



**CITY OF CLINTON
POLICE DEPARTMENT
POLICE OFFICER APPLICATION PACKET**

The City of Clinton appreciates your interest in law enforcement and your desire to work for the City and Police Department. Included in this packet you will find the application materials for your review, completion, and return. Please contact the Clinton Police Department at (563) 243-1455 if you have any questions.

The following items must be completed and requested documents returned to the address listed below in order for your application to be processed:

- _____ Application Form
- _____ Pre-employment questionnaire
- _____ Authorization for Release of Personal Information
- _____ Copy of DD214 (Military discharge papers) if applicable
- _____ High school grade transcripts (unofficial or copies are acceptable)
- _____ College grade transcripts (unofficial or copies are acceptable)
- _____ Certified Copy of birth certificate (copies or notary signed birth certificates are **not** acceptable)

An applicant may obtain a certified birth certificate from their county courthouse of birth. Also, applicants born in the state of Iowa can obtain a certified copy of their birth certificate by contacting or stopping by the Iowa Department of Public Health, Vital Records Bureau in the Lucas State Office Building located in Des Moines. The phone number for the Department of Public Health is: (515) 281-4944.

Application materials including this form must be submitted no later than **October 1st, 2021 at 4:00 p.m.** to:

Clinton Police Department
113 6th Avenue South
Clinton, IA 52732

I understand that my application will not be processed for a police officer position with the Clinton Police Department unless all required materials as listed above have completed and included with the application. I further understand that submitted materials become the property of the City of Clinton.

I understand that I must meet and maintain minimum qualification standards, including physical requirements and personal conduct, from the time my application is submitted through the end of the selection process.

I understand that providing false, misleading and/or incomplete information is grounds for exclusion for the selection process or discharge if discovered subsequent to employment.

(Signature of Applicant)

(Date)

City of Clinton

Police Officer

2021 Minimum Requirements for Application

- Applicant must be 19 years of age, by the application deadline date.
- Applicant must possess a high school diploma or hold a GED certificate.
- Applicant must be eligible to carry a firearm under all state and federal laws.
- Applicant must be a United States Citizen, a resident of the State of Iowa or become a resident of the State of Iowa upon being hired.
- Candidates who reside within the state of Iowa at the time of hire shall reside within ten air miles of their place of employment within one year after their first day of work, and must retain residency within ten air miles of their place of employment throughout their period of employment with the city.
- Candidates who reside outside the state of Iowa at the time of hire shall reside within ten air miles of their place of employment within two year after their first day of work, and must retain residency within ten air miles of their place of employment throughout their period of employment with the city.
- Applicant must not be addicted to drugs or alcohol.
- Applicant must not have used marijuana within the previous 24 months.
- Applicant must not have used any other illegal drugs within the previous 48 months.
- Applicant must not have a prior or felony convictions, or convictions of domestic assault or a crime that involves moral turpitude.
- Applicant must be of good moral character as determined by a thorough back ground investigation, to include a fingerprint record search.
- Applicant must possess a valid, state issued driver's license at time of appointment.
- Applicant must have uncorrected vision of not less than 20/100 in both eyes, corrected to 20/20 and have normal color vision.
- Applicant must have normal hearing in each ear (hearing aids are acceptable if a candidate can demonstrate sufficient hearing proficiency to perform necessary duties of a police officer.
- Women and minorities are encouraged to apply.



City of Clinton Application for Employment

We consider applicants for all positions without regard to race, color, creed, religion, gender, national origin, age, disability, marital status, or any other legally protected status (EOE).

General Information

Name		Date		
Home Address				
Phone		Email		
Position applying for		Are you a citizen of the United States Yes No		
If no, do you have a valid work permit? Yes No		Are you 18 years or older?		Date you can start
Have you ever been employed or applied for employment with the City? Yes No		If yes, when and what position?		
Do you have relatives employed by the City? Yes No		If yes, Name Position		Relationship
Emergency contact name and phone		Have you ever been convicted of a felony? Yes No		
Education and Training				
High School Graduate or General Education (GED) Test passed?		Yes No		
If no, please list the highest grade completed				
High School, College, Business School, Military (Most recent first)				
Name and Location	Dates Attended Month/Year	Year Graduated	Degree and Year	Major or Subject
Occupational License, Certificate or Registration	Number	Where Issued		Expiration Date
Occupational License, Certificate or Registration	Number	Where Issued		Expiration Date
Languages Read, Written or Spoken Fluently Other than English				

Veteran Information

Branch of Service	Date of Entry	Date of Discharge
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Special Skills

Employment (most recent first)

Dates Employed	Employer	Phone Number
Starting	Address	Hours per week
Ending	Job Title	Number of Employees Supervised
Specific Duties		
Reason for leaving		May we contact this employer?

Dates Employed	Employer	Phone Number
Starting	Address	Hours per week
Ending	Job Title	Number of Employees Supervised
Specific Duties		
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Dates Employed	Employer	Phone Number
Starting	Address	Hours per week
Ending	Job Title	Number of Employees Supervised
Specific Duties		
Reason for leaving		May we contact this employer?

References: List information of three people with knowledge of your character, work experience, and skills or ability for the position you are applying for. Do not list relatives.

Name	Telephone	Years Acquainted

All statements made on this application are true and correct. I understand that intentional false statements made on this application will eliminate me from further consideration for employment or will be grounds for dismissal. I authorize the City of Clinton, and all my previous employers, educational institutions, law enforcement agencies, and other organizations named in this application (with the exception of _____) to conduct or participate in an investigation of my personal background, work history, educational credentials and police record as may be necessary to verify the information provided in my employment application and to determine my fitness to hold the position for which I have applied.

Signature of applicant

Signature of applicant Date

CITY OF CLINTON, IOWA

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

_____	_____	_____
Last Name	First Name	Middle Name
_____/_____/_____	_____	____-____-_____
Date of Birth	Sex	Social Security Number

I, _____, do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the City of Clinton, Iowa, whether the said records are of a public, private or confidential nature, including criminal histories.

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. Veteran's Administration; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me; criminal arrest record; police driving record; 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 Clinton, Iowa. I also certify that any person(s) who may furnish such information in good faith 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 City of Clinton 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 ARE 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 and/or fax of this release form will be valid as an original thereof, even though the said photocopy/fax 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 _____

The Clinton Police Department is an equal opportunity employer and is committed to creating and maintaining a work environment that is free from discriminating against, oppressing, or providing favoritism to any person because of actual or perceived characteristics such as sex, race, ethnicity or national origin.

Completion of this form is voluntary and will not affect your opportunity for employment, or the terms or conditions of your employment. This form will be used for Equal Employment Opportunity reporting purposes only and will be kept separate from all other personnel records only accessed by the Human Resources department.

If you choose not to self-identify your race/ethnicity at this time, the department will determine this information by visual survey and/or other available information.

GENDER:

(Please check one of the options below)

Male

Female

RACE/ETHNICITY:

(Please check one of the descriptions below corresponding to the ethnic group with which you identify.)

Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

White (Not Hispanic or Latino): A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

Black or African American (Not Hispanic or Latino): A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Pacific Islander (Not Hispanic or Latino): A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.

Asian (Not Hispanic or Latino): A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

Native American or Alaska Native (Not Hispanic or Latino): A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.

Two or more races (Not Hispanic or Latino): All persons who identify with more than one of the above five races.

I do not wish to disclose.



STATE OF IOWA

Criminal History Record Check Request Form



DCI Account Number: _____
(if applicable)

To: Iowa Division of Criminal Investigation
Support Operations Bureau, 1st Floor
215 E. 7th Street
Des Moines, Iowa 50319
(515) 725-6066
(515) 725-6080 (Fax)

From: City of Clinton City Clerk

Clinton, IA 52732

Phone: (563) 244-3421

Fax: (563) 242-0057

The Clinton Police Department is requesting an Iowa Criminal History Record Check on:

Last Name (mandatory)	First Name (mandatory)	Middle Name (recommended)
Date of Birth (mandatory)	Gender (mandatory)	Social Security Number (recommended)
	<input type="checkbox"/> Male <input type="checkbox"/> Female	

Waiver Information: Without a signed waiver from the subject of the request, a complete criminal history record may not be releasable, per Code of Iowa, Chapter 692.2. For complete criminal history record information, as allowed by law, always obtain a waiver signature from the subject of the request.

Waiver Release: I hereby give permission for the above requesting official to conduct an Iowa criminal history record check with the Division of Criminal Investigation (DCI). Any criminal history data concerning me that is maintained by the DCI may be released as allowed by law.

Waiver Signature: _____

Iowa Criminal History Record Check Results

(DCI use only)

As of _____, a search of the provided name and date of birth revealed:

- No Iowa Criminal History Record found with DCI
- Iowa Criminal History Record attached, DCI # _____

DCI initials _____



CLINTON IOWA POLICE DEPARTMENT Pre-Employment Questionnaire

The information from this form will be utilized throughout the entire selection process

If extended a "*Conditional Offer of Employment*", applicants applying for police officer positions with the Clinton Iowa Police Department may be required to take a pre-employment polygraph examination. However, you may request that your examination be terminated at any time. This will disqualify you from immediate consideration, but will *not* disqualify you from applying for future employment opportunities.

NAME: _____ DATE: ____/____/____

DATE OF BIRTH ____/____/____

DISCLOSURE OF INFORMATION, IN AND OF ITSELF, DOES NOT DISQUALIFY CANDIDATE FROM CONSIDERATION.

I hereby swear and affirm that each statement and all information in this questionnaire are COMPLETE, TRUE, and ACCURATELY recorded. I understand that providing FALSE, MISLEADING and/or INCOMPLETE information on this questionnaire is grounds for exclusion from the selection process or discharge if discovered subsequent to employment.

Applicant Signature _____ Date ____/____/____

ALL QUESTIONS MUST BE ANSWERED HONESTLY AND TRUTHFULLY

HISTORY

Yes No

Have you ever caused the death of a person? If yes, explain _____

Have you ever caused a person to be hospitalized? If yes, explain _____

Have you ever participated in or committed domestic abuse, child abuse or dependent adult abuse or neglect? If yes, explain _____

Have you ever participated in or committed any crime when a weapon was used? If yes, explain _____

Do you now or have you ever owed any gambling debts? If yes, explain _____

What is the most serious crime you have ever committed? _____

Have you ever been sued or party to a civil proceeding? If yes, explain _____

Have you ever been arrested for any drug violation? If yes, explain _____

Have you ever unlawfully used/tried marijuana? Last date used: _____

Have you ever unlawfully used/tried any illegal drugs? Type and last date used _____

DRIVING / CRIMINAL RECORD

YES NO

Have you ever been licensed under any other name? If yes, what name, state and year _____

Requires a
Written response

List all crimes you have ever committed? _____

Requires a
Written response

List all of the states in which you have had a driver's license issued to
you _____

Requires a
Written response

How many traffic citations have you had in the last three (3) years? _____

Has your driver's license in any state been suspended or revoked? If yes, give specific date
and state _____

Do you have any unpaid traffic tickets? If yes, explain _____

Have you been involved in a motor vehicle accident as a driver? If yes, how many? _____

Have you ever been sued as the result of a traffic accident? If yes, explain _____

Have you ever been convicted of operating a motor vehicle while under the influence of
alcohol or drugs? If yes, explain _____

EMPLOYMENT RECORD

YES NO

Have you omitted any place(s) of employment on you application? If yes, explain _____

Have you ever been fired from any job or been asked to resign rather than being fired? If
yes, explain _____

Has any employment related disciplinary action ever been taken against you? If yes, explain _____

Have you ever served in any branch of the Armed Forces? If yes, identify branch and job classification _____

GENERAL INFORMATION

YES NO

Are you aware of any reason why you cannot perform the essential functions of a police officer with or without a reasonable accommodation as stated in the Americans with Disabilities Act of 1990? If yes, explain _____

Do you feel it necessary for all law enforcement applicants to be completely honest?

Are you aware of anything about yourself that you feel may disqualify you for this job? If yes, explain _____

Have you applied at, or are you on the hiring list of any other law enforcement agencies? If so, please list the agencies:

Are you aware of anyone that we may discover during and in-depth background investigation that would say you are not qualified or would not make a good police officer? If so, identify this person and why you believe they would say this.

Did you answer all questions truthfully and accurately on your employment application? If no, explain _____

