



Kimberly Police Department

242 Hwy 30
Kimberly, Idaho 83341
www.cityofkimberly.org

Professionalism, Service, Equality
Proudly Serving Since 1905

Office: 208 423-4153
Dispatch: 208 735-1911
Fax: 208 423-5649
911 Emergency

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

Please download and complete the application, then submit to jperry@cityofkimberly.org.

KIMBERLY POLICE DEPARTMENT APPLICATION INFORMATION

Please submit the following items with your application to the City of Kimberly Personnel Office, City Hall, 242 Highway 30 East.

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

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

PLEASE READ CAREFULLY

Minimum requirements to be considered for employment to Kimberly Police Department

All Applicants:

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

Applicant Name: _____ (Print Legibly)

EMPLOYMENT APPLICATION

INSTRUCTIONS

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

PERSONAL INFORMATION

LAST NAME	FIRST NAME	MI
ADDRESS	APT#	PO BOX
CITY	STATE	ZIP
Home Phone:	Cellular Phone:	
Are you eligible for employment in the US? []		
If naturalized, please provide: _____ Place		
Court	Naturalization No.	
Are you 21 years of age or over? []		
*Have you ever been convicted of a Felony? [] Misdemeanor? []		
*If yes then please fill out following section:		
Charge:		
Date:	City:	ST:
Charge:		
Date:	City:	ST:
Charge:		
Date:	City:	ST:
Charge:		
Date:	City:	ST:
Provide an explanation for each charge on a separate paper.		

Have you ever had your driver's license suspended or revoked? []
Do you have current insurance on all your vehicles? []

EDUCATION AND TRAINING

High School Diploma/GED [] Location:

Applicant Name: _____ (Print Legibly)

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

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

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

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

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

Applicant Name: _____ (Print Legibly)

Supervisor:	May we contact? [<input type="checkbox"/>]		
Reason for Leaving:			
Employer Name:	Phone:		
Start Date:	End Date:	Salary:	Per:
Duties:			
Supervisor:	May we contact? [<input type="checkbox"/>]		
Reason for Leaving:			



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

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

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

Applicant Name: _____ (Print Legibly)

APPLICANTS WITH CURRENT OR PRIOR LAW ENFORCEMENT EXPERIENCE

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

Complaint: _____	Sustained [<input type="checkbox"/>]
Agency: _____	Phone: _____

Complaint: _____	Sustained [<input type="checkbox"/>]
Agency: _____	Phone: _____

Complaint: _____	Sustained [<input type="checkbox"/>]
Agency: _____	Phone: _____

Complaint: _____	Sustained [<input type="checkbox"/>]
Agency: _____	Phone: _____

Have you ever been named in a law suit? [<input type="checkbox"/>] If yes, please provide additional information on a separate paper.

Have you ever had complaints against you from former co-workers? [<input type="checkbox"/>] If yes, please provide additional information on a separate paper.

Have you ever used recreational drugs? [<input type="checkbox"/>] If yes, explain what type and last usage:

Have you ever been prescribed Pain Relievers? [<input type="checkbox"/>] Any Issues? [<input type="checkbox"/>] If yes, please explain:

Applicant Name: _____ (Print Legibly)

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

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

RELEASE OF INFORMATION	
Applicant Name: _____	_____
Date of Birth _____	SSN _____

NAME AND ADDRESS OF AGENCY REQUESTING BACKGROUND INFORMATION

Applicant Name: _____ (Print Legibly)

Kimberly Police Department

242 Hwy 30

Kimberly, Idaho 83341 208 423-4153

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

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

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

Signed this _____ day of _____ 20 _____

Signature in Full

Applicant Name: _____ (Print Legibly)

Printed Name in Full _____

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

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

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

Notary Public in and for the State of _____

Residing

My Commission Expires _____, 20____

Applicant Name: _____ (Print Legibly)

VETERAN'S PREFERENCE

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

(Reference Idaho Code, Title 65, Chapter 5, and U.S.C. 2108)

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

Part 1. Preference Eligible Veterans

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

Part 2. Documentation and Signature

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

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

Print Name

Signature

DATE: _____

REFERENCES (Must be persons of no relation to you)

Applicant Name: _____ (Print Legibly)

Name:	Phone:	Years known:
Name:	Phone:	Years known:
Name:	Phone:	Years known:
Name:	Phone:	Years known:
RESIDENCE HISTORY (Current to five years back)		
Address:	City:	St:
Neighbor:	Contact Info:	
Neighbor:	Contact Info:	
Address:	City:	St:
Neighbor:	Contact Info:	
Neighbor:	Contact Info:	
Address:	City:	St:
Neighbor:	Contact Info:	
Neighbor:	Contact Info:	
Address:	City:	St:
Neighbor:	Contact Info:	
Neighbor:	Contact Info:	
Address:	City:	St:
Neighbor:	Contact Info:	
Neighbor:	Contact Info:	
Address:	City:	St:
Neighbor:	Contact Info:	
Neighbor:	Contact Info:	

Applicant Name: _____ (Print Legibly)

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

Applicant Name: _____ (Print Legibly)

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

APPLICANT ACKNOWLEDGEMENT

Applicant Name: _____ (Print Legibly)

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

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

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

Applicant Signature

Date

DOCUMENT CHECK LIST

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