TOLEDO POLICE DEPARTMENT

- Application must be filled out completely. Incomplete applications will be returned to you for further information
- If a question is not applicable to you, enter N/A in the space provided
- If there is insufficient space on the form for you to include all the information required, attach
 extra sheets to the application. Be sure to reference the relevant section before continuing
 your answer
- Application must be accompanied by the following:
 - Resume and cover letter
 - Copy of law enforcement certificate
 - Copy of birth certificate
 - Proof of high school education or equivalent
 - o Any other training you may have that may assist us in considering your application
 - o If you would like, submit any documentation which would assist you in explaining any past unusual situations or problems. *For example: civil suits, criminal convictions, etc.*
- Any negative factors in your past will be evaluated in terms of frequency, recency, relevancy, circumstances surrounding its occurrence, and significance to the position for which you are applying for. For example; being fired from a job, having an arrest, or poor traffic record may not be, in and of itself, grounds for disqualification

In compliance with federal and state laws equal employment opportunity guidelines, applicants are considered for employment on the basis of qualifications and demonstrated abilities without regard to race, religion, age, color, national origin, sex, disability, sexual orientation, marital status, genetic information, veterans status, or any other basis prohibited by federal, state, or local law

Reasonable accommodations with the application and examination process is available, upon request, for persons with disabilities

Please return application to:

Toledo Police Department PO Box 517 130 N. Second Street Toledo, WA 98591-0517

Email: toledopd@toledotel.com

POSITION APPLY	ING FOR (Please se	elect)						
☐ Entry Level Po	olice Officer	☐ Lateral Police	Office	Reserve	Police Office	er 🔲 P	olice Chief	
PERSONAL (print cle	early or type)							
Name								
	Last		First			Middle		
Other Names/Aliase	es (including nickn	ames) you have use	d or been know	n by				
Address	61 1/22 -							
				City		State	Zip	
Contact # (s)	т	elephone #			Cell P	hone #		
Email		·			55111			
Date of Birth			THE AGE DISCRIMINAT	ION IN EMPI	OYMENT ACT OF 196	7 PROHIRITS DISC	CRIMINATION ON THE BA	ASIS 01
N	Month E	Day Year	AGE WITH RESPECT TO					, wis Ut
Social Security #			_ THE SSN WILL BE USE	D FOR IDENT	TIFICATION PURPOSES	ONLY TO ENSUR	E THAT PROPER RECORE	DS ARE
			OBTAINED					
Dates available for v	work							
RESIDENCE (print cle								
List all of your reside	ence during the l	ast 5 years. Begin	with your most	current i	residence			
A 1.1					_	Month Year		ear
Address	Street	City	State	Zip	From _	/		
Address		/		r	From	Month Year	To/	ear
Add ess	Street	City	State	Zip	110111	/ Month Year		ear
Address					From		To /	Jui
·	Street	City	State	Zip		Month Year		ear
Address					From _	/	To/	
	Street	City	State	Zip		Month Year	Month Ye	ar
Address		City		7:-	From _	/	To/	
	Street	City	State	Zip				
EDUCATION (print of		🗖						
Do you have law en			No 📙					
List <u>all</u> law enforcer	ment academies	attended	DATES ATT	ENDED	MAIOR/CO	IIDSE OE	DEGREE OR	
NAME		LOCATION	DATES ATT	ENDED	MAJOR/COURSE OF STUDY		DIPLOMA	
					5.01			
						•		
Have you graduated	•		No 🔲		Date			_
If not, do you have (GED Certificate?	Yes 🔲	No 🔲		Date			_
	_							
List <u>all</u> high schools	attended		T =					
NIABAT		LOCATION	DATES ATT	ENDED	MAJOR/CO		DEGREE OR	
NAME		LOCATION			STUE	71	DIPLOMA	

EDUCATION cont (print clearly or typ	e)			
List all Colleges/Universities attend				
NAME	LOCATION	DATES ATTENDED	MAJOR/COURSE OF STUDY	DEGREE OR DIPLOMA
List <u>all Business/Trade schools atte</u>	nded			
		DATES	MAJOR/COURSE OF	DEGREE OR
NAME	LOCATION	ATTENDED	STUDY	DIPLOMA
List <u>all</u> other courses/training				
NAME	LOCATION	DATES ATTENDED	MAJOR/COURSE OF STUDY	DEGREE OR DIPLOMA
Have you ever been suspended or e If YES please explain (include school, c	•		1	
120 product empreum (mondae someon)				
Do you have any plans for furthering	gyour education or de	veloping existing skil	ls? If so please explain	
EMPLOYMENT (print clearly or type)				
Beginning with your most current en	nnlovment nlease list	all iohs (including part	t-time temporary and volu	ntary positions) you
have held in the past 10 years. <u>Do n</u>			time, temporary and void	mary positions, you
Mont		Nonth Year		
☐ Not Employed From	_/ To	/		
Dates of Employment	Name 8	Address of Employe	er Rea	son for Leaving
From To				
Month Year Month Year				
Full-Time	Supervisor			
Part-Time	Telephone #			
Voluntary 🔲	Email			
Title and/or Duties				
Mor	ith Year M	onth Year		
☐ Not Employed From	_/ To	/	,	
Dates of Employment	Name 8	Address of Employ	er Rea	son for Leaving
From To				
Month Year Month Year				
Full-Time				
Part-Time	Telephone #			
Voluntary	Email			
Title and/or Duties				

EMPLOYMENT cont (print clearly or type	e)	
Month	Year Month Year	
☐ Not Employed From	<u>/</u> To/	
Dates of Employment	Name & Address of Employer	Reason for Leaving
From To		
Month Year Month Year		
Full-Time	Supervisor	_
Part-Time	Telephone #	-
Voluntary U	Email	_
Title and/or Duties		
Month	Year Month Year	
Not Employed From	To	
Dates of Employment	Name & Address of Employer	Reason for Leaving
From To		
Month Year Month Year		
Full-Time	Supervisor	
Part-Time	Supervisor Telephone #	_
Voluntary	Email	-
Title and/or Duties		<u>-</u> I
The ana, or Duties		
Month	Year Month Year	
☐ Not Employed From /	′ To /	
Dates of Employment	Name & Address of Employer	Reason for Leaving
From To		
Month Year Month Year		
Full-Time	Supervisor	_
Part-Time	Telephone #	_
Voluntary \square	Email	_
Title and/or Duties		
	sent employer was contacted during the course of t	the background investigation?
No Yes		
If YES, when should contact be made?		
Have you ever received any disciplina	avaction suspension been fired as been asked to s	osian from any place of
employment? No Yes	ry action, suspension, been fired, or been asked to r If YES, please explain (include employer, when,	=
employment: No 🔲 💮 res i	in TES, please explain (include employer, when,	where and circumstances)
Have you ever been a successful or un	successful candidate for another position requiring	neace office nowers?
•	isuccessial candidate for another position requiring include agency, when, where and circumstances)	
п тез П п тез, рієвзе ехрівії	. (ade agency, when, where and circumstances)	

MILITARY SERVICE (print clearly or type)							
Have you ever served in the military? Yes No No							
Dates of Service		Branch of Service	Draft Classification				
From To Month Year Month Year	_						
Related skills/experience applicable to civilian employment							
Are you currently participating	Are you currently participating in any military reserve or National Guard Program? Yes No						
Have you ever been the subject of any judicial or non-judicial disciplinary action while in the military, National Guard or military reserves? No Yes If YES, please explain (include branch of service, when, where and circumstances)							
MISCELLANEOUS INFORM	MATION (ariet clearly or type)						
WISCELLY INCOME.	(print clearly or type)						
If YES, under what name and i	in what position?	partment/City of Toledo before? N					
	ne next year during which	you will need to be absent from wor					
Do you have any activities, co overtime or training requirem If YES, please explain	nents? No 🔲 Yes 🔲	ilities that may prevent you from mee	eting work attendance, travel,				
Have you ever applied for a policy of YES, please provide the follows:	ermit to carry a conceale						
Date	Purpose						
Permit granted? Yes ☐ No ☐	Name of Law Enforcem	ent Agency					
	ncies for which you have	applied for a position and the agenc	y's reason for not hiring you				
Agenc	·	Reaso	,				
List every law enforcement a	gency for which you hav	e taken a polygraph and/or psycholo	ogical test and list the results				
Agend	:у	Resul	ts				

SPECIAL QUALIFICATIONS	print clearly or type)		
List any professional membersl		as pilot's license, radio opera	tor etc.)
List any other special skills or q organizations that you are involved	-		and other special interest groups or
Can you speak any foreign lang			
Indicate degree of fluency (exce	ellent, fair, good, poor)		
Language	Reading	Speaking	Comprehension
			I
OFFICE OR ADMINISTRATIV	/E (print clearly or type)		
Typing Speed			
Office Machines			
LECAL			
LEGAL (print clearly or type) Proof is required that you are a	legal resident in this country	If employed can you provi	ide such documentation?
Yes No	riegarresident in this country.	ii employed can you provi	de such documentation:
If you have ever been arrested	l or convicted for any crime (ex	ccluding traffic citations) p	please provide the following
information Arrest/Convicti	on Ann	oximate Date(s)	Police Agency
Arrest/convicti	оп дррг	Oximate Date(s)	ronce Agency
<u> </u>			
			een a crime if committed by an
	25, pieuse explain (when, where,	en camstances _y	
MOTOR VEHICLE OPERATION	ON (print clearly or type)		
			your driving history will be made
through a records check. To ex	pedite this procedure, please su	apply the following inform	ation.
Do you possess a Washington S	State driver's license? Yes 🗍	No 🗖	
Driver's License #			Exp. Date
Have you ever been licensed to			
State	State	State	
Have you ever been refused a	driver's license by any state?	No ☐ Yes ☐ If YES,	please explain
Has your license ever been sus	nended or revoked? No 🗖	Vac If VES place ex	volain
rias your licelise ever been sus	pended of revoked: No [Tes II TES, please ex	cpiaiii
			njury or death of one person, \$50,000 for two and
\$10,000 property damage <u>or</u> show financial res Do you have current auto insur			o certificate deposit.
Have you ever had your auto in			
If YES, please explain Have you ever had high risk au			
Have you ever had high risk au	to insurance? No \square	Yes \square	

	uding parking cita	tions	_				
Violation				cation city)	Approximate Date		Fined or action taken on driver's license
			•	•			
ave you ever been involved	d as a driver in a m	notor v	ehicle	accident? No	Yes		
YES, please provide the fo							
Date	Location						
- 410	2000000					Injury	☐ Non-Injury
Police Investigation?	Police Agency					,,	
Yes No No							
Date	Location						
Dute	200001011					☐ Injury	☐ Non-Injury
Police Investigation?	Police Agency						
Yes No No	, once rigerity						
163 🛅 116 🛅							
PERSONAL HABITS (print cle	early or type)						
Have you ever used or exp	perimented with:	Yes	No	How Many	Times		Last Time
							(month/year)
Marijuana							
Amphetamines							
Cocaine							
Heroin							
Pain Killers (other than pre	escribed)						
LSD	-						
PCP							
Barbiturates (downers)							
Valium							
Hallucinogens							
141146111666113							
Alcohol							
	ihe)						
Any other drugs (list/descr		ivery o	f any	controlled subst	ance?	No r	□ Vec □
Any other drugs (list/descr		l ivery o	f any	controlled subst	tance?	No [Yes 🔲
Any other drugs (list/descr ave you ever been involved	d in the sale or del	•	-				
Any other drugs (list/descr ave you ever been involved it becomes necessary to ta	d in the sale or del	the co	ourse (of your duties as	s a peace o	fficer wo	uld you have any beliefs tha
Any other drugs (list/descr ave you ever been involved it becomes necessary to to	d in the sale or del	the co	ourse (of your duties as	s a peace o	fficer wo	Yes Uuld you have any beliefs tha
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Any other drugs (list/descr ave you ever been involved it becomes necessary to to yould prevent you from doi	d in the sale or del ake a human life ir ing so? No	the co	ourse (of your duties as S, please explair	s a peace o	fficer wo	uld you have any beliefs tha
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REFERENCES -	list people not related t	to you (print clearly or type	e)			
Name			Relationship			
Address						
	Street/PO Box		City	State	Zip	
Phone #		Email				
Name			Relationship	o		
Address						
	Street/PO Box		City	State	Zip	
Phone #		Email				
Name			Relationship	0		
Address						
	Street/PO Box		City	State	Zip	
Phone #		Email				

PLEASE READ CAREFULLY BEFORE SIGNING THIS APPLICATION

AGREEMENT

To the best of my knowledge, I certify that all statements made by me on this application are true and complete and that I can perform the essential functions of the position for which I am applying for with or without reasonable accommodations. I understand that if I receive a Conditional Offer of Employment for a position where I may have unsupervised access to children, developmentally disabled persons, or vulnerable adults, the City of Toledo is required to complete a thorough background check as required by the Child/Adult Abuse Information act. I understand that if I receive a Conditional Offer of Employment for a position which requires a Commercial Driver's License, I will be tested for the presence of drugs as part of the pre-employment screening.

I understand that misrepresentation or falsification of statements made in this application constitutes grounds for immediate dismissal and I authorize investigation of all statements in this application. If I am applying for an exempt position, I understand that nothing in this application or my communications with any City of Toledo official is intended to create an employee contract with the Toledo Police Department and/or City of Toledo. In the event of my employment with the Toledo Police Department, I will comply with all rules, regulations, and policies set forth in the Toledo Police Department's and/or City of Toledo's policy manual or in communications distributed by the City.

AUTHORIZATION TO RELEASE EMPLOYMENT RECORDS

I authorize the release of all high school, college, and other educational records pertaining to my attendance, course work and other school activities. The disclosure of any and all information about me contained in private and governmental files and any medical information relevant to this application for employment or relating to my present or former employment history. The Toledo Police Department and/or City of Toledo is authorized to solicit information regarding my character, general reputation, previous employment and similar background information, and to contact any and all references I have given on my application. The Toledo Police Department and/or City of Toledo is also authorized to make any investigation of my personal history and financial and credit record through any investigations or credit/bureaus of the City's choice. To my former employers named in this application, please furnish the Toledo Police Department and/or City of Toledo with personnel information as requested by the City. I hereby release 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. If I become employed by the Toledo Police Department, I release the Toledo Police Department and/or City of Toledo from any liability for future references it may provide regarding my work history and performance at the Toledo Police Department.

I further agree to the following terms and conditions of employment:

- 1. A pre-employment health evaluation (psychological evaluation, polygraph and physical).
- 2. Meeting minimum or maximum age requirements of applicable law, rules and regulations.
- 3. Submitting proof of citizenship or U.S. work permit, upon employment, if required.
- 4. Meeting job attendance and performance requirements.

Signature of Applicant	Date
Signature of Applicant	Date

WAIVER AND AUTHORIZATION TO RELEASE INFORMATION

This document affects your legal rights. Read carefully before signing. You may wish to consult an attorney before you sign this document.

To whom it may concern:

I, the undersigned, authorize you to furnish the Toledo Police Department and/or City of Toledo or it's representatives any and all information that you have concerning me, my work record, my reputation, my medical records, my psychological testing and analysis plus recommendation, my financial status, and such other information and records you may have in your possession relating to me. Information of a confidential or privileged nature may be included in the materials you provide to the Toledo Police Department and/or City of Toledo or it's representatives. Your reply will be used to assist the Toledo Police Department in determining my qualifications and fitness for a position I am seeking with the Toledo Police Department. A photocopy or digital image of this release may be honored as if it is a signed original. I understand my right to request access to any public records relating to me pursuant to Title 5 of the United States Code, Section 5 et seq., the Privacy Act of 1974, the Freedom of Information Act, and Revised Code of Washington (RCW) 42.17 et seq., and specifically waive those rights understanding that the information furnished will be used by the Toledo Police Department and/or City of Toledo or it's representatives in conjunction with employment procedures. I will make no attempt to gain access to the information provided by you to the Toledo Police Department and/or City of Toledo or it's representatives in conjunction with this employment process and hereby expressly waive any rights I may have to request the disclosure or information provided by you to the Toledo Police Department and/or City of Toledo or it's representatives in conjunction with employment procedures.

Further, I do hereby release you, your organization, your agents, and others from any liability or damage which may result from furnishing information to the Toledo Police Department and/or City of Toledo pursuant to this waiver and authorization to release information.

Job applicant's printed name	e			
X				
Job applicant's	signature			today's date
		Notarial Ackno	owledgement:	
State of				
County of		(Normal Standard)		
On	, before me,		, personally appea	red,
(Date)		(Name of notary)		(Name of job applicant)
☐ 1. Who ☐ 2. Who acknowled	is personally known to OR o proved to me on the l Iged to me that he exec			e name is subscribed on this Release, and
WITNESS my hand a	nd official seal			Stamp Here
	(Notary signature)			
ID number: Expires:	ires:			