

City of Eldridge Police Dept



305 North 3rd Street
Eldridge, IA 52748
(563)285-3916

FOR OFFICE USE ONLY

Meet MQ's: Yes No

Remarks:

**APPLICATION
FOR
EMPLOYMENT**

File: Hold for Exam _____ Eligibility List _____ Outdated/Rejected _____

READ the following information before completing this application and sign where indicated.

- All information contained on this application is subject to verification.
- A background investigation is required of successful applicants.
- Any omissions, misstatements or falsifications may be cause for rejection of this application, elimination from further competition, removal of your name from an eligibility list, or discharge from employment.
- The information you provide on this application will be used to determine your qualifications for employment.

INSTRUCTIONS

1. Use black ink and print clearly.
2. Write "NA" if areas on the application do not apply to you.
3. Under "Employment History" include all work experience.
4. Use separate blocks if duties, responsibilities or salary changed while working for the same employer.
5. A resume may be submitted; however, your eligibility will be determined from information provided on the application.
6. Complete an application for each position for which you wish to apply.

CERTIFICATE OF APPLICANT

READ CAREFULLY BEFORE SIGNING

I hereby certify that all statements in this application are true, and I agree and understand that any misstatements or omissions of material facts herein will cause forfeiture on my part of all rights to any employment with the City of Eldridge Police Department.

Signature _____

Date _____

APPLICANT PLEASE COMPLETE 1 THRU 4

1. Position Applied For:

2. Name

3. Mailing Address

4. City, State and Zip

The Eldridge Police Department is an equal opportunity employer and does not discriminate in recruitment, hiring, training, promotion, or other employment practices for reasons of race, color, religious creed, national origin, sex, age or disability. No question in this application is intended to secure information to be used for such discrimination. Replies to all questions will be held in strict confidence, unless otherwise required by statute or Federal Law.

Position
Date

Name (Last, First, Middle)		
Street Address		
City	State	Zip Code
Mailing Address (if different than street)		
Cell Phone Number	Message Phone Number	

REFERENCES

List three (3) references (not a relative or former employer) who are responsible adults and have known you well during the past five years.

Name	Years known	Address	Phone (home/work)

EDUCATIONAL BACKGROUND

High School Name, City and State	Graduated	If no, do you have a GED? Issued by:	Yes Date	No	
Colleges/Universities	City and State	Major	Credit Hours	Degree	Month/Year

EMPLOYMENT HISTORY

List all work experience, beginning with your most recent employer. Include periods of self-employment, part-time employment and military service information. Provide explanation for periods of unemployment. Describe work experience clearly and accurately. The information you provide on this application will be used to determine your qualifications for the position applied for.

Consent to Contact Present Employer

I give my consent for the Eldridge Police to contact my present employer: _____ Yes _____ No (If no, please explain)

Prior Discharges or Forced Resignations

Employer	Date Discharged	Reason for Discharge <small>(Exclude answers which would indicate disability, race, religion, color, sex or national origin)</small>

Present or Most Recent Employer			From	To
Street Address			Position Title	
City	State	Zip	Salary \$	Per
Name of Supervisor			Employer Phone Number	
Reason for Leaving				
Describe Your Duties				

Employer			From	To
Street Address			Position Title	
City	State	Zip	Salary \$	Per
Name of Supervisor			Employer Phone Number	
Reason for Leaving				
Describe Your Duties				

Employer			From	To
Street Address			Position Title	
City	State	Zip	Salary \$	Per
Name of Supervisor			Employer Phone Number	
Reason for Leaving				
Describe Your Duties				

EMPLOYMENT HISTORY (Continued)

Employer			From	To
Street Address			Position Title	
City	State	Zip	Salary \$	Per
Name of Supervisor			Employer Phone Number	
Reason for Leaving				
Describe Your Duties				

Employer			From	To
Street Address			Position Title	
City	State	Zip	Salary \$	Per
Name of Supervisor			Employer Phone Number	
Reason for Leaving				
Describe Your Duties				

Employer			From	To
Street Address			Position Title	
City	State	Zip	Salary \$	Per
Name of Supervisor			Employer Phone Number	
Reason for Leaving				
Describe Your Duties				

Employer			From	To
Street Address			Position Title	
City	State	Zip	Salary \$	Per
Name of Supervisor			Employer Phone Number	
Reason for Leaving				
Describe Your Duties				

JOB FACTORS

Answer "Yes" or "No" to the following questions	Yes	No	
Are you willing to work any shift?			If no, explain:
Are you prepared to work irregular hours, beyond scheduled work hours or overtime, if required?			If no, explain:
Are you able to perform the essential functions of the position as described?			If no, explain:
Are you legally entitled to work in the United States?			If no, explain:
Have you ever filed an application with EPD before?			If yes, list date and position:
If the answer to the previous question is yes, were you disqualified or was your application rejected?			If yes, explain:
Have you ever been employed by the City of Eldridge?			If yes, list dates and department:

Are you now or have you ever been a member of any foreign or domestic organization, association, movement, group or combination of persons which is totalitarian, fascist, communist, subversive, or which has adopted or demonstrates a policy of advocating the commission of acts of force or violence to deny other persons their rights under the Constitution of the United States or the State of Iowa or which seeks to alter the form of government of the USA or Iowa by unconstitutional means?

No _____ Yes _____, explain:

SKILLS

Please complete applicable skills required for the position applied for.

SKILL	YES	NO	LEVEL OF SKILL	YRS OF EXPERIENCE
Typing			Words Per Minute	
Shorthand			Words Per Minute	
Other Office Machines			Type	
Word Processing			Program	
Database			Program	
Spreadsheet			Program	
Other			Program	

List any other skills, abilities, professional organizations, etc., that you feel would be useful for us to know in evaluating your qualifications for employment (exclude answers that would indicate race, religion, color, age, sex, national origin or disability.)

DRUG USE/ARREST QUESTIONNAIRE

TYPE OF DRUG	HAVE YOU EVER TRIED? <u>Answer "Yes" or "No"</u>	IF "YES, HOW MANY TIMES?	HOW MANY TIMES AFTER AGE 21?	DATE FIRST USED	DATE LAST USED	HAVE YOU EVER SOLD, SMUGGLED OR TRANSPORTED FOR SALE OR PERSONAL GAIN? <u>Answer "Yes" or "No"</u>
MARIJUANA						
HASHISH						
COCAINE/CRACK						
METHAMPHETAMINE/SPEED						
HEROIN						
OPIUM						
MORPHINE						
LSD/ACID						
PEYOTE						
MESCALINE						
STEROIDS						
ANY OTHER ILLEGAL DRUGS						
ILLEGAL USE OF PRESCRIPTION DRUGS						

IF YOU ANSWERED "YES" TO ANY OF THE AREAS ABOVE, PROVIDE FULL EXPLANATION ON CONTINUATION SHEET. INCLUDE, IF APPLICABLE, THE FOLLOWING:

- | | |
|---|--|
| a. How the drug was ingested or consumed. | d. How the drug was obtained. |
| b. The duration of usage. | e. Why you stopped using the drug. |
| c. The motivation for use. | f. Any other factors you believe are relevant. |

ARREST INFORMATION

Have you ever been arrested, charged, or convicted of any violations of law (other than minor traffic offenses), either as an adult or a juvenile? If "YES" give details for EACH arrest or charge including original charge, final charge, date, originating agency, court, final disposition, and details of the incident which led to the arrest. PRINT ALL INFORMATION. Use continuation sheet, if necessary.

No _____ Yes _____

I hereby certify that all statements in this questionnaire are true, and I agree and understand that any misstatements or omissions of material facts herein will be cause for forfeiture on my part of all rights to employment with the City of Eldridge Police Department.

Signature _____ Date _____

BACKGROUND INFORMATION

A thorough personal history background investigation will be completed prior to any job offer. Although the following information is optional at the time of application, this information must be provided prior to the background investigation and job offer. This information will remain confidential and will be used for background investigation purposes and as allowed by law.

Social Security Number	Date of Birth
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MILITARY RECORD

Branch of Service	Serial Number	Date Entered	Separated
Honorable Discharge	_____ Yes _____ No, Type of Separation	Vietnam Era Veteran?	Yes _____ No _____

DRIVING RECORD

Do you possess an Iowa operator or commercial driver's license?
 No_____ Yes_____ Operator No. _____ Commercial No. _____

Do you possess an operator, chauffeur or commercial driver's license issued by another state?
 No_____ Yes_____ State_____ License No. _____

Have you ever had your driver's license suspended or revoked?
 No_____ Yes_____ When_____ Reason _____

PAST RESIDENCES

Start with your present residence. List all cities and states since high school or the last 10 years.

City and State	Date From	Date To

VETERAN/DISABILITY QUESTIONNAIRE

The laws of the state of Iowa require that preference points be added to the final examination of veterans and disabled persons, but **ONLY** if the applicant earns a passing grade without preference.

Submission of veteran and disability information is voluntary. It will be used only to award preference points and/or provide accommodation for testing and will otherwise remain confidential.

_____ **Veteran (5 points):** Any individual who has served for six months honorable active duty in the Armed Forces of the United States. Applicants need not meet the six month time limit if they honorably served for any length of time in the Armed Forces of the United States in action defined in Iowa Code Chapter 35.1. If, after adding preference points, a tie exists between a veteran and a non-veteran, the veteran shall be placed on the list before the non-veteran. Honorable active duty is full time duty in the Armed Forces which results in an honorable discharge or a release from active duty to the reserve component or National Guard under honorable conditions. **Receipt of veteran's preference points requires official documentation of service. Attach a copy of the federal form DD-214, Separation from Active Duty, or any comparable official military document indicating time of active duty. Documentation must accompany the application or be submitted prior to testing.**

_____ **Disabled Veteran (10 points):** A former member of the Armed Forces of the United States on active duty for any period of time who is considered by the United States Department of Veteran Affairs, any branch of the Armed Forces, the United States Coast Guard, or the Public Health Service to have a service-connected disability. **Receipt of disabled veteran's points requires official documentation of disability from the Veterans Administration. Attach a copy of documentation or submit prior to testing.**

_____ **Spouse or Surviving Spouse (5 points):** Spouse (not remarried) of veteran who at the time of application listed by the Secretary of Defense as having, 1) died of a service-connected injury OR for not less than 90 days has been, 2) missing in action; 3) captured in the line of duty by a hostile force; 4) forcibly detained in the line of duty by a hostile foreign government; 5) totally, permanently disabled as a result of a service-connected disability. **Attach a copy of the veteran's documents and marriage/death certificate or submit prior to testing.**

_____ **Disabled Person (5 points):** Anyone who has a mental or physical impairment which substantially limits one or more major life functions (walking, seeing, hearing, speaking, breathing, learning, working, etc.) or has a record of such an impairment or is perceived as having such an impairment. **In order to be eligible for preference points, the form titled "Disabled Person's Notice to Employer and Release" must accompany the application or be submitted prior to testing. This form may be obtained from Eldridge City Hall.**

CONTINUATION SHEET

Eldridge Police Department Request

for Special Testing Accommodation (Complete

this form only if you have a disability)

In order to gather the necessary information to make special testing accommodations, we are asking all disabled applicants who require such accommodation to complete this form. Every effort will be made to make reasonable testing accommodations. **COMPLETION OF THIS FORM IS ENTIRELY VOLUNTARY.** You do not have to complete this form if you have no need for special testing accommodations.

I require special testing accommodations.

The nature of these accommodations are as follows: (example: individual testing session, reading assistance, writing assistance, Braille testing, special equipment/facilities, other).

Signature_____Date_____

**Eldridge Police Department
Disabled Person's Notice to Employer and Release**

Complete this form only if you have a disability and are claiming preference points. Completion of this form is entirely voluntary.

To Whom it May Concern:

I wish to identify myself to you as being a qualified disabled person pursuant to Iowa Code Chapter 216C and following. I believe that I am able to perform the position requested below, with some reasonable accommodation.

Pursuant to this request, I provide the following information:

Name _____

Social Security Number _____

Position Requested _____

Can you provide medical documentation regarding your disability?

Yes _____ No _____

Physician(s) Name, Address and Phone Number

Rehabilitation or Placement Counselors, Address and Phone Number

The nature of my disability is as follows:

Please state the nature of any limitations or restrictions resulting from your disability of which you are aware:

I authorize any person(s) to furnish information or opinions to officers, agents or employees of EPD during my background investigation. I expressly waive any and all legal privileges regarding physician/patient information, psychotherapist/patient information, or other provider/client information which may be reasonably related to my potential employment with the Police Department.

Signature _____

Date _____