



APPLICATION FOR EMPLOYMENT LAW ENFORCEMENT OFFICER

REV 10/2022

NOTICE: All questions must be answered. Incomplete or illegible applications will not be considered. If the space provided is insufficient for complete answers or you wish to furnish additional information, please attach additional pages.

1.	PERSONAL INFORM	ATION					
Name (Last, First, Middle)				Driver Licen	se # and S	tate of Issuance	
Address (Apartment, Street, P.O. Box)					Home Te	lephone Number	
City	State		Zip Code		Cell Phon	e Number	
Email Address (This is our preferred means of contact with you. Print carefully!)						Best time of day for contact	
Are you currently a certified peace officer? Yes N	o In which	state?					
If applicable, indicate where you attained training and the			atod:				
n applicable, mulcate where you attained danning and the	uate that training was	comple					
ELIGIBILITY IS DETERMINED BY THE FOLLOWING QUES	TIONS:						
Are you at least 20 years of age? (Civil Service Comission	n Rule 8/04/2015)	Yes	No				
Do you possess a high school diploma, GED, or HSED?		Yes	No				
Are you a United States Citizen and able to establish lowa residency? Yes No							
Do you have a valid Driver's License?		Yes	No				
Are you addicted to drugs or alcohol?		Yes	No				
Have you ever been convicted of any felony or a misdemeanor crime involving moral turpitude?					Yes	No	
Are you prohibited by state or federal law from possessing a firearm?					Yes	No	
Are you able to meet health standards, including normal hearing and at least 20/100 ucorrected vision?					Yes	No	
Are you willing to comply with a residency requirement of 20 miles of Fort Madison city limits?					Yes	No	
Do you by reason of conscience or belief oppose the use of (deadly) force when necessary to fulfill lawful duty?						No	

(Minimum standards for lowa law enforcement officers is found in Administrative Code 501)

2. EDUCATION						
	Dates					
	From					
Name of School(s)	(mm/yyyy)	To (mm/yyyy)	Must specify if diploma, degree or only credits earned.			
High School(s)						
College(s)						

3. EMPLOYMENT

Begin with current or most recent employer. List chronologically all employment, including summer and part-time employment while attending school. To furnish additional employment information, attach sheets of the same size and format as this application.

Name and Address of Employer	Dates of Employment		
	From (mm/yyyy)	To (mm/yyyy)	
Name of Employer:			
Address:		Annual Salary/Wages:	
	Full-Time Part-Time		
City:	State:	Zip Code:	
City.	State.	Zip Code.	
Supervisor's Name / Telephone Number:	May we contact the employer / s	inervisor?	
Supervisor o Name / Totophone Names	Yes No	aportioor i	
	163 160		
Position and kind of work:	Reason for Leaving:		
Name and Address of Employer	Dates of En	ployment	
	From (mm/yyyy)	To (mm/yyyy)	
Name of Employer:			
Address:		Annual Salary/Wages:	
	Full-Time Part-Time		
City:	State:	Zip Code:	
City:	State:	Zip Code:	
Supervisor's Name / Telephone Number:	May we contact the employer / s	upervisor?	
oupervisor o realist / receptions realists.	Yes No	aper 11301 .	
	Tes No		
Position and kind of work:	Reason for Leaving:		
Name and Address of Employer	Dates of En	ployment	
	From (mm/yyyy)	To (mm/yyyy)	
Name of Franciscom	i i oni (iiiiii/yyyy)	. • \	
Name of Employer:	Trom (mmayyyy)		
Name of Employer:	Trom (mmyyyy)	10 (
	Trom (mmayyyy)		
Address:		Annual Salary/Wages:	
	Full-Time Part-Time		
Address:	Full-Time Part-Time	Annual Salary/Wages:	
Address:	Full-Time Part-Time	Annual Salary/Wages:	
Address: City	Full-Time Part-Time State:	Annual Salary/Wages: Zip Code:	
Address:	Full-Time Part-Time State: May we contact the employer / si	Annual Salary/Wages: Zip Code:	
Address: City	Full-Time Part-Time State:	Annual Salary/Wages: Zip Code:	
Address: City Supervisor's Name / Telephone Number:	Full-Time Part-Time State: May we contact the employer / si	Annual Salary/Wages: Zip Code:	
Address: City	Full-Time Part-Time State: May we contact the employer / si	Annual Salary/Wages: Zip Code:	
Address: City Supervisor's Name / Telephone Number:	Full-Time Part-Time State: May we contact the employer / si	Annual Salary/Wages: Zip Code:	
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Address: City Supervisor's Name / Telephone Number:	Full-Time Part-Time State: May we contact the employer / si	Annual Salary/Wages: Zip Code:	
Address: City Supervisor's Name / Telephone Number:	Full-Time Part-Time State: May we contact the employer / si	Annual Salary/Wages: Zip Code:	

			4. MILITARY SERVI	CE	
	From	То	Active Duty or		
Branch of Service	(mm/yyyy)	(mm/yyyy)	Reserve	Highest Grade	Skill Specialty or Primary Duty
lonorably discharged from r	military service?	Yes	No N/A	1	
Do you claim veteran's prefe	rence as defined	l by Iowa Code	e 35.1? Yes	No	
Explain:					
			5. REFERENCES	5	
Give three references (not re	elatives, or pres	ent employer;	avoid listing memb	ers of the clergy).	
Name:					
Position/Title/Profession:					
Number of Years Acquainte	d:				
Address:					
City/State/Zip:					
Telephone Number:					
Name:					
Position/Title/Profession:					
Number of Years Acquainte	d:				
Address:					
City/State/Zip:					
Telephone Number:					
•					
Name:					
Position/Title/Profession:					
Number of Years Acquainte	d:				
Address:	-				
City/State/Zip:					
Telephone Number:					

6. GENERAL

PLEASE ANSWER THE FOLLOWING QUESTIONS:

(Attach no more than one additional page for each answer.)

- A. Why have you chosen to apply for this position?
- B. Discuss things you have done which have contributed to your life experience. Be sure to include information regarding volunteer work with civic, school, or professional organizations. Be specific about names and dates.
- C. Why do you believe you could relate to and/or work with people of different races, genders, cultures, ages, socio-economic groups, and educational levels?

APPLICANT PLEASE READ CAREFULLY AND SIGN BELOW

Information provided and statements made as part of this application may be grounds for not employing you or for dismissing you after you begin work. All information and statements made are subject to verification.

CERTIFICATION

ALL INFORMATION PROVIDED AND STATEMENTS MADE BY ME AS PART OF THIS APPLICATION, OR AS PART OF ANY ADDITIONAL INFORMATION PROVIDED IN SUPPORT OF THIS APPLICATION, ARE COMPLETE, CORRECT, AND TRUE TO THE BEST OF MY KNOWLEDGE.

I UNDERSTAND THAT IF I AM EMPLOYED, FALSE INFORMATION PROVIDED OR FALSE STATEMENTS MADE AS

PART OF THIS APPLICATION MAY BE CONSIDERED AS CAUSE FOR DISMISSAL.							
Applicants Signature	Date Signed						

I request that my identity as an applicant for this position not be revealed without my consent until required by law. I understand that this is limited until necessary to verify employment and conduct a background check.

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TO APPLY:

Submit this completed application to the Fort Madison Police Department:

- in person at our lobby M-F 8-4 PM, or
- by mail to 811 Avenue E., Fort Madison, Iowa 52627, or
- email to FMPD@FortmadisonPD.com

DO NOT include copies of diplomas, certificates, transcripts, or sensitive documents at this time.

We will typically acknowledge receipt of applications (if not in person) by return email within five (5) business days.

Eligible candidates will be invited to attend physical fitness testing consisting of a 1.5 mile run, push ups, and sit ups. ILEA fitness standards can be found at: https://ilea.iowa.gov/wp-content/uploads/2022/06/Form-PTStandards-2022.pdf

The complete hiring process consists of the following steps: 1) PT Test 2) Cognative (written skills) Test 3) Civil Service Interview 4) MMPI (psyc test) 5) Background Investigation 6) Conditional Offer 7) Physical Exam & Drug Screen.

Previoulsy uncertified candidates must be willing to attend a four (4) month law enforcement academy. As all expenses and full-time wage is provided by the Fort Madison Police Department, the candidate must agree to an employment contract.