



SPIRIT LAKE POLICE DEPARTMENT

Application for Employment

INSTRUCTIONS FOR COMPLETING APPLICATION

*	Read thoroughly and carefully type (or print legibly in ink) the information asked. You MUST answer every single inquiry . If an item does not apply to you, enter "NA" (Not Applicable), do not leave blank. If you cannot remember or obtain with reasonable diligence, please indicate so in your response. If you need additional space for any question, attach sheet(s) at the end of this packet in the same format and indicate which section/number your answer corresponds with.
*	We will not accept "See Resume". Resumes may be used to supplement an application, but will not be accepted in lieu of completing the application. Applications that are incomplete will not be accepted or considered.
*	Keep a copy of your application and supplemental material, they will not be returned.
*	Spirit Lake Police Department is an Equal Opportunity Employer. If you require reasonable accommodation to complete the employment application process, please advise a representative of the department.
*	If you plan to submit your application electronically via email, please save the file as follows: "LAST-FIRST-DOB(mm/dd/yy)" Example: DOE-JOHN-112233
*	You WILL NOT be able to make any modifications to your applications once you submit it.
*	Once completed fully to your satisfaction, submit applications via: - Mail to: PO BOX 1018 Spirit Lake, ID 83869 ATTN: Applications - E-mail to: info@spiritlekepolice.org - In person to: 6159 W. Maine Street Spirit Lake, ID 83869 during lobby hours
*	You must be at least 21 years of age at the time of application submission

DISQUALIFIERS

Spirit Lake Police Department has a high standard of character and conduct expected of our employees and potential applicants. Several qualifying actions/behaviors are considered automatic disqualifiers from consideration, and several more are considered potential disqualifying actions/behaviors that will be considered on a case by case basis.

A COMPLETE LIST OF DISQUALIFIERS CAN BE FOUND ON THE LAST PAGE OF APPLICATION PACKET

PERSONAL INFORMATION

NAME:				
	LAST, FIRST MIDDLE		OTHER NAMES USED	
DATE OF BIRTH:			DRIVERS LICENSE #:	
	MM/DD/YYYY		DRIVERS LICENSE STATE:	
ADDRESS:				
	STREET		CITY	STATE ZIP
PHONE:				
	PRIMARY CONTACT NUMBER		SECONDARY CONTACT NUMBER	
EMAIL:				

POSITION APPLYING FOR

JOB TITLE:					
FULL TIME:	<input type="checkbox"/>	RESERVE:	<input type="checkbox"/>	AVAILABLE START DATE:	
CAN YOU PERFORM SHIFT WORK?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	
MAY WE CONTACT YOUR CURRENT EMPLOYER?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	
ARE YOU LEGALLY ELIGIBLE TO WORK IN THE U.S.?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	

(Federal Law requires proof of identity and employment authorization for all new employees)



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DO YOU HAVE A VALID DRIVERS LICENSE?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
CAN YOU TRAVEL IF THE JOB REQUIRES IT?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

****Must have graduated from an accredited high school or have a GED****

EDUCATION & TRAINING

SCHOOL	NAME	LOCATION (STATE)	DATE FROM:	DATE TO:	GRADUATED	DEGREE/MAJOR
HIGH SCHOOL						
HIGH SCHOOL						
COLLEGE						
COLLEGE						
OTHER						
POST						

EMPLOYMENT HISTORY

Please start with the most recent, ending with age 18, excluding part-time positions held while obtaining higher education. Use additional paper if needed

EMPLOYER:					
ADDRESS:					
	STREET	CITY	STATE	ZIP	
PHONE:			SUPERVISOR NAME:		
FROM:		TO:		FINAL RATE OF PAY:	
POSITION HELD:					
PRIMARY DUTIES:					
REASON FOR LEAVING:					

EMPLOYER:					
ADDRESS:					
	STREET	CITY	STATE	ZIP	
PHONE:			SUPERVISOR NAME:		
FROM:		TO:		FINAL RATE OF PAY:	
POSITION HELD:					
PRIMARY DUTIES:					
REASON FOR LEAVING:					

EMPLOYER:					
ADDRESS:					
	STREET	CITY	STATE	ZIP	
PHONE:			SUPERVISOR NAME:		
FROM:		TO:		FINAL RATE OF PAY:	



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POSITION HELD:			
PRIMARY DUTIES:			
REASON FOR LEAVING:			

EMPLOYER:			
ADDRESS:			
	<i>STREET</i>	<i>CITY</i>	<i>STATE</i> <i>ZIP</i>
PHONE:		SUPERVISOR NAME:	
FROM:	TO:	FINAL RATE OF PAY:	

POSITION HELD:			
PRIMARY DUTIES:			
REASON FOR LEAVING:			

EMPLOYER:			
ADDRESS:			
	<i>STREET</i>	<i>CITY</i>	<i>STATE</i> <i>ZIP</i>
PHONE:		SUPERVISOR NAME:	
FROM:	TO:	FINAL RATE OF PAY:	

POSITION HELD:			
PRIMARY DUTIES:			
REASON FOR LEAVING:			

MILITARY

ARE YOU A VETERAN OR FAMILY MEMBER WHO QUALIFIES FOR AND ARE CLAIMING PREFERENCES PURSUANT TO IDAHO CODE 65-503 OR ITS SUCCESSOR?			
	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
HAVE YOU PREVIOUSLY CLAIMED SUCH A PREFERENCE?			
	YES	<input type="checkbox"/>	NO <input type="checkbox"/>

IF YES, FILL OUT PAGE 5 OF THIS APPLICATION AND ATTACH PROPER DOCUMENTATION

PERSONAL REFERENCES

PLEASE LIST THE NAMES OF THREE (3) PERSONS NOT RELATED TO YOU BY BLOOD OR MARRIAGE WHO MAY ATTEST TO YOUR CHARACTER

NAME:			
	<i>LAST, FIRST MI</i>		
ADDRESS:			
	<i>STREET</i>	<i>CITY</i>	<i>STATE</i> <i>ZIP</i>
PHONE:			
	<i>PRIMARY</i>	<i>SECONDARY</i>	



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CONNECTION TO YOU:		YRS KNOWN:	
	<i>(i.e., friend, co-worker, etc.)</i>		

NAME:			
	<i>LAST, FIRST MI</i>		

ADDRESS:				
	<i>STREET</i>	<i>CITY</i>	<i>STATE</i>	<i>ZIP</i>

PHONE:			
	<i>PRIMARY</i>	<i>SECONDARY</i>	

CONNECTION TO YOU:		YRS KNOWN:	
	<i>(i.e., friend, co-worker, etc.)</i>		

NAME:			
	<i>LAST, FIRST MI</i>		

ADDRESS:				
	<i>STREET</i>	<i>CITY</i>	<i>STATE</i>	<i>ZIP</i>

PHONE:			
	<i>PRIMARY</i>	<i>SECONDARY</i>	

CONNECTION TO YOU:		YRS KNOWN:	
	<i>(i.e., friend, co-worker, etc.)</i>		

Have you ever been charged with a crime (other than traffic infraction)?				
If "YES" please explain when, where and the outcome	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

Are you related by blood or marriage to any person now employed by Employer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, give name and relationship		

CERTIFICATION

I certify that all answers and statements made on this application are true and complete to the best of my knowledge. I understand that should an investigation disclose untruthful or misleading answers my application may be rejected, my name removed from consideration or my employment terminated.

I understand and agree that, if hired, my employment is for no definite period and either Employer or I may terminate our relationship at any time, and that this employment application does not constitute an employment contract

Signature of Applicant	Date
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EQUAL OPPORTUNITY EMPLOYER

It is the policy of the Spirit Lake Police Department and the City of Spirit Lake to provide equal opportunity in all terms, conditions and privileges of employment for all qualified job applicants and employees without regard to race, color, national origin, gender or age (unless a bona fide job requirement) or the presence of any disability. Reasonable accommodations will be made for disabled persons.



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VETERAN'S PREFERENCE

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

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 veterans 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

PART 1: Preference Eligible Veterans:

- 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 do not meet any of the selections above, but 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

PART 2: Documentation and Signature

By my signature, I certify that all statements on this form are true and complete to the best of my knowledge. I understand that should an investigation disclose inaccurate or misleading answers, my application may be rejected and my name removed from consideration for employment with Employer.

- I have attached a copy of my DD-214. Veteran's preference will not be considered without this document.

Signature _____

Date _____

Name (Please Print Neatly) _____



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AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

May we contact your present employer? Yes No

I, _____, an applicant for employment with the Spirit Lake Police Department, do hereby authorize a review of and full disclosure of all records or information concerning myself to any duly authorized agent of the Spirit Lake Police Department, whether said records are of a public, private, or confidential nature.

_____ (INITIAL) The intent of this authorization is to give my consent for full and complete disclosure of all records and information of educational institutions; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me, either criminal or civil, in which I have, or have had any interest or involvement.

_____ (INITIAL) I understand that any information obtained during any personal history background investigation which is developed directly or indirectly, in whole or in part, upon this authorization will be considered in determining my eligibility and/or suitability for employment with the Spirit Lake Police Department.

_____ (INITIAL) I hereby agree that any person(s) or entities who may furnish such information concerning me shall not be held liable for providing this information; and I do hereby release said person(s) and entities from any and all liability which may be incurred as a result of furnishing such information.

_____ (INITIAL) I understand this authorization has no expiration date and may also be used at any time during the course of my employment with the Spirit Lake Police Department as part of periodic updated background checks to determine suitability and eligibility of continued employment per department policy.

_____ (INITIAL) I understand and acknowledge that any information discovered through the course of my personal history background investigation that constitutes grounds for either state decertification or criminal charges may be furnished to any other agency upon request as part of their background investigation process.

_____ (INITIAL) I further authorize that a photocopy of this signed release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

Signature _____

Date _____

Witness _____

Date _____

Printed Name, including all names you have previously used or been known by:

Current Phone Number _____

Date of Birth _____



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AUTOMATIC AND POTENTIAL DISQUALIFIERS

NAME:		DATE:	
	(LAST, FIRST, MIDDLE)		

INSTRUCTIONS

Please read the following CAREFULLY. Please do NOT apply to our agency if ANY of the following automatic disqualifiers are applicable.

Items marked with an * are *potential* disqualifiers and will be considered on a case by case basis.

If you have any questions regarding any of the automatic or potential disqualifiers contact the Secretary or Chief at (208) 623-2701 or by e-mail at info@spiritleakelakepolice.org

DRIVING	CRIMINAL ACTIVITY
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- | | |
|---|--|
| <ul style="list-style-type: none"> <input type="radio"/> One(1) or more traffic crime convictions in the past five (5) years (DWP, Suspended, Reckless, etc.) <input type="radio"/> Suspension of driver's license within the past five (5) years <input type="radio"/> Five (5) or more moving violations in the past two (2) years <input type="radio"/> Two (2) or more at-fault accidents in the past two (2) years <input type="radio"/> A negligent driving conviction is considered on a case-by-case basis * | <ul style="list-style-type: none"> <input type="radio"/> ANY adult felony conviction <input type="radio"/> ANY misdemeanor, or felony conviction, while employed in a criminal justice capacity. <input type="radio"/> Conviction of any crime under a domestic violence statute <input type="radio"/> Unlawful sexual misconduct <input type="radio"/> Adult misdemeanor convictions as well as juvenile felony convictions will be carefully reviewed * |
|---|--|

DRUG USE	EMPLOYMENT
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- | | |
|--|--|
| <ul style="list-style-type: none"> <input type="radio"/> Use of illegal drugs in the past three (3) years <input type="radio"/> Illegal use of ANY controlled substance while employed in a criminal justice capacity <input type="radio"/> Illegal LSD or opiate use <input type="radio"/> Hallucinogen use within the past ten (10) years. No more than three (3) uses total. <input type="radio"/> Illegal use of three (3) or more controlled substances <input type="radio"/> Illegal sale of ANY drug, including marijuana <input type="radio"/> Illegal use of dangerous drugs or narcotics, other than marijuana, for any purpose more than three (3) times in lifetime, and ANY use within the past ten (10) years <input type="radio"/> Use of marijuana within the past three (3) years | <ul style="list-style-type: none"> <input type="radio"/> Two (2) or more terminations or leaving employment in lieu of termination. <input type="radio"/> Withdrawn from consideration for any law enforcement, fire, corrections, or dispatch employment because of criminal conviction and/or drug use. <input type="radio"/> Dishonorable discharge from the United States Armed Forces <input type="radio"/> Dishonesty during any stage of the hiring process <input type="radio"/> Falsification of application, personal history questionnaire, or any other forms during the hiring process. <input type="radio"/> Previous revocation/denial of ANY CJTC/POST certified status or suspension of current CJTC/POST certified status. |
|--|--|

FINANCIAL

- | | |
|--|--|
| <ul style="list-style-type: none"> <input type="radio"/> Other drug use and exposure, outside these standards, will be considered on a case-by-case basis * | <ul style="list-style-type: none"> <input type="radio"/> Failure to pay income tax or child support <input type="radio"/> Current credit accounts or unresolved accounts in collections will be carefully reviewed * |
|--|--|

CERTIFICATION

I hereby certify that I have read the above AUTOMATIC AND POTENTIAL DISQUALIFIERS and that I am a qualified applicant.

Signature _____	Date _____
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