CRESTON POLICE DEPARTMENT

302 N. Pine StreetCrestonIA50801-0449
Phone 641-782-8402 • Fax 641-782-8404

Creston's Restored Depot and City Hall

To: Police Officer Applicants

Subj: Application, Personal History Statements and Release of Information

Dear Applicant;

We thank you for your interest in the hiring process for the Creston Police Department. You are being asked to sign two (2) releases of information. The first one authorizes us to check your criminal history record, military records and driver's history. The second authorizes us to check you employment and personal references.

You will find attached to the application a personal history statement, which you are required to fill out and return with your completed application. You are also required to provide copies of the following documents with the finished application packet.

1. Certified Copy of Birth Certificate
2. School Transcripts (High School and College)
3. Copy of Military Discharge Papers (if applicable)
4. GED Test Scores (if applicable)
5. Copy of Valid Social Security Card

This application must be returned to the Creston Police Department no later than 3:00 pm on August 29, 2013. A POST Exam will be administered at Southwestern Community College, room 103 in the Tech Center at 9:00am on September 7, 2013. The physical agility test will be administered following the POST exam at the Creston High School track. Individuals that successfully pass both exams will be put on a civil service eligibility list which will be good for one year.

If you have any question please feel free to contact me at (641)782-8402.

Respectfully,

Paul Ver Meer
Chief of Police
Creston Police Department

PERSONAL HISTORY STATEMENT

Date: _____

General Information: Hand print an answer to every question. If a question does not apply to you state with N/A. If space available is insufficient, use a separate sheet and proceed with each answer with the number of that referenced block. **DO NOT MISSTATE OR OMIT** material fact since the statements made herein are subject to verification to determine your qualifications for employment.

1. Last Name	First Name	Middle Name	2. Male ( ) Female ( )

3. Aliases, Nicknames, Maiden Name, Other	4. Social Security Number	5. Phone Number(s) Inc. Area Code

6. Present Street Address	City	State	7. Zip Code

8. Date of Birth	9. Place of Birth (*City, County, State*)

10. Height	11. Weight	12. Color of Eyes	13. Color of Hair	14. Scars, Marks, Tattoos, other Marks

15. US Citizen?	16. Marital Status ( ) Single ( ) Married ( ) Separated ( ) Divorced ( ) Widowed

17. Spouse's Name: Address:

18. Information on Marriages

Date	Where?	Who Officiated?	Spouse's Name - *including Maiden Name*

19. Children and Dependents - *List all children, stepchildren, adopted ones and give the following information*

Name	Birth Date	Birth Place	Residence	With Whom	Supported by Whom?

20. Military Status:

Have you served in the US Armed Services? ( ) Yes ( ) No If, yes, attach copy of DD-214

20A. While in the military service were you arrested for an offense which resulted in a trial by deck court or by summary, special, or general court martial? ( ) Yes ( ) No. If yes, give date, place, authority, type of court-martial, charges, action taken for each incident using a separate piece of paper.

20B. Are you presently a member of the US Reserves or National Guard Organization? ( ) Yes ( ) No If yes,

Grade and Service Number	Service and Component

Organization and Station or Unit and Location:

20C. Indicate Reserve Obligation, if any.

21. Foreign Language - *Enter foreign language and indicate your knowledge of each by placing an X in column.*

Language	Reading			Speaking		
	Excellent	Good	Poor	Excellent	Good	Poor
	Understanding			Writing		
	Excellent	Good	Poor	Excellent	Good	Poor
Language	Reading			Speaking		
	Excellent	Good	Poor	Excellent	Good	Poor
	Understanding			Writing		
	Excellent	Good	Poor	Excellent	Good	Poor

22. Family Information

Does Spouse work? ( ) Yes ( ) No Where? _____ Phone: _____

Relationship	Name	Present Address, if living
Father		
Mother (Maiden Name)		

23. Arrest, Detention, and Litigation (Show all arrests including juvenile delinquent and traffic)

23A. Have you ever been arrested or detained by a law enforcement agency? ( ) Yes ( ) No

23B. Have you (or your spouse) been involved n any court action, **civil or criminal?** Including all traffic violations, parking, etc. in this state or elsewhere? ( ) Yes ( ) No

23C. Have you ever been fingerprinted for any reason? (arrest, employment, etc.)? ( ) Yes ( ) No

If the answer to any of the above questions is yes, list below date, place, and full details of each incident.

_____

_____

_____

_____

24. Health Record - *Health information concerning all illnesses for which you received medical treatment during the last 5 years.*

# of Days	Illness or Operation	Month and Year	Name and Address of Physician

Number of days you have been ill during the past five years in addition to that listed above? _____
Have you ever been examined or treated for any mental disorder? ( ) Yes ( ) No
Has any member of your family ever had, or been treated for a nervous or mental disorder? ( ) Yes ( ) No
Have you any physical handicap, chronic disease, or disability? ( ) Yes ( ) No
Have you ever had a nervous breakdown? ( ) Yes ( ) No
Do you use, or have you ever used, any illegal drugs or drugs not prescribed to you? ( ) Yes ( ) No
If the answer to any of the above questions is YES, list full details below, including relationship or any person involved

_____

_____

_____

Other than above, have you had any physical illnesses or operations? ( ) Yes ( ) No
Were you ever rejected as an applicant for any insurance? ( ) Yes ( ) No

Reason Rejected	By Whom (Name and Address)	Date

25. Residences: List all residences for the past 10 years, beginning with your present address.

Month and Year		Number and Street	City	State/Country
From	To			

26. References:

Character and Credit References (Do not include relatives, former employers, or persons living outside the United States or its territories.) List only character references who have definite knowledge of your qualifications and fitness for the position for which you are applying. Do not repeat names of supervisors. List three credit and 4 character references.

	Name	Yrs. Known	Address (Business Preferred) Street, City, State
Credit			
Character			

27. Past and/or Present Membership in Organizations.

Name and Address	Type (Social, Fraternal, Professional)	Office Held	From/To

28. Hobbies and Sports

Name	Length of Participation	Proficiency

29. Organizations

Yes	No	
		Are you now or have you ever been a member of the Communist Party or any other communist organization anywhere?
		Are you a member of any Fascist organization?
		Are you no or have you been a member of any organization, association, member, group or combination of persons which advocates the overthrow of our government, or which has adopted a policy of advocating or approving the commission of acts of force or violence to deny persons their rights under the US Constitution or which seeks to alter the form of government of the United States?
		Are you now or have you ever been affiliated or associated with any individuals, including relatives, who you know or have reason to believe are or have been members of any of the organizations listed above?
		Are you now or have you been an agent, official, or employee of any of the organizations listed above?
		Have you ever been engaged in any of the following activities of any organization of the types listed above; made contributories to, attendance at or participation in any organizational, social, or other activities of said organization or of any projects sponsored by them, the sale, gift, or distribution of any written, printed, or other matter, prepared, reproduced, or published by them or any of their agents or instrumentalities?

If YES to any of the answers above, describe the circumstances. Attach additional sheets for a full detailed statements. If associated with any of these organizations, specify nature and extent of association with each, including office or position held, also include dates, places, and credentials now or formerly held. If associations have been with individuals who are members of these organizations, then list the individuals and the organizations with which there were or are affiliated.

30. Are there any incidents in your life not mentioned herein which may reflect on you suitability to perform the duties which you may be called upon to take or which might require further exploration? ( ) Yes ( ) No If yes, give details.

31. Have you ever applied for a position with any other Law Enforcement Agency? ( ) Yes ( ) No If so, where

32. Would you be willing to take the required polygraph examination concerning all information on this application?
( ) Yes ( ) No

Remarks:

I certify there are no misrepresentations, omissions, or falsifications in the foregoing statements and answers, and that the entities made by me above are true, complete, and correct to the best of my knowledge and made in good faith. I further agree and consent to being summarily discharged if any of the information given is misinformation or a falsification or any material information is omitted.

DATE

SIGNATURE OF APPLICANT

Creston Police Department
302 N. Pine Street
Creston, IA 50801
(641)782-8402

Waiver of Liability and Release Form

In consideration of the City of Creston, hereinafter referred to as the City, processing of my application of employment, I, _____, hereby irrevocably agree to the following terms and conditions:

Initial Each

_____ 1. The term "background investigation" as used in this document refers to any all information and sources of information that the City, in its sole discretion, may deem necessary to obtain or contact, to determine my fitness as a candidate for employment with the City.

_____2. I hereby release from liability and hold harmless, under any and all possible causes of legal action, any officer, agent, or employee of the City who may conduct my background investigation.

_____ 3. I hereby release from liability and hold harmless, under any and all possible causes of legal action, any and all persons or entities who shall furnish any information or opinions to the officers, agents, or employees of the City who conduct my background investigation.

_____ 4. I authorize any person or entity contacted by the City's officers, agents, or employees during the course of my background investigation, to furnish such officers, agents, or employees any information or opinions they may have, and hereby expressly waive any and all legal privileges I may have, including but not limited to the attorney-client privilege, the physician-patient privilege, the clergy-penitent privilege, the husband-wife privilege and the accountant-client privilege.

_____ 5. I hereby release form liability and promise to hold harmless, under any and all possible causes of legal action, the political subdivision, the City or any of its officers, agents, or employees for any statements, acts or omission in the course of my background investigation.

_____ 6. I expressly waive all of my legal rights and causes of action to the extent that the City background may violate or infringe upon these legal rights and causes of action.

_____ 7. I expressly agree that I will never, under any circumstances, attempt to obtain the results of my background investigation as conducted by the Agency, realizing that such information must, of necessity, remain confidential.

_____ 8. **A PHOTOCOPY OF FAX COPY OF THIS RELEASE FORM WILL BE AS VALID AS THE ORIGINAL THEREOF, AND IS VALID FOR SIX (6) MONTHS FROM THE DATE OF MY SIGNATURE.**

This release from liability given by me to the political division, the City, its officers, agents, and employees and all other mentioned above, shall apply to any right of action of any nature whatsoever that might accrue to myself, my heirs, or personal representative.

DATE: _____ SIGNATURE: _____

Subscribed and sworn to before me this _____ day of _____, 20_____.

_____
Notary Public in and for the STATE OF IOWA

Creston Police Department
302 N. Pine Street
Creston, IA 50801
(641)782-8402

Release of Information Agreement

I, _____, an applicant with the Creston Police Department do hereby authorize the Department to check the following records for the purposes of a pre-employment investigation.

Employment References:

- ☐ Employer #1: _____
- ☐ Employer #2: _____
- ☐ Employer #3: _____
- ☐ Employer #4: _____
- ☐ Additional: _____
- ☐ _____

Personal References:

- ☐ _____
- ☐ _____
- ☐ _____

This release is valid for thirty (30) days from the date of signature by applicant.

_____ _____
Date Signed Applicant Signature

_____
Date of Birth

_____
Social Security Number

Witness: _____
Creston Police Department Date

Creston Police Department
302 N. Pine Street
Creston, IA 50801

Driver's License Information:

Applicant Name:	Date of Birth:
Operators License Number:	**Operators License State:**
Restrictions:	**Valid for motorcycle or other special vehicles?**

Previous Drivers License Information:

Operator License Numbers	State of Issue	Year of Expiration

Have had any traffic violations in the past seven (7) years? If so please list below:

Date of Offense	Type of Offense	Court	Disposition

Have your driving privileges ever been denied, suspended, or revoked? If yes, explain below.

_____

_____

_____

_____