

Carlisle Police Department Employment Application



POLICE OFFICER APPLICATION

**Carlisle Police Department
195 N. First Street
Carlisle, IA 50047
(515)-989-4121**

CARLISLE POLICE DEPARTMENT

Instruction for Applicants

****Please do Not return this sheet****

Read these instructions carefully before proceeding. Failure to follow these instructions or failure to provide information could result in disqualification! It is important to make sure all areas are completed.

Requirements:

- Be able to perform the functions of the job with or without reasonable accommodations.
- Have uncorrected vision of not less than 20/100 in both eyes, corrected to 20/20.
- Be 21 years of age by the date of application.
- An accredited high school degree or possess an equivalency certificate (GED). Graduation from a four year college with a degree in a social or police science is desirable.
- Have no felony charges, moral turpitude, domestic violence charges, expunges or convictions.
- Be a legal citizen of the United States of America and a residence of the State of Iowa or intends to become a resident upon being employed.
- Be able to speak, read and write the English language.
- Be of good moral character.
- Must have a valid Iowa driver's license at the time of employment.
- Successfully pass a background investigation.

Application Instructions:

1. The application must be filled out completely and signed by the applicant in their own handwriting.
2. Answer ALL the questions completely. If a question does not apply to you, enter "N/A".
3. Your application should be printed legibly in **Blue** or **Black** ink.
4. Make sure contact information for individuals is completed and valid. The City will not search for phone numbers/addresses to contact previous employers and/or references.
5. If there is a deadline, make sure your application is *at the police department* by said date.
6. Returned your application to the Carlisle, Police Department, 195 N. 1st St., Carlisle, IA 50047.

If you have any questions, contact Chief Spring, at 515-989-4121.

Willful misrepresentation of any fact or statement made in this application will make the application automatically void and will be cause for dismissal if the person having made them is already employed. The filling out of this application is not an examination. Copies of the following, if applicable, might be needed: High School diploma, college transcripts, birth certificate, DD214 military discharge papers, GED equivalency.

Applicants may be required to submit to a written examination, physical agility examination, physical examination (doctor of the city's choice), psychological examination (doctor of the city's choice), credit investigation, extensive background investigation, , possible other testing oral interview board and final approval for hire by the City Council. Each of the foregoing examinations, investigations and interviews are separate parts of the application process and must be passed satisfactorily as individual units in the process for the applicants to continue to the next phase. Failure of any of the phases of the process by the applicant will cause for dismissal and the applicant will have to re-apply.

We consider applicants for all positions without regard to race, color, religion, creed, gender national origin, age, disability, marital or veteran status or any other legally protected status.

Attachments:

Make sure that the proper attachments are provided with the application:

- Photocopy of your valid driver's license.
- Copies of any law enforcement academy training if applicable.

- Photocopy of DD214 (military discharge form) if applicable.
- Photocopy of any applicable training or education certificates you may have.
- Photocopies of any forms, recommendations, training, etc. you would like to be submitted.

WAIVER

I, _____ agree to submit to written, physical agility, physical, psychological examinations, polygraph, credit and background investigations and oral interviews as deemed necessary by the Carlisle Police Department. I also understand that I must successfully pass all the forgoing examinations, investigations and interviews before being finally accepted for employment with the City of Carlisle, Iowa as a Police Officer.

Release of Information

I hereby authorize and grant permission to any current or previous employer, business or place of employment to provide the Carlisle Police Department any employment information, background information, employment checks, access to my personnel files, my employee records, work history and/or background employment. I grant permission to any current or former employer and/or business the release of any details and work history to the Carlisle Police Department.

I hereby authorize all previous schools, colleges, financial institutions, hospitals, medical facilities and doctors to furnish the City of Carlisle my records, charts, and all information they may have concerning me, and I hereby release them and the City of Carlisle, Iowa from all liability for any damage whatsoever arising therefrom. I also authorize the City of Carlisle to receive, from any criminal justice agency any record that may be on file concerning me and hereby release them and the City of Carlisle from any damages whatsoever arising therefrom. I furthermore grant permission to any institute to release any criminal records, financial records, personal records, background information and my history information to the Carlisle Police Department.

I further authorize the City of Carlisle to investigate all information and statements given in this application. I hereby release the City of Carlisle, Iowa and the Police Department and their agents from any and all injuries and damages that may occur while competing in any part of the testing process.

In the event of my employment by the City, I agree to abide by all presently active and subsequently issued rules and regulations of the City of Carlisle, Carlisle Police Department. I understand that in the event of my employment by the City of Carlisle, I am subject to dismissal if any of the information I have given is false or if I have failed to give any material herein requested.

I agree that this application and all attachments thereto shall remain the property of the Carlisle Police Department, Carlisle, Iowa.

I have read the forgoing instructions for applicants and fully understand them and have complied with them to the best of my ability.

Signature

Today's Date

Printed Name

Date of Birth



Carlisle Police Department Application for employment Background Check Information

Personal Information for Background Check

Date of Application _____

Name: _____
LAST FIRST MIDDLE

Date of Birth ____/____/____ Social Security Number ____-____-____
MM DD YYYY

Driver's license state: _____ Driver's license number _____

Current Address _____
Street City State Zip Code

Cell Phone () ____-____ Home Number () ____-____ Other Number () ____-____

Age _____ Sex: _____ Race: _____ Height: _____ Weight: _____

Eye color: _____ Hair Color: _____ Place of Birth _____
City State

Email: _____ Facebook Page: _____

Aliases/Other names used: _____

PREVIOUS ADDRESS - Previous address must go back 10 years

Previous Address _____
Street City State Zip Code Date at address

Previous Address _____
Street City State Zip Code Date at address

Previous Address _____
Street City State Zip Code Date at address

Previous Address _____
Street City State Zip Code Date at address

CERTIFICATION: I hereby certify that the facts set forth in this Personal History Statement From are true and complete to the best of my knowledge, I understand that if employed, any omission, misstatements, or falsifications of statements may lead to dismissal.

 Applicant's Signature

 Date



Are you applying for Full Time Part-Time Reserves Other

What position are you applying for _____

Have you ever applied with the Carlisle Police Department before? Yes () No ()

If yes, when? _____

Have you ever been employed or worked with the City of Carlisle in any department? Yes () No ()

If yes, when? _____

Do you have knowledge and training in law enforcement? Yes () No ()

If yes, what & where? _____

Are you able to work Monday - Friday? Yes () No ()

Are you able to work overtime and on weekends? Yes () No ()

Do you understand the risks and position of the job? Yes () No ()

Are you a U.S. citizen? Yes () No ()

Do you have a valid driver's license? Yes () No ()

Do any relatives work on the police department? Yes () No ()

Have you ever served in the United States Military? Yes ()* No ()

If "Yes" please fill out:

What Branch: Army Air force Navy Marines Coast Guard

Last/Current Rank	Pay Grade	Years & months served
Date Enlisted	Date Discharged	Supervisor

How were you discharged? _____

* If you were in the military, please fill out appropriately on job history.

Are you or have you *ever* been a member of any part or organization, Yes () No () political or otherwise, that ever engaged or conspired to engage in sabotage, hijacking, terrorizes and/or advocates the overthrow the government of the United States or of the State of Iowa or any other state by force or violence or other unlawful means or conduct the means of any terrorist activity?



Criminal History

Have you ever been arrested or charged with a crime? Yes () * No ()

If "Yes" please fill out. *Please print additional page if needed to continue.*

Date	Violation (Specific Charge)	Location (City, State)	Disposition	Police Agency

- Have you ever been Investigated, Suspected, Arrested or Charged with an offense by any Law Enforcement agency, either as an adult or a juvenile not listed above? Yes () * No ()
- Have you ever been found to be in possession of illegal drugs or controlled substance? Yes () * No ()
- Have you ever been charged for domestic violence? Yes () * No ()
- Have you ever had any court record expunged? Yes () * No ()
- Have you ever been tested for driving while intoxicated? Yes () * No ()
- How many accidents have you had driving a vehicle in the past ten years? _____

Have you ever received a Traffic Citation in the last six year? Yes () * No ()

If "Yes" please fill out. *Please print additional page if needed to continue.*

Date	Violation (Specific Charge)	Location (City, State)	Disposition	Police Agency

Have you ever had a driver's license suspended, barred or revoked? Yes () * No ()

If "Yes" please fill out. *Please print additional page if needed to continue.*

Date	Violation (Specific Charge)	Location (City, State)	Disposition	Police Agency

* If "Yes" please explain on another sheet of paper.



Education

Please fill out what educational schools, colleges, institutions and/or vocational schools have attended.

GRADUATING HIGH AND ADDRESS
PHONE NUMBER

Do you have a high school degree? Yes () No ()

* If not do you have a GED? Yes () No ()

What year did you graduate? _____

College Education

COLLEGE/UNIVERSITY AND ADDRESS	Type of Degree(s)	Did you graduate?	Date of Graduation

Trade, Business or Military Schooling

BUSINESS, TRADE, TECHNICAL, MILITARY SCHOOLS, ADDRESS	Type of Degree(s)	Did you graduate?	Date Received

Professional Training License or Certificates

PROFESSIONAL TRAINING INSTITUTION	Type of License / Certification(s)	Did you graduate?	Date Received

Rate your computer/IT knowledge? Extensive () Good () Fair () None ()

Can you type? Yes () No () How many words per minute? _____

Are you able to conduct Code Enforcement requirements? Yes () No ()

Other languages: _____ Understand Speak Write
 _____ Understand Speak Write



Work History

Please fill out your work history below going back *as far as possible*. Make sure all information is provided. Make sure all your job history is included. *** If you would more additional space for employment, please print another copy of this page. ***

Start with the most recent employer and go back. (Include part-time jobs)

Employer	ADDRESS, CITY, STATE, ZIP	Employer's Phone Number
Start Date (mm/yyyy)	End Date (mm/yyyy)	Immediate Supervisor's Name
Position / Title	Reason for Leaving	
BRIEF DESCRIPTION OF DUTIES		

Employer	ADDRESS, CITY, STATE, ZIP	Employer's Phone Number
Start Date (mm/yyyy)	End Date (mm/yyyy)	Immediate Supervisor's Name
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Start Date (mm/yyyy)	End Date (mm/yyyy)	Immediate Supervisor's Name
Position / Title	Reason for Leaving	
BRIEF DESCRIPTION OF DUTIES		

Were you ever terminated or asked to resign from employment? Yes () No ()

If yes, which job(s): _____



References

Provide the names, phone number, and complete mailing address of SIX references other than relatives. List at least four references of whom you have been acquainted for at least THREE years. You *may* list *only* up to two references that you have known less than three years.

NAME	HOME ADDRESS, CITY, STATE, ZIP	CELL / HOME PHONE
OCCUPATION	PLACE OF EMPLOYMENT	YEARS ACQUAINTED

NAME	HOME ADDRESS, CITY, STATE, ZIP	CELL / HOME PHONE
OCCUPATION	PLACE OF EMPLOYMENT	YEARS ACQUAINTED

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NAME	HOME ADDRESS, CITY, STATE, ZIP	CELL / HOME PHONE
OCCUPATION	PLACE OF EMPLOYMENT	YEARS ACQUAINTED

Applicant's Statement. Please Be Sure to Read.

I certify that the answers give herein this application is true and complete. I swear under oath that my information is accurate and truthful. I authorize investigation of all statements contained in this application for employment. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required by all rules and regulations of the employer. I agree to follow all policies, rules, orders and requirements given at anytime by my employer in the performance of my duties and failure to do so could result in being discharged from my employment.

I hereby understand and acknowledge that unless otherwise defied by applicable law, any employment relationship with the City of Carlisle is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

I have carefully read this agreement and fully understand its contents and I have signed this of my own free will.

 Signature

 Date