AMERICAN FALLS POLICE DEPARTMENT EMPLOYMENT APPLICATION

Employees of the American Falls Police Department are selected in order to accomplish the legal and operational duties established by statue and by the policy choices of the City's elected officials. Each employee of the American Falls Police Department is expected to conduct him/herself in a manner which reflects favorably upon the City and recognized that City employees are subject to additional public scrutiny in their public and personal lives.

PLEASE PRINT IN INK OR TYPE

SOCIAL SECURITY # NAME: (AS IT APPEARS ON SOCIAL SECURITY CARD/WORK PERMIT CARD)						
NAIVIE: (AS II APPEARS ON SOCIAL SEC	URITY CARD/ WURK PERI	VIII CARD)				
LAST:	FIRST:		M.I.			
ADDRESS: STREET:						
CITY	CTATE	710.00				
CITY:	SIAIE:	ZIP CC	JDE:			
HOME PHONE:						
DAYTIME PHONE:						
MESSAGE CONTACT: NAME		PHONE#				
ARE YOU AT LEAST 21 YEARS OLD? YES	6 NO					
OTHER NAMES YOU HAVE USED:						
POSITION APPLIED FOR:		SALAR	1			
		REQUIF	REMENTS:			
REFERRED TO		DATE 4	\/AU ABI E			
AMERICAN FALLS P.D. BY:		DATEA	VAILABLE:			
HAVE YOU EVER BEEN EMPLOYED						
WITH THE CITY OF AMERICAN FALLS: Y	ES NO					
WHEN DEPARTMENT		SUPERVISOR				
				•		
REASON FOR LEAVING:						
HAVE YOU EVER BEEN	IN APPLYING FOR A		CAN YOU, IF HIRED, SUBMIT			
CONVICTED OF A FELONY	POSITION WHICH		VERIFICATION OF YOUR			
OR MISDEMEANOR INCLUDING	REQUIRES DRIVING		LEGAL RIGHT TO WORK IN			
DUI OR DRIVING WHILE SUSPENDED? A CITY VEHICLE,			THE U.S.?			
NO VEC	PLEASE PROVIDE THE					
NO YES	FOLLOWING INFORMATION:					
IF YES GIVE LOCATION,	I HAVE A VALID DRIVER'S LICE	ENSE	NO YES			
DATE CHARGED, AND DISPOSITION OF CASE(S)	NO YES					
ON A SEPARATE PAGE.	NO 1E3					
	D.L.#					
	STATE:					

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EDUCATIONAL					CIRCLE YRS	UNITS			
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HIGH SCHOOL					9, 10, 11, 12				
COMMUNITY OR JUNIOR COLLEGE					1 2				
BUSINESS/ TRADE SCHOOL					1 2				
COLLEGE OR					1, 2, 3, 4				
UNIVERSITY					1, 2, 3, 4 1, 2, 3, 4				
GRADUATE SCHOOL									
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SHORTHAND/ SPEED WRITING	WPM	<u>l</u>							
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PROFESSIONAL LICENSES/ CERTIFICATIONS (JOB RELATED)		TYPE OF LICENSE/ CERTIFICATIONS		DA ISS	ATE GUED	REGISTRATION NUMBER	<u>STATE</u>	EXPIRES MO/YR	
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PROFESSIONAL SCHOLASTIC & OTHER ORGANIZATION (JOB RELATED)	NS	NAM	<u>1E</u>		DATE	NAME			<u>DATE</u>

JOB RELATED TRAINING

NAME OF COURSE	YEAR	NAME OF COURSE		YEAR
		INAME OF COOKSE		
	COMPLETED			COMPLETED
	EMPLOYME	NT HISTORY		
THIS PORTION OF THE APPLICATION MUST INCLUD	E A MINIMUM O	F 10 YEAR WORK HISTO	RY AND MUST BE COMPLET	TED EVEN IF
	SUPPLEMENTED	BY A RESUME.		
LIST YOUR MOST RECENT EMPLOYER FIRST INCLUDING	G U.S. MILITARY S	SERVICE AND UNPAID O	R VOLUNTEER WORK. BASE SA	LARY DOES NOT
INCLUDE	OVERTIME, BON	USES, OR COMMISSION	S.	
			-	
FROM (MO/YR):TO (MO/YR):		TOTAL	YRS	MOS
YOUR POSITION:		VOLID (UDED) ((CO.		
PRESENT EMPLOYER:		YOUR SUPERVISOR	K:	
ADDRESS:TYPE OF BUSINESS:	DEA	CON FOR LEAVING	PHONE #:	
TYPE OF BUSINESS:	KEAS	SON FOR LEAVING:	OTHER COMPENSATION	
BASE SALARY:/ START FINAL	()MONTHLY			
BRIEF DESCRIPTION OF YOUR DUTIES & RESPONSIBILITIES	EC.		AND BONUSES	
BRIEF DESCRIPTION OF YOUR DUTIES & RESPONSIBILITIE	E3:			
TO (140 (VD)			VDC	
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PRESENT EMPLOYER:		YOUR SUPERVISOR	C:	
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FROM (MO/YR):TO (MO/YR):		TOTAL	YRS	MOS
YOUR POSITION:			<u> </u>	
PRESENT EMPLOYER:	_	YOUR SUPERVISOR	R:	
ADDRESS:			PHONE #:	
TYPE OF BUSINESS:	REAS	SON FOR LEAVING:		
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FROM (MO/YR):TO (MO/YR):		TOTAL	YRS	MOS
YOUR POSITION:				
PRESENT EMPLOYER:				
ADDRESS:			PHONE #:	
TYPE OF BUSINESS:				
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ADDRESS:			R: _ PHONE #:	
ADDRESS:TYPE OF BUSINESS:	REAS	SON FOR LEAVING:	_PHONE #:	
ADDRESS:	REAS	SON FOR LEAVING:()WEEKLY ()HOURLY		

REFERENCES

NAME	NAME		
ADDRESS	ADDRESS		
CITY, STATE, ZIP	CITY, STATE, ZIP		
DAYTIME PHONE	DAYTIME PHONE		
RELATIONSHIP *(NO RELATIVES)*	RELATIONSHIP		
NAME	NAME		
ADDRESS	ADDRESS		
CITY, STATE, ZIP	CITY, STATE, ZIP		
DAYTIME PHONE	DAYTIME PHONE		
RELATIONSHIP	RELATIONSHIP		
NAME	NAME		
ADDRESS	ADDRESS		
CITY, STATE, ZIP	CITY, STATE, ZIP		
DAYTIME PHONE	DAYTIME PHONE		
RELATIONSHIP	RELATIONSHIP		
(NO RELATIVES)	(NO RELATIVES)		
NAME RELATIONSHIP			
	CITY, STATE, ZIP		
HOME PHONE BUSINESS PHONE			

AUTHORIZATION AND AGREEMENT I HEREBY AUTHORIZE THE CITY OF AMERICAN FALLS TO CONTACT: MY PRESENT EMPLOYER(S) [] YES [] NO MY PAST EMPLOYER(S) [] YES [] NO

If hired, I authorized the City of American Falls to verify my present and past employment and education. I understand and agree that any misrepresentation made in this application is grounds for termination.

I hereby authorize the City of American Falls to solicit all information which it may need in connection with this application and to request each person referred to in this application (except as restricted above) to provide all such information to the City of American Falls. I hereby release all such employers, firms, and persons from any liability or damage whatsoever resulting from their providing such information to the City of American Falls. The City of American Falls is hereby authorized to circulate my application and any other information which it

obtains from the employers, firms, or persons referred to in this application to legally constituted governmental or regulatory authorities. Also I grant the City of American Falls the authority to allow legally constituted authorities to review all pertinent parts of my personnel file.

I understand and agree if I am applying for a certified officer position, I will be required to comply with all the requirements of the Idaho Peace Officer Standards and Training. I further understand that any offer of employment is conditioned upon all those tests, including physical agility, to determine my fitness for this position.

I also understand and agree that my first year of employment by the American Falls Police Department is a probationary period and is terminable at will by either the City of American Falls or me, with or without notice and with or without cause. Any changes to this agreement will not be valid unless in writing signed by me or a duly authorized representative of the American Falls Police Department.

I certify that, to the best of my knowledge and belief, all statements I have made in this application are true and correct.

NOTICE TO ALL APPLICANTS

The City of American Falls is subject to section 504 of the Rehabilitation Act of 1973 and the American With Disabilities Act of 1990. Applicants who believe they are covered by these acts are invited to identify their disabilities and special accommodations they feel necessary to adequately perform their jobs. Submission of this is strictly voluntary and may be made to the Human Resource Manager.