

City of Weiser, Idaho

LAW ENFORCEMENT APPLICATION FOR EMPLOYMENT

Fill-in Online, on your Computer, or Print to Complete

Note: Application must be signed



INSTRUCTIONS TO COMPLETE THE LAW ENFORCEMENT APPLICATION

- 1) All questions must be answered, and Application must be signed.
- 2) Incomplete applications cannot be considered.
- 3) If space is not sufficient for complete answers or you wish to furnish additional information, attach 8" x 11" pages to the application with subjects or questions correspond with your answers.

EQUAL OPPORTUNITY EMPLOYER

The City of Weiser is an equal employment opportunity employer dedicated to compliance with all federal, state and local laws regarding nondiscrimination in employment and hiring practices. The City considers applicants for all positions without regard to race, color, ancestry, national origin, ethnicity, religion, sex/gender, gender identity, sexual orientation, age, pregnancy status, parental status, marital status, disability, veteran's status, or other protected categories. [Equal Opportunity Employer Know Your Rights](#) No question on this application is intended to secure information to be used for unlawful purposes. Applicants requiring reasonable accommodation in the application and/or interview process should notify a City human resources representative. Qualified veterans will receive preferential treatment in accordance with Idaho State Law. We retain candidate applications for 1 year.

A. PERSONAL DATA

NAME (LAST, FIRST & MIDDLE):		POSITION APPLYING FOR:		DATE AVAILABLE:
STREET ADDRESS:		CITY:	STATE:	ZIP CODE:
PHONE NUMBER:	ALT PHONE:		EMAIL ADDRESS:	
DO YOU HAVE A FRIEND OR FAMILY MEMBER THAT WORKS FOR THE CITY? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Who?		ARE YOU 18 YEARS OR OLDER? Yes <input type="checkbox"/> No <input type="checkbox"/>		ARE YOU LEGALLY AUTHORIZED TO WORK IN THE U.S. FOR ANY EMPLOYER? Yes <input type="checkbox"/> No <input type="checkbox"/>
				SALARY EXPECTATIONS: \$
DO YOU HAVE A VALID/LEGAL IDAHO STATE DRIVER'S LICENSE? Yes <input type="checkbox"/> No <input type="checkbox"/>		DO YOU HAVE A COMMERCIAL DRIVER'S LICENSE (CDL)? Yes <input type="checkbox"/> No <input type="checkbox"/>		HAVE YOU WORKED FOR THE CITY OF WEISER IN THE PAST? Yes <input type="checkbox"/> No <input type="checkbox"/>
EMERGENCY CONTACT NAME & NUMBER:				
WHO REFERRED YOU? HOW DID YOU FIND US?				
NAME OF EMPLOYING AGENCY (IF APPLICABLE):				

B. SHIFT AVAILABILITY

ARE YOU APPLYING FOR? Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>	CHECK SHIFTS YOU CAN WORK? Days <input type="checkbox"/> Nights <input type="checkbox"/> Any <input type="checkbox"/>	ARE YOU WILLING TO WORK?? Holidays <input type="checkbox"/> Seasonal <input type="checkbox"/> On Call <input type="checkbox"/>
Temp/Seasonal <input type="checkbox"/> Reserve/Volunteer <input type="checkbox"/>		

C. OTHER NAMES YOU HAVE USED & THE TIME PERIODS YOU USED THEM

e.g. Maiden name, former name(s), alias(es), or nickname(s).

NAME:	CIRCUMSTANCE:	DATES FROM: MO/YEAR	DATES TO: MO/YR

D. FORMAL EDUCATION

EDUCATION (High School, Trade School, Technical, Vocational, College, etc.):

SCHOOL NAME:	LOCATION:	COURSE OF STUDY:	# OF YEARS COMPLETED:	GRADUATE/EQUIVALENT? DEGREE TYPE?

TRAINING COURSES, LICENSES, PROFESSIONAL LICENSES & CERTIFICATIONS

ORGANIZATION NAME:	LOCATION:	TYPE & NUMBER (if applicable):	DATE OF ISSUE:	CERTIFICATION/LICENSE?

E. AWARDS, HONORS, CITATIONS, SPECIAL RECOGNITION

Describe any awards, honors, citations, positions held in school and any special recognition you received while attending school and those you wish us to consider in the application process.

NAME:	LOCATION:	NOTABLE AWARD, HONOR, ETC.:	DATE OF ISSUE:

F. MEMBERSHIPS, PROFESSIONAL REGISTRATIONS & VOLUNTARY EXPERIENCE

List any professional memberships/registrations, organizations and volunteer experience related to the position you are applying.

ORGANIZATION NAME:	YOUR ROLE:

G. LAW ENFORCEMENT SPECIFIC EDUCATION/TRAINING

Attach additional 8x11 sheets as necessary.

NAME/TOPIC OF TRAINING	CERTIFICATE OR ACHIEVEMENT TYPE:	LOCATION OF TRAINING:	DATE:

H. EMPLOYMENT HISTORY

Please account for ALL periods of employment, including self-employment, other fields of endeavor including Military Service.

List chronologically all employment beginning with present employer including summer and part time employment and while attending school. Please account for all time. If unemployed, list those dates also.

EMPLOYER NAME:	EMPLOYER PHONE NUMBER & ADDRESS:	DATES EMPLOYED (Mo/Yr to Mo/Yr):
YOUR TITLE:	JOB DUTIES:	
SUPERVISOR'S NAME:	MAY WE CONTACT YOUR SUPERVISOR:	REASON FOR LEAVING OR PLANNING TO LEAVE:
	Yes <input type="checkbox"/> No <input type="checkbox"/>	

EMPLOYER NAME:	EMPLOYER PHONE NUMBER & ADDRESS:	DATES EMPLOYED (Mo/Yr to Mo/Yr):
YOUR TITLE:	JOB DUTIES:	
SUPERVISOR'S NAME:	MAY WE CONTACT YOUR SUPERVISOR:	REASON FOR LEAVING:
	Yes <input type="checkbox"/> No <input type="checkbox"/>	

EMPLOYER NAME:	EMPLOYER PHONE NUMBER & ADDRESS:	DATES EMPLOYED (Mo/Yr to Mo/Yr):
YOUR TITLE:	JOB DUTIES:	
SUPERVISOR'S NAME:	MAY WE CONTACT YOUR SUPERVISOR:	REASON FOR LEAVING:
	Yes <input type="checkbox"/> No <input type="checkbox"/>	

EMPLOYER NAME:	EMPLOYER PHONE NUMBER & ADDRESS:	DATES EMPLOYED (Mo/Yr to Mo/Yr):
YOUR TITLE:	JOB DUTIES:	
SUPERVISOR'S NAME:	MAY WE CONTACT YOUR SUPERVISOR:	REASON FOR LEAVING:
	Yes <input type="checkbox"/> No <input type="checkbox"/>	

EMPLOYER NAME:	EMPLOYER PHONE NUMBER & ADDRESS:	DATES EMPLOYED (Mo/Yr to Mo/Yr):
YOUR TITLE:	JOB DUTIES:	
SUPERVISOR'S NAME:	MAY WE CONTACT YOUR SUPERVISOR:	REASON FOR LEAVING:
	Yes <input type="checkbox"/> No <input type="checkbox"/>	

EMPLOYER NAME:	EMPLOYER PHONE NUMBER & ADDRESS:	DATES EMPLOYED (Mo/Yr to Mo/Yr):
YOUR TITLE:	JOB DUTIES:	
SUPERVISOR'S NAME:	MAY WE CONTACT YOUR SUPERVISOR:	REASON FOR LEAVING:
	Yes <input type="checkbox"/> No <input type="checkbox"/>	

I. TECHNOLOGY & COMPUTER SKILLS

Check all skills, software applications you have experience using (any version).

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Personal Computer User | <input type="checkbox"/> Macintosh User | <input type="checkbox"/> Microsoft Word | <input type="checkbox"/> Microsoft Access |
| <input type="checkbox"/> Microsoft Excel | <input type="checkbox"/> Microsoft Publisher | <input type="checkbox"/> Microsoft PowerPoint | <input type="checkbox"/> Microsoft Outlook |
| <input type="checkbox"/> Microsoft Teams | <input type="checkbox"/> Microsoft 365 | <input type="checkbox"/> Microsoft Project | <input type="checkbox"/> Additional Email Programs |
| <input type="checkbox"/> Web Page Designer | <input type="checkbox"/> Web Page Maintenance | <input type="checkbox"/> Search Engines | <input type="checkbox"/> Video Conferencing |
| <input type="checkbox"/> Internet | <input type="checkbox"/> Scanner | <input type="checkbox"/> Copier | <input type="checkbox"/> Fax |

Other, please list: _____

J. ADDITIONAL QUESTIONS FOR CANDIDATES FOR LAW ENFORCEMENT

The questions that follow are related to candidates for law enforcement positions.

1. Have you ever been dismissed or asked to resign or had any disciplinary action taken against you from any employment or volunteer position you have to hold? Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, provide the details, including dates, employer's name and specifics:
2. Have you resigned or left a job by mutual agreement following allegations of misconduct or unsatisfactory job performance? Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, provide the details, including dates, employer's name and specifics:
3. Have you ever applied to or performed paid or unpaid services for a law enforcement agency not listed as an employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, provide the name of agency and date of application or service:
4. Do you or have you owned a business, or are you or were you a partner or corporate officer in any business or organization not listed as a current or former employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, provide the name and address of business, corporation, or organization and describe your relationship or position, and nature of business.
5. Describe any special abilities, interests and hobbies including degree of proficiency:	
6. Indicate/list any special skills you possess and equipment you can use which may be related to law enforcement work. (For example: Two-way radio communications, breathalyzer, speed detection equipment, firearms)	
7. Have you had any training/education with K-9's? Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, provide details.
8. Were you or have you ever been suspended or expelled from school? Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, provide details.
9. List languages you can speak, read and write in the space provided.	

K. VETERANS STATUS/MILITARY SERVICE

Are you a Veteran or family member who qualified for and are claiming a preference pursuant to Idaho Code or its successor?

If yes, complete the attached page entitled, "Veteran's Preference." Yes ☐ No ☐

BRANCH OF MILITARY:	DUTIES:	HONORABLE DISCHARGE DATE:

L. DRIVING RECORD & CRIMINAL VIOLATIONS

The questions that follow are related to candidates for law enforcement positions.

1. Are you a licensed Idaho automobile operator? i.e. Do you have a current Idaho driver's license? Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, enter your Driver's License Number, Date of Expiration and Restrictions:
2. Do you hold or have you ever held an operator license [driver's license] in another State? Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, please provide the State(s), name used and approximate dates license(s) were held:
3. Have you ever been denied issuance of a [driver's] license or have you ever had a license suspended or revoked? Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, provide complete details including why license was revoked:
4. Have you ever had automobile insurance refused, withdrawn, revoked, or required to obtain special risk insurance? Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, please provide complete details:
5. Has your law enforcement certification (if applicable) ever been suspended, revoked, relinquished or subject to discipline or investigation by POST or any other State's law enforcement certification agency? Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	If Yes, explain:

6. Have you been convicted of any moving traffic violation(s) in the past 10 years?

Yes ☐ No ☐ If Yes, answer below.

DATE:	STATE OF CONVICTION:	DESCRIPTION OF OFFENSE:	DISPOSITION:

7. Do you currently have any traffic violation(s) in process?

Yes ☐ No ☐ If Yes, answer below.

DATE:	STATE:	DESCRIPTION OF OFFENSE:	DISPOSITION:

8. Have you ever been arrested that did not result in a conviction?

Yes ☐ No ☐ If Yes, answer below.

DATE:	COURT:	DESCRIPTION OF OFFENSE:	DISPOSITION:

9. Have you ever been convicted of any criminal offense?

Note: A conviction of a crime is not an automatic disqualification to your employment, all circumstances will be considered.

Yes ☐ No ☐ If Yes, answer below.

DATE:	COURT:	DESCRIPTION OF OFFENSE:	DISPOSITION:

M. LAW ENFORCEMENT EXPERIENCE STATUS

1. Identify ALL complaints (however characterized) made against you by any member of the public.

AGENCY:	NAME OF COMPLAINANT:	APPROXIMATE DATE:	DISPOSITION:

2. Identify ALL complaints (however characterized) made against you by any member of the public.

AGENCY:	NAME OF COMPLAINANT:	APPROXIMATE DATE:	DISPOSITION:

3. Identify ALL complaints (however characterized) made against you by any law enforcement personnel (including supervisors or administrators).

AGENCY:	NAME OF COMPLAINANT:	APPROXIMATE DATE:	DISPOSITION:

4. Identify ALL claims or lawsuits (however characterized) filed against you or your employing agency based on allegations or negligent or wrongful acts or omissions by you.

AGENCY:	NAME OF PLAINTIFF(S):	APPROXIMATE DATE:	COURT WHERE FILED:

5. Identify ALL disciplinary action (however characterized) taken against you by a law enforcement employer.

AGENCY:	SUPERVISOR OR ADMINISTRATOR TAKING ACTION:	APPROXIMATE DATE:	BASIS AND FORM OF DISCIPLINE:

6. Identify ALL circumstances in which you have been requested or ordered to take a polygraph exam, CVSA or any other form of truth/deception technology.

AGENCY:	BASIS FOR EXAM:	APPROXIMATE DATE:	OUTCOME:

N. MILITARY HISTORY

1. Have you ever serviced on active duty in the Armed Forces of the United States? Yes ☐ No ☐

BRANCH OF SERVICE:	HIGHEST RANK:	SERIAL #:	HONORABLE DISCHARGE DATE:

2. Type of discharge:

List in space provided:

3. Are you now or have you ever been a member of a reserve unit or the National Guard?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments, if any:	
4. Was any type of disciplinary action taken against you in the service?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments, if any:	
5. Have you ever served in the Armed Forces of a foreign country?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments, if any:	

O. BUSINESS INTERESTS & LICENSES

1. Do you or have you ever owned any stock or interest in any firm, partnership or corporation dealing wholly or partly in the sale or distribution of alcoholic beverages? Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, provide the name of the organization, dates and location:
2. Are you now issued, or have you ever been issued a license to engage in a business or profession? Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, provide the name of the organization, dates and location and license number:
3. Was any such license ever cancelled, relinquished, suspended or revoked? Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	If Yes, provide the details and the name of the organization, dates, location, license number and current relationship:
4. If you answered Yes to question #1, #2 or #3, please provide details including name and address of business, the type of license or certificate, the agency that issued the license, effective date of license and license number:	

P. ORGANIZATIONAL MEMBERSHIP

1. Are you now, or have you ever been a member of any foreign or domestic organization, association, movement, group or combination of persons which advocates or approves the commission of acts of force or violence to deny other persons their rights under the constitution of the United States, or which seeks to alter the form of government of the United States by unconstitutional means? Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, provide the name of the organization, dates of membership and location:
2. Have you ever made a financial or other material contribution to any organization of the type described in Question 1 above? Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, explain including name of organization, date(s) and location:
3. At the time of your membership, participation, or contribution, did you know or any unlawful aims of the organization? Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, explain including name of organization, date(s) and location:

Q. ADDITIONAL QUESTIONS FOR CANDIDATES FOR LAW ENFORCEMENT

The questions that follow are related to candidates for law enforcement positions.

1. Have you ever been dismissed or asked to resign or had any disciplinary action taken against you from any employment or volunteer position you have held? Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, provide the details, including dates, employer's name and specifics:
2. Have you resigned or left a job by mutual agreement following allegations of misconduct or unsatisfactory job performance? Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, provide the details, including dates, employer's name and specifics:

3. Have you ever applied to or performed paid or unpaid services for a law enforcement agency not listed as an employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, provide the name of agency and date of application or service:
4. Do you or have you owned a business, or are you or were you a partner or corporate officer in any business or organization not listed as a current or former employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, provide the name and address of business, corporation, or organization and describe your relationship or position, and nature of business.
5. Describe any special abilities, interests and hobbies including degree of proficiency:	
6. Indicate/list any special skills you possess and equipment you can use which may be related to law enforcement work. (For example: Two-way radio communications, breathalyzer, speed detection equipment, firearms)	
7. Have you had any training/education with K-9's? Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, provide details.
8. Were you or have you ever been suspended or expelled from school? Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, provide details.

R. PROFESSIONAL REFERENCES

List the names of at least three (3) professional references who know you well and are not related to you by blood or marriage.

Complete Name (First, Middle, Last)	Occupation & How do you know the Individual?	Years known:	Contact Information: (Address, Phone, Email Address)

S. PERSONAL REFERENCES

List the names of at least three (3) personal references who have known you well and are not related to you by blood or marriage.

Complete Name (First, Middle, Last)	Occupation & How do you know the Individual?	Years known:	Contact Information: (Address, Phone, Email Address)

T. WEISER POLICE DEPARTMENT APPLICATION QUESTIONNAIRE

Instructions: Please answer all questions. If requested, fully answer the question. Answer the questions as truthfully and accurately as possible. Your responses may be accessed in subsequent examinations, and any sign of deliberate misinformation or intentional exaggeration will result in disqualification from the application process and possible release from future employment opportunities with the City of Weiser. Please indicate "Yes" to show that you have read and understand these instructions. Yes ☐

1. Do you consent to a thorough background investigation of your character?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments, if any?
2. Do you consent to a rigid medical examination by a physician upon conditional offer of employment?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments, if any?
3. Have you ever been rejected for employment, for any reason, by any law enforcement agency?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, what agency and why?
4. Have you ever been terminated by any law enforcement agency? If "yes", give the date(s) of termination and reason for termination.	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, give the date(s) of termination and reason for the termination.
5. Have you ever been terminated or asked to resign from ANY job? If "yes", list the name of job(s), dates of employment and reason for termination or resignation.	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, list the name of job(s), dates of employment and reason for termination or resignation under pressure?
6. Have you EVER been physically arrested or given a copy of charges for a violation of any city, municipal, state or federal law?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, what were the circumstances of the arrest or charges?
7. Have you EVER been treated for mental illness or have you spoke to a mental health professional concerning yourself? If yes, explain.	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, explain.
8. Have you EVER appeared in any court (including juvenile) as a defendant to answer any city, municipal, state or federal criminal charge? If so, give the court in which you appeared and the disposition of the case. (i.e. fine, suspension, charges dismissed.)	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, provide the court in which you appeared and the disposition of the case. (i.e. fine, suspension, charges dismissed.)
9. Have you EVER been detained by any law enforcement representative, been the subject of any criminal investigation, or been named as the accused on a warrant? If yes, explain.	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, explain.
10. Have you EVER received any tickets for traffic violations (excluding parking tickets) on any license that you have held since you began driving? If "yes" list type of violation, date received, jurisdiction, and disposition. (i.e. fine, suspension, charges dismissed.)	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, list type of violation, date received, jurisdiction, and disposition. (i.e. fine, suspension, charges dismissed.)
11. Have you EVER used, tried, ingested, or experimented with marijuana (including as a juvenile or even one experimental use.) If "yes", write the total number of times used, date of first use, and the date of last use.	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, write the total number of times used, date of first use, and the date of last use.
12. Have you EVER used, tried, ingested, or experimented with ANY other type of illegal narcotics or dangerous drugs? (i.e. Heroin, cocaine, hashish, speed, meth, lsd, anabolic steroids, etc.) If "yes" indicate what type of drug, when you used it, and how many times you used the drug(s).	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, indicate what type of drug, when you used it, and how many times you used the drug(s).
13. Have you EVER sold any type of illegal drug, delivered illegal drugs, shared drugs with another person, or directed another person where to buy drugs? If yes, explain.	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, explain.

14. Have you EVER been charged with a crime that involved domestic violence, or have you had a domestic violence protective order served on you? If yes, explain.	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, explain.
15. I understand that as part of the recruitment process an applicant's criminal record, including all arrests, prosecutions, deferred prosecutions, 'Alford' pleas, and non-conviction information will be thoroughly assessed and may be grounds for disqualification.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments, if any?
16. I understand that the following examples will be disqualifying: a) Any adult felony conviction. b) Any misdemeanor or felony conviction while employed in a criminal justice and/or law enforcement capacity. c) Any domestic violence conviction.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments, if any?
17. I understand that as part of the recruitment process that applicant's driving record will be considered on a case-by-case basis with the past five (5) years being the most critical. The following will be disqualifying until the time parameters have been met: a) Driving under the influence (DUI). b) Negligent and Reckless Driving. c) Hit and Run within the past five (5) years. d) Suspension of your driver's license as a result of a DUI within the past five (5) years.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments, if any?
18. I understand that as part of the recruitment process an applicant's employment history, including any terminations or leaving an employer in lieu of termination, will be thoroughly assessed and may be grounds for disqualification.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments, if any?
19. I understand that as part of the recruitment process that applicant's credit history will be thoroughly assessed and related decision-making issues may be grounds for disqualification. The following are areas of concern: a) Failure to pay income tax. b) Failure to pay child support.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments, if any?
20. Do you know of anything that might prevent you from obtaining the position applied for? If yes, explain.	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, explain.
21. Have you purposely omitted any information from your employment application? If yes, explain.	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, explain.
22. Are you willing to sign a release of information form so that your records can be obtained?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments, if any?
23. Are you willing to submit to a polygraph examination as a part of this application process?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments, if any?
24. Were you able to understand all the questions in this application?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments, if any?

U. DOCUMENTS TO ATTACH TO THIS APPLICATION

1. Attach a certified copy of birth certificate.
2. Attach a certified copy of high school diploma or GED, college diploma or transcripts.
3. Attach a copy of military discharge(s).
4. Attach copies of additional documents that should be considered as a part of this application.

V. FINGERPRINTING, DRUG SCREEN, PHYSICAL EXAMINATION & AGILITY TEST, CRIMINAL RECORD SEARCH, BACKGROUND CHECK, POLYGRAPH & FORENSIC & CLINICAL PSYCHOLOGICAL EVALUATION

Serving in law enforcement is incredibly important for the well-being and safety of our citizens. Law enforcement professionals play a critical role in maintaining public order, preventing crime, and protecting individuals and the community from harm. Through dedicated work, law enforcement officers help to promote the rule of law and protect the rights of individuals. In addition, law enforcement professionals are often the first responders to emergency situations, and their quick actions and expertise can make all the difference in saving lives and minimizing damage.

Being in law enforcement is not an easy job, and it requires a great deal of training, skill, and dedication. However, for those who choose to pursue a career in this field, the rewards can be significant, both in terms of personal fulfillment and in the knowledge that they are making a positive difference in the community.

The City of Weiser believes in ensuring that serving in Law Enforcement is a fit for the individual applying and the team of dedicated officers. In conjunction with completing the Law Enforcement Application, when requested the following pre-employment screening processes are administered:

1. Fingerprinting
2. Drug Testing
3. Physical Examination & Physical Agility Test
4. Background Record Search
5. Criminal Background Check
6. Polygraph Examination
7. Forensic & Clinical Psychological Evaluation

W. VERIFICATION & SIGNATURE

I certify that all entries on this application and attachments are true and complete and agree in content and purpose and understand that any falsification of information, regardless of time of discovery, may cause forfeiture on my part of employment with the City of Weiser. I understand that all information on this application is subject to verification.

I authorize the City of Weiser and/or their representatives to conduct background checks; employment history, criminal history, military service, educational verification, driving record reviews and reference checks (including former employers and colleagues). I release and hold harmless and promise not to claim damages from any agency or my prior employers/colleagues for providing information.

I authorize the investigation of all matters which the City of Weiser deems relevant to my qualifications for employment, including all statements made on this application and any supporting documents. I authorize the City of Weiser to request and receive background information and I release for all liability to any persons or employers supplying the information. I also release the City of Weiser from any and all liability which might result in the investigation.

If I am employed, I understand that my employment is "at will" and without a fixed term, and that either the City or I may terminate employment at any time with or without cause. I also understand and agree that the City may change the terms and conditions of my employment, at any time. I acknowledge that this application does not constitute an agreement or contract for employment.

This constitutes my consent and authorization for the disclosure of any relevant and necessary information or records to the City of Weiser by any person, corporation, agency, school, government or association concerning my character, employment, or military service as maybe relevant and necessary for a determination of my suitability for employment with the City of Weiser. I also release the City of Weiser and its representatives from any and all liability for seeking, gathering and using such information to make employment decisions and all other persons or organizations for providing such information.

By entering your name below and submitting this application, you agree that you've read and fully understand the foregoing, and that you seek employment under these conditions.

Your Name:	Signature: 	Today's Date

Note: Thank you for allowing us to process your application and consider you for employment in Law Enforcement. We assert that we will keep your answers confidential and use them for consideration of employment purposes.

Note: If you have any questions, contact Human Resources (208) 414-1965.

Voluntary Self-Identification Form Ethnicity/Race and Gender

The City of Weiser is an Equal Opportunity Employer dedicated to compliance with all federal, state and local laws regarding nondiscrimination and hiring practices. The City considers applicants for all positions without regard to race, color, religion, age, gender, gender identity, sexual orientation, pregnancy status, parental status, national origin or ancestry, disability, marital status, veteran or military status, and other legally protected status. The purpose of this Self-Identification Form is to comply with federal government record-keeping and reporting requirements. Periodic reports are made to the government on the following information. The data you provide on this form will be kept confidential and used solely for analytical and reporting requirement purposes. This form is processed and maintained separately from your personnel file and is not used to make decisions about the terms and conditions of employment. No question on this Form is intended to secure information to be used for unlawful purposes. Completion of this form is optional and voluntary. We appreciate your assistance.

Complete the form as follows:

Name: _____

Today's Date: _____

Position Applied for: _____

If you do not wish to self-identify, please sign below:

(Signature): _____

Please check all that apply (See definitions):

EEOC Race/Ethnic Identification Categories	Gender
<input type="checkbox"/> Hispanic or Latino A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.	Male
<input type="checkbox"/> White (Not Hispanic or Latino) A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.	Female
<input type="checkbox"/> Black or African American (Not Hispanic or Latino) A person having origins in any of the black racial groups of Africa.	Non-Binary
<input type="checkbox"/> Native Hawaiian/Other Pacific Islander (Not Hispanic or Latino) A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.	Prefer Not to Gender Identify
<input type="checkbox"/> 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.	
<input type="checkbox"/> American Indian or Alaskan 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 maintain tribal affiliation or community attachment.	
<input type="checkbox"/> Two or More All persons who identify with more than one of the above five races.	

State of Idaho Veteran's Preference

As a way of honoring those who have served the USA on active duty with the armed forces, the State of Idaho gives preference to veterans by providing a more favorable competitive position for employment, while at the same time acknowledging the larger sacrifice of disabled veterans. Eligible veterans are provided advantages in employment, including preference for initial employment and retention in the event of layoffs.

Per Idaho Code, Title 65, Chapter 5, employers must 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 veteran's preference, please complete the information below and attach a copy of your DD-214 to this application.

VETERAN'S PREFERENCE

If you are NOT claiming Veteran's Preference, please initial here:

(Reference Idaho Code, Title 65, Chapter 5, and 5 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 a 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 I served on active duty in the armed forces of the United States for a period of more than one-hundred eighty (180) days and was honorably discharged.

Part 2. Documentation & Signature:

By my signature, I certify that all statements on this form are true and complete 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 the City.

I have attached a copy of my DD-214. Veteran's preference will not be considered without this document.

Your Name:	Signature: 	Today's Date