

APPLICATION INSTRUCTIONS

The Payette Police Department uses the employment application, among other things, to determine your legal qualifications for the position for which you are applying. In addition, the Police Department has an obligation to itself and to the citizens of its service area to ensure that persons who are not qualified for this position will be excluded lawfully from further consideration.

You may choose to either hand write or type the information in the spaces provided. If there is not enough room to answer a question please attach another lined page to complete your answers. Please be specific as possible in your answers as you are responsible for the accuracy of the information. Deliberate misstatements or omissions will result in your application being rejected, regardless of the nature or reason for the misstatements or omissions.

Your responses will be subject to verification by polygraph examination. Inconsistent statements made in your application or during a polygraph will result in your disqualification.

Your completed application is a highly confidential document and will not be shared with anyone outside of the hiring process for the Payette Police Department. The original signed form becomes a permanent part of your background file and will not be released without your signed authorization or order of the court.

APPLICANT QUALIFICATIONS

In order to qualify as a Police Officer Applicant for the City of Payette Department, the following minimum requirements must be met:

- Shall be a citizen of the United States.
- Must be at least 21 years of age.
- Must possess a High School diploma or G.E.D. certificate.
- Must possess a valid driver's license.
- Must be of good moral character and pass an extensive background investigation, which will include a review of your criminal and traffic history, your financial affairs, work history, education, and personal history to include but not be limited to contacts with friends, neighbors, relatives, employers, co-workers and associates. Applicants who successfully progress through the application and testing process will also be required to pass a Polygraph Exam, Psychological Evaluation and Drug Testing prior to being appointed to a Police Officer position.
- Have not less than two (2) years of responsible work experience following high school graduation (or when the applicant would have graduated). This requirement can be complied with by two (2) years of any combination of military service, gainful employment or education.
- Shall have no convictions or withheld judgments for any felony criminal offense.
- Shall have no convictions or withheld judgments for any misdemeanor sex crimes, misdemeanor crimes of deceit or misdemeanor drug offenses within five (5) years preceding application.
- Shall have no convictions or withheld judgments for misdemeanor DUI during the three (3) years immediately preceding application.
- Shall have no convictions or withheld judgments for any other misdemeanor crime during the three (3) years immediately preceding application.
- Shall have no convictions or withheld judgments of any misdemeanor crime of domestic violence, stalking, violation of a civil protection order, violation of a no contact order or child abuse.
- Shall not have had a driver's license suspension for a DUI conviction, refusal of a chemical test

or for having habitual misdemeanor or infraction traffic violations during the three (3) years immediately preceding application.

- Must be able to legally possess a firearm.
- Shall not have a “Dismissal”, “Bad Conduct Discharge”, “Dishonorable Discharge” or “Other than Honorable” discharge from any Military service. The administrative discharges of “General Under Honorable Conditions”, “General” or “Uncharacterized” may be grounds for rejection for certification by Idaho POST.
- Must be able to meet the physical and medical requirements for a law enforcement officer in the State of Idaho as prescribed by the Idaho Peace Officer Standards & Training Council.



CITY OF PAYETTE POLICE DEPARTMENT EMPLOYMENT APPLICATION

Application must be typewritten or **printed legibly** in ink. All questions must be answered. Applications which are not complete will not be considered. If space provided is not sufficient for complete answers or you wish to furnish additional information, attach sheets of the same size as this application, and number answers to correspond with questions.

POSITION APPLYING FOR	DATE
Job Title: _____	
What shifts will you work? <input type="checkbox"/> Days <input type="checkbox"/> Nights <input type="checkbox"/> Any	<u>NOTICE:</u> During the Background Check, we will be contacting your present employer.
Available Start Date: _____	

PERSONAL HISTORY

1. Full Name:

First Middle Last

2. Applicant's Current Address:

Address

City County State Zip

() _____ () _____

Telephone Number

Message Number

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.

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

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

7. List all of your residential addresses since High School. Begin with your permanent address and include temporary, part time, military and permanent addresses.

From Yr/Mo	To Yr/Mo	Address	City	State	Zip

EDUCATION/TRAINING

High School or GED Name/Address	Dates Attended Mo./Yr.		Years Completed	Did You Graduate?	Type of Diploma
	From	To			

*College/University Name/Address	Dates Attended Mo./Yr.		Credit Hours Earned		Did You Graduate?	Type of Degree
	From	To	Qtr.	Sem.		

Major _____ Minor _____

Other Schools (Trade, Vocational, Business or Military):

Name/Address	Dates Attended Mo./Yr.		Credit Hours Earned	Area of Study	Did You Graduate?	Type of Degree or Certificate
	From	To				

1. Describe any awards, honors, citations, 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.

5. 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)

_____ Date(s)

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

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

8. 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):

9. Have you had any training/education with K-9's? Yes No

If yes, provide details:

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:

EMPLOYMENT HISTORY

(List chronologically all employment beginning with present employment, including summer and part-time employment. All time must be accounted for. If unemployed for a period, set forth dates of unemployment) Be as specific as possible about your reasons for leaving. Do not use personal reasons.

Employer:

Address:

Street

City

State

Zip

Telephone: ()

Supervisor Name:

Dates From:

To:

Final Rate of Pay:

Position Held:

List name of 1 coworker

Primary Duties:

Reason for Leaving:

Next Employer:

Employer:

Address:

Street

City

State

Zip

Telephone: ()

Supervisor Name:

Dates From:

To:

Final Rate of Pay:

Position Held:

List name of 1 coworker

Primary Duties:

Reason for Leaving:

Next Employer:

Employer:

Address:

Street

City

State

Zip

Telephone: ()

Supervisor Name:

Dates From:

To:

Final Rate of Pay:

Position Held:

List name of 1 coworker

Primary Duties:

Reason for Leaving:

Next Employer:			
Employer:			
Address:			
Street	City	State	Zip
Telephone: ()	Supervisor Name:		
Dates From:	To:	Final Rate of Pay:	
Position Held:	List name of 1 coworker		
Primary Duties:			
Reason for Leaving:			
Next Employer:			
Employer:			
Address:			
Street	City	State	Zip
Telephone: ()	Supervisor Name:		
Dates From:	To:	Final Rate of Pay:	
Position Held:	List name of 1 coworker		
Primary Duties:			
Reason for Leaving:			
Next Employer:			
Employer:			
Address:			
Street	City	State	Zip
Telephone: ()	Supervisor Name:		
Dates From:	To:	Final Rate of Pay:	
Position Held:	List name of 1 coworker		
Primary Duties:			
Reason for Leaving:			

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. 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.

APPLICANTS WITH CURRENT OR PRIOR LAW ENFORCEMENT EXPERIENCE

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

Agency	Name of Complainant	Approximate Date	Disposition

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

Agency	Name of Complainant	Approximate Date	Disposition

3. 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

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

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

5. 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.

4. Have you ever had automobile insurance refused, withdrawn, revoked, or required to obtain special risk 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.

VETERAN'S PREFERENCE

If you are **NOT** 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
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1. Do you or have you ever owned any stock or interest in any firm, partnership or corporation dealing wholly or partly 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? Yes No
3. Was any such license ever cancelled, relinquished, suspended or revoked? Yes No

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.

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.

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	

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

3. Neighbor / Landlord References: List names of three (3) current or recent neighbors or landlords. Do not list references that related by blood or marriage. Confirm addresses and phones are current prior to application submittal.

Complete Name		Home Address: _____
(Last,First,Middle)		City, State, & Zip: _____
Yrs. Known	Occupation	Home Phone: _____
		Business Address: _____
		City, State & Zip: _____
		Business Phone: _____
Complete Name		Home Address: _____
(Last,First,Middle)		City, State, & Zip: _____
Yrs. Known	Occupation	Home Phone: _____
		Business Address: _____
		City, State & Zip: _____
		Business Phone: _____
Complete Name		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. Attach a certified copy of birth certificate.
2. Attach a certified copy of high school diploma or GED, college diploma or transcripts.
3. Attach a copy of military discharge(s).

OTHER REQUIREMENTS

When requested by this agency, applicant will be fingerprinted and shall be required to submit to a drug test, written examination and complete physical examination, as well as be required to complete the Background Information form and a polygraph examination.

RELEASE OF INFORMATION

TO: _____ APPLICANT'S NAME: _____
OR Repository of Records DATE OF BIRTH: _____
SOCIAL SECURITY NO.: _____

NAME & ADDRESS OF EMPLOYING AGENCY REQUESTING BACKGROUND INFO:

CITY OF PAYETTE
700 CENTER AVENUE
PAYETTE, ID 83661

I hereby authorize any authorized representative bearing this release, or copy thereof, to obtain any information in your files pertaining to me including, but not limited to, achievement, attendance, personal history, disciplinary records, credit records, criminal history records, training records, and educational records.

I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the requesting agency. Consent is granted for the agency to furnish such information, as is described above, to third parties in the course of fulfilling its official responsibilities.

I hereby authorize the National Records Center, St. Louis, Missouri, or other custodian of my military record to release information or photocopies from my military personnel, including a photocopy of my DD 214, Report of Separation, to:

Signed this the _____ day of _____, 20____.

Signature in Full _____

PRINTED Signature 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)