OTTUMWA POLICE DEPARTMENT

****Testing Date: July `1, 2024****

Applications accepted June 5-26, 2024

The City of Ottumwa is an Equal Opportunity Employer
Women and minorities are encouraged to apply.

APPLICATION FOR EMPLOYMENT

POSITION: **POLICE OFFICER**

NOTICE: Application must be typewritten or clearly printed in ink. All questions must be answered, if applicable. If not, indicate NA (not applicable). If the 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. Submit the completed application to:

Ottumwa City Clerk
105 E. Third
Ottumwa, IA 52501
(641) 683-0621

1. PERSONAL HISTORY

a. Full Name (Last, First, Middle)	b. Social Security Number

c. List all other names you have used including nicknames, maiden name, previous married surname/s. 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.

c. Birth Date (Month, Day, Year)	e. Are you a U.S. citizen?

f. Place of Birth

2. RESIDENCES

a. Complete Mailing Address	Telephone Contact Numbers
_____	Residence _____
_____	Alternate _____
_____	Business _____

b. Present Residence Address:
_____
_____

c. Current email address:

_____

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).

Date From	Date To	Apartment Number	Street Address	City	State

3. EDUCATION

High School (Submit/Forward Transcript)

Name of High School Attended_____Address _____

Dates Attended – From _____ To _____

Course Pursued_____ Diploma Earned_____

Post-Secondary Education (Submit/Forward Transcripts)

Name of College/University _____Address _____

Dates Attended - From_____ To _____

Semester/Quarter Credits Earned_____ Degree Obtained_____

Name of College/University _____Address _____

Dates Attended - From_____ To _____

Semester/Quarter Credits Earned_____ Degree Obtained_____

d. Were you ever dismissed from a school, or was any disciplinary action including scholastic probation ever taken against you?_____

School	Date	Action Taken

c. List awards, honors, positions held in school organizations, athletics, or any other special recognition you received in school.

_____

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

_____

ATTACH BOTH HIGH SCHOOL AND COLLEGE TRANSCRIPTS TO THIS APPLICATION OR MAIL OFFICIAL COPIES

4. ORGANIZATION MEMBERSHIP

a. Are you now or have you ever been a member of any club, society or organization? Yes_____ No_____ If yes, list below.

Organization Name	City/State	Active/Former Member	Position Held

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. If retired, give former occupation.

Complete Name	Address: Residence _____ Business _____ Telephone_____
Number of Years Acquainted / Occupation	

Complete Name	Address: Residence _____ Business _____ Telephone_____
Number of Years Acquainted / Occupation	

Complete Name	Address: Residence _____ Business _____ Telephone_____
Number of Years Acquainted / Occupation	

Give Three Social Acquaintances in Your Own Age Group

Complete Name	Address: Residence _____ Business _____ Telephone_____
Number of Years Acquainted / Occupation	

Complete Name	Address: Residence _____ Business _____ Telephone _____
Number of Years Acquainted / Occupation	

Complete Name	Address: Residence _____ Business _____ Telephone _____
Number of Years Acquainted / Occupation	

6. FINANCIAL RECORD

1. Are you indebted to anyone? No _____ Yes _____
2. What is the total amount of your monthly financial obligations? _____
3. Are monthly financial obligations kept current? No _____ Yes _____

   If no, explain: _____
4. Do you have any sources of income other than your salary or spouse's? No _____ Yes _____

   Specify each with amount: _____

7. 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.

Employer _____ Address _____

Telephone _____ Dates Employed – From _____ To _____

Position _____ Supervisor's Name _____

Salary _____ Reason For Leaving _____

Employer _____ Address _____

Telephone _____ Dates Employed – From _____ To _____

Position _____ Supervisor's Name _____

Salary _____ Reason For Leaving _____

Employer _____ Address _____

Telephone _____ Dates Employed – From _____ To _____

Position _____ Supervisor's Name _____

Salary _____ Reason For Leaving _____

Employer _____ Address _____

Telephone _____ Dates Employed – From _____ To _____

Position _____ Supervisor's Name _____

Salary _____ Reason For Leaving _____

Employer _____ Address _____

Telephone _____ Dates Employed – From _____ To _____

Position _____ Supervisor's Name _____

Salary _____ Reason For Leaving _____

*Add pages as needed for past employment

8. OPERATOR'S LICENSE

Drivers license number_____ State_____

Have you been licensed in any other state? – list:

9. COURT RECORD

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	Disposition	Details

Have you ever been arrested for domestic violence or assault? No _____ Yes _____

b. Has any member of your immediate family, i.e. spouse, parents, brothers or sisters, ever been arrested for any violation other than traffic?

Name	Relation	Date	Place	Charge	Disposition

e. Have you ever been a plaintiff or defendant in any court action (Including divorce)? No_____ Yes_____
If yes, give date, place, court, names of parties involved, type of action, and disposition.

_____

10. MILITARY RECORD

a. Have you registered for the Draft, if applicable? No_____ Yes_____
b. Have you ever served on active duty in the U.S. Armed Forces? No_____ Yes_____
Highest rank attained:

c. Branch of Service	d. Serial Number	e. Dates of Active Duty From To

Type of Discharge _____

Date DD-214 Recorded _____

County _____ State _____

Member of Reserve/National Guard?

No ___ Yes ___ If yes, service branch?

_____

Location: _____

Has any disciplinary action been taken against you while in the military?

11. RELATIVES

Use Complete Names and Addresses, Including City, State, and Zip Code.

Father (Name) _____ Telephone _____ Birth date _____

Address _____ Employer _____

Employer Address _____ Telephone _____

Mother (Name) _____ Telephone _____ Birth date _____

Address _____ Employer _____

Employer Address _____ Telephone _____

Spouse (Name) _____ Telephone _____ Birth date _____

Address _____ Employer _____

Employer Address _____ Telephone _____

Children (Name) _____ Telephone _____ Birth date _____

Address _____ Employer _____

Employer Address _____ Telephone _____

Children (Name) _____ Telephone _____ Birth date _____

Address _____ Employer _____

Employer Address _____ Telephone _____

Children (Name) _____ Telephone _____ Birth date _____

Address _____ Employer _____

Employer Address _____ Telephone _____

Children (Name) _____ Telephone _____ Birth date _____

Address _____ Employer _____

Employer Address _____ Telephone _____

Brother (Name) _____ Telephone _____ Birth date _____

Address _____ Employer _____

Employer Address _____ Telephone _____

Brother (Name) _____ Telephone _____ Birth date _____

Address _____ Employer _____

Employer Address _____ Telephone _____

Sister (Name) _____ Telephone _____ Birth date _____

Address _____ Employer _____

Employer Address _____ Telephone _____

Sister (Name) _____ Telephone _____ Birth date _____

Address _____ Employer _____

Employer Address _____ Telephone _____

Other relatives with whom you have resided for an extended period – indicate relationship.

Name _____ Telephone _____ Birth date _____

Address _____ Employer _____

Employer Address _____ Telephone _____

Name _____ Telephone _____ Birth date _____

Address _____ Employer _____

Employer Address _____ Telephone _____

Name _____ Telephone _____ Birth date _____

Address _____ Employer _____

Employer Address _____ Telephone _____

12. Do you have any relatives currently employed by the Ottumwa Police Department and/or City of Ottumwa? _____**Yes** (See below) _____**No**

If yes, list complete name, relationship, & City department they work in.
Name _____ Relationship _____ City Department _____
Name_____ Relationship _____ City Department_____
Name_____ Relationship_____ City Department_____
Name_____ Relationship_____ City Department_____

Minimum Employment Qualifications
For the Position of
OTTUMWA POLICE OFFICER

1. Applicants must be a citizen of the United States.
   Are you a United States citizen? ☐ Yes ☐ No

2. Applicants must be at least 18 years of age.
   Are you at least 18 years of age? ☐ Yes ☐ No

3. Applicants must possess a minimum of a high school diploma or GED equivalency.
   Do you possess a minimum of a high school diploma or GED? ☐ Yes ☐ No

4. Applicants must not have been convicted of a felony or a crime of moral turpitude. Crimes of moral turpitude include but are not limited to income tax evasion, perjury, theft, indecent exposure, sex crimes, conspiracy to commit a crime, defrauding the government, illegal drug sales, assault, stalking, and domestic abuse.
   Have you been convicted of a felony or a crime of moral turpitude? ☐ Yes ☐ No

5. Applicants must have normal hearing. Hearing is considered normal when, tested by an audiometer, hearing sensitivity thresholds are within 25db measured at 1000Hz, 2000Hz, and 3000Hzaveraged together.
   Do you have normal hearing? ☐ Yes ☐ No

6. Applicants must have color vision consistent with the occupational demands of law enforcement. Acceptable color vision is being able to successfully complete a pseudochromatic plates test or a panel test as outlined in the Iowa Administrative Code.
   Do you have acceptable color vision? ☐ Yes ☐ No

7. Applicants must have uncorrected vision of not less than 20/100 in both eyes, corrected to 20/20.
   Do you have uncorrected vision of not less than 20/100? ☐ Yes ☐ No
   Do you wear corrective lenses or contacts? ☐ Yes ☐ No
   If so, what is your uncorrected vision in each eye? _____

NOTE: If you wear corrective lenses or contacts, submit a document from an optometrist or other medical practitioner that identifies your uncorrected and corrected vision.

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 Ottumwa Police Department 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. Veterans 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 interest.

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 Ottumwa. 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 Ottumwa Police Department and the City of Ottumwa 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) IS 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

The Ottumwa Police Department is an equal opportunity employer.