

City of Sunnyside 401 Homer Street Sunnyside, Washington 98944 Office: (509) 837-2120 Fax: (509) 837-5873 www.sunnyside-wa.gov

POLICE RESERVE APPLICATION

To: All Police Reserve applicants,

This application packet contains the following; an information page explaining what the reserve program is, a page asking for personal data about yourself, and a section for you to write a written resume. Please complete the application and return it to the Sunnyside Police Departments Reception Desk to the attention of Sgt. Jeff Cunningham. This application contains private and personal data and should be sealed in a large manila envelope.

You will not be given any further instructions other than those contained within this application. Please **do not** contact Records or the Reception Desk for instructions, as they will not be able to assist you. If you have further questions please contact Sgt. Jeff Cunningham at (509) 836-6244



(Revised March 2014- revised July 2015)

^{*} The City of Sunnyside is an Affirmative Action / Equal Opportunity Employer and values diversity at all levels of its workforce.



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Dear Applicant:

Thank you for your interest in the Sunnyside Police Reserve program (SSPR). Hopefully this will answer any questions you may have before filling out your application.

- The SSPR (Sunnyside Police Reserves) is a volunteer organization dedicated to the goal of assisting the Sunnyside Police Department with trained and uniformed volunteer officers (training and uniforms provided).
- The SSPR is comprised of 20 allotted Reserve Officer Positions and works directly through and with the Police Department.
- The SSPR also has an appointed liaison officer and assistant liaison officer that are full-time police officers. The liaisons report to the Commander of the Operations Division.
- Each prospective applicant is carefully screened before they are sworn in as an officer. A background investigation, polygraph examination and psychological examination are completed before appointment. **Disqualifying factors include** no pending or prior convictions for domestic violence, felony conviction, DUI and/or assault convictions.
- Each member is expected to attend the monthly meeting and work patrol shifts with regular officers. A minimum of sixteen hours a month is required (not to include meetings and trainings). Meetings are conducted every first Mondayof the month from 7:00 p.m. to 9:00 p.m.
- No new reserve officer is allowed in a patrol car until they have fulfilled the basic requirements and has an understanding of what is expected of them.
- Topics of training include: firearms, self-defense, crowd control, pressure points, handcuffing, traffic direction, mock crime scene situations, and many other areas as needed.
- As a SSPR you will be required to carry a weapon, however, a duty weapon will be supplied to you by the Sunnyside Police Department.
- As a SSPR you will work with regular police officers who are in charge at all times. Reserves are expected to assist the officers they are working with in situations, such as; physically restraining combative persons, crowd control, traffic direction, and other day to day patrol duties. As you become proficient as a reserve officer you will be assigned as the primary officer on various calls. These are just a few of the tasks a reserve officer does, but are intended as a brief explanation of the requirements and duties of a SSPR.

We do occasionally have openings and appoint new reserves as needed. After reflecting on these points, please fill out and submit the application if you wish to be considered for membership in the Sunnyside Police Reserve program.

All selected applicants will be required to submit to a medical exam and physical agility test set up by the City of Sunnyside stating they are in good physical condition to perform duties associated with that of police work prior to being considered for a position. You must be a United States citizen, at least twenty-one years old, and have a valid driver's license.

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PERSONAL INFORMATION

	Last	First	M	iddle
DIDTU DATE				
BIKTH DATE				
ADDRESS		City	State	7:0
Street		City	State	Zip
NAME OF EMPLO	YER			
STUDENT/BUSINE	SS ADDRESS			
DRIVERS LICENSE_			(State)	
PHONE (home)		(business)	(cell)	
Email Address_				
Violation	Date	dide parking tickets) City	County	Disposition
	VIOLATIONS (exclud		County	Disposition
LIST ALL TRAFFIC Violation	VIOLATIONS (excluded) Date	de parkingtickets) City	County	Disposition
			County	Disposition
Violation		City	County	Disposition
Violation	Date	City	County	Disposition
Violation	Date	City	County	Disposition

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Written Essay

INSTRUCTIO	NS
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<u>NSTRUCTIONS</u>	
Describe, in chronological order, the experience school, and work that you feel were most signif Reserve Police Officer. (Three pages maximum)	icant in your decision to become a Sunnyside
Type or Print	
Continue by numbering and attaching the necess	sary number of sheets of paper to complete.
knowledge and belief, and are made in good faith.	on are true, complete and correct to the best of my I understand that any false information or omission for rejection, or dismissal if employed as a Sunnyside
(Signature of Applicant)	(Date)

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INQUIRY WAIVER AND RELEASE

To Whom It May Concern:

Having made application for employment with the Sunnyside Police Department and desiring it to be informed as to the my previous record, character, and fitness for the position sought, <u>I hereby authorize any peace officer or other authorized representative of the Sunnyside Police Department bearing this release, or a copy of it, within one year of its date, to obtain any information in your files pertaining to my employment, military service records, medical records, credit, or educational record, including, but not limited to, academic, achievement, attendance, athletic, personal history, performance report, background investigations, polygraph examination results, any and all internal affairs investigations and disciplinary records, and credit records.</u>

I also hereby authorize any peace officer or their authorized representative of the Sunnyside Police Department bearing this release, or a copy of it, within one year of its date, to obtain any medical records or medical information in the files of my current or former employer(s) or any current or former physician(s) or both, with pertain to my employment.

<u>I hereby direct you to release this information upon request of the bearer</u>. This release is executed with full knowledge and understanding that the information is for the official use of the Sunnyside Police Department.

<u>I explicitly state that this authorization supersedes any previous oral and written agreements limiting access to or release of the information described above</u>, inclusive of any internal investigation and/or disciplinary process which has been sealed pursuant to any prior agreement or court proceeding. I hereby request full and complete disclosure.

<u>I hereby also authorize verbal discussions, interviews, and recorded statements concerning and pertaining to;</u> my precious or present employment, military, medial, credit, education, sealed agreements or court proceedings, and any and all information which may be requested.

Consent is granted for the Sunnyside Police Department to furnish the information described above to third parties in the course of fulfilling its official responsibilities. I further understand that I have no right to read and review any background investigation report prepared by the Sunnyside Police Department.

I hereby release you, as the custodian of such records, and any school, college, university, or other educational institution, hospital or other repository of medical records, credit bureau, lending institution, consumer reporting agency, governmental entity, or retail business establishment, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damage of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. This release shall be binding on my legal representatives, heirs, an assigns. Should there be any questions as to the validity of this release, you may contact me as indicated below.

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If currently employed by a law enforcement agency within or outside the State of Washington, it is understood and acknowledged by me that any information secured pursuant to this required background investigation, which would negatively reflect on my fitness for duty will be forwarded to my current law enforcement employer.

I understand that I have the right to receive a copy of this authorization and acknowledge that I have received a copy of this.

Applicant:		Position Soug	Position Sought:		
Address:		Home Phone			
Place of Birth:		Date of Birth:			
Signature of Applicant:		Date:			
Witness/Title:		Date:			
State of Washington County of Yakima)	Signed and attested before me this before me, Personally appeared			
		Personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which the person acted, executed, the instrument.			
		WITNESS my hand and official seal.			
		Signature of Notary Public			
		My commission expires:			

THIS FORM MUST BE SIGNED, NOTARIZED AND ATTACHED TO THE APPLICATION.

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POLYGRAPH WAIVER

l,		, having applied for employment with the Sunnyside Polic
(please print)		
Department as a Reserve	Law Enforc	ement Officer, hereby agree to take or be subjected to any lie detector,
polygraph, or similar test a	as a conditi	ion of my employment
Applicant's Signature		
Date		
State of Washington County of Yakima)	
		Signed and attested before me thisday of20 before me, the undersigned Notary Public, Personally appeared
		Personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which the person acted, executed, the instrument.
		WITNESS my hand and official seal.
		Signature of Notary Public
		My commission expires:

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