

RITZVILLE CIVIL SERVICE COMMISSION

209 N Adams St.  
Ritzville WA 99169  
509-659-1313

APPLICATION FOR EMPLOYMENT POSITION: SERGEANT

(print in **black ink**)

Name \_\_\_\_\_  
last first middle

Current Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

SSN \_\_\_\_\_ US Citizen  Yes  No Phone \_\_\_\_\_

Current Drivers License State \_\_\_\_\_ Number \_\_\_\_\_

Marital Status \_\_\_\_\_ Spouse \_\_\_\_\_

Children \_\_\_\_\_

Family Physician \_\_\_\_\_  
name address

Education:  
Primary \_\_\_\_\_

High School \_\_\_\_\_  
year graduated

College \_\_\_\_\_  
year graduated

Other \_\_\_\_\_

Military Service \_\_\_\_\_  
branch rank

\_\_\_\_\_  
area of training dates

Residences (past 5 years)

Address \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_  
Address \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_  
Address \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_  
Address \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

Employment History

Current Employer \_\_\_\_\_  
name address phone  
Dates \_\_\_\_\_ Salary \_\_\_\_\_ Supervisor \_\_\_\_\_  
Duties \_\_\_\_\_  
Reason for Applying Elsewhere \_\_\_\_\_  
Employer \_\_\_\_\_  
name address phone  
Dates \_\_\_\_\_ Salary \_\_\_\_\_ Supervisor \_\_\_\_\_  
Duties \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_  
Employer \_\_\_\_\_  
name address phone  
Dates \_\_\_\_\_ Salary \_\_\_\_\_ Supervisor \_\_\_\_\_  
Duties \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_  
Employer \_\_\_\_\_  
name address phone  
Dates \_\_\_\_\_ Salary \_\_\_\_\_ Supervisor \_\_\_\_\_  
Duties \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

Employer \_\_\_\_\_  
name address phone

Dates \_\_\_\_\_ Salary \_\_\_\_\_ Supervisor \_\_\_\_\_

Duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

May we contact your present employer?  Yes  No  
Use additional page(s) if needed.

Personal References:

Name \_\_\_\_\_  
address phone

How Long \_\_\_\_\_ Type of Relationship \_\_\_\_\_

Name \_\_\_\_\_  
address phone

How Long \_\_\_\_\_ Type of Relationship \_\_\_\_\_

Name \_\_\_\_\_  
address phone

How Long \_\_\_\_\_ Type of Relationship \_\_\_\_\_

Name \_\_\_\_\_  
address phone

How Long \_\_\_\_\_ Type of Relationship \_\_\_\_\_

Name \_\_\_\_\_  
address phone

How Long \_\_\_\_\_ Type of Relationship \_\_\_\_\_

Have you ever been arrested?  Yes  No If yes, give full details of offense including date, department, and disposition. Use additional page(s) if necessary.

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Fingerprints will be required for any applicants considered for employment to verify criminal history. Your application will be filed with the Civil Service Commission Examiner, and you will be notified of the examination date.

I \_\_\_\_\_, certify that all of the questions in this document have been answered to the best of my knowledge, and I understand that false answers may be a basis for rejection of my application.

Signature \_\_\_\_\_

Date \_\_\_\_\_

#### REQUIRED ITEMS

Please include a copy of the following documents when you return your application for the Sergeant position:

Resume

Letters of Recommendation and/or Commendation

Credit Report

Training Documentation (anything that may be applicable)

Applications without Items 1-3 above will not be considered.

NOTICE: THIS PAGE MUST BE NOTARIZED AND RETURNED WITH APPLICATION.  
Applications without this page notarized will not be considered.

WAIVER OF LIABILITY

I, \_\_\_\_\_, am applying for the position  
(applicant's name)  
of Sergeant. I realize and acknowledge that as a condition of my application, I must undergo medical testing, psychological testing, written testing, oral boards, and other methods of testing to verify my fitness for duty as a Sergeant. I hereby represent to the City of Ritzville and its test administrators that I am in good, sound physical and mental condition, and that I am able to participate in the testing requirements. I desire to take the tests and warrant to the City of Ritzville that I am capable of performing the requirements of the tests without risk to me. I hereby release and forever hold the City harmless from any injury that I may sustain as a result of performing in any testing for this position and agree to indemnify the City of Ritzville from any liability that it may sustain as a result of my participation in these tests.

DATED: \_\_\_\_\_

Applicant's Signature \_\_\_\_\_

STATE OF WASHINGTON )  
(ss.  
COUNTY OF )

On this day personally appeared before me \_\_\_\_\_, to me known to be the individual described in and who executed the above and foregoing instrument and acknowledged that he/she signed the same as his/her free and voluntary act and deed for the uses and purposes therein mentioned.

GIVEN under my hand and official seal this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
NOTARY PUBLIC in and for the State of  
Washington, residing at \_\_\_\_\_  
My appointment expires \_\_\_\_\_

NOTICE: THIS PAGE MUST BE NOTARIZED AND RETURNED WITH APPLICATION.  
Applications without this page notarized will not be considered.

WAIVER AND AUTHORIZATION TO RELEASE INFORMATION

To Whom it May Concern:

I authorize you to furnish the Ritzville Police Department with any and all information you have concerning me, my work record, my reputation, my medical record, my military service records and my financial status. Information of a confidential or privileged nature may be included. Your reply will be used to assist the Ritzville Police Department in determining my qualifications and fitness for the position I am seeking with the Ritzville Police Department.

I understand my rights under Title 5, United States Code, Section 552a; the Privacy Act of 1974, and waive these rights with the understanding that information furnished will be used by the Ritzville Police Department for determination of eligibility for employment.

I hereby release you, your organization and others from any liability or damage, which may result from furnishing the information, requested.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

STATE OF WASHINGTON )  
(ss.  
COUNTY OF )

On this day personally appeared before me \_\_\_\_\_, to me known to be the individual described in and who executed the above and foregoing instrument and acknowledged that he/she signed the same as his/her free and voluntary act and deed for the uses and purposes therein mentioned.

GIVEN under my hand and official seal this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

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NOTARY PUBLIC in and for the State of  
Washington, residing at \_\_\_\_\_  
My appointment expires \_\_\_\_\_