

BATTLE GROUND CIVIL SERVICE

Requirements and Minimum Qualifications

Minimum Qualifications

21 years of age upon examination
US citizenship
High school diploma or GED
Valid driver's license

Automatic Disqualifiers: The City of Battle Ground will automatically disqualify an individual who has:

- A felony conviction under state or federal law as an adult (some juvenile convictions that don't involve sex crimes, crimes against persons, fraud or moral turpitude may be considered).
- A misdemeanor conviction relating to sex crimes, crimes against persons, fraud or moral turpitude.
- A misdemeanor domestic violence related arrest that leads to conviction, diversion or expungement.
- More than one DUI conviction.
- A DUI conviction, diversion, expungement or breath test refusal in the past five years.
- Any attempt to elude conviction in the past seven years.
- Any other misdemeanor conviction, diversion or expungement within the last three years.
- A conviction for minor in possession of alcohol in the last three years.
- A misdemeanor driver's license suspension in the last five years.
- An infraction driver's license suspension in the last three years.
- Three or more hazardous traffic infractions in the last five years.
- Any illegal drug use in the last three years.
- Been previously employed by a police or corrections agency, or in a police or corrections capacity (including reserve officers and military police officer) and has since committed or violated federal, state or city laws pertaining to criminal activity.
- Any use of illegal narcotics after having been employed by a police or corrections agency, or in a police or corrections capacity (including reserve officers and military police officer).
- Had police certification denied or revoked in this state or any other state.
- Been terminated by another law enforcement agency for lying during an internal affairs investigation.
- Lied during any part of the hiring process.
- Submitted an application or personal history statement that has been falsified.

Applicants must be of good moral character. The following indicate a lack of good moral character:

- Immoral, illegal conduct.
- Conduct involving dishonesty, fraud, deceit, or misrepresentation.
- Intentional deception, fraud attempted deception or fraud in any application, examination or other document.
- Conduct that is prejudicial to the administration of justice.
- Acts or conduct that would cause a reasonable person to have substantial doubts about the individual's honesty, fairness, respect for the right of others or for the laws of the state or nation.
- Conduct that adversely reflects on the individual's fitness to perform as a law enforcement officer.
- Conduct that would interfere with an individual's ability to be perceived as a credible witness in court.

BATTLE GROUND CIVIL SERVICE

APPLICATION & BACKGROUND QUESTIONNAIRE

INSTRUCTIONS

PLEASE READ CAREFULLY BEFORE PROCEEDING

The information you provide in this application and background questionnaire will be used by a background investigator in determining your suitability for a position with our department. As you complete the following pages please keep this in mind. Providing accurate and complete information will help us in expediting your background investigation. Deliberate omissions or falsifications are grounds for your disqualification and removal from the eligibility list.

1. The information you supply in this packet must be **printed or typewritten in BLACK ink**. This entire packet will be accepted only in its original form. **DO NOT** scan it into a computer and complete it by use of a computer.
2. If a question is not applicable to you, enter N/A in the space provided to indicate that you have read the question.
3. If there is insufficient space on the form for you to include all information required, attach extra sheets and be sure to reference the relevant section before continuing your answers.
4. When completing the packet take the necessary time to be accurate. List all arrests and convictions even if you received a release, a pardon, or have had your record expunged.
5. As you complete the questionnaire you may be uncertain about how to answer a particular question. Answer each question to the best of your ability and if necessary, attach a statement explaining the difficulties you are having regarding a particular question.
6. The confidentiality of the information you provide is strict and can be shared with only the Civil Service Commission and top administrators.
7. Should you have any questions contact the Battle Ground Civil Service Secretary/Examiner at (360) 342-5008.
8. Return your packet to 109 SW 1st Street, Suite 221, Battle Ground, WA or via mail to 109 SW 1st Street, Suite 221, Battle Ground, WA 98604.

BATTLE GROUND CIVIL SERVICE COMMISSION
EMPLOYMENT APPLICATION
ENTRY AND LATERAL POLICE OFFICER

All areas must be completed; areas highlighted in green apply only to Lateral applicants
APPLICATION MUST BE PRINTED OR TYPED USING BLACK INK

NAME: _____		
Last	First	Middle
STREET ADDRESS: _____		P.O. BOX: _____
CITY: _____	STATE: _____	ZIP: _____
HOME PHONE: _____	WORK PHONE: _____	MSG: _____
CELL PHONE AND/OR PAGER: _____		
MILITARY VETERAN? [] YES [] NO IF YES, BRANCH OF SERVICE: _____		
Are you claiming veterans' preference under RCW 41.04.73.16? [] YES [] NO		
<i>If yes, you must include a copy of your DD-214 when you submit this packet.</i>		

Are you a U.S. citizen? [] YES [] NO
--

Have you graduated from high school or obtained your G.E.D.? [] YES [] NO

Do you have a valid driver's license? [] YES [] NO <i>(If yes, please identify state of issue and drivers license number)</i>

<i>State of issue</i> <i>Driver's License number</i>

Are you able to perform all essential duties of a police officer including availability for shift work which includes weekends, holidays and rotating shifts? [] YES [] NO <i>(If no, please explain)</i>

THIS BLOCK SECTION FOR LATERAL APPLICANTS ONLY
Have you successfully completed a state certified law enforcement academy? [] YES [] NO <i>(If yes, please identify state and the dates you attended the academy)</i>

<i>State of academy</i> <i>Start and end dates of academy time</i>

THIS BLOCK SECTION FOR LATERAL APPLICANTS ONLY
Are you currently serving as a full-time, commissioned law enforcement officer with a municipal, county, or state law enforcement agency? [] YES [] NO <i>(If yes, please identify the agency)</i>

Are you now, or have you ever been employed by the City of Battle Ground? YES NO
 (If yes, provide department you worked for and dates of employment)

Do you have any relatives employed by the City of Battle Ground? YES NO
 (If yes, provide their name, relationship and department. *Note: There are some limitations on the employment of relatives.*)

EDUCATION

Note: Attach copies of any licenses, degrees or certificates to this employment application.

Do you have a high school diploma, GED or equivalent? YES NO (If yes, provide name of school attended and year of graduation.)

List colleges, universities, trade, business or other schools attended:

Name of School	Location of School	Courses of Study (Major)	Credits Completed		Specify Degree or Certificate Earned
			Semester Hours	Quarter Hours	
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Do you offer any bi-lingual communication skills? YES NO (If yes, provide the communication skills you possess. Indicate your degree of fluency (excellent **E**, good **G**, fair **F**) in each area)

LANGUAGE	Reading	Speaking	Writing	Understanding
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Do you possess basic computer skills? YES NO (If yes, please list the programs you are familiar with)

Typing speed (WPM) (approximate) _____

EMPLOYMENT HISTORY

Beginning with your present employer, include part-time and volunteer positions, list every period of employment and employer since the age of 16. **Provide complete and accurate information** as failure to do so could disqualify you from the process. **If there was a period of unemployment between any of the positions you have held, please list the time period on a separate sheet of paper and explain why you were out of work and attach the sheet to your employment history.**

CURRENT EMPLOYER _____	DATES EMPLOYED From _____ To _____
ADDRESS _____	
CITY _____	STATE _____ ZIP _____
TELEPHONE _____	SUPERVISOR _____
JOB TITLE _____	DUTIES _____
STARTING SALARY _____	CURRENT SALARY _____
CO-WORKER _____	CO-WORKER _____
REASON FOR LEAVING _____	

PREVIOUS EMPLOYER _____	DATES EMPLOYED From _____ To _____
ADDRESS _____	
CITY _____	STATE _____ ZIP _____
TELEPHONE _____	SUPERVISOR _____
JOB TITLE _____	DUTIES _____
STARTING SALARY _____	ENDING SALARY _____
CO-WORKER _____	CO-WORKER _____
REASON FOR LEAVING _____	
DID YOU PROVIDE 2 WEEKS NOTICE? [] YES [] NO WOULD THIS EMPLOYER REHIRE YOU? [] YES [] NO	

PREVIOUS EMPLOYER _____	DATES EMPLOYED From _____ To _____
ADDRESS _____	
CITY _____	STATE _____ ZIP _____
TELEPHONE _____	SUPERVISOR _____
JOB TITLE _____	DUTIES _____
STARTING SALARY _____	ENDING SALARY _____
CO-WORKER _____	CO-WORKER _____
REASON FOR LEAVING _____	
DID YOU PROVIDE 2 WEEKS NOTICE? [] YES [] NO WOULD THIS EMPLOYER REHIRE YOU? [] YES [] NO	

PREVIOUS EMPLOYER _____ DATES EMPLOYED From _____ To _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE _____ SUPERVISOR _____

JOB TITLE _____ DUTIES _____

STARTING SALARY _____ ENDING SALARY _____

CO-WORKER _____ CO-WORKER _____

REASON FOR LEAVING _____

DID YOU PROVIDE 2 WEEKS NOTICE? YES NO WOULD THIS EMPLOYER REHIRE YOU? YES NO

PREVIOUS EMPLOYER _____ DATES EMPLOYED From _____ To _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE _____ SUPERVISOR _____

JOB TITLE _____ DUTIES _____

STARTING SALARY _____ ENDING SALARY _____

CO-WORKER _____ CO-WORKER _____

REASON FOR LEAVING _____

DID YOU PROVIDE 2 WEEKS NOTICE? YES NO WOULD THIS EMPLOYER REHIRE YOU? YES NO

PREVIOUS EMPLOYER _____ DATES EMPLOYED From _____ To _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE _____ SUPERVISOR _____

JOB TITLE _____ DUTIES _____

STARTING SALARY _____ ENDING SALARY _____

CO-WORKER _____ CO-WORKER _____

REASON FOR LEAVING _____

DID YOU PROVIDE 2 WEEKS NOTICE? YES NO WOULD THIS EMPLOYER REHIRE YOU? YES NO

PREVIOUS EMPLOYER _____ DATES EMPLOYED From _____ To _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
TELEPHONE _____ SUPERVISOR _____
JOB TITLE _____ DUTIES _____
STARTING SALARY _____ ENDING SALARY _____
CO-WORKER _____ CO-WORKER _____
REASON FOR LEAVING _____
DID YOU PROVIDE 2 WEEKS NOTICE? [] YES [] NO WOULD THIS EMPLOYER REHIRE YOU? [] YES [] NO

PREVIOUS EMPLOYER _____ DATES EMPLOYED From _____ To _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
TELEPHONE _____ SUPERVISOR _____
JOB TITLE _____ DUTIES _____
STARTING SALARY _____ ENDING SALARY _____
CO-WORKER _____ CO-WORKER _____
REASON FOR LEAVING _____
DID YOU PROVIDE 2 WEEKS NOTICE? [] YES [] NO WOULD THIS EMPLOYER REHIRE YOU? [] YES [] NO

PREVIOUS EMPLOYER _____ DATES EMPLOYED From _____ To _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
TELEPHONE _____ SUPERVISOR _____
JOB TITLE _____ DUTIES _____
STARTING SALARY _____ ENDING SALARY _____
CO-WORKER _____ CO-WORKER _____
REASON FOR LEAVING _____
DID YOU PROVIDE 2 WEEKS NOTICE? [] YES [] NO WOULD THIS EMPLOYER REHIRE YOU? [] YES [] NO

PREVIOUS EMPLOYER _____ DATES EMPLOYED From _____ To _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE _____ SUPERVISOR _____

JOB TITLE _____ DUTIES _____

STARTING SALARY _____ ENDING SALARY _____

CO-WORKER _____ CO-WORKER _____

REASON FOR LEAVING _____

DID YOU PROVIDE 2 WEEKS NOTICE? [] YES [] NO WOULD THIS EMPLOYER REHIRE YOU? [] YES [] NO

PREVIOUS EMPLOYER _____ DATES EMPLOYED From _____ To _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE _____ SUPERVISOR _____

JOB TITLE _____ DUTIES _____

STARTING SALARY _____ ENDING SALARY _____

CO-WORKER _____ CO-WORKER _____

REASON FOR LEAVING _____

DID YOU PROVIDE 2 WEEKS NOTICE? [] YES [] NO WOULD THIS EMPLOYER REHIRE YOU? [] YES [] NO

PREVIOUS EMPLOYER _____ DATES EMPLOYED From _____ To _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE _____ SUPERVISOR _____

JOB TITLE _____ DUTIES _____

STARTING SALARY _____ ENDING SALARY _____

CO-WORKER _____ CO-WORKER _____

REASON FOR LEAVING _____

DID YOU PROVIDE 2 WEEKS NOTICE? [] YES [] NO WOULD THIS EMPLOYER REHIRE YOU? [] YES [] NO

IMPORTANT: If additional employers; include on a separate page and attach to your employer history. Use same format as above.

PERSONAL REFERENCES

Please provide **5 personal references** who know you well enough to provide information about yourself. **DO NOT** list relatives or former employers.

NAME _____	PHONE NUMBER _____
ADDRESS _____	
YEARS KNOWN _____	

NAME _____	PHONE NUMBER _____
ADDRESS _____	
YEARS KNOWN _____	

NAME _____	PHONE NUMBER _____
ADDRESS _____	
YEARS KNOWN _____	

NAME _____	PHONE NUMBER _____
ADDRESS _____	
YEARS KNOWN _____	

NAME _____	PHONE NUMBER _____
ADDRESS _____	
YEARS KNOWN _____	

RIDE-A-LONG

Have you gone on a ride-a-long with a local law enforcement agency within the past 2 years? <input type="checkbox"/> YES <input type="checkbox"/> NO (If yes, please provide the information below)	
Officer's Name _____	Agency _____
Agency Address _____	
Agency Phone Number _____	DATE OF RIDE _____

CONVICTION

Have you ever been convicted, pled guilty or no contest, forfeited bond or bail for any crime other than traffic infractions? YES NO *(If yes, list each date and incident)*

DATE

INCIDENT

NOTE: Should you have any question concerning disqualification due to a conviction please refer to the "Requirements and Minimum Qualifications" form attached to your packet. Conviction of some crimes is not an automatic bar to employment. Factors such as the length of time that has passed since the conviction and/or completion of any sentence, the seriousness and nature of the crime, will all be taken into consideration.

Does your physical condition meet the requirements of the job? YES NO

Are you able to perform the duties of the job unassisted? YES NO

If you answered NO to either of these questions please provide a brief explanation

Do you require any special tools, equipment or devices to assist you in physically performing the duties of the job? YES NO

If you answered YES to this question please provide a brief explanation

VERIFICATION – SIGNATURE

I certify that the facts and information provided by me in this application, and any attachments, are true and complete to the best of my knowledge. I also understand that any falsification, misrepresentation, omission or lack of honesty on my part will be grounds for denial of employment or termination of employment if employment has been enjoined.

Signature of Applicant

Date Signed

BACKGROUND INFORMATION
PACKET

BACKGROUND INFORMATION

APPLICANT NAME: _____

DATE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____

CONTRACTS

Are you under any binding contract(s) with your current employer which could effect the possibility of being hired with our department or delay the process of your possible hire? YES [] NO [] If YES please provide explanation:

BACKGROUND INFORMATION

If you need to provide additional information to any of the following; attach additional sheet(s) of paper.

ARRESTS - DETENTIONS

Have you ever been arrested, detained by police, or summoned into court? [] YES [] NO If YES provide the following information:			
Alleged Crime	Police Agency (City & State)	Date	Disposition of Case
_____	_____	_____	_____
_____	_____	_____	_____

CIVIL LITIGATIONS

Have you ever been involved as a party in a civil litigation? [] YES [] NO If YES provide explanation and approximate dates:

TRAFFIC RECORD

Has your driver's license ever been suspended or revoked? [] YES [] NO If YES provide date, location and reasons:

CITATIONS

List, to the best of your memory, ALL driving citations you have received as a juvenile or adult excluding parking tickets:			
<u>MONTH & YEAR</u>	<u>CHARGE</u>	<u>CITY & STATE</u>	<u>DISPOSITION</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

TRAFFIC ACCIDENTS

Describe in a brief narrative any traffic accidents in which you have been involved and include the approximate dates and locations of each accident:

DATE	LOCATION	BRIEF NARRATIVE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

ALCOHOL

Describe in your own words the frequency and extent of your use of intoxicating liquors:

DRUGS - NARCOTICS

Have you ever used or experimented with any of the following drugs? (Exclude legitimate prescriptions) [] YES (check any that apply) [] NO

- | | | |
|---|---|---|
| <input type="checkbox"/> marijuana/hashish | <input type="checkbox"/> codeine | <input type="checkbox"/> hallucinogenic |
| <input type="checkbox"/> speed/amphetamines | <input type="checkbox"/> LSD | <input type="checkbox"/> any other illegal drug |
| <input type="checkbox"/> cocaine | <input type="checkbox"/> PCP | |
| <input type="checkbox"/> heroin | <input type="checkbox"/> barbiturates/tranquilizers | |

If YES, how often? _____

If YES, last time used? _____

DRUGS – NARCOTICS

Have you ever sold or furnished drugs or narcotics to anyone? [] YES [] NO

If YES explain in detail:

FINANCIAL HISTORY

OBLIGATIONS

Provide names and addresses of individuals, companies or others that you are indebted to and the extent of your debt. Include *type of debt: rent, mortgages, vehicles, credit cards, loans, child support payments and any other debts or payments, including any Federal tax debts:*

1) Name/Address of Creditor: _____

Account number if applicable: _____

Type of debt: _____ Amount of payment: _____ Balance: _____

2) Name/Address of Creditor: _____

Account number if applicable: _____

Type of debt: _____ Amount of payment: _____ Balance: _____

3) Name/Address of Creditor: _____

Account number if applicable: _____

Type of debt: _____ Amount of payment: _____ Balance: _____

4) Name/Address of Creditor: _____

Account number if applicable: _____

Type of debt: _____ Amount of payment: _____ Balance: _____

5) Name/Address of Creditor: _____

Account number if applicable: _____

Type of debt: _____ Amount of payment: _____ Balance: _____

6) Name/Address of Creditor: _____

Account number if applicable: _____

Type of debt: _____ Amount of payment: _____ Balance: _____

7) Name/Address of Creditor: _____

Account number if applicable: _____

Type of debt: _____ Amount of payment: _____ Balance: _____

FINANCIAL HISTORY
Sources of Income

What is the amount of your present salary or wage per month? _____

Do you have a bank account? YES NO **Do you have a checking account?** YES NO
If YES: Provide the name/address/telephone number of your bank:

Do you have a savings account? YES NO
If YES: Provide the name/address/telephone number of your bank.

Do you have income from other sources other than just your principal occupation?
 YES NO **If YES provide details:**

Do you have business investments, or other holdings in which you have a financial interest?
 YES NO **If YES provide details:**

INVESTMENT/HOLDING	VALUE OF YOUR INTEREST
_____	_____
_____	_____

MEMBERSHIP IN ORGANIZATION(S) past and present

NAME & ADDRESS	TYPE (social, fraternal, professional, etc.)	DATES From/To
_____	_____	_____
_____	_____	_____

PERSONAL DECLARATION

If it became necessary to take a human life in the course of your duties as a police officer, would any religious or other beliefs prevent you from doing so? YES NO
If YES explain:

Do you have any religious or other beliefs which would prevent you from fully performing the duties of a police officer, including working on weekends, evenings, holidays or night shifts? YES NO **If YES explain:**

Have you applied for employment with any other law enforcement or criminal justice related agency? YES NO **If YES, provide agency name(s), date(s) applied and status of application:**

Are there any incidents in your life, or details not mentioned herein, which may influence this department's evaluation of your suitability for employment as a police officer? YES NO
If YES explain:

I hereby certify that there are no willful misrepresentations, omissions or falsifications in the foregoing statements and answers to any of the questions. I am fully aware that any such misrepresentations, omissions or falsifications, will be grounds for immediate rejection or termination of my employment.

Signature of Applicant

Date

BATTLE GROUND POLICE DEPARTMENT
Authorization for Release of Personal Information Agreement

APPLICANT NAME: _____ DOB: _____

SOCIAL SECURITY NO.: _____

CURRENT ADDRESS: _____

I, _____, hereby enter into this agreement with the Battle Ground Police Department freely and voluntarily. As an applicant for employment with the Battle Ground Police Department, I agree that the department needs to thoroughly investigate my employment background, personal history, medical, military service records, educational records, financial status, criminal history record and my reputation, in order to evaluate my qualifications to hold the position for which I applied.

I hereby authorize and direct any representative of your organization, custodian of records, or other responsible person, to supply any member of the Battle Ground Police Department that presents one of these release agreements, with any and all documents, records, forms, notes, or other documented material concerning my personal or employment history with your firm or agency. This release will supersede and replace any other agreement that I may have made with you on a previous occasion that may be contrary to this agreement. It is my specific and expressed intention to allow full access to any and all information, however personal or confidential it may appear.

I further give my consent, without reservation, for you to release to the Battle Ground Police Department any and all public or private information, records, or data that pertains to my work records, background and reputation, military service records/information, educational records, financial status, criminal or civil actions/files, performance evaluations, complaints or grievances, attendance records, polygraph records, and any other information related to the proper evaluation of my abilities and qualifications that the Battle Ground Police Department deems relevant. This will include files or records that have been deemed sealed or confidential.

I hereby release you personally, your organization or firm, the Battle Ground Police Department, its agents, the City of Battle Ground, and any others from liability or damages that may result from the release of this or any information. I am aware that if this information is not released that my application process will be terminated. I agree to be fully responsible for the act of disclosing this information. I agree to be charged for and accept full financial responsibility for any fees, charges, or damages as a result of this agreement and release of information. I agree to hold the Battle Ground Police Department harmless from any and all claims or liability from a decision as to whether or not I am employed by the Battle Ground Police Department.

Signature of Applicant

+++++

STATE OF _____)

) :ss

COUNTY OF _____)

I certify that I know or have satisfactory evidence that _____ are the persons who appeared before me, and said persons acknowledge that they signed this instrument and acknowledged it to be their free and voluntary act for the uses and purposes mentioned in the instrument.

DATED THIS _____ DAY OF _____, _____.

Notary Public in and for the State of _____

Resident at _____

My Commission Expires _____

BATTLE GROUND CIVIL SERVICE

**EQUAL EMPLOYMENT OPPORTUNITY QUESTIONNAIRE
(OPTIONAL)**

This information sheet will be detached from your packet and kept separate and confidential.

The following information is requested for the City to evaluate its hiring practices and to prepare reports required by law for the State and Federal governments. The information contained will be confidential and will NOT be used to make a decision about your employment.

Battle Ground is an equal opportunity employer. In accordance with applicable laws and regulations, the City does not discriminate and endeavors to treat all applicants fairly. If you feel that you have been treated unfairly, or discriminated against because of race, religion, color, national origin, sex, age, marital status, or disability, please contact the Battle Ground Civil Service Commission.

ETHNIC GROUP: Please check the one box which best identifies you:

- Caucasian
- Black
- American Indian
- Hispanic (Mexican/American; Central American; South American; Cuban; Puerto Rican)
- Asian/Pacific Islander (Chinese; Japanese; Korean; Southeast, and persons having origins on the Indian subcontinent)
- Filipino

SEX: Female Male

DATE OF BIRTH: ____/____/____ Example: 09/01/1970
Mo. Day Yr.

NAME: _____
Signature

VETERANS SCORING CRITERIA STATUS DECLARATION
(Competitive Examination)

I certify that I have served in a branch of the armed forces of the United States and received an honorable discharge or received a discharge for physical reasons with an honorable record within the last 15 years. I further certify that:

Choose A or B

A) I served during a period of war, or in an armed conflict as defined in RCW 41.04.005, and did not receive military retirement.

A period of war includes: World War I; World War II, the Korean conflict; the Vietnam era, which was the period beginning on February 28, 1961 and ending on May 7, 1975 in the case of a veteran who served in the Republic of Vietnam during that period, or the period beginning August 5, 1964 and ending May 7, 1975; Persian Gulf War, which is the period beginning August 2, 1990 and ending on the date described by presidential proclamation or law; the period beginning on the date of any future declaration of war by the congress and ending on the date prescribed by presidential proclamation or concurrent resolution of the congress.

An armed conflict includes: the participant must have been awarded the respective campaign badge or medal and served in the crisis in Lebanon, the invasion of Grenada, armed conflict in Panama (Operation Just Cause), Somalia (Operation Restore Hope), Haiti (Operation Uphold Democracy), Bosnia (Operation Joint Endeavor), conflict in Afghanistan, and Iraq (Operation Iraqi Freedom).

My active service was with the _____ and I served during _____

I hereby claim: _____ 10% added to my passing examination score. (Entrance exam only)

B) I did not serve during a period of war, or in an armed conflict as defined in RCW 41.04.005 or I am receiving military retirement.

I hereby claim: _____ 5% added to my passing examination score. (Entrance exam only)

A) I am a veteran who was called to active military service for one or more years from employment with the State or any of its political subdivisions or municipal corporations.

I hereby claim: _____ 5% added to my passing score. (Promotional exam only)

VETERANS SCORING FOR PROMOTIONAL EXAMS ONLY

I certify the above information to be true and that I have not used veteran's scoring criteria status to obtain another job or promotion, even with another agency. I understand that by falsely claiming veterans scoring criteria status I subject myself to removal from a register or dismissal from employment with the City of Battle Ground.

PRINT NAME

SIGNATURE

DATE

If you were released from active military service more than 15 years ago and you have a "valid and extenuating reason" to qualify for veteran's scoring status, contact the BG Civil Service Secretary/Examiner.

**ATTACH A COPY OF YOUR DD-214 TO THIS FORM
BATTLE GROUND POLICE DEPARTMENT
PRE-EMPLOYMENT MILITARY and MILITARY MEDICAL HISTORY**

AUTHORIZATION FOR RELEASE OF MILITARY AND MEDICAL INFORMATION

As an applicant for a position with the Battle Ground Police Department, I am required to furnish information for use in determining my qualifications. In this connection, I authorize release of the information requested below from my military and related medical records.

Name of Applicant: _____
PRINTED

Signature of Applicant: _____
SIGNATURE

Address of Applicant: _____

Applicant Applying for Position of: _____

Branch of Service: _____ Service Number: _____

Date Separated from Service: _____

<p>Present Military Status: <input type="checkbox"/> None Reserve: <input type="checkbox"/> Air Force <input type="checkbox"/> Army <input type="checkbox"/> Navy <input type="checkbox"/> Marine Corp. Entry Date: _____ Date Separated: _____ Reason Separated: _____ Character of Service _____</p>

<p>Disciplinary Data <input type="checkbox"/> None If data please provide remarks: _____ _____</p>

<p>Physical condition at time of separation – please attach report</p>
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<p>Significant Illness or Injuries <input type="checkbox"/> None <input type="checkbox"/> Yes Information and/or remarks attached. Psychiatric Observation and Treatment <input type="checkbox"/> None <input type="checkbox"/> Yes Information and/or remarks attached.</p>

<p>OFFICER RELEASING INFORMATION: _____ Signature</p> <p>DATE INFORMATION RELEASED: _____ Date</p>
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Please return information to:

**Battle Ground Civil Service
109 SW 1st Street, Suite 221
Battle Ground, WA 98604**