



Des Moines Police Department
Reserve Officers Unit
"Putting the Needs of the Community First"

Application Packet Notes & Instructions

The Reserve Officer Application consists of three parts:

- Part I is a standardized **Des Moines Police Department Volunteer Application**.
- Part 2 is a **Supplemental Questionnaire for Reserve Police Officer Applicants**.
- Part 3 is a **Waiver and Authorization to Release Information Form**.

All three parts **MUST** be fully completed for an application to be processed. Faxed and/or incomplete applications will not be accepted. If space on the provided application is not sufficient for a complete response, or if you wish to provide additional information, attached supplemental documents as necessary and number any responses to correspond with the application questions. In addition to the three-part application, all Reserve Police Officer applicants should submit the following:

Required Items

- Copy of Washington state drivers license
- Copy of birth certificate or passport
- Copy of social security card
- Copy of high school diploma, GED, and/or college diploma(a)
- College transcript(s), if applicable
- Military service discharge (Form DD-214), if applicable
- Basic or Reserve Academy certificate, if applicable

Optional/Suggested Items

- Letter of introduction
- Resume'
- Copy of military service records
- Certifications and/or achievements relevant to a law enforcement position
- Letters of recommendation and/or affidavits of personal character

If you have been married less than 10 years, please list your maiden name in parenthesis, if applicable.

You will receive a letter of acknowledgement after your application has been received and processed. You will be notified via mail of your testing date(s) when scheduled.



Des Moines Police Department

"Putting the Needs of the Community First"

Volunteer Application

Reserve Police Officer
Position Applied For

21900 11TH AVENUE SOUTH
DES MOINES, WA 98198-6319
(206) 878-3301
FAX: (206) 870-7626
www.desmoineswa.gov

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: _____ Middle: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Cell/Other: _____

Social Security Number: _____ E-Mail: _____

Are you authorized to work in the United States? Yes No
Proof of I-9 status will be required upon hiring. Positions in the Police Department require U.S. citizenship per RCW 41.21.070.

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: _____

Recruitment Information

How did you learn of this job opening? _____

Education and Training

	Name & Location	Dates of Enrollment	Credits Earned	Major Subject	Type of Degree or Certificate	Date of Degree or Certificate
High School						

College						
College						
Graduate School						
Vocational / Trade						

Professional Licenses and Certificates

License or Certificate	License or Certificate Number	Date Issued	Expiration Date

Professional References

Name: _____ Address: _____ Phone No: _____

Name: _____ Address: _____ Phone No: _____

Name: _____ Address: _____ Phone No: _____

Personal References

Name: _____ Address: _____ Phone No: _____

Name: _____ Address: _____ Phone No: _____

Name: _____ Address: _____ Phone No: _____

The City of Des Moines is mindful of its obligation to employ qualified persons and its entitlement under law 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**.

Date	Charge	Place	Penalty	Remarks

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. Attach separate sheets if necessary. Resumes may be attached but will not be accepted as a substitute for completing this section.

Employer: _____	From: _____	To: _____
Address: _____	Phone: _____	
Super visor: _____	Starting salary: _____	Ending salary: _____
Position: _____	Hours worked per week: _____	
Primary duties: _____ _____ _____		
Reason for leaving: _____	May we contact this employer? _____	

Employer: _____	From: _____	To: _____
Address: _____	Phone: _____	
Super visor: _____	Starting salary: _____	Ending salary: _____
Position: _____	Hours worked per week: _____	
Primary duties: _____ _____ _____		
Reason for leaving: _____	May we contact this employer? _____	

Employer: _____	From: _____	To: _____
Address: _____	Phone: _____	
Super visor: _____	Starting salary: _____	Ending salary: _____
Position: _____	Hours worked per week: _____	
Primary duties: _____ _____ _____		
Reason for leaving: _____	May we contact this employer? _____	

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.



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Supplemental Questionnaire for Reserve Police Officer Applicants

1. I will cooperate in a background investigation by providing complete and truthful information during the background investigation process. Yes No
2. I will be truthful in the polygraph examination. Yes No
3. I am willing to undergo an in-depth, job-related evaluation by a licensed psychologist. Yes No
4. I am willing to undergo a medical evaluation. Yes No
5. I will be age 21 or older by the date of appointment. Yes No
6. I have been removed from another police agency employment or appointment register/roster within the past 12 months. (If yes, state when, where, and circumstances in an attached supplemental sheet to this application) Yes No
7. I have been convicted of a felony as an adult (18 or older). Yes No
8. I have manufactured, bought, sold, possessed, or used any controlled substance such as marijuana, cocaine, opiates, or other illegal prescription or non-prescription drugs within three (3) years of applying for this position, or after the age of 25. Yes No
9. I am willing for carry and use a firearm as necessary in the performance of my duties if required. Yes No
10. I can read, write, and speak the English language so as to be easily understood by others. Yes No
11. I have been arrested for and convicted of a domestic violence crime (such as assault, order violation, or other). (If yes, state when, where, and circumstances in an attached supplemental sheet to this application) Yes No
12. I have declared bankruptcy or have current financial difficulties. (If yes, please provide details in an attached supplemental sheet to this application) Yes No
13. Reserved for future question Yes No
14. Reserved for future question Yes No
15. I certify that the answers listed above are true and correct Yes No

16. Have you ever held a driver's license in another state(s)? Yes No
If yes, please list location(s) and date(s).

State: _____ Date(s): _____
State: _____ Date(s): _____
State: _____ Date(s): _____

17. Are you now, or have you ever been, a member of any organization, association, movement, or group of persons which advocates the overthrow of our constitution form of government, or which has adopted a policy of advocating or approving the commission of acts of force or violence to deny others rights under the constitution of the United States, or of seeking to alter the form of government of the United States by unconstitutional means? Yes No

18. I understand that all appointments are for a volunteer Reserve Police Officer position only, and that there is no connection between this position and that of a civil service Police Officer for the City of Des Moines. I also understand that the appointment tendered me will be contingent upon the results of a complete character and fitness investigation, and I am aware that willfully withholding information or making false statements on this application will be basis for dismissal. I agree with theses conditions, and I hereby certify under penalty of perjury under the laws of the state of Washington that all statements made by me on this application are true and complete to the best of my knowledge.

Applicant's Printed Name

Applicant's Signature

Date

Subscribed and sworn before me on the _____ day of _____, 20____.

Notary Public for State of Washington

Notary Commission Expiration Date



Des Moines Police Department
"Putting the Needs of the Community First"

WAIVER & AUTHORIZATION TO RELEASE INFORMATION
For Background Investigation & Determination of Employment or Appointment Suitability Purposes

To Whom it May Concern:

I authorize you to furnish the Des Moines Police Department with any and all information that you have concerning me, my work record(s), my reputation, my medical records, my military service record(s), my personal character, my criminal and/or driving record(s), and my financial status. Information of a confidential or privileged nature may be included. Your reply will be used to assist the 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 those rights with the understanding that information furnished will be used by the Des Moines 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.

I hereby understand and agree to submit to a polygraph examination if I am so requested, as part of my background investigation.

Applicant's Printed Name

Applicant's Signature

Date

Subscribed and sworn before me on the _____ day of _____, 20____.

Notary Public for State of Washington

Notary Commission Expiration Date

NOTE: A photocopy or facsimile reproduction of this request shall be for all intents and purposes as valid as the original. You may retain this form in your files.



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Certification of Fitness to Perform Physical Ability Test

PHYSICIAN

STATEMENT OF FITNESS FOR PARTICIPATION IN PHYSICAL ABILITY TEST

I have reviewed the four elements of the Washington State Criminal Justice Training Commission Physical Ability Test (see below/attached) and find that the candidate identified below can / cannot (circle one) perform the elements of the test safely.

Candidate's Name: _____

Agency to Which Application Is Made: City of Des Moines Police Department

Date of Examination: _____

Examining Physician Signature: _____

Examining Physician Printed Name: _____

CANDIDATE

I have reviewed the above physical requirements and believe that no health problem(s) or physical defect(s) exist which would or should preclude me from fully and actively participating in the requirements for this position.

Candidate's Signature: _____

Date of Signature: _____



Washington State Criminal Justice Training Commission

Physical Ability Test

The PAT is comprised of four tests:

- ⌚ 300-Meter Run
- ⌚ Maximum Push-Ups (no time limit)
- ⌚ Sit-Ups (One Minute)
- ⌚ 1.5-Mile Run / Walk

Tests may be administered in the above order. While not required, the test battery process should be sequenced as follows:

1. Warm-up (5-10 minutes) may be self-directed or led by test personnel.
 - ⌚ General warm-up - 2-3 minutes of easy jogging, jumping jacks, etc.
 - ⌚ Stretching - 5-7 minutes, include stretches for shoulders, back, upper and lower legs.
2. PAT
 - ⌚ 300-Meter Run (15 minutes rest)
 - ⌚ Sit-Ups (1 Minute) (5 minutes rest)
 - ⌚ Maximum Push-Ups (10 minutes rest)
3. 1.5-Mile Run / Walk
 - ⌚ Cool-down (5 minutes)
 - ⌚ Walking - keep walking to avoid blood pooling in legs.
 - ⌚ Easy stretching.

300-METER RUN

Purpose

This test measures anaerobic capacity used in high intensity baton and defensive tactics training, and is important for performing short intense bursts of effort such as foot pursuits, rescues and use of force situations.

Score in seconds: 56 – 71 Mean: 62.5.

Equipment

- ⌚ Standard track or marked level course (300 meters = 328 yds. or 984 ft.)
- ⌚ Stopwatch (printing stopwatch is preferred)
- ⌚ Numbered vests or other participant identifiers such as the card system explained in class.
- ⌚ Video camera is strongly recommended for recording of performance and to discourage cheating.

Procedures

- ⌚ Read the instructions to the participants.
- ⌚ Allow participants to warm up. (see above procedures)
- ⌚ Instruct participants to cover the distance as fast as possible.
- ⌚ Have participants line up at the starting line. Give the verbal command "Ready, Set, Go" (adding a visual command is effective) and begin timing as you finish the word "go".
- ⌚ The score is the time to the nearest half-second for completion of the run.

PUSH-UP TEST

Purpose

This test measures the muscular strength/endurance of the upper body muscles in the shoulders, chest, and back of the upper arms (the triceps) used in high intensity self defense and arrest simulation training. This is important for use of force involving pushing motion breaking one's fall to the ground, use of the baton, etc.

Score in repetitions: 21 – 35 Mean: 28.

Equipment

- ⌚ Standard 4 inch foam cube.

Procedures

- ⌚ Read the instructions to the participants.
- ⌚ Demonstrate the test, pointing out common errors and proper positioning.
- ⌚ Have the participant get down on the floor in the front leaning rest position and perform one test push-up to properly locate the foam cube at the costal arch and above the zyphoid.
- ⌚ Have the participant lower their body until they slightly compress the foam cube and arms are at least parallel to the floor then pushes up again. The back must be kept straight, and in each extension up, the elbows should lock. Resting in the up position (only) is allowed.
- ⌚ The score is the maximum number of push-ups completed with no time limit.

ONE-MINUTE SIT-UP TEST

Purpose

This test measures the muscular strength/endurance of the abdominal muscles, which are used in self-defense and high intensity arrest-simulation training. Further these muscles are important for performing tasks that involve the use of force, and it helps maintain good posture and minimize lower back problems.

Score in repetitions: 30 – 38 Mean: 34.

Equipment

- ⌚ Mat
- ⌚ Stopwatch
- ⌚ Partner

Procedures

- ⌚ Read the instructions to the participants.
- ⌚ Demonstrate the event, pointing out common errors.
- ⌚ Have the participant lie on his or her back, knees bent, heels flat on the floor. Hands should be held behind the head, with elbows out to the sides. A partner holds down the feet.
- ⌚ Have the participant perform as many correct sit-ups as possible in one minute. In the up position, the individual must touch the elbows to the knees and then return to the lying position (fingers must touch the examiner's hand) before starting the next sit-up.
- ⌚ The score is the number of correct sit-ups.

1.5-MILE RUN / WALK TEST

Purpose

This test is a measure of cardio-respiratory endurance (or aerobic capacity) used in extended control and defensive tactics training. This is important for performing tasks involving stamina and endurance (pursuits, searches, prolonged use of force situations, etc.) and for minimizing the risk of cardiovascular health problems.

Score: 13:35 – 14:31 Mean: 14:02.

Equipment

- ⌚ 440-yard/400 meter track or marked level course
- ⌚ Stopwatch (printing stopwatch is preferred)
- ⌚ Numbered vests or other participant identifiers such as the card system explained in class.
- ⌚ Video camera is strongly recommended for recording of performance and to discourage cheating.

Procedures

- ⌚ Read the instructions to the participants.
- ⌚ Allow participants to warm up and stretch before the run.
- ⌚ Instruct participants to cover the distance as fast as possible, but to begin at a pace they think they can easily sustain for 10-15 minutes.
- ⌚ Instruct participants to hold up fingers (to the video camera) indicating the number of laps completed and state their name.
- ⌚ Instruct participants to line up at the starting line. Give the command "Go" and begin timing. If several participants run at once, have one administrator call out times at the finish line while an assistant records the names and respective times.
- ⌚ Instruct participants to cool down after running the course by walking for an additional five minutes or so. This prevents venous pooling, a condition in which the blood pools in the legs. Walking enhances the return of blood to the heart and aids recovery.
- ⌚ The score is the time it takes to finish the course to the nearest second.



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Certification of Fitness to Perform Physical Training

This section describes the physical training component, it should be read by each signatory hereto to ensure full understanding of the physical demands of this assignment and to accurately assess the student's ability to fully and actively participate therein.

PHYSICAL FITNESS - Each candidate may be required to demonstrate and maintain an acceptable level of physical fitness throughout this assignment. For this purpose, the sit-up, pushup, 300-meter dash, and 1.5 mile run components of the Institute of Aerobics Research in Dallas, Texas (IAR) fitness battery may be utilized to assess the applicant's suitability for this position.

PROPER USE OF PHYSICAL FORCE (Defensive Tactics) Training requires each candidate to be actively involved in techniques used to restrain aggressive individuals. Various techniques will include, but not be limited to, restraining hostile individuals and maneuvering them to the floor or to the wall. These techniques will place stress on the joints and muscles of the back, neck, knees, shoulders, wrists, and elbows. Trainees will also be required, as a training partner, to have techniques applied to them. These techniques, if properly applied, are designed to ensure the safety of the trainee who is free from health problems or physical limitations. **To ensure suitability for these types of exercises, all candidates must be examined and approved for participation by a certified physician within.**

PHYSICIAN

STATEMENT OF FITNESS FOR PARTICIPATION IN PHYSICAL TRAINING

I have reviewed the above physical requirements and it is my professional opinion that this candidate can fully and actively participate safely without undue hazard to his/her health

Candidate's Name: _____

Agency to Which Application Is Made: City of Des Moines Police Department

Date of Examination: _____

Examining Physician Signature: _____

Examining Physician Printed Name: _____

CANDIDATE

I have reviewed the above physical requirements and believe that no health problem(s) or physical defect(s) exist which would or should preclude me from fully and actively participating in the requirements for this position.

Candidate's Signature: _____

Date of Signature: _____