

RIGBY POLICE DEPARTMENT



173 E Main Street, Suite 1
Rigby, Idaho 83442
208-745-1951
Fax 208-745-1949



Birth Place
of Television

Application for Employment

Instructions: FOLLOW ALL INSTRUCTIONS CAREFULLY; FAILURE TO COMPLY WITH ANY INSTRUCTIONS MAY BE GROUNDS FOR REJECTION OF YOUR APPLICATION

Complete all pages thoroughly, legibly and accurately. PRINT or TYPE. Incomplete or illegible applications will not be processed. Sign in all required locations. Submit application with a cover letter explaining why you would be a good fit for our department as well as why you chose to apply for us, resume and copies of the required documents below.

The personal inquiry waiver **MUST BE SIGNED AND NOTARIZED**

COPIES OF THE FOLLOWING DOCUMENTS ARE REQUIRED TO BEGIN THE APPLICATION PROCESS AND MUST BE SUBMITTED WITH THE APPLICATION. FAILURE TO PROVIDE THESE REQUIRED ITEMS MAY BE GROUNDS FOR REJECTION OF YOUR APPLICATION

- Valid Idaho Driver's License
- P.O.S.T. Certificates, Law Enforcement Training Records (If applicable)

Completed Applications should be returned to the Police Department or put in the mailbox if no one is available to take the application

APPLICATION FOR EMPLOYEMENT
RIGBY CITY POLICE DEPARTMENT
RPD J20 10-16

Today's Date

φ Follow instructions carefully	φ Type or print legibly using a <u>black</u> ink pen
φ Provide detail – do not use “see resume”	φ Check for errors & signature before submitting
φ If accommodation or assistance is needed in completing this application, contact employing agency.	

Position applying for:	<input type="checkbox"/> Patrol	<input type="checkbox"/> Reserve Officer	<input type="checkbox"/> Other _____
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General Information

Full (Legal) Name (Last, First, Middle Initial)			
Mailing Address			
City		State	Zip Code
Home Telephone	Work Telephone	Cell Telephone	Email Address
Date of Birth	Social Security Number	Place of Birth (City, County, State)	
Are you a United States Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Naturalized	List of States (and/or Countries) of past residency		
Do you have a valid automobile driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No	Driver's License Number & State Driver's License Issued	Date Issued	
Has your driver's license ever been suspended or denied in any state in the last 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:			
List all traffic violations within the last 3 years that you may have been convicted of, with dates & locations:			
Have you ever been detained, arrested, investigated, charged, and/or convicted by any law enforcement agency, for any criminal activity? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain: (list date, charge, disposition, agency and location, etc...)			

<p>Have you ever been fingerprinted by any agency for any reason other than an arrest or investigation or criminal activity? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain: (date, agency, and reason)</p>
<p>Have you ever filed an application with, or been employed by this agency before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain and give dates:</p>
<p>Have you ever had a job that required you to be bonded? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever had a claim made against such a bond? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:</p>
<p>Do you object to working nights? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you object to working in uniform? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you experienced in shift work? <input type="checkbox"/> Yes <input type="checkbox"/> No Can you travel if the job requires it? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Are you able to perform the essential functions of the job you are applying for with or without accommodations? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>List any civil, professional, trade, or business activities you are involved in and/or offices held?</p>
<p>Can you speak, read or write any foreign languages? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain: (indicate language, fluency, training, etc..)</p>
<p>Have you used any other type of illegal controlled substance within the last 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you used any type of marijuana product within the last year? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever abused any prescription drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain: (identify the substance, prescription, frequency last date, etc...)</p>
<p></p>

Educational History

Did you graduate from high school or receive a GED certificate? Yes No

SCHOOL NAME AND LOCATION (college, business, nursing, vocational, or other)	Number of Credits		Field		Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Diploma or degree earned
	Qtr.	Sem	Major	Minor		
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	

List computer, related volunteer experience, and other communication/education/training/skills:

License or Certification

License/Certification	State	Profession	License/Certification #	Expiration Date

Military Service

Identify any U.S. armed forces, or branches thereof, that you have served with:

No Service Army Navy Air Force Marines Coast Guard

If you have served, answer the following:

Did you receive training from the U.S. Military related to the type of job you are applying for? Yes No

If yes, explain (details):

Give dates of service, From: _____ To: _____

What was/is your highest rank held:

If applicable, what type of discharge did you receive? (honorable, medical, dishonorable, etc...)

Be exact:

Employment History

☐ Provide detail; do not use "see resume".
 ☐ Start with your current or last job – include self-employment, military service, and volunteer activities.
 ☐ Any change of job title under the same employer should be considered a separate position.

1.	Employer	Telephone Number	Supervisor's Name
Type of Business		Address	
Your Job Title		Dates Employed (indicate months & years) From: To:	Average Hours Worked Per Week
Duties:			
Monthly Salary \$		Reason For Leaving	
2.	Employer	Telephone Number	Supervisor's Name
Type of Business		Address	
Your Job Title		Dates Employed (indicate months & years) From: To:	Average Hours Worked Per Week
Duties:			
Monthly Salary \$		Reason For Leaving	

3.	Employer	Telephone Number	Supervisor's Name
Type of Business		Address	
Your Job Title		Dates Employed (indicate months & years) From: To:	Average Hours Worked Per Week
Duties:			
Monthly Salary \$		Reason For Leaving	

4.	Employer	Telephone Number	Supervisor's Name
Type of Business		Address	
Your Job Title		Dates Employed (indicate months & years) From: To:	Average Hours Worked Per Week
Duties:			
Monthly Salary \$		Reason For Leaving	

5.	Employer		Telephone Number	Supervisor's Name
Type of Business		Address		
Your Job Title		Dates Employed (indicate months & years)		Average Hours Worked Per Week
		From:	To:	
Duties:				
Monthly Salary \$	Reason For Leaving			

6.	Employer		Telephone Number	Supervisor's Name
Type of Business		Address		
Your Job Title		Dates Employed (indicate months & years)		Average Hours Worked Per Week
		From:	To:	
Duties:				
Monthly Salary \$	Reason For Leaving			

7.	Employer	Telephone Number	Supervisor's Name
Type of Business		Address	
Your Job Title		Dates Employed (indicate months & years) From: To:	Average Hours Worked Per Week
Duties:			
Monthly Salary \$		Reason For Leaving	

8.	Employer	Telephone Number	Supervisor's Name
Type of Business		Address	
Your Job Title		Dates Employed (indicate months & years) From: To:	Average Hours Worked Per Week
Duties:			
Monthly Salary \$		Reason For Leaving	

Are you currently employed? Yes No
 If yes, may we contact you employer? Yes No
 Have your employers always treated you fairly? Yes No
 If no, explain:

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

On what date would you be available to work? Day: _____ Date: _____

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

References

φ Do not use family members, relatives, or previous employers listed above
 φ Make sure that the information provided is current & correct

1.	Name	Telephone Number	Address
2.	Name	Telephone Number	Address
3.	Name	Telephone Number	Address

Applicant's Signature: _____

Resume attached

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION AND AUTHORIZATION AND RELEASE REGARDING BACKGROUND INVESTIGATION OF LAW ENFORCEMENT APPLICANT.

I, _____, am making application to become a law enforcement officer for the Rigby City Police Department. I am currently employed as a law enforcement officer for the Rigby Police Department/Office *(if employed with a law enforcement agency, write in the name, if not leave blank)*.

I fully understand that the Rigby City Police Department will perform a complete and thorough background investigation to ensure I have the necessary skills, abilities, and background to properly perform the duties of a law enforcement officer for this agency. I recognize and understand that the referenced background investigation will include, but not be limited to inquiries that are designed to determine and/or confirm my personal history and to determine whether or not I have at any time in the past or am presently involved in any conduct which the Rigby City Police Department deems behavior which could disqualify me from employment as a law enforcement officer, including but not limited to criminal misconduct, domestic violence, use of illegal drugs, dishonesty, and/or immoral behavior, misconduct in other employment as a law enforcement officer, etc... I fully understand that I may be asked to submit a polygraph examination regarding any information that I provide or is obtained as a result of the referenced background investigation. I also understand that the information obtained by virtue of the referenced background investigation may result in my not being hired by the Rigby City Police Department.

It is my intent by this authorization to give my consent for full and complete disclosure of any and all records regarding myself, including but not limited to records of educational/training institutions; financial or credit institutions; any and all records regarding any of my previous employment, including but not limited to all such employment or pre-employment records, including prior background investigations, performance/efficiency reports, complaints or grievances filed by or against me and any and all related records, including records and/or recollections of any and all attorneys at law, or other counsel, whether representing me or another person in any case, either criminal, administrative or civil in which I presently have or have had an interest.

I understand that any information obtained as a result of the referenced background investigation, which is developed directly or indirectly, in whole or in part, based upon this authorization will be considered in determining my suitability for employment with the Rigby City Police Department.

With full recognition of the above, I hereby give the Rigby City Police Department full and complete authorization to conduct the referenced background investigation regarding me. Further, I do hereby release the City of Rigby, the Rigby City Police Department and any and all employees or representatives of said city, along with all persons or entities, whether public or private, who provide information to the representative of Rigby City who are conducting this background investigation from any and all liability claim, allegations, or lawsuits however characterized, which may arise or be incurred as a result of the referenced background investigation. Further, in the event I am currently employed by a law enforcement agency, whether employed as a law enforcement officer, correctional officer or any other position with a criminal justice related agency or type, I understand that information obtained during this investigation and/or the results of this background investigation may be available to my current employer, whether or not I am offered employment with the Rigby City Police Department. I understand that this disclosure may result in adverse consequences to me, in my current job, including but not limited to termination from employment, negative reference information being provided in the future and possible acknowledgment that I understand and agree that this constitutes a complete and final release from liability and shall foreclose any and all claims, allegations, lawsuits, or causes of action of any nature, whether legal or equitable, which I may have against any person or entities who participate in the referenced background investigation or provide any information in investigation and I expressly acknowledge that I, my heirs, executors, administrators, successors, assigns, etc... are completely foreclosed from pursuing any claims for any form of relief, damages, fees, costs, etc... under any rule or provision of law, either state or federal, that are in any way related to the referenced background investigation.

I expressly agree that a photocopy of this form will be as valid as an original thereof, even though said photocopy does not contain an original writing of my signature.

Applicant's Signature: _____

Date: _____

SUBSCRIBED AND SWORN BEFORE ME ON THE _____ DAY OF _____, 20__

(Seal)

Notary Public for the State of Idaho
Resides in _____
Notary Expires _____

Requirements For Employment	
1.	Written Examination: Conducted by the Rigby City Police Department, or person(s) appointed by the Rigby City Police Department.
2.	Physical Fitness Exercise: Conducted by the Rigby City Police Department, using P.O.S.T. standards, or as set by the Rigby City Police Department.
3.	Oral Interview: Conducted by the Rigby City Police Department, or person(s) appointed by the Rigby City Police Department.
4.	Polygraph Examination: Conducted by a person(s) that are qualified to perform such examinations, and will be appointed by the Rigby City Police Department.
5.	Psychological Examination: Conducted by a person(s) that are qualified to perform such examinations, and such person(s) will be appointed by the Rigby City Police Department.
6.	Medical Examination (physical): To be received from a physician or medical tech. qualified to conduct such examination.
7.	Other: Any other testing or examination that the Rigby City Police Department deems necessary to conduct for employment.
φ The above testing and examinations, may not be done in the order shown φ	

MY SIGNATURE BELOW STATES THAT I UNDERSTAND THE ABOVE REQUIREMENTS FOR EMPLOYMENT, AND I AM WILLING TO PARTICIPATE IN SUCH REQUIREMENTS, BEFORE I CAN BECOME EMPLOYED WITH THE RIGBY CITY POLICE DEPARTMENT.

NOTE: THESE REQUIREMENTS ARE FOR THOSE SEEKING A FULL TIME LAW ENFORCEMENT (PATROL) POSITION WITH THE RIGBY CITY POLICE DEPARTMENT.

Applicants Signature: _____ Today's date: _____

φ Official use only φ

Approved By: _____	Date: _____
Approved By: _____	Date: _____
Approved By: _____	Date: _____
Date hired: _____	
Comments:	