

CITY OF FERNDALE

POLICE DEPARTMENT

PO Box 1257 ♦ 2220 Main Street ♦ Ferndale, WA 98248
PH 360-384-3390 ♦ FAX 360-384-3345

APPLICATION PACKAGE

Police Officer

Lateral Position

Thank you for your interest in the Police Officer position with the City of Ferndale

This application package includes:

- A fifteen page application and background form
- A copy of the minimum standards
- Veteran's Scoring Criteria Declaration

A completed application will include the following:

- A completed and signed application form, including all requested attachments.

Deliver or mail this application to: Ferndale Police Department
Attn: Lt. Matt Huffman
P.O. Box 1257
2220 Main Street
Ferndale, WA 98248

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POLICE DEPARTMENT

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EMPLOYMENT APPLICATION

<i>An incomplete application may delay action or disqualify you. Please type or use ballpoint pen in completing the application.</i>	Position Applied For:
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Name _____		
Last	First	Middle
Street Address _____		
City _____	State _____	ZIP _____
Home Phone _____	Daytime Phone _____	Other Phone _____
Social Security No. _____		Date of Birth _____
Driver's License Number/State _____		Expiration Date _____
Email _____	If under 18 years of age, do you have a work permit? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Identifying Information Height _____ Weight _____ Hair Color _____ Eye Color _____		
Scars, tattoos, or other distinguishing marks: _____		
Have you ever applied for employment with the City of Ferndale? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes: Month and Year: _____		Department: _____
Are you available for full-time employment? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what hours or schedule can you work? _____		
You may need to work overtime. Will such a requirement create a problem for you? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why? Reason: _____		
Do you have relatives working for the City? If yes, give name and department _____		
Have you ever worked for, or are you acquainted with, other City employees? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give name(s) and department(s): _____		

Would any problem result if your present employer was contacted during the course of the background investigation? Yes No
If not, when should such contact be made?

Have you ever been fired or asked to resign from any place of employment? Yes No If yes, month and year _____
Circumstances:

Have you ever been a successful or unsuccessful candidate for another position with a law enforcement agency? Yes No
If yes, please give details.

Have you ever been arrested or convicted for any crime (exclude traffic infractions or citations). Yes No
If yes, please give details including date, police agency and circumstances.

Have you ever been placed on court probation as an adult? Yes No
If yes, please give details including when, where and why.

Were you ever required to appear in juvenile court for an act which would have been a crime if committed by an adult? Yes No
If yes, give details including when, where and why.

Have you ever been reported to a law enforcement agency as a missing person or runaway? Yes No If yes, give details
including when, where and why.

Are you now, or have you ever been involved as a plaintiff or defendant in any civil court action? Yes No
If yes, give details including when, where and why.

Have you ever been issued a driver's or operator's license in another state or country? Yes No
If yes, when and where?

Have you ever been refused a driver's or operator's permit in another state or country? Yes No
If yes, when and where?

List all traffic and parking infractions and/or citations you have received within the past seven (7) years: Include nature and violations, location and date(s):

List all motor vehicle collisions you have been involved in within the past seven (7) years (regardless of fault) where you were driving the motor vehicle. Include a description of accident, location and date:

Has your driver's license or operator's permit ever been suspended, revoked, or placed on negligent operator's probation?
 Yes No If yes, please identify when, where and why.

Have you ever been refused insurance for any reason other than failure to pay a premium? Yes No If yes, explain why.

Have you ever applied for a permit to carry a concealed weapon? Yes No Was it granted or denied ?
Please identify issuing agency, date of issue, and purpose.

Have you ever served in the armed forces, National Guard, or Military Reserves? Yes No
 If yes, please identify and include branch of service, service number, dates of service, type of discharge.

Are you currently participating in any Military Reserve or National Guard program? Yes No

Have you ever been the subject of any non-judicial disciplinary action while in the military, National Guard or Military Reserves?
 Yes No If yes, give details including branch of service, when, where and circumstances.

RELATIVES, REFERENCES, ACQUAINTANCES

Please supply the appropriate information in the spaces provided below. If a category is not applicable, mark with "N/A".

If living, name of your:	Address where the person can be contacted, including city, state and ZIP code	Telephone Number(s)
Father		
Mother		
Father-in-Law		
Mother-in-Law		
Spouse		
Former Spouse(s)		
Sister/Brother(s)		

**List below those individuals with whom you have resided during the last 10 years (exclude family members)
Use additional sheet if necessary**

Name of Individual	Complete address where the person can be contacted	Telephone Number(s)	Dates you resided together

**List 3-5 individuals who are social acquaintances and have knowledge of you and your qualifications
(Exclude any relatives and former employers)**

Name of Individual	Complete mailing address where the person can be contacted	Telephone Number(s)

**List all your addresses for the past 10 years. Include names, addresses and telephone numbers of Landlords/Lien holders
(Use additional sheet of paper if necessary)**

Your Address	Landlord/Lien holder and complete mailing address	Telephone Number(s)	Dates of Residence

EDUCATION

Type of School	School & Location	Major Courses	Credit Hours Earned	Dates Attended	Degree Received
High School or GED					
Business or Technical					
Undergraduate Studies					
Graduate Studies					
Other Courses or Training					

Describe the skills, knowledge and abilities that qualify you for this position:

List licenses or certificates (professional or trade licenses which are required for this position):

WORK HISTORY

ATTACH A COPY OF YOUR CURRENT RESUME

Beginning with your present or most recent employment, list your work experience history for the last 10 years. Attach additional sheets as necessary. **COMPLETE THE FOLLOWING SECTIONS EVEN IF YOU ARE SUBMITTING A RESUME IN ADDITION TO THIS APPLICATION. AN INCOMPLETE APPLICATION MAY DISQUALIFY YOU.**

In evaluating your application, we may contact the employers listed below unless you indicate those you do not want us to contact, and state a reason. List additional employers on a separate sheet.

Employer's Name:		From:	To:
Address:	Telephone:	Supervisor:	
Position Title:		Hours worked per week:	
Primary Duties:		Starting Salary: \$	
		Ending Salary: \$	
		Number of employees Supervised by you:	
Reason for Leaving:	May we contact this employer? If not, please state reason:		

Employer's Name:		From:	To:
Address:	Telephone:	Supervisor:	
Position Title:		Hours worked per week:	
Primary Duties:		Starting Salary: \$	
		Ending Salary: \$	
		Number of employees Supervised by you:	
Reason for Leaving:	May we contact this employer? If not, please state reason:		

Employer's Name:		From:	To:
Address:	Telephone:	Supervisor:	
Position Title:		Hours worked per week:	
Primary Duties:		Starting Salary: \$	
		Ending Salary: \$	
		Number of employees Supervised by you:	
Reason for Leaving:	May we contact this employer? If not, please state reason:		

Employer's Name:		From:	To:
Address:	Telephone:	Supervisor:	
Position Title:		Hours worked per week:	
Primary Duties:		Starting Salary: \$	
		Ending Salary: \$	
		Number of employees Supervised by you:	
Reason for Leaving:	May we contact this employer? If not, please state reason:		

Employer's Name:		From:	To:
Address:	Telephone:	Supervisor:	
Position Title:		Hours worked per week:	
Primary Duties:		Starting Salary: \$	
		Ending Salary: \$	
		Number of employees Supervised by you:	
Reason for Leaving:	May we contact this employer? If not, please state reason:		

Employer's Name:		From:	To:
Address:	Telephone:	Supervisor:	
Position Title:		Hours worked per week:	
Primary Duties:		Starting Salary: \$	
		Ending Salary: \$	
		Number of employees Supervised by you:	
Reason for Leaving:	May we contact this employer? If not, please state reason:		

Employer's Name:		From:	To:
Address:	Telephone:	Supervisor:	
Position Title:		Hours worked per week:	
Primary Duties:		Starting Salary: \$	
		Ending Salary: \$	
		Number of employees Supervised by you:	
Reason for Leaving:	May we contact this employer? If not, please state reason:		

DRUG POLICY

It is the policy of this Employer to maintain a drug/alcohol free workplace. Employees who are observed in possession, using or under the influence of such substances (drugs/alcohol) will be terminated and may have criminal actions filed against them. If you are affected by or become an abuser of drugs or alcohol, you may ask for help from your supervisor.

EQUAL OPPORTUNITY STATEMENT

Equal opportunity is the policy of this Employer and employment opportunities will NOT be limited because of race, color, religion, sex, sexual preference, handicap or nationality, or prior military service and will be so applied. This Employer affirmatively seeks to employ and advance applicants in protected classes. Hiring, promotions, lay-offs, discharge, rates of pay, training and other employment activities will be consistent with this Equal Opportunity Statement. The Employer abides by the principles of the Age Discrimination in Employment Act (ADEA) and does not unlawfully discriminate on the basis of age. This Employer complies with the Americans with Disabilities Act (ADA) when requested to make an accommodation. You are to report such requests to your supervisor or notify the City of any need for accommodations in the hiring process.

EMPLOYMENT AGREEMENT and CIVIL SERVICE RULES

I understand that if employed, I am employed under the City of Ferndale Civil Service Rules, City of Ferndale Personnel Policies and Procedures, Ferndale Police Department Policies and Procedures, and any labor contracts that apply to this position.

AGREEMENT ON CONDUCT AND DISPUTES

I agree to physical or other testing when such testing is part of a drug/alcohol testing program or reasonably necessary in determining job-related abilities or reasonable expectation of successfully performing the job to the Employer’s standards. I agree to abide by Employer’s rules and policies including the prohibition against any form of sexual or other harassment of another employee or citizen. I agree to participate in Employer sponsored benefit programs. My signature certifies that I have read this application in detail and am in complete agreement with the contents, including the policy statements. I authorize you to withhold amounts owed to the Employer from my pay. _____(Initial)

Agreement to dispute resolution process and procedures of the City of Ferndale: In consideration for evaluating my application and/or providing me with employment, which I am seeking, desire to have, and is of great value to me, I agree to resolve any manner of dispute that may arise between myself and the City through the Internal Grievance Procedures of the City of Ferndale or through the established Civil Service Regulations. _____ (Initial)

SIGNATURE AND ACKNOWLEDGEMENT

I, the below-signed, make this application as an inducement to this Employer to evaluate my application and to employ me. I have read this completed application, including the Equal Opportunity Statement, and I certify that entries made by me are without omission and are a full, truthful account of my present and past activities. I authorize and give the right to this Employer to make a thorough, vigorous investigation of all entries made on this form by me and other materials I have provided. Any false or misleading statement or entry on this form and other material I have provided will result in my disqualification for employment consideration and if hired, will result in immediate termination. I agree to prompt payroll deduction of overpayments made to me or amounts owed to the City of Ferndale.

Date:	This is a legal document, read it carefully before signing: Signature:
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AUTHORIZATION TO RELEASE INFORMATION

Print Name of Applicant:

Date:

I authorize any person, corporation, company, agency or other entity, whose name and address I provided in my application, or other materials I have provided to the City of Ferndale to release information.

AUTHORIZATION

I, the above-named and the below-signed, do hereby authorize the receiving person, corporation, company or other entity to **FULLY AND COMPLETELY DISCLOSE** any and all facts regarding my employment, character, work habits, skills or other employment-related information requested by the City of Ferndale, or their agents, who bears this authorization.

RELEASE

In consideration for your valuable assistance to me, I, _____, the below-signed, hereby **RELEASE AND HOLD HARMLESS** the recipient person, corporation, company or other entity receiving this release from any and all possible damages, direct or consequential, immediate or remote, of all forms or types, that I may sustain or allege to sustain by virtue of the recipient person, corporation, company or other entity from complying with my request to fully and completely comply with the investigation, inquiry or interests of this Employer to whom I have given and is the bearer of this Authorization. I have given my consent to reproduce this release and such copy shall be considered to be the original for all purposes whether such copy be by photo reproduction or an electronically transmitted facsimile. By my signature, I release any and all parties from any and all liability for any and all statements, writings, conversations or communications of any form, with the City regarding my work history, performance, character, etc., or any entry on this application and other material I have provided.

If the City of Ferndale engages an investigative consumer reporting agency to report on my credit and personal history, I authorize you to do so. If a report is obtained you must provide, at my request, the name and address of the agency so I may obtain from them the nature and substance of the information contained in the report. I will sign a separate disclosure statement if the Employer uses a consumer report for employment purposes.

This is a legal document, read it carefully before signing.

Signature:

Witness Signature:

Witness Address:

**FEDERAL CREDIT REPORTING ACT (FCRA)
DISCLOSURE AND RELEASE**

By this document, the City of Ferndale, discloses to you that a consumer and/or driver report, including an investigative consumer and/or driver report containing information as to your character, general reputation, personal characteristics, and mode of living, may be obtained for purposes as part of the pre-employment background investigation and at any time during employment. As a potential employee of the Ferndale Police Department, your creditworthiness, credit standing and credit capacity are factors in your employment as a police officer and part of the law enforcement community due to situations you will be exposed to as part of your job duties. By signing this document, you specifically acknowledge that the City of Ferndale may obtain information directly or indirectly regarding your current and past employment and/or driving records and who has requested records as well as any information retained by insurance companies, government agencies, or private information services of all types. Information obtained may include any criminal records, any prior employment history including disciplinary history, performance and work history. Should an investigative consumer employment and/or driver report be requested, you will have the right to demand a complete and accurate disclosure of the nature and scope of the investigation requested and a written summary of your rights under the Fair Credit Report Act (FCRA), see attached, as well as a statement about whether the information found on your credit report was relied upon by the credit agency that supplied the information as a basis for rejecting your application.

I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY ANY CONSUMER REPORTING AGENCY TO FURNISH THE ABOVE MENTIONED INFORMATION.

I have the right to make a request to any credit reporting agency, upon proper identification, to provide me with the information in my file, including the sources of information and the recipients of any reports sent for employment purposes which the agency has previously furnished within the two year period preceding my request. I may also request the recipients of any credit reports on me for any other purpose which the agency has previously furnished within the one year period preceding my request. I hereby consent to your obtaining the above information from a credit reporting agency of the City's choice, and I agree that such information which the selected agency has or obtains, will be supplied by said agency to other companies which subscribe to that agency's services.

RELEASE AND SIGNATURE

By signing below, I certify that I have read and fully understand this disclosure and release, that prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction, and that I executed this release voluntarily and with the knowledge that the information being released could affect my being hired. In consideration for providing information, **I release and indemnify all information providers from all liability** and I authorize any party, person or agent to release to any consumer reporting agency any and all requested information.

Print Name:

SS No:

Signature:

Date:

Instructions to Applicant: Please do not return pages 13 and 14. They are to be retained for your information.

FAIR CREDIT REPORTING ACT: NOTICE OF CONSUMER'S RIGHTS

The Federal Trade Commission (FTC) has prepared the following notice to help ensure compliance with the amended Fair Credit Reporting Act. THIS NOTICE MUST BE GIVEN TO AN APPLICANT OR EMPLOYEE BEFORE TAKING AN ADVERSE ACTION BASED ON A FCRA REPORT OR UPON REQUEST BY AN EMPLOYEE OR APPLICANT.

A Summary of Your Rights Under the Fair Credit Reporting Act.

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every "consumer reporting agency" (CRA). Most CRAs are credit bureaus that gather and sell information about you - such as if you pay your bills on time or have filed bankruptcy - to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. 1681-1681u, at the Federal Trade Commission's web site (<http://www.ftc.gov>). The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

- You must be told if information in your files has been used against you.** Anyone who uses information from a CRA to take action against you -- such as denying an application for credit, insurance or employment - must tell you and give you the name, address and phone number of the CRA that provided the consumer report.
- You can find out what is in your file.** At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You are also entitled to one free report every 12 months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.
- You can dispute inaccurate information with the CRA.** If you a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs - to which it has provided the data - of any error.) The CRA must give you a written report of the investigation, and a copy of your report if the investigation results in any change. If the CRAs investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of statement in future reports. If an item is deleted or a dispute is filed, you may ask that anyone who has recently received your report be notified of the change.
- Inaccurate information must be corrected or deleted.** A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified. If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address, and phone number of the information source.
- You can dispute inaccurate items with the source of the information.** If you tell anyone-such as a creditor who reports to a CRA - that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, it may not continue to report the information, if it is, in fact, an error.
- Outdated information may not be reported.** In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.
- Access to your file is limited.** A CRA may provide information about you only to people with a need recognized by the FCRA - usually to consider an application with a creditor, insurer, employer, landlord, or other business.

- Your consent is required for reports that are provided to employers, or reports that contain medical information.** A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.
- You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers.** Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.
- You may seek damages from violators.** If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

The FCRA gives several different federal agencies authority to enforce the FCRA:

FOR QUESTIONS OR CONCERNS REGARDING:	PLEASE CONTACT
CRA's, creditors and others not listed below	Federal Trade Commission Consumer Response Center - FCRA Washington, D.C. 20580 202-326-3761
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, D.C. 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches / agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, D.C. 20551 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Programs Washington, D.C. 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-518-6360
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Division of Compliance & Consumer Affairs Washington, D.C. 20429 800-934-FDIC
Air, surface or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, D.C. 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator - GIPSA Washington, D.C. 20250 202-720-7051

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POLICE DEPARTMENT

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OPTIONAL FORM

Completing this form is strictly voluntary, but we would like to track the effectiveness of our advertising. Your input would be very helpful.

I learned about this job through (check appropriate responses):

A friend or relative

A City of Ferndale employee

A newspaper advertisement or article (please specify)

IPMA – Public Sector Jobs

Jobs Available

WASPC mailing

Internet @

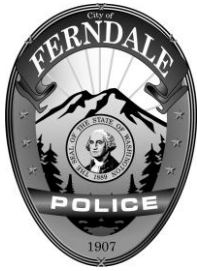
Other

FERNDALE POLICE DEPARTMENT
MINIMUM SELECTION STANDARDS

Selection standards are applicable to all POLICE OFFICER and RESERVE OFFICER candidates.

MINIMUM STANDARDS

1. Applicant must be at least 21 years of age for appointment.
2. Minimum education High School Graduation or equivalent.
3. A valid Washington State Driver's License is required prior to being hired.
4. **TRAFFIC RECORD:** An applicant's driving record will be thoroughly assessed and may be a factor for disqualification. Examples of infractions which may be disqualifying include, but are not limited to:
 - Driving While Under the Influence or Reckless Driving;
 - Hit and Run;
 - Five convictions for moving violations (speeding, negligent, etc.) within a five year period;
 - Three or more accidents within a five year period wherein the applicant was judged at fault or charged;
 - Alcohol / Drug related driving.
5. **MEDICAL:** Applicants must meet LEOFF medical standards.
6. **CRIMINAL CONVICTIONS:** Felony convictions are disqualifying. Misdemeanor arrests/convictions will be reviewed on a case-by-case basis.
7. **CITIZENSHIP:** United States citizenship is **REQUIRED** for appointment.
8. **DRUG & ALCOHOL USE:** The applicant's history of drug and alcohol usage will be thoroughly investigated during the employment screening process. Evidence of excessive past or current drug/alcohol use will be grounds for disqualification. If it is deemed necessary by the Ferndale Police Department, a psychological and/or a medical evaluation may be conducted to assist the department in making a final determination. Examples of drug and alcohol use that may be grounds for disqualification include:
 - Illegal use or experimentation with any controlled substances, including marijuana, during the five years prior to filing an application for employment.
 - Any experimentation or illegal use of controlled substances while employed as a law enforcement officer.
 - Any use of any hallucinogen within the last 10 years.
 - Use of any controlled substances. Persons who have experimented will be considered on a case-by-case basis.



CITY OF FERNDALE

2220 Main Street, Ferndale, Washington 98248

LATERAL POLICE OFFICER SUPPLEMENTAL QUESTIONNAIRE

Do you have a high school degree or GED? Yes No

Are you a U.S. Citizen? Yes No

Are you at least 21 years of age? Yes No

Do you have a valid driver's license? Yes No

Do you possess a valid state certification as a trained and qualified Peace Officer or certification from BPOTP Indian Police Academy or Land MGT Police Training?*

Yes

No

I have attached a copy of my Peace Officer certification. Yes No

Do you have at least twelve (12) consecutive months as a full-time commissioned law enforcement officer and had not had a lapse of employment as a full-time commissioned law enforcement officer for a period exceeding the previous twenty-four (24) months?

Yes

No

Please identify the agency / agencies where you gained this experience:

Answering "no" to any of the questions above make you ineligible for lateral police officer. You may be eligible for entry level police officer (go to www.publicsafetytesting.com)

Have any adult felony convictions? Yes No

"Yes" to the question above makes you ineligible for lateral police officer.

*To qualify as a lateral candidate your certification is subject to verification and approval for the equivalency academy by the Washington State Criminal Justice Training Center.



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2220 Main Street, Ferndale, Washington 98248

VETERAN'S SCORING CRITERIA DECLARATION

1. I certify that I have been released from active duty and that I received an honorable discharge, received a discharge for physical reasons with an honorable record, and been released from active military service with evidence of service other than that for which an undesirable, bad conduct or dishonorable discharge was given. Yes No

If you answered "No" to question #1 you do not need to complete this form.

2. I hereby claim **10%** veteran's scoring criteria because I have served during one of the following periods of war or hostile environments and **am NOT receiving military retirement** and I answered "yes" to question number 1 on this form. Yes No **Date of Service**

- World War II _____
- Korean Conflict _____
- Vietnam Era: August 5, 1964 to May 7, 1975 _____
- Persian Gulf period of war (August 2, 1990 to the present) _____
- Hostile Environment (check one)
- | | |
|--|--|
| <input type="checkbox"/> The crisis in Lebanon | <input type="checkbox"/> The invasion of Grenada |
| <input type="checkbox"/> Panama | <input type="checkbox"/> Operation Just Cause |
| <input type="checkbox"/> Somalia | <input type="checkbox"/> Operation Restore Hope |
| <input type="checkbox"/> Haiti, Operation Uphold Democracy | <input type="checkbox"/> Global War on Terrorism (9/11 to current) |
| <input type="checkbox"/> Bosnia, Operation Joint Endeavor | |

3. I hereby claim **5%** veteran's scoring criteria because I did not serve during a period of war or in a hostile environment as listed in #2 above or because I am receiving military retirement **and** I answered "yes" to question number 1 on this form. Yes No

4. Have you previously claimed veteran's preference or scoring criteria to be appointed to a position with a county or municipal government or other political subdivision of the State? Yes No

5. I realize that reserve components, Washington State Guard and National Guard service for less than six continuous months is not regarded as active duty. Yes No

6. I certify the above data to be true to the best of my knowledge and understand that by falsely claiming Veteran's Scoring Criteria I subject myself to removal from a register or dismissal from employment. Yes No

7. I acknowledge that it is my responsibility to provide an appropriate copy of form DD214 or separation orders indicating an honorable discharge with this document as proof of my claim to veteran's scoring criteria. Yes No

DATE: _____ SIGNATURE: _____

PRINTED NAME: _____

POSITION APPLIED FOR: _____