

**EMPLOYMENT APPLICATION
FOR
POLICE OFFICER
RESERVE POLICE OFFICER
ANIMAL CONTROL OFFICER**

The following application and questionnaire is used by the Smithfield City Police Department, for clearance of applicants for the position of police officer and for further consideration in the pre-hire selection process.

Read the instructions and questions carefully before answering.

The application must be legible. Answer all questions. Questions with no response may disqualify your application. If you need additional space to answer the requested information, record that information on additional sheet(s) of paper and attach it to the application. **SUBMIT THE ORIGINAL APPLICATION ONLY. NO COPIES ACCEPTED.**

NOTICE Applications lacking the requested information will be denied until the information is provided. Any falsification of the application information will be grounds to deny the applicant further consideration for employment, and may be a violation of section 76-8-511, Utah Code Annotated, for falsification of a government record.

Applicants are considered for this and all positions without regard to race, color, religion, sex, natural origin, age, martial or veteran status, or the presence of non-job related medical condition or handicap.

Standard Qualifications for application are:

- Must have a valid driver's license;
- Must be 21 years of age or older;
- Must have a high school diploma or GED equivalent;
- Must be a citizen of the United States of America;
- Must not have any felony convictions.

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(PLEASE TYPE OR PRINT)

Date _____

Name _____

Last

First

Middle

Maiden

Is there any additional information relative to change of name, use of an assumed name, or nickname which you have used previously? If yes, explain _____

Address _____
Street City State Zip

Telephone () Best time to call Other Phone Number ()

Date of Birth / / Sex M F Height Weight Eyes Hair
Month Day Year (circle)

Place of Birth Social Security Number / /

Name, address, phone number of person to be contacted in an emergency: _____

Driver's License Number State of Issuance

- a) **Attach a current photo of self**
- b) **Attach an official copy of your current driver's license record**
- c) Have you ever had a driver's license suspended or revoked? (circle) Yes No
If yes, indicate what state(s) and the circumstances.

Please circle yes or no

- Did you read the cover letter? Yes No
- Are you employed now? Yes No
- Will you work weekends, holidays, rotating shifts? Yes No
- Will you work after hour call-outs? Yes No
- Will you work in environments where hazardous circumstances exist? Yes No
- Will you and are you able to work in adverse weather conditions, and varying degrees of traffic, noise, dust, fumes, and odors? Yes No
- Will you work in conditions where dangerous weapons are present? Yes No
- Will you work in conditions of escalating stress and emergency? Yes No
- Are you able to participate in rigorous physical exertions, i.e. physical fitness assessments, arrest & control, and self-defense training, etc.? Yes No
- Do you presently possess current and active Utah Peace Officer Certification
- Hire is subject to verification that applicant can show legal right to work in the United States.
Can you provide verification? Yes No
- Do you have an additional application on file? Yes No
If yes, when did you submit it? _____

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EMPLOYMENT HISTORY

List your adult work (employment) history for the past ten (10) years. Start with your present or most recent employment and work backward. List each promotion separately. Under duties, describe the work you performed, and the number of employees you supervised, if any. If unemployed for more than one month, write, "unemployed," and explain why.

DATES: Month/Year	EMPLOYER	TITLE & DUTIES
From: _____ To: _____	Name: _____	Title: _____
Years Employed: _____	Phone number & Supervisor _____	Duties: _____
Reason for leaving: _____		

From: _____ To: _____	Name: _____	Title: _____
Years Employed: _____	Phone number & Supervisor _____	Duties: _____
Reason for leaving: _____		

From: _____ To: _____	Name: _____	Title: _____
Years Employed: _____	Phone number & Supervisor _____	Duties: _____
Reason for leaving: _____		

From: _____ To: _____	Name: _____	Title: _____
Years Employed: _____	Phone number & Supervisor _____	Duties: _____
Reason for leaving: _____		

From: _____ To: _____	Name: _____	Title: _____
Years Employed: _____	Phone number & Supervisor _____	Duties: _____
Reason for leaving: _____		

From: _____ To: _____	Name: _____	Title: _____
Years Employed: _____	Phone number & Supervisor _____	Duties: _____
Reason for leaving: _____		

From: _____ To: _____	Name: _____	Title: _____
Years Employed: _____	Phone number & Supervisor _____	Duties: _____
Reason for leaving: _____		

Have you ever been forced to resign, or have you been terminated from any employer? Yes No

If yes, list name of employer and explain. _____

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EDUCATION

Attach a copy of your High School Diploma, or GED Certificate. If High School Diploma or GED Certificate is not available, attach a copy of your four year College Degree. Use additional paper if needed.

Have you graduated from High School? Yes No

Name of High School _____ City/State _____

Dates of Attendance: From _____ To _____

If you have not graduated from High School, have you successfully completed a GED examination? Yes No

State where GED completed _____ Date of Completion _____

Have you graduated from a college, university, or trade school? Yes No

Name of College/University _____ City/State/Country _____

Dates of Attendance: From _____ To _____

Degree Earned or Major: _____

List all colleges, universities, and trade schools you have attended.

Name of College/University _____ City/State _____

Dates of Attendance: From _____ To _____

Degree Earned or Major: _____

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Name of College/University _____ City/State _____

Dates of Attendance: From _____ To _____

Degree Earned or Major: _____

Do you speak a foreign language? Yes No

Language _____ Fluency Level: _____

Language _____ Fluency Level: _____

Summarize any special education, training, professional licenses/certifications and/or characteristics about yourself:

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LAW ENFORCEMENT LICENSE/CERTIFICATION

List all basic peace officer, detentions, communications training programs which you have attended in this or any other state or federal training center. Attach training record for all law enforcement related training certifications.

Have you graduated from a law enforcement or law enforcement related basic and/or advanced training program? Yes No

Name of Training Center _____ City/State _____

Dates of Attendance: From _____ To _____

Session # _____ Course Hours _____ Certification _____

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Name of Training Center _____ City/State _____

Dates of Attendance: From _____ To _____

Session # _____ Course Hours _____ Certification _____

.....

Name of Training Center _____ City/State _____

Dates of Attendance: From _____ To _____

Session # _____ Course Hours _____ Certification _____

.....

Have you ever been terminated from any law enforcement related basic training program or academy for disciplinary reasons or for failing to meet statutory qualifications? Yes No

If yes, explain the circumstances _____

Have you ever been denied a state or federal law enforcement officer related license/certification? Yes No

If yes, explain the circumstances _____

Have you ever had a state or federal law enforcement officer related license/certification suspended or revoked? Yes No

Type of License/Certification _____ Certifying Agency _____

Action Taken/Disposition _____ Date _____

Summarize any specialized law enforcement training, skills, certifications for which you have obtained.

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MILITARY OR OTHER COMMUNITY SERVICE

List any military or community service experience or training that is specific to a job-related law enforcement function.

Have you ever been employed by the military? Yes No

Branch of Military From To

Type of Discharge

If discharged from the military, attach a copy of your DD 214 Form. If discharged from the military on more than one occasion, attach all copies of Form DD214.

Describe specialized military training and/or experience which could qualify as being law enforcement job-related.

Four horizontal lines for describing specialized military training and/or experience.

Have you ever been employed by or served voluntarily for any community group or organization? Yes No

Name of Group or Organization City/State

Type of Service rendered

From To

Name of Group or Organization City/State

Type of Service rendered

From To

Describe any specialized training and/or experience which could qualify as being law enforcement job-related.

Three horizontal lines for describing specialized training and/or experience.

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ADDITIONAL INFORMATION

Do you use alcohol? (If you do not use alcohol, bypass the next question) Yes No
Has it been brought to your attention that your use of alcohol has cause problems with your job, your family or your associates? Yes No

If yes, provide details _____

Has your use of prescription drugs ever caused problems with your job, your family, or your associates? Yes No
Have you used any of the following drugs illegally within the last ten years? Yes No
(Mark which drugs you have used, if any)

- Heroin, Cocaine, Percodan, Tai sticks, Quaaludes, Crank, Morphine, LSD, Crack, Mescaline, Peyote, Opium, Demoral, Methadone, Psilocybin/Mushroom, Amphetamine, Barbituates, Hallucinogens, Narcotic Analgesics, Central Nervous system depressants, Central Nervous system stimulants, PCP or any of its analogs. Each item includes a checkbox, a request to indicate the last day of use, and a request to list the frequency of use.

Have you used any of the following drugs illegally within the last two years? Yes No
(Mark which drugs you have used, if any)

- Marijuana, Hashish, Amyl Nitrates, Anabolic Steroids, Toluene, Cannabis, Inhalants. Each item includes a checkbox, a request to indicate the last day of use, and a request to list the frequency of use.

List any other drugs you have illegally used within the last ten years.

Explain in detail your use of illegal drugs:

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PRIOR LAW ENFORCEMENT EMPLOYMENT ONLY

The following questions are for individuals who have been previously employed by a law enforcement or law enforcement related agency. If you answer "yes" to any of these questions, completely explain the circumstances of the incident, the location of the agency, hearing or court, and the final action taken. You must use additional sheets of paper and enclose them with this application.

IF YOU HAVE NOT BEEN EMPLOYED BY A LAW ENFORCEMENT OR LAW ENFORCEMENT RELATED AGENCY IN THE PAST, DO NOT ANSWER THE FOLLOWING EIGHT QUESTIONS.

- Have you ever been the subject of a disciplinary action in a law enforcement or law enforcement related agency? Yes No
- Have you ever been allowed to resign from a law enforcement or law enforcement related employer under adverse conditions which could have led to a disciplinary action or dismissal by the agency? Yes No
- Have you ever been fired from a law enforcement or law enforcement related agency? Yes No
- Have you ever been found guilty of "Gross Negligence" in an administrative hearing or court of law? Yes No
- Have you ever been investigated or disciplined for excessive use of force in an arrest? Yes No
- Have you ever been investigated or disciplined for tampering with evidence? Yes No
- Have you ever been investigated or disciplined for perjuring testimony in an administrative hearing or court of law? Yes No
- Have you ever been investigated or disciplined for theft of property in an administrative hearing or court of law? Yes No

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CRIMINAL ARREST & CONVICTIONS

The following information is required. Failure to list requested information will result in denial of the application.

Have you ever been arrested for a felony? Yes No
Have you ever been convicted of a felony? Yes No

If yes, indicate the type of offense, location of offense, arresting agency, and date offense occurred. Indicate court disposition and sentencing and/or fine information. Include police reports, court documents and your detailed written explanation of the circumstances. Please indicate status below:

- Conviction Plead to lesser offense Expungement Pardon Acquitted Dismissed Dismissed with Prejudice Diversion Agreement Plea in Abeyance Treated in other similar manner

Have you ever been arrested for a crime of dishonesty? Yes No
Have you ever been convicted for a crime of dishonesty? Yes No

If yes, indicate the type of offense, location of offense, arresting agency, and date offense occurred. Indicate court disposition and sentencing and/or fine information. Include police reports, court documents and your detailed written explanation of the circumstances. Please indicate status below:

- Conviction Plead to lesser offense Expungement Pardon Acquitted Dismissed Dismissed with Prejudice Diversion Agreement Plea in Abeyance Treated in other similar manner

Have you ever been arrested for a crime of physical violence? Yes No
Have you ever been convicted for a crime of physical violence? Yes No

If yes, indicate the type of offense, location of offense, arresting agency, and date offense occurred. Indicate court disposition and sentencing and/or fine information. Include police reports, court documents and your detailed written explanation of the circumstances. Please indicate status below:

- Conviction Plead to lesser offense Expungement Pardon Acquitted Dismissed Dismissed with Prejudice Diversion Agreement Plea in Abeyance Treated in other similar manner

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Have you ever been arrested for a crime of unlawful sexual conduct? Yes No
Have you ever been convicted for a crime of unlawful sexual conduct? Yes No

If yes, indicate the type of offense, location of offense, arresting agency, and date offense occurred. Indicate court disposition and sentencing and/or fine information. Include police reports, court documents and your detailed written explanation of the circumstances. Please indicate status below:

- Conviction [] Plead to lesser offense [] Expungement [] Pardon [] Acquitted []
Dismissed [] Dismissed with Prejudice [] Diversion Agreement [] Plea in Abeyance []
Treated in other similar manner []

Three horizontal lines for providing details of the offense.

Have you ever been arrested for a crime involving the unlawful use, sale or possession of a controlled substance? Yes No
Have you ever been convicted for a crime involving the unlawful use, sale or possession of a controlled substance? Yes No

If yes, indicate the type of offense, location of offense, arresting agency, and date offense occurred. Indicate court disposition and sentencing and/or fine information. Include police reports, court documents and your detailed written explanation of the circumstances. Please indicate status below:

- Conviction [] Plead to lesser offense [] Expungement [] Pardon [] Acquitted []
Dismissed [] Dismissed with Prejudice [] Diversion Agreement [] Plea in Abeyance []
Treated in other similar manner []

Three horizontal lines for providing details of the offense.

Have you ever been arrested for the offense of Driving Under the Influence of Alcohol, Drugs, or Metabolite? Yes No
Have you ever been convicted for the offense of Driving Under the Influence of Alcohol, Drugs or Metabolite? Yes No

If yes, indicate the type of offense, location of offense, arresting agency, and date offense occurred. Indicate court disposition and sentencing and/or fine information. Include police reports, court documents and your detailed written explanation of the circumstances. Please indicate status below:

- Conviction [] Plead to lesser offense [] Expungement [] Pardon [] Acquitted []
Dismissed [] Dismissed with Prejudice [] Diversion Agreement [] Plea in Abeyance []
Treated in other similar manner []

Three horizontal lines for providing details of the offense.

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List all other convictions involving misdemeanor offenses, traffic offenses, military crimes, etc., as accurately as possible. If more space is needed, attach additional sheet(s) of paper to this application.

Four horizontal lines for listing convictions.

Do you have any criminal or civil complaints pending against you at this time? Yes No

If yes, list the nature of the offense or complaint, jurisdiction or agency of arrest, and date of offense. If more space is needed, attach additional sheet(s) of paper to the application.

Three horizontal lines for listing pending complaints.

Are you now, or have you ever been on probation or parole for any crime which you have been convicted, or any crime held in abeyance or subject to a diversionary program through a court of law? Yes No

If yes, list the nature of the offense or complaint, jurisdiction or agency of arrest, and date of offense. If more space is needed, attach additional sheet(s) of paper to the application.

Four horizontal lines for listing probation/parole details.

Are you now, or have you ever been a member or associated with a group, gang or organization which advocates or encourages violence, or has attempted to overthrow, the government of the United States or any State government? Yes No

If yes, explain the name of the group, gang or organization, purpose of the group, gang or organization, indicate when you became a member or associated with the organization, and your current status with the group, gang or organization. (Use a separate sheet and attach it to the application)

Four horizontal lines for explaining group/gang/organization details.

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RESIDENCE HISTORY

List in chronological order, present to past, as accurately as possible, all places you have resided in the last ten (10) years. If you have lived out of the United States, indicate country.

Address _____
Street City State Country

From _____ To _____

Address _____
Street City State Country

From _____ To _____

Address _____
Street City State Country

From _____ To _____

Address _____
Street City State Country

From _____ To _____

Address _____
Street City State Country

REFERENCES

List the names of four (4) persons, not related to you, not former supervisors, who are friends, fellow students, or fellow workers. Names listed should be those of persons who have seen you frequently during the past three years.

Name _____ Address _____

Home Telephone _____ Business Occupation & Telephone _____

Name _____ Address _____

Home Telephone _____ Business Occupation & Telephone _____

Name _____ Address _____

Home Telephone _____ Business Occupation & Telephone _____

Name _____ Address _____

Home Telephone _____ Business Occupation & Telephone _____

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WAIVER AND AUTHORIZATION TO RELEASE INFORMATION

I have made application for employment with the Smithfield City Police Department. It is my understanding that a comprehensive investigation of my background may be conducted in connection with my application. I certify that the information supplied in this application is true and correct to the best of my belief and knowledge. I understand that false or misleading information and/or omissions of requested information may be cause for denial of this application, or termination of employment if hired by the Smithfield City Police Department.

I hereby give the Smithfield City Police Department and its duly authorized representatives the authority to conduct a comprehensive investigation of my background, including but not necessarily limited to oral discussions with any person concerning my background. I also authorize full disclosure to Smithfield City Police Department of any records concerning me, whether records are public or private, privileged or confidential, and to secure additional information about me. In particular, I authorize full disclosure of any records concerning me, including but not limited to the records of present and past employers, educational and financial institutions, commercial establishments, public utility companies, medical and psychiatric agencies; including hospitals, clinics, private practitioners, the U.S. Veterans Administration and military facilities.

I hereby appoint any authorized representative designated by the Smithfield City Police Department as an authorized agent for the purpose of inspecting any arrests records information maintained by any law enforcement agency concerning me.

To the custodian of any records discussed herein I hereby authorize you to release such information to the Smithfield City Police Department. A copy of this release form will be valid as an original, even though the copy does not contain an original writing of any signature.

I hereby release the Smithfield City Police Department and its representatives for seeking such information, and all other persons, corporations or organizations who gives written or oral information about me to the Smithfield City Police Department in connection with this background investigation from any liability or damages which may result from furnishing the information requested.

Signature of Applicant _____

Date _____

Subscribed and sworn to before me this _____ day of _____, 20 ____.

Notary Public's Signature

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IMPORTANT INFORMATION REGARDING YOUR APPLICATION

This application is current for a period of six months. At the conclusion of six months, if you have not heard from the Smithfield City Police Department, and still wish to be considered for employment, it will be necessary to complete a new application.

If you become employed by the Smithfield City Police Department, you are free to resign at any time. The Smithfield City Police Department, also reserves the right to terminate your employment at any time in accordance with state and federal employment law, and Smithfield City Corporation policy and procedures. Please understand that no representative of the Smithfield City Police Department has the authority to make any assurances to the contrary.

Have you answered and provided, in an accurate manner, all information requested and required to make your application complete, true and correct, to the best of your knowledge? Yes No

Have you attached all required documentation? (Check the boxes if "yes")

- Birth certificate
- Military Discharge DD214 Form (if applicable)
- High School Diploma, GED Certificate or College Degree
- All criminal arrest reports and court docket information (if applicable)
- Your written explanation of offenses committed (if applicable)
- Driver's license record
- Waiver of Liability
- Waiver and Authority to Release of Information

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<input type="checkbox"/> APPROVED	REVIEWED BY: _____
<input type="checkbox"/> DENIED	DATE REVIEW COMPLETED: _____