CITY OF PEOSTA
POLICE DEPARTMENT

Employment Application

The City of Peosta is an equal opportunity employer and does not discriminate on the basis of race, religion, color, national origin, age, sex, gender, disability or any other characteristic protected by law.

Applicant Information

Full Name: _____ Date: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____
City *State* *ZIP Code*

Phone: _____ Email _____

Current Salary: $ _____ Desired Salary: $ _____

Position Applied for: _____

Have you ever worked for this city? YES ☐ NO ☐ If yes, when? _____

Have you ever been convicted of a felony? YES ☐ NO ☐

If yes, explain: _____

Education & Training

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Degree: _____

Other: _____ Address:

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Previous Employment (Past 10 years, you may attach resume that includes this information)

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:$ _____ Ending Salary:$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:$ _____ Ending Salary:$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:$ _____ Ending Salary:$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain:

Peace Officer Questions

Are you opposed to the use of force, if necessary, to fulfill the duties of a Peace Officer? Circle One 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 Peosta, what date would you be able to begin duties?

Disclaimer and Signature

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 Peosta.

I understand that employment with the City of Peosta is at-will, meaning that I or the Company may terminate my employment at any time, or for any reasons consistent applicable state or federal law.

I understand this application will be active for a period of one year; after that time, if I wish to be considered for employment, I must submit a new application. I certify that all the statements in this completed application are true. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

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 Peosta 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 Peosta 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 Peosta 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: _____ Date: _____