



**EDUCATION AND TRAINING:**

High School: \_\_\_\_\_ Did you graduate: \_\_\_\_\_

College: \_\_\_\_\_ Did you graduate: \_\_\_\_\_

\_\_\_\_\_ Did you graduate: \_\_\_\_\_

If you did not graduate from high school, have you passed a G.E.D. test: \_\_\_\_\_ (A minimum requirement set by the State of Iowa is that a peace officer *must* be a high school graduate or hold a G.E.D. certificate. If you *do not* meet that minimum requirement you cannot be considered, and you should not return your application)

In what specific skills are you competent as they relate to the law enforcement profession: \_\_\_\_\_

---

What equipment can you operate as it pertains to the profession of law enforcement: \_\_\_\_\_

---

Are you certified by the Iowa Law Enforcement Academy: \_\_\_\_\_ If not, if you are currently certified in any other state, please list that state and your year of certification: \_\_\_\_\_

To become a Police Officer for the City of Clarion, all minimum hiring standards must be satisfied:

Are you a U.S. resident and a resident of Iowa, or intend to become a resident prior to your date of employment? \_\_\_\_\_

Are you at least 21 years of age? \_\_\_\_\_

Do you hold a valid Iowa driver license or able to obtain one before your date of employment? \_\_\_\_\_

Are you currently addicted to drugs or alcohol? \_\_\_\_\_

Are you of good moral character? \_\_\_\_\_

Have you ever been convicted of a felony or a crime involving moral turpitude? \_\_\_\_\_

Do you believe you can pass the physical fitness tests adopted by the ILEA? \_\_\_\_\_

Are you opposed to using force to fulfill the duties of Police Officer? \_\_\_\_\_

Do you have uncorrected vision of not less than 20/100 in both eyes, which vision is corrected to at least 20/20, or which will be corrected to at least 20/20 prior to your date of employment: \_\_\_\_\_

Do you have color vision consistent with the occupational demands of law enforcement? \_\_\_\_\_

Do you have normal hearing in each ear with or without accommodation? \_\_\_\_\_

Are you aware that as a condition of your employment that you will have to be examined by a physician and meet the physical requirements necessary to fulfill the responsibilities of a Police Officer: \_\_\_\_\_

Are you aware that as a condition of your employment you will have to pass a drug screening? \_\_\_\_\_

Do you believe that you will be able to pass the drug screening? \_\_\_\_\_

**Employment Record:** List present or most recent employer first  
If currently employed, may we contact your current employer: \_\_\_\_\_

1. Employer's Name: \_\_\_\_\_  
Employer's Address: \_\_\_\_\_  
Position Title / Duties: \_\_\_\_\_  
Dates Employed: \_\_\_\_\_  
Most Recent Earnings: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

2. Employer's Name: \_\_\_\_\_  
Employer's Address: \_\_\_\_\_  
Position Title / Duties: \_\_\_\_\_  
Dates Employed: \_\_\_\_\_  
Most Recent Earnings: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

3. Employer's Name: \_\_\_\_\_  
Employer's Address: \_\_\_\_\_  
Position Title / Duties: \_\_\_\_\_  
Dates Employed: \_\_\_\_\_  
Most Recent Earnings: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Use additional sheets if more space is needed.

**Personal References:** List three persons who are **NOT** related to you, who know you well enough to provide current information about you. Do **NOT** list former employers.

1. Name: \_\_\_\_\_ Years known: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_
  
2. Name: \_\_\_\_\_ Years known: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_
  
3. Name: \_\_\_\_\_ Years known: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Work Related References** – List three persons who are NOT related to you, with direct knowledge of your work performance whom we may contact. (People who are or were in supervision of your work performed)

1. Name: \_\_\_\_\_ Years Known: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_
  
2. Name: \_\_\_\_\_ Years Known: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_
  
3. Name: \_\_\_\_\_ Years Known: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

*Clarion Police Department*

APPLICANT'S WAIVER OF LIABILITY  
AND RELEASE FORM FOR EMPLOYMENT

I hereby affirm that the information provided in this application, any accompanying resume, or any other additional information submitted with this application, is true and complete to the best of my knowledge, and agree that falsified information or significant omissions may disqualify me from further consideration for employment, and may be considered justification for dismissal if later discovered.

In order to permit the Clarion Police Department to make a thorough investigation of my background, health, family, personal habits and reputation, for the purpose of determining my fitness and suitability for employment with City of Clarion, I hereby release from liability and promise to hold harmless from any liability under any and all possible causes of legal action any and all persons or entities who shall furnish any information or opinions regarding my background, health, family, personal habits and / or reputation and waive any and all legal privileges I may have to maintain such information as confidential, including but not limited to, the following privileges: attorney – client, physician – patient; psychotherapist – patient; clergyman – penitent; husband – wife; and accountant – client. The undersigned hereby authorizes any person or entity who may be contacted by the Clarion Police Department, its employees, officers, or agents to release and transmit to such employees, officers or agents any information, data, or opinions they may have regarding my background, health, family, personal habits, or reputation. I understand that the source of such information or opinions provided to the Clarion Police Department shall be confidential and that City of Clarion shall not be required to reveal the content or source of any information or opinions.

The undersigned further agrees to hold harmless and release from liability under any and all possible causes of legal action City of Clarion, its employees, its officers, or its agents, for any statements, acts or omissions in the course of investigation into my background, health, family, personal habits and reputation.

I further realize that it is necessary for the Clarion Police Department to thoroughly investigate all aspects of my personal background and qualifications and, by applying for employment with the City, I expressly waive all of my legal rights and causes of action to the extent that the Clarion Police Department's investigation (for purposes of evaluating my suitability or application for employment) may violate or infringe upon these aforementioned legal rights and causes of action of mine.

This release from liability by me to the Clarion Police Department and all of its employees, officers, agents and all others as heretofore provided, shall apply to any right of action that might accrue to myself, my heirs, and / or personal representatives.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_