

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

Position Applying for Job Title: What shifts will you work? Are you applying for: NOTICE: During the Background Check, we will be contacting your present employer. F/T P/T Temp/Seasonal Days Nights Any Reserve/Volunteer Available Start Date:

Personal History									
1.	Full Name:								
	First	Middle		Last					
2.	Current Address:								
	Address								
	City	County	State	Zip					
-	()	<u> ()</u>	()						
	Cell Phone Number	Home Number	Business						
	Email:	Web Page:							
	Emergency Contact Name & Nu	ımber:							

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
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If naturalized, please provide: _____

Place

Naturalization No.

- 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	То				
						Yes 🛛 No

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

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	То				

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? \Box Yes \Box No \Box If yes, please explain.

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.)								
				riod, provide dates and reas	son.			
Current Employ	yer:							
Employer:								
Address:								
	Str	eet		City	State	Zip		
Telephone:	()	S	Supervisor Name:				
Dates From:			To:		Final Rate of Pay	:		
Position Held:								
Primary Duties:								
Reason for Leav (Please be spec								

Applicant Name:	 (Print Legibly)
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Next Employer:					
Next Employer.					
Employer:					
Address:	Street		City	State	Zip
	Olicer			Oldio	Σip
Telephone:	()		Supervisor Name:		
Dates From:		To:		Final Rate of Pay:	
	-				
Position Held: Primary Duties:					
Plinary Duties.					
Reason for Leaving (Please be specific	g: ງ				
	<i>'</i>)				
Next Employer:					
Employer:					
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Address:	Street		City	State	Zip
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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
	01.001		-	Ciulo	
Telephone:	()		Supervisor Name:		
Dates From:	_	To:		Final Rate of Pay:	
Position Held:					
Primary Duties:					
Reason for Leaving	a:				
(Please be specific))				

Applicant Name: _____ (Print Legibly)

Next Employer:							
Employer:							
Address:							
	Stre	et		City	State	Zip	
Telephone:	()		Supervisor Name:			
Dates From:			To:		Final Rate of P	ay:	
Position Held:							
Primary Duties:							
Reason for Leav	ing:						
(Please be speci	fic)						
Next Employer:							
Employer:							
Address:							
	Stre	et		City	State	Zip	
Telephone:	()		Supervisor Name:			
Dates From:			To:		Final Rate of P	ay:	
Position Held:							
Primary Duties:							
Reason for Leav (Please be speci							
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Next Employer:							
Employer:							
Address:							
	Stre	et		City	State	Zip	
Telephone:	()		Supervisor Name:			
Dates From:			To:		Final Rate of P	ay:	
Position Held:					 		
Primary Duties:							
Reason for Leav (Please be speci	ing: fic)						

Applicant Name:		(Print Legibly)
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Next Employer:	:							
Address:								
	Stree	t		City		State	Zip	
Telephone:	()		Supervisor Name:				
Dates From:	<u> </u>		To:		Fina	al Rate of Pay	y:	
Position Held:								
Primary Duties:								
Baagan far Loop	ing:							
Reason for Leav (Please be spec	ific)							

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

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:

Ар	plicant 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 INO 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, relinqu	ished or subject to discipline or
inve	stigation by POST or any other state's law enforcement certification agency?	🖵 Yes 🗖 No

lf yes, explain.

Date(s)	

Date(s)

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

Name/Topic of Training	Certificate?	Date	Location of Training

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

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

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)
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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.

opl	icant Name:		(Print Legibly)						
	4. Have you ever had au SR-22) insurance?	automobile insurance refused, withc	drawn, revoked, or	required to obt	tain special risk (AKA				
	🗆 Yes 🗆 No								
	If yes, please provide o	If yes, please provide complete details.							
		MILITARY HI	STORY						
	Have you ever served on a	active duty in the Armed Forces of th	ne United States?	🛛 Yes	☐ No				
	Branch of Service:		Highest F	Rank:					
	Serial #:	Duty Dates: From:	То:	From:	To:				
		From:	To:	From:	То:				
	Date and type of discharge	ge:							
	Are you now or have you e	ever been a member of a reserve un	nit or the National G	Guard?	es 🛛 No				
	If yes state the branch of s	service, name and location of your un	nit:						
	Was any type of disciplina	ary action taken against you in the se	ervice?	D No					
	If yes, please provide:	, , ,							
	Date:	Place:							
	Action Taken:								
				lo					
	Have you ever served in th	the Armed Forces of a foreign countr	y: La res La N	0					

(Print Legibly)

VETERAN'S PREFERENCE

If you are <u>NOT</u> claiming Veteran's Preference, please initial here _____ and proceed to the next section.

Per Idaho Code, Title 65, Chapter 5, Employer will afford a preference to employment of veterans. In the event of equal qualifications and experience between candidates for an available position, a veteran who qualifies will be preferred. If claiming veteran's preference, please complete the information below and attach a copy of your DD-214 to this application.

(Reference Idaho Code, Title 65, Chapter 5, and 5 U.S.C. § 2108)

The term "active duty" means full-time duty in the Armed Forces, but NOT active duty for training.

Preference Eligible Veterans:

- □ I served on active duty in the armed forces of the United States for a period of more than one-hundred eighty (180) days and was honorably discharged.
- □ I have a service-connected disability of 10% or more.
- □ I am the spouse of an eligible disabled veteran, who has a service-connected disability.
- □ I am the widow or widower of an eligible veteran and have remained unmarried.
- □ I have attached a copy of my DD-214. Veteran's preference will not be considered without this document.

BUSINESS INTERESTS & LICENSES

1.	Do you or have you ever owned any stock or inter	est in any fir	rm, partnership o	or corporation de	ealing wholly or pa	artly in
	the sale or distribution of alcoholic beverages?	🛛 Yes 🕻	🗋 No			

2. Are you now issued, or have you ever been issued a license to engage in a business or profession? \square Ye	Yes 🖵 No
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3. Was any such license ever cancelled, relinquished, suspended or revoked?

If yes to question #1, #2 or #3, please provide details including name and address of business, the type of license or certificate, the agency that issued the license, effective date of license and license number.

Applicant Name:

____ (Print Legibly)

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

PERSONAL & PROFESSIONAL REFERENCES

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

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

2. <u>Professional References</u>: 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 Na	me	
		Home Address:
	(Last, First, Middle)	City, State, & Zip:
Yrs. Known	Occupation	Home Phone:
		Business Address:
		City, State & Zip:
		Business Phone:

Ap	plicant	Name:
1 VP	phound	rianio.

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

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	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.				

Appl	icant Name:	(Print Legibly)
8.	Have you ever u	sed 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 ta	aken 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 d	one 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 s	tolen 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 h	ad forced yourself onto someone sexually, who objected?
	🛛 Yes 🖵 No,	If yes, explain including date(s) and location.
15.	Have you ever c	ommitted 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)
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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)

(Print Legibly)

Emmett Police Department

Release of Information Waiver

As an applicant for the position of ______ with the City of Emmett Police Department, I, _____, am required to furnish information for use in determining my

(Print first middle last)

qualifications. In this connection, I authorize release of any and all information that you may have concerning me, including but not limited to, information of confidential or privileged nature, or any data or materials which have been sealed or agreed to be withheld pursuant to any prior agreement or court proceeding involving disciplinary matters.

I hereby acknowledge that I have been advised that the records or information contained therein may be considered confidential under Idaho Code and therefore subject to discovery or disclosure only pursuant to a noticed motion under Idaho Code. By signing this authorization, I hereby waive any and all rights to have any record or records or information contained therein discovered or disclosed only by a noticed motion pursuant to Idaho Code and hereby authorize the disclosure of all records to which, as an employee, the undersigned would have or did have access.

I understand that I will not receive and am not entitled to know the contents of confidential reports received, and I further understand that these reports are privileged. I hereby release, discharge, exonerate the Emmett Police Department, their agents and representatives and any person furnishing information for any and all liability of every nature and kind arising out of the furnishing and inspection of such documents, records and other information, and this release shall be binding on my legal representatives, heirs and assigns.

Furthermore, in the event that this background investigation finds unethical, dishonest, or illegal conduct or I disclose such conduct, I hereby give the Emmett Police Department permission to disclose the findings and results of this background investigation to my current employer or law enforcement authorities. I understand that this disclosure may result in adverse consequences for me in my current job, including but not limited to, termination from employment, negative references for future employment, and possible criminal prosecution. I understand that the Emmett Police Department, in its sole discretion, will determine where there has been any unethical, dishonest, or illegal conduct. I agree to hold the Emmett Police Department harmless from any and all claims made by me as a result of this release of information.

A photocopy or electronic scan of this release is to be considered as valid as an original.

Signed:	Date:
Social Security number#	Date of Birth:
	NOTARY
State of)

: SS.

)

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____.

County of

(Official Seal)