

Dear Applicant,

We would like to thank you for your interest in working for the Baxter Police Department.

Once the attached application is completed, you need to return it with a current photocopy of your driver's license. These submissions are required for background investigation purposes. You must sign the bottom of this sheet to authorize a thorough background investigation prior to employment. Please indicate if you do not wish your current employer contacted.

All finalists for Law Enforcement positions will be required to submit to a fingerprint check for background information purposes. You will also be required to submit to the Minnesota Multiphasic Personality Inventory (MMPI), medical examination, P.O.S.T written examination and physical agility testing as required by the Iowa Law Enforcement Academy. Reserve officers are only required to submit to fingerprinting, the MMPI and medical examination.

If selected as a full or part-time Law Enforcement officer for the City of Baxter, you may also be required to submit to a polygraph test.

Signature of Applicant

Date

Date of interview

Comments:

CITY OF BAX TER POLICE
P.O. BOX 412
BAX TER, IA 50028

Application For Employment

POSITION(S) APPLIED FOR	DATE OF APPLICATION
SOURCE OF REFERRAL <input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Relative <input type="checkbox"/> Agency <input type="checkbox"/> Other:	

LAST NAME	FIRST NAME	MIDDLE NAME
STREET ADDRESS		CITY, STATE, ZIP
MAILING ADDRESS (IF DIFFERENT)		CITY, STATE, ZIP
TELEPHONE		SOCIAL SECURITY NUMBER

HAVE YOU FILED AN APPLICATION WITH THE CITY OF BAXTER BEFORE? <input type="checkbox"/> Yes <input type="checkbox"/> No		IF YES, GIVE DATE(S)
HAVE YOU EVER BEEN EMPLOYED BY THE CITY OF BAXTER BEFORE? <input type="checkbox"/> Yes <input type="checkbox"/> No		ARE YOU ON LAY OFF AND SUBJECT TO RECALL? <input type="checkbox"/> Yes <input type="checkbox"/> No
ARE YOU EMPLOYED NOW? <input type="checkbox"/> Yes <input type="checkbox"/> No		MAY WE CONTACT YOUR CURRENT EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No
ARE YOU A CITIZEN OF THE UNITED STATES? <input type="checkbox"/> Yes <input type="checkbox"/> No		IF NATURALIZED, GIVE DATE AND PLACE OF NATURALIZATION <input type="checkbox"/> Yes <input type="checkbox"/> No
ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THE UNITED STATES BECAUSE OF VISA OR IMMIGRATION STATUS? (PROOF OF CITIZENSHIP OR IMMIGRATION STATUS WILL BE REQUIRED UPON EMPLOYMENT) <input type="checkbox"/> Yes <input type="checkbox"/> No		
ARE YOU AVAILABLE TO WORK: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Shift <input type="checkbox"/> Temporary		
ON WHAT DATE WOULD YOU BE AVAILABLE TO WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No	CAN YOU TYPE? <input type="checkbox"/> Yes <input type="checkbox"/> No	CAN YOU OPERATE A COMPUTER? <input type="checkbox"/> Yes <input type="checkbox"/> No
ARE YOU WILLING TO TRAVEL IF THE JOB REQUIRES IT? <input type="checkbox"/> Yes <input type="checkbox"/> No		
DO YOU HAVE A VALID DRIVER'S LICENSE? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES, WHAT STATE?	DRIVER'S LICENSE NUMBER AND CLASS
HAVE YOU BEEN CONVICTED OF ANY MOTOR VEHICLE VIOLATIONS OTHER THAN PARKING TICKETS IN THE LAST FIVE YEARS? <input type="checkbox"/> Yes <input type="checkbox"/> No		
IF YES, PROVIDE DETAILS		
HAVE YOU EVER BEEN CONVICTED OF A CRIME? <input type="checkbox"/> Yes <input type="checkbox"/> No		
IF YES, PROVIDE DETAILS		
NAME, ADDRESS AND TELEPHONE NUMBER OF PERSON TO BE CONTACTED IN CASE OF AN EMERGENCY		
CAN YOU PERFORM THE ESSENTIAL AND NONESSENTIAL FUNCTIONS OF THE POSITION FOR WHICH YOU ARE APPLYING WITH OR WITHOUT REASONABLE ACCOMMODATIONS? <input type="checkbox"/> Yes <input type="checkbox"/> No		
CAN YOU SPEAK A FOREIGN LANGUAGE? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES, WHICH ONE(S)?	
ARE YOU A VETERAN OF THE UNITED STATES MILITARY SERVICE? <input type="checkbox"/> Yes <input type="checkbox"/> No		
IF YES, LIST BRANCH OF SERVICE	HIGHEST RANK OBTAINED	TYPE OF DISCHARGE
LIST THREE PERSONAL REFERENCES WHO ARE NOT RELATED TO YOU AND ARE NOT FORMER EMPLOYERS		
NAME	ADDRESS	PHONE
NAME	ADDRESS	PHONE

NAME	ADDRESS	PHONE
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Employment Experience

STARTING WITH YOUR PRESENT OR MOST RECENT JOB, LIST YOUR EMPLOYMENT EXPERIENCE. INCLUDE MILITARY SERVICE TIME AND VOLUNTEER ACTIVITIES.

EMPLOYER	FROM	TO
ADDRESS	TELEPHONE	
JOB TITLE	SUPERVISOR	
DUTIES	REASON FOR LEAVING	

EMPLOYER	FROM	TO
ADDRESS	TELEPHONE	
JOB TITLE	SUPERVISOR	
DUTIES	REASON FOR LEAVING	

EMPLOYER	FROM	TO
ADDRESS	TELEPHONE	
JOB TITLE	SUPERVISOR	
DUTIES	REASON FOR LEAVING	

EMPLOYER	FROM	TO
ADDRESS	TELEPHONE	
JOB TITLE	SUPERVISOR	
DUTIES	REASON FOR LEAVING	

EMPLOYER	FROM	TO
ADDRESS	TELEPHONE	
JOB TITLE	SUPERVISOR	
DUTIES	REASON FOR LEAVING	

EMPLOYER	FROM	TO
ADDRESS	TELEPHONE	
JOB TITLE	SUPERVISOR	
DUTIES	REASON FOR LEAVING	

EMPLOYER	FROM	TO
ADDRESS	TELEPHONE	
JOB TITLE	SUPERVISOR	

DUTIES		REASON FOR LEAVING
<i>Educational Background</i>		
ELEMENTARY SCHOOL	ADDRESS	YEARS COMPLETED
HIGH SCHOOL	ADDRESS	YEARS COMPLETED
COLLEGE/UNIVERSITY	ADDRESS	YEARS COMPLETED/DEGREE
GRADUATE/PROFESSIONAL	ADDRESS	COURSE OF STUDY
SPECIALIZED TRAINING, APPRENTICESHIP, ETC.		HONORS/AWARDS RECEIVED
SPECIAL SKILLS & QUALIFICATIONS		

<i>Agreement</i>	
<p>I hereby certify that all answers given herein are true and complete to the best of my knowledge.</p> <p>I authorize investigation of all statements contained in this Application for Employment as may be necessary to arrive at an employment decision and I waive my rights under the Federal Privacy Act or any other relevant laws for this purpose. I understand that this application is not and is not intended to be a contract for employment. I understand that I may be asked to submit to a physical examination (required for positions in certain departments) the cost of which will be paid by the City.</p> <p>In the event of employment by the City, I understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand that if I am hired, I will be required to abide by all the applicable rules and regulations pertaining to employees of the City of Baxter.</p>	
SIGNATURE OF APPLICANT	DATE

RETURN COMPLETED APPLICATION AND DOCUMENTS TO bdaggett@baxter-iowa.com or mail to the P O Box listed.

I, _____, do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized member of the Baxter Police Department, whether the said records are of a public, private, or confidential nature. I hereby request and authorize you to furnish the Baxter Police Department with any and all information they may request concerning my work record, educational history, military record, financial status, criminal record and past and present medical conditions. The intent of this authorization is to give consent for full and complete disclosure of records relative to medical treatment, psychiatric treatment, performance evaluations, training files, internal investigative files, disciplinary action, complaints or grievances filed by me or against me, efficiency rating from supervisors or training programs, commendations, records 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 and any other documents and files pertaining to personnel records or employment history. This authorization is specifically intended to include any and all information of a confidential or privileged nature as well as photocopies of such documents, if requested. 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 with the Baxter Police Department. I also certify that any person(s), agencies or businesses who may furnish such information concerning me shall not be held liable for providing such information and I do hereby release the City of Baxter and all agents of the Baxter Police Department from any and all liability which may be incurred as a result of furnishing such information or from any subsequent use of such information in determining my qualifications and suitability for employment with the City of Baxter. This release shall expire six (6) months after the date signed and a photocopy of this release will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

Signature of Applicant: _____

Applicant's name (printed or typed): _____

Applicant's date of birth: _____

Date waiver was signed: _____