APPLICATION FOR EMPLOYMENT
CITY OF SIGOURNEY - POLICE DEPARTMENT
AN EQUAL OPPORTUNITY EMPLOYER

Instructions: Print in ink or type all answers. Use a separate sheet of paper for additional information or explanation. All blanks must be completed. If the information requested does not apply, enter N/A. Any falsification will be grounds for disqualification.

Check type of work you are applying for:
___ Full time Police Chief
___ Full time Police Officer
___ Part time Police Officer
___ Reserve Police Officer

PERSONAL DATA

1. NAME: _____
LAST FIRST MIDDLE

2. SOCIAL SECURITY NO. _____ 3. E-MAIL ADDRESS._____
Your SS# is optional. If provided, it will only be used to assist in the identification of the applicant.

4. LIST OTHER NAMES INCLUDE NICKNAMES, MAIDEN NAMES, PREVIOUS MARRIED NAME

_____

5. BIRTH DATE: _____ 6. PLACE OF BIRTH_____

7. DRIVER LICENSE NUMBER:_____ 8. STATE OF ISSUE_____

9. CURRENT RESIDENCE ADDRESS: _____
STREET OR R.R. CITY ST. ZIP

10. PERMANENT RESIDENCE ADDRESS: _____
STREET OR R.R. CITY ST. ZIP

11. Are you a United States Citizen? ___Yes ___ No

12. Do you have any relatives working for the City of Sigourney, IA? ___Yes ___ No
If yes, list their name here: _____

13. Do you have skills in speaking, comprehending, and interpreting any foreign language to English in a proficient, conversational level? ____Yes ____No. If Yes, list the languages:

_____

14. Are you currently a certified peace officer? ___Yes ___ No
If yes, what state? _____ What is your certification? _____

15. Phone Number: Cell _____ Other: _____

RESIDENCE HISTORY:

List chronologically ALL of your residences in the past 10 years (include addresses while attending school if away from home, and all military addresses including any off military base). If additional space is needed, please attach a separate sheet.

Dates From	Dates To	Apt. No.	Street Address	City	County	State	Own Rent

COURT RECORD:

a. **Have you ever been arrested or charged with any violation *including traffic citations*, but not parking tickets?** ☐ Yes ☐ No
(List all such matters even if the matter was resolved by way of deferred prosecution, judgment or sentence.)

Date	Place	Charge	Final Disposition	Details

b. **Has any member of your immediate family, i.g., spouse, other adults residing with you, ex-spouse, parents, brother, or sister ever been arrested for any criminal offense other than traffic?** ☐ Yes ☐ No If yes, list below:

c. **Have you ever been a plaintiff or defendant in any court action (including divorce)?** ☐ Yes ☐ No
If yes, give date, place, court names of parties involved, nature of action, and final disposition.

EDUCATION AND TRAINING

Level of School	Name of School	No. Years Completed	Dates Attended	Did You Graduate?
Elementary				
High School				
College				
Post Graduate				

List any special training that you might have? (Including vocational schools, short courses, workshops, etc.)_____

If necessary would you be willing to take some training courses? ___Yes ___No

PERSONAL INFORMATION: Providing the following information is voluntary and for purposes of determining the category for pre-employment physical testing. If you do not provide this information you will be placed in the category with the highest requirements that being for males age 20-29

AGE_____ HEIGHT_____ WEIGHT_____ GENDER_____

What is your general physical condition? ___Excellent ___Good ___Fair ___Poor

Describe any physical disabilities which could hinder you in the performance of the position for which you are applying. _____

_____

_____

REFERENCES: List the name, title and address of three people that have knowledge of your character, experience, and ability. Do not list relatives.

_____
Name Title

_____
Address Telephone

_____
Name Title

_____
Address Telephone

_____
Name Title

_____
Address Telephone

EMPLOYMENT RECORD: Begin with the present or most recent employer and continue for past fifteen years. Attach additional sheets if necessary.

Dates employed _____
Position held _____
Starting monthly salary _____
Final monthly salary_____
Name and address of employer_____
_____
_____
Immediate supervisor _____
Title _____

Description of duties:_____
_____
_____
_____

Dates employed_____
Position held _____
Starting monthly salary _____
Final monthly salary_____
Name and address of employer_____
_____
_____
Immediate supervisor _____
Title _____

Description of duties:_____
_____
_____
_____

Dates employed_____
Position held _____
Starting monthly salary _____
Final monthly salary_____
Name and address of employer_____
_____
_____
Immediate supervisor _____
Title _____

Description of duties:_____
_____
_____
_____

Dates employed_____
Position held _____
Starting monthly salary _____
Final monthly salary_____
Name and address of employer_____
_____
_____
Immediate supervisor _____
Title _____

Description of duties:_____
_____
_____
_____

How did you hear about this job posting? _____

Would you be willing to work on:

a) Monday - Friday days or nights? ___Yes ___ No
b) Weekends? ___Yes ___ No
c) Holidays? ___Yes ___ No
d) Be on call? ___Yes ___ No

If necessary would you be willing to relocate to Sigourney? ___Yes ___ No
___ Currently resident of Sigourney.

Have you ever served in the United States Armed Forces? ___Yes ___ No
(If yes, list experience on separate sheet of paper and attach copy of your DD214, including type of discharge.)

Applicant's Statement – Read Carefully

Your signature below verifies that you have read, understood, and agree to the following:

In applying for employment I want the City of Sigourney to be fully informed of my previous record and I hereby authorize the City to investigate my background and to obtain any and all information which may concern me. I hereby release the City of Sigourney and all persons, schools, companies, law enforcement agencies and other organizations or employers from any liability on account of furnishing such information.

If I am accepted for employment, I understand and agree that such employment is entirely at will, for no specified term, and may be terminated at any time, with or without cause, by me or the City of Sigourney.

I understand that the City of Sigourney may require prospective employees to submit to a pre-employment, post offer, job related physical examination prior to commencement of the job. Additional pre-employment conditions, such as drug testing or a functional classification physical evaluation, and any test or examination required by the Iowa Law Enforcement Academy may also be required for employment by the City of Sigourney Police Department.

I hereby certify that this application contains no misrepresentations or falsifications and that the information given by me is true and complete to the best of my knowledge and belief. I am aware that should investigation at any time disclose any such misrepresentation or falsification, my application will be rejected, I will be dismissed from employment, and I will be disqualified from applying in the future for any position with the City of Sigourney.

Signature of Applicant_____ Date signed_____