

THIS FORM MUST BE RETURNED WITH YOUR APPLICATION, SIGNED AND DATED.

JEFFERSON POLICE DEPARTMENT

ESSENTIAL JOB FUNCTIONS

I. Job Title: Patrol Officer

II. Job Description:

- 1. Persons hired as a patrol officer shall meet the minimum hiring requirements set forth by the Code of Iowa for Police Officers.
- 2. Persons shall be expected to perform all duties required by the Chief of Police.
- 3. Persons hired as a patrol officer must reside within a dressed 15 minute response time to the corporate city limits of Jefferson.
- III. Minimum Hiring Standards.

IV. Essential Job Functions:

- 1. Effect an arrest, forcibly if necessary, using handcuffs and other restraints; subdue resisting suspects using maneuvers and weapons and resort to the use of hands and feet and other weapons in self-defense.
- 2. Prepare investigative and other reports, including sketches, using appropriate grammar, symbols and mathematical computations.
- 3. Exercise independent judgment in determining when there is reasonable suspicion to detain, when probable cause exists to search and arrest and when force may be used and to what degree.
- 4. Operate a law enforcement vehicle during the day and night; in emergency situations involving speeds in excess of posted limits, in congested traffic and in unsafe road conditions caused by factors such as fog, smoke, rain, ice, and snow.
- 5. Communicate effectively and coherently over law enforcement radio channels while initiating and responding toradio communications.
- 6. Gather information in criminal investigation s by interviewing and obtaining statements from victims, witnesses, suspects, and confidential informers.



- 7. Pursue fleeing suspects and perform rescue operations which may involve quickly entering and exiting law enforcement vehicles; lifting, carrying, and dragging heavy objects; climbing over and pulling oneself over obstacles; jumping down from elevated surfaces; climbing through openings; jumping over obstacles; ditches and streams; crawling in confined areas; balancing on uneven and narrow surfaces and using body force to gain entrance through barriers.
- 8. Load, unload, aim and fire from a variety of positions handguns, shotguns and other firearms under conditions of stress that justify the use of deadly force and at levels of proficiency prescribed in certification standards.
- 9. Perform searches of people, vehicles, buildings and large outdoor areas which may involve feeling and detecting objects, walking for long periods of time, detaining people and stopping suspicious vehicles and persons.
- 10. Conduct visual and audio surveillance for extended periods of time.
- 11. Engage in law enforcement patrol functions that include working rotating shifts, holidays, or shifts approved by the Chief, walking on foot patrol and physically checking doors and windows of buildings to ensure they are secure.
- 12. Effectively communicate with people, including juveniles, by giving information and directions, mediating disputes and advising of rights and processes.
- 13. Demonstrate communication skills in court and other formal settings.
- 14. Detect and collect evidence and other substances that provide the basis of criminal offenses and infractions and that indicate the presence of dangerous conditions.
- 15. Endure verbal and mental abuse when confronted with the hostile views and opinions of suspects and other people encountered in an antagonistic environment.
- 16. Perform rescue functions at accidents, emergencies and disasters to include directing traffic for long periods of time, administering emergency medical aid, lifting, dragging and carrying people away from dangerous situations and securing and evacuating people from particular areas.
- 17. Process and transport prisoners and committed mental patients using handcuffs and other appropriate restraints.
- 18. Put on and operate a gas mask in situations where chemical munitions are being deployed.
- 19. Extinguish small fires by using a fire extinguisher and other appropriate means.



- 20. Read and comprehend legal and non-legal documents, including the preparation and processing of such documents as citations, affidavits and warrants.
- 21. Process arrested suspects to include taking photographs and obtaining a legalset of inked fingerprint impressions.

NOTE: The successful applicant must be able to perform all of the above essential job functions of a law enforcement officer, unassisted at a pace and level of performance consistent with the actual job performance requirements. This requires a high level of physical ability to include vision, hearing, speaking, endurance, flexibility and strength.

APPLICANT ACKNOWLEDGEMENT

I have read and understand the essential job functions that are necessary to perform the duties of Patrol
Officer as they are required by the Jefferson Police Department. I am physically and mentally capable of
performing those necessary functions.

Applicant Signature:		Date:	
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MINIMUM HIRING STANDARDS FOR IOWA LAW ENFORCEMENT OFFICERS

General requirements for law enforcement officers. In no case shall any person hereafter be selected or appointed as a law enforcement officer unless the person:

- 1. Is a citizen of the United States and a resident of Iowa or intends to become a resident upon being employed.
- 2. Is eighteen years of age at the time of appointment.
- 3. Has a valid driver's or chauffeur's license issued by the State of Iowa.
- 4. Is not addicted to drugs or alcohol.
- 5. Is of good moral character as determined by a thorough background investigation including a fingerprint search of local, state and national fingerprint files and has not been convicted of a felony or a crime involving moral turpitude. Moral turpitude is defined as an act of baseness, vileness, or depravity in the private and social duties which a person owes to another person, or to society in general, contrary to the accepted and customary rule of right and duty between person and person. It is conduct that is contrary to justice, honesty or good morals. The following non-exclusive acts has been held by the courts to involve moral turpitude: Income tax evasion, perjury, or it's subornation, theft, indecent exposure, sex crimes, conspiracy to commit a crime, defrauding the government and illegal drug sales. Various factors, however, may cause an offense which is generally not regarded as constituting moral turpitude to be regarded as such. For example, record of a number of convictions for simple assault would involve moral turpitude, whereas a singular act would not.
- 6. Has successfully passed the physical agility test developed by the Iowa law enforcement academy.
- 7. Is not by reason of conscience or belief opposed to the use of force, when necessary to fulfill that person's duties.
- 8. Is a high school graduate with a diploma, or possesses a GED equivalency certificate.
- 9. Has an uncorrected vision of not less than 20/100 in both eyes, corrected to 20/20, and normal color vision. Normal color vision as determined by the American Optical Company, Psuedo-Isochromatic Plates test.
- 10. Has normal hearing in each ear. Hearing is considered normal when, tested by the audiometer, hearing sensitivity thresholds are within 25db measured at 1000Hz, 2000Hz and 3000Hz, averaged together.
- 11. Is examined by a licensed physician or surgeon and meets the physical requirements necessary to fulfill the responsibilities of a law enforcement officer.
- 12. Performed satisfactorily in preemployment cognitive or personality tests, or both, prescribed by the Iowa law enforcement academy.

NOTATION:

<u>Higher Standards not prohibited.</u> While no law enforcement officer can be selected who does not meet requisite minimum requirements, they shall not be limit or restrict law enforcement agencies in establishing additional recruitment standards.

Additional City Requirements:

- 1. Applicant shall physically and mentally be able to meet essential job functions as determined by the Jefferson Police Department.
- 2. Applicant shall upon employment locate residence within fifteen minutes of the corporate city limits of Jefferson.



CITY OF JEFFERSON APPLICATION

APPLIED FOR On what basis ar	.: e you availab	le for employment	t? Full Time	Part Time [
How did you lea	m about the r	osition?					
			aper, radio, person	al announcement	, walking, etc	c)	
I. Read th2. Answer	ne position des	and complete all sp	EUCTIONS TO you meet the "QUA paces on this application. The page of application.		sted		
PRINT OR TY	PE						
Last Name	First Nam	e M	liddle name or init	ial			
Adress (number	and Street)	City	Coun	ty			
State Z	ip	Phone (area	a code) Number				
Driver's License	Number	State of DL	Social Secu	rity Number			
Have you ever be	en employed	l by the Employer	nployer? Yes No r? Yes No er Applicants only)				
Jale of Birui_	Month	Day Year					
Can you, after e	nployment, s	ubmit verification	on of our legal righ	it to work in the U	Jnited States	? Yes No	
Proof of citizens	hip or immi	gration status wi	ll be required upon	employment.			
FOR OFFICE	USE ONLY	-DO NOT WRI	TE BELOW TH	IS LINE			
Application Rec							
Application Rev Application mee If no, explain de	ts or exceed		cations for position	1:	Yes	No	
Dhygiaal Data as	d Time:			Ret'd:			



VETERAN INFORMATION

Veteran's Preference Are you a U.S. Veteran? Dates of active duty

Yes No

From to (mo, day, yr)

Are you a member of the reserves or national guard?

Those wishing *to* claim veteran's preference MUST SUBMIT PROOF OF SERVICE (DD214) which includes dates of active duty.

Yes No

Have you ever been discharged or asked to resign from employment?

Have you ever been convicted of a crime other than a minor traffic violation?

Do you object to inquiry of your present employer in regard to your character, work record, qualifications or abilities?

*If you answer "No" and we need to contact your present employer before we can offer you a job, we will contact you first

Is there any reason why you would be unable to perform the essential functions of the job for which you are applying?

If yes, please explain:

Has your driver's license been suspended or revoked during the past year?

If yes, please explain:

Have you been convicted or have you plead guilty to two or more moving traffic violations in the past two years?

If yes, please explain:

Do you have on file with an Iowa law enforcement agency any of the following:

Yes No

Phyical Agility P.O.S.T. Test MMPI Polygraph

If you answered yes to any of the above, please list agency name and date of occurrence:

Date Name of Agency Test(s) taken



EMPLOYMENT RECORD

List below, in reverse order the positions you have held starting with your present or most recent employment. If more than one position or classification has been held within a given organization list each position or classification as a separate period of employment. Be sure to specifically desclibe each separate assignment in military service. Under "Specific Duties" emphasize your own specific tasks including kind of work and supervisory, technical or other responsibilities so as to give a clear picture of the duties you have pelformed. If employment included supervisory responsibilities, give number and type of employees supervised. Give as complete information as possible. If you have more than six (6) separate periods of employment, fill out a blank sheet in the same format as outlined below and attach.

NOTE: Resumes will not be accepted in lieu of completions of this part, or any part, of this application.

	1. Present or last employer: Address: Phone: Immediate Supervisor: Title of Supervisor: Your Title: Specific Duties:	City:	Department: Starting Salary Last Salary	State:	Date Employed: Date Separated: Total Months Employed: Full Time? Yes No Part time: Indicate Percent or No. of Hours:
	Reason for Leaving:				
2.	Present or last employer: Address: Phone: Immediate Supervisor: Title of Supervisor: Your Title: Specific Duties:	City:	Department: Starting Salary Last Salary	State:	Date Employed: Date Separated: Total Months Employed: Full Time? Yes No Part time: Indicate Percent or No. of Hours:
	Reason for Leaving:				
3.	Present or last employer: Address: Phone: Immediate Supervisor: Title of Supervisor: Your Title: Specific Duties:	City:	Department: Starting Salary Last Salary	State:	Date Employed: Date Separated: Total Months Employed: Full Time? Yes No Part time: Indicate Percent or No. of Hours:
	Reason for Leaving:				



EMPLOYMENT RECORD cont.

4. Present or last employer:			Date Employed:
Address:	City:	State	Date Separated:

Phone: Total Months Employed:
Immediate Supervisor: Department: Full Time? Yes

Immediate Supervisor:Department:Full Time?YesNoTitle of Supervisor:Starting SalaryPart time: Indicate Percent orYour Title:Last SalaryNo. of Hours:Specific Duties:

Reason for Leaving:

5. Present or last employer:

Address: Date Employed:

City: State Date Separated:

Address: City: State Date Separated: Phone: Total Months En

Phone:Total Months Employed:Immediate Supervisor:Department:Full Time? Yes NoTitle of Supervisor:Starting SalaryPart time: Indicate Percent or

Your Title: Last Salary No. of Hours: Specific Duties:

Reason for Leaving:

6. Present or last employer:

Address:

City:

Date Employed:

State

Date Separated:

Phone: Total Months Employed:
Immediate Supervisor: Department: Full Time? Yes No
Title of Supervisor: Starting Salary Part time: Indicate Percent or

Your Title: Last Salary No. of Hours: Specific Duties:

Reason for Leaving:

7. Present or last employer:

Addrags:

Oity:

State

Date Employed:

Parts Separated:

Address: City: State Date Separated: Phone: Total Months Em

Phone:Total Months Employed:Immediate Supervisor:Department:Full Time? Yes NoTitle of Supervisor:Starting SalaryPart time: Indicate Percent or

Your Title: Last Salary: No. of Hours: Specific Duties:

Reason for Leaving:

REFERENCES OR ACQUAINTANCES

List five persons who know you well enough to prove current information about you. Do no include relatives or former employers

1)	Name:		
	Home Phone:	Work Phone:	Cell Phone:
	Address:		
	Relationship:		
2)	Name:		
	Home Phone:	Work Phone:	Cell Phone:
	Address:		
	Relationship:		
3)	Name:		
	Home Phone:	Work Phone:	Cell Phone:
	Address:		
	Relationship:		
4)	Name:		
	Home Phone:	Work Phone:	Cell Phone:
	Address:		
	Relationship:		
5)	Name:		
	Home Phone:	Work Phone:	Cell Phone:
	Address:		
	Relationship:		



EDUCATION

	Name of high school attended:							
		Location (C	ity/State):					
		Graduation I	Date:					
	_							
	VOCATIONA	L TRAINING	AND COLLE	GE				
	Name and Location (Vocational)	ion	From Mo Yr	To Mo Yr	Number of Hours Attended per week	Number of Credits Sem/Ouait	Subjects Studied	Diploma or Certification obtained Mo/Yr
Name								
Location								
Name								
Location								
Name								
Location								
	Name and Locat	ion	From Mo Yr	To Mo Yr	Total Semester Hours	Major Field	Degree Received	Date Degree
	(College)		MO 11	MO II	Hours		Degree Recented	Received
Name								
Address								
City / State								
Name								
Address								
City / State								

MOST IMPORTANT - PLEASE READ

Failure to complete all parts of the application that apply to you will cause delay, and may result in our having to return your application. ALWAYS USE THE SAME NAME AND INITIALS WHEN YOU ARE SENDING INFORMATION TO THIS OFFICE ABOUT YOURSELF AND INDICATE ON THE DOCUMENTS THE TITLE(S) OFTHE POSITION(S) FOR WHICH YOU ARE APPLYING. Have you: 1. completed all parts of the application listing every job which you have held: 2. Enclosed copies of documents requested such as college transcript, or special license; and 3. Read the statement below, and sign the application.

BE SURE TO READ THIS STATEMENT BEFORE SIGNING

I HEREBY CERTIFY, that this application is complete to the best of my knowledge for the periods of employment listed and all information given is true and contains no misrepresentations. FURTHERMORE:

- 1. I am aware that all statements submitted on this application are subject to investigation and verification.
- I authorize the persons, schools, law enforcement agencies and other organizations or employers named in this application to provide information requested by the Employer in it processing of this application.
- I agree to provide, upon request of the Employer, written releases and waivers of confidentiality should be any forms employer or school require such a release.
- 4. I understand that any withholding of information or misrepresentation on this application or an Employer medical form could result in rejection for employment, or if employee termination from the Employer.

Sign	
Here:	

Date:



Jefferson Police Department

204 South Chestnut Street Jefferson, Iowa, 50129

Authorization For Release of Personal Information

1,	, ao nereby ai	ithorize a review of and full disclosure of all records
concerning myself to		he City of Jefferson Police Department, Recruiting
Division, whether the	e said records are of a public, p	rivate, or confidential nature.
educational institution agencies (including confiled, medical and psypractitioners, and the including background against me and the resultion of the resulting background against me and the resulting background against me and the resulting background against me and the resulting part of	ons; financial or credit institution redit reports and/or ratings); a vchiatric treatment and/or con the United States Veteran's Admid d reports, polygraph results, ef ecords and recollections of atto	at for full and complete disclosure of the records of ons, including records of commercial or retail credit and other financial statements and records wherever sultation, including hospitals, clinics, private nistration; employment and pre-employment records ficiency ratings, complaints or grievances filed by or rneys at law, or of other counsel, whether representing civil, in which I presently have, or have had an
developed directly or determining my suit that any person(s) we giving this information	indirectly, in who or in part, usability for employment by the who may furnish such inform	rsonal history background investigation which is pon this release authorization will be considered in City of Jefferson Police Department. I also certify ation concerning me shall not be held accountable for d person(s) from any and all liability which may be
I also agree to pay an the below listed addr		rning this request and can be billed for such charges at
	elease form will be valid as an al writing of my signature.	original thereof, even though the said photocopy does
Signature		Date Signed
Address		
Phone	Date of Birth	SSN