

OSAGE POLICE DEPARTMENT – APPLICATION PACKET 2018

The Osage Police Department's mission is to work in partnership with the community to protect life and property and enhance the quality of life in our city. We are currently seeking a highly motivated individual with honesty, integrity and a passion for helping their community to serve as police officer. Osage offers a competitive salary, which is on a varying pay scale factoring in experience and education.

Testing for candidates will be Saturday, January 13th, 2018. Candidates who are not currently Iowa certified law enforcement officers will take a physical agility test. The physical agility portion of the test is tentatively scheduled for 10:00 a.m. at the Cedar River Complex located at 809 Sawyer Dr. in Osage. Check in will begin at 9:30 a.m. Please plan to check the Osage Police Department website at www.osagepd.org or the Department's Facebook page in case the physical agility test date or time is changed due to inclement weather.

For those passing the physical agility test, the National Police Officer Selection Test (POST) will be given at the Osage Police Department located at 432 Main Street. This will follow the physical testing and a short lunch break. You can purchase an online POST study guide or practice tests from Stanard.

<https://www.applytoserve.com/Study/>

Please fill out the application packet and return to the Osage Police Department office by 5:00 pm, Tuesday, December 26, 2017.

Call 641-732-3777 or email osagepd@osagepd.org if you have any questions about the application process.



EDUCATION RECORD

High School: Circle highest grade completed 8 9 10 11 12 High school diploma or equivalent (GED)? Yes No

Name	Address	Dates Attended		Date Graduated
		From	To	

College/University: Circle No. of years completed 1 2 3 4 5 6 or more

Name of School and Location	Dates Attended		Credit Received		Field of Study or Area of Concentration		Type of Degree Obtained
	mo / yr	mo / yr	Semester hours	Quarter hours	Major	Minor	

- a. If you are working toward a degree, please give the anticipated completion date. _____
- b. Has any disciplinary action, including scholastic probation and dismissal, ever been taken against you during your academic career?
 Yes No If yes, complete the following: _____
School Date
 Type of action taken: _____
- c. List awards, honors, citations, athletic endeavors, and any other special recognition you received.

- d. List any special abilities, (computer skills, etc.) special interests or hobbies: _____

- e. List languages, including American Sign Language (ASL), in addition to English that you speak, read and write fluently:

- f. If you are licensed or certified to practice a trade or profession, complete the following:
 Specialty: _____ License issued by: _____

INTERNSHIPS

Name of Business: _____	From: (mo/yr) _____	To: (mo/yr) _____
Address: _____	City: _____	State: _____
Work supervisor: _____	Example of duties performed: _____	

Name of Business: _____	From: (mo/yr) _____	To: (mo/yr) _____
Address: _____	City: _____	State: _____
Work supervisor: _____	Example of duties performed: _____	



RESIDENCE HISTORY

List chronologically ALL of your residences in the past 10 years (include addresses while attending school if away from home, and all military addresses including any off military base). If additional space is needed, please attach a separate sheet.

Dates		Apt. No.	Street Address	City	County	State
From	To					

FINANCIAL RECORD

a. What is the total amount of your monthly financial obligations? _____

b. Are monthly financial obligations kept current ? Yes No
 If no, explain: _____

c. Do you have any sources of income other than your salary? Yes No
 If yes, explain: _____

COURT RECORD

a. Have you ever been arrested or charged with any violation including traffic citations, but not parking tickets? Yes No
(List all such matters even if not formally charged, or no court appearance, or found not guilty, or matter settled by payment of fine or forfeiture of collateral.)

Date	Place	Charge	Final Disposition	Details

b. Has any member of your immediate family, i.e. spouse, parents, brother, or sister ever been arrested for any violation other than traffic? Yes No If yes, list below:

c. Have you ever been a plaintiff or defendant in any court action (including divorce)? Yes No

If yes, give date, place, court names of parties involved, nature of action, and final disposition.



SELECTIVE SERVICE / MILITARY RECORD

a. Have you ever (**check all that apply**):

Registered with the Selective Service, if applicable? Yes No

Applied for a position with any branch of the Armed Forces of the United States? Yes No

Been rejected by any branch of the Armed Forces for any reason? Yes No If yes, state reason(s):

Been inducted into any branch of the Armed Forces? Yes No
If yes, complete sections b-h

Served on active duty in any branch of the Armed Forces? Yes No
If yes, complete sections b-h

b. Dates of active duty (month, day and year) From _____ To _____	c. Branch of military service	d. Highest rank attained	e. Serial Number
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f. Type of discharge _____ Date DD-214 Form recorded _____ County _____ State _____ Provide a copy of your DD-214 with application.	g. Member of Reserve/National Guard? <input type="checkbox"/> Yes <input type="checkbox"/> No Service Branch _____ Location _____
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h. Was any type of disciplinary action taken against you in the service? Yes No
Nature of disciplinary action? _____

ORGANIZATION MEMBERSHIP (Optional)

a. Are you now, or have you ever been a member of any club, society or organization? Yes No
If yes, list below. *Do not abbreviate.*

Organization	City and State	Dates	List position(s) held and extent of activity

VOLUNTEER ACTIVITIES/EMPLOYMENT

Volunteer Activities (including volunteer fire fighting, police or sheriff reserve and civic activities)

Sponsoring Organization	City and State	Dates	List position(s) held and extent of activity



EMPLOYMENT

List your work experience, starting with the most recent. Include summer and part-time employment in addition to jobs held as a teenager. Account for all time. If unemployed for a period of time, indicate and set forth dates of unemployment. If you do not recall the name of a supervisor, work address, etc., indicate such on the application.

a. Name of employer	Dates of employment	Salary
Address	Position and kind of work	
City & state	Name of supervisor	
Telephone ()	Reason for leaving	
b. Name of employer	Dates of employment	Salary
Address	Position and kind of work	
City & state	Name of supervisor	
Telephone ()	Reason for leaving	
c. Name of employer	Dates of employment	Salary
Address	Position and kind of work	
City & state	Name of supervisor	
Telephone ()	Reason for leaving	
d. Name of employer	Dates of employment	Salary
Address	Position and kind of work	
City & state	Name of supervisor	
Telephone ()	Reason for leaving	
e. Name of employer	Dates of employment	Salary
Address	Position and kind of work	
City & state	Name of supervisor	
Telephone ()	Reason for leaving	
f. Name of employer	Dates of employment	Salary
Address	Position and kind of work	
City & state	Name of supervisor	
Telephone ()	Reason for leaving	
g. Name of employer	Dates of employment	Salary
Address	Position and kind of work	
City & state	Name of supervisor	
Telephone ()	Reason for leaving	
h. Name of employer	Dates of employment	Salary
Address	Position and kind of work	
City & state	Name of supervisor	
Telephone ()	Reason for leaving	

REFERENCES

Give three references (*not* relatives, present employers, or school teachers) who are responsible adults of reputable standing in their communities, preferably those who have known you well during the past five years. If retired, give former occupation.

a. Complete name	Occupation	No. yrs. acquainted.
Home address	Home phone ()	
Business name and address	Bus. phone ()	
b. Complete name	Occupation	No. yrs. acquainted.
Home address	Home phone ()	
Business name and address	Bus. phone ()	
c. Complete name	Occupation	No. yrs. acquainted.
Home address	Home phone ()	
Business name and address	Bus. phone ()	

Give three social acquaintances

a. Complete name	Occupation	No. yrs. acquainted.
Home address	Home phone ()	
Business name and address	Bus. phone ()	
b. Complete name	Occupation	No. yrs. acquainted.
Home address	Home phone ()	
Business name and address	Bus. phone ()	
c. Complete name	Occupation	No. yrs. acquainted.
Home address	Home phone ()	
Business name and address	Bus. phone ()	

Osage Police Department



AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____, do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the Osage Police Department, whether the said records are of a public, private or confidential nature, including criminal histories.

The intent of this authorization is to give my consent for full and complete disclosure of records of educational institutions; financial or credit institutions, including records of loans, the records of commercial or retail credit agencies (including credit reports and/or ratings) and other financial statements of records whenever filed; medical and psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners, and the U.S. Veteran's Administration; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me; and the recollections of attorneys at law, or of other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the Osage Police Department. I also certify that any person(s) who may furnish such information in good faith concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information. I further release the Osage Police Department from any and all liability which may be incurred as a result of collecting such information.

I HEREBY SWEAR AND AFFIRM THAT EACH STATEMENT AND ALL INFORMATION IN OR SUPPLEMENTING THIS APPLICATION (PERSONAL AND PHYSICAL EVALUATION) ARE COMPLETE, TRUE AND ACCURATELY RECORDED TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT PROVIDING FALSE, MISLEADING AND/OR INCOMPLETE INFORMATION ON THIS APPLICATION IS GROUNDS FOR EXCLUSION FROM THE SELECTION PROCESS OR DISCHARGE IF DISCOVERED SUBSEQUENT TO EMPLOYMENT.

A photocopy and/or fax of this release form will be valid as an original thereof, even though the said photocopy/fax does not contain an original writing of my signature.

I have read and fully understand the contents of the "Authorization for Release of Personal Information".

(Signature of Applicant)

(Date)

The Osage Police Department is an equal opportunity employer.

INDEMNITY AGREEMENT

The undersigned candidate for the **Osage Police Department** for the **City of Osage**, hereby covenants and agrees to indemnify and hold harmless **Cedar River Complex** and the **City of Osage** of and from any and all claims, demands and causes of action arising out of any accident or injuries which may be sustained on the premises of **Cedar River Complex** by the undersigned while participating in the Iowa Law Enforcement Fitness Test. Including, but not limited to, personal injuries or property damages, whether said claims, damages and causes of action are contractual, tortuous or otherwise.

Signed this _____ day of _____, 20_____

Applicant Printed Name _____

Applicant Signature _____

Witness _____

MINIMAL PHYSICAL FITNESS PERFORMANCE REQUIREMENTS CHART

MALES

Test / Age	20-29	30-39	40-49	50-59	60+
Sit & Reach	16.5	15.5	14.3	13.3	12.5
1 Minute Sit up	38	35	29	24	19
1 Minute Push up	29	24	18	13	10
1.5 Mile Run	12:51	13:36	14:29	15:26	16:43

FEMALES

Test / Age	20-29	30-39	40-49	50-59	60+
Sit & Reach	19.3	18.3	17.3	16.8	15.5
1 Minute Sit up	32	25	20	14	6
1 Minute Push up	15	11	9	*12	*5
1.5 Mile Run	15:26	15:57	16:58	17:54	18:44

*Females in excess of 49 years of age may do push ups on their knees.
Normative data for these age groups have not been established.