for employees assigned to patrol is 10 hours and 40 minutes, with 5 days on, 4 days off, 5 days on, 4 days off, 5 days on, and 5 days off. Non-patrol employees work 4 consecutive 10 hour days per 7 day period. Non-patrol employees may work a traditional 8 hour, 5 day schedule.

SALARY INCREASES
Step increases are granted upon completion of every 12 months of actual service until the maximum of the salary range is reached. A maximum of 8% of professional development pay is available to qualifying employees.

HOLIDAYS
Employees accrue and take holidays on a basis equivalent to the employee’s regularly assigned shift hours. The following are recognized holidays:

New Year’s Day  Memorial Day  Veterans’ Day  Christmas Day
M.L. King, Jr. Day  Independence Day  Thanksgiving  the day after Thanksgiving
Presidents’ Day  Labor Day

Employees regularly scheduled to work 5 8-hour days will accrue one floating holiday on their anniversary date.

COMBINATION LEAVE
Combination leave is a benefit granted to employees to continue normal compensation during approved absences. Approved absences include, but are not limited to, short term sick leave and vacation leave. Combination leave is not available for use during the first 60 days of employment except for illness. Leave may be accumulated for succeeding years; however, the maximum accrual shall not exceed two times the amount of the employee’s current accrual rate.

Accrual Rate:
- During the 1st year: 144 hours of leave per year
- After the 1st thru 2nd year: 152 hours of leave per year
- After the 2nd thru 4th year: 160 hours of leave per year
- After the 4th thru 9th year: 176 hours of leave per year
- After the 9th thru 14th year: 208 hours of leave per year
- After the 14th thru 20th year: 240 hours of leave per year
- After the 20th thru 29th year: 256 hours of leave per year
- After the 29th year: 264 hours of leave per year

MAJOR MEDICAL LEAVE
Major medical leave is a benefit granted to employees to continue compensation for absences caused by personal illness or injury, or a family member’s illness or injury requiring the employee’s attendance. It is available provided the employee uses one day of combination leave for the first full day of the absence.

SHARED LEAVE BANK
Employees may be eligible to receive donated leave from a shared leave bank to cover unpaid absences due to medical reasons.

MILITARY LEAVE
Employees who are members of any federal military reserve unit or the Washington National Guard will receive up to twenty-one working days of paid leave during each year beginning October 1 and ending September 30, while engaged in active training duty or active duty.
The City will maintain continuity of health benefits to employees’ families when employees are ordered to involuntary active military duty. Military differential pay is available during active military duty of more than 30 days and for no longer than 24 months.

JURY DUTY LEAVE
Employees will be paid their regular compensation while serving on jury duty provided they forfeit the juror’s daily stipend to the City.

RETIREMENT PLAN
Employees and the City make contributions to the Washington Department of Retirement Systems’ LEOFF Plan.

Under Social Security’s Government Pension Offset, any Social Security spouse’s or widow’s or widower’s benefits you may be entitled to will be reduced based on any pension you receive from the City’s retirement plan.

SOCIAL SECURITY REPLACEMENT
In lieu of Social Security, the City provides an alternative plan through the ICMA Retirement Corporation. The employee contributes 6.20% and the City contributes 4.77% of the employee’s salary. The employee’s investment choices range from conservative (low risk) to aggressive (high risk) opportunities. Employees are immediately 100% vested in the plan.

Under Social Security’s Windfall Elimination Provision, any Social Security retirement or disability benefits you may be entitled to will be reduced based on any pension you receive from this replacement plan.

VOLUNTARY 457 DEFERRED COMPENSATION PLAN
Participation in a 457 deferred compensation plan is available to employees through payroll deduction. This is an optional investment program offered through the ICMA Retirement Corporation or Washington Department of Retirement Systems. The City matches an employee’s contribution up to 3% of the employee’s base monthly pay rate.

VOLUNTARY FLEXIBLE SPENDING ACCOUNT
The Flexible Spending Account (IRS Section 125) is an optional tax savings program which is offered to employees annually. It allows employees to reduce taxable income by using part of their salary on a pretax basis to pay for one or more of the following qualified benefits: medical and dental insurance premiums, out of pocket expenses for health care, and dependent care costs.

MEDICAL INSURANCE
Three medical plans are offered to employees and dependents through the Association of Washington Cities (AWC): the Regence HealthFirst plan, the Regence High Deductible Health Savings plan, and Group Health Cooperative of Puget Sound $10 Copay plan. The City pays 90% of the premium, and the employee pays 10%. Employees may be eligible to opt out of medical insurance coverage to receive a $1,500 annualized contribution to their deferred compensation account or flexible spending (IRS Section 125) account.

EMPLOYEE ASSISTANCE PROGRAM
The Employee Assistance Program (EAP) is paid for by the City, and is a voluntary, confidential resource available to Regence and Group Health insured employees, dependents and household members. The EAP provides professional counseling assistance in addressing a variety of concerns ranging from substance abuse to relationship issues.

VISION INSURANCE
A separate vision plan provides for annual eye examinations for employees and dependents. A $25 deductible benefit is also provided for lenses, frames and contact lenses.

DENTAL INSURANCE
Washington Dental Service (WDS) Plan E insurance is provided through AWC. The City pays the entire premium cost for employees and dependents. This is an incentive based plan - 70% to 100% of Class I and Class II benefits (routine exams, basic cleaning, x-rays, fillings, etc.) are covered. Class III benefits (crowns, inlays and onlays) are paid at 50%. The dental plan pays a maximum of $2,000 per individual annually for covered benefits per incentive period (a calendar year). A separate orthodontia plan provides a one time orthodontia benefit of $1,000 for eligible children.

SURVIVOR INCOME LIFE INSURANCE
A monthly survivor income benefit is paid to an employee’s eligible spouse and children upon the employee’s death. Prior to any reduction for Social Security survivor’s benefits, a benefit amount equal to 30% of the employee’s insured earnings is paid to the spouse or children, and 60% is paid if both spouse and children survive.

LIFE/ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE
The City provides basic life insurance/accidental death and dismemberment insurance through Standard Insurance. The basic life insurance benefit is equal to the employee’s annual salary rounded up to the next thousand to a maximum of $100,000. An additional life insurance benefit is provided through the Washington Council of Police and Sheriffs (WACOPS) Enhanced Plus plan. The benefit is $15,000 for loss of life, accidental death and dismemberment, and $50,000 for line of duty accidental death and dismemberment.

LONG TERM DISABILITY INSURANCE
Long term disability insurance is provided through the Washington Council of Police and Sheriffs (WACOPS) Enhanced Plus plan. The plan has a 30 day elimination period for off the job injuries and a 180 day elimination period for on the job injuries. The benefit amount is 66 2/3% of monthly earnings up to $7,500 monthly.

VOLUNTARY SUPPLEMENTAL LIFE INSURANCE
Employees may elect to apply for $30,000 to $300,000 in supplemental term life insurance coverage. Spouses may be insured for an amount up to 50% of the employee’s coverage. Premiums are paid entirely by the employee.

VOLUNTARY SHORT TERM DISABILITY (STD)
Short term disability insurance provides benefit payments to help replace lost income when an employee is disabled due to a non-occupational accident or illness. Pregnancy or its complications are covered provided enrollment in STD insurance is prior to conception. Benefits are payable for a maximum of 13 weeks. This benefit is offered to employees at the time of hire and annually thereafter.

ADDITIONAL VOLUNTARY INSURANCE PLANS
Additional insurance plans are available to employees through AFLAC, such as accident/disability, cancer, STD, dental and hospital intensive care.
Statement Concerning Your Employment in a Job Not Covered by Social Security

Your earnings from this job are not covered under Social Security. When you retire, or if you become disabled, you may receive a pension based on earnings from this job. If you do, and you are also entitled to a benefit from Social Security based on either your own work or the work of your husband or wife, or former husband or wife, your pension may affect the amount of the Social Security benefit you receive. Your Medicare benefits, however, will not be affected. Under the Social Security law, there are two ways your Social Security benefit amount may be affected.

Windfall Elimination Provision
Under the Windfall Elimination Provision, your Social Security retirement or disability benefit is figured using a modified formula when you are also entitled to a pension from a job where you did not pay Social Security tax. As a result, you will receive a lower Social Security benefit than if you were not entitled to a pension from this job.

For example, if you are age 62 in 2005, the maximum monthly reduction in your Social Security benefit as a result of this provision is $313.50. This amount is updated annually. This provision reduces, but does not totally eliminate, your Social Security benefit. For additional information, please refer to the Social Security publication, “Windfall Elimination Provision.”

Government Pension Offset Provision
Under the Government Pension Offset Provision, any Social Security spouse or widow(er) benefit to which you become entitled will be offset if you also receive a Federal, State or local government pension based on work where you did not pay Social Security tax. The offset reduces the amount of your Social Security spouse or widow(er) benefit by two-thirds of the amount of your pension.

For example, if you get a monthly pension of $600 based on earnings that are not covered under Social Security, two-thirds of that amount, $400, is used to offset your Social Security spouse or widow(er) benefit. If you are eligible for a $500 widow(er) benefit, you will receive $100 per month from Social Security, $500 - $400 = $100. Even if your pension is high enough to totally offset your spouse or widow(er) Social Security benefit, you are still eligible for Medicare at age 65. For additional information, please refer to the Social Security publication, “Government Pension Offset.”

For More Information
Social Security publications and additional information, including information about exceptions to each provision, are available at www.socialsecurity.gov. You may also call toll free 1-800-772-1213, or, for the deaf or hard of hearing, call the TTY number 1-800-325-0778, or contact your local Social Security office.