



Application for Employment

Emmett Police Department

501 E. Main Street
Emmett, Idaho 83617
PH: (208) 365-6055

Instructions

The information you provide in this application for employment will be used in the investigation into your background to assist in determining your suitability for the position of police officer. Please fill out the questionnaire completely and accurately.

Keep in mind that:

1. The completion of this form is mandatory.
2. All statements are subject to verification.
3. Deliberate inaccuracies or incomplete statements may bar or remove you from employment.
4. All time periods in your background must be accounted for.
5. Do not leave any questions blank. If the question does not apply to you, then write N/A. If the answer is none write "None".
6. Please print in ink or type your responses in this application.
7. If you need more space to respond to a question, use an additional sheet of paper and identify the additional information by question number, **do not** write on the back sides of the application pages.
8. The Emmett Police Department follows the same hiring standards as listed and described by Idaho POST and IDAPA Rules. These can be found online at the POST website at post.idaho.gov.

It is to your advantage to respond openly. Any negative factor in your background will be evaluated in terms of the circumstances and facts surrounding its occurrence, and its degree of relevance to the job of a police officer. For example, being fired from a job or having an arrest record is not in itself grounds for disqualification. During the investigation, the investigator will inquire into the facts surrounding such an occurrence. An evaluation will then be made of the relevance of these facts to the requirements if the job.

The Americans with Disabilities Act prohibits employers from making medically-related Inquiries *prior* to a conditional offer of employment. Therefore, if you are completing this application for employment before you have received a conditional offer of employment, **do not** divulge information concerning physical or medical conditions, either past or current.

I have read the above instructions and agree to the terms therein described.

Applicant Signature

Date

Applicant Name: _____ (Print Legibly)

Position Applying for

Job Title: _____

Are you applying for:

- F/T P/T Temp/Seasonal
 Reserve/Volunteer

What shifts will you work?

- Days Nights Any

NOTICE: During the Background Check, we will be contacting your present employer.

Available Start Date: _____

Personal History

1. Full Name:

First

Middle

Last

2. Current Address:

Address

City

County

State

Zip

() _____

Cell Phone Number

() _____

Home Number

() _____

Business

Email: _____ Web Page: _____

Emergency Contact Name & Number: _____

Other: List all other names you have used including circumstances and time periods you used them. (For example: maiden name, former name(s), alias (es), or nickname(s).

Name	Circumstance	Dates From Mo./Yr.	Dates To Mo./Yr.

4. Are you a United States Citizen? Yes No

If naturalized, please provide: _____

Place

Court

Naturalization No.

Applicant Name: _____ (Print Legibly)

5. Do you have, or have you ever applied for a passport? Yes Passport # _____ No

6. Can you perform the essential functions of this job with or without reasonable accommodations? Yes No

EDUCATION/TRAINING

High School or GED Name / Address	Did Attended Mo. / Yr.		Years Completed	Did you Graduate?	Was this an on-line school?	Did you receive a Diploma
	From	To				
						<input type="checkbox"/> Yes <input type="checkbox"/> No

College / University Name / Address	Dates / Attended Mo. / Yr.		Credit Units / Hours Earned	Did you Graduate?	Was this an on-line School?	Type of Degree
	From	To				

Other Schools / Programs Name / Address	Dates Attended Mo. / Yr.		Credit Hours / Units Earned	Area of Study	Did you complete the Course or Graduate?	Type of Degree or Certificate
	From	To				

For applicants with prior law enforcement experience and/or certification, list your training and education in the below section.

1. Describe any awards, honors, citations, and positions held in school organizations and any other special recognition you received while attending school that you would like us to know about:

2. Have you ever been suspended or expelled from school? Yes No If yes, please explain.

Applicant Name: _____ (Print Legibly)

3. List any foreign languages you are proficient in. Proficiency would include the ability to speak, read, and write:

4. Describe any special abilities, interests, and hobbies including the degree of proficiency:

TECHNOLOGY SKILLS

Check All Skills & Software Applications You Have Experience Using (any version):

- PC User Macintosh User Windows Microsoft Word Microsoft Access Microsoft Excel
 Microsoft Publisher Web Page Design/Maintenance E-Mail Internet Scanner Copier Fax
 Other: Please list _____

Professional Licenses or Certificates Held. Indicate any type of special license such as pilot, radio operator, paramedic etc., showing licensing authority, where the license was first issued, and date current license expires (except vehicle operator's license):

EMPLOYMENT HISTORY

(List chronologically all employment beginning with present employment, including summer and part-time employment while attending school. All time must be accounted for.)

Unemployed Dates. If unemployed for a period, provide dates and reason.

Current Employer:

Employer:

Address:

Street

City

State

Zip

Telephone: ()

Supervisor Name:

Dates From:

To:

Final Rate of Pay:

Position Held:

Primary Duties:

Reason for Leaving:
(Please be specific)

Applicant Name: _____ (Print Legibly)

Next Employer:				
Employer:				
Address:				
Street		City		State Zip
Telephone: ()	Supervisor Name:			
Dates From:	To:	Final Rate of Pay:		
Position Held:				
Primary Duties:				
Reason for Leaving: (Please be specific)				
Next Employer:				
Employer:				
Address:				
Street		City		State Zip
Telephone: ()	Supervisor Name:			
Dates From:	To:	Final Rate of Pay:		
Position Held:				
Primary Duties:				
Reason for Leaving: (Please be specific)				
Next Employer:				
Employer:				
Address:				
Street		City		State Zip
Telephone: ()	Supervisor Name:			
Dates From:	To:	Final Rate of Pay:		
Position Held:				
Primary Duties:				
Reason for Leaving: (Please be specific)				

Applicant Name: _____ (Print Legibly)

Next Employer:				
Employer:				
Address:				
Street	City	State	Zip	
Telephone: ()	Supervisor Name:			
Dates From:	To:	Final Rate of Pay:		
Position Held:				
Primary Duties:				
Reason for Leaving: (Please be specific)				
Next Employer:				
Employer:				
Address:				
Street	City	State	Zip	
Telephone: ()	Supervisor Name:			
Dates From:	To:	Final Rate of Pay:		
Position Held:				
Primary Duties:				
Reason for Leaving: (Please be specific)				
Next Employer:				
Employer:				
Address:				
Street	City	State	Zip	
Telephone: ()	Supervisor Name:			
Dates From:	To:	Final Rate of Pay:		
Position Held:				
Primary Duties:				
Reason for Leaving: (Please be specific)				

Applicant Name: _____ (Print Legibly)

Next Employer:			
Address:			
Street	City	State	Zip
Telephone: ()	Supervisor Name:		
Dates From:	To:	Final Rate of Pay:	
Position Held:			
Primary Duties:			
Reason for Leaving: (Please be specific)			

1. Have you ever been dismissed or asked to resign or had any disciplinary action taken against you from **any** employment or volunteer position you have held?

Yes No

If yes, please give details, including dates, employer's name, and specifics:

2. Have you resigned or left a job by mutual agreement following allegations of misconduct or unsatisfactory job performance?

Yes No

If yes, please give details, including dates, employer's name, and specifics:

3. Have you ever applied to or performed paid or unpaid services for a law enforcement agency not listed as an employer?

Yes No

If yes, please provide name of agency and date of application or service.

4. Has a supervisor ever talked to you about your work performance or something you did which might have been against policy?

Yes No

If yes, please give details, including dates, employer's name, and specifics:

Applicant Name: _____ (Print Legibly)

5. Have you ever done anything inappropriate or violated department policy while at work, but did not get caught?
 Yes No

If yes, please give details, including dates, employer's name, and specifics:

6. Do you or have you owned a business, or are you or were you a partner or corporate officer in any business or organization not listed previously as a current or former employer?

Yes No

If yes, please provide name and address of business, corporation or organization and describe your relationship or position, and nature of business.

7. Have you ever resigned or left a job without giving at least a two-week notice?

Yes No

If yes, please give details, including dates, employer's name, and specifics:

8. Have you ever resigned or left a job because you felt you were going to be laid off or fired?

Yes No

If yes, please give details, including dates, employer's name, and specifics:

9. Have you received unemployment benefits?

Yes No

If yes, please give details, including dates, employer's name, and specifics:

APPLICANTS WITH CURRENT OR PRIOR LAW ENFORCEMENT EXPERIENCE

1. Has your law enforcement certification ever been suspended, revoked, relinquished or subject to discipline or investigation by POST or any other state's law enforcement certification agency? Yes No

If yes, explain.

Date(s)

Date(s)

Applicant Name: _____ (Print Legibly)

2. Indicate any law enforcement education/training including POST certificates (attach additional paper as necessary):

Name/Topic of Training	Certificate?	Date	Location of Training

3. Indicate any special skills you possess and equipment you can use which may be related to law enforcement work. (For example: two-way radio communications, breathalyzer, speed detection equipment, firearms):

4. Identify **ALL** complaints/allegations (however characterized) made against you by any member of the public.

Agency	Name of Complainant	Approximate Date	Disposition

5. Identify **ALL** complaints/allegations (however characterized) made against you by any law enforcement personnel (including supervisors or administrators)

Agency	Name of Complainant	Approximate Date	Disposition

Applicant Name: _____ (Print Legibly)

6. Identify **ALL** claims or lawsuits (however characterized) filed against you or your employing agency based on allegations of negligent or wrongful acts or omissions by you.

Agency	Name of Plaintiff(s)	Approximate Date	Court Where Filed

7. Identify **ALL** disciplinary actions (however characterized) taken against you by a law enforcement employer.

Agency	Supervisor or Administrator Taking Action	Approximate Date	Basis and Form of Discipline

8. Identify **ALL** circumstances in which you have been requested or ordered to take a polygraph exam, CVSA or any other form of truth/deception technology.

Agency	Basis for Exam	Approximate Date	Outcome

DRIVING HISTORY

1. Are you a licensed Idaho automobile operator? Yes No License No.: _____

Date of Expiration: _____ Restrictions: _____

2. Do you hold, or have you ever held an operator license in another state? Yes No

If yes, please provide state(s), name used and approximate dates license(s) was/were held.

3. Have you ever been denied issuance of a license or have you ever had a license suspended or revoked?

Yes No

If yes, please provide complete details including why license was revoked.

Applicant Name: _____ (Print Legibly)

4. Have you ever had automobile insurance refused, withdrawn, revoked, or required to obtain special risk (AKA SR-22) insurance?

Yes No

If yes, please provide complete details.

MILITARY HISTORY

1. Have you ever served on active duty in the Armed Forces of the United States? Yes No

Branch of Service: _____ Highest Rank: _____

Serial #: _____ Duty Dates: From: _____ To: _____ From: _____ To: _____

From: _____ To: _____ From: _____ To: _____

2. Date and type of discharge: _____

3. Are you now or have you ever been a member of a reserve unit or the National Guard? Yes No

4. If yes state the branch of service, name and location of your unit:

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

If yes, please provide:

Date: _____ Place: _____

Nature of Offense: _____

Action Taken: _____

6. Have you ever served in the Armed Forces of a foreign country? Yes No

If yes, please specify countries and dates.

Applicant Name: _____ (Print Legibly)

ORGANIZATION MEMBERSHIP

1. Are you now, or have you ever been, a member of any foreign or domestic organization, association, movement, group or combination of persons which advocates or approves the commission of acts of force or violence to deny other persons their rights under the constitution of the United States, or which seeks to alter the form of government of the United States by unconstitutional means?

Yes No

If Yes, including name of organization, dates of membership and location.

2. Have you ever made a financial or other material contribution to any organization of the type described in question #1 above?

Yes No

If yes, explain including name of organization, date(s) and location.

3. At the time of your membership, participation, or contribution, did you know of any unlawful aims of the organization?

Yes No

If yes, explain including name of organization, dates and location.

4. Have you ever posted or participated in any on-line conversations in the type of organizations described in question #1 above?

Yes No

If yes, explain including name of organization, date(s) and location.

Applicant Name: _____ (Print Legibly)

PERSONAL & PROFESSIONAL REFERENCES

1. Personal References: Please list the names of three (3) persons not related to you by blood or marriage)

Complete Name		Home Address: _____ City, State, & Zip: _____ Home Phone: _____ Business Address: _____ City, State & Zip: _____ Business Phone: _____
(Last, First, Middle)		
Yrs. Known	Occupation	
Complete Name		Home Address: _____ City, State, & Zip: _____ Home Phone: _____ Business Address: _____ City, State & Zip: _____ Business Phone: _____
(Last, First, Middle)		
Yrs. Known	Occupation	
Complete Name		Home Address: _____ City, State, & Zip: _____ Home Phone: _____ Business Address: _____ City, State & Zip: _____ Business Phone: _____
(Last, First, Middle)		
Yrs. Known	Occupation	

2. Professional References: List names of three (3) professional references who have known you well for at least five (5) years and who are not related to you by blood or marriage.

Complete Name		Home Address: _____ City, State, & Zip: _____ Home Phone: _____ Business Address: _____ City, State & Zip: _____ Business Phone: _____
(Last, First, Middle)		
Yrs. Known	Occupation	

Applicant Name: _____ (Print Legibly)

Complete Name		Home Address: _____ City, State, & Zip: _____
(Last, First, Middle)		
Yrs. Known	Occupation	Home Phone: _____ Business Address: _____ City, State & Zip: _____ Business Phone: _____
Complete Name		Home Address: _____ City, State, & Zip: _____
(Last, First, Middle)		
Yrs. Known	Occupation	Home Phone: _____ Business Address: _____ City, State & Zip: _____ Business Phone: _____

DOCUMENTS TO BE ATTACHED TO APPLICATION

1. A copy of birth certificate.
2. A copy of your high school diploma or GED, college diploma or transcripts.
3. Copy of military discharge(s).
4. Copy of driver's License.
5. Copy of any POST Certificates.

OTHER REQUIREMENTS

When requested by this agency, the applicant shall be required to submit to the following:

- Physical agility examination
- Written aptitude examination
- Verbal interview panel
- Complete a background personal history statement.
- Polygraph examination.
- Psychological examination.
- Medical examination and drug screening

Applicant Name: _____ (Print Legibly)

SUPPLEMENTAL APPLICATION QUESTIONS

1. Have you ever been arrested or detained by any law enforcement or military police for any reason?

Yes No, If yes, explain including name of organization, date(s) and location.

2. Have you ever been named on a warrant or restraining or protection order?

Yes No, If yes, explain including name of organization, date(s) and location.

3. Have you ever used, possessed, transported, sold or purchased any type of marijuana or cannabis oil?

Yes No, If yes, explain including date(s) and location.

4. Have you ever used, possessed, transported, sold or purchased any type of illegal narcotic, inhalant or synthetic designer drugs?

Yes No, If yes, explain including date(s) and location.

5. Have you ever participated in growing, manufacturing or the production of any drug, narcotic or other controlled substance?

Yes No, If yes, explain including date(s) and location.

6. To your knowledge, does any of your friends or relatives use or sell any type of illegal narcotics or prescription drugs including marijuana?

Yes No, If yes, explain including date(s) and location.

7. Have you ever purchased or sold a prescription drug without a doctor's prescription?

Yes No, If yes, explain including date(s) and location.

Applicant Name: _____ (Print Legibly)

8. Have you ever used a prescription drug without a prescription?

Yes No, If yes, explain including date(s) and location.

9. Have ever been accused of making inappropriate comments or sexual harassment at an employer?

Yes No, If yes, explain including name of organization, date(s) and location.

10. Have you ever taken anything from an employer that you were supposed to?

Yes No, If yes, explain including name of organization, date(s) and location.

11. Have you ever done anything while at work, where if you would been caught, you might have been in trouble?

Yes No, If yes, explain including name of organization, date(s) and location.

12. Have you ever stolen anything that did not belong to you?

Yes No, If yes, explain including date(s) and location.

13. Since you turned 18 years old, have you ever had sex with someone under the age of 18 years old?

Yes No, If yes, explain including date(s) and location.

14. Have you ever had forced yourself onto someone sexually, who objected?

Yes No, If yes, explain including date(s) and location.

15. Have you ever committed or participated in any crime other than minor traffic violations, but did not get caught?

Yes No, If yes, explain including date(s) and location.

Applicant Name: _____ (Print Legibly)

16. Have you ever stalked or harassed anyone whether in person or on the internet?

Yes No, If yes, explain including date(s) and location.

17. Have you purposely omitted any information from this employment application?

Yes No, If yes, explain including name of organization, date(s) and location.

SIGNATURE & CERTIFICATION OF ACCURACY & NOTARY SEAL

I, _____, hereby certify that each and every statement made on this form is true and complete to the best of my knowledge, and I understand that any misstatement or omissions of information will subject me to disqualification or dismissal. I, also, acknowledge that I have a continuing duty to update all information contained in this document and, if employed by the Emmett Police Department, I acknowledge that my failure to update this information may result in my discipline up to and including termination from employment. I understand that should an investigation disclose inaccurate, incomplete or misleading answers, my application may be rejected, and my name removed from consideration for employment with the City of Emmett, and if employed, my termination from employment.

Signed this the _____ day of _____, 20____

Signature in Full

Print Named in Full

NOTARY

State of _____)
: ss.
County of _____)

On this ____ day of _____, 20____, before me, the undersigned notary public in and for said State, personally appeared _____ or identified to me to be the person whose name is subscribed to the within instrument, and acknowledged to me that he/she executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year in this Statement first above written.

Notary Public in and for the State of _____
Residing in _____
My Commission Expires: _____, 20____.

(Official Seal)

