

STORY CITY POLICE DEPARTMENT

508 BROAD STREET
STORY CITY, IOWA 50248

Telephone 515-733-2646
Fax 515-733-2460

The Story City Police Department is accepting applications for a full-time police officer. You may print the attached application and fill it out by hand printing using a black pen. Please send a resume and cover letter along with the completed application to the above address, attention Chief of Police. Please fill out and return any relevant attached documents as well.

All minimum standards for Iowa law enforcement officers must be satisfied:
The person must

1. Be a U. S. Citizen and a resident of Iowa or intend to become a resident upon being employed;
2. Be 18 years of age at the time of appointment;
3. Hold a valid Iowa driver's license;
4. Not be addicted to drugs or alcohol [modified for Chapter 400 civil service positions by §400.17 of the Code of Iowa];
5. Be of good moral character as determined by a thorough background investigation including a fingerprint search conducted of local, state and national fingerprint files and have not been convicted of a felony or a crime involving moral turpitude;
6. Successfully pass physical fitness tests;
7. Not be opposed to use of force to fulfill duties;
8. Be a high school graduate or hold a GED certificate;
9. Have uncorrected vision of not less than 20/100 in both eyes, corrected to 20/20, and color vision consistent with the Occupational demands of law enforcement;
10. Have normal hearing in each ear (hearing aids are acceptable if a candidate can demonstrate sufficient hearing proficiency to perform all necessary duties of a law enforcement officer)
11. Be examined by a physician and meet the physical requirements necessary to fulfill the responsibilities of a law enforcement officer.
12. Undergo psychological testing.
13. Undergo cognitive (Basic Skills) testing.

All applicants that have taken the POST, MMPI, and/or physical agility tests should note their most current date of testing in the application packet.

The approximate starting salary range is \$56,000- \$67,000 per year plus benefits depending on qualifications (ILEA status) and experience.

Properly completed applications and documents may be scanned and emailed to msporleder@cityofstorycity.org in lieu of mailing.

Thank you for your interest in our department. Please direct questions to Chief Matt Sporleder, (515) 733-2646.



City of Story City

Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for: _____

Are you a citizen of the United States? YES ☐ NO ☐ If no, are you authorized to work in the U.S.? YES ☐ NO ☐

Have you ever worked for this company? YES ☐ NO ☐ If yes, when? _____

Have you ever been convicted of a felony? YES ☐ NO ☐

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Previous Employment

Company: _____ Phone: _____
Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Company: _____ Phone: _____
Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Company: _____ Phone: _____
Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____

CITY OF STORY CITY

STORY CITY POLICE DEPARTMENT

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

_____ do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the City of Story City, Story City 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 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 City of Story City 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 City of Story City and the Story City 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 form will be valid as an original thereof, even though said photocopy/fax does not contain an original writing of my signature.

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

(Signature of Applicant)

(Date)

The City of Story City is an equal opportunity employer.

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APPLICANT. In your own handwriting, please answer the question below.

Why do you want to become a police officer? Or, if you are currently an officer, what do you like AND dislike about your job? (If additional space is needed, please use additional paper.)

Signature

Date