

TOWN OF LAKEVIEW

POLICE CHIEF APPLICATION

The Town of Lakeview is an equal employment opportunity employer. The Town considers applicants for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, disability, sexual orientation, and/or any other legally protected status. Town is a drug-free workplace. Individuals who need an accommodation during the application process should request the accommodation in advance, so necessary arrangements may be made. Please contact the Town if there is any part of this application that you do not understand before signing.

Print or type your information. Please supply an answer to every applicable question. Please indicate N/A if the question or matter is not applicable to you. If additional space is needed, attach a separate sheet. Because this application may be used for investigative purposes, DO NOT misstate or omit material facts. Statements made herein are subject to verification to determine your qualification for employment. If you are employed by Town, this application will become part of your personnel file.

Candidates eligible for Veterans Preference must include a required Veterans Preference Form and appropriate certification to receive Veteran's Preference Points. Refer to the Veterans Preference Form as applicable.

POLICE DEPARTMENT

Position: _____

Date: _____

Name:

Last	First	Middle
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Address:

Street	City	State	ZIP
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Social Security No.: _____ Telephone No.: _____

Cell Phone No.: _____ Work No.: _____

Are you at least 18 years of age: Yes ___ No ___

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Do you have a valid Oregon driver's license: Yes ___ No ___ Driver's License No.: _____

(A valid Oregon driver's license is required when stated on the job announcement or job description. If not required, write "N/A").

Have you ever had your license suspended or revoked: Yes ___ No ___; If yes, please explain below:

Are you a veteran? Yes* ___ No ___

*Complete and attach form DD 214 or 215 to this application. If applicable, disabled veterans may also submit a copy of a disability preference letter.

Are you legally eligible for employment in the US (at the time of employment)? Yes ___ No ___

EDUCATION AND SKILLS:

Did you graduate from high school or receive an equivalent diploma: Yes ___ No ___

Name of college or university you attended, if any:

From (mo./yr.): _____ To (mo./yr.): _____ Major:

_____ Minor:

_____ Graduation date: _____

DEGREES AND CERTIFICATIONS RECEIVED:

Have you received any specialized schooling or training: Yes ___ No ___

Name of school or training program: _____

From (mo./yr.): _____ To (mo./yr.): _____ Major: _____

Minor: _____ Graduation date: _____

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Certificates, degrees, etc. earned: _____

Please identify below any special training, licenses, certificates, office equipment, languages, or other special skills you may have that are pertinent to the position for which you are applying:

A job description for the position(s) for which you are applying has been provided. Are you able to perform the essential job functions required of the position with or without reasonable accommodation(s): Yes ___ No ___

WORK HISTORY:

Please list below all work experience for the past ten (10) years, paid or unpaid, beginning with your most recent job. Your work experience should include military, volunteer, and other jobs. Please attach additional pages if more space is needed.

Employer: _____ Job Title: _____

Supervisor's Name and Title: _____

From (mo./yr.): _____ To (mo./yr.): _____ Full Time: _____ Part Time _____

Specific Duties:

Reason for Leaving:

May we contact this employer if you are still employed with the employer: Yes ___ No ___

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Employer: _____ Job Title: _____

Supervisor's Name and Title: _____

From (mo./yr.): _____ To (mo./yr.): _____ Full Time: _____ Part Time: _____

Specific Duties: _____

Reason for Leaving:

May we contact this employer if you are still employed with the employer: Yes _____ No _____

Employer: _____ Job Title: _____

Supervisor's Name and Title: _____

From (mo./yr.): _____ To (mo./yr.): _____ Full Time: _____ Part Time: _____

Specific Duties: _____

Reason for Leaving:

May we contact this employer if you are still employed with the employer: Yes _____ No _____

Employer: _____ Job Title: _____

Supervisor's Name and Title: _____

From (mo./yr.): _____ To (mo./yr.): _____ Full Time: _____ Part Time: _____

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Specific Duties: _____

Reason for Leaving:

May we contact this employer if you are still employed with the employer: Yes ____ No ____

Employer: _____ Job Title: _____
Supervisor's Name and Title: _____

From (mo./yr.): ____ To (mo./yr.): ____ Full Time: ____ Part Time: ____

Specific Duties: _____

Reason for Leaving:

May we contact this employer if you are still employed with the employer: Yes ____ No ____

Employer: _____ Job Title: _____
Supervisor's Name and Title: _____

From (mo./yr.): ____ To (mo./yr.): ____ Full Time: ____ Part Time: ____

Specific Duties: _____

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Reason for Leaving:

May we contact this employer if you are still employed with the employer: Yes ____ No ____

Employer: _____ Job Title: _____

Supervisor's Name and Title: _____

From (mo./yr.): ____ To (mo./yr.): ____ Full Time: ____ Part Time: ____

Specific Duties: _____

Reason for Leaving:

May we contact this employer if you are still employed with the employer: Yes ____ No ____

Employer: _____ Job Title: _____

Supervisor's Name and Title: _____

From (mo./yr.): ____ To (mo./yr.): ____ Full Time: ____ Part Time: ____

Specific Duties: _____

Reason _____ for _____ Leaving:

May we contact this employer if you are still employed with the employer: Yes ____ No ____

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PLEASE LIST ADDITIONAL EMPLOYMENT HISTORY ON BLANK PAGE(S).

Have you ever been terminated from a job or asked to resign: Yes ____ No ____ . If yes, please explain:

(USE ADDITIONAL PAPER IF NECESSARY.)

REFERENCES:

Name: _____ Relationship: _____

Address: _____ Telephone Number: _____

Name: _____ Relationship: _____

Address: _____ Telephone Number: _____

Name: _____ Relationship: _____

Address: _____ Telephone Number: _____

Name: _____ Relationship: _____

Address: _____ Telephone Number: _____

Have you ever been convicted of a crime involving dishonesty (e.g., theft, shoplifting, robbery, embezzlement, forgery, etc.), drugs and/or controlled substances, violence (e.g., domestic violence), and/or criminal sexual conduct: Yes ____ No ____

If yes, please provide details concerning the criminal conviction, including the date of conviction and the type of crime of which you were convicted (please exclude any case processed in juvenile court or minor traffic violations). Your application will not be considered if you do not provide sufficient details. The

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conviction of a crime does not necessarily disqualify you from employment. You are not required to list an arrest and/or conviction when the record of such incident has been sealed or expunged. [This question is permissible under ORS 659A.360(4)(b).]

SUPPLEMENTALS TO THIS APPLICATION MAY BE NECESSARY (AND BECOME PART OF THIS APPLICATION). THESE SUPPLEMENTALS CONCERN CRIMINAL BACKGROUND CHECKS, CREDIT HISTORY CHECKS, PERSONAL HISTORY, AND DRIVING RECORDS. PLEASE INQUIRE WHETHER ANY SUPPLEMENTALS ARE NECESSARY IN CONNECTION WITH YOUR APPLICATION.

APPLICANT CERTIFICATION AND ACKNOWLEDGMENT:

I certify that all statements made in connection with this application (whether contained herein (and/or in any supplements) or made by me or others at my request during the course of the employment process) are true and complete in all respects.

I acknowledge and agree that any incorrect, incomplete, false, fraudulent, or misleading statements made by me, either verbally or in writing, and/or any omission, concealment, or failure to answer any question fully, completely, and accurately, whether made by me or others at my request, will result in rejection of this application, denial of employment, or termination from employment if discovered after employment. If I am employed by Town, I agree to comply with its lawful orders, rules, policies, and regulations.

I authorize the investigation of all matters which the Town deems relevant to my qualifications for employment with the Lakeview Police Department, including, without limitation, work records, reference checks, education, and an investigation into my criminal history and driving record. I authorize and request that all my present and former employers, references, educational institutions, and any others to furnish and release information about me, my employment record, and/or education, including a statement of reasons for the termination of my employment and information regarding my work performance, disciplinary reports or actions, abilities, degrees obtained, transcripts, licenses and certifications, and other qualities and information the Town deems pertinent to my qualifications for employment. By signing below, I release the Town (and all providers of information) from any and all claims and/or liabilities arising out of or in any way connected with the Towns background investigation. If employed, I release the Town of Lakeview from any claims and/or liabilities for future references it may provide regarding my work history and performance with Town.

I understand that if offered employment, I will be required to submit proof of my identity and legal right to work in the United States as a condition of employment.

I understand that, if employed, my employment relationship with the Town will be at-will. Therefore, subject to applicable law, my employment may be terminated (and I may voluntarily resign) at any time, for any reason or no reason, with or without cause or prior notice. Nothing contained in this application, or provided in connection herewith, will be construed as an offer or promise of employment, nor does

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this application create an employment contract or guarantee that employment or any benefit will be provided or continued for any period of time.

By signing below, I hereby affirm the foregoing and all other contents of this application. My signature below certifies that I have read and understand this application and agree to the terms and conditions contained in this application.

Applicant's Signature

Date

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The Town of Lakeview

Criminal Report Disclosure and Authorization

(Employment Application Supplemental No. 1)

IF REQUESTED, THIS SUPPLEMENTAL MUST BE COMPLETED, SIGNED, AND RETURNED WITH YOUR APPLICATION. THIS SUPPLEMENTAL CONSTITUTES A PART OF THE APPLICATION.

Name (Applicant):

Last	First	Middle
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Address:

Street and PO Box	Town	State	Zip
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Social Security No.: _____

I understand that the Town of Lakeview application process includes completion of a background and/or criminal history investigation. This investigation will be made subject to and in accordance with applicable law. The conviction of a crime will not necessarily disqualify me from employment. The Town of Lakeview will evaluate my particular circumstances and will consider, among other things, the nature and severity of the crime, the time elapsed since the conviction, and the nature of the position for which I am being considered.

By signing below, (a) I authorize The Town of Lakeview to complete an investigation into my background and criminal history, including obtaining any necessary or appropriate criminal investigative reports, and (b) I release The Town of Lakeview (and all providers of information) from any and all claims and/or liabilities arising out of or in any way connected with Town's investigation into my background and/or criminal history.

Applicant's Signature

Date

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The Town of Lakeview

Credit Report Disclosure and Authorization

(Employment Application Supplemental No. 2)

IF REQUESTED, THIS SUPPLEMENTAL MUST BE COMPLETED, SIGNED, AND RETURNED WITH YOUR APPLICATION. THIS SUPPLEMENTAL CONSTITUTES A PART OF THE APPLICATION.

Name (Applicant):

Last	First	Middle
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Address:

Street and P.O. Box	City	State	Zip
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Social Security No.: _____

I understand that if I receive an offer of employment from The Town of Lakeview, the job offer may, in the Town's sole discretion, be made subject to the Town's investigation into my credit history. Any Town of Lakeview investigation into my credit history will be made subject to and in accordance with applicable law. I will be provided a copy of any credit report obtained along with a written description of my rights before any adverse action is taken based upon my credit report.

By signing below, (a) I authorize the Town of Lakeview to procure my credit report and to complete an investigation into my credit history, and (b) I release Town (and all providers of information) from any and all claims and/or liabilities arising out of or in any way connected with Town's investigation into my credit history.

Applicant's Signature	Date
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The Town of Lakeview

Town of Lakeview Department Personal History Questionnaire

(Employment Application Supplemental No. 3)

IF REQUESTED, THIS SUPPLEMENTAL MUST BE COMPLETED, SIGNED, AND RETURNED WITH YOUR APPLICATION. THIS SUPPLEMENTAL CONSTITUTES A PART OF THE APPLICATION.

Name (Applicant):

Last	First	Middle
------	-------	--------

Address:

Street and P.O. Box	City	State	Zip
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If you answer yes to any of the questions below, please provide details concerning your answer in the explanation section.

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Town of Lakeview Police Department Driving Record Questionnaire

(Employment Application Supplemental No. 4)

THIS SUPPLEMENTAL MUST BE COMPLETED, SIGNED, AND RETURNED WITH YOUR APPLICATION. THIS SUPPLEMENTAL CONSTITUTES A PART OF THE APPLICATION.

Name (Applicant):

Last	First	Middle
------	-------	--------

Address:

Street / PO Box	Town	State	Zip
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Social Security No.: _____

1. In the previous five years, have you been involved in a major traffic offense? Yes No

For the purposes of this supplemental, a "major traffic offense" includes, without limitation, the following: Driving Under the Influence of Intoxicants, Attempt to Elude, Reckless Driving, Driving While Suspended (Misdemeanor), Hit and Run, and/or any other misdemeanor or felony traffic offenses. If yes, please provide details concerning the offense, including the date of offense, the type of offense, and your involvement.

2. In the previous five years, have you ever been involved in an auto accident (reported or unreported)? Yes No

If "yes" please provide details concerning each accident, including the date and a description of the accident.

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3. Please provide details concerning all traffic offenses, whether violation or criminal, including the date of the offense and type of offense in which you were cited and/or arrested in the previous five years.

Certification That My Answers Are True

I certify that all statements made in connection with this supplemental (whether contained herein (and/or in any attachments) or made by me or others at my request during the course of the employment process) are true and complete in all respects. I acknowledge and agree that any incorrect, incomplete, false, fraudulent, or misleading statements made by me, either verbally or in writing, and/or any omission, concealment, or failure to answer any question fully, completely, and accurately, whether made by me or others at my request, will result in rejection of this application, denial of employment, or termination from employment if discovered after employment.

Applicant signature: _____

Date _____

BACKGROUND QUESTIONS

PLEASE MARK YES OR NO

1) Have you ever been denied employment and/or not selected for employment by a law enforcement agency? If yes, (a) identify the agency, (b) reason for denial, and (c) which phase of the employment process. YES ____ NO ____

2) Have you ever been disciplined by an employer for abusing vacation, sick, and/or other personal leave? YES ____ NO ____

3) Have you ever been released and/or terminated “for cause” from employment, a work experience job, a volunteer job, and/or an internship? YES ____ NO ____

4) Are you currently in a hiring process with any other law enforcement agency? (if yes, Identify the agency and what phase of the process.) YES ____ NO ____

5) If you have served in the military, have you ever been barred from re-enlistment, court-martialed, reduced in rank, given a judicial or non-judicial punishment, relieved of duty, and/or been discharged (other than an honorable discharge) from any branch of the military? (Check N/A if you have never served in the military). YES ____ NO ____

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Certification

I certify that all statements made in connection with this supplemental (whether contained herein (and/or in any attachments) or made by me or others at my request during the course of the employment process) are true and complete in all respects. I acknowledge and agree that any incorrect, incomplete, false, fraudulent, or misleading statements made by me, either verbally or in writing, and/or any omission, concealment, or failure to answer any question fully, completely, and accurately, whether made by me or others at my request, will result in rejection of this application, denial of employment, and/or termination from employment if discovered after employment.

Applicant's Signature

Date

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FOR MANAGEMENT USE ONLY

Date Application Received: _____

Supplementals to Application Required: Yes _____ No _____

Arrange Interview: Yes ___ No ___

Interviewer

Date

Employ: Yes ___ No ___ Date of Employment: _____ Job Title: _____

Hourly/ Salary Rate: _____ Department: _____

By: _____
Name and Title

Date