

Last Name	First	Middle	Personnel use-Reviewed by	Date of Application
Street Address			Type(s) of work desired	E-mail Address
City	State	Zip Code	Telephone Numbers Home:	Work:

Application for Employment POWELL POLICE



City of Powell
270 North Clark Street
Powell, WY 82435
307-754-5106

Please read carefully and personally complete.

Provide all information requested. If the information requested does not apply put "N/A" or "-" in the space provided.

An Equal Opportunity Employer

The City of Powell is an equal opportunity employer, and we do not and will not discriminate on the basis of race, religion, national origin, sex, age, handicap, marital status, or status as a disabled veteran or Vietnam-era veteran.

Failure to properly complete the application as requested may result in the application being rejected.

I learned of this opening through (check one):

- | | |
|--|---|
| <input type="checkbox"/> Police Teletype | <input type="checkbox"/> WY Academy or P.O.S.T. |
| <input type="checkbox"/> Word of Mouth | <input type="checkbox"/> Newspaper Ad _____ |
| <input type="checkbox"/> Internet Site | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Job Service Listing | |

(2 x 2) Picture attach here

The contents of this questionnaire will be considered confidential and will be used only for investigating employment suitability with the Powell Police or other law enforcement agency in possession of a notarized waiver signed by you.

One exception to the confidentiality of your background investigation. Should it be discovered that you are currently involved in criminal activity, or have committed an undiscovered felony, the law enforcement agency having jurisdiction WILL BE NOTIFIED.

City of Powell use only: Meets minimum requirements to apply for desired position(s)

☐ Yes Comment _____ ☐ No Comment _____

Application complete? Yes ☐ No ☐ Comment _____



Outside Activities

(Exclude those indicating race, color, religion, sex, national origin, age, handicap, or Vietnam-era veteran status.)

Professional memberships, certificates, or licenses held--

Past and present civic or cultural activities--include offices held--

Principal hobbies--

Special Skills

Typing <input type="checkbox"/> Yes <input type="checkbox"/> No Words per minute _____	Firearms Training <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Firearms
Computer Skills <input type="checkbox"/> Hardware <input type="checkbox"/> Word Processing <input type="checkbox"/> Software		

Please list other skills and/or languages you have acquired. Do not include educational background--space is provided elsewhere in this application for same.

If more space is needed for any part of this questionnaire use an additional sheet of paper labeled for that specific area. Please use the same format as used in the questionnaire.



POWELL POLICE APPLICATION AND PERSONAL HISTORY STATEMENT

Date ___/___/___

Position

Position applied for _____
Were you previously employed by us? _____ If so, when? _____
If your application is considered favorably, on what date will you be available for work? _____
Are you related to any current City of Powell Employee(s)? _____ If yes, please provide the employee's name and nature of the relationship _____

Personal

The following information is requested of you for verification and contact purposes: **COMPLETE ALL ITEMS**

Name: Last	First	Middle
Other names (including nicknames) you have been known by:		

Please list address at which you can be contacted.

Number	Street	City	State	Zip Code
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Please list the local telephone number(s) at which you can be contacted, and the hours which you can be reached.

--

Birthdate

Month	Day	Year
-------	-----	------

You must be a citizen of the United States.
Can you provide such documentation?
Yes _____ No _____

Social Security Number

--

(In accordance with the Federal Privacy Act of 1974, disclosure is voluntary. The SSN will be used for identification purposes to ensure that proper records are obtained.)

For purposes of identification, please provide the following:

Height	Weight	Hair Color	Eye Color
Scars, tattoos, or other distinguishing marks			

Relatives, References, Acquaintances

During the course of the background investigation, persons who know you may be asked to comment upon your suitability for the position for which you are applying. Inquiries will be confined to job related matters.

If living, name your:	Telephone Number	Address where person can be contacted (including City, State and Zip Code)
Father		
Mother		
Father-in-law		
Mother-in-law		
Spouse		
Former spouse(s)		
Brother(s)		
Sister(s)		



Relatives, References, Acquaintances (continued)

Name	Telephone	Address where person can be contacted (Include City, State and Zip Code)
Brothers/Sisters		
Step-mother		
Step-father		
Step-brother(s)/sister(s)		

Other relatives with whom you have a close personal relationship (including children)

Relationship		

Below, please list those individuals with whom you have resided during the last 10 years (listing no information prior to your 15th birthday). **Exclude family members.**

Please include any references, not listed elsewhere in this application, who have knowledge of your qualifications.

Exclude relatives and former employers.

Name	Telephone	Address where person can be contacted (Include City, State and Zip Code)



Please indicate your current situation with regard to completion of high school or GED

_____ I do not currently have a high school diploma or its equivalent, but I plan to satisfy this requirement in the future as follows:

How :

Please indicate below all high schools, and post-secondary schools you have attended, beginning with high school. During the background investigation, persons who have known you in a learning environment will be contacted. A review of your school records may be made in conjunction with those contacts. If more room is needed, use an additional sheet of paper labeled "Education Continued".

[illegible]

Have you ever been suspended or expelled from any high school or post-secondary school? (Post-secondary schools include colleges and universities, graduate schools, business and vocational schools—any formal education beyond high school level.

Yes ☐

No ☐

If "yes", please explain (including school, date and circumstances).



Residence

Individuals who have become acquainted with you by reason of your different locations are often helpful in providing useful information for the background investigation. Please list all of your residences during the last 10 years (list no information prior to your 15th birthday). Begin with your current residence.

Address of Residence City, State, Zip	Dates From To	If rented: name, address, phone number of person collecting the rent

Experience and Employment

Beginning with your most recent employment, please list all jobs (including part-time, temporary and voluntary positions) you have held in the past 10 years. For the purposes of this personal history statement, voluntary work should be included as employment. For identification and verification, please indicate the nature of the activity; i.e., full-time, or voluntary. If you have had intervening periods of military service or unemployment, please list those periods in sequence in the spaces provided.

Dates of Employment From To Mo ____ Yr ____ Mo ____ Yr ____	Name and Address of Employer	Name of Supervisor
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary	Telephone #	Name of co-workers
	Title or Duties (for identification purposes)	
Reason for leaving:		
<input type="checkbox"/> Military Service <input type="checkbox"/> Not Employed From To		

Dates of Employment From To Mo ____ Yr ____ Mo ____ Yr ____	Name and Address of Employer	Name of Supervisor
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary	Telephone #	Name of co-workers
	Title or Duties (for identification purposes)	
Reason for leaving:		
<input type="checkbox"/> Military Service <input type="checkbox"/> Not Employed From To		



Experience and Employment (continued)

Dates of Employment From _____ To _____ Mo ____ Yr ____ Mo ____ Yr ____ <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary	Name and Address of Employer	Name of Supervisor
		Name of co-workers
	Telephone #	
	Title or Duties (for identification purposes)	
Reason for leaving:		
_____ Military Service _____ Not Employed From _____ To _____		

Dates of Employment From _____ To _____ Mo ____ Yr ____ Mo ____ Yr ____ <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary	Name and Address of Employer	Name of Supervisor
		Name of co-workers
	Telephone #	
	Title or Duties (for identification purposes)	
Reason for leaving:		
_____ Military Service _____ Not Employed From _____ To _____		

Dates of Employment From _____ To _____ Mo ____ Yr ____ Mo ____ Yr ____ <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary	Name and Address of Employer	Name of Supervisor
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	Title or Duties (for identification purposes)	
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Dates of Employment From _____ To _____ Mo ____ Yr ____ Mo ____ Yr ____ <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary	Name and Address of Employer	Name of Supervisor
		Name of co-workers
	Telephone #	
	Title or Duties (for identification purposes)	
Reason for leaving:		
_____ Military Service _____ Not Employed From _____ To _____		



Experience and Employment (continued)

Dates of Employment From _____ To _____ Mo ____ Yr ____ Mo ____ Yr ____ <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary	Name and Address of Employer	Name of Supervisor
		Name of co-workers
	Telephone #	
	Title or Duties (for identification purposes)	
Reason for leaving:		
_____ Military Service _____ Not Employed From _____ To _____		

Dates of Employment From _____ To _____ Mo ____ Yr ____ Mo ____ Yr ____ <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary	Name and Address of Employer	Name of Supervisor
		Name of co-workers
	Telephone #	
	Title or Duties (for identification purposes)	
Reason for leaving:		
_____ Military Service _____ Not Employed From _____ To _____		

Dates of Employment From _____ To _____ Mo ____ Yr ____ Mo ____ Yr ____ <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary	Name and Address of Employer	Name of Supervisor
		Name of co-workers
	Telephone #	
	Title or Duties (for identification purposes)	
Reason for leaving:		
_____ Military Service _____ Not Employed From _____ To _____		

Dates of Employment From _____ To _____ Mo ____ Yr ____ Mo ____ Yr ____ <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary	Name and Address of Employer	Name of Supervisor
		Name of co-workers
	Telephone #	
	Title or Duties (for identification purposes)	
Reason for leaving:		
_____ Military Service _____ Not Employed From _____ To _____		



Experience and Employment (continued)

Would any problem result if your present employer was contacted during the course of the background investigation?

Yes ☐ No ☐

If "no" when should contact be made? _____

If you have had no prior employment, explain in the space below.

Have you ever received an unsatisfactory performance evaluation? If yes, give details (employer, supervisor, nature of incident, date, persons involved).

Yes _____ No _____

Have you ever received disciplinary action, been fired or asked to resign, or ever quit a job rather than get fired? If yes, give details (employer, supervisor, nature of incident, date, persons involved).

Yes _____ No _____

Have you ever been a successful or unsuccessful candidate for any position with a law enforcement agency? If yes, give details (include when, name of agency, circumstances, including reason for disqualification).

Yes _____ No _____

Military Service

Have you ever served or trained in the armed forces, National Guard or Military reserves? If "yes" supply the following information:

Yes _____ No _____

Branch of Service

Service Number

Dates of Service

Type of Discharge

From

To

List current and past draft classifications in chronological order beginning with the most recent.

Are you currently participating in any military reserve or National Guard program?

Yes _____ No _____

Have you ever been subject to any judicial or non-judicial disciplinary action while in the military, National Guard or Military reserves? If "yes" give details (include branch of service, when, where & circumstances)

Yes _____ No _____

Past commanding officers or military acquaintances are potential sources of relevant information pertaining to your background. List those individuals who know you well enough to provide accurate information about you.

Name and Address	Telephone	From	To



Financial

This section will be used to evaluate the behavior exhibited by you in meeting your financial obligations. Please be complete and accurate.

Please supply information about your charge accounts, contracts or other financial liabilities.

Name of Firm	Address	Telephone	Account Number

Have you ever filed for bankruptcy? Yes _____ No _____

If yes, please give details, including date, location and circumstances.

Have any of your bills been turned over to a collection agency? Yes _____ No _____

If yes, please give details, including date, location and circumstances.

Have you ever had items you purchased repossessed? Yes _____ No _____

If yes, please give details, including date, location and circumstances.

Have your wages ever been garnished? Yes _____ No _____

If yes, please give details, including date, location and circumstances.

Have you ever been delinquent on income or other tax payments? Yes _____ No _____

If yes, please give details, including date, type of taxes and circumstances.

Has credit ever been denied to you or cancelled on you? If yes, please give details. Yes _____ No _____



Personal Character Background

The issue of character is essential to the successful performance of a police officer's job. Your overall reputation regarding character must be beyond reproach in order that you may accomplish job related tasks. If you have ever been charged, arrested or convicted for any crime (excluding traffic citations), give the following information: (Include any DWUI or DWUS arrests.)

Approximate Date	Name of Law Enforcement Agency	Circumstances

Have you ever been placed on court probation as an adult?

Yes _____ No _____

If "yes", give details (include when, where, why).

Were you ever required to appear before a juvenile court for an act which would have been a crime if committed as an adult? If "yes", give details (include when, where, why).

Yes _____ No _____

Have you ever been convicted of any misdemeanor or felony assault/battery against any household member? If "yes", give details (include when, where, why).

Yes _____ No _____

Have you ever been reported to a Law Enforcement Agency as a missing person or a runaway?

Yes _____ No _____

If "yes", give details (include when, where, name and location of court, circumstances).

Are you now or have you ever been involved as a plaintiff or defendant in a civil court action?

Yes _____ No _____

If "yes", give details (include when, where, name of court, and circumstances).



Personal Character Background (continued)

List all E-mail addresses you use:

List all News Groups or other groups you subscribe to and how to access these groups:

List all personal web pages and the web address:

List all social networking sites you have information posted on and how to access these pages:

List all 'IM' type chats you participate in, screen names used and how to access these chat rooms:

List all blogs you regularly post comments to and how to access them:

List any other place on the www where you have posted information, photos or videos about yourself or you have posted comments. Include how to access this information:



Personal Character Background (continued)

How many times in the last year, have you been intoxicated to the point that you felt you should not drive a vehicle?

How many times in the last year, have you missed work/school due to intoxication?

Have you ever possessed or consumed alcohol in the work place?

Have you ever sold any type of illegal drug?

Yes _____ No _____

Have you possessed illegal drugs within the past 5 years?

Yes _____ No _____

If yes, explain: _____

Have you used any type of illegal drug within the past 5 years?

Yes _____ No _____

If yes, type of drug: _____

Have you used any type of illegal drug within the past 3 years?

Yes _____ No _____

If yes, type of drug: _____

Have you used any type of illegal drug within the past 1 year?

Yes _____ No _____

Name/Type of Drug Used	Dates		Total Times Used
	From: (Month/Yr)	To: (Month/Yr)	
Marijuana			
Cocaine			
Methamphetamine			
LSD or other Hallucinogens			
Heroin or other Opiates			
Barbiturates			
Pharmaceuticals not prescribed to you			
Steroids			
Any other illegal drug not listed above			

List all crimes (detected and undetected) that you have been involved in:



Personal Character Background (continued)

Have you ever taken any property/money from an employer or place of business? Yes _____ No _____

Have you ever been known by any other last name? If yes, list all names used in the past, locations and circumstances (I.e., divorce, adoption, legal name changes, ect.) Yes _____ No _____

Name	Address	Circumstances	From	To

Motor Vehicle Operation

Current Driver's License Number	State	Expiration Date
Name under which license was granted:		

List other states where you have been licensed to operate a motor vehicle.

State	Name under which license was granted:

The following criteria will exclude prospective candidates from operation of City vehicles:

- A. Three (3) or more moving violations or at-fault accidents within the previous 36 months (3 separate individual incidents).
- B. Two (2) or more moving violations or at-fault accidents within the previous 12 months (2 separate individual incidents).
- C. An Administrative suspension of a driver's license; conviction or any form of deferred prosecution qualified by State statute, or as amended within the previous 36 months, including, but not limited to:
 - Driving under the influence of drugs or alcohol
 - Leaving the scene of an accident
 - Fleeing to avoid arrest
 - Reckless Driving
 - Homicide or assault by motor vehicle
 - Driving without auto insurance

I understand that my insurability will be verified and I may not be eligible for employment in a driving essential position or, if employed, I may be terminated because I am uninsurable.

Have you ever been refused a driver's license by any state? Yes _____ No _____

If "yes", explain (include when, where, why).

Wyoming law requires that operators and owners of motor vehicles be covered by liability insurance.
List the current liability insurance you have.

Company	Address	Policy Number	Expiration Date

List all traffic citations (excluding parking citations) you have received within the last 7 years.

Nature of violation	Location (City)	Approximate Date	Indicate whether fine taken on driver's license



Motor Vehicle Operation (continued)

Accident Details

Have you ever been involved as a driver in a motor vehicle accident within the last 7 year? Yes _____ No _____

If "yes", give details for each accident.

Date	Location	Injury <input type="checkbox"/>	Non-Injury <input type="checkbox"/>
Did Police investigate? Yes _____ No _____ Police Agency:			

Date	Location	Injury <input type="checkbox"/>	Non-Injury <input type="checkbox"/>
Did Police investigate? Yes _____ No _____ Police Agency:			

Date	Location	Injury <input type="checkbox"/>	Non-Injury <input type="checkbox"/>
Did Police investigate? Yes _____ No _____ Police Agency:			

Date	Location	Injury <input type="checkbox"/>	Non-Injury <input type="checkbox"/>
Did Police investigate? Yes _____ No _____ Police Agency:			

Have you ever been involved in an accident and then left the scene without identifying yourself? Yes _____ No _____

Have you ever been involved in an accident that you were required by law to report and didn't? Yes _____ No _____

Have you ever been involved in an accident when you were driving after you had been drinking any type of alcoholic beverage or ingested any controlled substance? Yes _____ No _____

Have you ever operated a motor vehicle while under the influence of an intoxicating beverage or controlled substance? Yes _____ No _____

Have you ever had a hearing for probation/suspension? Yes _____ No _____

If there is anything you wish to discuss about your driving record, use the space below.

Has your license ever been suspended, revoked or placed on negligent operator probation? Yes _____ No _____

If "yes", give details (what, when, where and why).



General Information

Have you ever been refused insurance for any reason other than failure to pay a premium? Yes _____ No _____

If "yes" explain (include company name and address and reason).

Have you ever applied for a permit to carry a concealed weapon?

Yes _____ No _____

If "yes", provide the following information:

Permit granted? Yes _____ No _____

Date _____

Name of Law Enforcement Agency _____

Purpose _____

Have you ever been de-certified as a Peace Officer, Detention Officer or

Yes _____ No _____

Law Enforcement Dispatcher? If "yes", please provide the following information:

Date	Law Enforcement Agency	Purpose

How have you prepared yourself to be an employee of the City of Powell?

Why is becoming an employee with the Powell Police Department important to you?

Are there any incidents or circumstances in your life not included herein which may reflect upon your suitability to perform the duties which you may be called upon to perform?

Yes _____ No _____

If "yes", please explain.



Applicants MUST ATTACH the following documentation:

- ☐ Resume to include any information that you think we need to know about you
- ☐ Birth Certificate
- ☐ Driver's License
- ☐ High School Diploma or GED
- ☐ Military discharge Long Form DD214 (If applicable)
- ☐ Citizenship Papers (If applicable)
- ☐ College Diplomas
- ☐ Training Certificates
- ☐ Current Photo at least 2" X 2"
- ☐ Documentation that you are POST certifiable. (If applicable)
 - ☐ I. Current POST certification
 - ☐ II. POST certification expired less than 5 years
 - ☐ III. Current POST certification from another state
 - ☐ IV. WLEA graduate of Pre-Service Basic Academy
- ☐ Authorization to Release Information
- ☐ Doctor Certification Statement
- ☐ Signed Application Form

Read Before You Sign!

The facts set forth in my application for employment are true and complete and I certify that this application was personally complete by me. I understand that if employed, any false statement on this application may result in my dismissal, or if during hiring process, disqualification. I further understand that this application is not, and is not intended to be, a contract of employment, nor does this application obligate the employer in any way if the employer decides not to employ me. You are hereby authorized to make any investigation of my personal history and financial and credit record through any investigation of credit agencies or bureaus of your choice.

In making this application for employment, I authorize an investigative report whereby information is obtained through personal interviews with my neighbors, friends, and others with whom I am acquainted. This inquiry, if made, may include information as to my character, personal characteristics and mode of living.

Signature in full

Date completed

Subscribed and sworn before me this _____ day of _____, 20____.

Notary Public

Seal

My commission expires _____



Powell Police

Roy S. Eckhardt, Chief of Police

**250 North Clark Street * Powell, Wyoming 82435
(307) 754-2212 * Fax (307) 754-2214**

AUTHORIZATION FOR RELEASE OF INFORMATION AGREEMENT

TO WHOM IT MAY CONCERN:

I am an applicant for a position with the City of Powell, Wyoming, Police Department. The department needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I applied. It is in the public's interest that all relevant information concerning my personal and employment history to be disclosed to the above department.

I hereby authorize any representative of the City of Powell, Wyoming, Police Department bearing this release to obtain any information in your files pertaining to my employment records and I hereby direct you to release such information upon request of the bearer. I do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the City of Powell, Wyoming, Police Department, 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. I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation that may provide pertinent data for the City of Powell, Wyoming, Police Department to consider in determining my suitability for employment in that department. It is my specific intent to provide access to personnel information, however personal or confidential it may appear to be.

I consent to your release of any and all public and private information that you may have concerning me, my work record, including any arrest records, any information contained in investigatory files, efficiency ratings, complaints or grievances filed by or against me, the records or recollections of attorneys at law, or other counsel, whether representing me or another person in this case, either criminal or civil, in which I presently have, or have had an interest, attendance records, polygraph examinations, and any internal affairs investigations and discipline, including any files which are deemed to confidential, and/or sealed.

I hereby release you, your organization, and all others from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I hereby release you, as the custodian of such records of your organization, including its officers, employees, or 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 compliance with this authorization and request to release information, or any attempt to comply with it. I direct you to release such information upon request of the duly accredited representative of the City of Powell, Wyoming, Police Department regardless of any agreement I may have made with you

"In Pursuit of Justice, Peace, and Order."

previously to the contrary. The law enforcement organization requesting the information pursuant to this release will discontinue processing m

For and in consideration of the City of Powell, Wyoming, Police Department's acceptance and processing of my application for employment, I agree to hold the City of Powell, Wyoming its agents and employees harmless from any and all claims liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the City of Powell, Wyoming, Police Department. I understand that should information of a serious criminal nature surface as a result of this investigation, such information may be turned over to the proper authorities.

I understand my rights under Title 5, United States Code, Section 552a, the privacy Act of 1974, with regard to access and to disclosure of records, and I waive those rights with the understanding that information furnished will be used by the City of Powell, Wyoming, Police Department in conjunction with employment procedures.

A photocopy or FAX copy of this release form will be valid as an original thereof, even though the said photocopy of FAX copy does not contain an original writing of my signature.

This waiver is valid for a period of one year from the date of my signature.

Should there be any questions as to the validity of this release, you may contact me at the address listed on this form.

I agree to pay any and all charges or fees concerning this request and can be billed for such charges at the address listed on this form.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request.

Applicant

STATE OF _____) SS
COUNTY OF _____)

The foregoing instrument was acknowledged before me by _____,
this _____ day of _____.

WITNESS my hand and official seal.

Notary Public

(SEAL)
My Commission Expires:



WAIVER OF LIABILITY FOR PHYSICAL AGILITY TESTING PARTICIPANT

(Please print)

I _____ of _____
(Full Name) (Address)

For myself, my heirs, executors, administrators, agents and assigns do hereby waive all claims, demands, damages, actions, causes of action, or suits of any kind or nature whatsoever against the City of Powell, Powell Police Department or any agent or employee of the City of Powell, acting under the color of official authority arising from any occurrence, accident, injury or damage, while I am attending or performing the physical agility testing for the position for which I have applied with the Powell Police Department.

I have reviewed and fully understand the physical agility test description provided to me by the Powell Police Department. I voluntarily accept the terms of this statement and the risks associated with physical agility testing.

On this _____ day of _____, 20____, the physical agility test that I am about to complete was explained to me. I assume all risks associated with the testing process. I am physically able to complete this physical agility test as described in the written materials and as described to me.

Applicant Signature _____ Date _____

OPTIONAL: Please have this section completed by your physician if you believe you have a medical condition or injury which may affect your ability to participate in the physical agility testing.

I reasonably believe that the above-named person is physically able to perform the physical agility test of the Powell Police Department without unreasonable risk of injury.

Physician signature _____ Date _____

Printed name and address _____

POWELL POLICE PHYSICAL ABILITIES ASSESSMENT

The Physical Abilities Assessment consists of three basic assessments. Each assessment has been proven to have job relatedness to the essential job duties and functions of a police officer. The assessments will be administered to all candidates invited to participate in the application process.

Candidates must pass each assessment.

ASSESSMENT 1 - Obstacle Course:

This assessment is to measure the candidates ability to run after a suspect, then overcome resistance and effect an arrest. This is an important task in the everyday function of a police officer. This assessment has three stations:

Station 1: The candidate will run approximately 1/4 of a mile in a figure eight pattern which will consist of six laps. One lap will consist of running up four steps then running down them, turning around and running up and down again, jumping over two 18-inch high barriers, then repeating this for a total of six laps. If the candidate hits a barrier and causes it to fall, the candidate must stop, replace the barrier and successfully cross over them before continuing.

Station 2: The candidate will pick up a 60 pound bag using the triceps curl and move laterally along a 180 degree arc. The candidate must touch the end of the arc with one foot before changing directions. If the candidate fails to touch the end line, they must return to touch the line before moving on.

Station 3: The candidate will stand next to a 3-foot high bar, placing their hands on the bar, jump over the bar with both feet off the ground and in the air at the same time landing on their feet, then immediately dropping to their stomach, then pushing up to their feet, grabbing the bar and jumping over it again, landing on their feet, then dropping to their back, using a sit-up movement, the candidate will sit up and stand up to their feet, repeating this five times on each side. If the candidate straddles the bar or fails to jump with both feet, the candidate must return to the same side and repeat that jump.

The score is measured with an overall time. Maximum time allowed to complete this assessment is 4 minutes 30 seconds.

ASSESSMENT 2 - Lift and Carry; within 30 seconds of finishing obstacle course:

The candidate will pick up an 80 pound bag, carry it 25 feet, turn around and carry it back. This is not a timed event. Proper lifting technique needs to be used, bent knees and straight back.

ASSESSMENT 3 - Weapons Handling Ability:

The candidate must insert and remove magazine, then pull the slide of a Glock Model 37 back with his right hand and pull the trigger three times. The candidate will then repeat this process with his left hand. This is not a timed event.

Please mark the appropriate response. Failure to mark one of the three will result in the denial of your application.

_____ I am not subject to a court order for the support of a child.

_____ I am subject to a court order for the support of one or more children and I am in compliance with the order, or I am in compliance with a plan approved by the County/District Attorney (or other public agency), enforcing the order for the repayment of the amount owed, pursuant to the order.

_____ I am subject to a court order for the support of one or more children and I am NOT in compliance with the order or a plan approved by the County/District Attorney (or other public agency), enforcing the order for the repayment of the amount owed, pursuant to the order.

Applicant's Social Security Number: _____

Applicant's name (printed)

Signature of Applicant

Date

Subscribed and Sworn to before me this _____ day of _____, 20_____

NOTARY PUBLIC

My commission Expires:_____



Powell Police Pre-Employment Investigation Discovery Waiver

As an applicant to the Powell Police for the position of _____,
I recognize that an employing law enforcement agency has a legal, as well as a moral obligation, to make every reasonable effort to ensure that persons employed by them as peace officers, or in other positions, conform to the very highest standards.

Therefore, I release and hold harmless the Powell Police and their officers, agents, or assigns, for their refusal to make available any and all of the information contained in this pre-employment investigation, including, but not limited to, the identity(ies) of any person(s) and/or organization(s) which may have supplied information in the course of this investigation, as well as the substance of any information supplied.

I hereby waive my right, now and in the future, to examine, review, or otherwise discover the contents of this investigation and all related documents thereto.

Dated this _____ day of _____, 20 _____.

Signature of Applicant

Subscribed and Sworn to before me this _____ day of _____, 20 _____.

NOTARY PUBLIC

My Commission Expires: _____

