

## **OSAGE POLICE DEPARTMENT – APPLICATION PACKET 2019**

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, December 14th, 2019. 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 8:30 a.m. at the Cedar River Complex located at 809 Sawyer Dr. in Osage. Check in will begin at 8:00 a.m. We will contact you 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 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 (432 Main St-Osage, IA 50461) by Wednesday, November 27th, 2019.

Call 641-732-3777 or email [osagepd@osagepd.org](mailto: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 _____ <b>Provide a copy of your DD-214 with application.</b>	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.

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

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

### Give three social acquaintances

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

**(Keep for your reference)**

## 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.