

ENTRY-LEVEL/LATERAL ENTRY LEVEL POLICE OFFICER
APPLICANT CHECKLIST FOR COMPLETENESS OF APPLICATION

1. Is application signed and dated? _____
2. Are the three (3) mandatory waivers (accident, polygraph, inquiry waiver and release) attached? _____
Are they signed? _____
Are they notarized? _____
3. Resume attached? _____
4. Copy of driver's license provided? _____
5. Copy of birth certificate (Official Certificate of Live Birth, or equivalent; **not** the certificate that was given out by the hospital in which you were born.) _____
6. Copy of high school diploma or G.E.D.? _____
7. Copies of other certifications (AA Degree, Reserve Academy, other training). _____
8. Letters of recommendation (not mandatory) _____
9. Testing fee of \$20.00. _____

Applicant

Dated: _____

NOTE: It is the applicant's responsibility to submit a complete application – an incomplete application may, at the sole discretion of the Civil Service Secretary/Examiner, be cause for rejection of the application.

PLEASE BE SURE TO ALLOW ENOUGH TIME FOR YOUR APPLICATION PACKET TO REACH ITS DESTINATION BY THE DEADLINE. Late applications are not accepted.

14. References (please do not list relatives):

	<u>Name</u>	<u>Address</u>	<u>Office/Home Phone No.</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

15. Do you have any activities, commitments, or responsibilities that may prevent you from meeting work attendance requirements? Yes _____ No _____ If yes, please explain:

16. Have you been convicted, or have you served time in a correctional institution within the past seven (7) years, for any crime which might have some bearing on your qualifications and fitness to accept duties and responsibilities of the position for which you are applying? Yes _____ No _____ If yes, please give details: _____

17. Employment record (former employment, beginning with the last job):

Company Name: _____

Address: _____

Job Title: _____ Dates Employed: _____
(From - To)

Company Name: _____

Address: _____

Job Title: _____ Dates Employed: _____
(From - To)

Company Name: _____

Address: _____

Job Title: _____ Dates Employed: _____
(From - To)

18. **PLEASE READ THE FOLLOWING AND SIGN BELOW:** I certify that all statements above are true to the best of my knowledge. I understand that false statements will be sufficient cause for termination.

Date

Signature

ACCIDENT WAIVER

WHEREAS, the City of Sunnyside Civil Service Commission has called for an examination to be held for the position of Police Officer.

WHEREAS, I, _____, the undersigned, residing at
(please print)

_____ in the City of

_____, State of _____, have presented to

said Civil Service Commission my signed application to participate in this examination and have been informed that as a part of the examination given for this position it will be necessary for me to demonstrate my strength, endurance, and physical agility in a series of tests.

NOW, THEREFORE, I, for myself, my heirs, executors, administrators, or assigns, hereby waive any and all claims against the municipal Civil Service Commission of this City, the City itself, and any State agency or member thereof, now or thereafter to accrue for, on account of any injury or damage that I may sustain because of, or in connection with, or on account of, this physical, strength, and agility test, and hereby release the municipal Civil Service Commission, the City, or any State agency or member thereof, from any or all liability or claim for damages for any injury occurring as a result of these tests.

_____ Date

_____ Signature

State of Washington)
County of Yakima)

Signed and attested before me this _____ day of _____, 2009.

_____ Notary Public

My commission expires: _____

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

POLYGRAPH WAIVER

I, _____, having applied for employment with the
(please print)

Sunnyside Police Department as a public law enforcement officer, hereby agree to take or be subjected to

any lie detector, polygraph, or similar test as a condition of my employment.

Applicant's Signature

Date

State of Washington)
County of Yakima)

Signed and attested before me this _____ day of _____, 2009.

Notary Public

My commission expires: _____

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

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 my previous record, character, and fitness for the position sought, 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 records, 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.

I also 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 medical records or medical information in the files of my current or former employer(s) or any current or former physician(s), or both, which pertain to my employment.

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

I explicitly state that this authorization supersedes any previous oral or written agreements limiting access to, or release of, the information described above, 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.

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, and assigns. Should there be any questions as to the validity of this release, you may contact me as indicated below.

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 sought: _____
Address: _____	Home Phone: _____
Place of Birth: _____	Date of Birth: _____
Signature of Applicant: _____	Date: _____
Witness/Title: _____	Date: _____

GENERAL ACKNOWLEDGMENT

State of Washington)
County of)

On this the _____ day of _____, 2009, 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: _____

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

300 METER RUN

The 300-meter run measures your anaerobic power. You must complete the run without any help. At the start you will line up behind the starting line. Your goal is to run the distance as quickly as possible. You will run to and through the finish line.

You must complete this run within 71 seconds.

MAXIMUM PUSH-UP TEST

The push-up measures the muscular strength and endurance of the upper body. Place your hands on the ground so they are in a vertical line with your shoulders (approximately 1 – 1.5 shoulder widths apart). Your feet may be together, or up to 12” apart. Your body should be in a straight line from the shoulders to the ankles, and must remain that way throughout the exercise. Begin by lowering your body by bending your elbows until your upper arms are parallel to the ground and you touch and slightly compress your forehead to the mat. Then return to the starting position by completely straightening your arms. You may rest only in the up position. If you fail to keep your body in a straight line, or touch your chest to the mat or to lock your elbows in the “up” position, you will receive a warning. After one warning, incorrect repetitions will not count.

You must do at least 21 push-ups in a 1-minute period.

SIT-UP TEST

The sit-up measures the muscular strength/endurance of the abdominal muscles. Lie on your back, with your knees bent at a 90 degrees or tighter, and your heels on the edge of the mat. Your feet may be together or apart, but the heels must stay in contact with the floor. Your partner will sit on your feet and wrap their arms around your calf muscle area. It is your responsibility to inform your partner of any adjustments that need to be made in order to assure your comfort. Your fingers must stay interlocked behind your head throughout the event. If your little fingers are not touching that is considered “apart” and such performance will not be counted.

Start by lifting your upper body by bending at the waste. Touch your elbows to your knees, and return to the starting position. When returning to the starting position, your fingers must touch the examiner’s hand. You may rest but only in the “up” position. Do not arch your back or lift your buttocks from the mat. If you fail to keep your fingers interlocked, touch your elbows to your knees or your fingers to the examiner’s hand, or if you lift your buttocks off the mat, you will receive one warning. After one warning incorrect repetitions will not count.

You will have 1 minute to do at least 30 sit-ups.

1.5 MILE RUN/WALK TEST

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.

The 1.5 mile run/walk measures your cardio respiratory endurance and the endurance of your leg muscles. You must complete the course without any help. Your goal is to finish the 1.5 miles in as fast a time as you can. Try not to start too fast, but at a pace you can sustain for about 10 – 15 minutes. You may walk but walking will make it difficult to meet the standard. You may run alongside another runner for help with the pace, but you may not physically assist or be assisted by another runner. At the end of the run, continue walking for 3-5 minutes to cool down.

You must run the 1.5 mile within 14:31 minutes.