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Humboldt, IA 50548
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City Hall: 29 5th St. S.
Humboldt, IA 50548
Phone: 515.332.3435
Fax: 515.332.1453

Mailing Address: P.O. Box 529, Humboldt, IA 50548
City Website: www.ci.humboldt.ia.us

Application for Employment

NOTE: Application must be typewritten or clearly printed in ink. All questions must be answered, if applicable. If not, indicate NA (not applicable). 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.

Position applied for:

- POLICE OFFICER
 POLICE CHIEF

a. Name (Last, first, middle)

b. Social Security Number

c. List all names you have used including nicknames. If you have ever used any names other than your true name, during what period and under what circumstances were these names used? If you have ever legally changed your name, give date, place and court.

(A certified copy of your birth certificate will be required upon appointment.)

d. Are you a U.S. Citizen?

Date of Birth

No Yes

Place of Birth?

2. RESIDENCES

a. Complete address to which you wish mail or telegram sent (include zip code and telephone numbers)

Telephone Number + area code

Residence _____

Business _____

County _____

b. Present Residence Address: (Apartment, street, city, state, zip code)

Telephone Numbers + area code

Residence _____

Business _____

County _____

c. List chronologically ALL of your residences in the past 10 years (include addresses while attending school, if away from home, and all military addresses including any off military base).

Dates		Apt. No.	Street Address	City	County	State
From	To					

3. EDUCATION

Name of School	Location	Date		Course Pursued	Degrees or Diploma
		From	To		
High Schools					
Colleges					
Graduate School					
Miscellaneous					

b. Were you ever dismissed from a school, or was any disciplinary action including scholastic probation ever taken against you during your scholastic career?

No Yes

School	Date	Type of Action
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c. List awards, honors, citations, positions held in school organizations, athletic endeavors, and any other special recognition you received while attending school.

d. List any special abilities, interests, sports or hobbies.

4. ORGANIZATION MEMBERSHIP

a. Are you now, or have you ever been a member of any club, society or organization? No Yes
 If yes, list below, do not abbreviate.

Name	City and State	Former	Present (List position held and extent of activity)

5. REFERENCES

Give three references (not relatives, former or present employers, fellow employees or school teachers) who are responsible adults of reputable standing in their communities, who have known you well for at least five years, preferably those who have known you during the past five years. If retired, give former occupation.

Complete name <hr/> No. yrs. acq. Occupation	Address: Residence _____ Business _____ Telephone _____
Complete name <hr/> No. yrs. acq. Occupation	Address: Residence _____ Business _____ Telephone _____
Complete name <hr/> No. yrs. acq. Occupation	Address: Residence _____ Business _____ Telephone _____

Give three social acquaintances in your own age group.

Complete name <hr/> No. yrs. acq. School or Occupation	Address: Residence _____ School or Business Telephone _____
Complete name <hr/> No. yrs. acq. School or Occupation	Address: Residence _____ School or Business Telephone _____
Complete name <hr/> No. yrs. acq. School or Occupation	Address: Residence _____ School or Business Telephone _____

6. EMPLOYMENT

List chronologically all employment, including summer and part-time employment while attending school. All time must be accounted for. If unemployed for a period, indicate, setting forth dates of unemployment.

Name and Address of Employer	Date		Salary	Position and Kind of Work	Name of Supervisor	Reason for Leaving
	From	To				
a. Name						
Address						
City & State						
Telephone						
b. Name						
Address						
City & State						
Telephone						
c. Name						
Address						
City & State						
Telephone						
d. Name						
Address						
City & State						
Telephone						
e. Name						
Address						
City & State						
Telephone						
f. Name						
Address						
City & State						
Telephone						
g. Name						
Address						
City & State						
Telephone						

How much time have you lost from work during the last five years due to illness or injury?

Can you Type? Sight or Touch _____ W.P.M. _____

You may indicate in the space below and on additional blank sheets, if necessary, such experience, training or ability that you believe will qualify you for the position for which this application is filed. Describe fully positions you have held which required executive ability, the exercise of authority or the ability to lead others.

Do you know of anything (including physical disabilities) that might possibly disqualify you for appointment to, or prevent the full discharge of the duties of, the positions for which you are applying? _____ If yes, explain on separate sheet.

7. MILITARY RECORD

a. Have you ever served on active duty in the Armed Forces of the United States?

No Yes

Highest rank attained _____

c. Branch of military service _____	d. Serial Number _____	e. Dates of active duty (month, day and year) From _____ To _____
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g. Member of Reserve/National Guard? <input type="checkbox"/> No <input type="checkbox"/> Yes Service Branch _____ Location _____	Have you ever been refused by the Armed Services? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, explain on separate sheet of paper.
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9. OPERATOR'S LICENSE

1. Are you a licensed motor vehicle operator?

No Yes State/s _____

Driver's License Number _____

10. COURT RECORD

a. Have you ever been arrested or charged with any violation including traffic, but not parking tickets? No Yes
(List all such matters even if not formally charged, or no court appearance, or found not guilty, or matter settled by payment of fine or forfeiture of collateral.)

Date	Place	Charge	Final Disposition	Details

b. Has any member of your immediate family, i.e. spouse, parents, brothers or sisters, ever been arrested for violation other than traffic? No Yes If, yes, list below.

Name	Relation	Date	Place	Charge	Final Disposition

c. Have you ever been a plaintiff or defendant in any court action? No Yes If yes, give date, place, court, names of parties involved, nature of action, and final disposition. _____

11. RELATIVES

Complete Name, including Middle Name (no initials); complete address

a. Father (Name)			Business (Name)		
Street Address			Street Address		
City	State	Zip Code	City	State	Zip Code
Birth Date		Telephone No.	Telephone No.		
b. Mother (include maiden name)			Business (Name)		
Street Address			Street Address		
City	State	Zip Code	City	State	Zip Code
Birth Date		Telephone No.	Telephone No.		
c. Spouse (If wife, include maiden name)			Business (Name)		
Street Address			Street Address		
City	State	Zip Code	City	State	Zip Code
Birth Date		Telephone No.	Telephone No.		
d. Children (Name)			Business (Name)		
Street Address			Street Address		
City	State	Zip Code	City	State	Zip Code
Birth Date		Telephone No.	Telephone No.		
Name			Business (Name)		
Street Address			Street Address		
City	State	Zip Code	City	State	Zip Code
Birth Date		Telephone No.	Telephone No.		
Name			Business (Name)		
Street Address			Street Address		
City	State	Zip Code	City	State	Zip Code
Birth Date		Telephone No.	Telephone No.		
Name			Business (Name)		
Street Address			Street Address		
City	State	Zip Code	City	State	Zip Code
Birth Date		Telephone No.	Telephone No.		
e. Brothers (Name)			Business (Name)		
Street Address			Street Address		
City	State	Zip Code	City	State	Zip Code
Birth Date		Telephone No.	Telephone No.		
Name			Business (Name)		
Street Address			Street Address		
City	State	Zip Code	City	State	Zip Code
Birth Date		Telephone No.	Telephone No.		
Name			Business (Name)		
Street Address			Street Address		
City	State	Zip Code	City	State	Zip Code
Birth Date		Telephone No.	Telephone No.		

f. Sisters (Name)	Business (Name)
Street Address	Street Address
City State Zip Code	City State Zip Code
Birth Date Telephone No.	Telephone No.
Name	Business (Name)
Street Address	Street Address
City State Zip Code	City State Zip Code
Birth Date Telephone No.	Telephone No.
Name	Business (Name)
Street Address	Street Address
City State Zip Code	City State Zip Code
Birth Date Telephone No.	Telephone No.

g. Other relatives with whom you have resided for an extended period of time (Indicate relation)

Name	Business (Name)
Street Address	Street Address
City State Zip Code	City State Zip Code
Birth Date Telephone No.	Telephone No.
Name	Business (Name)
Street Address	Street Address
City State Zip Code	City State Zip Code
Birth Date Telephone No.	Telephone No.

NOTE: If you responded yes to any of the physical evaluation questions, give details in the space provided below.

Question Number	Injury, Disorder or Disease	Date and Duration	Degree of Recovery	Physician's and Hospital's Name and Address

10. State the name and address of your personal physician. (If none, so state):

11. Describe your physical condition to the best of your knowledge. _____

13. AVAILABILITY OF APPLICANT

1. Would you be willing to proceed to Police Department, Humboldt, IA, for interviewing and testing at your own expense? No Yes
2. Earliest date available for employment _____
3. How much notice of reporting date do you need? _____

I HEREBY CERTIFY THAT THERE ARE NO WILLFUL MISREPRESENTATIONS IN, OR FALSIFICATIONS OF, THE ABOVE STATEMENTS AND ANSWERS TO QUESTIONS. I AM AWARE THAT SHOULD INVESTIGATION DISCLOSE SUCH MISREPRESENTATION OR FALSIFICATIONS, MY APPLICATION WILL BE REJECTED AND I WILL BE DISQUALIFIED FROM APPLYING IN THE FUTURE FOR ANY POSITION WITH THE HUMBOLDT POLICE DEPARTMENT.

I ALSO AUTHORIZE MY PRESENT AND FORMER EMPLOYERS TO GIVE ANY INFORMATION REGARDING MY EMPLOYMENT, TOGETHER WITH ANY INFORMATION THEY MAY HAVE REGARDING ME WHETHER OR NOT IT IS ON THEIR RECORDS. I HEREBY RELEASE THEM AND THEIR COMPANY FOR ANY DAMAGE WHATSOEVER FOR ISSUING SAME.

DATE: _____ SIGNED: _____

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____, do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the City of Humboldt, whether the said records are of a public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of records of educational institutions, financial or credit institutions, including records of loans, the records of commercial or retail credit agencies (including credit reports and/or ratings), and other financial statements of records whenever filed, medical and psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners, and the U.S. Veteran's Administration, employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me and the recollections of attorneys at law, or of other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an arrest.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the City of Humboldt. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information. I further release the City of Humboldt from any and all liability which may be incurred as a result of collecting such information.

I HEREBY SWEAR AND AFFIRM THAT EACH STATEMENT AND ALL INFORMATION IN OR SUPPLEMENTING THIS APPLICATION (PERSONAL AND PHYSICAL EVALUATION) ARE COMPLETE, TRUE, AND ACCURATELY RECORDED TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT PROVIDING FALSE, MISLEADING, AND/OR INCOMPLETE INFORMATION ON THIS APPLICATION IS GROUNDS FOR EXCLUSION FROM THE SELECTION PROCESS OR DISCHARGE IF DISCOVERED SUBSEQUENT TO EMPLOYMENT.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

I have read and fully understand the contents of this "Authorization for Release of Personal Information."

Signature of Applicant

Date