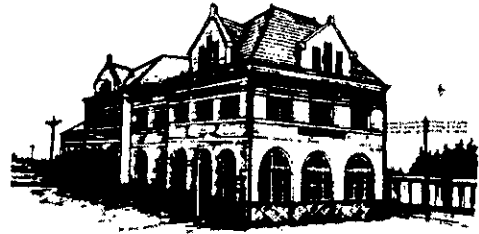


# **CRESTON POLICE DEPARTMENT**

*Paul A. Ver Meer, Chief of Police*  
302 N. Pine Street Creston, IA 50801-0449  
Phone 641-782-8402 • Fax 641-782-8404



*Creston's Restored Depot and City Hall*

**To: Officer Applicants**

**RE: Application, Personal History Statements and Release of Information**

Dear Applicant;

We thank you for your interest in the hiring process for the Creston Police Department. You are being asked to sign two (2) releases of information. The first one authorizes us to check your criminal history record, military records and drivers history. The second authorizes us to check your employment and personal references.

You will find attached to the application a personal history statement, which you are required to fill out and return with your completed application. You are also required to provide copies of the following documents with the finished application packet.

1. Copy of Birth Certificate
2. School Transcripts (High School and College)
3. Copy of Military Discharge Papers (if applicable)
4. GED Test Scores (if applicable)
5. Copy of Valid Social Security Card

**This application must be returned to the Creston Police Department no later than 3:00 pm on November 3, 2017. A POST Exam will be administered at Southwestern Community College, Room 103 in the Tech Center at 9:00 am on November 11, 2017. The physical agility test will be administered following the POST exam at the Creston High School track (subject to change for weather). Individuals that successfully pass both exams will be put on a civil service eligibility list which will be good for one year.**

If you have any questions please feel free to contact us at (641)782-8402.

Respectfully,

Paul Ver Meer  
Chief of Police  
Creston Police Department

## **Application / Personal History Statement**

- 1) Complete your Personal History Statement using a typewriter or legible printing in *black* ink.
- 2) Answer all questions. If a question does not apply to you, enter "N/A" in the space provided.
- 3) Avoid errors by reading the directions carefully. Be certain that your information is correct.
- 4) You are responsible for obtaining correct addresses and phone numbers. Failure to provide accurate information could affect the background investigation.
- 5) Attach extra sheets as needed. Be certain to number your responses.
- 6) Provide copies of any support documents (birth certificate, diplomas, licenses, DD214, etc.).
- 7) This statement must be complete. Omissions or falsifications may disqualify you.

***The impact of any negative information that you might provide is greatly outweighed by the impact of that same information if an investigator initially uncovers it.***

## **Application / Personal History Statement**

A. **APPLICANT IDENTIFICATION:** Information provided in this section is used for identification only.

1. Name \_\_\_\_\_  
Last First Middle
2. Address \_\_\_\_\_  
Number Street  
City State Zip
3. Telephone \_\_\_\_\_ 4. Date of Birth \_\_\_\_\_
5. Other names used (nickname, maiden name, etc.) \_\_\_\_\_
6. S.S. Number \_\_\_\_\_ 7. Birthplace \_\_\_\_\_
8. U.S. Citizen? \_\_\_\_\_ 9. Driver's License Number/State \_\_\_\_\_
10. Height \_\_\_\_\_ 11. Weight \_\_\_\_\_ 12. Eye Color \_\_\_\_\_
13. Hair Color \_\_\_\_\_ 14. Scars, marks, tattoos, etc \_\_\_\_\_
15. Email \_\_\_\_\_

B. **WORK HISTORY:** Beginning with your present or most recent job, list all employment held in the last ten years, including internships, part-time, temporary, or seasonal employment. Include all periods of unemployment. You may include other jobs prior to ten years if police-related. Attach extra pages if necessary. Please indicate if you would prefer that no inquiries be made at your current employer *at this time*.

1. Employer \_\_\_\_\_  
Address \_\_\_\_\_  
No. Street City State Zip  
Telephone \_\_\_\_\_  
Supervisor \_\_\_\_\_ Title \_\_\_\_\_  
Name of Co-worker \_\_\_\_\_  
Date Started \_\_\_\_\_ Date Left \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

2. Employer \_\_\_\_\_  
Address \_\_\_\_\_  
          No.      Street                  City                  State          Zip  
Telephone \_\_\_\_\_  
Supervisor \_\_\_\_\_ Title \_\_\_\_\_  
Name of Co-worker \_\_\_\_\_  
Date Started \_\_\_\_\_ Date Left \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

3. Employer \_\_\_\_\_  
Address \_\_\_\_\_  
          No.      Street                  City                  State          Zip  
Telephone \_\_\_\_\_  
Supervisor \_\_\_\_\_ Title \_\_\_\_\_  
Name of Co-worker \_\_\_\_\_  
Date Started \_\_\_\_\_ Date Left \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

4. Employer \_\_\_\_\_  
Address \_\_\_\_\_  
          No.      Street                  City                  State          Zip  
Telephone \_\_\_\_\_  
Supervisor \_\_\_\_\_ Title \_\_\_\_\_  
Name of Co-worker \_\_\_\_\_  
Date Started \_\_\_\_\_ Date Left \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

**C. MILITARY RECORD**

1. Have you ever served in the U.S. Armed Forces? \_\_\_\_\_

2. Date of Service: From \_\_\_\_\_ To \_\_\_\_\_  
Branch \_\_\_\_\_ Unit Designation \_\_\_\_\_  
Military Service No. \_\_\_\_\_ Highest Rank \_\_\_\_\_  
Type of Discharge \_\_\_\_\_

3. Were you ever disciplined while in the military service (include courts-martial, captain's masts, company punishments, etc.)? \_\_\_\_\_

Charge \_\_\_\_\_ Agency \_\_\_\_\_  
Date \_\_\_\_\_ Age at Time \_\_\_\_\_  
Disposition \_\_\_\_\_

Charge \_\_\_\_\_ Agency \_\_\_\_\_  
Date \_\_\_\_\_ Age at Time \_\_\_\_\_  
Disposition \_\_\_\_\_

Charge \_\_\_\_\_ Agency \_\_\_\_\_  
Date \_\_\_\_\_ Age at Time \_\_\_\_\_  
Disposition \_\_\_\_\_

**D. EDUCATIONAL HISTORY**

1. High School \_\_\_\_\_

From \_\_\_\_\_  
No. Street City State Zip  
To \_\_\_\_\_ Date Graduated \_\_\_\_\_

2. College \_\_\_\_\_

No. Street City State Zip

Units Completed \_\_\_\_\_ Major/Minor \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Degree Received \_\_\_\_\_

College \_\_\_\_\_

No. Street City State Zip

Units Completed \_\_\_\_\_ Major/Minor \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Degree Received \_\_\_\_\_

**E. SPECIAL QUALIFICATIONS AND SKILLS**

1. List any special licenses you hold (pilot, radio operator, scuba, etc.).

Licensing Authority \_\_\_\_\_  
Date of Issue \_\_\_\_\_ Expiration Date \_\_\_\_\_

Licensing Authority \_\_\_\_\_  
Date of Issue \_\_\_\_\_ Expiration Date \_\_\_\_\_

2. List any specialized machinery or equipment you can operate.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. If you are fluent in a foreign language, indicate your degree of fluency.

Language: \_\_\_\_\_

	<b>Good</b>	<b>Fair</b>	<b>Excellent</b>
Language			
Reading			
Speaking			
Understanding			
Writing			

**F. ARRESTS, CONVICTIONS, DETENTIONS, AND LITIGATIONS**

1. Have you ever been arrested, convicted, detained by the police, or summonsed into criminal court?      Yes      No

\_\_\_\_\_  
If yes, complete the following (list juvenile as well as adult occurrences):

Law Enforcement Agency: \_\_\_\_\_  
\_\_\_\_\_  
City State

Crime Charged \_\_\_\_\_ Date \_\_\_\_\_

Disposition \_\_\_\_\_ Date \_\_\_\_\_

Law Enforcement Agency \_\_\_\_\_  
\_\_\_\_\_  
City State

Crime Charged \_\_\_\_\_ Date \_\_\_\_\_

Disposition \_\_\_\_\_ Date \_\_\_\_\_

2. Have you ever been involved as a party in a civil litigation (including protection orders & divorce)? Yes No  
If yes, give details.

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**G. TRAFFIC RECORD**

1. Has your license ever been suspended or revoked? Yes No

If yes, give details.

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2. Name of your automobile insurance carrier \_\_\_\_\_

Agent \_\_\_\_\_ Phone number \_\_\_\_\_

3. List all driving citations that you have received as a juvenile and adult, excluding parking tickets.

Month/Year	Charge	City/State	Disposition
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. Describe in a brief narrative any traffic accidents in which you have been involved that resulted in any injury to anyone or occurred in the last ten years, giving approximate dates and locations.

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Brother/Sister \_\_\_\_\_ Phone \_\_\_\_\_  
Present address \_\_\_\_\_  
Street City State Zip

Brother/Sister \_\_\_\_\_ Phone \_\_\_\_\_  
Present address \_\_\_\_\_  
Street City State Zip

Brother/Sister \_\_\_\_\_ Phone \_\_\_\_\_  
Present address \_\_\_\_\_  
Street City State Zip

Brother/Sister \_\_\_\_\_ Phone \_\_\_\_\_  
Present address \_\_\_\_\_  
Street City State Zip

**I. REFERENCES OR ACQUAINTANCES:** List five persons who know you well enough to provide current information about you. Do not include relatives or former employers.

Name \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Address \_\_\_\_\_  
Street City State Zip

Name \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Address \_\_\_\_\_  
Street City State Zip

Name \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Address \_\_\_\_\_  
Street City State Zip

Name \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Address \_\_\_\_\_  
Street City State Zip

Name \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Address \_\_\_\_\_  
Street City State Zip





5. Do you have any religious or other beliefs that would prevent you from fully performing the duties of a police officer, including working on weekends, evenings, or night shifts? If yes, explain.

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6. Are there any other incidents in your life or details not mentioned herein which may influence this Department's evaluation of your suitability for employment as a police officer? If so explain.

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**L. Declaration/Release**

I, \_\_\_\_\_, hereby certify that there are no willful misrepresentations, omissions, or falsifications in the foregoing statements and answers to questions. Any such acts will be grounds for rejection or termination of employment.

I authorize the Creston Police Department and its designees to investigate all statements contained in this application for employment as may be necessary. I understand that this application is not and is not intended to be a contract of employment.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the City of Creston.

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Signature of Applicant

Date

**CRESTON POLICE DEPARTMENT**

**302 N. Pine St., Creston, IA 50801**

**614-782-8402**

**614-782-8404 fax**

To Whom It May Concern,

I hereby authorize the Creston Police Department to obtain a credit check of my records through a supplier of their choosing. I do this with the understanding that they will use the information in connection with an application for employment that I have made.

I hereby release you and your organization from any liability that may or could result from furnishing the requested information. This release will expire one year from the date signed, unless another expiration date is noted below.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Current Address

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Other Expiration Date

## **Creston Police Department**

### **Employment Guidelines for Applicants**

The following are some guidelines considered in determining if an applicant is suitable for employment with the Creston Police Department.

#### **Criminal History**

Felony Conviction	Lifetime
Domestic Violence Conviction	Lifetime
Misdemeanor Conviction	5 years
Perjury Conviction	10 years
Crimes Involving Violations of Trust	10 years

#### **Drugs**

Distribution/Manufacture of any Controlled Substance	Lifetime
Use of any Controlled Substance	5 years

#### **Traffic History**

DUI Conviction	5 years
Multiple DUI Convictions	Lifetime
Reckless Driving	5 years
Drive While Suspended/Barred/Revoked	5 years
Multiple Moving Citations	10 years
Excessive Parking Citations	5 years

#### **Credit History**

Pattern of non-payment, bounced checks, credit issues	5 years
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