

# Grinnell Police Department

## Application for Employment

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veterans status, the presence of a non-job related medical condition, disability or any other legally protected status.

City of Grinnell  
1020 Spring Street  
Grinnell, Iowa 50112



Position(s) applied for	Date of Application
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Last Name		First Name		Middle Name	
Address	Number	Street	City	State	Zip Code
Telephone Number(s)			Social Security Number		

If you are under 18 years of age, can you provide required proof of your eligibility to work?  Yes  No

Have you ever filed an application with us before?  
If yes, give a date  Yes  No

Have you ever been employed with us before?  
If yes, give date  Yes  No

Are you currently employed?  Yes  No

May we contact your present employer?  Yes  No

Are you prevented from lawfully becoming employed in this Country because of Visa or Immigration status?  Yes  No

Are you currently on "lay-off" status and subject to recall?  Yes  No

Have you ever been convicted of a felony within the last 7 years  
If yes please explain.  Yes  No

On what date would you be available to start work?

Are you available to work:  Full Time  Part Time  Shift Work  Temporary

Have you received a copy of the job description for the position for which you are applying?  Yes  No

Are you able to perform the essential functions of the job?  Yes  No

# Personal History

Name:

Last	First	Middle
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Social Security Number:

Date of Birth:

Place of Birth (city state):

List any and all other names you have; including nicknames, maiden name, previous surnames, etc.

## Residences

Present residence address (Street, City, State, zip)

Telephone – Home:

Work

Mailing Address if different:

Past residences: List chronologically all of your residences in the past ten (10) years (include addresses while attending school if away from home, and all military addresses including any off military base). Include additional page(s) as necessary.

Dates		Apt #	Street Address	City	State
From	TO				
Dates		Apt #	Street Address	City	State
From	TO				
Dates		Apt #	Street Address	City	State
From	TO				

Dates					
From	TO	Apt #	Street Address	City	State
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Dates					
From	TO	Apt #	Street Address	City	State
<hr/>					
Dates					
From	TO	Apt #	Street Address	City	State

## Education

	Elementary Education	High School	Undergraduate College/University	Graduate/ Professional
School Name and location				
Years completed	<input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Diploma / degree				
Course of study				

Were you ever dismissed from a school, or was any disciplinary action ever taken against you during your scholastic career?

NO  Yes

School                      Date                      Type of Action

List awards, honors, citations, positions held in school organizations, athletic endeavors, and any other special recognition you received while attending school.

List any special abilities, interests, sports or hobbies with degree proficiency.

Indicate your proficiency in each foreign language listed as "slight", "good"

Name of language	Speak	Understand	Read	Write

Are you a member of the Bar? NO  YES

Dates: States:

Are you a certified public accountant? NO  YES

Dates: States:

Are you a licensed driver? NO  YES  States?

List any specialized vocational or unique training or experiences you feel may assist you in the position that you applied for:

Indicate type of special license such as pilot, radio operator, ect., showing licensing authority, where the license was first issued, and date current license expires

## Credit Report

Has your credit record (including spouse) ever been considered unsatisfactory, or have you ever been refused credit: NO  YES

If yes, give dates, places, names or creditors and circumstances:

Are you or your spouse indebted to anyone? NO  YES

If yes, list all the debts including amount, creditor and address:

List all debts past due:



## Organization Membership

List all clubs, societies and other organizations of which you are or have been a member

Date	Name of Organization	Place	Position Held

## Military Record

Were you ever a member of the armed forces of the USA NO  YES

If Yes: Branch:

Serial Number:

Dates of active duty:

Highest rank obtained:

Training and Job:

Was any disciplinary action taken against you while in the service? NO  YES

# Employment History

Start with your present or last job. Include any related military service assignments and volunteer activities. You must exclude organizations which indicate race, color, religion, gender, national origin, disability or other protected status. Include additional page(s) as necessary.

Employer:  
Employer Address:  
Employer Telephone Address:  
Dates employed:  
Starting salary:  
Ending Salary:  
Job title:  
Supervisors name:  
Worked performed:  
Reason for Leaving:

Employer:  
Employer Address:  
Employer Telephone Address:  
Dates employed:  
Starting salary:  
Ending Salary:  
Job title:  
Supervisors name:  
Worked performed:  
Reason for Leaving:

Employer:  
Employer Address:  
Employer Telephone Address:  
Dates employed:  
Starting salary:  
Ending Salary:  
Job title:  
Supervisors name:  
Worked performed:  
Reason for Leaving:

# Family

Father:  
Address:  
Date/Place of birth:

Mother:  
Address:  
Date/place of birth:

Wife/Husband:  
Address:  
Date/place of birth:

Children:  
Address:  
Date/place of birth:

Children:  
Address:  
Date/place of birth:

Children:  
Address:  
Date/place of birth:

Brother/Sister:  
Address:  
Date/place of birth:

Brother/Sister:  
Address:  
Date/place of birth:

Brother/Sister:  
Address:  
Date/place of birth:

# References

Give three references (not relatives, former employers, fellow employees or school teachers) who are responsible adults of reputable standing in their communities, such as property owners, business or professional men or women including your family physician, if you have one, who you have known for at least five years.

Complete name:	Occupation
Age/sex:	Number of years acquainted:
Home Address:	Business Address:
Telephone:	Telephone:

Complete name:	Occupation
Age/sex:	Number of years acquainted:
Home Address:	Business Address:
Telephone:	Telephone:

Complete name:	Occupation
Age/sex:	Number of years acquainted:
Home Address:	Business Address:
Telephone:	Telephone:

Give three social acquaintances in your own age group including both sexes

Complete name:	Occupation
Age/sex:	Number of years acquainted:
Home Address:	Business Address:
Telephone:	Telephone:

Complete name:	Occupation
Age/sex:	Number of years acquainted:
Home Address:	Business Address:
Telephone:	Telephone:

Complete name:	Occupation
Age/sex:	Number of years acquainted:
Home Address:	Business Address:
Telephone:	Telephone:

# Applicant's Statement

*I certify that the answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this period should inquire as to whether or not applications are being received at that time.*

*I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is an "at will" nature, which means that the employee may resign at any time and the employer may discharge employee at anytime without cause. It is further understood that this "at Will" employment relationship may not be changed by written document or by conduct unless such charge is specifically acknowledged in writing by an authorized executive of this organization.*

*In the event of employment, I understand that false or misleading information given in my application or interview may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.*

Signature of Applicant \_\_\_\_\_

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, year \_\_\_\_\_

\_\_\_\_\_  
Notary Seal



Candidate Background Investigations Waiver

As a police applicant candidate for the City of Grinnell Police Department, I  
\_\_\_\_\_ do hereby give permission for the City of Grinnell Police  
Department to access and view my credit history, credit file, and credit report as provided by  
the Grinnell State Bank, Grinnell Iowa, to complete the police candidate background  
investigation.

\_\_\_\_\_  
Signature of Candidate

\_\_\_\_\_  
Witness

## Authorization for release of personal information

I, \_\_\_\_\_ do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the Police Department, City of Grinnell Iowa, 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 institutions, including records of loans, the 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. Veterans 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 an 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 stability for employment by the Police Department, City of Grinnell, Iowa. I also certify that any person(s) who may furnish such information in good faith 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 Police Department, City of Grinnell, Iowa from any and all liability which may be incurred as a result of collection of such information.

I HEREBY SWEAR AND AFFIRM THAT EACH STATEMENT AND ALL INFORMATION IN OR SUPPLEMENTING THIS APPLICATION (PERSONAL AND PHYSICAL EVALUATION) 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 EMPLOYMENT.

A photocopy and or fax of this release form will be valid as an original thereof, even though the said photocopy fax does not contain an original writing of my signature.

I have read and fully understand the contents of the "Authorization for release of personal information"

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## City Policy on Employment of Relatives

### Policy

No individual shall be an applicant for a position in a department or be employed by a department of the city if a family relationship will be created by such employment.

No employee shall be promoted or transferred into a department if a family relationship will be created by such a promotion or transfer.

If a family relationship is created by the marriage or cohabitation of two employees, the two employees will be given the option of deciding who will transfer, if possible, or who will terminate employment. If the decision cannot be made by the two employees, department seniority shall be the deciding factor and the least senior shall be terminated. If a family relationship is created by marriage between an employee and non-employee, the employee who became married must transfer, if possible or terminate employment.

Each applicant for employment and each employee seeking a promotion or transfer shall certify in writing prior to their employment, promotion or transfer, a list of all family members employed by the city of Grinnell on the date of certification.

Family members are defined as mother, father, brother, sister, spouse (including cohabitating couples), children, aunts, uncles, nieces, nephews, first cousins, mother-in-law, father-in-law, brother-in-law, sister-in-law, stepfather, stepmother, stepbrother, stepchild, half brother, half sister, grandparent, grandchild, and legal guardian. Relationships created by adoption and included.

Applicant Shall list all family members employed by the city. (if none write none in the space below)

- 1.
- 2.
- 3.
- 4.
- 5.

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Applicant signature

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Date

## Military Service

Chapter 35C.1 of the Code of Iowa requires that this application form shall contain a request for applicants military service during the wars or armed conflicts as specified:

1. World War II: December 7, 1941 through December 31, 1946
2. Korean Conflict: June 25, 1950 through January 31, 1955
3. Vietnam Conflict: August 5, 1964 through May 7, 1975
4. Persian Gulf Conflict: August 2, 1990 and ending on the date specified by the president of congress of the United States as the date of permanent cessation of hostilities.

Please state if you have been honorably discharged from the military or naval forces of the United States in any war or conflict as stated above:

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Applicants Signature

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Date

**FOR PERSONNEL DEPARTMENT USE ONLY**

Arrange interview  Yes  No

Date of Employment: \_\_\_\_\_

Job Title: \_\_\_\_\_

Hourly rate/salary: \_\_\_\_\_

Department: \_\_\_\_\_

By: \_\_\_\_\_

Name/ title

Date

Notes: