THE CITY OF MARSHALLTOWN, IOWA

POLICE RESERVE APPLICATION

24 North Center Street, Marshalltown, IA 50158-4911

Tel - (641) 754-5704 Fax - 754-5781 www.ci.marshalltown.ia.us hr@ci.marshalltown.ia.us

Completed applications should be sent to the City of Marshalltown Human Resource Department

Date: _____ Email: _____
(If you list an email address, we will assume you regularly use it)

Name: _____
Last First Middle

Current Address: _____
Number and Street City State Zip (+ 4 if known)

Current Mailing Address if different: _____
Number and Street City State Zip (+ 4 if known)

Phone number: Home (____) _____ Cell (____) _____ Work (_____) _____

Social Sec. No. _____ Driver License No. if different than SSN: _____State: _____

If you are you certified in any other state list the state and year of certification: _____

VETERANS' PREFERENCE

Complete the questions in this section **ONLY** if you are a US Military veteran & want to claim veterans' preference points

US Military Service dates: From: _____To: _____ Do you have an honorable discharge? Yes ___ No ___

Are you a United States citizen? Yes ____ No____ Are you currently a resident of Iowa? Yes ____ No _____

Do you have a service-connected disability or are you receiving compensation, disability benefits, or pension under laws administered by the veterans' administration (an honorably discharged veteran who has been awarded the Purple Heart for disabilities incurred in action shall be considered to have a service-connected disability)? Yes ____ No ____

Applicants wishing to have points awarded for military service must submit proof of service including dates of service and type of discharge prior to or at the time of the Civil Service interview.

If you have relatives who work for the City list their names, their relationship to you (such as aunt, first cousin, etc.) and department where they are employed:

_____

If you know else who works for the City please list their names, departments, and how you know the employee(s):

_____

Have you ever been convicted for a violation of the law other than minor traffic offenses? Yes ____ No ____

(A conviction record will not necessarily exclude you from consideration as a Reserve. Factors such as nature and seriousness of the violation, age at the time of the offense, and rehabilitation will be taken into account.) If you answered yes, or if you are unsure, please explain:

_____

Public sector employees are held to a higher standard of conduct than private sector employees. This standard applies to off-duty conduct as well as on-duty conduct; off-duty conduct CAN BE a dischargeable offense. If you are selected to be a Police Reserve you will be expected to maintain a high level of integrity and honesty. Are you aware of that fact? Yes _____ No ____ If you are selected do you agree to maintain a high level of integrity and honesty while employed by the City? Yes ____ No ____

EDUCATION AND TRAINING:

	Name, City, State	Course of Study	Circle highest yr completed	Did you graduate?
High School	_____	_____	9 10 11 12	_____
	_____	_____		
College	_____	_____	13 14 15 16	_____
	_____	_____		
	_____	_____	13 14 15 16	_____
	_____	_____		
Vocational	_____	_____	Years completed: _____	
	_____	_____		

If you did not graduate from high school, have you passed a G.E.D. test? Yes _____ No _____ If you answered yes list the facility and its location where the G.E.D. was earned:

_____

If you are fluent in any language other than English, indicate your degree of fluency such as excellent, good, fair, etc.:

What Language?	Reading	Speaking	Understanding	Writing

Have you ever worked in a position involving contact with the public? Yes _____ No _____ If you answered yes, please list the position and elaborate on that experience:

_____

_____

EMPLOYMENT RECORD - List present or most recent employer first

Employer/City_____

Dates Employed: _____ Reason for leaving: _____

Position Title & Duties: _____

Employer/City_____

Dates Employed: _____ Reason for leaving: _____

Position Title & Duties: _____

Employer/City_____

Dates Employed: _____ Reason for leaving: _____

Position Title & Duties: _____

Employer/City_____

Dates Employed: _____ Reason for leaving: _____

Position Title & Duties: _____

REFERENCES – Please list four individuals who are or who were in supervision of your work whom we may contact. List their work relationship to you, such as supervisor, etc. **DO NOT LIST RELATIVES.**

Name & Work Relationship to you:_____

Home phone number: _____ Work phone number: _____

Years known: _____

Name & Work Relationship to you:_____

Home phone number: _____ Work phone number: _____

Years known: _____

Name & Work Relationship to you:_____

Home phone number: _____ Work phone number: _____

Years known: _____

Name & Work Relationship to you:_____

Home phone number: _____ Work phone number: _____

Years known: _____

Elaborate on any training, work experience, etc., that you have had that feel might be beneficial as a Reserve Officer:

_____

_____

_____

_____

Are there any incidents in your life or details not previously mentioned on this application that you think might influence the City's evaluation of your suitability as a Reserve Officer? Yes ___ No ___ If you answered yes,
please explain:

_____

_____

_____

_____

Why do you want to be a Police Reserve Officer?

_____

_____

_____

_____

CITY OF MARSHALLTOWN, IOWA

APPLICANT WAIVER OF LIABILITY AND RELEASE FOR EMPLOYMENT

READ CAREFULLY BEFORE SIGNING:

I have completed this application myself; no one else has completed any part of it for me.

I agree that if I become a Reserve Officer that I will have my paychecks directly deposited into an account (such as a bank or credit union savings or checking account) instead of receiving a paper check.

The information provided on this application or on any information submitted with this application is true and complete to the best of my knowledge. I agree that falsified information or significant omissions may disqualify me from further consideration as a Reserve Officer and may be considered justification for dismissal if later discovered.

In order to permit the City of Marshalltown to make a thorough investigation of my background, health, family, personal habits, and reputation, for the purpose of determining my fitness and suitability for employment with the City, I hereby release from liability and promise to hold harmless from any liability under any and all possible causes of legal action any and all persons or entities who shall furnish any information or opinions regarding my background, health, family, personal habits, and/or reputation and waive any and all legal privileges I may have to maintain such information as confidential, including but not limited to, the following privileges: attorney-client, physician-patient, psychotherapist-patient, clergyman-penitent, husband-wife, and accountant-client.

The undersigned hereby authorizes any person or entity who may be contacted by the City of Marshalltown, its employees, officers, or agents to release and transmit to such employees, officers, or agents any information, data, or opinions they may have regarding my background, health, family, personal habits, or reputation. I understand that the source of such information or opinions provided to the City shall be confidential and that the City shall not be required to reveal the content or source of any information or opinions.

The undersigned further agrees to hold harmless and release from liability under any and all possible causes of legal action the City of Marshalltown, its employees, its officers, or its agents, for any statements, acts, or omissions in the course of its investigation into my background, health, family, personal habits, and reputation.

I further realize that it is necessary for the City of Marshalltown to thoroughly investigate all aspects of my personal background and qualifications and, by applying for employment with the City, I expressly waive all of my legal rights and causes of action to the extent that the City of Marshalltown's investigation (for purposes of evaluating my suitability or application for employment) may violate or infringe upon these aforementioned legal rights and causes of action of mine.

This release from liability is given by me to the City of Marshalltown and all of its employees, officers, agents, and all others as heretofore provided, shall apply to any right of action that might accrue to myself, my heirs, and/or my personal representatives.

Signature: _____ Date: _____