

GUIDELINES FOR THE SELECTION OF POLICE OFFICER APPLICANTS

CITY OF JOHNSTON POLICE DEPARTMENT

Driving Record:

An applicant will not be considered for employment at any time if they have been convicted of the following offences.

- ✚ Failure to stop and render aid.
- ✚ Perjury or making false statements during driver's licensing procedures from any state.
- ✚ Driving while intoxicated (If this is an isolated incident, the applicant may submit a written statement regarding the circumstances surrounding the incident for review.)

An applicant will not be considered for employment if:

- ✚ Their driving privileges have been suspended, canceled, or revoked in the three (3) years prior to the application deadline.
- ✚ They have been convicted of three (3) moving violations in the three (3) years prior to the application deadline.

Good Moral Character:

An applicant must be of good moral character, which means that they can be trusted and are considered by those who know them to be a person of good reputation and good standing in the community. When conduct is of a nature that, if known, would tend to discredit the applicant as a peace officer, the applicant will be disqualified from employment consideration.

The character of a person is determined by past and present behavior. Many factors are relevant in this assessment. The Department seeks applicants whose histories show good judgment, maturity, a sense of responsibility, and respect for others.

Some of the disqualifying factors are:

- ✚ Conviction of a felony. Conviction of other, less serious offenses or any offense will be evaluated based upon how recently it occurred, severity, frequency, and circumstances.
- ✚ Conviction of domestic abuse will disqualify the applicant from employment consideration.
- ✚ Conviction of assault or theft will disqualify the applicant from employment consideration.
- ✚ A consistent pattern of unexplained failures to meet debt obligations.
- ✚ Giving false information on the application, during the application process, or any attempts of deception or fraud in connection with the examination process.
- ✚ History of excessive use of alcohol without successful rehabilitation.
- ✚ Excessive use or abuse of alcohol within the past 12 months.
- ✚ Current (past 24 months) or excessive use of marijuana.
- ✚ Current (past 36 months) or excessive use of illegal drugs.
- ✚ Illegal drugs, include, but are not limited to:

Hashish
Hash oil
Heroin
LSD
Marijuana

Cocaine
Crack
Methadone
Morphine and/or opium
Acid, Microdots, Windowpane, etc.

Steroids
Amphetamines

Mescaline

Use or experimentation with drugs, other than noted above, will be evaluated.

- ✚ Use of any illegal drug or conviction of a felony or any other serious offense after becoming an applicant.
- ✚ A felony conviction or conviction of a crime involving moral turpitude. Moral turpitude can be, but is not limited to any of the following acts: income tax evasion, perjury or its subornation, theft, indecent exposure, sex crimes, conspiracy to commit a crime, defrauding the government, and illegal drug sales. Various factors, however, may cause an offense, which is generally not regarded as constituting moral turpitude to be regarded as such. For example, a record of a number of convictions for criminal mischief would involve moral turpitude, whereas a singular act would not.

Applicants will be subject to a background investigation. Information gained through the investigation will be used to determine if individual applicants meet these guidelines. Applicants who do not meet these guidelines will not be given further appointment consideration.

All applicants who reach the final selection stage must pass a polygraph, physical exam, drug screen, and a psychological screening. Successful completion of these requirements does not guarantee appointment as a Police Officer, however.



JOHNSTON POLICE DEPARTMENT

Qualification Overview

Date: _____

Name

Social Security Number

Are you a U.S. citizen by birth or a naturalized citizen?: _____

If naturalized, list city and state where naturalized: _____

Certificate Number: _____

Total number of **semester** hours from an accredited college or university: _____

--- OR ---

Total number of **quarter** hours from an accredited college or university: _____

Are you ILEA Certified?: Yes No Date of Certification: _____

Do you have experience as a Law Enforcement Officer?: Yes No

Total experience as a Law Enforcement Officer: Years _____ Months _____

May we contact your current employer: Yes No

The City of Johnston considers applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status. The City of Johnston complies with the Iowa Smokefree Air Act.

**CITY OF JOHNSTON
JOHNSTON POLICE DEPARTMENT
APPLICATION AND PERSONAL HISTORY STATEMENT**

The City of Johnston considers applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status. The City of Johnston complies with the Iowa Smokefree Air Act.

_____-_____-_____
Social Security Number

_____/_____/_____
Date

1. _____
Legal Name (Last) (First) (Middle)

2. _____
By what other name(s) have you been known (alias, nicknames), etc.

3. _____
Residence Address (Number, Street, Apt.#, City, State, Zip Code, Phone Number)

4. _____
Mailing Address (if different than above)

5. _____
Date of Birth Place of Birth (City, County, State)

6. _____
Height Weight Color of Hair Color of Eyes

7. _____
Name of person(s) with whom you live

8 In chronological order (Present to Past). List each and every place you have resided for the past 10 years:

A. _____
MO/YR to MO/YR Address (Street, City, State & Zip Code) Phone #

Name of person lived with, relationship, and his/her current address. Phone #

Name of company/person buying/leasing/renting from and their complete current address and phone number.

B. _____
MO/YR to MO/YR Address (Street, City, State & Zip Code) Phone #

Name of person lived with, relationship, and his/her current address. Phone #

Name of company/person buying/leasing/renting from and their complete current address and phone number.

C. _____
MO/YR to MO/YR Address (Street, City, State & Zip Code) Phone #

Name of person lived with, relationship, and his/her current address. Phone #

Name of company/person buying/leasing/renting from and their complete current address and phone number.

D. _____
MO/YR to MO/YR Address (Street, City, State & Zip Code) Phone #

Name of person lived with, relationship, and his/her current address. Phone #

Name of company/person buying/leasing/renting from and their complete current address and phone number.

E. _____
MO/YR to MO/YR Address (Street, City, State & Zip Code) Phone #

Name of person lived with, relationship, and his/her current address. Phone #

Name of company/person buying/leasing/renting from and their complete current address and phone number.

F. _____
MO/YR to MO/YR Address (Street, City, State & Zip Code) Phone #

Name of person lived with, relationship, and his/her current address. Phone #

Name of company/person buying/leasing/renting from and their complete current address and phone number.

G. _____
MO/YR to MO/YR Address (Street, City, State & Zip Code) Phone #

Name of person lived with, relationship, and his/her current address. Phone #

Name of company/person buying/leasing/renting from and their complete current address and phone number.

H.

MO/YR to MO/YR	Address (Street, City, State & Zip Code)	Phone #
Name of person lived with, relationship, and his/her current address. Phone #		
Name of company/person buying/leasing/renting from and their complete current address and phone number.		

I.

MO/YR to MO/YR	Address (Street, City, State & Zip Code)	Phone #
Name of person lived with, relationship, and his/her current address. Phone #		
Name of company/person buying/leasing/renting from and their complete current address and phone number.		

9. Name all high schools, trade schools, colleges, and universities attended, include degree and when obtained.

A.

Name of school, MO/YR to MO/YR, semester hours and degree, address (Street, City, State & Zip Code)

B.

Name of school, MO/YR to MO/YR, semester hours and degree, address (Street, City, State & Zip Code)

C.

Name of school, MO/YR to MO/YR, semester hours and degree, address (Street, City, State & Zip Code)

D.

Name of school, MO/YR to MO/YR, semester hours and degree, address (Street, City, State & Zip Code)

E.

Name of school, MO/YR to MO/YR, semester hours and degree, address (Street, City, State & Zip Code)

10. List all illegal drugs and controlled substances you have ever tried, used, consumed, or ingested. (ex. Marijuana, Cocaine, Crack, Meth)You must include number of times used and dates of use.

11. List all prescription drugs you have ever used which were not prescribed to you and dates used.

**ARRESTS, SUMMONSES, ETC.
(ANSWER ALL QUESTIONS)**

12. Were you ever arrested or taken into custody or been issued a misdemeanor citation?
Yes or No _____.

13. List below ALL **arrests** and **misdemeanor citations**, including juvenile arrests.

Date	Violation Actual or Charge (Specify)	Location (City, State)	Court Disposition Or Sentence	Police Agency

14. List ALL traffic violations, including parking, warning, and dismissed citations.

Date	Violation Actual or Charge (Specify)	Location (City, State)	Court Disposition Or Sentence	Police Agency

15. List ALL traffic accidents in which you were the DRIVER regardless of fault.

Date	Location (Street, City, State)	Police Agency

16. Were you ever a plaintiff, defendant, petitioner, or respondent in a civil proceeding (including bankruptcy)? Yes or No _____. List ALL civil actions in which you were a party or summoned/subpoenaed.

Date	Action or Proceeding	As Plaintiff, Defendant, Petitioner, Respondent, or Witness	Court Disposition

EMPLOYMENT

17. Were you ever terminated/fired, given the option of resigning in lieu of termination, or quit before being fired? Yes or No _____(Give details below)

Employer	Complete Address	Date	Supervisor	Reason For Discharge

18. Were you ever subject to disciplinary action in connection with any employment? Yes or No _____

19. Have you ever previously submitted an application to the Johnston Police Department or any other law-enforcement or corrections agency? Yes or No _____ If yes, give details below.

Date Applied	Organization	Complete Address	Phone #	Application Status

20. Were you ever rejected for employment by a law enforcement agency or corrections agency? Yes or No _____ Give details below.

21. List below, PRESENT TO PAST, each and every place where you were employed. OMIT NONE including part-time employment. List complete address, including zip code and phone number. List any periods of unemployment in proper sequence.

A. Month and Year Employer Name Employer Phone
 From: To:

Position Held Employer's Address(Street, City, State, Zip Code, & Phone number) Reason for Leaving

Brief Description of Duties Immediate Supervisor

Unemployed From To Reason

B. Month and Year Employer Name Employer Phone
From: To:

Position Held Employer's Address(Street, City, State, Zip Code, & Phone number) Reason for Leaving

Brief Description of Duties Immediate Supervisor

Unemployed From To Reason

C. Month and Year Employer Name Employer Phone
From: To:

Position Held Employer's Address(Street, City, State, Zip Code, & Phone number) Reason for Leaving

Brief Description of Duties Immediate Supervisor

Unemployed From To Reason

D. Month and Year Employer Name Employer Phone
From: To:

Position Held Employer's Address(Street, City, State, Zip Code, & Phone number) Reason for Leaving

Brief Description of Duties Immediate Supervisor

Unemployed From To Reason

E. Month and Year Employer Name Employer Phone
From: To:

Position Held Employer's Address(Street, City, State, Zip Code, & Phone number) Reason for Leaving

Brief Description of Duties Immediate Supervisor

Unemployed From To Reason

F. Month and Year Employer Name Employer Phone
From: To:

Position Held Employer's Address(Street, City, State, Zip Code, & Phone number) Reason for Leaving

Brief Description of Duties

Immediate Supervisor

Unemployed From

To

Reason

LAW ENFORCEMENT EXPERIENCE and TRAINING

22. List law enforcement agencies where you have been employed as a law enforcement officer:

Agency: _____ From: _____ To: _____

Agency: _____ From: _____ To: _____

Agency: _____ From: _____ To: _____

Agency: _____ From: _____ To: _____

23. List specialized law enforcement schools, training, or certifications:

MILITARY SERVICE

24. Have you ever served in the armed forces of the United States or any other country?
Yes _____ or No _____ (If no, go to question #28)

25. Which branch(es) of service? _____

26. List periods of continuous service under each branch of armed forces.

From _____ To _____ Branch _____ Pay Grade _____

From _____ To _____ Branch _____ Pay Grade _____

From _____ To _____ Branch _____ Pay Grade _____

From _____ To _____ Branch _____ Pay Grade _____

27. What type of DISCHARGE (honorable, dishonorable, general, medical, etc.) and REASON (for example, end of service)

28. Were you ever court marshaled, tried on charges, been the subject of a summary court, captain's mast, company punishment, Article 15, or any other type of military discipline?
Yes _____ or No _____ Number of times _____ Explanation _____

GENERAL

29. Do you have a high school diploma or a GED? _____
30. Have you ever had garnishments or assignments made on your wages, or received a letter of indebtedness? Yes _____ or No _____ If yes, explain _____
-

31. Do you possess?
- A. Regular driver's license? _____ Number _____ State _____
- B. Chauffeur's license? _____ Number _____ State _____
- C. Other _____

32. Did you ever have a driver's license issued by another state (s)? _____
- Which State (s) _____ Date (s) _____

33. Was your license EVER suspended or revoked? _____ Date (s) _____
- City _____ State _____ Reason _____

34. List all vehicles that you currently own.

Year	Make	Body Type	Color	License Number (Sate, Exp. Yr)
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35. Do you have any knowledge or information, in addition to that specifically requested in the preceding questions, which is or may be relevant, directly or indirectly, in connection with an investigation of your eligibility or concerning your character, temperance, habits, employment, education, criminal record, etc.? _____ Yes or No _____ If yes, explain _____
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-

36. Do you know of anything that would disqualify you from the selection process or prevent you from the full discharge of your duties as a police officer? Yes _____ No _____
- If yes, explain _____
-
-

37. What prompts you to make an application to the police department? _____
-
-

REFERENCES

38. List the NAMES and COMPLETE ADDRESSES of **SIX** reliable people, other than relatives, past employers or supervisors, who know you well enough to provide current information about you.

1. _____

Name	Home Address	Phone# Home
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Occupation	Employer's Address	Phone# Work
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2.

Name	Home Address	Phone# Home
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Occupation	Employer's Address	Phone# Work
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3.

Name	Home Address	Phone# Home
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Occupation	Employer's Address	Phone# Work
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4.

Name	Home Address	Phone# Home
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Occupation	Employer's Address	Phone# Work
------------	--------------------	-------------

5.

Name	Home Address	Phone# Home
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Occupation	Employer's Address	Phone# Work
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6.

Name	Home Address	Phone# Home
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Occupation	Employer's Address	Phone# Work
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I hereby certify all statements made in this personal history statement are true and complete and I understand false or misleading information may result in disqualification or dismissal.

Signature

Date

**AUTHORITY FOR RELEASE OF INFORMATION
CITY OF JOHNSTON POLICE DEPARTMENT**

This form MUST be notarized

Last Name		First Name	Middle Name
Sex	Race	Date of Birth - MM/DD/YYYY	Social Security Number
Place of Birth	County or City	State	Country

This release when signed by me and presented by a representative of the City of Johnston Police Department is my consent and authorization to allow the examination and release of copies of any and all written and electronic records, statements, or information regarding me. Such records, statements, or information includes but is not limited to: Employment; Medical; Mental Health; Psychological; Selective Service; Police and Criminal; Military Service; Financial and Credit; Polygraph Examinations; and the UNDELETED copy of the separation document and medical records to the National Personnel Records and Military Personnel Records Centers.

My intent in giving this release is to provide to the City of Johnston, Iowa, full and free access to the above-listed information.

I understand that any information obtained, directly or indirectly, from this release will be considered in determining my suitability for employment with the city. I further understand that all records, information, and statements that are released or obtained by the City of Johnston become the property of the city and that such information will not be returned to me.

I agree to indemnify and hold harmless the person to whom this release is presented and his or her employees, agents or representatives, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of the release of information pursuant to this release. I further understand that upon conclusion of the investigation for which these records have been requested, the sources of the confidential information shall not be released to me and shall remain confidential.

A photocopy of this release form containing my signature shall have the same force and effect as if an original.

Signature	Date
Subscribed and sworn before me this _____ day of _____ 20_____.	
My commission expires _____ 20_____.	

Notary Public

This release shall expire one year from the date of my signature above unless I earlier revoke this release in writing.