



February 26, 2010

NEW POLICE POSITION ADDED!

→ MARYSVILLE POLICE DEPARTMENT – Community Service Officer

→ 1 Opening!

Job Description: This position performs law enforcement functions regarding animal control and parking violations, assists police officers as requested in non-emergency situations, writes reports of some not in progress misdemeanor violations, and performs special assignments as directed by management.

MARYSVILLE POLICE DEPARTMENT – Community Service Officer – MINIMUM REQUIREMENTS:

- 21 years of age; US Citizen; High school diploma or GED; and the Ability to read & speak the English language by time of application.
- Possess, or be able to possess, a valid Washington State Driver’s License by date of hire.
- No felony convictions as an adult. Juvenile felony convictions will be carefully reviewed on a case by case basis.
- Must be able to pass a pre-employment medical exam and drug screening.
- Additional information, including agency’s IMPORTANT automatic disqualifiers noted on our website @ www.PublicSafetyTesting.com

If you successfully passed the Law Enforcement and/or Corrections written & physical ability tests WITHIN THE LAST FIVE (5) MONTHS [October 1, 2009 through February 19, 2010] and would like your application and test scores sent to the above new department, you may do so by completing the following form or call 1-866-HIRE-911.

DEADLINE: Saturday, April 3, 2010

PLEASE SEND MY APPLICATION/SCORES TO THE FOLLOWING DEPARTMENT – I HAVE REVIEWED THE AGENCY REQUIREMENTS AND CONDITIONS AND CERTIFY I MEET THEM:

Fee:
\$15 – 1 agency

Marysville Police Department – COMMUNITY SERVICE OFFICER

Check here if this is new contact information

NAME: _____ PHONE: _____

ADDRESS: _____ CITY/STATE/ZIP: _____

PREVIOUS TEST DATE: _____ TEST LOCATION: _____

EMAIL: _____

Check Enclosed – check # _____

Please charge my credit card (enter card numbers below)

I certify I meet the minimum requirements of the agency or agencies to which I have added. I authorize you to charge my credit card if I have chosen that payment option.

Signature: _____ Date: _____

VISA MasterCard

CC # _____ / _____ / _____ / _____ Expiration: ____ / ____ VCODE (back of card): _____

To be destroyed after processed

Please mail or fax completed form to:

20818 44th Ave West, Suite 160 • Lynnwood, WA 98036 • Phone: 1.866.HIRE-911 • FAX: 425.776.0165