



Chubbuck Police Department: Communications Application



5160 Yellowstone Avenue P.O. Box 5604 Chubbuck, ID 83204-5604
Police: (208) 237-7172 Records: (208) 238-2376 Fax: (208) 237-0944

ANNUAL STARTING SALARY:

Entry Level Communications Operator: \$17.02/ Hour

ADDITIONAL PAY:

- Certification pay for Communications Certificates
- Shift differential

ADDITIONAL BENEFITS:

- Insurance for the Employee and the Employee's family including:
Medical, Prescriptions, Dental, and Vision
- Persi retirement plan

* Annual salary increases contingent upon satisfactory job performance, available funding in the annual budget, and approval by the mayor.

Incentive pay begins upon completion of recruit training

DUTIES AND RESPONSIBILITIES:

- The principal function of an employee in this class is to answer emergency and non-emergency calls for the police, fire, medical and other City services using a multi-line telephone and 911 systems. Employees in this class are responsible for fast, efficient and accurate receiving, dispatching and processing of calls and messages from and to fire and police vehicles and personel on an assigned shift. The work is performed under the supervision of a Dispatch Supervisor, with some latitude granted for the exercise of independent judgement and initiative. The prinicpal duties of this class are performed in a general office environment, frequently under stressful conditions.

SPECIAL NOTE:

- All applicants who are hired as a Communications Operator must successfully complete Idaho Peace Officers Standards and Training (POST) Dispatch Academy or approved equivalent training, the Communications Training Phase, and one year of probation.

HIRING PRACTICE:

- The City of Chubbuck is an Equal Opportunity Employer and does not discriminate on the basis of race, sex, age, national origin, religion, sexual orientation or physical disability (except where physical requirements constitute a bona fide occupational qualification).



Chubbuck Police Department: Applicant Questionnaire



5160 Yellowstone Avenue P.O. Box 5604 Chubbuck, ID 83204-5604
Police: (208) 237-7172 Records: (208) 238-2376 Fax: (208) 237-0944

Full Legal Name: _____ Date of Birth: _____ Today's Date: _____

Will you be at least 21 years old within the next two months?

Yes No

Has your drivers license been suspended or revoked in the past two years?

Yes No

Have you had five or more traffic convictions in the last three years?

Yes No

Have you ever been convicted of a felony?

Yes No

Have you had any misdemeanor convictions within the past two years?

Yes No

Have you been convicted of driving under the influence of alcohol or drugs within the last two years?

Yes No

Have you been convicted of any misdemeanor sex crimes, crimes of deceit, or drug offenses within the last five years?

Yes No

Have you ever been charged with a crime involving domestic violence?

Yes No

If you served in the military, did you receive one of the following discharges: a dismissal, bad conduct discharge (BCD), dishonorable discharge (DD), or an administrative discharge of other than honorable (OTH)?

Yes No Not Applicable

Have you used any of the following drugs in your lifetime: cocaine, methamphetamines, heroin, PCP, LSD (acid), MDMA (ecstasy), or anabolic steroids since 1990?

Yes No

Have you graduated from high school or received your GED?

Yes No

Since high school, have you had at least two years of responsible work or any other productive activity?

Yes No

Application Instruction Sheet

The applicant must complete the enclosed forms accurately, legibly, and completely. Do not leave any blank spaces. **PRINT ANSWERS** to questions with a black ball point pen. It is to your advantage to **BE ABSOLUTLY TRUTHFUL** in answering all questions on your application and during all interviews. A false statement or the omission of requested information is grounds for automatic rejection before appointment, or termination after employment. Often, an applicant is suspended from the hiring process due to falsification or omission of information that would not have disqualified them otherwise. If you answer "yes" to a question, you need to be complete in explaining the circumstances. Do not omit an explanation because you think the incident was minor and of no importance. If the space is insufficient to complete your answers, please attach supplementary pages.

The following documents are required to begin the application process and must be returned with the application.

- A copy of Job Service typing skills certificate (Schedule testing at Job Service)
- A copy of your high school diploma, certified transcripts, or G.E.D. certificate
- A copy of your birth certificate
- A copy of your current/valid drivers license

The following documents are required if they are applicable to you and must be returned with the application.

- DD214 form, member 4 showing an honorable discharge (if a veteran)
- College transcripts
- Citizenship papers
- Copy of bankruptcy discharge papers

Accompanying this application the applicant must hand write (in their own hand writing) at least a 1 page autobiography. This should include what the applicant's goals are for the future.

The completed application and required documents must be returned to the Chubbuck Police Department at the following address:

Mail: Chubbuck Police Department	or in person: Chubbuck Police Department
P.O. Box 5604	5160 Yellowstone
Chubbuck, Id 83202	Chubbuck, Id 83202

NOTE: Pages 14 and 15 of this application must be notarized

Upon submission, your application and supporting documents will be reviewed for completeness. If your application is incomplete, it will be returned to you. Applicants whose materials are complete, and who meet minimum requirements, will be scheduled for an interview. Applicants will be notified of date, time and place of the interview. If you pass the interview phase, a thorough background investigation will be conducted. A hearing examination and an in-person psychological interview will be required upon offer of employment.

If you have any questions concerning this process, please contact Communications Supervisor Lt. Bill Guiberson by telephone during office hours at (208) 237-7172 or email bguiberson@cityofchubbuck.us.

PERSONAL INFORMATION

Provide the following identification information:

Full Legal Name:		Social Security Number:	Date of Birth:
Drivers License Number:	Type of License: <input type="checkbox"/> Commercial <input type="checkbox"/> Operator	State Issued:	Expiration Date:
If you have ever been known by any other name (maiden name, abbreviated name, etc...), please list below:			
Place of Birth (City, County, State):			

Provide the following contact information:

Street Address Including City, State and Zip Code:			How long? (Yrs., Mos.):
Email Address:	Home Phone:	Cellular Phone:	Work Phone:

Provide the following scheduling information:

Age Requirements Vary Based on Position and Schedule. Please Check One Box: <input type="checkbox"/> I am 18+ years old <input type="checkbox"/> I am 19+ years old <input type="checkbox"/> I am 21+ years old			Type of Position Desired: <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time <input type="checkbox"/> Volunteer Work			
Please Indicate All Shifts For Which You Will Be Available To Work: <input type="checkbox"/> Day Shifts <input type="checkbox"/> Night Shifts <input type="checkbox"/> Rotating Shifts <input type="checkbox"/> On Call Shifts <input type="checkbox"/> Weekends / Holidays <input type="checkbox"/> Full-Time						
Using Military Time, List Times You Can Be Scheduled for Each Day of the Week (Example 15:00 to 20:00):						
Sunday:	Monday:	Tuesday:	Wednesday:	Thursday:	Friday:	Saturday:

Can you produce proof of U.S. citizenship or right to work in the United States documentation? Yes No

With or without accommodations, can you perform essential job functions listed in job description? Yes No

Do you have typing, keyboarding, or ten-key proficiency? Yes No If yes, provide words per minute: _____

Are you related to any City of Chubbuck employee? Yes No If yes, provide name and position:

Have you ever been employed by the City of Chubbuck? Yes No If yes, provide position and dates:

Have you previously applied for any job at this agency? Yes No If yes, provide position and date:

Do you have communications level 1-4 certification? Yes No If yes, provide level and issuing state:

Have you served in any branch of the military? Yes No If yes, provide the following information:

Branch of Service:	Dates of Service:	Highest Rank Held:	Service Number:	Type of Discharge:
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How did you learn about this job opening?

ACADEMIC HISTORY

Circle the highest grade completed

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 _____ Other

If you graduated from high school, complete the following information:

Name of High School:	Year Started School:	Year Graduated School:
Street Address including City, State and Zip Code:		Telephone Number:

If you received a GED certificate, complete the following information:

Name of School (If the school no longer exists, list the name of the local board of education):	Year GED Obtained:
Street Address including City, State and Zip Code:	State GED Obtained:

List any Degrees that you have received (Such as A.A., A.A.S., B.S., M.P.A., etc.):

Type of degree:	Major and Minor Area of Study:	Year Degree Received:

Since high school, have you ever been expelled or suspended from any school or disciplined by any school official?

Yes No If Yes, explain circumstances: _____

List below any colleges, universities, and vocational / technical schools / graduate schools that you have attended:

Name of School:	Street Address including City, State and Zip Code:	Year Started:	Major / Minor:	Year Graduated:

List any foreign language that you have learned and the extent of your proficiency:

Language:	Proficiency: <input type="checkbox"/> Some, <input type="checkbox"/> Moderate or <input type="checkbox"/> Fluent	Language:	Proficiency: <input type="checkbox"/> Some, <input type="checkbox"/> Moderate or <input type="checkbox"/> Fluent
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List any other specialized training or academic achievements:

LAW ENFORCEMENT EXPERIENCE

List all the public safety agencies that you have applied with in the past 5 years (law enforcement, fire department, correctional, etc.). Include as much information as possible including contact name if known.

Name of Agency:	Date Applied:	How Far Progressed in Hiring Process:	Contact Name:

List length of professional law enforcement experience: ___ years and ___ months.

In the table below, list any and all disciplinary actions received while working in a law enforcement position. Include any oral or written reprimands, suspensions, demotions or terminations; dates of the action; reason for the action (i.e., auto accident, insubordination, violation of department policy, etc); and indicate whether you are currently involved in an open internal affairs investigation:

Name of Agency:	Disciplinary Action Taken:	Dates of Action:	Open or Closed:	Reason for Disciplinary Action:

List special awards, certificates or training you received as a law enforcement employee:

MILITARY EXPERIENCE

Have you ever attempted to enlist in any branch of the United States Armed Forces? This can also include Reserves, National Guard, or Coast Guard.

Yes No If yes, provide branch applied for: _____

Have you ever served in any branch of the United States Armed Forces? This can also include Reserves, National Guard, or Coast Guard.

Yes No If yes, provide branch of service: _____

Have you ever served in any branch of a foreign military?

Yes No If yes, provide branch of service: _____

What type of military discharge did you receive? (Honorable, Dishonorable, General, Under Honorable Conditions, Entry Level Separation, Medical, etc.) Provide specific details and reason for discharge :

Have you ever been involved in, or accused of being involved in, a subversive act against the United States Government, or other government, such as mutiny, treason, sabotage, espionage, etc.?

Yes No If yes, attach a complete explanation to this form.

If you have served in the military, provide service history:

Branch of Service:	Dates of Service:	Highest Rank Held:	Service Number:

Have you ever been court-martialed, tried on charges, or subject of an Article 15, company punishment, OR ANY OTHER disciplinary action while a member of any branch of the Armed Forces?

Yes No If yes, provide description below and attach a complete explanation to this form.

Type or Nature of Disciplinary Action:	Branch of Service:	Date Action Taken:	Official Disposition of Action:

List special awards, certificates or training you received in military service:

DRUG USE HISTORY

- Do you now or have you ever abused prescription pain relievers? Yes No
- Have you ever shared prescription medication that belongs to you or another person? Yes No
- Have you ever sold prescription drugs for your own personal financial gain? Yes No
- Have you ever bought prescription drugs that were not prescribed for you? Yes No
- Have you ever-sniffed glue or any other inhalant in order to get high? Yes No
- Have you ever purchased illegal drugs under any circumstance? Yes No
- Have you ever used steroids without a valid legal prescription? Yes No
- Have you ever directed another person where or from whom to buy illegal drugs? Yes No

If you answered yes to any of the above questions, provide a complete explanation:

If you have any history of illegal drug use, provide the following information:

Type of Drug Used:	Number of Times:	Date Last Used:	Method of Use (Smoked, Injected, etc...):

CRIMINAL HISTORY

List all traffic violations dating to three years prior to this application:

Date:	Original Charge:	Charging Agency:	Ammended Charge:	Adjudication:	Court Sentence (If Applicable):

Have you ever had your license suspended or revoked? Yes No If yes, provide date and explanation:

- | | |
|--|--|
| Have you ever taken a bribe of any kind or lied while under oath? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you ever committed any sexual act, which if known, could get you arrested? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you ever put any intoxicants in another person's food or drink without their knowledge? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you ever been accused of being a sexual predator? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you ever compensated another person for sex relations of any kind? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you ever been compensated by another person for sex relations of any kind? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Has anyone ever used sex with you as leverage to avoid arrest or obtain anything of value? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you ever been investigated as a suspect in a crime that you were not charged in? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you ever committed a felony crime that was not discovered by authorities? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

If you answered yes to any of the above questions, provide an explanation (Attach additional sheet if needed):

Have you ever been charged with a crime? Yes No If yes, provide information:

Original Charge:	Date Of Charge:	Adjudication and Explanation:

Have you ever been convicted of a crime? Yes No If yes, provide information:

Original Charge:	Date Of Charge:	Sentence and Explanaton:

CHARACTER OR SOCIAL REFERENCES

Provide five (5) references (not relatives, those within your household, or employers) who are responsible adults of the reputable standing in their communities, such as heads of households, property owners, business or professional men or women, who have known you well for the past five (5) years. Please confirm that all addresses and telephone numbers are current before you submit the application.

First Reference:

Full Legal Name:	Relationship:	Daytime Phone Number:
Street Address Including City, State and Zip Code:		
Occupation:	Email Address:	Work Phone Number:

Second Reference:

Full Legal Name:	Relationship:	Daytime Phone Number:
Street Address Including City, State and Zip Code:		
Occupation:	Email Address:	Work Phone Number:

Third Reference:

Full Legal Name:	Relationship:	Daytime Phone Number:
Street Address Including City, State and Zip Code:		
Occupation:	Email Address:	Work Phone Number:

Fourth Reference:

Full Legal Name:	Relationship:	Daytime Phone Number:
Street Address Including City, State and Zip Code:		
Occupation:	Email Address:	Work Phone Number:

Fifth Reference:

Full Legal Name:	Relationship:	Daytime Phone Number:
Street Address Including City, State and Zip Code:		
Occupation:	Email Address:	Work Phone Number:

RESIDENCE HISTORY AND REFERENCES

Provide three (3) current or recent neighbors or landlord references. The neighbor reference may live next door to you or within three (3) houses or apartments in any direction of your residence. Do not list references that are related to you by blood or marriage. All persons may be asked to appraise your character, ability, experience, personality, and other qualities. Please confirm that all addresses and telephone numbers are current before you submit the application.

First Reference:

Full Legal Name:	Relationship:	Daytime Phone Number:
Street Address Including City, State and Zip Code:		
Occupation:	Email Address:	Work Phone Number:

Second Reference:

Full Legal Name:	Relationship:	Daytime Phone Number:
Street Address Including City, State and Zip Code:		
Occupation:	Email Address:	Work Phone Number:

Third Reference:

Full Legal Name:	Relationship:	Daytime Phone Number:
Street Address Including City, State and Zip Code:		
Occupation:	Email Address:	Work Phone Number:

List all of your residence addresses since the fifth grade. Begin with your present address. This list should include temporary addresses, part-time addresses, military addresses, permanent addresses, and school addresses.

From (Mo / Yr):	To (Mo / Yr):	Street Address Including City, State and Zip Code:

EMPLOYMENT HISTORY

In the following tables, list all jobs worked in the **LAST 10 YEARS**. Include military, volunteer experience, self-employment, internships, periods of unemployment, **ANY** part-time work, and **ANY** full-time work. **For any gap of unemployment**, write **UNEMPLOYED** under the "NAME OF ORGANIZATION" and explain your means of support (i.e. spouses income, parents, unemployment benefits, etc.). Be prepared to show supporting documentation such as tax returns, Dept. Of Human Resources letters, etc. Failure to properly complete the employment history section may result in your disqualification. A resume may be attached only as additional information and will not be accepted in lieu of completing this section.

Current Employer Information:

Name of Organization or Company:	Date Hired:	Length of Employment:	Phone Number:
Street Address Including City, State and Zip Code:			
Official Job Title:	Supervisor's Name:	Out of Business: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe Job Duties:			

Previous Employer Information:

Name of Organization or Company:	Date Hired:	Length of Employment:	Phone Number:
Street Address Including City, State and Zip Code:			
Official Job Title:	Supervisor's Name:	Out of Business: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe Job Duties:			
Select Reason For Leaving:			
<input type="checkbox"/> Quit <input type="checkbox"/> Terminated <input type="checkbox"/> Position Eliminated <input type="checkbox"/> Temporary Employment <input type="checkbox"/> Business Closed / Relocated			
Explain Reason For Leaving:			

The following page provides space to list three more previous employers. You may need more pages in order to list additional previous employers. If you are online, scroll to the next page and click print. In the print dialog box that opens, select current page and enter the number of pages to be printed. Otherwise, photocopy the following page prior to filling it out.

Previous Employers Information:

Name of Organization or Company:	Date Hired:	Length of Employment:	Phone Number:
Street Address Including City, State and Zip Code:			
Official Job Title:	Supervisor's Name:	Out of Business: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe Job Duties:			
Select Reason For Leaving: <input type="checkbox"/> Quit <input type="checkbox"/> Terminated <input type="checkbox"/> Position Eliminated <input type="checkbox"/> Temporary Employment <input type="checkbox"/> Business Closed / Relocated			
Explain Reason For Leaving:			

Name of Organization or Company:	Date Hired:	Length of Employment:	Phone Number:
Street Address Including City, State and Zip Code:			
Official Job Title:	Supervisor's Name:	Out of Business: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe Job Duties:			
Select Reason For Leaving: <input type="checkbox"/> Quit <input type="checkbox"/> Terminated <input type="checkbox"/> Position Eliminated <input type="checkbox"/> Temporary Employment <input type="checkbox"/> Business Closed / Relocated			
Explain Reason For Leaving:			

Name of Organization or Company:	Date Hired:	Length of Employment:	Phone Number:
Street Address Including City, State and Zip Code:			
Official Job Title:	Supervisor's Name:	Out of Business: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe Job Duties:			
Select Reason For Leaving: <input type="checkbox"/> Quit <input type="checkbox"/> Terminated <input type="checkbox"/> Position Eliminated <input type="checkbox"/> Temporary Employment <input type="checkbox"/> Business Closed / Relocated			
Explain Reason For Leaving:			

GENERAL HIRING INFORMATION

Things to know:

- All required documentation must accompany this application.
- All questions should be answered truthfully and with complete explanation where applicable.
- Appropriate business attire is required for ALL interviews and testing. Any applicant appearing for interviews or testing in casual clothing will be sent home.
- Applicants should appear for all scheduled interviews and testing on time. If you cannot make an appointment, it is your responsibility to contact the interviewing Officer for notification.
- The hiring process can take a few weeks to several months to complete. It is important to advise the officer in charge of testing about any changes in residence or employment.

Phases of the hiring process:

- Applications are received and reviewed for completeness. If the application is complete, an interview will be scheduled. All applicants are responsible for their travel expenses.
- A hiring list will be established based on the applications and interviews. Background investigations will begin on the top applicants who have passed the above listed phase. This investigation will consist of checks into his/her employment history, criminal history, driving history, financial history, military history, references, and fingerprint results. If the applicant is not disqualified after this phase the file will be submitted through the supervisors' chain of command up to the Chief of Police.
- The Chief of Police has the final decision on all hiring for the Department. If the Chief conditionally approves an applicant for hire, the applicant will have a Computer Voice Stress Analyzer examination, in-person psychological interview and a hearing examination.
- If the applicant passes all of the examinations, the Chief of Police will review the file for final approval.
- If final approval has been given, the applicant will be notified of the next processing date, which is the actual first date of employment with the Chubbuck Police Department.

IMPORTANT REMINDER:

- All pages of this application along with additional required documents must be submitted to the Chubbuck Police Department. Failure to submit all documents will result in rejection of application.

Thank you for your interest in joining our staff at the Chubbuck Police Department. It is recommended that you keep a copy of all pages of this document for your records.