

Peosta Police Department

463 Peosta Street Peosta, IA 52068



Chief Mike Comer
mcomer@peostapolice.com

Phone (563) 543-8579
Fax (563) 588-6280

APPLICATION FOR EMPLOYMENT

PRINT NAME: _____
(LAST) (FIRST) (MI)

Position Applying For: _____

Full Time: _____ **Part Time:** _____ **Summer:** _____

AN EQUAL OPPORTUNITY EMPLOYER

PERSONAL DATA

Office Use Only

Date Received: _____

Staff Initial: _____

NAME: _____
(Last) (First) (MI)

Current Address: _____
(Street and Number) (City) (State) (Zip)

Permanent Address: _____
(Street and Number) (City) (State) (Zip)

Social Security No.: _____ Telephone No.: (_____)

EDUCATION AND TRAINING

	School	No. of Years Completed	Did you Graduate?
Elementary			
High School			
College			
Post Graduate			

List any special training (vocational schools, short courses, workshops, etc.):

If the job requires completion of specific courses or training, indicate that which you have completed.

If the job requires the operation of specific skills, list those at which you are competent.

EMPLOYMENT HISTORY

Please list your employment history for the past 10 years. Begin with your most recent.
(You may attach a copy of your current resume that includes the following information.)

Name of Employer:	Address of Employer:
Starting Date:	Starting Salary:
Ending Date:	Ending Salary:
Position/Title	Supervisor:
Duties:	
Reason for Leaving:	

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Starting Date:	Starting Salary:
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Position/Title	Supervisor:
Duties:	
Reason for Leaving:	

May inquiry be made of your present employer regarding your character, qualifications and record of employment? Yes No

May inquiry be made of your past employer(s) regarding your character, qualifications and record of employment? Yes No

Have you ever been convicted of a felony or misdemeanor that resulted in your imprisonment?
Yes No

Have you served and been honorably discharged from the Armed Forces of the United States? Yes No

Are you opposed to the use of force, if necessary, to fulfill the duties of a Peace Officer? Yes No

Are you opposed to the use of deadly force, if necessary, to fulfill the duties of a Peace Officer? Yes No

Do you have normal color vision? Yes No

Do you wear glasses? Yes No
If yes do you have an uncorrected vision of not less than 20/100 corrected to 20/20? Yes No

If appointed as a Police Officer for the City of Dyersville, what date would you be available to begin duties?

What is your current wage/salary? _____ per _____

What wage/salary would your request? _____ per _____

CERTIFICATION OF APPLICANT

Read Carefully

I HEREBY CERTIFY that this application contains no misrepresentations or falsification and that the information given by me is true and complete to the best of my knowledge, belief and recollection. I am aware that should an investigation at any time disclose any such misrepresentation, falsifications, or omissions, my application will be rejected. I may be dismissed from service, and I may be disqualified from applying in the future for any position with the City of Dyersville. I further authorize the City of Dyersville to make all necessary and appropriate investigations to verify the information contained herein.

Signature: _____

Date: _____

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I _____ do hereby authorize a review of and full disclosure of all reports concerning myself to any duly authorized agent of the Dyersville 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 records of educational institutions; financial or credit institution including, but not limited to, records of loans, records of commercial or retail credit agencies (including credit reports and/ or ratings); and other financial statements of records whenever 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 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 interest.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part; upon this release authorization will be considered in determining my suitability for employment by the Dyersville Police Department. 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 do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information. I further release the Dyersville Police Department from any and all liability, which may be incurred as a result of collecting such information.

I HEARBY SWEAR AND AFFIRM THAT EACH STATEMENT AND ALL INFORMATION SUPPLEMENTING THIS APPLICATION ARE COMPLETE, TRUE AND ACCURATELY RECORDED TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT PROVIDING FALSE, MISLEADING AND/OR INCOMPLETE INFORMATION ON THIS APPLICATION IS GROUNDS FOR EXCLUSION FROM THE SELECTION PROCESS OR DISCHARGE IF DISCOVERED SUBSEQUENT TO EMPLOYEMENT.

A photocopy or facsimile of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature. I have read and fully understand the contents of this "Authorization for Release of Personal information."

(Signature of Applicant)

(Date)