

# Filer Police Department

300 Main Street  
P.O. Box 140  
Filer, Idaho 83328  
www.cityoffiler.com

Office: 208 326-4123  
Dispatch: 208 735-1911  
Fax: 208 326-5004  
911 Emergency

EQUAL OPPORTUNITY EMPLOYER  
Prospective employees will receive consideration  
Without regard to race, sex, religion, age  
National origin, creed, color, disability, or any other  
legally protected status.

## **FILER POLICE DEPARTMENT APPLICATION INFORMATION**

Please submit the following items with your application to the City of Filer City Clerk's Office at City Hall, 300 Main Street, P.O. Box 140, Filer, Idaho 83328.

1. Copy of valid, non-suspended, non-expired, non-conditional, non-revoked driver's license.
2. High School transcript verified with a **raised seal** or a G.E.D. results verified with a **raised seal**, along with a copy of certificate of graduation from a commissioned school or State authority.
3. Copy of birth certificate.
4. Copy of DD form-214 if you served time in any branch of military service.

**NO APPLICATION WILL BE CONSIDERED UNLESS ALL THE ABOVE ITEMS ARE INCLUDED WITH THE APPLICATION . . . (WHERE APPLICABLE)**

**PLEASE READ CAREFULLY**

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Minimum requirements to be considered for employment to Filer Police Department

All Applicants:

1. Must be POST Certified
2. Must be a minimum of twenty-one (21) years of age at time of application.
3. Must be a High School graduate or have a G.E.D.,
4. Must be a citizen of the United States of America prior to the date of making application.
5. Must have and maintain a valid, non-suspended, non-expired, non-conditional, non-revoked driver's license,
6. Must be able to perform the essential functions of the job of Police Chief in a safe manner with or without a reasonable accommodation,
7. Must not have been found guilty of a felony in any court which has not been annulled, expunged or sealed by a court,
8. Must show valid driver's license for identification at the aptitude testing location to participate,
9. Subject to mandatory drug testing.

**EMPLOYMENT APPLICATION**

Applicant Name: \_\_\_\_\_ (Print Legibly)

**INSTRUCTIONS**

All selection decisions are based on job related factors. Please include original signatures in blue ink in full legal name. Please be sure that the document check list is completed prior to submitting application. Applications which are not complete will not be considered

**PERSONAL INFORMATION**

LAST NAME FIRST NAME MI

ADDRESS APT# PO BOX

CITY STATE ZIP

Home Phone: Cellular Phone:

Are you eligible for employment in the US? [ ]  
If naturalized, please provide: \_\_\_\_\_  
Place \_\_\_\_\_  
Court \_\_\_\_\_ Naturalization No. \_\_\_\_\_

Are you 21 years of age or over? [ ]

\*Have you ever been convicted of a Felony? [ ] Misdemeanor? [ ]

**\*If yes then please fill out following section:**

Charge:  
Date: City: ST:

Charge:  
Date: City: ST:

Charge:  
Date: City: ST:

Charge:  
Date: City: ST:

**Provide an explanation for each charge on a separate paper.**

Have you ever had your driver's license suspended or revoked? [ ]

Do you have current insurance on all your vehicles? [ ]

**EDUCATION AND TRAINING**

High School Diploma/GED [ ] Location:





Applicant Name: \_\_\_\_\_ (Print Legibly)

Start Date:	End Date:	Salary:	Per:
Duties:			
Supervisor:		May we contact? [ ]	
Reason for Leaving:			
Employer Name:		Phone:	
Start Date:	End Date:	Salary:	Per:
Duties:			
Supervisor:		May we contact? [ ]	
Reason for Leaving:			
Employer Name:		Phone:	
Start Date:	End Date:	Salary:	Per:
Duties:			
Supervisor:		May we contact? [ ]	
Reason for Leaving:			
Employer Name:		Phone:	
Start Date:	End Date:	Salary:	Per:
Duties:			
Supervisor:		May we contact? [ ]	
Reason for Leaving:			

Employer Name:		Phone:	
Start Date:	End Date:	Salary:	Per:
Duties:			

Applicant Name: \_\_\_\_\_ (Print Legibly)

Supervisor: _____	May we contact? [    ]		
Reason for Leaving: _____			
Employer Name: _____	Phone: _____		
Start Date: _____	End Date: _____	Salary: _____	Per: _____
Duties: _____			
Supervisor: _____	May we contact? [    ]		
Reason for Leaving: _____			

Have you ever been dismissed or asked to resign from any employment or Voluntary position? [    ] If yes, explain: _____

Have you ever had allegations against you for misconduct in or out of the workplace? [    ] If yes, explain: _____

Do you have or have you had any business dealings or partnerships that are current or former employees of this city? [    ] If yes, explain: _____

Applicant Name: \_\_\_\_\_ (Print Legibly)


**APPLICANTS WITH CURRENT OR PRIOR LAW ENFORCEMENT EXPERIENCE**

List all complaints, verbal, formal, written made against you by the public.

Complaint:	Sustained [ ]
Agency:	Phone:

Complaint:	Sustained [ ]
Agency:	Phone:

Complaint:	Sustained [ ]
Agency:	Phone:

Complaint:	Sustained [ ]
Agency:	Phone:

Have you ever been named in a law suit? [ ] If yes, please provide additional information on a separate paper.
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Have you ever had complaints against you from former co-workers? [ ] If yes, please provide additional information on a separate paper.
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Have you ever used recreational drugs? [ ] If yes, explain what type and last usage:
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Have you ever been prescribed Pain Relievers? [ ] Any Issues? [ ] If yes, please explain:
--

Applicant Name: \_\_\_\_\_ (Print Legibly)

<p>Have you ever illegally obtained, possessed, supplied, or sold any type of controlled substance, narcotics, or prescription medications? [ ]</p> <p>If yes, please provide explanation on a separate paper.</p>
<p>If yes to any of the following, please provide explanation on a separate paper for each.</p> <p>Have you ever been involved in a Child Custody Dispute? [ ]</p> <p>Have you ever written a non-sufficient or closed account check? [ ]</p> <p>Has your spouse ever written a non-sufficient or closed account check [ ]</p> <p>Have you or your spouse ever been investigated by Children family Services from this or any other state? [ ]</p> <p>Have you or your spouse ever been investigated by a law enforcement agency for a criminal complaint? [ ]</p> <p>Has law enforcement ever been called to your residence? [ ]</p> <p>Have you or your spouse ever been investigated for issues involving Domestic Violence as a victim or suspect? [ ]</p> <p>Have you or your spouse ever filed for bankruptcy, had garnishments, or civil action taken against you by a creditor? [ ]</p> <p>Have you or your spouse ever been subject to a no contact or civil protection order? [ ]</p> <p>Have you or any family member ever been involved in a gang [ ]</p>

<b>CONSUMER REPORT</b>	
<p>An investigative report may be obtained for employment purposes.</p> <p>I, _____ (print name), authorize the Filer Police Department to procure my consumer credit report.</p>	
(Signature)	(Date)

**RELEASE OF INFORMATION**

Applicant Name: \_\_\_\_\_  
Date of Birth \_\_\_\_\_ SSN \_\_\_\_\_



Applicant Name: \_\_\_\_\_ (Print Legibly)

NAME AND ADDRESS OF AGENCY REQUESTING BACKGROUND INFORMATION

**Filer Police Department**

**300 Main Street, P.O. Box 140      Filer, Idaho 83328    208 326-4123**

I hereby authorize any authorized representative bearing this release, or copy thereof, to obtain any information in your files pertaining to me including, but not limited to, achievement, attendance, personal history, disciplinary records, credit records, criminal history records, training records, and educational records. I specifically authorize all of my prior employer(s) to give their opinions about my prior work history, work ethic, whether or not they would hire me and any other opinions that may be pertinent to my application for employment with the requesting agency.

I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the requesting agency. Consent is granted for the agency to furnish such information, as is described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, as the custodian of such records and your employer, education institution, credit bureau, or consumer reporting agency, including officers, employees, and related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of the compliance with this authorization and request to release information, or any attempt to comply with it. A photocopy of this form will be as effective as the original.

I hereby authorize the National Records Center, St. Louis, Missouri, or other custodian of my military record to release information or photocopies, from my military personnel and related medical records, including a photocopy of my DD 214, Report of Separation, to:

Signed this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
Signature in Full

\_\_\_\_\_

Applicant Name: \_\_\_\_\_ (Print Legibly)

Printed Name in Full \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, before me the undersigned notary public in and for said state, personally appeared:

\_\_\_\_\_ or identified to me to be the person whose name is subscribed to the within instrument, and acknowledged to me that he/she executed the same.

IN WITNESS THEREOF, I have hereunto set my hand and affixed my official seal the day and the year in this Statement first above written.

\_\_\_\_\_

Notary Public in and for the State of \_\_\_\_\_

Residing in \_\_\_\_\_

My Commission Expires \_\_\_\_\_, 20\_\_\_\_

Applicant Name: \_\_\_\_\_ (Print Legibly)

### VETERAN'S PREFERENCE

If you are NOT claiming Veteran's Preference, please initial here \_\_\_\_\_ and proceed to the next page. Per Idaho Code. Title 65, Chapter 5, employer will afford a preference to employment of veterans. In the event of equal qualifications and experience between candidates for an available position, a veteran who qualifies will be preferred. If claiming veterans preference, please complete the information below and attach a copy of your DD 214 to this application.

(Reference Idaho Code, Title 65, Chapter5, and U.S.C. 2108)

The term "Active Duty" means full -time duty in the Armed Forces, but NOT active duty for training.

#### Part 1. Preference Eligible Veterans

- I have service-connected disability of 10% or more.
- I am the spouse of an eligible disabled veteran, who has a service-connected disability.
- I am the widow or widower of an eligible veteran and have remained unmarried.
- I do not meet any of the selections above, but served on active duty in the armed forces of the United States for a period of one-hundred (180) days and was honorably discharged.

#### Part 2. Documentation and Signature

By my signature, I certify that all statements on this form are true and correct to the best of my knowledge. I understand that should an investigation disclose inaccurate or misleading answers, my application may be rejected and my name removed from consideration for employment with Employer.

I have attached a copy of my DD 214. Veterans Preference will not be considered without this document.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

DATE: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ (Print Legibly)

<b>REFERENCES (Must be persons of no relation to you)</b>		
Name:	Phone:	Years known:
Name:	Phone:	Years known:
Name:	Phone:	Years known:
Name:	Phone:	Years known:
<b>RESIDENCE HISTORY (Current to five years back)</b>		
Address:	City:	St:
Neighbor:	Contact Info:	
Neighbor:	Contact Info:	
Address:	City:	St:
Neighbor:	Contact Info:	
Neighbor:	Contact Info:	
Address:	City:	St:
Neighbor:	Contact Info:	
Neighbor:	Contact Info:	
Address:	City:	St:
Neighbor:	Contact Info:	
Neighbor:	Contact Info:	
Address:	City:	St:
Neighbor:	Contact Info:	
Neighbor:	Contact Info:	
Address:	City:	St:
Neighbor:	Contact Info:	
Neighbor:	Contact Info:	

Applicant Name: \_\_\_\_\_ (Print Legibly)

RELATIVES		
Father:	Address:	
City:	St:	Phone:
Occupation:		
Mother:	Address:	
City:	St:	Phone:
Occupation:		
Spouse:	Address:	
City:	St:	Phone:
Occupation:		
Father in law:	Address:	
City:	St:	Phone:
Occupation:		
Mother in law:	Address:	
City:	St:	Phone:
Occupation:		
Sibling:	Address:	
City:	St:	Phone:
Occupation:		
Sibling:	Address:	
City:	St:	Phone:
Occupation:		

Applicant Name: \_\_\_\_\_ (Print Legibly)

Sibling:		Address:	
City:	St:	Phone:	
Occupation:			
Sibling:		Address:	
City:	St:	Phone:	
Occupation:			
Sibling:		Address:	
City:	St:	Phone:	
Occupation:			
Former Spouse:		Address:	
City:	St:	Phone:	
Occupation:			
List Your Children residing with you or not:			
Name:		Age:	
Name:		Age:	
Name:		Age:	
Name:		Age:	
Name:		Age:	
Name:		Age:	
<b>If any additional siblings use separate paper.</b>			

Applicant Name: \_\_\_\_\_ (Print Legibly)

### APPLICANT ACKNOWLEDGEMENT

I understand this application does not represent a contract for employment. I understand that an acceptance of an offer for employment does not create contractual obligation upon the City of Filer to continue to employ me for any of period in time in the future. I understand that no representative from the city has any authority to enter into any special agreement with me to promise and or guarantee my employment for any specific time period or to promise me a promotion or transfer either prior to commencement of employment or after I have become employed, or to assure me and benefits or terms and conditions of employment, or to make any agreement contrary to the aforementioned.

I hereby represent that each answer to questions incorporated into this application and all other information otherwise furnished by me shall be true, complete, and correct. I understand that incorrect, incomplete, false, or misleading statement(s), answers, information, furnished by me either verbally or in writing will subject my application to disqualification from further consideration and or if already employed by the city, when the aforementioned is detected, I will be subject to discipline up to and including termination for falsifying a city record or document, regardless of my performance standards. Within not much than three (3) days of employment, I will provide proof as required on the US government, I-9 Form that I am legally eligible for employment in the United States. If I cannot provide such proof in accordance with federal law, I understand that I will be terminated.

I have read and understand all of the provisions of this acknowledgment. By signing this application, I hold the City of Filer harmless for any result of the reference check.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

### DOCUMENT CHECK LIST

- All Pages completed
- All Notarizations Completed
- Copy of Drivers License Attached
- Copy of High School Diploma/ GED Attached
- Copy of College Transcripts Attached
- Copy of Certifications Attached
- Copy of DD 214 Attached if Applicable
- Certified Copy of Birth Certificate Attached
- Copy of Reference Letters Attached
- Resume and Cover Letter Attached