

THIS SIGNED SUPPLEMENATL FORM MUST BE TURNED IN WITH THE SIGNED APPLICATION FORM

LATERAL / ADVANCED ENTRY POLICE OFFICER

Please read the following questions thoroughly and answer them carefully.

1.	Are you a high school graduate or do you have a G.E.D. Certificate?			
	YES _	NO		
2.	2. Do you possess of valid Washington State drivers license or could you obt one upon acceptance of the position of police officer?			
	YES _	NO		
3.	Are you a U.S. Citizen	as required by RCW 4	1.14.100?	
	YES _	NO		
4.	Is your record clear of	domestic violence convictions?		
	YES _	NO		
5.	Have you ever taken any hallucinogenic drugs, such as LSD, non-prescription opiate drugs (such as Heroin) at any time?			
	YES _	NO		
6.	6. Do you have a history of regular prescription drug usage or history of illicit druuse which could be considered regular?			
	YES _	NO		
7.	Do you have relatives	f Woodland?		
	YES _	NO		
	If yes, Name	Relationsh	ip	
		e requirements listed or ppropriate with a "Yes"	n this supplemental questionnaire or "No" response.	
Signa	ture	Dat	e	
Printe	ed Name			

SUPPLEMENT TO THE CITY OF WOODLAND EMPLOYMENT APPLICATION

. How long have you lived at your present address? If less than two years, please list the previous addresses.				
a				
b				
C				
Is there anything that will precent you from performing the essential functions of the position for which you are applying with or without reasonable accommodation? If so, please explain:				
Have you ever been convicted of a felony or criminal offense within the past seven year? If so, please explain:				
Have you worked under a different name for any employer listed on you application and/or personal history statement? If so, please identify the employer and state the name you worked under.				

PLEASE READ CAREFULLY BEFORE SIGNING THIS APPLICATION

I authorize the City of Woodland to investigate all statements in this application and to secure any necessary information from all my employers, references and academic institutions. I hereby release all of those employers, references, academic institutions and the City of Woodland from any liability arising from their giving or receiving information about my employment history, my academic credentials or qualifications and my suitability for employment with the City of Woodland.

I understand that nay officer of employment is contingent upon receipt of a satisfactory report concerning my academic credentials and employment references. I further understand that any false or misleading statements will be sufficient cause for rejection of my application if the City of Woodland has not employed me and for immediate dismissal if the City of Woodland has employed me. I also authorize the City of Woodland to supply information about my employment record, in whole or in part, in confidence to any prospective employer, government agency or any other party which have a legal and proper interest, and I hereby release the City of Woodland from any and all liability for providing this information.

In the event of my employment with the City of Woodland, I will comply with all of the rules, regulations and policies set for in the City of Woodland Policy manual or the communications distributed by the City of Woodland.

I understand that nothing in this employment application, in the City of Woodland's policy statements of personnel guidelines, or in my communications with any City of Woodland official is intended to create an employment contract between the City of Woodland and myself. I also understand the City of Woodland has the right to modify its policies without giving me any advance notice of the changes. No promises regarding employment have been made to me and I understand no such promise or guarantee is binding upon the City of Woodland unless it is made in writing and signed by the Department Head, City Administrator and/or the Mayor. I understand that if an employment relationship is established, I have the right to terminate my employment relationship at any time for any reason. I also understand the City of Woodland retained the right to terminate my employment at any time for just cause.

Signature	Date	

I hereby acknowledge that I have read and understand the preceding statement.