

Columbia City Police Department
Michael S. McGlothlin
Chief of Police
In Columbia County on the Columbia River



Reserve Program Initial Application Step 1

Applicant: _____
Last, First, Middle

Columbia City Police Department
Columbia City, Oregon

Dear Applicant:

Thank you for taking an interest in the Columbia City Police Department Reserve Program. The Department prides itself on maintaining a high level of professionalism and commitment to the community. To that end, we make every effort to ensure any potential member of the Department has an acceptable background.

Application Step 1:

This application is the first step in the application process, and is meant only to make an initial check of your legal ability to hold the position of Reserve Police Officer (age, driving status, criminal record and the like). Should your application proceed beyond this step, you will be required to complete a full background application packet.

The information in this application and the information obtained from it will be treated as confidential to the extent permitted by Oregon Law. It is utilized for the purpose of enabling the Columbia City Police Department to determine the applicant's qualifications.

Application Directions:

- All questions must be answered completely, accurately and filled out by you.
- All statements in this questionnaire are subject to verification.
- All addresses must be current and complete, including the zip code.
- Where specific dates are requested (i.e., employment history), you may give an approximate month, but the year must be exact.
- Print in blank ink.
- If an item does not apply, enter N/A in the section.
- If you have no entries for a particular section, enter NONE in the section.
- If additional space is required, add a page (or as many as necessary) at the end of the application and indicate what information you are continuing.
- The application must be returned within 30 days of your date of receipt.

The intentional omission or falsification of any item will cause your application to be rejected, or may cause termination of your association with the Department if found to be false at a later time. No matter how qualified you are in other respects, you cannot become a member of the Department if your truthfulness is in doubt.

An incomplete application or failure to follow directions will result in a rejection of your application. If your application is rejected, you may re-apply no sooner than 3 calendar months from the date of rejection.

Columbia City Police Department
Columbia City, Oregon

This application is the first step of many in a background investigation. You are also subject to the following items:

- Being fingerprinted
- Oral interviews with an interview board and/or members of the Department
- Financial Background Checks
- Aptitude tests for reading, math and writing
- Oregon Physical Aptitude Test
- Medical Evaluation
- Drug test
- Psychological test and/or mental evaluation

If you have any questions, please do not hesitate to contact the Reserve Coordinator for clarification via email or phone at 503-397-4010.

Return completed application to:
Columbia City Police Department
Attn: Reserve Coordinator
P.O. Box 189
Columbia City, Oregon 97018

I, _____, have read and understand the above instructions.
(applicant's printed name)

Signature: _____

Date: _____

PERSONAL INFORMATION

Name: _____
Last, First, Middle

Date of Birth: _____ Place of Birth: _____

Height: _____ Weight: _____ Eyes: _____ Hair: _____

Driver's License Number: _____ State of Issue: _____

Social Security Number: _____

Home Address: _____

Mailing Address: _____

Email Address: _____

Phone Number(s): _____

List any other name(s) you have used or by which you have been known, including nicknames:

List any scars, marks and/or tattoos you have:

List all states in which you have resided:

DRIVING HISTORY

Are you licensed to operate a motor vehicle? Yes No

Have you ever had your license suspended, revoked or cancelled? Yes No

Have you been involved in a motor vehicle accident in the last 10 years? Yes No

List all motor vehicle accidents you have been involved in within the last 10 years

Date	Location	Police Investigation?	Injuries Involved?
		Investigating Agency	

List all traffic citations or convictions within the last 7 years (excluding parking tags)

Date	Location	Charge(s)	Final Disposition

Have you ever had your automobile liability insurance refused or cancelled? Yes No
(If Yes, explain on attached sheet provided.)

COURT AND POLICE RECORD

(Include Military Court Martial)

Have you ever been arrested or charged with any crime that is punishable as a felony under the laws of this state or country where the arrest was made in the United States of America?

Yes No

If yes, explain fully the date, location, charge(s) and final disposition. Please use the attachment sheet if the space provided is not adequate.

Have you ever been arrested or charged with any crime that is punishable as a misdemeanor or violation(s) other than traffic citation(s)? Yes No

If yes, explain fully the date, location, charge(s), and final disposition (arrests will not automatically disqualify you; failure to list and explain arrests will be cause for elimination). Please use the attachment sheet if the space provided is not adequate.

STATEMENT OF TRUTHFULNESS AND UNDERSTANDING

I hereby swear or affirm that there are no willful misrepresentations or omissions in, or falsifications of, the preceding statements and answers.

I am aware that should investigation disclose such misrepresentations, falsifications or omissions in any documents I submit or statements I make as part of the application process, my application will be rejected.

If, after my acceptance for this position, subsequent investigation should disclose misrepresentation, falsification, or omission, it will be just cause for immediate dismissal.

I understand that this is a continuing investigation and agree to notify the Columbia City Police Department of any address, job, or other information that may reflect any changes or additions to the application.

Applicant's Printed Name: _____

Applicant's Signature: _____

Date: _____