



Chubbuck Police Department: Patrol Officer Application



5160 Yellowstone Avenue P.O. Box 5604 Chubbuck, ID 83204-5604
Police: (208) 237-7172 Records: (208) 238-2376 Fax: (208) 237-0944

ANNUAL STARTING SALARY:

Entry Level Patrol Officer:

\$20.42 / hour or \$42,473 / year

ADDITIONAL PAY:,

- Certification pay for Basic, Intermediate and Advanced Certificates
- Shift differential

ADDITIONAL BENEFITS:

- Take home car
- Insurance for the Officer and the Officer's family including:
Medical, Prescriptions, Dental, and Vision
- A four (4) day work week, (10) hours each day
- Persi retirement plan

* Salary increases contingent upon satisfactory job performance, available funding in the annual budget, and approval by the mayor.

DUTIES AND RESPONSIBILITIES:

- The principal function of a sworn employee in this class is to enforce state and local laws and ordinances, respond to calls for the protection of life and property, conduct criminal and non-criminal investigations, make arrests and to perform other assigned law enforcement and public safety duties. Duties normally consist of patrol and traffic activities in the City on an assigned shift. Officers may be delegated to assignments in specialized areas such as neighborhood services, community services, drug education (DARE), K-9 program, Special Response Team (tactical unit), administration, field training, firearms training, volunteer liaison, or other assignment. Work is performed under the general direction of a supervising Sergeant. This position may provide direction in the field to other Patrol Officer employees. Considerable latitude is granted to the employee but work is subject to periodic performance audits and biannual evaluations. The principal duties of this class are performed in both a general office environment and an outdoor environment that may include exposure to adverse weather conditions and to potential personal danger.

SPECIAL NOTE:

- All applicants who are hired as a Police Officer must successfully complete Idaho Peace Officers Standards and Training (POST) Academy or approved equivalent training, Field Training Officer Phase, and one year of probation.

HIRING PRACTICE:

- The City of Chubbuck is an Equal Opportunity Employer and does not discriminate on the basis of race, sex, age, national origin, religion, sexual orientation or physical disability (except where physical requirements constitute a bona fide occupational qualification).

Application Instruction Sheet

The applicant must complete the enclosed forms accurately, legibly, and completely. Do not leave any blank spaces. **PRINT ANSWERS** to questions with a black ball point pen. It is to your advantage to **BE ABSOLUTLY TRUTHFUL** in answering all questions on your application and during all interviews. A false statement or the omission of requested information is grounds for automatic rejection before appointment, or termination after employment. Often, an applicant is suspended from the hiring process due to falsification or omission of information that would not have disqualified them otherwise. If you answer “yes” to a question, you need to be complete in explaining the circumstances. Do not omit an explanation because you think the incident was minor and of no importance. If the space is insufficient to complete your answers, please attach supplementary pages.

The following documents are **required to begin the application process** and must be returned with the application.

- **A copy of your high school diploma, certified transcripts, or G.E.D. certificate**
- **A copy of your birth certificate**
- **A copy of your current/valid drivers license**
- **(2) Passport type photographs**

The following documents **are required if they are applicable to you** and must be returned with the application.

- **DD214 form, member 4 showing an honorable discharge (if a veteran)**
- **College transcripts**
- **Citizenship papers**
- **Copy of bankruptcy discharge papers**

Accompanying this application the applicant must hand write (in their own hand writing) **at least a 1 page autobiography**. This should include what the applicant's goals are for the future.

The completed application and required documents must be returned to the Chubbuck Police Department at the following address:

Mail:	Chubbuck Police Department	or in person:	Chubbuck Police Department
	P.O. Box 5604		5160 Yellowstone
	Chubbuck, Id 83202		Chubbuck, Id 83202

NOTE: The last three pages of this application must be notarized

Upon submission, your application and supporting documents will be reviewed for completeness. If your application is incomplete, it will be returned to you. Applicants whose materials are complete, and who meet minimum requirements, will be scheduled for a series of written examinations. Applicants will be notified of date, time and place of written exam. If you pass these exams, a thorough background investigation will be conducted. A medical examination and an in-person psychological interview will be required upon offer of employment.

If you have any questions concerning this process, please call Lieutenant Bill Guiberson by telephone during regular office hours at (208) 237-7172 or via email at bguiberson@cityofchubbuck.us.

PERSONAL INFORMATION

Provide the following identification information:

Full Legal Name:		Social Security Number:	Date of Birth:
Drivers License Number:	Type of License: <input type="checkbox"/> Commercial <input type="checkbox"/> Operator	State Issued:	Expiration Date:
If you have ever been known by any other name (maiden name, abbreviated name, etc...), please list below:			
Place of Birth (City, County, State):			

Provide the following contact information:

Street Address Including City, State and Zip Code:		How long? (Yrs., Mos.):	
Email Address:	Home Phone:	Cellular Phone:	Work Phone:

Provide the following scheduling information:

Age Requirements Vary Based on Position and Schedule. Please Check One Box: <input type="checkbox"/> I am 18+ years old <input type="checkbox"/> I am 19+ years old <input type="checkbox"/> I am 21+ years old	Type of Position Desired: <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time <input type="checkbox"/> Volunteer Work					
Please Indicate All Shifts For Which You Will Be Available To Work: <input type="checkbox"/> Day Shifts <input type="checkbox"/> Night Shifts <input type="checkbox"/> Rotating Shifts <input type="checkbox"/> On Call Shifts <input type="checkbox"/> Weekends / Holidays <input type="checkbox"/> Full-Time						
Using Military Time, List Times You Can Be Scheduled for Each Day of the Week (Example 15:00 to 20:00):						
Sunday:	Monday:	Tuesday:	Wednesday:	Thursday:	Friday:	Saturday:

Can you produce proof of U.S. citizenship or right to work in the United States documentation? Yes No

With or without accommodations, can you perform essential job functions listed in job description? Yes No

Do you have typing, keyboarding, or ten-key proficiency? Yes No If yes, provide words per minute: _____

Are you related to any City of Chubbuck employee? Yes No If yes, provide name and position: _____

Have you ever been employed by the City of Chubbuck? Yes No If yes, provide position and dates: _____

Have you previously applied for any job at this agency? Yes No If yes, provide position and date: _____

Do you have peace officer or reserve officer certification? Yes No If yes, provide level and issuing state: _____

Have you served in any branch of the military? Yes No If yes, provide the following information:

Branch of Service:	Dates of Service:	Highest Rank Held:	Service Number:	Type of Discharge:
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How did you learn about this job opening?

ACADEMIC HISTORY

Circle the highest grade completed

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 _____ Other

If you graduated from high school, complete the following information:

Name of High School:	Year Started School:	Year Graduated School:
Street Address Including City, State and Zip Code:		Telephone Number:

If you received a GED certificate, complete the following information:

Name of School <i>(If the school no longer exists, list the name of the local board of education):</i>	Year GED Obtained:
Street Address Including City, State and Zip Code:	State GED Obtained:

List any Degrees that you have received *(Such as A.A., A.A.S., B.S., M.P.A., etc.):*

Type of degree:	Major and Minor Area of Study:	Year Degree Received:

Since high school, have you ever been expelled or suspended from any school or disciplined by any school official?

Yes No If Yes, explain circumstances: _____

List below any colleges, universities, and vocational / technical schools / graduate schools that you have attended:

Name of School:	Street Address Including City, State and Zip Code:	Year Started:	Major / Minor:	Year Graduated:

List any foreign language that you have learned and the extent of your proficiency:

Language:	Proficiency: <input type="checkbox"/> Some, <input type="checkbox"/> Moderate or <input type="checkbox"/> Fluent	Language:	Proficiency: <input type="checkbox"/> Some, <input type="checkbox"/> Moderate or <input type="checkbox"/> Fluent
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List any other specialized training or academic achievements:

LAW ENFORCEMENT EXPERIENCE

List all the public safety agencies that you have applied with in the past 5 years (law enforcement, fire department, correctional, etc.). Include as much information as possible including contact name if known.

Name of Agency:	Date Applied:	How Far Progressed in Hiring Process:	Contact Name:

List length of professional law enforcement experience: ___ years and ___ months.

Are you currently POST certified? Yes No

If yes, provide current level of certification: _____ State: _____

In the table below, list any and all disciplinary actions received while working in a law enforcement position. Include any oral or written reprimands, suspensions, demotions or terminations; dates of the action; reason for the action (i.e., auto accident, insubordination, violation of department policy, etc); and indicate whether you are currently involved in an open internal affairs investigation:

Name of Agency:	Disciplinary Action Taken:	Dates of Action:	Open or Closed:	Reason for Disciplinary Action:

List special awards, certificates or training you received as a law enforcement employee:

MILITARY EXPERIENCE

Have you ever attempted to enlist in any branch of the United States Armed Forces? This can also include Reserves, National Guard, or Coast Guard.

Yes No If yes, provide branch applied for: _____

Have you ever served in any branch of the United States Armed Forces? This can also include Reserves, National Guard, or Coast Guard.

Yes No If yes, provide branch of service: _____

Have you ever served in any branch of a foreign military?

Yes No If yes, provide branch of service: _____

What type of military discharge did you receive? (Honorable, Dishonorable, General, Under Honorable Conditions, Entry Level Separation, Medical, etc.) Provide specific details and reason for discharge :

Have you ever been involved in, or accused of being involved in, a subversive act against the United States Government, or other government, such as mutiny, treason, sabotage, espionage, etc.?

Yes No If yes, attach a complete explanation to this form.

If you have served in the military, provide service history:

Branch of Service:	Dates of Service:	Highest Rank Held:	Service Number:

Have you ever been court-martialed, tried on charges, or subject of an Article 15, company punishment, OR ANY OTHER disciplinary action while a member of any branch of the Armed Forces?

Yes No If yes, provide description below and attach a complete explanation to this form.

Type or Nature of Disciplinary Action:	Branch of Service:	Date Action Taken:	Official Disposition of Action:

List special awards, certificates or training you received in military service:

DRUG USE HISTORY

- | | | |
|---|------------------------------|-----------------------------|
| Do you now or have you ever abused prescription pain relievers? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you ever shared prescription medication that belongs to you or another person? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you ever sold prescription drugs for your own personal financial gain? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you ever bought prescription drugs that were not prescribed for you? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you ever-sniffed glue or any other inhalant in order to get high? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you ever purchased illegal drugs under any circumstance? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you ever used steroids without a valid legal prescription? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you ever directed another person where or from whom to buy illegal drugs? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If you answered yes to any of the above questions, provide a complete explanation:

If you have any history of illegal drug use, provide the following information:

Type of Drug Used:	Number of Times:	Date Last Used:	Method of Use (Smoked, Injected, etc...):

CRIMINAL HISTORY

List all traffic violations dating to three years prior to this application:

Date:	Original Charge:	Charging Agency:	Ammended Charge:	Adjudication:	Court Sentence (If Applicable):

Have you ever had your license suspended or revoked? Yes No If yes, provide date and explanation:

Have you ever taken a bribe of any kind or lied while under oath? Yes No

Have you ever committed any sexual act, which if known, could get you arrested? Yes No

Have you ever put any intoxicants in another person's food or drink without their knowledge? Yes No

Have you ever been accused of being a sexual predator? Yes No

Have you ever compensated another person for sex relations of any kind? Yes No

Have you ever been compensated by another person for sex relations of any kind? Yes No

Has anyone ever used sex with you as leverage to avoid arrest or obtain anything of value? Yes No

Have you ever been investigated as a suspect in a crime that you were not charged in? Yes No

Have you ever committed a felony crime that was not discovered by authorities? Yes No

If you answered yes to any of the above questions, provide an explanation (Attach additional sheet if needed):

Have you ever been charged with a crime? Yes No If yes, provide information:

Original Charge:	Date Of Charge:	Adjudication and Explanation:

Have you ever been convicted of a crime? Yes No If yes, provide information:

Original Charge:	Date Of Charge:	Sentence and Explanation:

CHARACTER OR SOCIAL REFERENCES

Provide five (5) references (not relatives, those within your household, or employers) who are responsible adults of the reputable standing in their communities, such as heads of households, property owners, business or professional men or women, who have known you well for the past five (5) years. Please confirm that all addresses and telephone numbers are current before you submit the application.

First Reference:

Full Legal Name:	Relationship:	Daytime Phone Number:
Street Address Including City, State and Zip Code:		
Occupation:	Email Address:	Work Phone Number:

Second Reference:

Full Legal Name:	Relationship:	Daytime Phone Number:
Street Address Including City, State and Zip Code:		
Occupation:	Email Address:	Work Phone Number:

Third Reference:

Full Legal Name:	Relationship:	Daytime Phone Number:
Street Address Including City, State and Zip Code:		
Occupation:	Email Address:	Work Phone Number:

Fourth Reference:

Full Legal Name:	Relationship:	Daytime Phone Number:
Street Address Including City, State and Zip Code:		
Occupation:	Email Address:	Work Phone Number:

Fifth Reference:

Full Legal Name:	Relationship:	Daytime Phone Number:
Street Address Including City, State and Zip Code:		
Occupation:	Email Address:	Work Phone Number:

RESIDENCE HISTORY AND REFERENCES

Provide three (3) current or recent neighbors or landlord references. The neighbor reference may live next door to you or within three (3) houses or apartments in any direction of your residence. Do not list references that are related to you by blood or marriage. All persons may be asked to appraise your character, ability, experience, personality, and other qualities. Please confirm that all addresses and telephone numbers are current before you submit the application.

First Reference:

Full Legal Name:	Relationship:	Daytime Phone Number:
Street Address Including City, State and Zip Code:		
Occupation:	Email Address:	Work Phone Number:

Second Reference:

Full Legal Name:	Relationship:	Daytime Phone Number:
Street Address Including City, State and Zip Code:		
Occupation:	Email Address:	Work Phone Number:

Third Reference:

Full Legal Name:	Relationship:	Daytime Phone Number:
Street Address Including City, State and Zip Code:		
Occupation:	Email Address:	Work Phone Number:

List all of your residence addresses since the fifth grade. Begin with your present address. This list should include temporary addresses, part-time addresses, military addresses, permanent addresses, and school addresses.

From (Mo / Yr):	To (Mo / Yr):	Street Address Including City, State and Zip Code:

EMPLOYMENT HISTORY

In the following tables, list all jobs worked in the LAST 10 YEARS. Include military, volunteer experience, self-employment, internships, periods of unemployment, ANY part-time work, and ANY full-time work. For any gap of unemployment, write UNEMPLOYED under the "NAME OF ORGANIZATION" and explain your means of support (i.e. spouses income, parents, unemployment benefits, etc.). Be prepared to show supporting documentation such as tax returns, Dept. Of Human Resources letters, etc. Failure to properly complete the employment history section may result in your disqualification. A resume may be attached only as additional information and will not be accepted in lieu of completing this section.

Current Employer Information:

Name of Organization or Company:	Date Hired:	Length of Employment:	Phone Number:
Street Address Including City, State and Zip Code:			
Official Job Title:	Supervisor's Name:	Out of Business: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe Job Duties:			

Previous Employer Information:

Name of Organization or Company:	Date Hired:	Length of Employment:	Phone Number:
Street Address Including City, State and Zip Code:			
Official Job Title:	Supervisor's Name:	Out of Business: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe Job Duties:			
Select Reason For Leaving:			
Explain Reason For Leaving:			

The following page provides space to list three more previous employers. You may need more pages in order to list additional previous employers. If you are online, scroll to the next page and click print. In the print dialog box that opens, select current page and enter the number of pages to be printed. Otherwise, photocopy the following page prior to filling it out.

Previous Employers Information:

Name of Organization or Company:	Date Hired:	Length of Employment:	Phone Number:
Street Address Including City, State and Zip Code:			
Official Job Title:	Supervisor's Name:	Out of Business: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe Job Duties:			
<hr/> <hr/>			
Select Reason For Leaving:			
Explain Reason For Leaving:			
<hr/> <hr/>			

Name of Organization or Company:	Date Hired:	Length of Employment:	Phone Number:
Street Address Including City, State and Zip Code:			
Official Job Title:	Supervisor's Name:	Out of Business: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe Job Duties:			
<hr/> <hr/>			
Select Reason For Leaving:			
Explain Reason For Leaving:			
<hr/> <hr/>			

Name of Organization or Company:	Date Hired:	Length of Employment:	Phone Number:
Street Address Including City, State and Zip Code:			
Official Job Title:	Supervisor's Name:	Out of Business: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe Job Duties:			
<hr/> <hr/>			
Select Reason For Leaving:			
Explain Reason For Leaving:			
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SWORN STATEMENT

I HEREBY SWEAR THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE. I ALSO UNDERSTAND THAT ANY MISSTATEMENTS, FALSIFICATIONS OR OMISSIONS OF MATERIAL FACTS WILL SUBJECT ME TO IMMEDIATE DISQUALIFICATION AND TERMINATION FROM THE HIRING PROCESS, AND COULD RESULT IN CRIMINAL PROSECUTION.

Applicant Full Legal Name (Print)

Applicant Social Security Number

Applicant Signature

Date Signed

SHIFT / OFFDAY ACKNOWLEDGEMENT

I understand and I am aware that the Chubbuck Police Department is a seven-day a week, twenty-four hour a day operation. Therefore, I understand and I am aware that I may be subject to work any shift (morning, day, or evening).

Applicant Full Legal Name (Print)

Witness Full Legal Name (Print)

Applicant Signature

Date Signed

Witness Signature

Date Signed

EMPLOYMENT WAIVER

I, _____, hereby acknowledge that I fully understand that employment with the Chubbuck Police Department is contingent on the results of the investigation of my background.

Furthermore, I fully understand that if this investigation reveals any information that would prohibit my continued employment with this department my appointment is subject to immediate termination.

I, _____, without any coercion, voluntarily agree to execute and sign this waiver.

Applicant Full Legal Name (Print)

Witness Full Legal Name (Print)

Applicant Signature

Date Signed

Witness Signature

Date Signed

State of _____)
S.S.
County of _____)

On this _____ day of _____, 20____, _____ personally appeared before me or proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument, and acknowledged that they executed the same.

Notary Public

Commission Expiration Date

Physical Fitness Test Release from Liability and Indemnity Agreement

I, _____, in consideration of my being allowed to participate in the Physical Fitness Test required by the Chubbuck Police Department as part of its pre-employment process, do hereby agree as follows:

1. That I release the City of Chubbuck, Idaho, and there employees and agents from all liability to myself, or my heirs, administrators, executors and assigns as a result of any damage to my property, injury to myself, or loss of life sustained as a result of my participation in the physical fitness test.

2. That I agree to hold harmless, the City of Chubbuck, Idaho, and their employees and agents, from all liability to myself, my heirs, administrators, executors and assigns, for any loss sustained by them as a result of any injury or damage caused by myself and agree to indemnity say City agents or employees for any loss incurred thereby.

3. I certify that understand what the Physical Fitness Test consists of, that I am mentally and physically capable of performing the Physical Fitness Test and that I do not have any physical or mental impairment that would in any way create any danger to my health or well being.

4. That I understand that the minimum requirements for passing the Physical Fitness Test are as follows:
 - Vertical jump of at least 14 inches
 - Perform no less than 15 situps and no less than 21 pushups in one minute
 - Run 300 meters in 77 seconds or less
 - Run 1.5 miles in 17 minutes and 17 seconds or less

5. That I understand if I do not meet the minimum requirements for passing the Physical Fitness Test I will be suspended from the hiring process.

Applicant Full Legal Name (Print)

Applicant Social Security Number

Applicant Signature

Date Signed

State of _____)
) S.S.
County of _____)

On this ____ day of _____, 20____, _____ personally appeared before me or proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument, and acknowledged that they executed the same.

Notary Public

Commission Expiration Date

CHUBBUCK POLICE DEPARTMENT CONSENT FORM

I, _____, do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the City of Chubbuck Police Department, or to any authorized agent of a criminal justice agency or any private agency upon the request of the City of Chubbuck 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 the Military Service Records, "authority to release law enforcement or criminal records or information from a law enforcement agency;" educational institution; financial or credit institutions, including records of loans, the records of commercial or retail credit agencies (including credit reports and/or rating) and financial statements and records wherever 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 records and 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 an interest.

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

I also agree to pay any and all incidental fees concerning the acquisition of the information listed in this consent form and can be billed for such fees at the below listed address. A photocopy of this release form will be valid as an original thereof.

Applicant Full Legal Name (Print)

Witness Full Legal Name (Print)

Applicant Signature

Date Signed

Witness Signature

Date Signed

State of _____)
S.S.
County of _____)

On this _____ day of _____, 20____, _____ personally appeared before me or proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument, and acknowledged that they executed the same.

Notary Public

Commission Expiration Date

GENERAL HIRING INFORMATION

Things to know:

- All required documentation must accompany this application.
- All questions should be answered truthfully and with complete explanation where applicable.
- Appropriate business attire is required for ALL interviews and testing. Any applicant appearing for interviews or testing in casual clothing will be sent home.
- Applicants should appear for all scheduled interviews and testing on time. If you cannot make an appointment, it is your responsibility to contact the interviewing Officer for notification.
- The hiring process can take a few weeks to several months to complete. It is important to advise the officer in charge of testing about any changes in residence or employment.

Phases of the hiring process:

- Applications are received and reviewed for completeness. If the application is complete, the initial testing and interview will be scheduled. All applicants are responsible for their travel expenses.
- A hiring list will be established based on the applications and test scores. Background investigations will begin on the top applicants who have passed the above listed phase. This investigation will consist of checks into his/her employment history, criminal history, driving history, financial history, military history, references, and fingerprint results. If the applicant is not disqualified after this phase the file will be submitted through the supervisors' chain of command up to the Chief of Police.
- The Chief of Police has the final decision on all hiring for the Department. If the Chief conditionally approves an applicant for hire, the applicant will have a Computer Voice Stress Analyzer examination, in-person psychological interview and a medical examination.
- If the applicant passes all of the examinations, the Chief of Police will review the file for final approval.
- If final approval has been given, the applicant will be notified of the next processing date, which is the actual first date of employment with the Chubbuck Police Department.

IMPORTANT REMINDER:

- All pages of this application along with additional required documents must be submitted to the Chubbuck Police Department. Failure to submit all documents will result in rejection of application

Thank you for your interest in joining our staff at the Chubbuck Police Department. It is recommended that you keep a copy of all pages of this document for your records.