

ANNOUNCEMENT

CIVIL SERVICE EXAMINATION TO ESTABLISH EMPLOYMENT LIST FOR CITY OF KETTLE FALLS POLICE DEPARTMENT OPEN COMPETITIVE EXAMINATION

REQUIREMENTS: To take the appropriate examination and qualify for probationary appointment you must:

1. Be a citizen of the United States and be able to read and write the English language.
2. Be at least 21 years old at time of appointment.
3. Have uncorrected vision of at least 20-40 in each eye, OR corrected to 20-20 and normal color vision.
4. Have graduated from high school and be able to present a diploma or certificate of GED.
5. Have a valid vehicle operator's license.
6. Sign a waiver agreeing to an investigation of your background by the Civil Service Commission and/or the Kettle Falls Police Department.
7. Attain an accumulative score of 70% or better on the tests administered by the Commission; successfully pass a background investigation and pre-employment drug screening; pass a medical examination at time of appointment as well as psychological and/or polygraph exam(s), if required, and other testing as determined necessary.

2023 Salary: \$59,789 - \$71,662 DOE
Benefits: Vacation, Sick Leave, WA State Retirement, Medical and Dental Insurance.

EXAMINATION: The civil service examination will consist of resume/application review, oral interview, and a writing exercise. Each portion will be scored and the combined scores will determine the applicant's placement on the eligibility list. Candidates selected for possible hire will successfully complete the physical agility test prior to being offered conditional employment.

EMPLOYMENT: The City of Kettle Falls is an equal opportunity employer and a drug free workplace. The employment list resulting from this examination will be in effect for two (2) years unless sooner exhausted or canceled.

APPLICATIONS may be obtained from the Secretary of the Civil Service Commission, 580 Meyers Street (City Hall); Kettle Falls, Washington - Monday through Friday from 8:00 a.m. to 4:30 p.m. OR by writing to the Civil Service Commission; P.O. Box 457, Kettle Falls, WA 99141 OR www.cityofkettlefalls.org, OR by calling Civil Service Secretary Raena Hallam at (509) 738-6821.

Open until filled.

**CIVIL SERVICE COMMISSION
CITY OF KETTLE FALLS
P.O. BOX 457, KETTLE FALLS, WA 99141**

**APPLICATION FOR EMPLOYMENT, PERSONAL HISTORY AND BACKGROUND
QUESTIONNAIRE**

INSTRUCTIONS: Answer all questions. Type or write legibly in ink. If an item does not apply enter “D.N.A.”. If more space is required, attach as many sheets of 8 ½” x 11” white paper as may be required. Number the comments. More than one comment may be placed on a page. **IMPORTANT – HAVE AVAILABLE:** high school diploma or equivalent; military discharge certificate or separation (DD Form 214); proof of age; and if applicable, proof of United States citizenship.

POSITION APPLIED FOR: _____

1. PERSONAL

Name: _____
(first) (middle) (last)

Other names you have used or been known by: _____

<u>2A. MAILING ADDRESS</u>		<u>2B. RESIDENCE ADDRESS (only if different)</u>	
Street or Post Office Box		Street Number	
City		City	
State	Zip Code	State	Zip Code
Home Telephone Number (w/area code)		Home Telephone Number (w/area code)	

U.S. Citizenship is required for police officer positions.

Are you a United States Citizen? Yes No

SSN #: _____ DOB: _____ Ht: _____ Wt: _____ Hair: _____ Eyes: _____

Distinguishing Marks (scars, tattoos, etc.) _____

The City of Kettle Falls is an Equal Opportunity Employer. All Applicants will receive consideration for employment regardless of Race, Religion, Sex, National Origin, Political Affiliation or Disability.

2. **REFERENCES**

List three (3) individuals who have knowledge of you and your personal qualifications. Do not list relatives, former or present employers, co-workers or school teachers.

Name and Occupation	Address	Telephone
A. _____	_____	_____
B. _____	_____	_____
C. _____	_____	_____

3. **SPOUSE(S)**

Name and Occupation	Address	Telephone
Present _____	_____	_____
Former _____	_____	_____

4. **CHILDREN**

List all natural and adopted children & addresses if they do not live with you.

Name		Address
A. _____	M F	_____
B. _____	M F	_____
C. _____	M F	_____
D. _____	M F	_____
E. _____	M F	_____
F. _____	M F	_____

5. **RESIDENCES** (If needed, list additional residences on a separate sheet of paper)

List all residences during the last 7 years beginning with your current residence. If you resided with anyone other than a relative or spouse at any location, circle that address and furnish their name(s).

Address	Dates (mo/yr)		If rented, give name & address of landlord
	From	To	
A. _____	_____	_____	_____
B. _____	_____	_____	_____
C. _____	_____	_____	_____
D. _____	_____	_____	_____
E. _____	_____	_____	_____

6. EDUCATION

Name/Address of School	Dates From/To	Name of Course Pursued	Grad		No. of Units	Degree/Diploma or Certificate
			Yes	No		
Jr. High School						
High School						
GED From						
Colleges/Universities						
Colleges/Universities						
Trade School						

Were you ever dismissed or suspended from any school? Yes No

If yes, explain below:

School	Date	Type of Action
A.		
B.		
C.		
D.		

EMPLOYMENT AND EXPERIENCE

7. Certificates of professional or vocational competence, licenses (real estate, teaching credentials, etc.). Membership in professional associations.

8. If you have had no prior employment, explain:

9. Have you ever filed for and/or received worker's compensation for an on-the-job injury?

If "yes", indicate the dates, employer, injury, physician, time loss from work. Yes No

10. Have you ever filed for and/or received unemployment compensation?

Yes No

If "yes", indicate the dates for each period and the details.

EMPLOYMENT AND EXPERIENCE (continued)

11. Have you had any extended work absences for reasons other than earned vacations?
 If "yes", why, and give names of employer. Yes No

12. Have you ever been reprimanded at any place of employment (oral or written)?
 If "yes", give the name of the employer(s), dates & explain. Yes No

13. Have you ever been suspended or discharged from any employment?
 If "yes", give the name of the employer(s), date(s), and explain circumstances. Yes No

14. Have you ever been rejected during the probationary period from any employment?
 Yes No

15. Have you ever had to resign any position or employment under pressure or unfavorable circumstances?
 Yes No

16. Have you ever applied for any law enforcement position with a city, county, state, special district regional or federal government agency? (This includes only completing and submitting an application.) Yes No

If "yes", complete the following:

Agency location	Position/Classification	Date (mo/yr)

Accepted Number on list: _____
 Failed Reason for failure:

Agency location	Position/Classification	Date (mo/yr)

Accepted Number on list: _____
 Failed Reason for failure:

17. Would there be any problem if your present employer is contacted during the course of the background investigation? Yes No

If "yes", explain:

EMPLOYMENT AND EXPERIENCE (continued)

18. Beginning with your most current employment, list all jobs (part-time, temporary, voluntary) you have held in the past 7 years. Using a separate box for each, indicate any periods of military service or unemployment, in sequence.

Period & Type of Employment			Name & Address of Employer	
From	To	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Voluntary	Company Name	Phone Number
			Address	
Job Title & Duties Performed			Names of Supervisor(s)/Co-workers	
Title		Salary	Supervisor(s)	
Duties		\$	Co-worker(s)	
			Reason for leaving	
			From	To
			/ /	/ /
			<input type="checkbox"/> Military <input type="checkbox"/> Unemployed	

Period & Type of Employment			Name & Address of Employer	
From	To	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Voluntary	Company Name	Phone Number
			Address	
Job Title & Duties Performed			Names of Supervisor(s)/Co-workers	
Title		Salary	Supervisor(s)	
Duties		\$	Co-worker(s)	
			Reason for leaving	
			From	To
			/ /	/ /
			<input type="checkbox"/> Military <input type="checkbox"/> Unemployed	

Period & Type of Employment			Name & Address of Employer	
From	To	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Voluntary	Company Name	Phone Number
			Address	
Job Title & Duties Performed			Names of Supervisor(s)/Co-workers	
Title		Salary	Supervisor(s)	
Duties		\$	Co-worker(s)	
			Reason for leaving	
			From	To
			/ /	/ /
			<input type="checkbox"/> Military <input type="checkbox"/> Unemployed	

EMPLOYMENT AND EXPERIENCE (continued)

Period & Type of Employment			Name & Address of Employer	
From	To	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Voluntary	Company Name	Phone Number
			Address	
Job Title & Duties Performed			Names of Supervisor(s)/Co-workers	
Title	Salary	Supervisor(s)		
Duties	\$	Co-worker(s)		
		Reason for leaving		
		From	To	<input type="checkbox"/> Military <input type="checkbox"/> Unemployed
		/ /	/ /	

Period & Type of Employment			Name & Address of Employer	
From	To	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Voluntary	Company Name	Phone Number
			Address	
Job Title & Duties Performed			Names of Supervisor(s)/Co-workers	
Title	Salary	Supervisor(s)		
Duties	\$	Co-worker(s)		
		Reason for leaving		
		From	To	<input type="checkbox"/> Military <input type="checkbox"/> Unemployed
		/ /	/ /	

Period & Type of Employment			Name & Address of Employer	
From	To	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Voluntary	Company Name	Phone Number
			Address	
Job Title & Duties Performed			Names of Supervisor(s)/Co-workers	
Title	Salary	Supervisor(s)		
Duties	\$	Co-worker(s)		
		Reason for leaving		
		From	To	<input type="checkbox"/> Military <input type="checkbox"/> Unemployed
		/ /	/ /	

MILITARY SERVICE

19. List current and past draft classification in chronological order beginning with the recent:

20. Have you ever served in the armed forces, national guard or military reserves? Yes No
If "yes":

Dates of Service	Branch	Service Number	Type of Discharge
/ / to / /			

21. Are you currently participating in any military reserve or national guard program? Yes No

Branch	Service Number	Organization Designation/Name

22. Have you ever been the subject of any judicial or non-judicial disciplinary action? Yes No
If "yes", give details (branch of service, when, where, circumstance).

23. Past and current commanding officers or military acquaintances are potential sources of relevant information pertaining to your background. List those individuals who know you well enough to provide accurate information about you.

Name (rank/rate/title)	Address	Telephone

LEGAL

24. Are you now or have you ever been involved as a plaintiff, defendant, petitioner or respondent, in any civil court action? Yes No
If "yes", give details (when, where, name/location of court, circumstances)

25. Were you ever required to appear before a juvenile court for an act which would have been a crime if committed by an adult? Yes No
If "yes", give details (when, where, name/location of court, circumstances)

LEGAL (continued)

26. If you have ever been placed on court probation as an adult, what was the reason, when, and where?

27. Have you ever been questioned, investigated, detained, or arrested either as a suspect, witness or job applicant? Yes No

If "yes", complete the following – include all incidents, whether experienced as an adult or a juvenile.

Date	Location	Original Charge	Final Charge	Disposition

28. Have you ever applied for and been issued a gun permit, private patrolman's license, etc. Yes No

If "yes", list them, the date(s) of application, the agency issuing and the agency issuing and the date of issuance.

29. Have you ever been present where marijuana or any controlled substances were being illegally used? Yes No

If "yes", indicate the date (month/year) and explain the circumstances surrounding each and every occasion.

30. Have you ever used marijuana? Yes No

Maximum number of times?

During what period of time? Between (first used) and (last used)

LEGAL (continued)

31. Have you ever used any controlled substances without a doctor's prescription? Yes No

If "yes", indicate (1) the type of each controlled substance used, (2) the maximum number of times each was used, (3) the date (month/year) each was used last, (4) the date (month/year) each was first used and (5) a brief summary of the circumstances surrounding each use.

32. Would you have any reluctance to strictly enforce any and all laws regulating a controlled substance?

Yes No

MOTOR VEHICLE OPERATION

33.

Driver's License No.	Endorsements	Exp. Date	Name which License was granted

34. List other states where you have been licensed to operate a motor vehicle:

State	Name under which License was granted

35. Have you ever been refused a driver's license, had one revoked, suspended or denied?

Yes No

If "yes", in what state, by what agency, when and why?

36. List all vehicles registered to you or, if married, to you and/or your spouse:

License Number	State	Year and Make

MOTOR VEHICLE OPERATION (continued)

37. Have you ever been involved as a driver in a motor vehicle accident within the last 7 years?
 If "yes", give details for each. Yes No

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

38. List all traffic citations (except parking violations) you have received within the last 5 years, department of motor vehicles has records for only three years, however, you must list all traffic citations regardless of the date received.

Nature of Violation	Location	Date (approx.)	Disposition

39. Washington Law requires that operators and owners of motor vehicles be able to prove ability to respond to damages after being involved in a collision. Proof may be automobile liability insurance, a bond or cash deposit with the Department of Motor Vehicles.

Please Indicate: Bond Deposit

Insurance Company	Address Where Premium Paid	Policy Number	Exp. Date

FINANCIAL

The character of police officers today is continually being challenged, because public scrutiny is particularly intense for uniformed personnel. Applicants seeking employment with the Kettle Falls Police Department as Police Officers must possess exemplary background and personal history. The management of personal finances is relevant to an applicant's qualifications. The amount of indebtedness in itself will not be used in evaluating your qualification, but the behavior exhibited in meeting your financial obligations will.

FINANCIAL (continued)

40. Have you ever been refused insurance for any reason other than failure to pay a premium? Yes No

If "yes", explain (company name, address, date and reason)

41. Have you ever filed for or declared bankruptcy, or filed for the wage earner's plan? Yes No

If "yes", what were the circumstances, where, when?

42. Have you ever been in arrears on any debt and/or had one turned over to a collection agency? Yes No

If "yes", when, why, the firm(s) involved?

43. Have you ever had purchased goods repossessed? Yes No

If "yes", when, firm(s) involved, circumstances?

44. Have your wages ever been garnished? Yes No

If "yes", when, where, why and by whom?

45. Have you ever been delinquent on income or other tax payments? Yes No

If "yes", where, why?

EQUAL OPPORTUNITY EMPLOYMENT

The State of Washington is making an effort to insure that we have an affirmative action program that results in fair representation in employment. We would appreciate your cooperation by voluntarily indicating your race, ethnic background, and sex.

Do you have any knowledge or information, in addition to that specifically called for in the preceding questions which is or which, may be relevant, directly or indirectly, in connection with an investigation or your eligibility or fitness for the position which you are seeking; including, but not limited to, knowledge temperance, habits, employment, record, traffic violations, residence or otherwise?

Yes No

If "yes", give details:

CERTIFICATE OF APPLICANT *(Read carefully before signing)*

I hereby certify, that all statements in this application are true, and I agree and understand that any misstatements or omission of material facts here in will cause forfeiture on my part of all rights to any employment with the Kettle Falls Police Department.

Signature: _____ Date: _____

KETTLE FALLS CIVIL SERVICE COMMISSION

All questions on this form must be answered completely and accurately.

In the last five years:

Have you ever been diagnosed as having heart or circulatory problems? Yes No

Have you frequently had pains in your heart or chest? Yes No

Have you often felt pain or had dizzy spells? Yes No

Have you been diagnosed as having high blood pressure? Yes No

Has your doctor told you that you have a bone or joint problem that has been aggravated by exercise, or might be made worse by exercise? Yes No

Are you aware of any other reason why you may not be physically fit to take the physical performance tests? Yes No

If you answered "yes" to any of the above questions, you must take this completed form, along with the attached Medical Clearance Form, to your personal physician, and obtain a medical clearance to take the test. You need not obtain a medical clearance if you answered "no" to all of the above questions. Explain all questions answered "yes" above.

I hereby attest that I have answered all of the above statements completely and accurately, and authorize any physician, other licensed practitioner, hospital, clinic or other institution to release all records and findings regarding my health and physical condition. I certify that there are no misrepresentations or falsifications on this document, and I am aware any misstatements may cause rejection of my application disqualification from competing for, or discharge from any employment in this jurisdiction.

DATE: _____

SIGNATURE OF APPLICANT: _____

PRINTED NAME OF APPLICANT: _____

**MEDICAL CLEARANCE FORM FOR PARTICIPATION IN THE
PHYSICAL PERFORMANCE TESTING CONDUCTED BY THE
KETTLE FALLS POLICE DEPARTMENT**

NAME OF APPLICANT: _____
(Please Type or Print)

Having read the attached descriptions of the physical performance test, having reviewed the above named applicant's medical self screening form, and having personally examined the above named individual, it is my professional opinion that :

Please Check One:

It is unlikely that participation in testing will pose a significant medical risk to the above named applicant.

The above named applicant in testing. Comments: _____

SIGNATURE OF PHYSICIAN: _____

DATE: _____

PLEASE TYPE OR PRINT NAME: _____

ADDRESS OF PHYSICIAN: _____

KETTLE FALLS CIVIL SERVICE COMMISSION
WAIVER OF LIABILITY/CONFIRMATION OF APPLICATION

I have voluntarily applied for employment with the Kettle Falls Police Department, and I understand that if I want to be employed by the Kettle Falls Police Department as a Police Officer, that I must submit to a series of tests that are designed to determine my qualifications for the position I am seeking with the Kettle Falls Police Department. I have been advised that a portion of this testing is a physical demonstration test which is administered to determine my physical qualifications to perform job related tasks. I have been provided a synopsis of this test, and I am aware of the physical actions which will be required of me in order to meet the established acceptable standards. I have been advised that I should contact a physician to assure that I am physically capable of attempting this physical demonstration test without detriment to my health; I understand that I am not required to do so unless I answer "yes" to any questions on the Medical Self Screening Form. In such case, I must take both the Medical Self Screening Form and Medical Clearance Form to my personal physician to obtain a medical clearance to take the test. I am in good general health and feel that I am physically capable of performing the test without detriment to my health. I accept any and all responsibility from, and assume the risk of, any and all physical or mental illness or injury which might arise directly or indirectly from the administration of the test and for any liability or damage which may result for my taking or attempting the test. I hereby expressly release, discharge, and hold harmless from any liability or damage whatsoever, Kettle Falls Civil Service Commission, it's Commissioners, officials, agents, employees, and volunteers from and against any and all claims, damages, losses, and expenses including attorney fees arising from my participation in the physical demonstration testing. By signing and dating this form, I acknowledge that I have read the preceding, and I understand that it is a release of liability and a contract between the Kettle Falls Civil Service Commission and myself. I acknowledge that I have signed this release of my own free will. It is further understood and agreed that this waiver, release, and assumption of risk is to be binding on my heirs and assigns, I am interested in further consideration of my application for employment as a Police Officer with the Kettle Falls Police Department. I will be available to participate in the testing process as scheduled in the near future.

Date: _____

Applicant's Printed Name

Applicant's Signature

KETTLE FALLS POLICE DEPARTMENT DRUG USAGE STANDARDS

The Kettle Falls Police Department will use the following guidelines for rejection of police applicants. Exceptions will be made on a case by case basis when appropriate.

ANY USE OF ILLEGAL DRUGS FALL UNDER THE FOLLOWING CATEGORIES AND WILL RESULT IN AUTOMATIC REJECTION.

1. Any illegal use within the last year.
2. Injection of amphetamines/methamphetamines.
3. Use of opiates/narcotics (heroin, morphine, etc.) or abuse prescribed opiates/narcotics.
4. Use of cocaine over five times regardless of time frame (any injection of cocaine).
5. Participating in the manufacture, selling, offering to sell, distribution or transporting for sale any illegal drugs/narcotics, regardless of time frame.
6. Use of illegal drugs while employed by a law enforcement agency regardless of the time frame.
7. Use of any illegal drugs after submitting an application with any law enforcement agency within the last five years.
8. Use of non-prescribed oral or steroids over five sequences/cycles within the last two years.
9. Use of marijuana/hash over 15 times.

ANY USE OF THE FOLLOWING ILLEGAL DRUGS WITHIN THE PAST TEN YEARS WILL RESULT IN AUTOMATIC REJECTION.

1. Use of amphetamines/methamphetamines over five times. Swallowing/sniffing/smoking illegal amphetamines or methamphetamines (one time).
2. Use of crack cocaine (one time).
3. Use of free-based cocaine/paste (one time).

YOU CANNOT BE A KETTLE FALLS POLICE OFFICER IF:

1. You do not possess or obtain a valid driver's license.
2. You will not be 21 years old at the time of hire.
3. You are not a U.S. Citizen.
4. You have been convicted of DUI within the past five years or have two or more DUI convictions. A diversion or similar action (first degree negligent driving) is the same as a conviction.
5. You have been convicted of any felony charges – traffic/criminal.
6. You have used or possessed any illegal drug in the past year.
7. You have ever manufactured, sold offered to sell, distributed, or transported for sale any illegal drugs/narcotics.
8. You have been convicted of any crime involving false swearing.
9. You have been dishonorable discharged from the armed services.
10. You cannot prove education requirements at the time of the physical assessment.
11. You do not successfully pass a department polygraph or you cannot be certified medically by department physicians.
12. You have been convicted of a domestic violence related crime which precludes you from possessing a firearm.

YOU ARE NOT LIKELY TO BE HIRED AS A KETTLE FALLS POLICE OFFICER IF:

1. Your traffic history shows a continuing and/or recent pattern of poor decision making.
2. Your financial affairs or personal life shows a history of poor judgment and refusal to confront problems. (ie: non-payment of child support, ignoring overdue bills, etc.)
3. You have recently or are currently misrepresenting yourself or ignoring any laws. (ie: not paying taxes, using a false address for school tuition purposes, etc.)
4. You have a pattern of involvement with illegal drugs.
5. Your work history shows a pattern of unexcused absences, discipline, or discharge.
6. People who know you have doubts about your honesty/character.

VETERAN'S PREFERENCE APPLICATION FORM

Veterans shall be accorded a credit as provided by RCW 41.04.101 (a copy of REC 41.04.010 is on the reverse side of this form). In order to be eligible you must be a "veteran" as defined in RCW 41.04.005 and claim preference within eight years of the date of release from active service.

I hereby certify that I am a veteran as defined in RCW 41.04.005. A copy of my DD-214 accompanies this form.

PREFERENCE CLAIMED:

(mark one)

- 41.04.010 (1) 10% for eligible veteran (entrance exam only)
- 41.04.010 (2) 5% for eligible veteran receiving any veteran's retirement payments (entrance exam only)
- 41.04.010 (3) 5% for eligible veteran recalled to active military service from public service (available for first promotional exam only)

Date of Release: _____

Date of Application: _____

Signature of Applicant

41.04.005 – Veteran: defined for certain purposes. As used in RCW 41.04.005, 41.04.010, 41.16.220, and 41.20.050 “veteran” includes every person, who at the time he seeks the benefits of RCW 28B.40.361, 41.04.005, 41.04.010, 41.16.220, 41.20.050, 41.40.170, 73.04.110, or 73.08.080 has received an honorable discharge or received a discharge for physical reasons with an honorable record and (1) Has served in any branch of the armed forces of the United States between World War I and World War II or during any period of war: or (2) has served in any branch of the armed forces of the United States and has received the armed forces expeditionary medal, or Marine Corps and Navy expeditionary medal, for opposed action or foreign soil. A “period of war” includes World War I, World War II, the Korean conflict, the Viet Nam era, and the period beginning on the date of any future declaration of war by the congress and ending on the date prescribed by presidential proclamation or concurrent resolution of the congress. The “Viet Nam era” means the period beginning August 5, 1964, and ending on May 7, 1975. (1984 c36 E1; 1983 c230 E1; 1982 1st ex.s. c37 E20; 1969 ex.s. c269 E1.)

Effective date – 1983 c230: “this act is necessary for the immediate preservation of the public peace, health, and safety, the support of the state government and its existing public institutions, and shall take effect July 1, 1983.” (1983 c230 E3.)

Effective date – Severability – 1982 1* ex.s. c37: See notes following RCW 280.15.012.

41.04.010 – Veterans preference in examinations. In all competitive, examinations, unless otherwise provided herein, to determine the qualifications of applicants for public offices, positions or employment, the state and all of its political subdivisions and all municipal corporations, shall give a preference status to all veterans as defined in RCW 41.04.005, by adding to the passing mark, grade or rating only, based upon a possible rating of one hundred points as a perfect a percentage in accordance with the following:

(1) Ten percent to a veteran who is not receiving any veterans retirement payments and said percentage shall be utilized in said veteran’s competitive examination and not in any promotional examination until one of such examinations results in said veteran’s first appointment: provided, that said percentage shall not be utilized in any promotional examination;

(2) Five percent to a veteran who is receiving any veterans retirement payments and said shall be utilized in said veteran’s competitive examination only and not in any promotional examination until one of such examinations results in said veteran’s first appointment: Provided, that said percentage shall not be utilized in any promotional examination;

(3) Five percent to a veteran who, after having previously received employment with the state or any of its political subdivisions or municipal corporations, shall be called or recalled, to active military service for a period of one year, or more during any period of war, for his first promotional examination only, upon compliance with RCW 73.16.035 as it now exists or may hereafter be amended;

(4) There shall be no examination preferences other than those which have been specifically provided for above and all preferences above specified in (1), (2) and (3) must be claimed by a veteran within eight years of the date of his release from active service. (1974 ex.s. c170 E1; 1969 ex.s. c269 E2; 1953 ex.s. c9 E1; 1949 c.

KETTLE FALLS POLICE DEPARTMENT

WAIVER AND AUTHORIZATION TO RELEASE INFORMATION

To Whom It May Concern:

I authorize you to furnish the Kettle Falls Police Department with any and all information that you have concerning me, my work record, my reputation, my medical records, my psychological testing analysis and recommendation, my military service records, and my financial status. Information of a confidential or privileged nature may be included. Your reply will be used to assist the Kettle Falls Police Department in determining my qualifications and fitness for the position I am seeking with the department. I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, and waive these rights with the understanding that information furnished will be used by the Kettle Falls Police Department in conjunction with employment procedures.

I hereby release you, your organization, and others from any liability or damage which may result from furnishing the information requested.

A photocopy of this authorization shall be as valid as the original.

To be completed by the applicant

Signature

Print Name

Date

Other Names you have been known by, including prior marriage or nickname:

Address

City, State, Zip

KETTLE FALLS POLICE DEPARTMENT

AUTHORIZATION FOR RELEASE OF EMPLOYMENT PERSONNEL RECORDS

DOCUMENT REQUESTED BY THE CITY OF KETTLE FALLS:

- Employment Records
- Medical
- Personal Information
- Financial Information

Name of Applicant: _____

Maiden or Other Names: _____

Date of Birth: _____ SSN #: _____

Application for Position of: _____

To Whom It May Concern:

I respectfully request and authorize you to furnish to the City of Kettle Falls any employment, medical, physical and mental records or reports in your possession, including all information of a disciplinary, confidential or privileged nature (or Photostats of same). This information is to be used to assist the City in determining my qualifications and fitness for the position I am seeking with the City of Kettle Falls.

I hereby release to you, your agent(s) and your organization from any liability or damage which may result from furnishing the information requested above.

Applicant's Signature

Date

Note: This form may be retained in your files.