



We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

#### (PLEASE PRINT)

<ul><li>Advertisement</li><li>Friend</li></ul>	□ Relative □ Other	□ Inquiry
First Name		Middle Name
City	State	Zip Code
	Social Se	ecurity Number
you provide required ith us before?	rk here? his country <i>e required upon employment</i> ) at is your desired salary range?_ icate 1 2 3 shift) cate Mornings Afternoon Eve cate dates available//	yes no 
i $i$ $1$ $i$	City you provide required ith us before?	City State   Social Se   you provide required   ith us before?





# **EDUCATION**

	Name and Address of School	Course of Study	No. of years completed	Diploma Degree
Elementary				
School				
High				
School				
Undergraduate				
College				
Graduate				
Professional				
Other				
(Specify)				

Describe any	specialized	training a	pprenticeship	skills and	extra-curricular	activities
Describe any	specialized	training a	pprenucesinp,	skins and	cAtta-curricular	activities.

Describe any job-related training received in the United States military.



POLICE DEPARTMENT APPLICATION FOR EMPLOYMENT



# **EMPLOYMENT EXPERIENCE**

Dates of Employment	SALARY	
Employer		
Address		
Telephone Number	Supervisor	
Job Title		
Work Performed		
Reason For Leaving		
Dates of Employment	SALARY	
Dates of Employment Employer	SALARY	
	SALARY	
Employer	SALARY SALARY Supervisor	
Employer Address		
Employer Address Telephone Number		



POLICE DEPARTMENT APPLICATION FOR EMPLOYMENT



# **EMPLOYMENT EXPERIENCE**

Dates of Employment	SALARY	
Employer		
Address		
Telephone Number	Supervisor	
Job Title		
Work Performed		
<b>Reason For Leaving</b>		

List professional, trade, business or civic activities and offices held. You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.

#### ADDITIONAL INFORMATION/Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

#### SPECIALIZED SKILLS (CHECK SKILLS/EQUIPMENT OPERATED)

□ Terminal	□ Spreadsheet	Production/Mobile Machinery List	Other
D PC/MAC	□ Word Processing		
□ Typewriter	□ Shorthand		
WPM			





State and ditional informed	unar fool man ho helefel (	daning your application
siale any additional informatio	n you feel may be helpful to us in consid	uering your application.
Note to Applicants: Do not ans	wer this question unless you have been	informed about the requirements of the job
for which you are applying.	wer uns question unless you have been	morned about the requirements of the job
		t a reasonable accommodation, the ? A review of the activities involved in YESNO
	REFERENCES	
NAME	PHONE NUMBER	ADDRESS
NAME	PHONE NUMBER	ADDRESS
NAME	PHONE NUMBER	ADDRESS
necessary in arriving at an en This application for employn Any application wishing to be to whether or not application I hereby understand and ackne employment relationship with Employee may resign at any without cause. It is further us changed by any written docu writing by an authorized exer In the event of employment,	Il statements contained in this appli- nployment decision. nent shall be considered active for a be considered for employment beyor s are being accepted at that time. nowledge that, unless otherwise defi h this organization is of an "at will" time and the Employer may dischar nderstood that this "at will" employ ment or by conduct unless such cha cutive of this organization. I understand that false or misleading	a period of time not to exceed 45 days. and this time period should inquire as ined by applicable law, any ' nature, which means that the rge Employee at any time with or

Signature of Applicant





# **Applicant Drug and Alcohol Testing Consent Agreement**

As a prerequisite to employment, I hereby agree to allow The City of Roanoke Rapids to collect urine samples from me to determine the presence of drugs or alcohol in my body. Further, I give my consent to the release of my test results to authorize The City of Roanoke Rapids management for appropriate review.

I understand that the results of the drug/alcohol testing of my urine, for a period of three months, if positive, will remove me from consideration for employment. I also understand that if I refuse to consent, I will be removed from further consideration for employment.

Further, I understand that, if employed by The City of Roanoke Rapids, I must abide by their terms of The City of Roanoke Rapid's Drug and Alcohol Policy and may be required to submit to testing for the presence of drugs or alcohol for reasons stated in The City of Roanoke Rapids policy. I understand that submission to such testing is a condition of employment with The City of Roanoke Rapids and disciplinary action, up to and including termination, may result for violating The City of Roanoke Rapid's Drug and Alcohol Policy.

### I hereby consent to the administration of the drug and alcohol test to the terms and conditions of the Consent Agreement.

Date	
Date	
cohol detection u	<u>rine test.</u>
Date	
	Date

Witness Signature

Date





P.O. BOX 38 - ROANOKE RAPIDS, NC 27870 (252) 533-2845 FAX (252) 533-2809

# **PRE-EMPLOYMENT INFORMATION FORM**

Please answer the following questions to help us comply with Federal/State equal employment opportunity record keeping, reporting, and other legal requirements.

This information <u>will not</u> be used in considering you for employment and Pre-Employment Information Form will be kept in a confidential file from your Application for Employment.

1.	1. Name:		
	First	Aiddle	Last
2.	2. Address:		
3.	3. Birth Date: 4. Soc	cial Security Number:	
5.	5. Drivers License NumberClas	sPhone Numb	er
6.	6. Race/Ethnic Group:White	Black	Hispanic
	American Indian	Other	
7.	7. Sex:Male	Female	
8.	8. Are you related to anyone that is now emplo	yed by the City of Roa	noke Rapids?
	NOYES		
If	If yes, please list their name		
Re	Relationship to you		

It is the policy of the City of Roanoke Rapids that all applicants selected for employment must satisfactorily pass a medical examination which includes a drug screening test. Those applicants with a confirmed positive test for drugs/alcohol will not be hired.





#### **INITIAL NOTICE TO APPLICANTS AND EMPLOYEES**

North Carolina laws give you the rights and responsibilities regarding an employment-related test for controlled substances (a drug test). The law covering this test is called the Controlled Substance Examination Regulation Act (CSERA), NCGS 95-230–235.

•Do I have to take a drug test?

•No. However, the employer can make taking the test a condition of your employment. If you refuse to take the test, you may not get the job or you may be disciplined or fired.

- •What can the employer test?
  - •Your blood or urine.
- •What can the employer test for?

•Any controlled substance listed in NCGS 90-87(5) or a metabolite thereof. Most employees will test for five to ten controlled substances.

- •What is required for the sample collection?
  - •The collector must follow the collection procedures established by the approved lab.

•You must follow the collector's instructions during the collection and paperwork processing.

•You must complete the paper work-sign the strip after it is placed over the sealed bottle.

•Who will perform the test?

•An approved lab must perform the initial screen. If that initial screen has a positive result, the approved lab must run a confirmation test using GC/MS.

•How will I learn of the results?

•You may not hear anything. The employer must tell you if the test result is positive. The notice of a confirmed positive result must be in writing and given to you within 30 days of when the employer learned of the positive result. This notice must also tell you what your rights and responsibilities are regarding having the confirmed positive result retested. The approved laboratory that performed the test is required to keep the sample for at least 90 days from the time the result is sent to the employer.

•Are the circumstances of the test and the test results confidential?

•Yes. With limited exceptions, the examiner, collector, and approved lab must keep confidential all information relating to your drug test.

•However, if you want to protect this confidentiality, be careful not to discuss the examination process and results yourself.

•Who pays for the drug test?

•The employer pays for the drug test expenses, except for retest of confirmed positive result.





#### DRUG SCREENING THROUGH URINALYSIS APPLICANT CONSENT FORM

I, \_\_\_\_\_\_, understand that as part of the pre-employment process as required by the North Carolina Criminal Justice Education and Training Standards Commission I must submit to a urinalysis drug screening.

I do hereby voluntarily consent to the sampling and submission for testing of my urine for the purpose of screening for the presence of illegal drugs. I understand that a negative result from this screening is a condition of employment.

I also understand that refusal to supply the necessary samples in a reasonable and timely manner or producing a positively confirmed test result for the presence of illegal drugs may result in my being denied certification as a criminal justice officer. I also understand that in the case of a refusal to submit to a drug screen or a positive result my name will be forwarded to the Criminal Justice Standards Division, which serves as the central agency for documentation of such results. I understand that a refusal to submit to a drug screen or a confirmed positive test result indicating the presence of illegal drugs may bar me from securing employment as a criminal justice officer.

I authorize disclosure of the drug screen results by and between the testing laboratory, Medical Review Officer, employing agency and the Criminal Justice Standards Division. I further authorize disclosure of this or any related information, to include results of prior drug screens or refusals, by the Criminal Justice Standards Division to the extent that such disclosure is made to a law enforcement agency or another law enforcement or criminal justice licensing or regulatory agency as needed or requested for certification, employment, and other valid non-criminal purposes.

I understand that the results of the urinalysis will be available to me as soon as possible after receipt by the City of Roanoke Rapids.

Signature of Applicant

Applicant's Social Security Number

STATE OF NORTH CAROLINA

COUNTY OF\_\_\_\_\_

I, \_\_\_\_\_\_, a Notary Public in and for said County and State do hereby certify that \_\_\_\_\_\_ personally appeared before me this day and acknowledged the due execution of the foregoing instrument in writing for the purposes therein expressed.

WITNESS my hand and notarial seal, this \_\_\_\_\_day of \_\_\_\_\_, 20\_\_\_\_.

My Commission expires:\_\_\_\_\_





POLICE DEPARTMENT APPLICATION FOR EMPLOYMENT

# **Applicant Checklist**

The following documents must be provided by the applicant and submitted with the Application for Employment for the position of Police Officer. Failure to submit and coOrrectly complete all documents will disqualify the applicant.

- \_\_\_\_\_ City of Roanoke Rapids Police Department Application for Employment
- \_\_\_\_\_ Notification & Authorization Form for Employment Credit Report
- \_\_\_\_\_ Authorization for Release of Information (Notarized)
- \_\_\_\_\_ Applicant Drug & Alcohol Testing Consent Agreement (Witnessed)
- \_\_\_\_\_ Form F-3, Personal History Statement (Notarized)
- \_\_\_\_\_ Copy of Birth Certificate and/or Certificate of Naturalization
- Copy of High School Diploma or Certified Copy of Transcript; GED Equivalency, & College Transcripts (if applicable)
- \_\_\_\_\_ Copy of Social Security Card
- \_\_\_\_\_ Copy of Valid Driver's License
- \_\_\_\_\_ DD-214 (Prior Military)
- Applicant Fingerprint Cards (4 cards) (Note: Must be Completed by a Law Enforcement Officer)
- Photo of Self (Note: Photo may be taken at the Roanoke Rapids Police Department)
- \_\_\_\_\_ References: Day and Night Phone Numbers for Applicants References
- Copy of Credit Report (May be obtained via internet or financial institution)
- \_\_\_\_\_ Must Live Within Thirty Minutes of the Roanoke Rapids Police Department
  - \_\_\_\_ Essay Questions





#### Applicant Essay Questions for the Roanoke Rapids Police Department

Please read and carefully follow the instruction for the required essay questions. Failure to follow the instructions or omission of information will disqualify applicant from the hiring process.

- > Answer each question on the answer sheet provided.
- > Put your Social Security Number on the sheets in the space provided.
- > Do not put your name on the answer sheets.
- > All answers are to be hand printed; do not type your answers.
- > Use only black ink.
- > All answers must be your own with no help from other sources.
- > Limit your answers to 200 words or less.

I hereby certify that I have read all of the above instructions and fully understand them and that failure to follow these instructions will disqualify me from the hiring process.

Applicant printed name:\_\_\_\_\_

Applicant Social Security Number:\_\_\_\_\_

Date			

Applicant Signature:\_\_\_\_\_

POLICE DEPARTMENT APPLICATION FOR EMPLOYMENT



#### <u>Authorization for Release of Personal Information</u> <u>To Law Enforcement Agencies for Certification/Employment Purposes</u>

To Whom It May Concern:

I am an applicant for a position with the Roanoke Rapids Police Department. In order to determine my suitability for employment, I understand that the Roanoke Rapids Police Department, City of Roanoke Rapids, North Carolina must make a thorough investigation of my personal records and personal background. It is in the public's interest that all relevant information concerning my personal and employment history is disclosed to the above agency.

Therefore, I,\_\_\_\_\_, DOB,\_\_\_\_\_, Operator's License Number\_\_\_\_\_\_, do hereby request and authorize any bank, credit union, lending or financial institution, credit bureau, consumer report agency, retail business establishment, former and present employer, educational institution, doctor or other health care professional including mental health, alcohol treatment center, hospital or other repository of medical records, insurance company, government agency, criminal and civil courts, certification/licensing commission, military organization, and any other individual agency to produce and provide copies of any and all information to the authorized agent of the Roanoke Rapids Police Department, City of Roanoke Rapids, North Carolina regarding me - whether of a privileged or confidential nature.

Moreover, I hereby release the Roanoke Rapids Police Department, City of Roanoke Rapids, North Carolina from any civil criminal liability whatsoever for seeking such requested information and for evaluating such information as it relates to my employment with the City of Roanoke Rapids. And, hereby release the issuing agency and its agents and employees, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result because of compliance with this authorization and request.

I further waive all right to inspect or review any information compiled in reference to my application for employment as allowed by law. I do further authorize the Roanoke Rapids Police Department, its agents and employees, to release copied of any and all information to any agency or entity regulating the certification, authority or conduct of law enforcement officers. This is to include, but not limited to: North Carolina's Sheriff's Education and Training Standards Commission, North Carolina Attorney General's Officer, agencies of other states and federal government, and the applicant's/officer's employing agency.



POLICE DEPARTMENT APPLICATION FOR EMPLOYMENT



#### <u>Authorization for Release of Personal Information</u> <u>To Law Enforcement Agencies for Certification/Employment Purposes</u>

I hereby acknowledge that this authorization is valid for one (1) year or until the employment application or investigative process has been complete whichever is later.

A copy of this document is considered valid, just as the original.

I have read and fully understand the above statements.

Applicant/Officer's Signature

Applicant/Officer's Name (Printed)

Address:\_\_\_\_\_

Phone Number: \_\_\_\_\_

STATE OF NORTH CAROLINA COUNTY OF \_\_\_\_\_

Subscribed and sworn to before me, on the \_\_\_\_\_day of \_\_\_\_\_, 20\_\_\_\_.

(SEAL)

\_\_\_\_\_ My Commission Expires:\_\_\_\_\_

Notary Public's Signature

Notary Public's Name (Printed)





# **APPLICANT INFORMATION SHEET**

Address:			
Telephone:		Alt:	
Date of Birth:		Social Security #	
Name of Spouse:			
-			
Shirt Size:	Neck:	Sleeve Length:	
Pant Size:	Waist:	Length:	
Hat Size:	Shoe Size:	Coat Size:	
Rain Coat Size:		Handgun Holster: Right Hand / Left Hand	
		Hundgun Holsten. Regnt Hund / Den Hund	
Any Special			





# **Applicant Essay Questions for the Roanoke Rapids Police Department**

Social Security Number:\_\_\_\_\_

# Question 1 of 5

How does the Roanoke Rapids Police Department fit into your life's goals?





# **Applicant Essay Questions for the Roanoke Rapids Police Department**

Social Security Number:\_\_\_\_\_

**Question 2 of 5** Why do you want to be a police officer in Roanoke Rapids?





# **Applicant Essay Questions for the Roanoke Rapids Police Department**

Social Security Number:\_\_\_\_\_

*Question 3 of 5* In your opinion, how important is community engagement?





# **Applicant Essay Questions for the Roanoke Rapids Police Department**

Social Security Number:\_\_\_\_\_

# Question 4 of 5

Our core values are: Service, Honesty, Innovation, Excellence, Leadership, and Dedication. What do these words mean to you?





# **Applicant Essay Questions for the Roanoke Rapids Police Department**

Social Security Number:\_\_\_\_\_

Question 5 of 5

In order to become a Police Officer with the Roanoke Rapids Police Department, you must sign the Law Enforcement Code of Ethics. What does this code mean to you?



# POLICE DEPARTMENT APPLICATION FOR EMPLOYMENT



#### **ROANOKE RAPIDS POLICE UNIFORM DIVISION SCHEDULE**

7am - 7 pm = DAY

7pm – 7am = NIGHT

<u>Night Shift</u> Friday Saturday Sunday Monday

<u>Off</u>

Tuesday Wednesday Thursday

Day Shift Friday Saturday Sunday

<u>Off</u>

Monday

<u>Night Shift</u>

Tuesday Wednesday Thursday

<u>Off</u>

Friday Saturday Sunday

#### Day Shift

Monday Tuesday Wednesday Thursday

> <u>Court</u> Friday

<u>Off</u> Saturday Sunday