



# Application for Employment

City of Des Moines  
Personnel Department  
21630 11th Avenue South  
Des Moines, WA 98198  
(206) 878-4595

\_\_\_\_\_  
Position Applied For

**The City of Des Moines considers applicants for all positions without regard to race, color, national origin, sex, religion, sexual orientation, age, disability or any other basis prohibited by federal, state, or local law.**

**Answer all questions. If a question is not applicable, so state. An incomplete or illegible application may disqualify you. Please print or type.**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Social Security Number \_\_\_\_\_

Are you authorized to work in the United States? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you have a valid driver's license? \_\_\_\_\_ Yes \_\_\_\_\_ No DL # \_\_\_\_\_ State \_\_\_\_\_

Do you currently smoke or use any tobacco product? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you have any relatives presently working for the City of Des Moines? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please provide relative's name and position title:

\_\_\_\_\_

Would you, if required, be willing to travel, work unusual hours, or work overtime? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you previously been employed by the City of Des Moines? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please give title and dates of employment:

Title \_\_\_\_\_ Dates \_\_\_\_\_

Are you able to perform the essential functions of the job for which you are applying, as you understand them, with or without reasonable accommodation? \_\_\_\_\_ Yes \_\_\_\_\_ No

## Veterans Preference

Do you qualify for Veteran's Preference under Washington State Law? \_\_\_\_\_ Yes \_\_\_\_\_ No

If you qualify for Veteran's Preference points under RCW 41.04.010 and you wish to claim Veteran's Preference, you must attach a Member-4 copy of your DD-214 to your application.

## Civil Service Positions Only

Birth date \_\_\_\_\_ (Applicants for commissioned positions must be 21 years of age at time of application).

Reserve Academy Graduate? \_\_\_\_\_ Yes \_\_\_\_\_ No Jurisdiction? \_\_\_\_\_

## Professional References

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone No. \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone No. \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone No. \_\_\_\_\_

### **Education and Training**

	<i>Name &amp; Location</i>	<i>Dates of Enrollment</i>	<i>Credits Earned</i>	<i>Major Subject</i>	<i>Type of Degree/Certificate</i>	<i>Date of Degree/Certificate</i>
<i>High School</i>						
<i>College</i>						
<i>Graduate School</i>						
<i>Vocation/ Trade</i>						

### **Professional Licenses and Certificates**

<i>License or Certificate</i>	<i>License or Certificate #</i>	<i>Date Issued</i>	<i>Expiration Date</i>

### **Computer Skills**

<i>Computer Experience</i>	<i>Proficiency (Beginning, Intermediate, or Advanced)</i>
<i>Personal Computer</i>	
<i>Windows File Mgmt</i>	
<i>Microsoft Word</i>	
<i>Microsoft Excel</i>	
<i>Microsoft Access</i>	
<i>Microsoft PowerPoint</i>	
<i>Desktop Publishing</i>	
<i>Other</i>	

The City of Des Moines is mindful of its obligation to consider an applicant's conviction record as it relates to job performance. A conviction record will not disqualify you for employment unless such record would reasonably affect your fitness for the job for which you have applied. **List all convictions within the last ten years, including traffic offenses.**

<i>Date</i>	<i>Charge</i>	<i>Place</i>	<i>Penalty</i>	<i>Remarks</i>

### **Work History**

Beginning with your present or most recent employment, list your work experience for at least the last ten years, including periods of self-employment & U.S. Military Service.

Employer's Name \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_  
 Supervisor's Name \_\_\_\_\_ Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_  
 Position \_\_\_\_\_ Hours Worked Per Week \_\_\_\_\_  
 Primary Duties \_\_\_\_\_  
 Reason for Leaving \_\_\_\_\_ May We Contact This Employer? Yes No

Employer's Name \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_  
 Supervisor's Name \_\_\_\_\_ Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_  
 Position \_\_\_\_\_ Hours Worked Per Week \_\_\_\_\_  
 Primary Duties \_\_\_\_\_  
 Reason for Leaving \_\_\_\_\_ May We Contact This Employer? Yes No

Employer's Name \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_  
 Supervisor's Name \_\_\_\_\_ Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_  
 Position \_\_\_\_\_ Hours Worked Per Week \_\_\_\_\_  
 Primary Duties \_\_\_\_\_  
 Reason for Leaving \_\_\_\_\_ May We Contact This Employer? Yes No

### **Employment Requirements**

**1. Immigration Reform Control Act**

All City of Des Moines employment offers are contingent upon the applicant meeting the requirements of the Immigration Reform and Control Act. This Act requires the City of Des Moines to verify the identity of every new employee as well as documenting his or her legal right to work in the United States. This verification requires every new employee to complete the Government's Eligibility Verification Form (I-9) . *Positions in the Police Department require U.S. citizenship per RCW 41.21.070.*

**2. Background Investigations**

Pursuant to RCW 43.43.834, the City of Des Moines has the right to make an inquiry to the Washington State Patrol in order to verify any record of conviction, offenses or adjudication of child abuse, sexual assault, or exploitation of a minor or developmentally disabled person that was brought in a civil action or a disciplinary board. Employment offers are contingent upon the applicant's background investigation when required for certain positions.

**3. Abstract of Driving Record**

Some positions in the City of Des Moines require an individual to drive a City vehicle. The City of Des Moines has the right to make an inquiry to the Washington State Patrol or an equivalent agency in order to request an abstract of an applicant's driving record. Employment offers are contingent upon the applicant's clean and insurable driving record.

**4. Drug & Alcohol Testing Policy**

In order to preserve employee fitness for duty, the safety of employees and the public, drug and alcohol testing is required for prospective employees in safety sensitive positions and may be required of current employees in certain positions as prescribed by policy. Employment offers are contingent upon the applicant successfully passing a drug and alcohol screening when required.

### **Recruitment Information**

#### **How did you hear of the job opening?**

City of Des Moines

Website             Jobline

Internet

Association of Washington Cities (AWC)

School/College website

Other \_\_\_\_\_

Newspaper

Tacoma News Tribune     Seattle Times/PI     South County Journal

Des Moines News/Highline Times     The Olympian     Other

Other

City Hall     Woodmont Library     Des Moines Library

Redondo Store/Post Office     Channel 21     Other \_\_\_\_\_

### **Certification**

I certify under penalty of perjury that the information given by me to the City of Des Moines is true and complete to the best of my knowledge. I understand that if employed, 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's interest nor will I become engaged in such activity or business if employed.

I authorize the City of Des Moines to solicit information regarding my character, general reputation, credit, previous employment, education, and similar background information, and to contact any and all references I have given on my application. I understand that when such information is required, an offer will be contingent upon evaluation and approval of the information received. I hereby release the City of Des Moines and 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.

I understand that should I be offered a position as a City of Des Moines employee as a result of this selection process, 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 Des Moines or myself. I understand that no representative of the City of Des Moines, other than the City Manager or his/her designee, 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.

Signature \_\_\_\_\_ Date \_\_\_\_\_

#### **Des Moines**

*Sails with Pride*

*We, the employees of the City of Des Moines,  
working together in serving our community, endeavor to  
project in our words and actions the following values:*

**P**

**Positive**

*A caring, helpful, service-minded attitude.*

**R**

**Resourceful**

*Creatively responding to meet the needs of the community.*

**I**

**Integrity**

*Serving our community in an open, honest, and professional environment.*

**D**

**Dedication**

*Service to our community to the best of our ability.*

**E**

**Excellence**

*Our commitment to delivering quality.*



## **EMPLOYMENT OPPORTUNITY LATERAL POLICE OFFICER**

Regular; Full-Time

**The City of Des Moines, Washington**, is creating an Eligibility List for Lateral Police Officer needed to fill full-time positions. The Des Moines Police Department employs 44 full-time commissioned Police Officers and 14 civilian support employees, and has a Reserve Officer Program. The Department has two divisions: Support Services and Operations. Dispatch and jail support are contracted through regional service providers. The Community Oriented Policing concept has been adopted and is vigorously applied to day-to-day operations. The Department has developed a strategic plan to help guide the Department.

### **Hiring Incentive Program & Relocation Reimbursement**

An applicant who qualifies as a Lateral Officer shall be paid a hiring incentive of \$7,000 - the first \$1,750 to be paid on the first regular paycheck, with the remaining \$5,250 to be paid on the regular paycheck following successful completion of the required probationary period. Compensation is subject to all applicable taxes, withholdings, and deductions, as required. The hiring incentive payment shall be contingent upon the written agreement by the Lateral Officer to remain employed with Des Moines for three years from date of hire. (City Manager's Executive Order No. 06-005).

An applicant who qualifies as a Lateral Officer shall be paid reasonable and necessary moving costs in accordance with DMMC 2.16.070.

### **Department Purpose and Mission**

The mission of the Department is to provide quality, professional law enforcement services. The Department believes that the cornerstone of the community is making its citizens feel safe from crime and the fear of crime. This effectively improves the quality of life in our city and allows the community to prosper and grow.

In joining the Department, new officers make the Department's mission their own and are expected to carry out these responsibilities diligently and courteously, taking pride in themselves and the services they provide.

### **Minimum Qualifications**

Age:	Twenty-one years of age at time of application.
Education:	High School Graduate or GED.
Medical:	Ability to pass medical, psychological and polygraph examinations.
Certification:	Washington applicants must have completed the Washington State Criminal Justice Training Commission Basic Law Enforcement Academy and hold current certification. Applicants from outside Washington must successfully complete the Washington State

Criminal Justice Training Commission Equivalency Academy and examination. Applicants must have been employed as a commissioned Law Enforcement Officer for a minimum of twelve consecutive months and not had a lapse of employment as a Law Enforcement Officer for a period exceeding the previous twelve months, calculated from the day of appointment.

WDL: Valid Washington State driver's license required at time of appointment.

Other: U.S. Citizen, available for full-time employment, and a non-smoker.

Background: Applicants must pass all background screening conducted by the Department, including, but not limited to, drug history, driving record, credit history, criminal record, work history, reference check, polygraph examination, oral board interview, and Chief's interview.

### **Application Process**

1. Contact: Des Moines City Hall  
21630 11th Ave. S., Suite #D  
Des Moines, WA 98198. Phone: (206) 878-4595.
2. Complete required application materials provided in packet:
  - (a) City of Des Moines Application for Employment Form;
  - (b) Applicant Questionnaire;
  - (c) Lateral Entry Application Personal History Statement.
3. Return completed application materials, with required attachments, to the Civil Service Chief Examiner, 21630 11th Ave. So., Suite C, Des Moines, WA 98198.
4. Applications are screened. Those applicants rejected are sent written notification.
5. Applicants meeting minimum qualifications are evaluated, certified, and placed on an Eligibility List.
6. The Department will perform background screening as previously described under "Minimum Qualifications" of those on the Eligibility List, which may result in an offer of employment.
7. If hired, the applicant will successfully serve a twelve-month probationary period and successfully complete the Department Field Training Program. (Note: The provisions of this bulletin do not constitute an expressed or implied contract or an offer of employment. Any provision contained herein may be modified and/or revoked without notice.)

### **Salary**

Starting salary is negotiable depending on qualifications.

## Benefits

- Vacation: Earned at a rate of 96 hours per year; however, at set intervals, the rate graduates to 192 hours maximum per year.
- Sick Leave: Officers accrue sick leave at the rate of eight hours per month.
- Holidays: Officers receive a bank of 96 hours of holiday leave time on January 1 of each year. Employees may cash in 40 hours of holiday pay at the end of November to be paid on the first payday in December.
- Retirement: Officers are enrolled in the Department of Retirement Systems LEOFF (Law Enforcement Officers and Fire Fighters) retirement system. In addition, as part of the City's Social Security replacement program, officers are enrolled in a 401(a) Plan sponsored by ICMA Retirement Corporation.
- Additional Benefits: As part of the City's Social Security replacement program, a \$5,000 Life Insurance policy, Accidental Death & Dismemberment policy, Survivor Income Benefits and Long Term Disability are provided through Assurant Employee Benefits. Officers may choose to participate in a 457 Deferred Compensation Fund and a Retiree Health Savings Plan through ICMA Retirement Corporation.
- Insurance: Officers may choose between two medical insurance plans. The City pays 100% of the employee medical premium and 90% of the spouse/domestic partner and family premium (2007). The City pays 100% of the dental and vision premiums for the officer and family.
- Work Schedule: Officers currently work three 12-hour shifts, followed by three days off. Officers are assigned to either the day shift (6:00 a.m. – 6:00 p.m.) or the night shift (6:00 p.m. – 6:00 a.m.) for a three month period and then rotate to the opposite shift.
- Schools: Officers completing their probationary period may request and receive advanced or specialized schooling. Educational incentive pay is also available.

***Des Moines considers applications for all positions without regard to race, color, national origin, sex, religion, age, disability, or any other basis prohibited by federal, state or local law.***

## Police Patrol Officer Applicant Questionnaire

AN AFFIRMATIVE ANSWER TO ANY OF THE FOLLOWING QUESTIONS MEANS YOUR APPLICATION MAY BE AUTOMATICALLY REJECTED.

Answer these questions truthfully as the information you provide will be substantiated by a polygraph examination and a comprehensive background investigation

Must Check One		I. DRUGS
YES	NO	A. Have you used any of the hallucinogenic drugs (with the exception of marijuana), such as mushrooms, LSD, PCP, etc.?
		B. Have you used an opiate/narcotic drug not prescribed for you by an authorized individual, i.e., heroin, morphine, cocaine, etc.? Do not include the occasional use of cough syrup or minor pain medication with codeine, for example, aspirin with codeine.
		C. Have you used marijuana, hashish, or similar type substances ten times or more?
		D. Have you used marijuana in the past two years or since first applying with a police agency? (Whichever is the longer period of time).
		E. Have you used amphetamines or barbiturates (not prescribed for you by an authorized individual) ten times or more?
II. Traffic Accidents, Citations, or Infractions		
		A. Have you had two accidents, citations, or infractions in the past five years involving DUI or Reckless Driving?
		B. Have you had six or more citations or infractions in the past three years? (Including those listed in "A" above).
III. Crimes Committed as an Adult, Age 18 Years and Over		
		A. Any felonies (robberies, burglaries, etc.)?
		B. In the past two years, have you committed two misdemeanors involving harm or threat of harm to persons or property, i.e., assault, fighting, or vandalism?

**I hereby attest that I have read and understood the contents of this questionnaire and understand that a "yes" answer may automatically disqualify me.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Your Name

# *Des Moines Police Department*

## **LATERAL POLICE OFFICER**

### ***PERSONAL HISTORY QUESTIONNAIRE***

**INSTRUCTIONS:**  
**ANSWER ALL QUESTIONS IN YOUR OWN HANDWRITING, USING INK.**

Answer all questions completely and accurately. All statements in this questionnaire are subject to verification. Incorrect statements may bar or remove you from employment. If space provided is inadequate, add another page and identify additional information by item number. When completed, this questionnaire, together with copies of the following pertinent documents, should be returned with the City of Des Moines job application form and applicant questionnaire to:

Des Moines Civil Service Commission Secretary/Chief Examiner  
21630 11th Avenue So., Suite C  
Des Moines, WA 98198-6398

1. Birth Certificate
2. High School Diploma or GED
3. College Transcripts
4. Military Service Discharge (Form DD-214)
5. Social Security Card
6. Basic Academy Certificate

DO NOT MAIL ORIGINALS of any of the above documents; photocopies are acceptable. If any of the documents are not immediately available, they should be mailed to the same address as shown above as soon as possible. No action will be taken with your application until all of the above-mentioned documents have been received.

All information contained herein is **CONFIDENTIAL**  
and is to be reviewed by **AUTHORIZED PERSONNEL ONLY**

# CONFIDENTIAL

**Des Moines Police Department**

**Lateral Entry Police Officer Applicant**

**Personal History Statement**

**Date:** \_\_\_\_\_

**Documents Submitted:**

- Birth Certificate \_\_\_\_\_
- High School Diploma \_\_\_\_\_
- College Transcripts \_\_\_\_\_
- DD-214 Form \_\_\_\_\_
- Social Security Card \_\_\_\_\_
- Academy Certification \_\_\_\_\_
- Other \_\_\_\_\_

**1. Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_  
Last First M/I

**Address** \_\_\_\_\_  
Number Street City State Zip

SSN \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_  
Cell ( ) \_\_\_\_\_

**Citizenship:** Please mark appropriate space:

\_\_\_\_ Yes \_\_\_\_ No U.S. Citizen?  
\_\_\_\_ Yes \_\_\_\_ No Naturalized? Certificate No. \_\_\_\_\_  
Court \_\_\_\_\_  
State \_\_\_\_\_ Date \_\_\_\_\_

**2. Education:**

**A. High School** \_\_\_\_\_  
School City State  
\_\_\_\_\_  
Years Attended Date of Graduation/Diploma

**B. GED** \_\_\_\_\_  
School City State

**C. College** \_\_\_\_\_  
School City State  
College \_\_\_\_\_  
School City State  
College \_\_\_\_\_  
School City State  
College \_\_\_\_\_  
School City State





**B.**     \_\_\_\_\_ Yes     \_\_\_\_\_ No     Have you held a permanent promotional position or an appointive position above the detective level in a law enforcement agency? If so, please check the positions you have held and add any not specified.\*  
Note: Please explain your nomenclature.

Sergeant	_____
Lieutenant	_____
Captain	_____
Assistant Chief	_____
Chief	_____
Bureau Chief	_____
Sheriff	_____

\* If you have held positions other than the above, please list their titles and state how they compare in responsibility and rank structure to those indicated, i.e., were you a supervisor with duties equivalent to a sergeant, captain, assistant chief?

Position/Title	No. of People Supervised
Duties	

Position/Title	No. of People Supervised
Duties	

Please state your reason for leaving the permanent promotional position or the appointed position. Use an extra page, if necessary.

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**C.**     \_\_\_\_\_ Yes \_\_\_\_\_ No     Have you received any commendations, awards, or letters of appreciation from citizens pertaining to your job performance? Please list. Use extra page, if necessary.

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**D.**     Yes  No    Have you received any disciplinary action, including oral reprimands, regarding your job performance? Explain below. Use an extra page, if necessary.

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**E.**     Yes  No    Have you ever been employed or had retirement coverage by a law enforcement agency – LEOFF I or LEOFF II? If so, indicate which system, employer, and date.

**4. Military:**

**A.**     Yes  No    Have you ever served in the military?

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Name of Armed Forces	Date of Service	Type of Discharge
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**B.**     Yes  No    Are you now a member of the military service? Anticipated date of discharge \_\_\_\_\_

**5. Drugs:**

**A.**     Yes  No    Have you used any of the following drugs? Check those you have used and explain in the space below. Include the number of times used and the dates used and the dates of first and last usage. Use extra page, if necessary.

\_\_\_\_\_ Marijuana, hashish, etc?  
\_\_\_\_\_ Speed, amphetamines, diet pills, uppers?  
\_\_\_\_\_ Narcotics, opiates, etc.?  
\_\_\_\_\_ Hallucinogens (other than marijuana)–mushrooms, LSD, PCP, etc.  
\_\_\_\_\_ Other (unauthorized or illegal)

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**6. Crimes:**

A. \_\_\_\_\_ Yes \_\_\_\_\_ No      Have you ever been arrested or received a citation for a crime (other than a traffic violation)? Please elaborate and include information regarding location and date of incident. Use an extra page, if necessary.

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**7. Traffic:**

A. List all traffic accidents you have been involved in during the past five years. Give location, year, cause, responsible party (you or other driver).

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B. List all traffic citations you have received in the past five years. Give location, date, offense, and penalty.

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C. \_\_\_\_\_ Yes \_\_\_\_\_ No      Do you have a current Washington State Driver's License? # \_\_\_\_\_

D. \_\_\_\_\_ Yes \_\_\_\_\_ No      Have you been licensed in any other state(s)?

State	Date	License Number

**8. List previous addresses where you have lived during the past six years. Give address, date, and name and address of landlord.**

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**9. List 7 law enforcement personnel, including some with whom you have worked closely. Include their agency, if applicable, and how long they have known you.**

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Name/Title	Agency/Phone Number	How Long?
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Name/Title	Agency/Phone Number	How Long?
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Name/Title	Agency/Phone Number	How Long?
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Name/Title	Agency/Phone Number	How Long?
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Name/Title	Agency/Phone Number	How Long?
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Name/Title	Agency/Phone Number	How Long?
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Name/Title	Agency/Phone Number	How Long?
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**10. List three references not employed by a law enforcement agency and who are not relatives.**

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Name	Address	Phone Number
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Name	Address	Phone Number
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Name	Address	Phone Number
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**NOTE:** Please be sure you have copies of the required documents (see upper left hand corner of the front page of this questionnaire). Also, read the statement below very carefully, then sign and date this questionnaire in the space indicated.

I certify that there are no misrepresentations, omissions, or falsifications in the foregoing statements and answers, and that the entries made herein are true, complete, and correct to the best of my knowledge and belief and are made in good faith.

I further agree and consent to inquiries by the Des Moines Police Department, by any means it deems appropriate or necessary, related to the truth of and circumstances regarding any information provided herein in the course of a pre-employment background check and further release the Des Moines Police Department from any liability with regard to the use of such information in the pre-employment process.

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**Signature of Applicant**

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**Date**