

CITY OF BRITT POLICE DEPARTMENT  
Application for police officer/chief

The City of Britt is an Equal Opportunity Employer

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Position applied for: \_\_\_\_\_ officer \_\_\_\_\_ chief

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Last

First

Middle

Current Address: \_\_\_\_\_

Number & Street

City

State

Zip

Previous addresses for the past five years beginning with the most recent:

Number & Street

City

State

Mo/Yr to Mo/Yr

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone Number: Home \_\_\_\_\_ Work: \_\_\_\_\_ Cell \_\_\_\_\_

Social Security No: \_\_\_\_\_ Drivers License No. \_\_\_\_\_

Have you ever been employed by the City of Britt before: \_\_\_\_\_ If yes, list dates \_\_\_\_\_

If you have relatives working for the City of Britt list their names, relationship to you, and the department where they work:

\_\_\_\_\_

Is there any reason known to you why you might not be able to perform consistently and promptly any of the job duties of a Police Officer: \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

Have you ever been convicted for a violation of the law other than minor traffic offenses: \_\_\_\_\_ ( A conviction record will not necessarily bar you from employment. Factors such as nature and seriousness of the violation, age at the time of the offense, and rehabilitation will be taken into account). If you answered yes, or if you were unsure, please explain: \_\_\_\_\_

\_\_\_\_\_

VETERANS PREFERENCE: U.S. Military Service? \_\_\_\_\_ Yes \_\_\_\_\_ No

Dates of active duty- From: \_\_\_\_\_ To \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

Applicants wishing to claim preference must submit proof of service, which includes dates of active duty and type of discharge. (Veterans preference applies to honorably discharged citizens of the United States.)

## EDUCATION AND TRAINING:

High School: \_\_\_\_\_ Date of Graduation: \_\_\_\_\_  
College: \_\_\_\_\_ Date of Graduation: \_\_\_\_\_

If you did not graduate from high school, have you passed a G.E.D. test: \_\_\_\_\_ (A minimum requirement set by the State of Iowa is that a peace officer *must* be a high school graduate or hold a G.E. D. certificate. If you *do not* meet that minimum requirement you cannot be considered and you should not return your application.)

In what specific skills are you competent as they relate to the law enforcement profession: \_\_\_\_\_  
\_\_\_\_\_

What equipment can you operate as it pertains to the profession of law enforcement: \_\_\_\_\_  
\_\_\_\_\_

Are you certified by the Iowa Law Enforcement Academy: \_\_\_\_\_. If not, if you are currently certified in any other state, please list that state and your year of certification: \_\_\_\_\_

To become a Police Officer for the City of Britt, all minimum hiring standards must be met:

Are you a U.S. resident and a resident of Iowa, or intend to become a resident prior to your date of employment: \_\_\_\_\_

Are you 18 years of age or older: \_\_\_\_\_

Do you hold a valid Iowa drivers license or able to obtain one before your date of employment; \_\_\_\_\_

Are you currently addicted to drugs or alcohol: \_\_\_\_\_

Are you of good moral character: \_\_\_\_\_

Have you ever been convicted of a felony or a crime involving moral turpitude: \_\_\_\_\_

Do you believe you can pass the physical fitness tests adopted by the ILEA: \_\_\_\_\_

Are you opposed to using force to fulfill the duties of a Police Officer: \_\_\_\_\_

Do you have corrected vision of not less than 20/100 in both eyes, which vision is corrected to at least 20/20, or which will be corrected to at least 20/20 prior to your date of employment: \_\_\_\_\_

Do you have color vision consistent with the occupational demands of law enforcement: \_\_\_\_\_

Do you have normal hearing in each ear without accommodation: \_\_\_\_\_

Are you aware that as a condition of your employment, you will be examined by a physician and meet the physical requirements necessary to fulfill the responsibilities of a Police Officer: \_\_\_\_\_

Are you aware that as a condition of your employment, you will have to pass a drug screening \_\_\_\_\_

Do you believe you will be able to pass the drug screening: \_\_\_\_\_

**EMPLOYMENT RECORD:** List present or most recent employers first. If currently employed, may we contact your current employer: \_\_\_\_\_

1. Employer's Name: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Position Title/Duties: \_\_\_\_\_

Dates Employed: \_\_\_\_\_

Most recent Earning: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

2. Employer's Name: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Position Title/Duties \_\_\_\_\_

Dates Employed: \_\_\_\_\_

Most Recent Earning: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

3. Employer's Name: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Position Title/Duties: \_\_\_\_\_

Dates Employed: \_\_\_\_\_

Most Recent Earnings: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Use additional sheets if more space is needed.

**PERSONAL REFERENCES:** List three who are *not* related to you, who you know well enough to provide current information about you. Do NOT list former employers.

1. Name: \_\_\_\_\_ Years Known: \_\_\_\_\_

Address: \_\_\_\_\_

Home or Cell Phone: \_\_\_\_\_ work phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Years Known: \_\_\_\_\_

Address: \_\_\_\_\_

Home or Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

3. Name: \_\_\_\_\_ Years Known: \_\_\_\_\_

Address: \_\_\_\_\_

Home or Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Work Related References:** List three who are NOT related to you, with direct knowledge of your work performance whom we may contact. (People who are or were in supervision of your work performed.)

1. Name: \_\_\_\_\_ Years Known: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home or Cell phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Years known: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home or Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

3. Name: \_\_\_\_\_ Years Known: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home or Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**BRITT POLICE DEPARTMENT  
APPLICANTS WAIVER OF LIABILITY  
AND RELEASE FORM FOR EMPLOYMENT**

I hereby affirm that the information provided in this application, any accompanying resume, or any other additional information submitted with this application or significant omissions may disqualify me from further consideration for employment, and may be considered justification for dismissal if later discovered.

In order to permit the Britt Police Department to make a thorough investigation of my background, health, family, personal habits, and reputation, for the purpose of determining my fitness and suitability for employment with the Britt Police Department, I hereby release from liability and promise to hold harmless from any liability under any and all possible causes of legal action any and all persons or entities who shall furnish any information or opinions regarding my background, health, family personal habits and/or reputation and waive any and all legal privileges I may have to maintain such information as confidential, including but not limited to, the following: attorney-client; physician-patient; psychotherapist-patient; clergyman-penitent; husband-wife; and accountant-client. The undersigned hereby authorizes any person or entity who may be contacted by the Britt Police department, its employees, officers, or agents to release and transmit to such employees, officers or agents any information, data, or opinions they may have regarding my background, health, family, personal habits, or reputation. I understand that the source of such information or opinions provided to the Britt Police Department shall be confidential and that the City of Britt shall not be required to reveal the content or source of any information or opinions.

The undersigned further agrees to hold harmless and release from liability under any and all possible causes of legal action the City of Britt, its employees, its officers, or its agents, for any statements, acts or omissions in the course of investigation into my background, health, family, personal habits and reputation.

I further realize that it is necessary for the Britt police Department to thoroughly investigate all aspects of my personal background and qualifications and, by applying for employment wit the City, i expressly waive all of my legal rights and causes of action to the extent that the Britt Police Department's investigation (for purposes of evaluating my suitability or application for employment) may violate or infringe upon these aforementioned legal rights and causes of action of mine.

This release from liability by me to the Britt Police Department and all of its employees, officers, agents and all others as heretofore provided, shall apply to any right of action that might accrue to myself, my heirs, and/or personal representatives.

Printed Name: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

