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 37 full-time commissioned Police Officers and 12 civilian support employees. 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.

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.
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 Police Training Officer 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

P20/22, $59,640/yr.-67,116/yr., starting salary is dependent 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.
Kelly Time:	Officers assigned to a 12 hour shift will receive 55 hours of Kelly time on January 1, to be used by June 30, and an additional 55 hours of Kelly time on July 1, to be used by December 31.

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 Standard 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 of 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 ____

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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

PLEASE CHECK APPROPRIATE SPACE FOR TYPE OF DEGREE OBTAINED

_____Yes _____No Two-Year Degree
_____Yes _____No Law Enforcement/Criminal Justice
_____Yes _____No Other Major_____

_____Yes _____No Four-Year Degree
_____Yes _____No Law Enforcement/Criminal Justice
_____Yes _____No Other Major_____

D. _____Yes _____No Have you attended in-service or police-sponsored training of more than a month's duration (full-time)? Example: FBI Academy

This does not include a totaling of short-term training of less than a month's duration.

Please describe this training and list the agency(ies) you were employed by, the date, and the location of the training. Use separate page, if needed.

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E. _____Yes _____No I have a current commission in a Washington Law Enforcement Agency.

_____Yes _____No I have graduated from a WSCJTC Academy. (Date_____)

_____Yes _____No I have successfully challenged the WSCJTC Academy and passed the examinations. (Date_____)

F. Other schools, special skills (including languages) or qualifications. (Please list name of school, address, and dates of attendance.

_____

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3. Employment History:

A. List all law enforcement or related experience both in this state and elsewhere. Indicate each position and rank held as well as the time (month and year) of each. Please be complete. Use extra page, if necessary.

_____
Department Address

_____
Dates of Employment Supervisor

_____
Your Rank Job Description

_____
Department Address

_____
Dates of Employment Supervisor

_____
Your Rank Job Description

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.

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.

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

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?

Name of Armed Forces | Date of Service | Type of Discharge

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)

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

_____
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.

_____

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.

Name/Title	Agency/Phone Number	How Long?
Name/Title	Agency/Phone Number	How Long?
Name/Title	Agency/Phone Number	How Long?
Name/Title	Agency/Phone Number	How Long?
Name/Title	Agency/Phone Number	How Long?
Name/Title	Agency/Phone Number	How Long?
Name/Title	Agency/Phone Number	How Long?

10. List three references not employed by a law enforcement agency and who are not relatives.

Name	Address	Phone Number
Name	Address	Phone Number
Name	Address	Phone Number

11. Remarks: (This section is for any additional information you wish to impart.) If more space is needed for answers to any of the questions on this Personal History Statement, you may attach additional sheets of paper.

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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.

Signature of Applicant	**Date**