



CITY OF TENINO

APPLICATION FOR EMPLOYMENT

149 Hodgden Street South
P O Box 4019
Tenino, WA 98589
(360) 264-2368

Position Applied For: POLICE OFFICER-LATERAL Department POLICE

Name: HOLT CAROLYN MARIE

Address  WA 98579
State Zip

Home or Message Phone:  Business Phone: _____

Are you legally eligible for employment in the USA? Yes No (If yes, verification will be required)

Are you of the legal age to work? Yes No

RECORD OF EDUCATION

Circle highest grade completed: 8 9 10 11 12 GED 13 14 15 16 17 18 18+

Type of School	School and Location	Course of Study	Degree
High School or GED	<u>SNOHOMISH HIGH SCHOOL SNOHOMISH, WA</u>		<u>DIPLOMA</u>
Business or Technical			
Undergraduate Studies			
Graduate Studies			
Other Courses and Training	<u>CJTC, BURIEN WA</u>	<u>POLICE ACADEMY</u>	<u>CERTIFICATION</u>




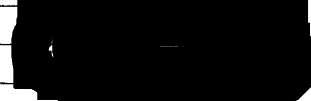
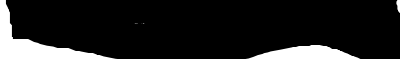

List any special licenses or certificates you hold which are necessary, useful or required in this position. Give kind of license, issuing state and expiration date.

Were you in the US Armed Forces? Yes No If yes, what branch? _____

What was your occupational specialty? _____

REFERENCES

Below, give names of three persons you are not related to, whom you have known at least one year.

Name	Relationship	Years Acquainted	Daytime Telephone
	<u>FRIEND</u>	<u>11</u>	
	<u>FRIEND</u>	<u>10</u>	
	<u>FRIEND</u>	<u>7</u>	

LIST BELOW PRESENT AND PAST EMPLOYMENT, BEGINNING WITH YOUR MOST RECENT

Be sure to include any non-paid experience which is related to the job for which you are applying. If additional space is required, attach a separate sheet.

Title of Position	From Mo Yr	To Mo Yr	Hrs/ Week	Reason for Leaving	Name of Supervisor
REAL ESTATE BROKER	3/17	CURRENT	40	PURSuing DIFFERENT FIELD	GERGEN ROBINSON
Name and Address of Company and Type of Business		Describe the work you did:			
John L Scott Olympia		Planning and executing contracts, forming relationships and conducting promotional events. Understanding real estate contracts, client meetings and explaining the process of buying and selling.			
606 Columbia St NW, Olympia WA					
REAL ESTATE					
Phone #: 360-200-5333					
Title of Position	From Mo Yr	To Mo Yr	Hrs. Per Week	Reason for Leaving	Name of Supervisor
POLICE OFFICER	01/18	02/19	40	TERMINATED	DAN SABOE
Name and Address of Company and Type of Business		Describe the work you did:			
DuPont Police Dept.		Provided public safety by maintaining order, responding to emergencies, protecting people and property, enforcing motor vehicle and criminal laws, and promoting good community relations.			
1780 Civic Dr DuPont WA					
CITY GOVERNMENT					
Phone #: 253-964-7060					
Title of Position	From Mo Yr	To Mo Yr	Hrs. Per Week	Reason for Leaving	Name of Supervisor
POLICE OFFICER	08/2008	10/16	52	RESIGNED	ADAM SEIB
Name and Address of Company and Type of Business		Describe the work you did:			
LACEY POLICE DEPT		Responded to calls for service, completed reports in a timely manner, attended various trainings, investigated crimes, logged evidence, completed collision and incident reports.			
420 College St SE, Lacey WA					
CITY GOVERNMENT					
Phone #: 360-459-4333					
Title of Position	From Mo Yr	To Mo Yr	Hrs. Per Week	Reason for Leaving	Name of Supervisor
Name and Address of Company and Type of Business		Describe the work you did:			
Phone #:					

In compliance with federal and state laws and equal employment opportunity guidelines, applicants are considered for employment only upon the basis of qualifications and demonstrated abilities. I understand that all appointments are probationary for a period of twelve (12) months and that, if selected, employment is contingent upon the results of a complete background investigation. I understand that misrepresentation in any of my answers or statements is cause for non-selection, or, if employed, is cause for termination. I understand unless I am applying for a Civil Service position, or there is a written contract to the contrary, I am and will always be employed in an "at will" status. I agree to these conditions, and I hereby certify that all the statements made by me on this application are true and complete to the best of my knowledge. *The City of Tenino maintains a smoke-free/drug-free work environment*

Signature: Cal Holt Date: 9-18-2020