

# Van Meter Police Department

Serving our community since 1868

Application for Employment

Police Officer



The City of Van Meter is an equal opportunity employer and will consider anyone for employment who qualifies regardless of race, color, religion, sex, national origin, age, disability or political affiliation

[WWW.VANMETERIA.GOV](http://WWW.VANMETERIA.GOV)

## Van Meter Police Department

### Certificate of Applicant and Authorization for release of information

I \_\_\_\_\_ (Print Full Name), hereby certify that all statements made on or in connection with this application are true and complete to the best of my knowledge. I understand and agree that any misstatements or omissions of material facts will cause forfeiture on my part of all rights to initial employment or continued employment by the Van Meter Police Department.

The intent of this authorization is to make available a full and complete disclosure of any and all information pertaining to my person; therefore, I do hereby authorize all present and past employers, all law enforcement agencies, all military agencies, the Veterans Administration, All Federal, State or local government agencies, State and Federal tax bureaus, schools and universities to furnish the Van Meter Police Department with any and all available information regarding past or present performance, conduct or behavior. I further authorize the release of any punitive or disciplinary action, or memorandum to the Van Meter Police Department in order that the information be evaluated to assist in the determination of my suitability for police work.

I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal business life for the specific purpose of conducting a pre-employment background investigation.

I authorize the Van Meter Police Department to make an inquiry and gather any documents of my present and past employers regarding my character, integrity, reputation and performance.

I authorize the release of any and all of the aforementioned information regarding my person, employment or any other aspect, whether personal or otherwise, that may or may not be in their written records.

I agree to indemnify and hold harmless the person to whom this request is presented, along with the company or organization therein from any and all claims, damages, losses, expenses, including reasonable attorney fees arising out of complying with this request.

I understand that in the event my application is disapproved, the source of information obtained is confidential and cannot be revealed to me.

A photocopy of this authorization will be considered as effective and valid as the original, even if the copy does not contain the original writing of my signature.

MUST BE SIGNED IN THE PRESENCE OF A NOTARY:

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

My commission expires \_\_\_\_\_ 20\_\_\_\_\_

Notary: \_\_\_\_\_

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Signature of Applicant

Address

City/State/Zip

# Van Meter Police Department

## Applicant Personal History Questionnaire

### Pre-Employment History File Access Restricted

## Verification of Information

The information requested on this questionnaire will be used for reference by those who will be considering your application for with the Van Meter Police Department. An extensive background investigation will be conducted into your personal history.

Any false, misleading or incomplete information substituted for accurate information will be grounds to disqualify you from further consideration in the application process with the Van Meter Police Department.

I confirm that I have read and that I understand the above and that all statements and documents presented to the Van Meter Police Department are true, correct, complete and made in good faith.

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Signature

Date

Please indicate position for which you are applying\_\_\_\_\_

## Directions

- BEFORE YOU BEGIN, read the entire set of directions and list of documents required for submission. This is competitive therefore, applicants will not be accepted, processed, or evaluated unless complete. All addresses and phone numbers must include zip codes and area codes.
- USE BLACK INK PEN ONLY. Complete this form in your own handwriting or printing. If you need special accommodation in completing this questionnaire, contact our Chief at (515) 218-6534
- Read each question carefully before answering. Be certain that your answers are legible.
- Be certain that each question is answered COMPLETELY and CORRECTLY. Submit all documents as requested. If a question does not apply to you, write "N/A" (Not applicable) in the space. Leave no blank space

## PERSONAL DATA

Full Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

List any other names that you used: \_\_\_\_\_

Are you a US Citizen? Yes ☐ No ☐ Were you naturalized? Yes ☐ No ☐

List your present address. Then list all addresses where you have lived for the past ten years, including addresses in the military or while attending college.

From	To	Address	City/ County	State	Zip Code

Have you ever applied for a position with this department before? Yes ☐ No ☐

If yes, date of application? \_\_\_\_\_

Have you recently filed for employment with any other source? Yes ☐ No ☐

If yes, please list below

Date	Organization/Firm	Address	Position Applied For	Disposition

Are you acquainted with any City of Van Meter Employee? Yes ☐ No ☐

If yes, please list their names and relationships: \_\_\_\_\_

Based on the essential functions of the position for which you are applying, are you able to perform these functions?

Yes ☐ No ☐ If no, please explain \_\_\_\_\_

## REFERENCES

List (4) four character references, two of which are near your same age and are not relatives, in-laws or past employers who have known you well during the past 3 years.

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Years Known: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Years Known: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Years Known: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Years Known: \_\_\_\_\_

## ARREST HISTORY

Other than traffic citations, have you as an adult or juvenile been arrested, convicted, charged, questioned, accused or detained for any reason by any police, security or military police authority, either in the United States or in any foreign country? Yes ☐ No ☐

If yes, please list below. Use the explanation page for additional space.

Date	Charge	Department/Agency	Location	Disposition
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

*If the answer to either question below is yes, please explain in detail on the explanation page of this packet.*

Were you ever served with a criminal or civil subpoena or summons other than traffic? Yes ☐ No ☐

Have the Police ever been called to your home, current or former for any reason? Yes ☐ No ☐

Do you have: (Check appropriate boxes)

☐ GED/High School Diploma

☐ Associate's Degree

☐ Bachelor's Degree

☐ Master's Degree

Starting with the most recent, List all Elementary, High School, Colleges & Trade Schools you have attended

Month/Year From

Month/Year To

Name/Address

Graduate?

Degree


Have you ever been suspended, expelled or asked to leave school for disciplinary reasons?

☐ Yes

☐ No

If yes, please explain:

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Are you a graduate of a certified Police Academy or Law Enforcement Training Program?

☐ Yes

☐ No

If yes, please provide the following information.

Name of Academy

Dates Attended

License Obtained (Class A, B, etc.)

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Special Skills, qualifications and awards:


## Employment

Start with your most recent or last job and list all the places that you have worked for in the past ten years. List any additional employers on the explanation page, or a blank sheet of paper, and attach it to the application.

May we contact your most recent employer? ☐ Yes ☐ No

Employer Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Job title: \_\_\_\_\_

Address (City, State, and Zip): \_\_\_\_\_

Date from: \_\_\_\_\_ Date to: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Starting wage: \_\_\_\_\_ Final Wage: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Work Performed: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Job title: \_\_\_\_\_

Address (City, State, and Zip): \_\_\_\_\_

Date from: \_\_\_\_\_ Date to: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Starting wage: \_\_\_\_\_ Final Wage: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Work Performed: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Job title: \_\_\_\_\_

Address (City, State, and Zip): \_\_\_\_\_

Date from: \_\_\_\_\_ Date to: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Starting wage: \_\_\_\_\_ Final Wage: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Work Performed: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Job title: \_\_\_\_\_

Address (City, State, and Zip): \_\_\_\_\_

Date from: \_\_\_\_\_ Date to: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Starting wage: \_\_\_\_\_ Final Wage: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Work Performed: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Job title: \_\_\_\_\_

Address (City, State, and Zip): \_\_\_\_\_

Date from: \_\_\_\_\_ Date to: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Starting wage: \_\_\_\_\_ Final Wage: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Work Performed: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Job title: \_\_\_\_\_

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Address (City, State, and Zip): \_\_\_\_\_

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Starting wage: \_\_\_\_\_ Final Wage: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Work Performed: \_\_\_\_\_



Employer Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Job title: \_\_\_\_\_

Address (City, State, and Zip): \_\_\_\_\_

Date from: \_\_\_\_\_ Date to: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Starting wage: \_\_\_\_\_ Final Wage: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Work Performed: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Job title: \_\_\_\_\_

Address (City, State, and Zip): \_\_\_\_\_

Date from: \_\_\_\_\_ Date to: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Starting wage: \_\_\_\_\_ Final Wage: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Work Performed: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Job title: \_\_\_\_\_

Address (City, State, and Zip): \_\_\_\_\_

Date from: \_\_\_\_\_ Date to: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Starting wage: \_\_\_\_\_ Final Wage: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Work Performed: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Job title: \_\_\_\_\_

Address (City, State, and Zip): \_\_\_\_\_

Date from: \_\_\_\_\_ Date to: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Starting wage: \_\_\_\_\_ Final Wage: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Work Performed: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Job title: \_\_\_\_\_

Address (City, State, and Zip): \_\_\_\_\_

Date from: \_\_\_\_\_ Date to: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Starting wage: \_\_\_\_\_ Final Wage: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Work Performed: \_\_\_\_\_

Military Status

Are you registered with the Selective Service? ☐Yes ☐No

Do you have a current obligation with the Military? ☐Yes ☐No

If yes please list Unit, Address, Phone, and Commander

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Have you ever been Court Martialed or received UCMJ punishment? ☐Yes ☐No

If yes, please explain.

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NARCOTICS AND LIQOUR

Within the last 1 year, have you consumed any alcoholic beverages because of addiction to alcohol?

☐Yes ☐No

If yes, please explain:

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Within the last 5 years, have you used a controlled substance without a prescription?

☐Yes ☐No

If yes, please explain:

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Is there anything in your background that you would like to explain that might be revealed in a background investigation? Information withheld may disqualify you from employment with this agency. Please use this area below to list anything that you feel may be revealed in your background that was not mentioned or asked about in the application:

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MARITAL STATUS

Circle:   Single                      Married                      Engaged                      Separated                      Divorced                      Widowed

If engaged or married, please provide the following information:

Spouse Name (Include Maiden): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

LIST ALL CHILDREN AND DEPENDENTS

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

LIST NAMES OF IMMEDIATE FAMILY MEMBERS (MOM, DAD, BROTHERS, SISTERS)

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Relationship: \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Relationship: \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Relationship: \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Relationship: \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Relationship: \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Relationship: \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Relationship: \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Relationship: \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Relationship: \_\_\_\_\_ Address: \_\_\_\_\_

All employees are required to work a minimum 8-hour shift (Police Officer). Are you able to meet these requirements without excessive absences?      ☐ Yes    ☐ No

REMAINDER TO BE COMPLETED BY POLICE OFFICER APPLICANTS ONLY

If the need arises for you to use deadly force in the course of your duties as a Police Officers, would you have any reluctance to do so?      ☐ Yes    ☐ No      If yes, please explain:

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Have you ever used a weapon to defend yourself?      ☐ Yes    ☐ No      If yes, please explain:

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As the need to do so may arise at any time, are you physically capable of making a forceful arrest requiring physical strength and exertion?      ☐ Yes    ☐ No      If no, please explain:

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DRIVING HISTORY

List all drivers licenses you now hold or have previously held, either in Iowa or any other state.

State	Type of License	License #	Expiration Date
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List all driving citations/tickets or summonses you have received as an adult or juvenile, beginning with the most recent. If you cannot remember exact dates or locations, give approximate information

Month/Year	Charge	City/State	Issuing Agency	Disposition
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On this page only please write, *Why you want to be a Police Officer.*

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Explanation

This image shows a full page of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page, providing a template for handwriting practice or general note-taking. There are no margins, text, or other markings on the page.

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Page #
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Explanation
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