



City of Redmond Police Department Reserve Officer Application REQUIREMENTS AND EXAMINATION PROCESS

In order to assist you in determining your suitability for this position, the following information regarding requirements of membership and the examination process is being provided.

MINIMUM REQUIREMENTS

- Be at least 21 years of age at the time of appointment.
- Be a citizen of the United States or have applied for citizenship prior to application.
- Possess a high school diploma or G.E.D. certificate.
- Possess a valid Oregon Drivers' License.
- Be in good physical condition as demonstrated by a physical agility test.
- Take a psychological examination and be found suitable for police work.
- Be of good moral character as determined by a criminal record check and background investigation.
- Have no felony convictions. Felony arrest(s) with no conviction(s) may be cause for rejection.
- Have no recent or extensive misdemeanor record, including traffic citations. A misdemeanor record of assaultive behavior, regardless of the time of occurrence, may be cause for rejection.

EXAMINATION PROCESS

- Written examination
- Physical agility test
- Oral interview
- Background investigation
- Psychological examination

HOW TO APPLY

Request application via mail, email, in person, or download:

Redmond Police Department
777 SW Deschutes Ave
Redmond, OR 97756
E-mail – becky.curtis@ci.redmond.or.us

Applications can be returned to the Redmond Police Department and must include:

- Completed application
- Resume
- Letter of interest

If you have further questions, feel free to call the Reserve Unit at 541-504-3428 (voice mail) or Becky Curtis at 541-504-3419.



REDMOND POLICE DEPARTMENT VOLUNTEER POLICE RESERVE APPLICATION

The Volunteer Police Reserve Program makes its decisions without regard to race, color, sex, national origin, religion, marital status, age, prior industrial injury, mental or physical handicaps, unrelated to job performance, disabled veterans or Vietnam era veterans. Applicants are subject to pre-participation drug testing and criminal history records check.

THIS APPLICATION WILL BE CONSIDERED ONLY FOR THIS SPECIFIC VOLUNTEER POSITION. IT WILL NOT BE RETAINED FOR FUTURE POSITIONS. IF YOU DESIRE TO BE CONSIDERED FOR A POSITION AT A FUTURE TIME, YOU MUST FILE A NEW APPLICATION.

Print in ink, typewriter, or fillable PDF. An incomplete application will not be considered. Use additional sheets if more space needed.

1. Date _____

2. Name _____
Last First Middle

3. Mailing Address _____
City State Zip Code

4. Phone No. _____
Home Work (if permission to contact you at work) Other Phone

5. Confidential e-mail address (where information regarding this application may be sent): _____

6. How did you hear about this opportunity? _____

7. EDUCATION:

Name and Location of High School

High School Diploma Earned Yes No

If not a high school graduate, do you have a Certificate of Equivalency (GED) - Yes No

● Schools Attended After High School, or Special Training Received:

NAME AND LOCATION OF SCHOOL OR TRAINING FACILITY

FROM (month/year) _____ TO (month/year) _____ Full Time Student Part Time Student

Major _____ Minor _____ No. Of Credits Received _____
FIELDS OF STUDY OR TITLES OF SPECIAL COURSES

CERTIFICATES, DEGREES, OR OTHER EARNED

● Other School Attended After High School, or Special Training Received:

NAME AND LOCATION OF SCHOOL OR TRAINING FACILITY

FROM (month/year) _____ TO (month/year) _____ Full Time Student Part Time Student

Major _____ Minor _____ No. Of Credits Received _____

FIELDS OF STUDY OR TITLES OF SPECIAL COURSES

CERTIFICATES, DEGREES, OR OTHER EARNED

● Other School Attended After High School, or Special Training Received:

NAME AND LOCATION OF SCHOOL OR TRAINING FACILITY

FROM (month/year) _____ TO (month/year) _____ Full Time Student Part Time Student

Major _____ Minor _____ No. Of Credits Received _____

FIELDS OF STUDY OR TITLES OF SPECIAL COURSES

CERTIFICATES, DEGREES, OR OTHER EARNED

8. Please list any criminal convictions (other than traffic infractions) you have sustained. You will not be automatically excluded from consideration if you have been convicted of a crime. Your suitability for the position sought will be evaluated based upon the totality of circumstances, such as the nature of the crime, the timeliness of the conviction, or the type of work involved. If you do not have any such convictions, state none.

9. Have you ever worked/volunteered for the City of Redmond? Yes No. If yes, date(s) worked/volunteered and position(s) Held:

10. Have you been issued a DPSST number? If so, please provide number: _____

11. Experience - Beginning with your present/most recent describe your volunteer, work, military, and/or education experience during the past ten (10) years. List any experience related to the duties of the position. Attach additional sheets if required for complete Employment history.

FILL IN THE FOLLOWING IN DETAIL
MAKE ADDITIONAL BLANK COPIES PRIOR TO COMPLETING IF MORE SPACE IS NEEDED

● _____
NAME OF ORGANIZATION (i.e.: Boys and Girls Club)

Address	City	State	Zip Code	Telephone
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TITLE _____ IMMEDIATE SUPERVISOR'S NAME _____

FROM (month/year) _____ TO (month/year) _____ Full Time Part Time (Hrs Per Week _____)

Specific Duties:

Reason For Leaving:

● _____
NAME OF ORGANIZATION

Address	City	State	Zip Code	Telephone
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TITLE _____ IMMEDIATE SUPERVISOR'S NAME _____

FROM (month/year) _____ TO (month/year) _____ Full Time Part Time (Hrs Per Week _____)

Specific Duties:

Reason For Leaving:

● _____
NAME OF ORGANIZATION

Address	City	State	Zip Code	Telephone
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TITLE _____ IMMEDIATE SUPERVISOR'S NAME _____

FROM (month/year) _____ TO (month/year) _____ Full Time Part Time (Hrs Per Week _____)

Specific Duties:

Reason For Leaving:

● _____
NAME OF ORGANIZATION

Address	City	State	Zip Code	Telephone
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TITLE _____ IMMEDIATE SUPERVISOR'S NAME _____

FROM (month/year) _____ TO (month/year) _____ Full Time Part Time (Hrs Per Week _____)

Specific Duties:

Reason For Leaving:

12. REFERENCES. List three (3) professional references, other than family, who are familiar with your work, military, volunteer, and/or education experience.

NAME	OCCUPATION	ADDRESS	PHONE
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

13. IMMIGRATION AND REFORM AND CONTROL ACT OF 1986.

You will be required to submit identification in accordance with the Immigration and Naturalization Service requirements. Do you have the legal right to work in the U.S.? Yes No

A Police background investigation, which includes a DMV driving record and criminal check, is completed on applicants being considered for all City of Redmond Reserve Police Officer opportunities.

Participation in the Police Reserve Program does not constitute an employer relationship.

Supplemental Driver License Form

Complete if applying for volunteer position requiring a valid driver's license

Will duties include driving? Yes No If yes, list your driving convictions for the past three (3) years.

Have you ever had your license suspended or revoked? Yes No If yes, please detail on a separate sheet.

Have you ever been denied issuance of a license? Yes No If yes, please detail on a separate sheet.

Will duties require driving your personal vehicle? Yes No

If yes, please list your insurance company and expiration date of your automobile policy.

Automobile Insurance company _____

Expiration date _____

Liability Insurance policy limits: _____

**AS AN APPLICANT APPLYING TO PARTICIPATE AS A REDMOND POLICE RESERVE, I
UNDERSTAND AND AUTHORIZE THE FOLLOWING**

CONDITIONS OF VOLUNTEER SERVICE

CERTIFICATION, AUTHORIZATION AND RELEASE: I certify that all information on this Application is accurate, complete and true to the best of my knowledge. I understand that providing any false, inaccurate, incomplete or misleading information may result in my disqualification from consideration for volunteer service with the City of Redmond. I authorize the City of Redmond to investigate the accuracy and truthfulness of all information provided on this Application and to contact my current and former employers, listed references and any other persons who can verify Information provided on this Application. I authorize all persons involved in the selection process to discuss and review the results of any such investigation or contacts. I further authorize all contacted persons and employers to provide to City of Redmond information concerning this Application, my background and my suitability for work as a volunteer with the City of Redmond. By signing below, I release from liability each person, employer, agency or organization who or which provides any information regarding me or my previous employment or experience and I further release the City of Redmond and its officials, officers, employees and agents from liability for any use or disclosure for purposes related to consideration of my Application to work as a volunteer with the City of Redmond.

I understand, authorize and agree that I may be required to undergo a personal background check, drug screen and driving record check as deemed necessary for my volunteer service. This may include, but is not limited to, obtaining records from the following sources: National Crime Information Center, Federal Bureau of Investigation, Oregon Law Enforcement Data System, and City of Redmond data.

If selected as a volunteer for the City of Redmond I will conform to the rules and regulations of the City of Redmond. I understand and agree that my volunteer service can be terminated by City of Redmond at any time for any reason and that, as a volunteer, my service for the Redmond Fire Department is conducted without promise, expectations or receipt of compensation for services rendered.

As a volunteer for the City of Redmond, you need to understand the extent to which you are and are not covered by City of Redmond Insurance. Please read the following carefully and sign below.

Medical/Disability Insurance: Workers' Compensation benefits are not provided unless specifically identified. It is your responsibility to provide your own personal medical insurance coverage. As a volunteer, you assume ultimate responsibility for medical, dental and vision bills incurred while performing volunteer service.

Reporting Responsibility: If you are involved in an accident while performing your assigned volunteer duties, you must inform your supervisor of the accident within 24 hours from the time of the accident unless you are unable to do so because you are incapacitated or due to other emergency circumstances reasonably beyond your control.

I have read and accept the Conditions of Volunteer Service, Motor Vehicle Liability, and Medical/Disability Insurance sections and understand and agree to these conditions. I authorize City of Redmond personnel to transport me for emergency medical care or treatment, if required.

Signature of Volunteer Applicant

Date

This application must be completed in full to be considered for this volunteer position