

Application for Employment

Rock Valley Police Department

1302 Main St. Rock Valley, Iowa 51247

Phone 712-476-5716 Fax 712-476-2502

Date of Application: _____ Date of Birth: _____

Position Applied for: _____

Full Name: _____

Current Address: _____

Telephone number: _____

Social Security Number: _____

Driver's License Number and State: _____

Current Employer: _____

May we contact your current employer: _____

Date available to start work: _____

Are you available to work Full Time: _____ Part time: _____

List Professional, trade, business, or civic activities and offices held. _____

List name, address, and telephone number of three references who are not related to you and are not previous employers. _____

Employment Experience

Start with your present or last job.

Employer: _____ Start Date: _____ End Date: _____

Address: _____ Work performed: _____

Job Title: _____ Supervisor: _____

Starting Hourly Rate or Salary: _____ Final Hourly Rate or Salary _____

Employer: _____ Start Date: _____ End Date: _____

Address: _____ Work performed: _____

Job Title: _____ Supervisor: _____

Starting Hourly Rate or Salary: _____ Final Hourly Rate or Salary _____

Employer: _____ Start Date: _____ End Date: _____

Address: _____ Work performed: _____

Job Title: _____ Supervisor: _____

Starting Hourly Rate or Salary: _____ Final Hourly Rate or Salary: _____

Special Skills and Qualifications

Summarize special skills and qualifications acquired from employment or other experience. _____

Education

Elementary School Name: _____ High School Name: _____

College/University: _____ Graduate/Professional: _____

Diplomas/Degrees _____

Describe Specialized Training, Apprenticeship, Skills, and Extra-Curricular
Activities: _____

Honors Received: _____

State any additional information you feel may be helpful to us in considering your
application: _____

Agreement

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not and is not intended to be a contract of 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 to abide by all rules and regulations of the City of Rock Valley and the Rock Valley Police Department.

Signature: _____ Date: _____

Rock Valley Police Department Application Attachment

Are you a citizen of the United States? Yes _____ No _____

Do you have a valid driver's license issued by the state of Iowa?
Yes _____ No _____

Are you or have you ever been addicted to drugs or alcohol?
Yes _____ No _____

Have you ever been convicted of any criminal charge?
Yes _____ No _____

If your answer to the above question was yes please explain.

Have you ever been under investigation by any state, local, or federal agency including but not limited to the Department of Human Services, Iowa Law Enforcement Academy, FBI, Department of Inspection and Appeals, state licensing boards, and federal licensing boards. Yes _____ No _____

Are you willing to use force including deadly force if necessary to fulfill your duties as a police officer? Yes _____ No _____

Do you have color vision consistent with the occupational demands of law enforcement?
Yes _____ No _____

Do you have normal hearing in each ear? Yes _____ No _____

Do you have any physical disabilities or injuries that would interfere with the occupational demands of law enforcement? Yes _____ No _____

If your answer to the above question was "yes" please explain.

If you are not currently a certified officer in Iowa are you willing to attend and pass a basic certification course at the Iowa Law Enforcement Academy which could last up to 18 weeks? Yes _____ No _____

Are you willing to attend and pass a firearms course and firearms proficiency test?
Yes _____ No _____

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 Rock Valley Police Department, whether the said records are of a public, private or confidential nature.

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 record 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 City of Rock Valley. I also certify that any person(s) who may furnish such information 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 City of Rock Valley 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) is complete, true and accurately recorded to the best of my knowledge. I UNDERSTAND THAT PROVIDING FALSE OR MISLEADING INFORMATION ON THIS QUESTIONNAIRE IS GROUNDS FOR EXCLUSION FROM THE SELECTION PROCESS OR DISCHARGE IF DISCOVERED SUBSEQUENT TO EMPLOYMENT.

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

I have read and fully understand the contents of this "authorization for release of personal information".

I am also requesting that my application be kept confidential.

SIGNATURE OF APPLICANT

DATE