



URBANDALE POLICE DEPARTMENT

Application for Position of: _____ Date: _____

GENERAL INSTRUCTIONS: Please **handprint** an answer to every question. If you need assistance in filling out this application form or for any other phase of the employment process, please notify the Staff Services Division of the Police Department and every effort will be made to accommodate your needs in a reasonable amount of time. Please complete each page of the application. If more space is needed to complete any question, use a separate sheet of paper. An incomplete application may delay processing. Print clearly, illegible applications will not be processed.

All qualified applicants will receive consideration without discrimination because of race, creed, religion, color, sex, age national origin or disability.

PERSONAL INFORMATION

1. LAST NAME	FIRST NAME	MIDDLE NAME	2. MALE	FEMALE
			<input type="checkbox"/>	<input type="checkbox"/>
3. PRESENT RESIDENCE ADDRESS	STREET OR RFD	CITY OR POST OFFICE	STATE	ZIP CODE

4. HOME TELEPHONE NUMBER	CELL TELEPHONE NUMBER	WORK PHONE NUMBER
()	()	()

5. Do you have a legal right to work in the U.S. full-time? Yes No | **EMAIL ADDRESS:** _____

6. Are you 18 years of age or older? Yes No

7. Have you worked for the City of Urbandale before? Yes No Dates: _____

Reason for leaving: _____

Do you presently have any relatives employed with the City of Urbandale? Yes No

Names and Relationships: _____

8. Have you ever been convicted of a misdemeanor or felony? {For purposes of this question, "convicted" includes found guilty, plead guilty, plead no contest or been given a deferred sentence or judgment} Yes No

If yes, please explain: _____

► Note: A conviction will not automatically disqualify you as an applicant. The type and seriousness of the crime, the frequency of violations, the date of conviction, and the applicant's entire work and educational history will be considered.

VETERANS PREFERENCE

9. Are you a U.S. Veteran Yes No Dates of active service: _____

Iowa residents who served in the United States Armed Forces during the following periods of conflict and were honorably discharged are eligible to receive veterans preference points: 12/7/1941 – 12/31/1946, 06/25/1950 – 01/31/1955, 08/05/1964 – 05/07/1975 and the Persian Gulf conflict beginning 08/02/1990. If you believe you are eligible for veterans preference consideration, please include a copy of your DD214 and, if applicable proof of service connected disability.

JOB DESCRIPTION

10.

- Yes No Have you been given a copy of the job description and had the requirements of the job explained to you?
- Yes No Do you understand the requirements?
- Yes No Can you perform the requirements of this job with or without a reasonable Accommodation?
- Yes No This position requires a valid drivers license, do you have one?
- License Number: _____ Type: _____ State: _____
- Yes No Have you had any vehicular moving violations in the past ten years? If yes, please describe: _____

EDUCATION /TRAINING /SKILLS

11.

Do you have a High School Diploma or GED? Yes No

EDUCATION	NAME & ADDRESS OF SCHOOL	YEAR GRADUATED	COURSE OF STUDY MAJOR/MINOR	DIPLOMA/DEGREE AWARDED
High School				
College/Trade School				
College/Trade School				
College/Trade School				
College/Trade School				

***Please have official college transcripts sent directly to the Urbandale Police Department.**

List any special training, seminars, etc. which you have attended which relate to the position you are applying for: _____

List any certifications and/or licenses you possess which are required for the position you are applying for. Include any other related certifications and/or licenses you feel are relevant: _____

List any professional /Trade organizations that you are a member of which are related to the position you are applying for. You may omit those organizations, which may indicate race, religion, etc. _____

List any equipment and/or machinery, related to the position you are applying, which you are able to operate. {computers, cameras, motorcycles, etc;} _____



BACKGROUND/REFERENCE CHECK INFORMATION FORM

INSTRUCTIONS

The information provided on this form will not be used as a factor in the application screening process. It will only be used for identification purposes when conducting background/reference checks. To expedite the hiring process, please complete the form completely and submit with Urbandale Police Department application for employment.

APPLICANT INFORMATION

Name: _____ Date: ____/____/____
Last First MI.

Maiden Name: _____ Alias: _____

Social Security Number: _____/_____/_____ Date of Birth: _____/_____/_____

List the Cities and States where you have lived and worked in the past ten years. Please include the names you used while residing and/or working in each location.

City	State	Name Used		
		Last	First	MI
1] _____	_____	_____	_____	_____
2] _____	_____	_____	_____	_____
3] _____	_____	_____	_____	_____
4] _____	_____	_____	_____	_____
5] _____	_____	_____	_____	_____
6] _____	_____	_____	_____	_____
7] _____	_____	_____	_____	_____
8] _____	_____	_____	_____	_____

Signature of applicant: _____



URBANDALE POLICE DEPARTMENT

EQUAL EMPLOYMENT OPPORTUNITY

The City of Urbandale is an EEO Employer. We will consider all applicants for positions without regard to race, creed, religion, color, sex, age, national origin, or disability. We comply with all applicable laws governing employment practices and do not discriminate based on any unlawful criteria.

In an effort to comply with requirements regarding government reporting we request that you complete this form. Your cooperation in providing the data is appreciated.

THE APPLICANT ON A VOLUNTARY BASIS MAY COMPLETE THIS FORM. THE INFORMATION PROVIDED WILL NOT BE USED FOR MAKING ANY EMPLOYMENT DECISION AND WILL BE KEPT CONFIDENTIAL IN ACCORDANCE WITH APPLICABLE LAWS AND REGULATIONS.

APPLICANT INFORMATION

Position you are applying for: _____

Name: _____ Telephone: (____) _____
Last First MI

Address: _____
Street Apt # City State Zip

Sex: Male
 Female

Please select one of the following Equal Opportunity Identification Groups:

- Black (not of Hispanic origin)
- Native American (American Indian or Alaskan Native)
- White
- Asian or Pacific Islander

Reference Source

- City of Urbandale Web Site
- Iowa Workforce Development
- Newspaper Advertisement – name of newspaper: _____
- School/College/University – name of institution: _____
- Other – please specify: _____

WORK HISTORY

12.

List all employment, part-time and full-time, starting with your most recent job. Account for any time that you were unemployed by stating the nature of your activities. Use a separate sheet of paper if necessary. You may submit a resume to supplement the information you provide below.

However you must fill out this section completely.

From Date	Present Employer	Job Title	Reason For leaving
To Date	Address	Description of Duties	
Salary	City, State	Phone Number	Supervisor's Name

From Date	Previous Employer	Job Title	Reason For leaving
To Date	Address	Description of Duties	
Salary	City, State	Phone Number	Supervisor's Name

From Date	Previous Employer	Job Title	Reason For leaving
To Date	Address		
Salary	City, State	Phone Number	Supervisor's Name

From Date	Previous Employer	Job Title	Reason For leaving
To Date	Address	Description of Duties	
Salary	City, State	Phone Number	Supervisor's Name

From Date	Previous Employer	Job Title	Reason For leaving
To Date	Address	Description of Duties	
Salary	City, State	Phone Number	Supervisor's Name

May we contact your present employer? Yes No

If no, please explain: _____



URBANDALE POLICE DEPARTMENT

APPLICANT PHYSICAL FITNESS ASSESSMENT TEST

One of the requirements of police work is that an officer be physically fit and capable of performing the various tasks with the position. The Urbandale Police Department's Applicant Physical Fitness Assessment Test is designed to measure each applicant's physical fitness level based on:

- 1: Flexibility**
- 2: Muscular Strength and Endurance**
- 3: Cardiovascular Fitness**

These three areas comprise the basic components of fitness, and are the same areas tested on new recruits at the Iowa Law Enforcement Academy.

Applicants will be required to perform four {4}-exercise tests designed to measure their fitness in each of the areas described above. Applicants must complete each exercise and attain a passing score for each category based on the fitness standards required by the Iowa Law Enforcement Academy. The standards are adjusted for age and sex. In addition, each applicant will have his or her height and weight taken.

The Urbandale Police Department Applicant Physical Fitness Assessment Test will consist of the following exercises: {See Attachment}

All applicants taking the Urbandale Police Department Physical Assessment Test must sign a release waiver of liability prior to any testing. Applicants should wear comfortable workout clothing and running shoes to the test site area. It is the applicant's responsibility to be properly conditioned and warmed up prior to testing.

** The attached medical release and waiver form must be signed and returned at the time of the physical agility test.

1. FLEXIBILITY

The “Sit & Reach” test measures the flexibility of the lower back and hamstrings. It is an important area for performing police tasks involving ranges of motion and is important in minimizing lower back problems. The test involves stretching out to touch the toes and beyond with extended arms from the sitting position. The score is in inches reached on a yardstick with the 15-inch mark being at the toes.

<u>AGE</u>	<u>20-29</u>	<u>30-39</u>	<u>40-49</u>	<u>50-59</u>	<u>60+</u>
Male	16.5	15.5	14.3	13.3	12.5
Female	19.3	18.3	17.3	16.8	15.5

2. ONE MINUTE SITUP TEST

This is a measure of the endurance of the abdominal muscles. It is important area for performing police tasks that may involve the use of force and is an important area for maintaining good posture and minimizing lower back problems. The score is the number of bent leg sit-ups performed in one minute.

<u>AGE</u>	<u>20-29</u>	<u>30-39</u>	<u>40-49</u>	<u>50-59</u>	<u>60+</u>
Male	38	35	29	24	19
Female	32	25	20	14	6

3. ONE MINUTE PUSHUP TEST

This test requires that your own weight be pushed off the floor. This measures the amount of force the upper body can generate and is an important area for performing police tasks requiring upper body strength. The number of push-ups performed in one minute calculates the score. Both male and female applicants must complete pushups using the standard form with only the feet and hands touching the ground.

<u>AGE</u>	<u>20-29</u>	<u>30-39</u>	<u>40-49</u>	<u>50-59</u>	<u>60+</u>
Male	29	24	18	13	10
Female	15	11	9	12*	5*

*Women in these age groups may perform the push-ups from their knees.

4. 1.5 MILE RUN

This is a timed run to measure the heart and vascular systems capability to transport oxygen to the body. It is important area for performing police tasks involving stamina, endurance, and to minimize the risk of cardiovascular problems. The score is in minutes and seconds.

<u>AGE</u>	<u>20-29</u>	<u>30-39</u>	<u>40-49</u>	<u>50-59</u>	<u>60+</u>
Male	12:51	13:36	14:29	15:26	16:43
Female	15:26	15:57	16:58	17:54	18:44



RELEASE AND WAIVER

In consideration of being permitted to participate in the Police Applicant Physical Agility Test conducted by representatives of the Urbandale Police Department on _____. I, the undersigned, intending to be legally bound hereby, for myself, my spouse and children, my heirs, executors and administrators, hereby release, waive and forever discharge the City of Urbandale, it's employees, officers, agents, representatives or insurance carriers, of and from any and all claims, demands, damages, actions or rights of actions, either in law or equity, however arising from or related to or connected with or by my travel to and from, either directly, indirectly or remotely, the participation by the undersigned in the activity described above, and the undersigned forever agrees to indemnify and save harmless the City of Urbandale, it's employees, officers, agents, representatives or insurance carriers from any and all claims demands, damages, actions or rights of actions, lawsuits or liability or whatever kind or nature either by law or equity, for any loss, damage, injury or death, including all costs and expenses incident thereto, by reason of the foregoing.

The undersigned recognizes and has been advised that the activity which takes place in the Police Applicant Physical Agility Test poses a risk of property damage, bodily injury or death, and the undersigned hereby assumes full and complete responsibility for all risks incident thereto for any and all property damage, bodily injury or death, whether due to acts or omissions of either the undersigned or the City of Urbandale, it's employees, officers, agents, representatives or insurance carriers, or any other third party.

The undersigned hereby acknowledges that the undersigned is of legal age, that the undersigned is signing this Release and Waiver based upon the undersigned's own knowledge, belief and judgment and not upon any representations made by any other parties and that the undersigned has read the foregoing release and understands it's terms and conditions fully and hereby knowingly and voluntarily signs said release and waiver.

CAUTION

THIS IS A RELEASE AND WAIVER – PLEASE READ BEFORE SIGNING AND CONSULT LEGAL COUNSEL SHOULD YOU HAVE QUESTIONS.

DATE: ____/____/____

Signature of Applicant

Signature of Witness

PRINTED NAME OF ABOVE SIGNATURE

STATEMENT OF UNDERSTANDING

I understand:

that completing this application does not constitute an offer of employment and that my application may be rejected for any reason.

that the statements made by me in this application and all related information which I have provided are true, accurate, and complete to the best of my knowledge. I also understand that if I provide false, inaccurate, or incomplete information, I will not be eligible for employment, or, if I am hired, I will be subject to disciplinary action or dismissal regardless of the date on which the City discovers the violation of its policy regarding dishonesty.

that I may be required to complete a medical history form and may be required to be examined by a medical professional designated by the City at the post-offer stage.

that the use of illegal drugs is prohibited during employment and that I may be required to undergo and successfully pass a screening for alcohol and/or drugs that is included in a post offer pre-employment physical examination. I also understand that, if extended an offer of employment, I may be required to submit to an alcohol or drug screening according to state law.

that if I sustain any injury or illness while in the employment of this organization, I agree that this organization shall be entitled to receive full and complete reports and records governing any medical or related examinations, and I authorize any and all such doctors, medical examiners, and hospitals to give this organization full and complete reports and records covering such examinations, condition, care, and treatment related to resulting from the alleged illness or injury.

that this application will be considered only for the position I am applying for, if I wish to be considered for another position, I must submit a new application for each position.

that this employment application and any other employee-related documents are not contracts of employment, and that this organization follows an "employment at will" policy that an individual who is hired may voluntarily leave employment upon proper notice, and may be terminated by the employer at any time for any reason.

that any oral or written statements to the contrary are hereby expressly disavowed and should not be relied upon by any prospective or existing employee.

I agree to be responsible for public property and equipment issued to me by the City until returned by me. I agree to pay for property and equipment not returned and authorizes the City to withhold an amount equal to value of property not returned by me from my final payment.

AUTHORIZATION TO RELEASE INFORMATION

I authorize the City of Urbandale to make a complete investigation of me, including but not limited to, my past employment history, medical history, scholastic record, criminal activity, motor vehicle driving records, workers' compensation history and to receive the results of any physical examination, including results of alcohol or drug screening I may be required to undergo, and to rely on such information sources. I understand that this organization may request an investigative consumer report from a consumer-reporting agency that includes information as to my character, general reputation, and personal characteristics. I understand that the investigative consumer report may involve personal interviews with my neighbors, friends, relatives, former employers, schools and others. I also understand that under the Federal Fair Labor Credit Reporting Act, I have the right to make a written request to this organization, within a reasonable time, for the disclosure of the name and address of the consumer-reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation. I authorize all persons and organizations to release any information concerning my background and hereby release all persons and organizations from liability for any damage whatsoever for this information. I acknowledge that a telephone facsimile (FAX) or photographic copy shall be as valid as the original.

Applicant Name: _____
Last First MI.

Signature of Applicant: _____ Date: ____ / ____ / _____