

City of Newport Job Description

Job Title: Entry Level Police Officer
Department: Law Enforcement
Reports To: Chief of Police
FLSA Status: Non-Exempt
Prepared By: City Clerk/Treasurer
Approved: April 04, 2022

SUMMARY:

After successful completion of the Washington State Basic Police Academy. Performs general duty entry level police work under the direction of the Chief of Police in the enforcement of laws and ordinances. Duties are routine within prescribed limits but do require exercising independent judgment in emergencies. Employee has regular outside public contacts of a law enforcement or assistance nature. Duties require considerable walking or driving, are performed under occasional hazardous conditions, and require normal attention to prevent errors. Employee may be assigned to rotating shifts and may work other than a normal work week.

ESSENTIAL DUTIES AND RESPONSIBILITIES include the following and other duties that may be assigned:

Learns to exercise powers of arrest and control, learns to defend self and use force and deadly force, enforces motor vehicle laws; operates vehicle under emergency conditions and provides emergency assistance; responds to crime scenes and performs criminal investigations; participates in special operations.

Patrols a designated area on foot or in a radio-equipped vehicle as assigned to preserve law and order, to prevent and discover the commission of crime, to direct traffic and to enforce traffic and parking regulations.

Answers calls and investigates complaints involving accidents on public streets or roadways, misdemeanors and felonies, investigates suspicious activities.

Administers first aid, interviews witnesses, gathers information and evidence, makes arrests, prepares reports, and testifies as a witness in court.

Advises public on laws and ordinances. Provides general information and otherwise assists the public.

Performs related duties as required.

SUPERVISORY RESPONSIBILITIES:

This job has no supervisory responsibilities.

and written instructions and to prepare clear, accurate, and comprehensive reports. Ability to deal courteously, but firmly, with the public.

PHYSICAL DEMANDS:

The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job.

While performing the duties of this job, the employee is regularly required to sit; use hands to handle, or feel; reach with hands and arms; and talk or hear. The employee frequently is required to stand and walk. The employee is occasionally required to climb or balance; stoop, kneel, crouch, or crawl; and taste or smell. The employee must have enough body movement to move quickly with force such as to physically restrain or subdue suspects. Enough tolerance to work under adverse weather conditions. Enough manual strength and dexterity to load, operate, and fire a variety of firearms. The employee must occasionally lift and/or move up to 100 pounds. Specific vision abilities required by this job include close vision, and distance vision.

WORK ENVIRONMENT:

While performing the duties of this job, the employee is frequently exposed to wet and/or humid conditions, outside weather conditions, extreme cold, and extreme heat. The employee is occasionally exposed to moving mechanical parts; high, precarious places; and fumes or airborne particles. The noise level in the work environment is usually moderate.

**CITY OF NEWPORT
POLICE DEPARTMENT**
200 S. Washington Avenue
Newport, WA 99156
509-447-5611 Fax: 509-550-7552

Application Form

INSTRUCTIONS: You must furnish documentation of high school diploma/equivalency and citizenship, along with any training, degrees or awards claimed on your application and DD214-Member 4 copy, if you were in the military service.

The following instructions are furnished as a guide to assist you in filling out the personal history form. These forms, which you are required to fill out, must be complete and detailed in all respects. It is the basis for your background investigation that will be conducted to determine your qualifications for the position you have applied for with the Newport Police Department.

Answer all questions completely and accurately. If they do not apply to you, indicate with N/A. Falsification or failure to include information as directed may be considered just grounds for non-acceptance, or termination if already employed. Avoid errors by reading the directions carefully before making any entries on the form. Make sure your information is correct and in proper sequence before you begin.

You are responsible for obtaining correct and complete addresses. If you are not sure of an address, check it either by personal verification or by correspondence. Your local library may have a directory service or copies of all local telephone directories.

Whenever a report of an incident is required, be sure that you give all the facts pertaining to it. Present information in such a manner that any person unfamiliar with the situation will be provided with all the details and facts in the order in which they occur, the dates or times the events took place, and the names of persons or organizations involved.

This form has been designed to encourage rather than discourage applicants for the Newport Police Department. It has been designed to allow you to present your qualifications in the most positive manner. Any information that might be detrimental can and should be explained so that the persons reviewing your application can more adequately understand your position.

Remember that every item will be checked and verified. A careful, accurate and complete personal history form will help to expedite the processing of your application.

This inquiry is not an offer of employment. All requirements for appointment include satisfactory background investigation, polygraph examination, psychological examination and a physician's examination.

If there is not sufficient space on this form for you to include all of your information, it should be placed on a signed 8 ½ x 11 white standard weight typing paper and attached in sequence.

The information you provide on these pages is to be either printed or handwritten legibly with ink by the applicant.

**PLEASE NOTE: This application MUST be completed in full detail.
Answer all questions or N/A if not applicable. We will not accept see resume.**

PERSONAL HISTORY FORM

Read Instructions Carefully: This information must be accurately reported because it will be used as a basis for a detailed investigation of your background. Answer all questions which apply to you (if additional space is required, use supplemental sheet.) All information shall be handwritten or printed legibly by applicant.

LEGAL NAME			
Last	First	Middle	Date Application Filed _____
By what other names have you been known? (Maiden, Nickname, Alias) _____			
Date of Birth	Place of Birth (City, State, County) _____		
If Naturalized Citizen, List City, State & Certificate No. _____		Date Naturalized _____	
Position: _____			
Driver's License No. _____	State _____	Expiration Date _____	
Residence Address (Number, Street, City, Zip) _____		Residence Phone _____	Cellular Phone _____
Current Employer Name _____			
Employment Address (Number, Street, City, Zip) _____		Business phone-ext. _____	Work hours _____

REFERENCES: Carefully complete the following on three persons other than relatives or past employers who know you well enough to give current or past information about you.

Name _____	Known how long _____	
Address (Number, Street, City, State, Zip) _____	Phone Number _____	
Employer's Name and Address _____	Business Number _____	Work Hrs _____
Name _____	Known how long _____	
Address (Number, Street, City, State, Zip) _____	Phone Number _____	
Employer's Name and Address _____	Business Number _____	Work Hrs _____
Name _____	Known how long _____	
Address (Number, Street, City, State, Zip) _____	Phone Number _____	
Employer's Name and Address _____	Business Number _____	Work Hrs _____

FINANCIAL INFORMATION

Financial Responsibility: List all financial obligations for which you are responsible. If you have no current debts, list paid-up accounts which may be used for credit reference. List credit cards, past and present.

TO WHOM OWED	Date incurred	Original Amount	Balance	Mo. Payment
Address (Number, Street, City, State, Zip) _____				
Purpose of Loan or Debt _____				
<hr/>				
TO WHOM OWED	Date incurred	Original Amount	Balance	Mo. Payment
Address (Number, Street, City, State, Zip) _____				
Purpose of Loan or Debt _____				
<hr/>				
TO WHOM OWED	Date incurred	Original Amount	Balance	Mo. Payment
Address (Number, Street, City, State, Zip) _____				
Purpose of Loan or Debt _____				
<hr/>				
TO WHOM OWED	Date incurred	Original Amount	Balance	Mo. Payment
Address (Number, Street, City, State, Zip) _____				
Purpose of Loan or Debt _____				

VEHICLES AND VEHICLE INSURANCE

Year, make, body style and license number of vehicle owned and/or driven by you. _____ _____ Name of insured _____ Name & Address of Insurance Co. or Local Agency _____ _____

FINANCIAL HISTORY: (When the answer to any question is "yes", explain in full detail on last page of this application.)

Yes ___	No ___	1. Have you ever had your wages attached? _____
Yes ___	No ___	2. Have you ever been a party to a small claims or other court action? _____
Yes ___	No ___	3. Do you have an immediate civil action pending against you? _____
Yes ___	No ___	4. Have you ever had a judgment or collection rendered against you? _____
Yes ___	No ___	5. Have you ever filed for bankruptcy or been declared bankrupt? _____
Yes ___	No ___	6. Have you ever been declared delinquent in child support payments ordered by the courts? _____
Yes ___	No ___	7. Have you ever been refused credit? _____
Yes ___	No ___	8. Have you ever had any property repossessed? _____
Yes ___	No ___	9. Have you ever been bonded and had a bond refused? _____
Yes ___	No ___	10. If employed by the Police Department, do you anticipate any income other than Police salary? _____

RESIDENCE HISTORY

List all addresses at which you have lived for the past 10 years or since age 15. DO NOT include your present address. Account for all of the time with your most recent prior address first. If a military veteran, include the names of all bases at which you were stationed as well as any off-base residences.

	Month & Year	Address (No, Street – Specify N.S.E.W., Drive, Place) City, State, Zip	
1.	From:		
	To:		
2.	From:		
	To:		
3.	From:		
	To:		
4.	From:		
	To:		
5.	From:		
	To:		
6.	From:		
	To:		
7.	From:		
	To:		
8.	From:		
	To:		
9.	From:		
	To:		
10.	From:		
	To:		
11.	From:		
	To:		
12.	From:		
	To:		

EMPLOYMENT HISTORY

List your complete work history in reverse order, beginning with your present status. Include all part time jobs, periods of unemployment and military service.

Do you object to our contacting your present employer prior to your being accepted? Yes No

Have you ever received unemployment compensation? Yes No

Month & Year From: _____ To: _____ Total time employed _____	Employer Name & Address (Name of company or business) _____ _____ Telephone number and supervisor: _____ Description of Duties: _____	Job Title _____ Salary: _____ Reason for leaving: _____
Month & Year From: _____ To: _____ Total time employed _____	Employer Name & Address (Name of company or business) _____ _____ Telephone number and supervisor: _____ Description of Duties: _____	Job Title _____ Salary: _____ Reason for leaving: _____
Month & Year From: _____ To: _____ Total time employed _____	Employer Name & Address (Name of company or business) _____ _____ Telephone number and supervisor: _____ Description of Duties: _____	Job Title _____ Salary: _____ Reason for leaving: _____
Month & Year From: _____ To: _____ Total time employed _____	Employer Name & Address (Name of company or business) _____ _____ Telephone number and supervisor: _____ Description of Duties: _____	Job Title _____ Salary: _____ Reason for leaving: _____
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Month & Year From: _____ To: _____ Total time employed _____	Employer Name & Address (Name of company or business) _____ _____ Telephone number and supervisor: _____ Description of Duties: _____	Job Title _____ Salary: _____ Reason for leaving: _____

Employment History continued

___ Yes ___ No Have you ever been terminated or asked to resign from a job? (If "yes", please explain.)

If you have ever applied for a position with another law enforcement or government agency complete the following:

Name of Department of Agency _____ _____	Date Applied _____ _____	Accepted ___ Yes ___ No	If "No" give reason for rejection/declining appointment _____ _____
Name of Department of Agency _____ _____	Date Applied _____ _____	Accepted ___ Yes ___ No	If "No" give reason for rejection/declining appointment _____ _____
Name of Department of Agency _____ _____	Date Applied _____ _____	Accepted ___ Yes ___ No	If "No" give reason for rejection/declining appointment _____ _____
Name of Department of Agency _____ _____	Date Applied _____ _____	Accepted ___ Yes ___ No	If "No" give reason for rejection/declining appointment _____ _____

MILITARY and EDUCATION BACKGROUND

Military Duty:

Branch of Service (Army, Navy, etc.)	Type (Inf, Medic, etc)	Date of Separation	Type of Separation
Active Duty Dates except Residence tours 90 days or less		Rank/Rate or E Grade	
Present Military Status ___ Active ___ Inactive ___ Discharged ___ Other		From: _____ To: _____	Present Reserve Rank
Did you serve during a period of war? "Period of War - As defined in RCW 41.04.005"		Yes _____	No _____

EDUCATION

Have you ever taken a general education development (GED) test? ___ Yes ___ No ___ USAF ___ Bd of Education
_____ Date that GED was completed

Starting with the most recent, list each high school, trade school, part-time school, night school, service school, business college and university that you have attended.				
Name of School	Location (City & State)	Attendance Dates	Graduated	Degree or No. of Units

ARREST and MILITARY DISCIPLINE RECORD

Arrests, Traffic Citations and Accidents

1. List all arrests, traffic citations, and/or infractions			
Year	Charge or Type of Violation	Issuing Agency	Penalty or Fine

2. Have you ever been involved in a traffic accident as a driver? Yes No If "yes" please explain.

3. Yes No Outside of your law enforcement duties, have you ever had any contact with a law enforcement agency? List all contacts, either self-initiated or initiated by the agency. Please explain. (No exceptions)

4. Yes No Were you ever involved in a disciplinary action in the military service? (Article 15, office hours, captain's mast, court martial.) Please explain.

GENERAL INFORMATION

1. If employed by the police department, will you be able to obtain a valid Washington/Idaho driver's license? Yes
 No Already have one

2. The nature of the work in law enforcement requires assignment to various shifts or hours for extended periods of time, overtime work, and testifying in court during off-duty hours and days: It may require wearing of uniforms. It requires high standards of personal appearance. It may require training with and carrying of firearms. Do you have any personal responsibilities, reservations, or convictions, which would affect your ability to perform these duties as an employee of the Police Department? Yes No If "yes", describe and explain any problems you feel might exist.

3. Requirements for employment include taking a polygraph concerning your background, a psychology examination, and a physical examination that includes a urine drug test. Are you willing to undergo these tests? Yes No
If "yes", please explain.

4. Is there anything a background investigation might uncover that has not been addressed that you would like to explain at this time? Yes No If "yes", please explain.

OTHER INFORMATION: List any organizations, clubs and social groups that you feel are relevant to this position.

I understand that it is my responsibility to keep the Civil Service Commission informed of any change of address and/or telephone number, and that failure to do so may result in my name being removed from the eligibility list. I have read and understand all questions and statements contained in this application; further, I certify that all the information given in this application has been carefully completed and is correct to the best of my knowledge and belief. I consent and authorize the City of Newport and its personnel to request any information concerning my previous employment, education, military service, or other pertinent material. I hereby release all parties connected with any request of information from all claims, liabilities, and damages for whatever reason arising out of furnishing such job related information. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR HEREIN WILL BE SUFFICIENT CAUSE FOR CANCELLATION OF CONSIDERATION FOR EMPLOYMENT OR TERMINATION OF CONTINUED EMPLOYMENT WHEREVER SUCH FACTS ARE DISCOVERED.

Signature of Applicant

Date

Newport Police Department

Personal Background Evaluation

This questionnaire is part of the examination process. A complete background investigation, which includes a polygraph test, will be conducted on a candidate prior to appointment. Your answers to the questions that follow will be verified by the background investigation. Falsification of information on this form will be grounds for removal from employment consideration or dismissal if hired.

Please mark either "Yes" or "No" after each question. Answering "Yes" to any of these questions does not necessarily preclude you from further consideration. Read and sign the statement on the back page. If you have questions or need clarification on any of the following, please call the Newport Civil Service at (509) 447-5611.

"Use" is defined as: including any intentional or unintentional trying, testing, or experimenting which includes, but is not limited to, tasting, smoking, injecting, absorbing, sniffing or inhaling.

1. Have you ever been convicted of a felony? ___ Yes ___ No
2. Have you been convicted within the past ten (10) years of a misdemeanor involving theft? ___ Yes ___ No
3. Have you ever been convicted of a misdemeanor involving sex offenses or moral turpitude? ___ Yes ___ No
4. Have you, within the past one (1) year or since applying to a law enforcement agency, knowingly used any drug(s), not prescribed for you by a physician, including, but not limited to: marijuana, hashish, speed, amphetamines, methamphetamines, cocaine, heroin, barbiturates, valium, PCP, LSD, ice, crank, crystal, morphine, etc.? ___ Yes ___ No
5. Have you used marijuana or hashish in the last three (3) years? ___ Yes ___ No
6. Have you ever injected or free-based amphetamines, methamphetamines, cocaine, heroin, barbiturates, or valium? ___ Yes ___ No
7. Have you ever used non-prescribed pharmaceutical amphetamines? ___ Yes ___ No
8. Have you ever used clandestine amphetamine or methamphetamine—crank, ice, speed, etc. ___ Yes ___ No
9. Have you used any hallucinogenic drug (mushrooms, LSD, PCP, etc.)? ___ Yes ___ No
10. Have you ever used non-prescribed opiates or narcotics—heroin, morphine, oxycontin, etc.? ___ Yes ___ No
11. Have you ever used cocaine? ___ Yes ___ No
12. Have you used crack cocaine? ___ Yes ___ No
13. Have you ever sold, offered to sell, or transported for sale any illegal drugs or narcotics? ___ Yes ___ No
14. Have you used drugs since accepting employment with a law enforcement agency? ___ Yes ___ No
15. Have you been convicted of Driving Under the Influence of alcohol or drugs, reckless driving, or hit-and-run within the last five (5) years? ___ Yes ___ No
16. Have you used anabolic steroids within the last three (3) years? ___ Yes ___ No

PLEASE CONTINUE TO THE BACK OF THIS SHEET...

OTHER CRIMINAL ACTIVITY OR CONVICTIONS WILL BE CONSIDERED ON A CASE-BY CASE BASIS AND MAY BE DISQUALIFYING.

Sign below and attach to application. If this form is not attached to your application, your application will be rejected.

All the information on this questionnaire is true and accurate to the best of my knowledge. I understand that information I am providing here will be verified. I understand that a deliberate misstatement will be grounds for my removal from consideration of employment, and for being removed from the job if hired. This form is the property of the Newport Civil Service.

Signature

Date

Print or Type Name

SSN

CITY OF NEWPORT
WAIVER/AUTHORIZATION TO RELEASE INFORMATION

This document affects your legal rights.
Read carefully before signing.

To Whom It May Concern:

I the undersigned request and authorize you to furnish to the City of Newport any and all information that you have concerning me. To include, however not limited to work record, reputation, physical/mental medical records, financial/credit status, criminal/traffic violation history, educational background and records, military service records 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 City of Newport. Your reply will be used to assist the City of Newport in determining my qualifications and fitness for a position with the Newport Police Department.

I understand my right to request access to public records relating to me pursuant to Title 5 of the United States Codes, Section 522. et seq., the privacy Act of 1974, the Freedom of Information Act, and the Revised Code of Washington (RCW) 42.17 et seq., and specifically waive those rights understanding that the information furnished will be used by the Newport Police Department in conjunction with this employment procedure. I will make NO attempt to gain access to the information provided to City of Newport in conjunction with employment procedures.

I hereby do release you, your organization, your agents and others from any liability or damages which may result from furnishing information to the City of Newport pursuant to this waiver and authorization to release information. Should there be any questions as to the validity of this waiver and authorization to release information form, you may contact me as indicated below.

Date

Applicant's Signature

Social Security Number

Applicant's Printed Full Legal Name

Date of Birth

Current Address

Driver's License No.# and State of Issuance

Telephone Number

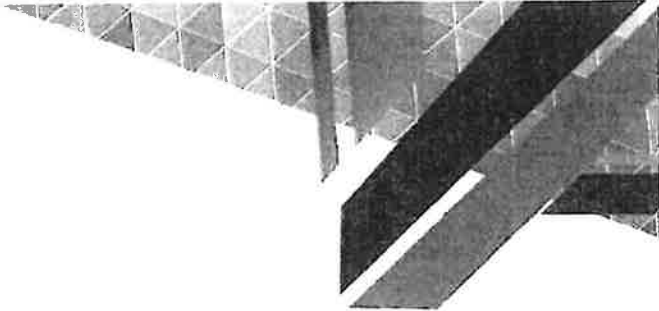


Exhibit A-4
Notice for Applicant/Employee
'Notice of Intent' and 'Authorization'
To Obtain an Investigative Consumer Report for Employment Purposes

The undersigned applicant/employee is hereby notified that City of Newport (Employer) may obtain an investigative consumer report for employment purposes through ACRANet-CBS Branch. Such report may include information as to character, general reputation, history of criminal convictions, employment, education, professional license, credit and/or driver's record history. Applicant/employee acknowledges that he/she is herein informed of his/her right to request within a reasonable period of time after receiving this notice, a complete and accurate disclosure of the nature and scope of the investigation requested. Such disclosure will be mailed or otherwise delivered to applicant within five days from the date of the applicant/employee's request for disclosure or such report was first requested by employer, whichever is the later. Applicant/employee further authorizes the above named company to obtain an investigative consumer report through ACRANet CBS Branch for employment purposes at this time or anytime during the applicant/employee's tenure with employer.

This form not valid without applicants' valid signature and notary stamp and signature.

Order form and payment information is also required for processing.

I _____ Authorize City of Newport to obtain an employment screening report (as defined and outlined in the above paragraph), which may contain information including my credit history and criminal background information.

Print Full Name: _____

Former Name/Maiden Name (list all): _____

Address: _____

Prev. Address: _____

*Social Security Number: _____ *Date of Birth: ____/____/____

*In order for factual information to be obtained & reported, your date of birth and social security number are requested. This information is used solely for verification purposes in compliance with the Fair Credit Reporting Act.

Driver's License # (if applicable) _____ State of Issue _____

Signature: _____ Date: _____

I (Applicant/employee) am currently a resident of the state of Oklahoma OR the state of Minnesota:
 Yes No
 If yes, by state statute, I may receive a free copy of the report being prepared in association with this employment screening investigation and a copy of my corresponding rights as a consumer. These documents will be mailed to me at the address indicated on this authorization form within 24 hours of completion.
 Please provide me a copy of my credit report as indicated above

NOTE:
 The above information and attached exhibits are presented to assist you in compliance with the revised Federal Fair Credit Reporting Act. They represent our understanding and interpretation of the amendments that became effective September 30, 1997 and November 2, 1998. ACRANet CBS Branch, Incorporated does not intend for this information and the related attachments to be construed as legal advice. We urge all subscribers to review their procedures and documents with their respective legal counsel.

SIGNED AND SWORN to before me on
 By _____
 NOTARY PUBLIC in and for the state of _____, residing in
 City: _____ My commission expires:

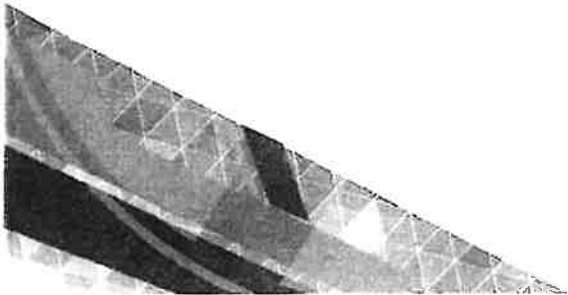
521 W. MAXWELL AVE. · SPOKANE, WA · 99201

DIRECT: 509 324-1249 · 1-800-304-1249

FAX: 509 324-1240 · 1 800 845-7435

"It's What You Know"

WWW.ACRANET.COM



EMPLOYEE OR PROSPECTIVE EMPLOYEE REQUEST

That I, _____, am an employee or prospective employee of the company named below and that I request a copy of my official Driving Record in the State of Washington be released to my employer or prospective employer or their agent.

Authorization of employee or prospective employee for release of abstract of driving record

Signature Date WA License Number

EMPLOYER ATTESTATION

- (A) That the company named below is an employer or prospective employer of the above named individual and that I am a representative authorized to bind said company.
- (B) That **AMERICAN DRIVING RECORDS** is acting as agent on behalf of **ACRAnet** who is acting as agent on our behalf to obtain the abstract of driver records of the above named individual.
- (C) That abstracts of driver record shall be used exclusively to determine whether the above named individual should be employed to operate a school bus or commercial vehicle upon the public highways, and that no information contained therein shall be divulged, sold, assigned, or otherwise transferred to any third person or party. A commercial vehicle is defined as any vehicle the principal use of which is the transportation of commodities, merchandise, produce, freight, animals, or passengers for hire.
- (D) That the information contained in the abstracts of driver records obtained from the Washington State Department of Licensing shall be used in accordance with the requirements and in no way violate the provisions of RCW 46.52.130, attached in part for easy reference.

City of Newport
Company Name
200 S. Washington Ave., Newport, WA 99156
Address

Nickole North City Clerk
Name (print) Title

Nickole North 1/18/2018
Signature Date

This record must be maintained by the employer or prospective employer for a period of not less than two (2) years from the last date above. Failure to obtain all signatures or misuse of records obtained from the State of Washington may result in prosecution under RCW 46.52.130.