



Application for Employment
408 N. Spokane St., Post Falls, ID 83854
Phone: 208-292-2326; FAX 208-292-1191
www.postfallsidaho.org

Position Applied for: Emergency Communications Officer Date of Application:

Name: _____
Last First Middle Social Security Number

Present Address: _____
Number Street/P.O. Box City State Zip

Phone: _____ E-Mail/Message Phone: _____

List all past addresses since 18 YOA (If more space needed, attach a separate piece of paper)

Past Address: _____
Number Street/P.O. Box City State Zip

Past Address: _____
Number Street/P.O. Box City State Zip

Past Address: _____
Number Street/P.O. Box City State Zip

Past Address: _____
Number Street/P.O. Box City State Zip

Past Address: _____
Number Street/P.O. Box City State Zip

Past Address: _____
Number Street/P.O. Box City State Zip

Availability:
 Date Available: _____ Type Position: Full Time Part Time Temporary

Days/Hours you are available to work: (Check all below that apply)
 Weekdays (to) Saturday Sunday Evenings Overtime

Are you willing to perform job-related travel? Yes No (Check all that apply) overnight 1 week longer

Personal:
 Check here if you are between the ages of 14 and 18. (Subject to work restrictions.)
 Are you legally eligible for employment in the United States? Yes No (Proof of citizenship or immigration status will be required within 3 days of employment.)
 Have you ever been convicted or pled guilty to a felony or a misdemeanor, including withheld judgments and bond forfeiture? Yes No If yes, give details below. (This will not necessarily disqualify you.)

State Law restricts some employment of relatives. List name and position of any City employees who are relatives by blood, adoption or marriage: _____

Do you have a valid driver's license? Yes No Commercial Drivers License? Yes No
(required to drive city vehicles) List State: _____ Number: _____ Date Expires: _____

The City of Post Falls is an Equal Opportunity employer. If you need assistance or accommodation in completing the application process, please contact the Human Resources Office at 208-292-2316 or 292-2326.

Have you ever worked for or applied for work with the City of Post Falls before? If yes, list dates and name if different.

Have you ever been involuntarily terminated from employment or asked to resign in lieu of proposed termination?

Yes No If yes, can the terms be disclosed by you? Yes No

If yes, explain on separate sheet of paper.

Idaho law provides for veterans preference to State residents who have been in the military service of the United States during a RECOGNIZED WAR PERIOD as defined by law. I wish to claim preference. (Attach DD-214 form to claim preference or if currently serving, copy of valid ID card.)

Have you ever been employed under a different name? If yes, list name and dates of employment.

Education:

Do you have a high school diploma or equivalent (GED)? Yes No

Check the box showing the highest grade completed

Elementary 7 8 9 10 11 12

If Yes, Name of High School:

Special Training or Education beyond High School

Name and Location of School	Major Course of Study	If No Degree, Credit Hours Completed	Type of Degree or Certificate and Date Received

Special Skills:

Typing or computer keyboarding experience? Yes speed _____ No

IBM Compatible Personal Computer experience? Yes years/mo _____ No

List Software Programs you have worked with:

Word Processing: _____ Spreadsheet: _____

Database: _____ Browser: _____

Other Software: _____

List other job-related skills, licenses, certifications, or memberships in professional organizations:

Employment History:

Beginning with your present or most recent employer, list all positions for at least the last ten years and other positions relevant to the position for which you are applying. If you have held more than one position for the same employer, list each separately. ACCOUNT FOR PERIODS OF UNEMPLOYMENT. Include self-employment and military service. List volunteer work related to the position. You may continue your response

by duplicating additional copies of the next page. Applications which say "see resume" will not be accepted if the resume does not provide all requested information.

Employment History

EMPLOYER:		DATES OF EMPLOYMENT:	
SUPERVISOR:	PHONE:	MAY WE CONTACT? YES <input type="checkbox"/> NO <input type="checkbox"/>	
ADDRESS:	CITY:	STATE:	ZIP:
JOB TITLE:	HOURS PER WEEK:		SALARY:
DUTIES:			
REASON FOR LEAVING:			

EMPLOYER:		DATES OF EMPLOYMENT:	
SUPERVISOR:	PHONE:	MAY WE CONTACT? YES <input type="checkbox"/> NO <input type="checkbox"/>	
ADDRESS:	CITY:	STATE:	ZIP:
JOB TITLE:	HOURS PER WEEK:		SALARY:
DUTIES:			
REASON FOR LEAVING:			

EMPLOYER:		DATES OF EMPLOYMENT:	
SUPERVISOR:	PHONE:	MAY WE CONTACT? YES <input type="checkbox"/> NO <input type="checkbox"/>	
ADDRESS:	CITY:	STATE:	ZIP:
JOB TITLE:	HOURS PER WEEK:		SALARY:
DUTIES:			
REASON FOR LEAVING:			

EMPLOYER:		DATES OF EMPLOYMENT:	
SUPERVISOR:	PHONE:	MAY WE CONTACT? YES <input type="checkbox"/> NO <input type="checkbox"/>	

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

JOB TITLE: _____ HOURS PER WEEK: _____ SALARY: _____

DUTIES: _____

REASON FOR LEAVING: _____

EMPLOYER: _____ DATES OF EMPLOYMENT: _____

SUPERVISOR: _____ PHONE: _____ MAY WE CONTACT? YES NO

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

JOB TITLE: _____ HOURS PER WEEK: _____ SALARY: _____

DUTIES: _____

REASON FOR LEAVING: _____

Given your knowledge, skill, education and experience, are you able to perform all the essential elements of the position for which you are applying as set forth in the job description with or without special accommodation? Yes No If no, what accommodation(s) would be required to perform the essential elements of the position?

Employment References:
 (INCLUDE INDIVIDUALS WHO ARE QUALIFIED TO EVALUATE YOUR CAPABILITIES AND ARE **NOT** EITHER PREVIOUS SUPERVISORS OR RELATED TO YOU.)

Name/Occupation	Address	City	State, Zip	Phone

**AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION AND AUTHORIZATION
AND RELEASE REGARDING BACKGROUND INVESTIGATION OF POLICE DEPARTMENT APPLICANT**

I, _____, am making application to become an employee for the Post Falls Police Department. I am currently employed at _____.

I fully understand that the Post Falls Police Department will perform a complete and thorough background investigation to ensure that I have the necessary skills, abilities, and character to properly perform the duties as an employee for this agency. I recognize and understand that the referenced background investigation will include, but will 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 Post Falls Police Department deems unacceptable would disqualify me from employment, including but not limited to criminal misconduct, domestic violence, use of illegal drugs, dishonesty and/or immoral behavior, misconduct in other employment, etc. I fully understand that I will be asked to submit to a polygraph examination and asked many questions, including 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 Post Falls 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 Post Falls Police Department.

With full recognition of the above, I hereby give the Post Falls Police Department full and complete authorization to conduct the referenced background investigation regarding me. Further, I do hereby release the City of Post Falls, the Post Falls 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 representatives of the City of Post Falls who are conducting this background investigation from any and all liability, claims, allegations, 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, dispatcher or any other position with a criminal justice related agency of any type, I understand that information obtained during this investigation and/or the results of this background investigation may be made available to my current employer, whether or not I am offered employment with the Post Falls 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 criminal investigation and/or prosecution. In signing this authorization I acknowledge 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 persons or entities who participate in the referenced background investigation or provide any information in response to any inquiries arising out of the referenced background 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 Signed **Date Signed**

State of _____, County of _____

On this _____ day of _____, 200_____,

_____ personally appeared before me,

_____ who is personally known to me

_____ whose identity I proved on the basis of _____

_____ whose identity I proved on the oath/affirmation of

_____, a credible witness,

to be the signer of the above instrument, and he/she acknowledged that he/she signed it.

_____, Residing at _____

My commission expires _____

Notary Stamp Here

Supplemental Questionnaire for Employment with the Police Department

The following information is requested for the background investigations to be considered for employment with the Police Department of the City of Post Falls. Attach additional pages if needed.

1. Your date of birth will be used only for purposes of obtaining driving, criminal history and other relevant records.

Date of Birth: _____ Drivers License #: _____ State of Issue: _____

2. Do you object to wearing a uniform? No Yes

3. Have you worked shifts in the past? No Yes Check those you have worked: Day Swing Night

4. List any contact or use including experimentation, ingesting, or inhaling of any illegal substance including but not limited to marijuana, cocaine, speed, LSD, Meth, "mushrooms" and hashish, or prescription drug which was not prescribed to you by a licensed physician. List date and drug and any explanation. **An entry in this section does not automatically disqualify you from consideration; however, failure to list any incident that is discovered later in the background investigation may be grounds for disqualification or dismissal.**

Date last used:	# Times in Life:	Drug:	Explanation:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

5. Have you ever been arrested, detained, or issued a citation (excluding traffic infractions) by a law enforcement agency? No Yes If yes, complete the blocks below. Repeat any information already provided elsewhere. **An entry in this section does not automatically disqualify you from consideration; however, failure to list any incident that is discovered later in the background investigation may be grounds for disqualification or dismissal.**

Date:	Charge:	Agency:	_____
Disposition:	_____	_____	_____
Date:	Charge:	Agency:	_____
Disposition:	_____	_____	_____

6. List any traffic violations relative to which a judgment of guilt was entered.

Date:	Violation:	Judgment:
_____	_____	_____
_____	_____	_____
_____	_____	_____

7. Have you ever used tobacco? No Yes If yes, list most recent time. _____

8. Have you ever been a candidate, successful or unsuccessful, for another position requiring peace officer powers? No Yes If yes, give details below:

Date:	Agency:	Circumstances:
_____	_____	_____
_____	_____	_____
_____	_____	_____

8. For **Patrol Officer candidates** only, supply the following information for Police Officer Standards Training (P.O.S.T.)

Height: _____ Weight: _____