

Prairie City Police Department

Employment Application

Applicant Name _____

Primary Phone Number: _____

Email Address: _____

Deadline to Return Application: _____

Prairie City Police Department
203 East Jefferson Street
Prairie City, Iowa 50228

AN EQUAL OPPORTUNITY EMPLOYER

Qualified applicants are eligible to compete for all positions without regard to race,
national origin, sex, creed, religion, age or marital status.

APPLICATION FOR PEACE OFFICER EMPLOYMENT

Notice: Application must be computer generated, typewritten or clearly printed in ink. ALL questions must be answered and accompanying documents received PRIOR to processing. If not applicable, indicate NA (not applicable). If space provided is not sufficient for complete answers or you wish to furnish additional information, attach sheets of the same size as this application and number answers to correspond with questions.

CHECK POSITION(S) APPLIED FOR. YOU MAY APPLY FOR MORE THAN ONE POSITION.
PLEASE INDICATE YOUR PREFERENCE BY MARKING FIRST CHOICE, SECOND CHOICE, THIRD CHOICE, ETC.

| | |
|--------------------------|-----------------------|
| <input type="checkbox"/> | Reserve Peace Officer |
| <input type="checkbox"/> | Police Officer |
| <input type="checkbox"/> | Sergeant |

| | |
|--------------------------|--------------------------------|
| <input type="checkbox"/> | Civilian Assistant (Volunteer) |
| <input type="checkbox"/> | Chaplain (Volunteer) |
| <input type="checkbox"/> | Other: _____ |

PERSONAL HISTORY

| | | | |
|---|--------------------|---|--|
| a. Name in full (last, first, middle) | | b. Social Security Number | |
| c. List all other names you have used. Include nicknames, maiden name, and previous married surname(s). | | d. Have you previously applied with the Prairie City Police Department/City of Prairie City? If yes, specify dates. | e. E-Mail address (indicate if case sensitive) |
| f. Birth date (month, day, year) | g. Place of birth: | | h. Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| i. Driver's license number: | | j. Current driver's license state of issue: | |
| k. List <u>all</u> states in which you have had a driver's license issued to you: | | l. Are you currently certified by the Iowa Law Enforcement Academy? <input type="checkbox"/> Yes <input type="checkbox"/> No Date Certified: _____ MO/DAY/YR | |

CONTACT INFORMATION

| | | |
|--|----------------|--|
| a. Current mailing address | | To schedule appointments we will need the following telephone numbers: Residence: () _____ |
| _____ Street address/P.O. Box | _____ Apt. no. | |
| _____ City | _____ State | _____ Zip code |
| b. Permanent address if different from above | | Office or alternate #: () _____ |
| _____ Street address/P.O. Box | _____ Apt. no. | |
| _____ City | _____ State | _____ Zip code |

EDUCATION RECORD

SUBMIT BOTH HIGH SCHOOL AND COLLEGE TRANSCRIPTS WITH THIS APPLICATION.

*******APPLICATIONS WILL NOT BE PROCESSED WITHOUT TRANSCRIPTS*******

High School: Circle highest grade completed 8 9 10 11 12 High school diploma or equivalent (GED)? Yes No

| Name | Address | Dates Attended | | Date Graduated |
|------|---------|----------------|----|----------------|
| | | From | To | |
| | | | | |
| | | | | |
| | | | | |

College/University: Circle No. of years completed 1 2 3 4 5 6 or more

| Name of School and Location | Dates Attended | | Credit Received | | Field of Study or Area of Concentration | | Type of Degree Obtained |
|-----------------------------|----------------|---------|-----------------|---------------|---|-------|-------------------------|
| | mo / yr | mo / yr | Semester hours | Quarter hours | Major | Minor | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

- a. If you are working toward a degree, please give the anticipated completion date. _____
- b. Has any disciplinary action, including scholastic probation and dismissal, ever been taken against you during your academic career?
 Yes No If yes, complete the following: _____
School Date
 Type of action taken: _____
- c. List awards, honors, citations, athletic endeavors, and any other special recognition you received.

- d. List any special abilities, (computer skills, etc.) special interests or hobbies: _____

- e. List languages, including American Sign Language (ASL), in addition to English that you speak, read and write fluently:

- f. If you are licensed or certified to practice a trade or profession, complete the following:
 Specialty: _____ License issued by: _____

COURT RECORD

a. Have you ever been arrested or charged with any violation *including traffic citations*, but not parking tickets? Yes No
 (List all such matters even if not formally charged, or no court appearance, or found not guilty, or matter settled by payment of fine or forfeiture of collateral.)

| Date | Place | Charge | Final Disposition | Details |
|------|-------|--------|-------------------|---------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

c. Have you ever been a plaintiff or defendant in any court action (including divorce)? Yes No
 If yes, give date, place, court names of parties involved, nature of action, and final disposition.

| |
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| |

SELECTIVE SERVICE / MILITARY RECORD

a. Have you ever (check all that apply):

Registered with the Selective Service, if applicable? Yes No

Applied for a position with any branch of the Armed Forces of the United States? Yes No

Been rejected by any branch of the Armed Forces for any reason? Yes No If yes, state reason(s):

Been inducted into any branch of the Armed Forces? Yes No

If yes, complete sections b-h

Served on active duty in any branch of the Armed Forces? Yes No

If yes, complete sections b-h

| | | | |
|---|--------------------------------------|---------------------------------|-------------------------|
| b. Dates of active duty (month, day and year) From _____ To _____ | c. Branch of military service | d. Highest rank attained | e. Serial Number |
|---|--------------------------------------|---------------------------------|-------------------------|

| | |
|--|---|
| f. Type of discharge _____ Date DD-214 _____ Form recorded _____ County _____ State _____ Provide a copy of your DD-214 with application. | g. Member of Reserve/National Guard? <input type="checkbox"/> Yes <input type="checkbox"/> No Service Branch _____ Location _____ |
|--|---|

h. Was any type of disciplinary action taken against you in the service? Yes No

Nature of disciplinary action? _____

EMPLOYMENT

List your work experience, starting with the most recent. Include summer and part-time employment in addition to jobs held as a teenager. *Account for all time within the last ten (10) years*. If unemployed for a period of time, indicate and set forth dates of unemployment. If you do not recall the name of a supervisor, work address, etc., indicate such on the application.

| | | |
|----------------------------|---------------------------|--------|
| a. Name of employer | Dates of employment | Salary |
| Address | Position and kind of work | |
| City & state | Name of supervisor | |
| Telephone () | Reason for leaving | |
| b. Name of employer | Dates of employment | Salary |
| Address | Position and kind of work | |
| City & state | Name of supervisor | |
| Telephone () | Reason for leaving | |
| c. Name of employer | Dates of employment | Salary |
| Address | Position and kind of work | |
| City & state | Name of supervisor | |
| Telephone () | Reason for leaving | |
| d. Name of employer | Dates of employment | Salary |
| Address | Position and kind of work | |
| City & state | Name of supervisor | |
| Telephone () | Reason for leaving | |
| e. Name of employer | Dates of employment | Salary |
| Address | Position and kind of work | |
| City & state | Name of supervisor | |
| Telephone () | Reason for leaving | |
| f. Name of employer | Dates of employment | Salary |
| Address | Position and kind of work | |
| City & state | Name of supervisor | |
| Telephone () | Reason for leaving | |
| g. Name of employer | Dates of employment | Salary |
| Address | Position and kind of work | |
| City & state | Name of supervisor | |
| Telephone () | Reason for leaving | |

REFERENCES

Give three references (*not* relatives, present employers, or school teachers) who are responsible adults of reputable standing in their communities, preferably those who have known you well during the past five years. If retired, give former occupation.

| | | |
|---------------------------|------------|----------------------|
| a. Complete name | Occupation | No. yrs. acquainted. |
| Home address | | Home phone () |
| Business name and address | | Bus. phone () |
| b. Complete name | Occupation | No. yrs. acquainted. |
| Home address | | Home phone () |
| Business name and address | | Bus. phone () |
| c. Complete name | Occupation | No. yrs. acquainted. |
| Home address | | Home phone () |
| Business name and address | | Bus. phone () |

Prairie City Police Department

UNDERSTANDING OF APPLICATION PROCEDURE

I, _____, understand that my application will **NOT** be processed for a peace officer position with the Prairie City Police Department unless **all** required materials have been completed and included with the application. I understand that I must submit the following materials in order for my application to be processed:

- Application form (Pages 1 – 6)
- High school grade transcripts or copy of G.E.D.
- College grade transcripts if applicable
- Certified copy** of birth certificate (Xerox copies or notary signed birth certificates are **not** acceptable. The *certified* birth certificate will have an embossed seal.)
- Copy of DD214 (military discharge document) if applicable.
- Copy of I.L.E.A. certification if applicable.
- Authorization for release of personal information.
- Medical Release.

Applicants born in the State of Iowa are able to obtain a certified copy of their birth certificate by contacting or stopping by the Iowa Department of Public Health, Vital Records Bureau in the Lucas State Office Building located in Des Moines. A nominal fee will be required for the record search and includes one certified copy. The phone number for the Department of Public Health is: (515) 281-4944. The web address is: http://www.idph.state.ia.us/eh/health_statistics.asp. It is also possible for applicants to obtain a certified birth certificate from their county courthouse of birth.

I understand that I must meet and maintain all minimum qualification standards; including physical requirements and personal conduct from the time my application is submitted through the end of the selection process. **I understand that providing false, misleading and/or incomplete information is grounds for exclusion from the selection process or discharge if discovered subsequent to employment.**

I understand that all submitted materials become the property of the Prairie City Police Department and will **NOT** be returned to me. (It is suggested that applicants make copies of their application materials for their personal file.)

(Signature of Applicant)

_____/_____/_____
(Date)

Prairie City Police Department

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____, do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the Prairie City Police Department, whether the said records are of a public, private or confidential nature, including criminal histories.

The intent of this authorization is to give my consent for full and complete disclosure of records of educational institutions; financial or credit institutions, including records of loans, the records of commercial or retail credit agencies (including credit reports and/or ratings) and other financial statements of records whenever filed; medical and psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners, and the U.S. Veteran's Administration; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me; and the recollections of attorneys at law, or of other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the Prairie City Police Department. I also certify that any person(s) who may furnish such information in good faith concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information. I further release the Prairie City Police Department from any and all liability which may be incurred as a result of collecting such information.

I HEREBY SWEAR AND AFFIRM THAT EACH STATEMENT AND ALL INFORMATION IN OR SUPPLEMENTING THIS APPLICATION (PERSONAL AND PHYSICAL EVALUATION) ARE COMPLETE, TRUE AND ACCURATELY RECORDED TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT PROVIDING FALSE, MISLEADING AND/OR INCOMPLETE INFORMATION ON THIS APPLICATION IS GROUNDS FOR EXCLUSION FROM THE SELECTION PROCESS OR DISCHARGE IF DISCOVERED SUBSEQUENT TO EMPLOYMENT.

A photocopy and/or fax of this release form will be valid as an original thereof, even though the said photocopy/fax does not contain an original writing of my signature.

I have read and fully understand the contents of the "Authorization for Release of Personal Information".

(Signature of Applicant)

(Date)

The Prairie City Police Department is an equal opportunity employer.

PRAIRIE CITY POLICE DEPARTMENT MEDICAL AUTHORIZATION

As required by Senate File 115 (The Security and Privacy Bill), which became Iowa Law on August 15, 1973, I hereby authorize all physicians, hospitals, medical clinics, and other persons or agencies furnishing medical treatment or possessing medical information concerning the examination, treatment or care of:

Upon the presentation of the Medical Authorization, or any photocopy thereof, YOU ARE HEREBY AUTHORIZED and requested to furnish to the Prairie City Police Department and its authorized representatives, any and all medical information, including but not limited to, history, records, diagnostic studies, x-rays, or reports in our possession concerning the aforesaid patient.

YOU ARE HEREBY AUTHORIZED to release possession of said information and materials to the Prairie City Police Department or to its authorized representative, or to likewise allow the inspection and taking photocopies of such information and materials.

This Medical Authorization shall be effective as to the past and present medical treatments and examinations of the aforesaid patient.

Signature

Date