**Chubbuck Police Department: Communication Officer Application**

5160 Yellowstone Avenue P.O. Box 5604 Chubbuck, ID 83204-5604

Police: (208) 237-7172 Records: (208) 238-2376 Fax: (208) 237-0944

**APPLICANT’S FULL LEGAL NAME** Click here to enter text.

**POSITION OVERVIEW**

**STARTING SALARY:** $18.36 per hour

**ADDITIONAL PAY:** Certification pay for Peace Officer Standard Training (POST) certificates

Shift differential, holiday pay, paid time off

Salary increases contingent upon satisfactory job performance, available funding in the annual budget and approval by the Police Chief.

**ADDITIONAL BENEFITS:** Insurance for the Officer and the Officer's family including medical, dental, vision, life and long term disability

Public Employee Retirement System of Idaho (PERSI)

Paid Time Off

**DUTIES AND RESPONSIBILITIES:** Communications Officers utilize specialized equipment and critical thinking to quickly and accurately process basic to moderately complex dispatch and communication support services for police, fire, emergency services, and animal control personnel. The work is performed in an office environment under the direction of the Communications Supervisor and the Support Services Division Commander.

**SPECIAL NOTE:** All applicants who are hired as Communications Officers must successfully complete Idaho Peace Officers Standards and Training (POST) Academy or approved equivalent training and City of Chubbuck Communications Officer Training.

**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).

**APPLICATION INSTRUCTION SHEET**

The applicant must complete this application and all required documents accurately, legibly, and completely. Do not leave any blank spaces. Enter “NA” if a question is not applicable and does not apply. Please type your information into the document. While not preferred, you may print the application and enter your information with a black ball point pen adding pages for explanations as needed. You must be absolutely 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 of your application or termination of your employment. You must provide complete explanations of the circumstances. Often, an applicant is disqualified from the hiring process due to falsification or omission of information that would not have disqualified them id disclosed. Do not omit an explanation because you think the incident was minor or of limited or no importance. If the space is insufficient to complete your answers, please attach additional pages.

The following documents are required and must be submitted with the application:

* A copy of your high school diploma, certified transcripts, or G.E.D. certificate
* A copy of a typing test you personally completed in the last 30 days
* A copy of your birth certificate
* A copy of your current valid driver’s license
* A handwritten (in your own handwriting) autobiography at least one full page in length. This should include your goals for the future.

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

* A copy of your DD214 form
* A copy of your college transcripts
* A copy of your Citizenship papers
* A copy of your bankruptcy discharge papers

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

Mail: Chubbuck H.R. Department or In- person: Chubbuck H.R. Department

P.O. Box 5604 5160 Yellowstone Avenue

Chubbuck, Id 83202 Chubbuck, Id 83202

NOTE: Two pages near the end of the application must be notarized. The documents are clearly marked with the notary requirement. You may complete the application using a computer. Then you must print the application and obtain the required notarized signatures.

Once received, your application and supporting documents will be reviewed for completeness. Applicants whose materials are complete, and who meet minimum requirements, will be scheduled for an oral board interview. If you pass the interview, a thorough background investigation will be conducted. A hearing examination, truth verification examination and an in-person psychological interview will be required after a conditional offer of employment. If you have any questions concerning this process, please contact Lt. Steve Young by telephone during regular office hours at (208) 237-7172 or via email at [syoung@cityofchubbuck.us](mailto:syoung@cityofchubbuck.us).

Additional instructions are included on the last page of this application.

**APPLICANT QUESTIONNAIRE**

1. Has your driver’s license been suspended or revoked in the last two years? Yes No
2. Have you had five or more traffic convictions in the last three years? Yes No
3. Have you ever been convicted of a felony? Yes No
4. Have you had any misdemeanor convictions in the last two years? Yes No
5. Have you been convicted of driving under the influence of alcohol or

drugs within the last two years? Yes No

1. Have you been convicted of any sex crimes, crimes of deceit or

drug crimes within the last five years? Yes No

1. If you served in the military, did you receive any of the following discharges:

dismissal, bad conduct discharge, or administrative discharge other than

honorable? Yes No

1. Have you ever used any of the following drugs in your lifetime: cocaine,

methamphetamine, heroin, PSP, LSD (acid), MDMA (ecstasy) or

anabolic steroids? Yes No

1. You did not graduate from high school or receive your GED. True False
2. Since high school you have not had at least two years of responsible work

or other productive activity. True False

1. You will not be at least 21 years old within the next two months. True False

Any of the above questions answered Yes or True must be explained below unless explained in later sections of this application:

Click here to enter text.

**PERSONAL INFORMATION**

**Identification**

Full Legal Name: Click here to enter text.

Date of Birth: Click here to enter text. Social Security Number: Click here to enter text.

Driver’s License Number: Click here to enter text. State Issued: Click here to enter text. Expiration Date: Click here to enter text.

If you have ever been known by any other name (maiden name, abbreviated name, etc...), please list below:

Click here to enter text.

Enter your place of birth - City, County, State

Click here to enter text.

**Contact Information**

Current street address including City, State and Zip Code:

Click here to enter text.

How long at this address? Click here to enter text.

Email Address: Click here to enter text.

Personal Phone: Click here to enter text. Work Phone: Click here to enter text.

**Scheduling Information**

Type of position desired Full-time Part-time Volunteer

Indicate the shifts you are available to work.

Day Shift Afternoons  Night Shift Rotating Shifts Weekends/Holidays

Are you available to work any hours on any day? Yes No  If No, list any hours that you are not available to work each day:

Sunday : Click here to enter text.

Monday: Click here to enter text.

Tuesday: Click here to enter text.

Wednesday: Click here to enter text.

Thursday: Click here to enter text.

Friday: Click here to enter text.

Saturday: Click here to enter text.

**PERSONAL INFORMATION (continued)**

Can you produce proof of U.S. citizenship and your right to

work in the United States? Yes No

With or without accommodations, can you perform the

essential job functions as listed in job description? Yes No

What is your keyboarding speed net of errors? Click here to enter text.

Are you related to any City of Chubbuck employee? Yes No

If Yes, list the employee and the relationship Click here to enter text.

Have you ever been employed by the City of Chubbuck? Yes No

If Yes, list the prior position. Click here to enter text.

Have you previously applied for any job at this agency? Yes No

If Yes, list the position you applied for: Click here to enter text.

If Yes, list the date (mm/yyyy) you applied: Click here to enter text.

Do you have Communications Officer certifications? Yes No

If Yes, list the certifications. Click here to enter text.

Have you served in any branch of the military? Yes No

If yes, provide details in the Military Experience section of this application.

How did you learn about this job opening? Click here to enter text.

**ACADEMIC HISTORY**

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

Name of High School: Click here to enter text.

Year of Graduation: Click here to enter text.

High School mailing address including city, state, and zip code:

Click here to enter text.

High School telephone number: Click here to enter text.

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

Name of School: Click here to enter text.

Year GED Obtained Click here to enter text.

School mailing address including city, state and zip code: Click here to enter text.

**List and Degrees you hold (such as A.A., A.A.S., B.S., M.P.A., etc.):**

Type of Degree: Click here to enter text.

Major Area of Study: Click here to enter text.

Year Received: Click here to enter text.

Type of Degree: Click here to enter text.

Major Area of Study: Click here to enter text.

Year Received: Click here to enter text.

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

**School #1**

Name of School: Click here to enter text.

Address of School: Click here to enter text.

Degree: Click here to enter text. Major: Click here to enter text.

Year Graduated: Click here to enter text.

**School #2**

Name of School: Click here to enter text.

Address of School: Click here to enter text.

Degree: Click here to enter text. Major: Click here to enter text.

Year Graduated: Click here to enter text.

**School #3**

Name of School: Click here to enter text.

Address of School: Click here to enter text.

Degree: Click here to enter text. Major: Click here to enter text.

Year Graduated: Click here to enter text.

**Have you ever been expelled or suspended from any school or disciplined by any school official?**

Yes No If Yes, explain circumstances: Click here to enter text.

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

Language #1 Click here to enter text.

Proficiency: Some Moderate Fluent

Language #2 Click here to enter text.

Proficiency: Some Moderate Fluent

Language #3 Click here to enter text.

Proficiency: Some Moderate Fluent

Language #4 Click here to enter text.

Proficiency: Some Moderate Fluent

**List any other specialized training or academic achievements:**

Click here to enter text.

**LAW ENFORCEMENT EXPERIENCE**

**Professional law enforcement experience**: Years: Click here to enter text. Months: Click here to enter text.

**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.

Agency #1: Click here to enter text.

Date Applied: Click here to enter text. Hired: Yes No

Contact Person: Click here to enter text.

Agency #2: Click here to enter text.

Date Applied: Click here to enter text. Hired: Yes No

Contact Person: Click here to enter text.

Agency #3 Click here to enter text.

Date Applied: Click here to enter text. Hired: Yes No

Contact Person: Click here to enter text.

Agency #4: Click here to enter text.

Date Applied: Click here to enter text. Hired: Yes No

Contact Person: Click here to enter text.

Agency #5: Click here to enter text.

Date Applied: Click here to enter text. Hired: Yes No

Contact Person: Click here to enter text.

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

Click here to enter text.

**LAW ENFORCEMENT EXPERIENCE (continued)**

**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:

**Disciplinary Action #1**

Name of Agency: Click here to enter text.

Type of Action: Oral Reprimand Written Reprimand Suspension  Demotion  Termination

Date of Action: Click here to enter text.

Reason for Disciplinary Action: Click here to enter text.

**Disciplinary Action #2**

Name of Agency: Click here to enter text.

Type of Action: Oral Reprimand Written Reprimand Suspension  Demotion  Termination

Date of Action: Click here to enter text.

Reason for Disciplinary Action: Click here to enter text.

**Disciplinary Action #3**

Name of Agency: Click here to enter text.

Type of Action: Oral Reprimand Written Reprimand Suspension  Demotion  Termination

Date of Action: Click here to enter text.

Reason for Disciplinary Action: Click here to enter text.

**Disciplinary Action #4**

Name of Agency: Click here to enter text.

Type of Action: Oral Reprimand Written Reprimand Suspension  Demotion  Termination

Date of Action: Click here to enter text.

Reason for Disciplinary Action: Click here to enter text.

**MILITARY EXPERIENCE**

**Have you ever attempted to enlist in any branch of the United States Armed Forces**? This also includes Reserves, National Guard, or Coast Guard. Yes No If yes, branch applied for: Click here to enter text.

**Have you ever served in any branch of the United States Armed Forces?** This also includes Reserves, National Guard, or Coast Guard. Yes No If yes, branch served: Click here to enter text.

**Have you ever served in any branch of a foreign military?** Yes No

If yes, branch served: Click here to enter text.

**What type of military discharge did you receive?** (Honorable, Dishonorable, General, Under Honorable Conditions, Entry Level Separation, Medical, etc.) Click here to enter text.

Provide specific details if your discharge reason was other than Honorable:

Click here to enter text.

**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: Click here to enter text.

Entry Date: Click here to enter text. Exit Date: Click here to enter text.

Highest Rank: Click here to enter text.

Service Number: Click here to enter text.

Branch of Service: Click here to enter text.

Entry Date: Click here to enter text. Exit Date: Click here to enter text.

Highest Rank: Click here to enter text.

Service Number: Click here to enter text.

**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, attach a complete explanation to this form.

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

Click here to enter text.

**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 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:

Click here to enter text.

**If you have ever used illegal drugs, provide the following information:**

**Incident #1**

Type of Drug Used: Click here to enter text.

Number of Times Used: Click here to enter text.

Date Last Used: Click here to enter text.

Method of Use (Smoked, Injected, etc.): Click here to enter text.

**Incident #2**

Type of Drug Used: Click here to enter text.

Number of Times Used: Click here to enter text.

Date Last Used: Click here to enter text.

Method of Use (Smoked, Injected, etc.): Click here to enter text.

**Incident #3**

Type of Drug Used: Click here to enter text.

Number of Times Used: Click here to enter text.

Date Last Used: Click here to enter text.

Method of Use (Smoked, Injected, etc.): Click here to enter text.

**CRIMINAL HISTORY**

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

**Traffic Violation #1**

Date: Click here to enter text. Charging Agency: Click here to enter text.

Original Charge: Click here to enter text.

Amended Charge: Click here to enter text.

Adjudication: Click here to enter text.

Court Sentence (If Applicable): Click here to enter text.

**Traffic Violation #2**

Date: Click here to enter text. Charging Agency: Click here to enter text.

Original Charge: Click here to enter text.

Amended Charge: Click here to enter text.

Adjudication: Click here to enter text.

Court Sentence (If Applicable): Click here to enter text.

**Traffic Violation #3**

Date: Click here to enter text. Charging Agency: Click here to enter text.

Original Charge: Click here to enter text.

Amended Charge: Click here to enter text.

Adjudication: Click here to enter text.

Court Sentence (If Applicable): Click here to enter text.

**Criminal History Questions:**

Have you ever had your driver’s license suspended or revoked? Yes No

Have you ever taken a bribe of any kind or lied while under oath? Yes No

Have you ever committed any sexual act, which if known, could get you arrested? Yes No

Have you ever put any intoxicants in another person's food or drink without their knowledge? Yes No

Have you ever been accused of being a sex offender or sexual predator? Yes No

Have you ever compensated another person for sex relations of any kind? Yes No

Have you ever been compensated by another person for sex relations of any kind? Yes No

Has anyone ever used sex with you as leverage to avoid arrest or obtain anything of value? Yes No

Have you ever been investigated as a suspect in a crime that you were not charged with? Yes No

Have you ever committed a felony crime that was not discovered by the authorities? Yes No

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

Click here to enter text.

**CRIMINAL HISTORY (continued)**

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

**Charge #1**

Original Charge: Click here to enter text.

Date of Charge: Click here to enter text.

Adjudication and Explanation: Click here to enter text.

**Charge #2**

Original Charge: Click here to enter text.

Date of Charge: Click here to enter text.

Adjudication and Explanation: Click here to enter text.

**Charge #3**

Original Charge: Click here to enter text.

Date of Charge: Click here to enter text.

Adjudication and Explanation: Click here to enter text.

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

**Conviction #1**

Original Charge: Click here to enter text.

Date of Charge: Click here to enter text.

Sentence and Explanation: Click here to enter text.

**Conviction #2**

Original Charge: Click here to enter text.

Date of Charge: Click here to enter text.

Sentence and Explanation: Click here to enter text.

**Conviction #3**

Original Charge: Click here to enter text.

Date of Charge: Click here to enter text.

Sentence and Explanation: Click here to enter text.

**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 his or her 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.

**Reference #1**

Full Legal Name: Click here to enter text.

Relationship: Click here to enter text.

Street Address including City, State and Zip Code:

Click here to enter text.

Occupation: Click here to enter text.

Email Address: Click here to enter text.

Personal Phone Number: Click here to enter text. Work Phone Number: Click here to enter text.

**Reference #2**

Full Legal Name: Click here to enter text.

Relationship: Click here to enter text.

Street Address including City, State and Zip Code:

Click here to enter text.

Occupation: Click here to enter text.

Email Address: Click here to enter text.

Personal Phone Number: Click here to enter text. Work Phone Number: Click here to enter text.

**Reference #3**

Full Legal Name: Click here to enter text.

Relationship: Click here to enter text.

Street Address including City, State and Zip Code:

Click here to enter text.

Occupation: Click here to enter text.

Email Address: Click here to enter text.

Personal Phone Number: Click here to enter text. Work Phone Number: Click here to enter text.

**Reference #4**

Full Legal Name: Click here to enter text.

Relationship: Click here to enter text.

Street Address including City, State and Zip Code:

Click here to enter text.

Occupation: Click here to enter text.

Email Address: Click here to enter text.

Personal Phone Number: Click here to enter text. Work Phone Number: Click here to enter text.

**Reference #5**

Full Legal Name: Click here to enter text.

Relationship: Click here to enter text.

Street Address including City, State and Zip Code:

Click here to enter text.

Occupation: Click here to enter text.

Email Address: Click here to enter text.

Personal Phone Number: Click here to enter text. Work Phone Number: Click here to enter text.

**RESIDENCE 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.

**Residence Reference #1**

Full Legal Name: Click here to enter text.

Relationship: Click here to enter text.

Street Address including City, State and Zip Code:

Click here to enter text.

Occupation: Click here to enter text.

Email Address: Click here to enter text.

Personal Phone Number: Click here to enter text. Work Phone Number: Click here to enter text.

**Residence Reference #2**

Full Legal Name: Click here to enter text.

Relationship: Click here to enter text.

Street Address including City, State and Zip Code:

Click here to enter text.

Occupation: Click here to enter text.

Email Address: Click here to enter text.

Personal Phone Number: Click here to enter text. Work Phone Number: Click here to enter text.

**Residence Reference #3**

Full Legal Name: Click here to enter text.

Relationship: Click here to enter text.

Street Address including City, State and Zip Code:

Click here to enter text.

Occupation: Click here to enter text.

Email Address: Click here to enter text.

Personal Phone Number: Click here to enter text. Work Phone Number: Click here to enter text.

**RESIDENCES**

**List all of your residence addresses for the last ten (10) years.** Begin with your present address. Account for the entire ten year period listing all addresses such as part-time, military, permanent, school, etc.

**Residence #1**

From: MM/YYYY: Click here to enter text. To: MM/YYYY: Click here to enter text.

Street Address including City, State and Zip Code:

Click here to enter text.

**Residence #2**

From: MM/YYYY: Click here to enter text. To: MM/YYYY: Click here to enter text.

Street Address including City, State and Zip Code:

Click here to enter text.

**Residence #3**

From: MM/YYYY: Click here to enter text. To: MM/YYYY: Click here to enter text.

Street Address including City, State and Zip Code:

Click here to enter text.

**Residence #4**

From: MM/YYYY: Click here to enter text. To: MM/YYYY: Click here to enter text.

Street Address including City, State and Zip Code:

Click here to enter text.

**Residence #5**

From: MM/YYYY: Click here to enter text. To: MM/YYYY: Click here to enter text.

Street Address including City, State and Zip Code:

Click here to enter text.

**Residence #6**

From: MM/YYYY: Click here to enter text. To: MM/YYYY: Click here to enter text.

Street Address including City, State and Zip Code:

Click here to enter text.

**Residence #7**

From: MM/YYYY: Click here to enter text. To: MM/YYYY: Click here to enter text.

Street Address including City, State and Zip Code:

Click here to enter text.

**Residence #8**

From: MM/YYYY: Click here to enter text. To: MM/YYYY: Click here to enter text.

Street Address including City, State and Zip Code:

Click here to enter text.

**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 employment, write “Unemployed” under the “Company or Organization” and explain your means of support (i.e. spouse, parents, unemployment benefits, etc.). Be prepared to show supporting documentation such as tax returns, employer 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(S)**

**Current Employer #1:**

Company or Organization: Click here to enter text.

Date Hired MM/DD/YYYY: Click here to enter text. Length of Employment: Click here to enter text.

Street Address including City, State and Zip Code

Click here to enter text.

Phone Number: Click here to enter text. Supervisor’s Name: Click here to enter text.

Official job Title

Click here to enter text.

Describe Your Job Duties

Click here to enter text.

**Current Employer #2:**

Company or Organization: Click here to enter text.

Date Hired MM/DD/YYYY: Click here to enter text. Length of Employment: Click here to enter text.

Street Address including City, State and Zip Code

Click here to enter text.

Phone Number: Click here to enter text. Supervisor’s Name: Click here to enter text.

Official job Title

Click here to enter text.

Describe Your Job Duties

Click here to enter text.

Company or Organization: Click here to enter text.

Date Hired MM/DD/YYYY: Click here to enter text. Length of Employment: Click here to enter text.

Street Address including City, State and Zip Code

Click here to enter text.

Phone Number: Click here to enter text. Supervisor’s Name: Click here to enter text.

Official job Title

Click here to enter text.

Describe Your Job Duties

Click here to enter text.

**PRIOR EMPLOYER(S)**

**Prior Employer #1:**

Company or Organization: Click here to enter text.

Date Hired MM/DD/YYYY: Click here to enter text. Length of Employment: Click here to enter text.

Street Address including City, State and Zip Code

Click here to enter text.

Phone Number: Click here to enter text. Supervisor’s Name: Click here to enter text.

Official job Title

Click here to enter text.

Describe Your Job Duties

Click here to enter text.

Reason for Leaving

Quit Terminated Position Eliminated Temp Employment Business Closed

Explanation Click here to enter text.

**Prior Employer #2:**

Company or Organization: Click here to enter text.

Date Hired MM/DD/YYYY: Click here to enter text. Length of Employment: Click here to enter text.

Street Address including City, State and Zip Code

Click here to enter text.

Phone Number: Click here to enter text. Supervisor’s Name: Click here to enter text.

Official job Title

Click here to enter text.

Describe Your Job Duties

Click here to enter text.

Reason for Leaving

Quit Terminated Position Eliminated Temp Employment Business Closed

Explanation Click here to enter text.

**Prior Employer #3:**

Company or Organization: Click here to enter text.

Date Hired MM/DD/YYYY: Click here to enter text. Length of Employment: Click here to enter text.

Street Address including City, State and Zip Code

Click here to enter text.

Phone Number: Click here to enter text. Supervisor’s Name: Click here to enter text.

Official job Title

Click here to enter text.

Describe Your Job Duties

Click here to enter text.

Reason for Leaving

Quit Terminated Position Eliminated Temp Employment Business Closed

Explanation Click here to enter text.

**Prior Employer #4:**

Company or Organization: Click here to enter text.

Date Hired MM/DD/YYYY: Click here to enter text. Length of Employment: Click here to enter text.

Street Address including City, State and Zip Code

Click here to enter text.

Phone Number: Click here to enter text. Supervisor’s Name: Click here to enter text.

Official job Title

Click here to enter text.

Describe Your Job Duties

Click here to enter text.

Reason for Leaving

Quit Terminated Position Eliminated Temp Employment Business Closed

Explanation Click here to enter text.

**Prior Employer #5:**

Company or Organization: Click here to enter text.

Date Hired MM/DD/YYYY: Click here to enter text. Length of Employment: Click here to enter text.

Street Address including City, State and Zip Code

Click here to enter text.

Phone Number: Click here to enter text. Supervisor’s Name: Click here to enter text.

Official job Title

Click here to enter text.

Describe Your Job Duties

Click here to enter text.

Reason for Leaving

Quit Terminated Position Eliminated Temp Employment Business Closed

Explanation Click here to enter text.

**Prior Employer #6:**

Company or Organization: Click here to enter text.

Date Hired MM/DD/YYYY: Click here to enter text. Length of Employment: Click here to enter text.

Street Address including City, State and Zip Code

Click here to enter text.

Phone Number: Click here to enter text. Supervisor’s Name: Click here to enter text.

Official job Title

Click here to enter text.

Describe Your Job Duties

Click here to enter text.

Reason for Leaving

Quit Terminated Position Eliminated Temp Employment Business Closed

Explanation Click here to enter text.

**Attach a separate page if you have had more than six prior employers in the past ten years. Include all required information for each employer.**

**FINANCIAL HISTORY**

Have you or any business you owned at least in part ever filed for or declared bankruptcy? Yes No

Have you ever had any judgments or wage garnishments enforced against you? Yes No

Have you ever had repossessions, foreclosures or collections enforced against you? Yes No

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

Click here to enter text.

**CONSENT FOR RELEASE OR EXAMINATION**

Do you object to a thorough background investigation of your character? Yes No

Do you object to a medical examination by a physician, upon conditional offer of employment? Yes No

Have you ever been rejected for employment, for any reason, by any law enforcement agency? Yes No Have you ever been terminated or asked to resign from ANY job? Yes No

Have you ever been terminated or asked to resign from any law enforcement agency? Yes No

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

Click here to enter text.

**Signatures on this page must be handwritten in the presence of a Notary Public.**

**SWORN STATEMENT**

I HEREBY SWEAR THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE. I ALSO UNDERSTAND THAT ANY MISSTATEMENTS, FALSIFICATIONS OR OMISSIONS OF MATERIAL FACTS WILL SUBJECT ME TO IMMEDIATE DISQUALIFICATION AND TERMINATION FROM THE HIRING PROCESS AND COULD RESULT IN CRIMINAL PROSECUTION.

Full Legal Name Social Security Number

Click here to enter text. Click here to enter text.

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Handwritten Signature Handwritten Date

**ACKNOWLEDGEMENT OF SHIFT AND WORK ASSIGNMENT REQUIREMENTS**

I understand and I am aware that the Chubbuck Police Department is a seven-day a week, twenty-four hour a day operation. Therefore, I understand and I am aware that I will be required to work any shift assigned to me and I also understand that I may be required to work outside of shifts assigned to me.

Full Legal Name Social Security Number

Click here to enter text. Click here to enter text.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Handwritten Signature Handwritten Date

**EMPLOYMENT WAIVER**

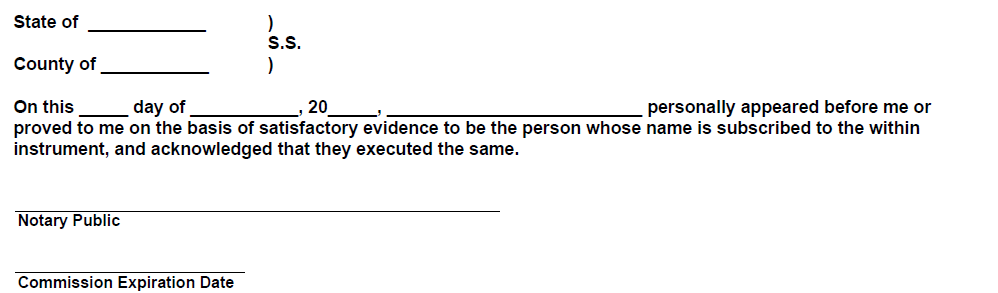
I hereby acknowledge that I fully understand that employment with the Chubbuck Police Department is contingent on the results of the investigation of my background. Furthermore, I fully understand that if this investigation reveals any information that would prohibit my continued employment with this department, my employment is subject to immediate termination. Without any coercion, I voluntarily agree to execute and sign this waiver.

Full Legal Name Social Security Number

Click here to enter text. Click here to enter text.

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Handwritten Signature Handwritten Date



**CHUBBUCK POLICE DEPARTMENT CONSENT FORM**

I hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the City of Chubbuck Police Department, or to any authorized agent of a criminal justice agency or any private agency upon the request of the City of Chubbuck Police Department, whether the said records are of a public, private, or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure of Military Service Records, “authority to release law enforcement or criminal records or information from a law enforcement agency;” educational institution; financial or credit institutions, including records of loans, the records of commercial or retail credit agencies(including credit reports and/or rating) and financial statements and records wherever filed; medical and psychiatric treatment and/or consultation including hospitals, clinics, private practitioners, and the U.S. Veteran's Administration; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me and the records and recollections of attorneys at law, or of other counsel whether representing me or another person in any case, either criminal or civil, in which I presently have or have had an interest.

I understand that the City of Chubbuck Police Department will consider any information obtained by a personal history background investigation, which is developed directly or indirectly in whole or in part, upon this release authorization, in determining my suitability for employment. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I hereby release said person(s) from any and all liability, which may be incurred as a result of furnishing such information. I also agree to pay any and all incidental fees concerning the acquisition of the information listed in this consent form and can be billed for such fees at the address below. A photocopy of this release form will be valid as the original thereof.

Full Legal Name Social Security Number

Click here to enter text. Click here to enter text.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Handwritten Signature Handwritten Date

State of \_\_\_\_\_\_\_\_\_\_\_\_ )

S.S.

County of \_\_\_\_\_\_\_\_\_\_\_ )

On this \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ personally appeared before me or proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument, and acknowledged that they executed the same.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary Public

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Commission Expiration Date

**GENERAL HIRING INFORMATION**

**Things to Know:**

* All required documentation must accompany this application.
* All questions should be answered truthfully and with a 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 notify the officer in charge of testing if you have any changes in residence or employment.

**Phases of the hiring process:**

* Applications are received and reviewed for completeness. If the application is complete and the candidate is qualified, an oral board interview will be scheduled.
* All applicants are responsible for his or her travel expenses.
* A hiring list will be established based on the applications and oral board interview scores.
* Background investigations will begin on the top applicants based on the application and oral board interview. The background investigation will consist of checks into employment history, criminal history, driving history, financial history, military history, references, and fingerprint results.
* If the applicant remains qualified after this phase, the file will be submitted through the hiring officer’s 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 approves an applicant for hire and issues a conditional job offer, the applicant will have a computer voice stress analyzer examination, an in-person psychological interview and a hearing examination.
* If the applicant passes all 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 all additional required documents must be submitted to the Chubbuck Police Department. Failure to submit all documents will result in rejection of application.
* It is recommended that you keep a copy of all pages of this document for your records.
* Thank you for your interest in joining the Chubbuck Police Department.