



LEON POLICE DEPARTMENT APPLICATION FOR EMPLOYMENT

104 W 1ST ST
LEON, IA 50144

641-446-7733
info@leonpd.com

We consider 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.

Position applying for: _____

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 the address or e-mail above.

PERSONAL HISTORY

Name (Last, First, Middle): _____

Social Security No.: _____

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.

Birth date (Month, day, year): _____ Are you a U.S. Citizen? ___Yes ___No

Place of birth: _____

RESIDENCES

Complete address (and mailing address if different):

Telephone Numbers:

Residence () _____

Alternate () _____

Business () _____

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: From To Street Address City State

EDUCATION

Name of High School attended: _____
Address: _____
Dates Attended: From _____ To _____
Course Pursued: _____ Diploma Earned: _____

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: _____

Were you ever dismissed from a school, or was any disciplinary action including scholastic probation ever taken against you? List school name, date and action taken.

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

List any special abilities, interests, sports or hobbies.

****ATTACH BOTH HIGH SCHOOL AND COLLEGE TRANSCRIPTS OR DIPLOMAS TO APPLICATION**

ORGANIZATION MEMBERSHIP

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 and State	Active or former member	Present position held
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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: _____ Phone number: _____
 Address: _____ Years acquainted: _____
 _____ Occupation: _____

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 _____ Occupation: _____

Complete name: _____ Phone number: _____
 Address: _____ Years acquainted: _____
 _____ Occupation: _____

Give three social acquaintances in your age group.

Complete name: _____ Phone number: _____
 Address: _____ Years acquainted: _____
 _____ Occupation: _____

Complete name: _____ Phone number: _____
 Address: _____ Years acquainted: _____
 _____ Occupation: _____

Complete name: _____ Phone number: _____
 Address: _____ Years acquainted: _____
 _____ Occupation: _____

EMPLOYMENT

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

1	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		From	To	
	Job Title			
	Supervisor			
	Reason for Leaving			

2	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		From	To	
	Job Title			
	Supervisor			
	Reason for Leaving			

3	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		From	To	
	Job Title			
	Supervisor			
	Reason for Leaving			

4	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		From	To	
	Job Title			
	Supervisor			
	Reason for Leaving			

5	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		From	To	
	Job Title			
	Supervisor			
	Reason for Leaving			

6	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		From	To	
	Job Title			
	Supervisor			
	Reason for Leaving			

OPERATOR'S LICENSE

Driver's license number: _____ State: _____

Have you been licensed in any other state: Yes _____ No _____

If yes, what state(s) _____

COURT RECORD

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

Date	Location	Charge	Disposition	Details

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

Name	Relationship	Date	Location	Charge	Disposition

Have you ever been a plaintiff or defendant in any court action (Including divorce)?
Yes _____ No _____ If yes, give date, place, court, names of parties involved, type of action, and disposition. _____

MILITARY RECORD

Have you registered for the Draft, if applicable? Yes _____ No _____
Have you ever served on active duty in the U.S. Armed Forces? Yes _____ No _____
Highest rank attained: _____
Branch of service: _____
Dates of active duty: _____
Type of Discharge: _____
Date DD-214 recorded: _____
County: _____ State: _____
Was any type of disciplinary action ever taken against you? Yes _____ No _____
If yes, explain: _____

Member of Reserve/National Guard? Yes _____ No _____
Service Branch: _____ Location: _____

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____, do hereby authorize a review and full disclosure of all records concerning myself to any duly authorized agent of the Leon 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 Leon. 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 Leon Police Department and the City of Leon 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 the "Authorization for Release of Personal Information".

(Signature of applicant)

Date: _____