



CITY OF ROANOKE RAPIDS

POLICE DEPARTMENT APPLICATION FOR EMPLOYMENT



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)

<u>Position(s) Applied For</u>	<u>Date of Application</u>		
How Did You Learn About Us?	<input type="checkbox"/> Advertisement	<input type="checkbox"/> Relative	<input type="checkbox"/> Inquiry
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Friend	<input type="checkbox"/> Other _____	

Last Name	First Name	Middle Name	
Address	City	State	Zip Code
Telephone Numbers		Social Security Number	

Best time to contact you at home is:....._____ a.m/p.m.

If you are under 18 years of age, can you provide required proof of your eligibility to work?..... yes no

Have you ever filed an application with us before?..... yes no

If Yes, give date _____

Have you ever been employed with us before?..... yes no

If Yes, give date _____

Do any of your friends or relatives, other than spouse, work here?..... yes no

Are you currently employed?..... yes no

May we contact your present employer?..... yes no

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?..... yes no

(Proof of citizenship or immigration status will be required upon employment)

Date available for work_____/_____/_____ What is your desired salary range?_____

Are you available for work: Full-time (please indicate 1 2 3 shift)

Part-time (please indicate Mornings Afternoon Evenings)

Temporary (please indicate dates available____/____/____-____/____/____)

Are you currently on "layoff" status and subject to recall?..... yes no

Can you travel if a job requires it?..... yes no

Have you been convicted of a felony within the last five years? yes no

A criminal record does not constitute an automatic bar to employment and will be considered only as it relates to the job in question.



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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 apprenticeship, skills and extra-curricular activities.

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



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



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

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)

<input type="checkbox"/> Terminal	<input type="checkbox"/> Spreadsheet	Production/Mobile Machinery List	Other
<input type="checkbox"/> PC/MAC	<input type="checkbox"/> Word Processing	_____	_____
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Shorthand	_____	_____
_____ WPM		_____	_____



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State any additional information you feel may be helpful to us in considering your application.

Note to Applicants: Do not answer this question unless you have been informed about the requirements of the job for which you are applying.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given. YES NO

REFERENCES

NAME	PHONE NUMBER	ADDRESS

Applicant's Statement

I certify that answers given herein are true and complete.
I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any application wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date



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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 will not 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. Name: _____
First
Middle
Last

2. Address: _____

3. Birth Date: _____ 4. Social Security Number: _____

5. Drivers License Number _____ Class _____ Phone Number _____

6. Race/Ethnic Group: _____ White _____ Black _____ Hispanic
 _____ American Indian _____ Other

7. Sex: _____ Male _____ Female

8. Are you related to anyone that is now employed by the City of Roanoke Rapids?
 _____ NO _____ YES

If yes, please list their name _____

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.



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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.



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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: _____



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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 correctly 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



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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: _____



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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?



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Applicant Essay Questions for the Roanoke Rapids Police Department

Social Security Number: _____

Question 2 of 5

Describe the role of the Police in contemporary American Society?



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Applicant Essay Questions for the Roanoke Rapids Police Department

Social Security Number: _____

Question 3 of 5

In your opinion, what one change would most improve American Law Enforcement?



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Applicant Essay Questions for the Roanoke Rapids Police Department

Social Security Number:_____

Question 4 of 5

What has been your most positive experience with the police?

What has been your most negative experience with the police?



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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?



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Authorization for Release of Personal Information To Law Enforcement Agencies for Certification/Employment Purposes

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.



**CITY OF ROANOKE RAPIDS
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**Authorization for Release of Personal Information
To Law Enforcement Agencies for Certification/Employment Purposes**

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)

Notary Public's Signature My Commission Expires: _____

Notary Public's Name (Printed)



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APPLICANT INFORMATION SHEET

Name: _____

Address: _____

Telephone: _____ Alt: _____

Date of Birth: _____ Social Security # _____

Name of Spouse: _____

Name(s) of Children and Dates of Birth: _____

Shirt Size: _____ Neck: _____ Sleeve Length: _____

Pant Size: _____ Waist: _____ Length: _____

Hat Size: _____ Shoe Size: _____ Coat Size: _____

Rain Coat Size: _____ Handgun Holster: Right Hand / Left Hand

Any Special Considerations: _____



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ROANOKE RAPIDS POLICE UNIFORM DIVISION SCHEDULE

7am – 7 pm = DAY

7pm – 7am = NIGHT

Night Shift

**Friday
Saturday
Sunday
Monday**

Off

**Tuesday
Wednesday
Thursday**

Day Shift

**Friday
Saturday
Sunday**

Off

Monday

Night Shift

**Tuesday
Wednesday
Thursday**

Off

**Friday
Saturday
Sunday**

Day Shift

**Monday
Tuesday
Wednesday
Thursday**

Court

Friday

Off

**Saturday
Sunday**