

CITY OF MOSCOW POLICE DEPARTMENT LAW ENFORCEMENT APPLICATION FOR EMPLOYMENT



City of Moscow Human Resources

www.ci.moscow.id.us

206 East 3rd Street
P. O. Box 9203
Moscow, Idaho 83843

(208) 883-7000 phone
(208) 883-7019 TDD

A. INSTRUCTIONS

Application must be typewritten or **printed legibly** in ink. All questions must be answered. Applications which are not complete will not be considered. If space provided is not sufficient for complete answers or you wish to furnish additional information, attach sheets of the same size as this application, and number answers to correspond with questions.

B. POSITION APPLYING FOR

Job Title:

Are you applying for:

F/T P/T Temp/Seasonal

Reserve/Volunteer

What shifts will you work?

Days Nights Any

NOTICE: During the Background Check, we will be contacting your present employer.

Available Start Date:

C. PERSONAL HISTORY

1. Full Name:

First

Middle

Last

2. Applicant's Current Address:

Address

City

County

State

Zip

() _____

Telephone Number

Email

Emergency Contact Name & Number: _____

Other: List all other names you have used including circumstances and time periods you used them. (For example: maiden name, former name(s), alias (es), or nickname(s)).

Name	Circumstance	Dates From Mo./Yr.	Dates To Mo./Yr.

4. Are you a United States Citizen? Yes No

If naturalized, please provide: _____
Place

_____ Court Naturalization No.

5. Do you have or have you ever applied for a passport? Yes Passport # _____ No

6. Can you perform the essential functions of this job with or without reasonable accommodation? Yes No

D. EDUCATION/TRAINING

High School or GED Name/Address	Dates Attended Mo./Yr.		Years Completed	Did You Graduate?	Type of Diploma
	From	To			

*College/University Name/Address	Dates Attended Mo./Yr.		Credit Hours Earned		Did You Graduate?	Type of Degree
	From	To	Qtr.	Sem.		

Major _____ Minor _____

Other Schools (Trade, Vocational, Business or Military):

Name/Address	Dates Attended Mo./Yr.		Credit Hours Earned	Area of Study	Did You Graduate?	Type of Degree or Certificate
	From	To				

1. Describe any awards, honors, citations, positions held in school organizations, and any other special recognition you received while attending school that you would like us to know about:

2. Have you ever been suspended or expelled from school? Yes No

If yes, please explain.

3. List any foreign languages you can speak:

List any foreign languages you can read:

List any foreign languages you can write:

4. Indicate any law enforcement education/training (attach additional paper as necessary):

Name/Topic of Training	Certificate?	Date	Location of Training

5. Has your law enforcement certification ever been suspended, revoked, relinquished or subject to discipline or investigation by POST or any other state's law enforcement certification agency? Yes No N/A

If yes, explain.

_____ Date(s)

_____ Date(s)

_____ Date(s)

6. Describe any special abilities, interests, and hobbies including the degree of proficiency:

7. Indicate any type of special license such as pilot, radio operator, etc., showing licensing authority, where the license was first issued, and date current license expires (except vehicle operator's license):

8. Indicate any special skills you possess and equipment you can use which may be related to law enforcement work. (For example: two-way radio communications, breathalyzer, speed detection equipment, firearms):

9. Have you had any training/education with K-9's? Yes No

If yes, provide details:

E. TECHNOLOGY SKILLS

Check All Skills & Software Applications You Have Experience Using (any version):

- PC User Macintosh User Windows Microsoft Word Microsoft Access Microsoft Excel
 Microsoft Publisher Web Page Design/Maintenance E-Mail Internet Scanner Copier Fax
 Other: Please list _____

Professional Licenses or Certificates Held:

F. EMPLOYMENT HISTORY

(List chronologically all employment beginning with present employment, including summer and part-time employment while attending school. All time must be accounted for. If unemployed for a period, set forth dates of unemployment):

Employer:

Address:

Street

City

State

Zip

Telephone: ()

Supervisor Name:

Dates From:

To:

Final Rate of Pay:

Position Held:

Primary Duties:

Reason for Leaving:

Next Employer:

Employer:

Address:

Street

City

State

Zip

Telephone: ()

Supervisor Name:

Dates From:

To:

Final Rate of Pay:

Position Held:

Primary Duties:

Reason for Leaving:

Next Employer:

Employer:

Address:

Street

City

State

Zip

Telephone: ()

Supervisor Name:

Dates From:

To:

Final Rate of Pay:

Position Held:

Primary Duties:

Reason for Leaving:

1. Have you ever been dismissed or asked to resign or had any disciplinary action taken against you from **any** employment or volunteer position you have held?

Yes No

If YES, please give details, including dates, employer's name, and specifics:

2. Have you resigned or left a job by mutual agreement following allegations of misconduct or unsatisfactory job performance?

Yes No

If YES, please give details, including dates, employer's name, and specifics:

3. Have you ever applied to or performed paid or unpaid services for a law enforcement agency not listed as an employer?

Yes No

If yes, please provide name of agency and date of application or service.

4. Do you or have you owned a business, or are you or were you a partner or corporate officer in any business or organization not listed previously as a current or former employer?

Yes No

If yes, please provide name and address of business, corporation or organization and describe your relationship or position, and nature of business.

G. APPLICANTS WITH CURRENT OR PRIOR LAW ENFORCEMENT EXPERIENCE

1. Identify **ALL** complaints (however characterized) made against you by any member of the public.

Agency	Name of Complainant	Approximate Date	Disposition

2. Identify **ALL** complaints (however characterized) made against you by any law enforcement personnel (including supervisors or administrators)

Agency	Name of Complainant	Approximate Date	Disposition

3. Identify **ALL** claims or lawsuits (however characterized) filed against you or your employing agency based on allegations of negligent or wrongful acts or omissions by you.

Agency	Name of Plaintiff(s)	Approximate Date	Court Where Filed

4. Identify **ALL** disciplinary action (however characterized) taken against you by a law enforcement employer.

Agency	Supervisor or Administrator Taking Action	Approximate Date	Basis and Form of Discipline

5. Identify **ALL** circumstances in which you have been requested or ordered to take a polygraph exam, CVSA or any other form of truth/deception technology.

Agency	Basis for Exam	Approximate Date	Outcome

H. DRIVING HISTORY

1. Are you a licensed automobile operator? Yes No License No.: _____
 Date of Expiration: _____ Restrictions: _____

2. Do you hold or have you ever held an operator license in another state? Yes No
 If yes, please provide state(s), name used and approximate dates license(s) was/were held.

3. Have you ever been denied issuance of a license or have you ever had a license suspended or revoked?
 Yes No
 If yes, please provide complete details including why license was revoked.

4. Have you ever had automobile insurance refused, withdrawn, revoked, or required to obtain special risk

insurance?

Yes No

If yes, please provide complete details.

I. MILITARY HISTORY

1. Have you ever served on active duty in the Armed Forces of the United States? Yes No

Branch of Service: _____ Highest Rank: _____

Serial #: _____ Duty Dates: From: _____ To: _____ From: _____ To: _____

From: _____ To: _____ From: _____ To: _____

2. Date and type of discharge: _____

3. Are you now or have you ever been a member of a reserve unit or the National Guard? Yes No

4. If yes state the branch of service, name and location of your unit(s):

5. Was any type of disciplinary action taken against you in the service? Yes No

If yes, please provide:

Date: _____ Place: _____

Nature of Offense: _____

Action Taken: _____

6. Have you ever served in the Armed Forces of a foreign country? Yes No

If yes, please specify countries and dates.

VETERAN'S PREFERENCE

If you are **NOT** claiming Veteran's Preference, please initial here _____ and proceed to the next section.

Per Idaho Code, Title 65, Chapter 5, Employer will afford a preference to employment of veterans. In the event of equal qualifications and experience between candidates for an available position, a veteran who qualifies will be preferred. If claiming veteran's preference, please complete the information below and attach a copy of your DD-214 to this application.

(Reference Idaho Code, Title 65, Chapter 5, and 5 U.S.C. § 2108)

The term "**active duty**" means full-time duty in the Armed Forces, but NOT active duty for training.

Preference Eligible Veterans:

- I served on active duty in the armed forces of the United States for a period of more than one-hundred eighty (180) days and was honorably discharged.
- I have a service-connected disability of 10% or more.
- I am the spouse of an eligible disabled veteran, who has a service-connected disability.
- I am the widow or widower of an eligible veteran and have remained unmarried.
- I have attached a copy of my DD-214. Veteran's preference will not be considered without this document.

J. BUSINESS INTERESTS & LICENSES

1. Do you or have you ever owned any stock or interest in any firm, partnership or corporation dealing wholly or partly in the sale or distribution of alcoholic beverages? Yes No
2. Are you now issued or have you ever been issued a license to engage in a business or profession? Yes No
3. Was any such license ever cancelled, relinquished, suspended or revoked? Yes No

If yes to question #1, #2 or #3, please provide details including name and address of business, the type of license or certificate, the agency that issued the license, effective date of license and license number.

K. ORGANIZATION MEMBERSHIP

1. Are you now, or have you ever been, a member of any foreign or domestic organization, association, movement, group or combination of persons which advocates or approves the commission of acts of force or violence to deny other persons their rights under the constitution of the United States, or which seeks to alter the form of government of the United States by unconstitutional means?

Yes No

If YES, including name of organization, dates of membership and location.

2. Have you ever made a financial or other material contribution to any organization of the type described in question #1 above?

Yes No

If YES, explain including name of organization, date(s) and location.

3. At the time of your membership, participation, or contribution, did you know of any unlawful aims of the organization?

Yes No

If YES, explain including name of organization, dates and location.

L. PERSONAL & PROFESSIONAL REFERENCES

1. Personal References: Please list the names of three (3) persons not related to you by blood or marriage)

Complete Name		Home Address: _____ City, State, & Zip: _____ Home Phone: _____ Business Address: _____ City, State & Zip: _____ Business Phone: _____
(Last,First,Middle)		
Yrs. Known	Occupation	
Complete Name		Home Address: _____ City, State, & Zip: _____ Home Phone: _____ Business Address: _____ City, State & Zip: _____ Business Phone: _____
(Last,First,Middle)		
Yrs. Known	Occupation	
Complete Name		Home Address: _____ City, State, & Zip: _____ Home Phone: _____ Business Address: _____ City, State & Zip: _____ Business Phone: _____
(Last,First,Middle)		
Yrs. Known	Occupation	

2. Professional References: List names of three (3) professional references who have known you well for at least five (5) years and who are not related to you by blood or marriage.

Complete Name		Home Address: _____ City, State, & Zip: _____ Home Phone: _____ Business Address: _____ City, State & Zip: _____ Business Phone: _____
(Last,First,Middle)		
Yrs. Known	Occupation	

Complete Name		Home Address: _____
(Last,First,Middle)		City, State, & Zip: _____
Yrs. Known	Occupation	Home Phone: _____
		Business Address: _____
		City, State & Zip: _____
		Business Phone: _____
Complete Name		Home Address: _____
(Last,First,Middle)		City, State, & Zip: _____
Yrs. Known	Occupation	Home Phone: _____
		Business Address: _____
		City, State & Zip: _____
		Business Phone: _____

M. DOCUMENTS TO BE ATTACHED TO APPLICATION

1. Attach a certified copy of birth certificate.
2. Attach a certified copy of high school diploma or GED, college diploma or transcripts.
3. Attach a copy of military discharge(s).

N. OTHER REQUIREMENTS

When requested by this agency, applicant will be fingerprinted and shall be required to submit to a drug test and complete physical examination, as well as be required to complete the Background Information form and a polygraph examination.

Drug Use Disclosure and Idaho POST Disqualifier

In accordance with Idaho POST, certain drug use history will be a disqualifier for any person seeking employment in law enforcement in the State of Idaho. Read the following and sign your name swearing you meet the standards defined by Idaho POST.

IDAPA 11.11.01 – Rules of the Idaho Peace Idaho State Police Officer Standards & Training (POST) Council Section 055. DRUG USE.

- 01. Marijuana.** An applicant must be rejected who has used marijuana: (04-11-15)
- Within the past three (3) years; (3-20-14)
 - While employed as a law enforcement officer, in a prosecutorial position, or in a position of public safety, regardless of when the use occurred; or (3-20-14)
 - On a regular, confirmed basis within the past five (5) years. (3-20-14)
 - This prohibition includes use of cannabis, hashish, hash oil, and THC in both synthetic and natural forms. (4-11-15)
- 02. Other Controlled Substances.** An applicant must be rejected who has illegally used any Schedule I through Schedule VI controlled substance, as defined in Sections 37-2705 through 37-2713A, Idaho Code, excluding marijuana: (4-11-15)
- Within the past five (5) years; (3-20-14)
 - While employed as a law enforcement officer, in a prosecutorial position, or in a position of public safety, regardless of when the illegal use occurred; or (3-20-14)
 - On more than a minimal and experimental basis during the applicant's lifetime. (3-20-14)
- 03. Prescription Drugs.** An applicant may be rejected who has unlawfully used any prescription drug or a legally obtainable controlled substance within the past three (3) years. (4-11-15) IDAHO ADMINISTRATIVE CODE IDAPA 11.11.01 – Rules of the Idaho Peace Idaho State Police Officer Standards & Training (POST) Council – Section 056
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- 04. Drug Trafficking, Manufacturing, and Related Offenses.** Subject to the rules above regarding use of controlled substances, an applicant must be rejected who has violated any provision of: (4-11-15)
- The Idaho Uniform Controlled Substances Act, Section 37-2701 et seq., Idaho Code, including, but not limited to, the illegal sale or manufacturing of a controlled substance or conspiring to illegally sell or manufacture a controlled substance; or (3-20-14)
 - A comparable statute of another state or country. (3-20-14)
 - Provided, however, that the POST Division Administrator may waive any misdemeanor conviction for violation of the Idaho Uniform Controlled Substances Act. (4-11-15)
- 05. Juvenile Drug Offense Convictions.** Any misdemeanor conviction of a drug offense prosecuted pursuant to Title 18, Chapter 15, Idaho Code, or a comparable statute of another state or country, shall not be a basis for rejection of an applicant. However, an applicant may be rejected who has been convicted of a felony drug offense prosecuted pursuant to Title 18, Chapter 15, Idaho Code. If an applicant has been convicted of such a felony drug offense, the applicant may be accepted upon approval of the POST Division Administrator, provided the applicant's agency head, with knowledge of the facts and circumstances concerning the offense or violation, recommends approval. (4-11-15)

Signature _____

Date _____

O. SIGNATURE & CERTIFICATION OF ACCURACY & NOTARY SEAL

I, _____, hereby certify that each and every statement made on this form is true and complete to the best of my knowledge, and I understand that any misstatement or omissions of information will subject me to disqualification or dismissal. I, also, acknowledge that I have a continuing duty to update all information contained in this document and, if employed by this Agency, I acknowledge that my failure to update this information may result in my discipline up to and including termination from employment. I understand that should an investigation disclose inaccurate, incomplete or misleading answers, my application may be rejected and my name removed from consideration for employment with Employer, and if employed, my termination from employment.

Signed this _____ day of _____, 20____

Signature in Full

Print Named in Full

NOTARY

State of _____)
:ss.
County of _____)

On this _____ day of _____, 20____, before me, the undersigned notary public in and for said State, personally appeared _____ or identified to me to be the person whose name is subscribed to the within instrument, and acknowledged to me that he/she executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year in this Statement first above written.

Notary Public in and for the State of _____
Residing in _____
My Commission Expires: _____, 20____.

(Official Seal)

Confidential Voluntary Self-Identification

Due to increased reporting requirements, the City of Moscow is required by federal and state laws and regulations to furnish statistical data on all job applicants and new hires. You can assist us by completing the following information.

Providing this data is voluntary and will not affect your opportunity for employment or the terms or conditions of your employment. Even if you decline to provide data, you are requested to put your name, signature and date on this form and return it to the Human Resources Department. This form will be used for EEO-4 and other federal government reporting purposes and will be kept separate from all other personnel records in the Human Resources Department.

Name: _____

Position applied for: _____

Gender:

(Please check one of the options below)

_____ Male _____ Female _____ I decline to identify my gender

Race/Ethnicity:

(Please check one of the descriptions below corresponding to the ethnic group with which you identify.)

_____ **Hispanic or Latino** – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

_____ **White (Not Hispanic or Latino)** – A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

_____ **Black or African American (Not Hispanic or Latino)** – A person having origins in any of the black racial groups of Africa.

_____ **Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** – A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.

_____ **Asian (Not Hispanic or Latino)** – A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

_____ **American Indian or Alaska Native (Not Hispanic or Latino)** – A person having origins in any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment.

_____ **Two or More Races (Not Hispanic or Latino)** – All persons who identify with more than one of the above six (6) races.

_____ **I decline to self-identify**

Date completed: _____

Official Processing

2013

Applicant Only

Hired _____
Date

Full-time

PT/Seasonal