

PLEASANTVILLE POLICE DEPARTMENT

APPLICATION INFORMATION

PERSONAL INFORMATION

Date of Application: _____

Name: _____
Last First Middle

Date of Birth: ____ / ____ / ____ Social Security Number: ____ - ____ - ____
MM DD YYYY

Driver's License Number: _____ Driver's License State: _____

Current Address: _____
Street City State Zip Code

Home Phone: () _____ - _____ Cell Number: () _____ - _____ Other Number: () _____ - _____

Sex: _____ Race: _____ Height: _____ Weight: _____

Eye color: _____ Hair Color: _____ Place of Birth: _____
City State

Email Address: _____ Social Media Accounts: _____

Aliases/Other names used: _____

Scars, Marks, Tattoos: _____

Residence History – List all locations where you have lived, regardless of period of time, for the past ten (10) years

Previous Address: _____
Street City State Zip Code Date Range

Previous Address: _____
Street City State Zip Code Date Range

Previous Address: _____
Street City State Zip Code Date Range

Are you a U.S. citizen? Yes () No ()

Have you ever applied with the Pleasantville Police Department before? Yes () No ()

If yes, when? _____

Are you currently a certified peace officer in the State of Iowa? Yes () No ()

If yes, agency and certification date? _____

MILITARY SERVICE

Have you ever served in the United States Military or National Guard? Yes () No ()

What Branch: _____

Last/Current Rank	Pay Grade	Years & months served
Date Enlisted	Date Discharged	Supervisor

Type of Discharge? _____

EDUCATION

NAME OF HIGH SCHOOL AND ADDRESS
PHONE NUMBER

Do you have a high school degree? Yes () No ()

* If not do you have a GED? Yes () No ()

What year did you graduate? _____

College Education

COLLEGE/UNIVERSITY AND ADDRESS	Type of Degree(s)	Did you graduate?	Date of Graduation

Trade, Business or Military

BUSINESS, TRADE, TECHNICAL, MILITARY SCHOOLS, ADDRESS	Type of Degree(s)	Did you graduate?	Date Received

Professional Training License or Certificates

PROFESSIONAL TRAINING INSTITUTION	Type of License / Certification(s)	Did you graduate?	Date Received

Other languages: _____

Understand Speak Write

Understand Speak Write

WORK HISTORY

Please list all your employers since you began working. *Make sure all information is provided.*

*** If you need additional space for this section, please provide all the information on an additional piece of paper. ***

EMPLOYER	ADDRESS, CITY, STATE, ZIP	EMPLOYER'S PHONE NUMBER
START DATE (mm/yyyy)	END DATE (mm/yyyy)	SUPERVISOR'S NAME
POSITION/TITLE	REASON FOR LEAVING	
BRIEF DESCRIPTION OF DUTIES		

EMPLOYER	ADDRESS, CITY, STATE, ZIP	EMPLOYER'S PHONE NUMBER
START DATE (mm/yyyy)	END DATE (mm/yyyy)	SUPERVISOR'S NAME
POSITION/TITLE	REASON FOR LEAVING	
BRIEF DESCRIPTION OF DUTIES		

EMPLOYER	ADDRESS, CITY, STATE, ZIP	EMPLOYER'S PHONE NUMBER
START DATE (mm/yyyy)	END DATE (mm/yyyy)	SUPERVISOR'S NAME
POSITION/TITLE	REASON FOR LEAVING	
BRIEF DESCRIPTION OF DUTIES		

EMPLOYER	ADDRESS, CITY, STATE, ZIP	EMPLOYER'S PHONE NUMBER
START DATE (mm/yyyy)	END DATE (mm/yyyy)	SUPERVISOR'S NAME
POSITION/TITLE	REASON FOR LEAVING	
BRIEF DESCRIPTION OF DUTIES		

Were you ever terminated or asked to resign from employment? Yes () No ()

If yes, which job(s): _____

CRIMINAL HISTORY

List ALL Traffic Citations:

Date	Violation (Specific Charge)	Location (City, State)	Disposition	Police Agency

Has your driver's license ever been suspended, revoked or restricted? Yes () No ()

If so, please explain:

Has your automobile insurance ever been refused or cancelled? Yes () No ()

If so, please explain:

List ALL arrests including juvenile arrests regardless of whether or not you were convicted:

Date	Violation (Specific Charge)	Location (City, State)	Disposition	Police Agency

Explain any other time(s) you have been detained or questioned by police other than traffic violations:

FINANCIAL INFORMATION

Please list ALL current financial obligations:

Creditor	Balance	Monthly Payments	Delinquent (Yes/No)

Have you ever filed bankruptcy? Yes () No ()

If so, please explain: _____

Do you own or rent your home? Yes () No ()

Landlord's name and phone # if renting: _____

Have you ever been involved with a lawsuit, lien, garnishment or any other financial judgements? Yes () No ()

If so, please explain: _____

PREVIOUS APPLICATION PROCESSES

Please fill out and list any and all law enforcement agencies that you have applied with. Please use space on the back if needed.

AGENCY	ADDRESS, CITY, STATE, ZIP	AGENCY PHONE NUMBER
DATE APPLIED	CURRENT STATUS	REASON NOT HIRED

AGENCY	ADDRESS, CITY, STATE, ZIP	AGENCY PHONE NUMBER
DATE APPLIED	CURRENT STATUS	REASON NOT HIRED

AGENCY	ADDRESS, CITY, STATE, ZIP	AGENCY PHONE NUMBER
DATE APPLIED	CURRENT STATUS	REASON NOT HIRED

REFERENCES

Provide the names, phone number, and complete mailing address of three character references other than relatives, former employers or person you have resided with. Please only list people who know you well enough to provide current information.

NAME	ADDRESS, CITY, STATE, ZIP	CELL / HOME PHONE	YEARS ACQUAINTED

PERSONAL QUESTIONNAIRE

If it became necessary to take a human life during your duties as a law enforcement officer, would you be able to do so?

Yes () No ()

If no, please explain:

Note: in the next questions the words "drink" or "used" means one time or more, including experimentation. If any answer is yes, give full and complete answers.

Do you drink alcoholic beverages? Yes () No ()

If yes, to what degree? _____

Have you ever used marijuana? Yes () No ()

If yes, what were the circumstances? _____

How many times have you used marijuana? _____

When was the last time you used marijuana? _____

Have you ever used, possessed, distributed or sold any illegal drugs, including but not limited to: marijuana, opiates, pills, heroin, cocaine, ecstasy, methamphetamines, steroids, etc.? Yes () No ()

If yes, what were the circumstances? _____

When was the last time? _____

Have you ever used prescription drugs other than under the supervision of or as prescribed by a physician? Yes () No ()

If yes, what were the circumstances and drug(s)? _____

When was the last time? _____

Are there any incidents in your life not mentioned herein which may reflect upon your suitability to perform the duties of the position you are applying for? Yes () No ()

If yes, please explain: _____

Have you been totally honest and forthcoming in this application? Yes () No ()

I _____ attest that all statements and information provided in this application are true and correct. I understand that any deliberate omissions or false statements will result in the rejection of my application or could be grounds for dismissal if employed.

Signed: _____ Date: _____

PLEASANTVILLE POLICE DEPARTMENT

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____, do hereby release a review of and full disclosure of all records concerning myself whether said records are of 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, 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, including polygraph examination that is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment. 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.

A photocopy of this release for information will be valid as an original thereof, even though the said photocopy does not contain an original signature.

I hereby swear and affirm that each statement and all information in or supplementing this application is complete, true, and accurate to the best of my knowledge. I understand that providing false or misleading information is ground for exclusion from the selection process or discharged if discovered after employment. I have read and fully understand the contents of this "Authorization for Release of Personal Information".

Printed Name

Signature

Date