

# 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 statute 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**

<b>SOCIAL SECURITY #</b>		
<b>NAME: (AS IT APPEARS ON SOCIAL SECURITY CARD/WORK PERMIT CARD)</b>		
<b>LAST:</b>	<b>FIRST:</b>	<b>M.I.</b>
<b>ADDRESS: STREET:</b> _____		
<b>CITY:</b> _____	<b>STATE:</b> _____	<b>ZIP CODE:</b> _____
<b>HOME PHONE:</b> _____		
<b>DAYTIME PHONE:</b> _____		
<b>MESSAGE CONTACT: NAME</b> _____ <b>PHONE#</b> _____		
<b>ARE YOU AT LEAST 21 YEARS OLD? YES</b> _____ <b>NO</b> _____		
<b>OTHER NAMES YOU HAVE USED:</b>		
<b>POSITION APPLIED FOR:</b>		<b>SALARY REQUIREMENTS:</b> _____
<b>REFERRED TO AMERICAN FALLS P.D. BY:</b>		<b>DATE AVAILABLE:</b> _____
<b>HAVE YOU EVER BEEN EMPLOYED WITH THE CITY OF AMERICAN FALLS: YES</b> _____ <b>NO</b> _____		
<b>WHEN</b> _____	<b>DEPARTMENT</b> _____	<b>SUPERVISOR</b> _____
<b>REASON FOR LEAVING:</b>		
<b>HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR INCLUDING DUI OR DRIVING WHILE SUSPENDED?</b>	<b>IN APPLYING FOR A POSITION WHICH REQUIRES DRIVING A CITY VEHICLE, PLEASE PROVIDE THE FOLLOWING INFORMATION:</b>	<b>CAN YOU, IF HIRED, SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE U.S.?</b>
_____ NO _____ YES	<b>I HAVE A VALID DRIVER'S LICENSE</b>	_____ NO _____ YES
<b>IF YES GIVE LOCATION, DATE CHARGED, AND DISPOSITION OF CASE(S) ON A SEPARATE PAGE.</b>	_____ NO _____ YES	
	<b>D.L.#</b>	
	<b>STATE:</b>	

**U.S. MILITARY SERVICE**

THE CITY OF AMERICAN FALLS WILL GRANT A PREFERENCE OF EMPLOYMENT OF VETERANS OF THE UNITED STATES ARMED SERVICE IN ACCORDANCE WITH PROVISIONS OF IDAHO CODE 65-502.

\_\_\_\_\_  
BRANCH OF SERVICE

FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
DATES SERVED

\_\_\_\_\_  
TYPE OF DISCHARGE

**EDUCATION/SKILLS**

EDUCATIONAL LEVEL	NAME	CITY	STATE	CIRCLE YRS COMPLETED	UNITS COMPLETED	DEGREE	MAJOR
HIGH SCHOOL				9, 10, 11, 12			
COMMUNITY OR JUNIOR COLLEGE				1 2			
BUSINESS/TRADE SCHOOL				1 2			
COLLEGE OR UNIVERSITY				1, 2, 3, 4 1, 2, 3, 4 1, 2, 3, 4			
GRADUATE SCHOOL							

**OFFICE SKILLS**

<b>TYPING</b>	<b>WPM</b>	LIST OTHER OFFICE SKILLS (PC, SOFTWARE, ETC.)
<b>SHORTHAND/SPEED WRITING</b>	<b>WPM</b>	

**LICENSES/CERTIFICATIONS/ORGANIZATIONS**

PROFESSIONAL LICENSES/CERTIFICATIONS (JOB RELATED)	TYPE OF LICENSE/CERTIFICATIONS	DATE ISSUED	REGISTRATION NUMBER	STATE	EXPIRES MO/YR
	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>
	<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>
	<u>3</u>	<u>3</u>	<u>3</u>	<u>3</u>	<u>3</u>

PROFESSIONAL, SCHOLASTIC & OTHER ORGANIZATIONS (JOB RELATED)	NAME	DATE	NAME	DATE



**REFERENCES**

NAME _____.	NAME _____.
ADDRESS _____.	ADDRESS _____.
CITY, STATE, ZIP _____.	CITY, STATE, ZIP _____.
DAYTIME PHONE _____.	DAYTIME PHONE _____.
RELATIONSHIP _____.	RELATIONSHIP _____.
<b>*(NO RELATIVES)*</b>	<b>*(NO RELATIVES)*</b>
NAME _____.	NAME _____.
ADDRESS _____.	ADDRESS _____.
CITY, STATE, ZIP _____.	CITY, STATE, ZIP _____.
DAYTIME PHONE _____.	DAYTIME PHONE _____.
RELATIONSHIP _____.	RELATIONSHIP _____.
<b>*(NO RELATIVES)*</b>	<b>*(NO RELATIVES)*</b>
NAME _____.	NAME _____.
ADDRESS _____.	ADDRESS _____.
CITY, STATE, ZIP _____.	CITY, STATE, ZIP _____.
DAYTIME PHONE _____.	DAYTIME PHONE _____.
RELATIONSHIP _____.	RELATIONSHIP _____.
<b>*(NO RELATIVES)*</b>	<b>*(NO RELATIVES)*</b>

**EMERGENCY CONTACT**

NAME _____	RELATIONSHIP _____
ADDRESS _____	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.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### **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.