

MAR-MAC POLICE DISTRICT
APPLICATION PACKET

AUTHORIZATION FOR INFORMATION AND EXAMINATION WAIVER

I, _____, agree to submit to written, physical agility, physical, psychological examinations, credit and background investigations, and oral interviews as deemed necessary by the Mar-Mac Police District. I also understand that I must successfully pass all the forgoing examinations, investigations, and interviews before being finally accepted for employment with the Mar-Mac Police District as a Police Officer.

Release of Information

I hereby authorize and grant permission to any current or previous employer, business, or place of employment to provide the Mar-Mac Police District any employment information, background information, employment checks, access to my personnel files, my employee records, work history, and/or background employment. I grant permission to any current or former employer and/or business the release of any details and work history to the Mar-Mac Police District.

I hereby authorize all previous schools, colleges, financial institutions, hospitals, medical facilities, and doctors to furnish the Mar-Mac Police District my records, charts, and all information they may have concerning me, and I hereby release them and the Mar-Mac Police District from all liability for any damage whatsoever arising there from. I also authorize the Mar-Mac Police District to receive, from any criminal just agency and record that may be on file concerning me and hereby release then and the Mar-Mac Police District from and damages whosoever arising there from. I furthermore grant permission to any institute to release any criminal records, financial records, personal records, background information, and my history information to the Mar-Mac Police District.

I further authorize the Mar-Mac Police District to investigate all information and statements given in this application. I hereby release the Mar-Mac Police District and their agents from any and all injuries and damages that may occur while competing in any part of the testing process.

In the event of my employment by the Mar-Mac Police District, I agree to abide by all presently active and subsequently issued rules and regulations of the Mar-Mac Police District. I understand in the event of my employment by the Mar-Mac Police District, I am subject to dismissal if any of the information I have given is false or if I have failed to give any material herein requested.

I agree that this application and all attachment thereto shall remain the property of the Mar-Mac Police District.

I acknowledge a photocopy of this release for information will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

I have read the forgoing instructions for applicants and fully understand them and have complied with them to the best of my ability.

ELECTRONIC SIGNATURE: I have agreed to submit this application by electronic means. By signing this application electronically, I certify under penalty of perjury and false swearing that my answers are correct and complete to the best of my knowledge. I understand that an electronic signature has the same legal effect and can be enforced in the same way as a written signature.

Signature

Date

Printed Name

Date of Birth

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SECTION 1: PERSONAL INFORMATION

1.1 Date: _____ 1.2 Position Applying For: _____

1.3 Name: _____
(Last) (First) (Middle)

1.4 Alias/Other Name(s): _____

1.5 Date of Birth: _____ 1.6 Social Security Number: _____

1.7 Address: _____
(Street) (City) (State) (Zip)

1.8 Mailing Address (if different): _____

1.9 Driver's License Number: _____ 1.10 State: _____

1.11 Phone: _____ 1.12 Email: _____

1.13 Citizenship: U.S. Born U.S. Naturalized Other: _____

1.14 Are you at least 21 years old? Yes No

If no, will you be 21 years old at time of appointment? Yes No

1.15 Are you a "Veteran" as defined in Iowa Code 35.1? Yes No

If yes, describe the service which qualifies you as a Veteran: _____

1.16 Have you ever applied with the Mar-Mac Police District? Yes No

If yes, when? _____

1.17 Are you currently active in any other law enforcement agencies hiring process? Yes No

If yes, where and what is the current status? _____

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SECTION 2: HIGH SCHOOL EDUCATION

2.1 Name of High School: _____

2.2 Address of High School: _____
(Street) (City) (State) (Zip)

2.3 Dates Attended: _____
(MM/YYYY – MM/YYYY)

2.4 Graduation Year: _____
(YYYY)

2.5 Did you receive a high school diploma or a GED certificate? Diploma Certificate None

SECTION 3: POST HIGH SCHOOL EDUCATION

3.1 Did you attend any colleges, universities, or trade schools? Yes No

3.2 Are you currently enrolled in colleges, universities, or trade schools? Yes No

3.3 Starting with the most recent, list all colleges, universities, or trade schools you attended in the last ten (10) years. If you have not attended any colleges, universities, or trade schools in the last ten (10) years, list the institutions you attended. If there is insufficient space on the form, use the additional sheets provided at the end of this packet. Be sure to reference the relevant section and question on any supplemental pages or attachments.

3.4 Name of School and location: _____
(Name) (Location – City, State)

Dates Attended: _____ Graduation/Completion Year: _____
(MM/YYYY – MM/YYYY) (YYYY)

Course of study: _____ Number of credit(s): _____

Did you receive a degree or a certificate of completion? Degree Certificate

Type of degree or name of certification: _____

3.5 Name of School and location: _____
(Name) (Location – City, State)

Dates Attended: _____ Graduation/Completion Year: _____
(MM/YYYY – MM/YYYY) (YYYY)

Course of study: _____ Number of credit(s): _____

Did you receive a degree or a certificate of completion? Degree Certificate

Type of degree or name of certification: _____

3.6 Name of School and location: _____
(Name) (Location – City, State)

Dates Attended: _____ Graduation/Completion Year: _____
(MM/YYYY – MM/YYYY) (YYYY)

Course of study: _____ Number of credit(s): _____

Did you receive a degree or a certificate of completion? Degree Certificate

Type of degree or name of certification: _____

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SECTION 3: POST HIGH SCHOOL EDUCATION (CONTINUE)

3.7 Name of School and location: _____
(Name) (Location – City, State)

Dates Attended: _____ Graduation/Completion Year: _____
(MM/YYYY – MM/YYYY) (YYYY)

Course of study: _____ Number of credit(s): _____

Did you receive a degree or a certificate of completion? Degree Certificate

Type of degree or name of certification: _____

3.8 Name of School and location: _____
(Name) (Location – City, State)

Dates Attended: _____ Graduation/Completion Year: _____
(MM/YYYY – MM/YYYY) (YYYY)

Course of study: _____ Number of credit(s): _____

Did you receive a degree or a certificate of completion? Degree Certificate

Type of degree or name of certification: _____

3.9 Name of School and location: _____
(Name) (Location – City, State)

Dates Attended: _____ Graduation/Completion Year: _____
(MM/YYYY – MM/YYYY) (YYYY)

Course of study: _____ Number of credit(s): _____

Did you receive a degree or a certificate of completion? Degree Certificate

Type of degree or name of certification: _____

3.10 Name of School and location: _____
(Name) (Location – City, State)

Dates Attended: _____ Graduation/Completion Year: _____
(MM/YYYY – MM/YYYY) (YYYY)

Course of study: _____ Number of credit(s): _____

Did you receive a degree or a certificate of completion? Degree Certificate

Type of degree or name of certification: _____

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SECTION 4: ARMED FORCES

- 4.1 Have you ever been in the U.S. Armed Forces or National Guard? Yes No
- 4.2 Have you ever during time of conflict? Yes No
If yes, when? _____
- 4.3 Branch: _____ 4.4 Rank: _____
- 4.5 Enlisted Date: _____ (MM/YYYY) 4.6 Discharged Date: _____ (MM/YYYY)
- 4.7 Type of discharge? _____

SECTION 5: EMPLOYMENT HISTORY

Starting with the most recent, list all employers (paid and/or volunteer) you worked for in the last 10 years. If you were unemployed during any period within the last 10 years, list the date(s) you unemployed. If there is insufficient space on the form, use the additional sheets provided at the end of this packet. Be sure to reference the relevant section and question on any supplemental pages or attachments.

- 5.1 Start Date: _____ (MM/YYYY) End Date: _____ (MM/YYYY)
- Name of Employer: _____
- Address: _____ (Street) (City) (State) (Zip)
- Name of supervisor: _____ Title: _____
- Phone: _____ Email: _____
- Position: _____ Salary: _____
- Duties: _____

- Reason for leaving: _____

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SECTION 5: EMPLOYMENT HISTORY (CONTINUE)

5.2 Start Date: _____ End Date: _____
(MM/YYYY) (MM/YYYY)

Name of Employer: _____

Address: _____
(Street) (City) (State) (Zip)

Name of supervisor: _____ Title: _____

Phone: _____ Email: _____

Position: _____ Salary: _____

Duties: _____

Reason for leaving: _____

5.3 Start Date: _____ End Date: _____
(MM/YYYY) (MM/YYYY)

Name of Employer: _____

Address: _____
(Street) (City) (State) (Zip)

Name of supervisor: _____ Title: _____

Phone: _____ Email: _____

Position: _____ Salary: _____

Duties: _____

Reason for leaving: _____

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SECTION 5: EMPLOYMENT HISTORY (CONTINUE)

5.4 Start Date: _____ End Date: _____
(MM/YYYY) (MM/YYYY)

Name of Employer: _____

Address: _____
(Street) (City) (State) (Zip)

Name of supervisor: _____ Title: _____

Phone: _____ Email: _____

Position: _____ Salary: _____

Duties: _____

Reason for leaving: _____

5.5 Start Date: _____ End Date: _____
(MM/YYYY) (MM/YYYY)

Name of Employer: _____

Address: _____
(Street) (City) (State) (Zip)

Name of supervisor: _____ Title: _____

Phone: _____ Email: _____

Position: _____ Salary: _____

Duties: _____

Reason for leaving: _____

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SECTION 5: EMPLOYMENT HISTORY (CONTINUE)

5.6 Start Date: _____ End Date: _____
(MM/YYYY) (MM/YYYY)

Name of Employer: _____

Address: _____
(Street) (City) (State) (Zip)

Name of supervisor: _____ Title: _____

Phone: _____ Email: _____

Position: _____ Salary: _____

Duties: _____

Reason for leaving: _____

5.7 Start Date: _____ End Date: _____
(MM/YYYY) (MM/YYYY)

Name of Employer: _____

Address: _____
(Street) (City) (State) (Zip)

Name of supervisor: _____ Title: _____

Phone: _____ Email: _____

Position: _____ Salary: _____

Duties: _____

Reason for leaving: _____

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SECTION 5: EMPLOYMENT HISTORY (CONTINUE)

5.8 Start Date: _____ End Date: _____
(MM/YYYY) (MM/YYYY)

Name of Employer: _____

Address: _____
(Street) (City) (State) (Zip)

Name of supervisor: _____ Title: _____

Phone: _____ Email: _____

Position: _____ Salary: _____

Duties: _____

Reason for leaving: _____

5.9 Start Date: _____ End Date: _____
(MM/YYYY) (MM/YYYY)

Name of Employer: _____

Address: _____
(Street) (City) (State) (Zip)

Name of supervisor: _____ Title: _____

Phone: _____ Email: _____

Position: _____ Salary: _____

Duties: _____

Reason for leaving: _____

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SECTION 6: RESIDENTIAL HISTORY

Starting with the most recent, list all locations where you have lived, regardless of period of time, for the last 10 years. If there is insufficient space on the form, use the additional sheets provided at the end of this packet. Be sure to reference the relevant section and question on any supplemental pages or attachments.

6.1 From: _____ To: _____
(MM/YYYY) (MM/YYYY)

Address: _____
(Street) (City) (State) (Zip)

Did you rent or owned your residence? Rent Owned Other

If other, explain? _____

Name of landlord (if applicable): _____ Phone: _____

6.2 From: _____ To: _____
(MM/YYYY) (MM/YYYY)

Address: _____
(Street) (City) (State) (Zip)

Did you rent or owned your residence? Rent Owned Other

If other, explain? _____

Name of landlord (if applicable): _____ Phone: _____

6.3 From: _____ To: _____
(MM/YYYY) (MM/YYYY)

Address: _____
(Street) (City) (State) (Zip)

Did you rent or owned your residence? Rent Owned Other

If other, explain? _____

Name of landlord (if applicable): _____ Phone: _____

6.4 From: _____ To: _____
(MM/YYYY) (MM/YYYY)

Address: _____
(Street) (City) (State) (Zip)

Did you rent or owned your residence? Rent Owned Other

If other, explain? _____

Name of landlord (if applicable): _____ Phone: _____

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SECTION 6: RESIDENTIAL HISTORY (CONTINUE)

6.5 From: _____ (MM/YYYY) To: _____ (MM/YYYY)

Address: _____ (Street) _____ (City) _____ (State) _____ (Zip)

Did you rent or owned your residence? Rent Owned Other

If other, explain? _____

Name of landlord (if applicable): _____ Phone: _____

6.6 From: _____ (MM/YYYY) To: _____ (MM/YYYY)

Address: _____ (Street) _____ (City) _____ (State) _____ (Zip)

Did you rent or owned your residence? Rent Owned Other

If other, explain? _____

Name of landlord (if applicable): _____ Phone: _____

6.7 From: _____ (MM/YYYY) To: _____ (MM/YYYY)

Address: _____ (Street) _____ (City) _____ (State) _____ (Zip)

Did you rent or owned your residence? Rent Owned Other

If other, explain? _____

Name of landlord (if applicable): _____ Phone: _____

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SECTION 7: FINANCIAL INFORMATION

- | | | |
|--|------------------------------|-----------------------------|
| 7.1 Are you current with all of your financial obligations? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7.2 Have any of your bills ever been turned over to a collection agency? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7.3 Have you ever had anything repossessed? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7.4 Have you ever filed bankruptcy? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7.5 Are you required to pay child support? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7.6 Are you required to pay alimony? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7.7 Have you ever been a plaintiff or defendant in a civil suit? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7.8 Are you presently under any court order to make payments to any person(s), companies, ect? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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SECTION 9: REFERENCES

List six (6) character references that personally know you. Do not list employers, relatives, or supervisors. Do not list people that do not regularly interact with you.

9.1 Name: _____ Phone: _____
(Last, First)

Address: _____
(Street) (City) (State) (Zip)

Profession: _____ Years Known: _____

9.2 Name: _____ Phone: _____
(Last, First)

Address: _____
(Street) (City) (State) (Zip)

Profession: _____ Years Known: _____

9.3 Name: _____ Phone: _____
(Last, First)

Address: _____
(Street) (City) (State) (Zip)

Profession: _____ Years Known: _____

9.4 Name: _____ Phone: _____
(Last, First)

Address: _____
(Street) (City) (State) (Zip)

Profession: _____ Years Known: _____

9.5 Name: _____ Phone: _____
(Last, First)

Address: _____
(Street) (City) (State) (Zip)

Profession: _____ Years Known: _____

9.6 Name: _____ Phone: _____
(Last, First)

Address: _____
(Street) (City) (State) (Zip)

Profession: _____ Years Known: _____

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SECTION 10: PERSONAL QUESTIONNAIRE

Answer the following questions truthfully. Each answer will be reviewed on a case-by-case basis and does not automatically disqualify you from the application process. Failing to answer a question, or not answering the question truthfully does automatically disqualify you from the application process. Some questions may require a written response. If a response is required, write your response in Section 11 of this packet. Be sure to reference the relevant question. All answers are subject to verification.

- 10.1 Have you been completely honest and forthcoming in this application packet? Yes No
- 10.2 Have you reviewed this application packet for errors and missed questions? Yes No
- 10.3 Do you want to be a Police Officer? Yes No
- 10.4 Have you ever been discipline at any high schools, colleges, universities, or trade schools you attended? If yes, explain. Yes No
- 10.5 Have you ever been discipline at any place of employment? If yes, explain. Yes No
- 10.6 Have you ever been terminated or asked to resign from any employment? If yes, explain. Yes No
- 10.7 In the last 10 years, have you used marijuana? If yes, list when the last time you used marijuana. Yes No
- 10.8 In the last 10 years, have you used methamphetamine?
If yes, list when the last time you used methamphetamine. Yes No
- 10.9 In the last 10 years, have you used any other illegal drugs?
If yes, list the illegal drug you used and the last time you used each illegal drug. Yes No
- 10.10 In the last 10 years, have you used prescription drugs other than under the supervision of or as prescribed by a physician? If yes, explain the circumstances and list the prescription drug. Yes No
- 10.11 Has your driver's license ever been suspended, denied, revoked or restricted by a court? If yes, explain the circumstances. Yes No
- 10.12 If it became necessary to take a human life, in the course of your duties as a Police Officer, would you be able to do so? If no, explain. Yes No
- 10.13 Have you taken anything that does not belong to you worth more than \$25? If yes, explain. Yes No
- 10.14 In the last 10 years, has your motor vehicle insurance been refused or cancelled? If yes, explain. Yes No
- 10.15 Do you have current motor vehicle insurance? If no, explain. Yes No
- 10.16 Are there any incidents in your life not mentioned herein which may reflect upon your suitability to perform the duties of the position you are applying for? If yes, explain. Yes No
- 10.17 Is there anything we should be aware of that may be discovered during your background investigation? Yes No

