

CITY OF SOUTH BEND CIVIL SERVICE

EMPLOYMENT APPLICATION PACKET

REQUIREMENTS:

21 Years of Age

No Felony Convictions

Prior to employment must obtain Valid Driver's License

United States Citizen or Lawful Permanent Resident

High School Diploma or G.E.D. who can read and write the English Language

Good Physical Health and Condition

Meet South Bend Police Department Employment Standards

Other Agency Requirements

Fully Complete Civil Service Application (*any section that does not pertain to applicant shall write N/A-intentional blank field(s) will be considered incomplete*)

APPLICATION PROCESS:

1. Applications are available from the South Bend Civil Service Examiner by visiting our website at www.southbend-wa.gov, emailing dee.roberts@southbend-wa.gov or calling (360) 875-5571

2. The following **MUST** be included with application packet:

- **All Applicants Must Supply:**

A. Copy of current Driver's License

B. Completed Request for Examination form

C. Typing Test:

May be taken online at any of the following sites:

<http://www.typingtest.com/>

<https://www.ratatype.com/typing-test/>

<https://www.speedtypingonline.com/typing-test>

D. Complete the Typing Test Declaration

E. If you are claiming Veteran's Preference, you must sign Veteran's Preference Form and include a copy of your DD214.

F. Social Media Declaration for those that qualify (*oral board evaluations ONLY*)

G. "Physician Release for Physical Ability Test" signed by applicant's physician (*Must be turned in with application OR at the time of physical ability test to participate*)

You can email, fax or mail your completed applications too:

City of South Bend
Civil Service Examiner
P.O. Box 9
South Bend, WA 98586
dee.roberts@southbend-wa.gov
Fax - 360-875-4009



South Bend Police Department Employment Standards

Prior to appointment to a position, an applicant must successfully complete a thorough background investigation. The background investigation may consist of, but is not limited to, the following: Police Chief Interview, Employment History Check, Neighborhood Check, Reference Check, Psychological Assessment, Polygraph Examination, Medical Examination (including drug screen), and Criminal, Driving and Financial History Checks.

Failure to successfully pass or complete any phase of the South Bend Police Department background investigation is cause for removal from the employment eligibility register. The following information is provided to demonstrate the South Bend Police Department standards; **this is not meant to be an exhaustive list.** Information obtained in the background investigation and testing may be cause for the South Bend Police Department to request removal of an applicant from an eligibility register as “unfit for service.”

If you have any questions about the background investigation or Civil Service process, please call the Civil Service Chief Examiner/Secretary at (360) 875-5571.

Mandatory Requirements

| | | |
|--|--|--|
| Birth Certificate or Naturalization papers | Minimum Age Requirement (prior to appointment) | Valid Driver’s License |
| High School Diploma or GED Certificate | Read, Write, and Speak English | U.S. Citizen/Lawful Permanent Resident |

Automatic Removal Factors

Any one or a combination of these factors will be cause for removal

| | | |
|--|---|---|
| No More than one DUI conviction; conviction cannot be within the previous five (5) years | Unfit for service based on the psychological assessment or manipulation of the psychological assessment | Intentional deception or misrepresentation in any stage of the background investigation |
| Convicted for more than 2 misdemeanors or gross misdemeanors, or combination thereof | Failing the polygraph examination | Use of a prostitute within the last five (5) years |
| Convictions for any type of drug use, possession, sale or involvement | A domestic violence conviction | Felony Conviction in his/her lifetime |
| | Illegal sexual relations with a minor | |

Potential Removal Factors

Any one or a combination of these factors may be cause for removal

| Conduct | Background Investigation | Employment History |
|---|---|---|
| History of behavior demonstrating anger control problems | Intentional deception in the selection process of any law enforcement agency | Significant non-judicial punishment in the military (e.g. Article 15 or Captain’s Mast) |
| Pattern of fighting (physical or verbal) | Failure to notify Civil Service or the Sheriff’s Office of a change of address | Unsatisfactory work history or unexplained frequent job turnover |
| Prejudice or bigotry toward a class of people | Failure to show for any Pacific County Sheriff’s Office appointment or being more than twenty (20) minutes late | Significant history of disciplinary or corrective action, including being late to work and abuse of unscheduled leave |
| Plaintiff or Defendant in pending lawsuits involving liability or damages | | |
| Discriminatory action, including sexual harassment | Failure to cooperate with the background investigation process | Terminated for cause from employment more than one time in previous five (5) year period |
| History of fiscal irresponsibility | Driving Record | Misrepresentation of an employment application |
| Untreated alcohol or substance abuse | | |
| Falsifying official documents or giving false information | | Multiple traffic infractions within the last five (5) years (e.g., no liability insurance, no driver’s license or speeding) |
| Drug Standards | Knowingly driving without a valid driver’s license or without can insurance for an extended period | Insubordination |
| Pattern of illegal use of drugs in the past Ten (10) years | | Criminal History |
| Excessive illegal use of drugs prior to the past ten (10) years | | Criminal conduct as an adult |
| | | Any act of domestic violence |



CITY OF SOUTH BEND CIVIL SERVICE COMMISSION EMPLOYMENT APPLICATION

1. POSITION(S) APPLYING FOR: _____

2. FULL NAME: _____

3. LEGAL ADDRESS:

Street Address:

Street City State Zip

Mailing Address:

Street City State Zip

Home Phone: () _____ Cell Phone: () _____

Email Address: _____ Are you a Citizen of the United States? Yes No

Beginning with the most recent, list residence addresses and dates for the past ten years:

| STREET ADDRESS | CITY | STATE | ZIP | DATE FROM-TO |
|----------------|------|-------|-----|--------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

4. MILITARY STATUS:

Have you ever served in the Military Services of the United States? Yes No

Which Branch? _____ Dates of Service _____

Do you claim Veterans Preference? Yes No **If yes, see attached Veteran's Preference form.*

5. HOW DID YOU HEAR ABOUT US? Newspaper Online/ Social Media Site(s): _____

Other: _____

6. EDUCATION TRAINING SKILLS:

a. HIGH SCHOOL/GED:

High School Name Location Year Graduated

b. COLLEGE OR POST HIGH SCHOOL EDUCATION: List formal education you have completed at the College or University level, and other schools and training.

| NAME OF SCHOOL | LOCATION OF SCHOOL (CITY AND STATE) | DATE(S) ATTENDED | CREDITS OR DEGREE EARNED AND YEAR | MAJOR COURSE OF STUDY |
|----------------|--|------------------|--------------------------------------|--------------------------|
| | | | | |
| | | | | |
| | | | | |

| OTHER COURSES AND TRAINING | NAME OF INSTITUTION/LOCATION | TYPE OF COURSE | LENGTH OF COURSE | DATE ENDED |
|--|---------------------------------|----------------|------------------|-----------------|
| | | | | |
| | | | | |
| PROFESSIONAL LICENSES, CERTIFICATIONS | STATE ISSUED | LICENSE NUMBER | DATE ISSUED | EXPIRATION DATE |
| | | | | |
| | | | | |

List any other skills, abilities or experience you possess that you believe may be relevant to this position:

c. COMPUTER EXPERIENCE:

| | Years' Experience | Type of Equipment: Software, Other Details |
|----------------------|-------------------|--|
| Microsoft Word/Excel | | |
| Microsoft Access | | |
| Spillman/Summit | | |
| Other | | |

d. LANGUAGES SPOKEN FLUENTLY OTHER THAN ENGLISH: _____

7. LIST ALL PERIODS OF EMPLOYMENT AND UNEMPLOYMENT IN THE PAST TEN (10) YEARS, BEGINNING WITH THE PRESENT OR MOST RECENT EMPLOYER. LIST EVERYTHING IN PROPER SEQUENCE. ATTACH SUPPLEMENTAL PAGES IF NECESSARY. *OMIT NONE*

| | |
|--------------------------|-------------------------------|
| Employed by: | |
| Address: | |
| Job Title: | Phone Number |
| Dates Employed: - to - | Hrs. worked per week: |
| Immediate Supervisor: | May we contact this employer? |
| Reason for Leaving: | |
| Primary Duties: | |
| Employed by: | |
| Address: | |
| Job Title: | Phone Number |
| Dates Employed: : - to - | Hrs. worked per week: |
| Immediate Supervisor: | May we contact this employer? |
| Reason for Leaving: | |
| Primary Duties: | |
| Employed by: | |
| Address | |
| Job Title: | Phone Number |
| Dates Employed: - to - | Hrs. worked per week: |
| Immediate Supervisor: | May we contact this employer? |
| Reason for Leaving: | |
| Primary Duties: | |

8. LIST THREE (3) REFERENCES (not relatives or former employers) WHO ARE RESPONSIBLE ADULTS AND WHO HAVE KNOWN YOU WELL FOR FIVE (5) YEARS: INCLUDE PHONE NUMBERS WITH AREA CODES.

a.

| | | | | | |
|--------------|-------------------------------|------|-------|------------|-------|
| Name | Street | City | State | Zip | Phone |
| Years Known? | Occupation & Business Address | | | Work Phone | |

b.

| | | | | | |
|--------------|-------------------------------|------|-------|------------|-------|
| Name | Street | City | State | Zip | Phone |
| Years Known? | Occupation & Business Address | | | Work Phone | |

c.

| | | | | | |
|--------------|-------------------------------|------|-------|------------|-------|
| Name | Street | City | State | Zip | Phone |
| Years Known? | Occupation & Business Address | | | Work Phone | |

9. ASSOCIATIONS WITH THE CITY OF SOUTH BEND AND/OR CITY EMPLOYEES

a. List the names of any relatives currently employed by City of South bend and their department:

b. Were you recruited by an employee of the South Bend Police Department?

Yes No *If yes, by whom:* _____

c. Have you ever been employed by the City of South Bend?

Yes No *If yes, date and position:* _____

d. Have you applied for any position with another law enforcement or public safety agency within the past three (3) years?

Yes No *If yes, explain (use additional sheet if necessary):*

Agency Name, State and Dates Applied:

e. Have you ever had any involvement or association with another law enforcement or public safety agency, either as a volunteer or paid employee?

Yes No If yes, when/where: _____

10. WORK SCHEDULES:

Can you meet a work schedule requiring rotating shifts with various hours? Yes No

Can you meet a work schedule including work on weekends and/or Holidays? Yes No

Would you be available to work in addition to your regularly scheduled hours? Yes No

Would you accept a part-time position if it was offered for employment? Yes No

11. CRIMINAL HISTORY:

a. Have you ever been given a citation or convicted for any offense, violation of any statute or ordinance, law, or regulation by any civil or military authority?

Yes No If yes, describe below:

| Date | Location | Arresting Agency | Original Charge | Reduced To | Disposition/Court Action |
|------|----------|------------------|-----------------|------------|--------------------------|
| | | | | | |
| | | | | | |
| | | | | | |

b. List any Traffic Citations you have received in the past 5 years:

| Date | Location | Issuing Agency | Charge | Charge Reduced | Disposition |
|------|----------|----------------|--------|----------------|-------------|
| | | | | | |
| | | | | | |
| | | | | | |

c. Current Driver's License # _____ State _____ Expiration _____

d. Have you ever been licensed to drive in another state? Yes No

If yes, what state? _____ Dates: _____

e. Have you ever had your license revoked, suspended, or restricted? Yes No

If yes: _____
State License Number and Type Date and Reason Suspended or Revoked

CERTIFICATION

I hereby certify that all statements made in this application are complete and true, to the best of my knowledge.
I understand and agree that any false or misleading statement or information contained herein shall be considered sufficient cause for employment disqualification or discharge from employment.

Signature

Date



REQUEST FOR EXAMINATION

Date _____

I, _____, request examination by the Civil Service Commission, for the position(s) of _____.

If I am considered for hire, I understand that a background check will be completed. I also understand that I may be requested to take a polygraph examination and/or a psychological evaluation.

To facilitate this background check, I am including my date of birth.

SIGNATURE

____/____/_____
DATE OF BIRTH

**CITY OF SOUTH BEND
VETERANS' PREFERENCE ELIGIBILITY FORM**

RCW 41.04.010 provides for a veterans' preference to be added to the passing grade of certain veterans until the veteran's first appointment. If you believe that you are eligible to be considered for such preference, and if you attain a passing grade in the selection process, you should complete the following questionnaire, by checking statements that apply to you. Also, please certify the accuracy of your answers by your signature, and **attach a copy of your DD214 form**. To get a copy of your DD214, you can go to this government website: <http://www.archives.gov/veterans/military-service-records/>.

Date of termination from the United States active military service _____.

YOU MUST:

_____ 1. Have served on active duty in a branch of the Armed Forces of the United States. Active Duty is defined by RCW 41.04.005.

AND

_____ 2. Have been released from active service under honorable conditions, i.e., received an honorable discharge or a discharge for physical reasons with honorable record;

AND

_____ 3. Have not previously received employment through Civil Service by the use of veteran's preference;

AND

_____ 4. Not currently in the military, i.e., on active duty. If you are, you are not a "Veteran" by definition of 41.04.007 and, therefore, not eligible. This is the interpretation given by the State Office of Veteran's Affairs. It applies even if there was a prior period of service.

I certify that to the best of my knowledge, the information above is true. If it is discovered the information provided is false, I will be disqualified from employment with the City of South Bend. I also understand if employed, any misrepresentation of facts regarding my receiving veterans' preference is sufficient cause for dismissal.

_____ Date _____ Print Name _____ Signature

(If you have received Veterans Preference Points at the time of your first appointment, stop here. If you have never received Veterans Preference Points, fill out the bottom of this form.)

If you meet all of the above requirements, the following scoring criteria shall apply:

- a. 10% preference will be added to your passing examination grade if you served during a period of war or in an armed conflict and you are not receiving veterans' retirement payments.
- b. 5% preference will be added to your passing examination grade if your service was not during a period of war or in an armed conflict OR you are receiving veterans' retirement payments.

I certify that to the best of my knowledge I am entitled to **5% 10% (circle one)** veterans' preference and that by falsely claiming veterans' preference, I will be disqualified from employment with the City of South Bend. I also understand that if employed, any misrepresentation of facts regarding my receiving veterans' preference is sufficient cause for dismissal.

_____ Date _____ Print Name _____ Signature



City of South Bend Civil Service

P.O. Box 9 South Bend, Washington 98586
Phone (360) 875-5571 Fax (360) 875-4009

PHYSICIAN RELEASE FOR PHYSICAL ABILITY TEST

To: Dee Roberts, South Bend Civil Service Chief Examiner/Secretary

From: _____ M.D.
(Doctor, Please PRINT your full name)

I hereby certify that the following individual:

(First Name) (MI) (Last Name)

Was examined by me on ____/____/____ and I have found that he/she is physically capable to participate in the City of South Bend Civil Service Physical Ability Test. I certify that I have reviewed the exercises that compose the Physical Ability Test presented to me by the individual named above. I also certify that this individual is able to participate in vigorous physical exercise, with **NO RESTRICTIONS**, including running one and a half (1 ½) miles, completing up to thirty-eight (38) sit ups and up to thirty-five (35) push ups.

Signature: _____ Date _____

Street Address: _____

City, State and Zip Code: _____

Telephone Number: (____) _____

APPLICANT: Upon completion of your medical examination, this form must be completed and signed by a physician within one (1) year of both your medical exam AND your testing date. You must bring the completed form with you on your scheduled Physical Ability Test date; only this original form will be accepted; no substitute forms, no faxes, no copies. Failure to follow these instructions may result in your disqualification. Note: Any false information, omissions or misrepresentations made on any documents submitted in this pre-employment process will result in immediate disqualification/termination.



City of South Bend Civil Service Commission

TYPING TEST DECLARATION

I have applied to South Bend Civil Service for a position with the South Bend Police Department. I declare that I, the Civil Service applicant, was the one that completed the typing test provided with my Civil Service application packet.

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Signed this _____ day of _____, 20____,

In (City/County) _____, (State) _____.

Signature

Print or Type Name

Please be sure someone may attest that you, the Civil Service applicant, completed the Typing Test included with your Civil Service application packet by completing the section below.

ATTEST:

Signed this _____ day of _____, 20____,

In (City/County) _____, (State) _____.

Signature

Print or Type Name



City of South Bend Civil Service Commission

SOCIAL MEDIA DECLARATION

I have applied to South Bend Civil Service for a position with the South Bend Police Department. I request to use Skype or other social medium as pre-approved by South Bend Civil Service to complete my oral board evaluation. I am not a current resident of Pacific, Clatsop, Columbia, Grays Harbor, Lewis, Mason, Thurston or Wahkiakum County. I agree that I, myself, will participate in the oral board evaluations, have no one else in the room during this interview and use no test-taking resource without informing the Board.

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Signed this _____ day of _____, 20____,

In (City/County) _____, (State) _____.

Signature

Print or Type Name