

Nez Perce Tribal Police Department

LATERAL POLICE OFFICER PACKET

- 1) Nez Perce Tribe Police Application Form
 - Grade 15 & under require a completed NPTP Application Form Only.
 - Grade 16 & above require a completed NPTP Application Form & Resume.
- 2) Must provide a current motor vehicle (“MVR”) where you have been licensed to drive in the last three years.
- 3) The Nez Perce Tribe is a drug free work environment Pre-employment drug testing is required.

This is required for all applications for jobs advertised for the Nez Perce Tribal Police Department.

Incomplete application packets will not be considered for any further review or action.

Name: _____

Position: _____

HR- _____

Nez Perce Tribal Police Department

DISQUALIFIERS
THE NEZ PERCE TRIBAL POLICE SHALL **NOT** CONSIDER
EMPLOYMENT FOR ANY PERSON:

You are required to answer either YES or NO to each of these questions:

(For this purpose, the term convicted includes any disposition adverse to the subject, except a decision not to prosecute, a dismissal, or an acquittal. A dismissal entered after a period of probation, suspension, or deferral of sentence is considered a disposition adverse to the subject.)

Have you on any occasion illegally manufactured or delivered a controlled substance, and other substances defined in Chapter 13, Title 21 U.S.C. Section 812? YES NO

Have you illegally used any controlled substance by injection? YES NO

Have you on any occasion used or possess amphetamines or methamphetamines? YES NO

Have you on any occasion used or possessed Hallucinogens (LSC, PCP, hallucinogenic mushrooms, etc)? YES NO

Have you on any occasion used or possessed non-prescribed opiates or narcotics (heroin, morphine, etc)? YES NO

Have you on any occasion used or possess non-prescribed stimulants? YES NO

Have you engaged in "Huffing" or any substance including but not limited to gasoline, glue, paint, and paint thinner which are capable of causing a condition of intoxication, inebriation, excitement, stupefaction or the dulling of the brain or the dulling of the brain or nervous system as a result of the inhalation of the fumes or vapors or such chemical substances? YES NO

Have you received a Dishonorable Discharge from a branch of the Armed Forces? YES NO

Have you ever been convicted of a felony? YES NO

Have you ever been convicted of a misdemeanor involving theft, crimes of domestic violence, larceny, moral turpitude, sex offenses or controlled substances? YES NO

Have you ever sold, offered to sell, or transported for sale any illegal drugs/narcotics regardless of the time frame? YES NO

Have you ever been convicted of DUI, reckless driving or hit-and-run in the last 5 years? YES NO

If any of the above questions are found to be answered dishonestly, employment will be terminated.

Signature

Date



NEZ PERCE TRIBAL POLICE EMPLOYMENT APPLICATION FORM

Employing Agency: _____ DATE: _____

A. INSTRUCTIONS

Application must be typewritten or **printed legibly** in ink. All questions must be answered. Applications which are not complete will not be considered. If space provided is not sufficient for complete answers or you wish to furnish additional information, attach sheets of the same size as this application, and number answers to correspond with questions.

B. POSITION APPLYING FOR

Job Title: _____

Are you applying for:

- F/T P/T Temp/Seasonal
 Reserve/Volunteer

What shifts will you work?

- Days Nights Any

NOTICE: During the Background Check, we will be contacting your present employer.

Available Start Date: _____

C. PERSONAL HISTORY

1. Full Name:

_____ First

_____ Middle

_____ Last

2. Date of Birth _____ Social Security Number _____ - _____ - _____

3. Applicant's Current Address:

_____ Address

_____ City

_____ County

_____ State

_____ Zip

_____ Telephone Number

_____ Message Number

Email: _____

Web Page: _____

Emergency Contact Name & Number: _____

Applicant Name: _____ (Print Legibly)

Other: List all other names you have used including circumstances and time periods you used them. (For example: maiden name, former name(s), alias(es), or nickname(s)).

Name	Circumstance	Dates From Mo./Yr.	Dates To Mo./Yr.

4. Are you a United States Citizen? Yes No

If naturalized, please provide: _____
Place

Court

Naturalization No.

5. Do you have or have you ever applied for a passport? Yes No Passport # _____

6. Are you a member of a Federally Recognized Tribe? Yes No Enrollment Number _____

***Please submit proof of Certified Indian Blood.**

7. Can you perform the essential functions of this job with or without reasonable accommodation? Yes No

D. EDUCATION/TRAINING

High School or GED Name/Address	Dates Attended Mo./Yr.		Years Completed	Did You Graduate?	Type of Diploma
	From	To			

*College/University Name/Address	Dates Attended Mo./Yr.		Credit Hours Earned		Did You Graduate?	Type of Degree
	From	To	Qtr.	Sem.		

Applicant Name: _____ (Print Legibly)

Major _____ Minor _____

Other Schools (Trade, Vocational, Business or Military):

Name/Address	Dates Attended Mo./Yr.		Credit Hours Earned	Area of Study	Did You Graduate?	Type of Degree or Certificate
	From	To				

1. Describe any awards, honors, citations, positions held in school organizations, and any other special recognition you received while attending school that you would like us to know about:

2. Have you ever been suspended or expelled from school? Yes No

If yes, please explain.

3. List any foreign languages you can speak:

List any foreign languages you can read:

List any foreign languages you can write:

4. Indicate any law enforcement education/training (attach additional paper as necessary):

Name/Topic of Training	Certificate?	Date	Location of Training

Applicant Name: _____ (Print Legibly)

5. Has your law enforcement certification ever been suspended, revoked, relinquished or subject to discipline or investigation by POST or any other state's law enforcement certification agency? Yes No

If yes, explain.

_____ Date(s)
_____ Date(s)
_____ Date(s)

6. Describe any special abilities, interests, and hobbies including the degree of proficiency:

7. Indicate any type of special license such as pilot, radio operator, etc., showing licensing authority, where the license was first issued, and date current license expires (except vehicle operator's license):

8. Indicate any special skills you possess and equipment you can use which may be related to law enforcement work. (For example: two-way radio communications, breathalyzer, speed detection equipment, firearms):

9. Have you had any training/education with K-9's? Yes No

If yes, provide details:

E. TECHNOLOGY SKILLS Check All Skills & Software Applications You Have Experience Using (any version):
<input type="checkbox"/> PC User <input type="checkbox"/> Macintosh User <input type="checkbox"/> Windows <input type="checkbox"/> Microsoft Word <input type="checkbox"/> Microsoft Access <input type="checkbox"/> Microsoft Excel <input type="checkbox"/> Microsoft Publisher <input type="checkbox"/> Web Page Design/Maintenance <input type="checkbox"/> E-Mail <input type="checkbox"/> Internet <input type="checkbox"/> Scanner <input type="checkbox"/> Copier <input type="checkbox"/> Fax <input type="checkbox"/> Other: Please list _____
Professional Licenses or Certificates Held:

Applicant Name: _____ (Print Legibly)

F. EMPLOYMENT HISTORY

(List chronologically all employment beginning with present employment, including summer and part-time employment while attending school. All time must be accounted for. If unemployed for a period, set forth dates of unemployment):

Employer:

Address:

Street

City

State

Zip

Telephone: ()

Supervisor Name:

Dates From: To:

Final Rate of Pay:

Position Held:

Primary Duties:

Reason for Leaving:

Next Employer:

Employer:

Address:

Street

City

State

Zip

Telephone: ()

Supervisor Name:

Dates From: To:

Final Rate of Pay:

Position Held:

Primary Duties:

Reason for Leaving:

Next Employer:

Employer:

Address:

Street

City

State

Zip

Telephone: ()

Supervisor Name:

Dates From: To:

Final Rate of Pay:

Position Held:

Primary Duties:

Applicant Name: _____ (Print Legibly)

Reason for Leaving:

1. Have you ever been dismissed or asked to resign or had any disciplinary action taken against you from **any** employment or volunteer position you have held?

Yes No

If YES, please give details, including dates, employer's name, and specifics:

2. Have you resigned or left a job by mutual agreement following allegations of misconduct or unsatisfactory job performance?

Yes No

If YES, please give details, including dates, employer's name, and specifics:

3. Have you ever applied to or performed paid or unpaid services for a law enforcement agency not listed as an employer?

Yes No

If yes, please provide name of agency and date of application or service.

4. Do you or have you owned a business, or are you or were you a partner or corporate officer in any business or organization not listed previously as a current or former employer?

Yes No

If yes, please provide name and address of business, corporation or organization and describe your relationship or position, and nature of business.

Applicant Name: _____ (Print Legibly)

G. APPLICANTS WITH CURRENT OR PRIOR LAW ENFORCEMENT EXPERIENCE

1. Identify **ALL** complaints (however characterized) made against you by any member of the public.

Agency	Name of Complainant	Approximate Date	Disposition

2. Identify **ALL** complaints (however characterized) made against you by any law enforcement personnel (including supervisors or administrators)

Agency	Name of Complainant	Approximate Date	Disposition

3. Identify **ALL** claims or lawsuits (however characterized) filed against you or your employing agency based on allegations of negligent or wrongful acts or omissions by you.

Agency	Name of Plaintiff(s)	Approximate Date	Court Where Filed

Applicant Name: _____ (Print Legibly)

4. Identify **ALL** disciplinary action (however characterized) taken against you by a law enforcement employer.

Agency	Supervisor or Administrator Taking Action	Approximate Date	Basis and Form of Discipline

5. Identify **ALL** circumstances in which you have been requested or ordered to take a polygraph exam, CVSA or any other form of truth/deception technology.

Agency	Basis for Exam	Approximate Date	Outcome

H. DRIVING HISTORY

1. Are you a licensed Idaho automobile operator? Yes No License No.: _____
Date of Expiration: _____ Restrictions: _____

2. Do you hold or have you ever held an operator license in another state? Yes No
If yes, please provide state(s), name used and approximate dates license(s) was/were held.

3. Have you ever been denied issuance of a license or have you ever had a license suspended or revoked?
 Yes No
If yes, please provide complete details including why license was revoked.

Applicant Name: _____ (Print Legibly)

4. Have you ever had automobile insurance refused, withdrawn, revoked, or required to obtain special risk insurance?

Yes No

If yes, please provide complete details.

I. MILITARY HISTORY

1. Have you ever served on active duty in the Armed Forces of the United States? Yes No

Branch of Service: _____ Highest Rank: _____

Serial #: _____ Duty Dates: From: _____ To: _____ From: _____ To: _____

From: _____ To: _____ From: _____ To: _____

2. Date and type of discharge: _____

3. Are you now or have you ever been a member of a reserve unit or the National Guard? Yes No

4. If yes state the branch of service, name and location of your unit:

5. Was any type of disciplinary action taken against you in the service? Yes No

If yes, please provide:

Date: _____ Place: _____

Nature of Offense: _____

Action Taken: _____

6. Have you ever served in the Armed Forces of a foreign country? Yes No

If yes, please specify countries and dates.

Applicant Name: _____ (Print Legibly)

K. ORGANIZATION MEMBERSHIP

1. Are you now, or have you ever been, a member of any foreign or domestic organization, association, movement, group or combination of persons which advocates or approves the commission of acts of force or violence to deny other persons their rights under the constitution of the United States, or which seeks to alter the form of government of the United States by unconstitutional means?

Yes No

If YES, including name of organization, dates of membership and location.

2. Have you ever made a financial or other material contribution to any organization of the type described in question #1 above?

Yes No

If YES, explain including name of organization, date(s) and location.

3. At the time of your membership, participation, or contribution, did you know of any unlawful aims of the organization?

Yes No

If YES, explain including name of organization, dates and location.

Applicant Name: _____ (Print Legibly)

1. Personal References: Please list the names of three (3) persons not related to you by blood or marriage)

L. PERSONAL & PROFESSIONAL REFERENCES		
Complete Name		Home Address: _____
(Last,First,Middle)		City, State, & Zip: _____
Yrs. Known	Occupation	Home Phone: _____
		Business Address: _____
		City, State & Zip: _____
		Business Phone: _____
Complete Name		Home Address: _____
(Last,First,Middle)		City, State, & Zip: _____
Yrs. Known	Occupation	Home Phone: _____
		Business Address: _____
		City, State & Zip: _____
		Business Phone: _____
Complete Name		Home Address: _____
(Last,First,Middle)		City, State, & Zip: _____
Yrs. Known	Occupation	Home Phone: _____
		Business Address: _____
		City, State & Zip: _____
		Business Phone: _____

2. Professional References: List names of three (3) professional references who have known you well for at least five (5) years and who are not related to you by blood or marriage.

Complete Name		Home Address: _____
(Last,First,Middle)		City, State, & Zip: _____
Yrs. Known	Occupation	Home Phone: _____
		Business Address: _____
		City, State & Zip: _____
		Business Phone: _____
Complete Name		Home Address: _____
(Last,First,Middle)		City, State, & Zip: _____
Yrs. Known	Occupation	Home Phone: _____
		Business Address: _____
		City, State & Zip: _____
		Business Phone: _____

Applicant Name: _____ (Print Legibly)

Complete Name		Home Address: _____
(Last,First,Middle)		City, State, & Zip: _____
Yrs. Known	Occupation	Home Phone: _____
		Business Address: _____
		City, State & Zip: _____
		Business Phone: _____

M. DOCUMENTS TO BE ATTACHED TO APPLICATION

1. Attach a certified copy of birth certificate.
2. Attach a certified copy of high school diploma or GED, college diploma or transcripts.
3. Attach a copy of military discharge(s).

N. OTHER REQUIREMENTS

When requested by this agency, applicant will be fingerprinted and shall be required to submit to a drug test and complete physical examination, as well as be required to complete the Background Information form and a polygraph examination.

Applicant Name: _____ (Print Legibly)

O. SIGNATURE & CERTIFICATION OF ACCURACY & NOTARY SEAL

I, _____, hereby certify that each and every statement made on this form is true and complete to the best of my knowledge, and I understand that any misstatement or omissions of information will subject me to disqualification or dismissal. I, also, acknowledge that I have a continuing duty to update all information contained in this document and, if employed by this Agency, I acknowledge that my failure to update this information may result in my discipline up to and including termination from employment. I understand that should an investigation disclose inaccurate, incomplete or misleading answers, my application may be rejected and my name removed from consideration for employment with Employer, and if employed, my termination from employment.

Signed this the _____ day of _____, 20____

Signature in Full

Print Named in Full

NOTARY

State of _____)
 :ss.
County of _____)

On this ____ day of _____, 20____, before me, the undersigned notary public in and for said State, personally appeared _____ or identified to me to be the person whose name is subscribed to the within instrument, and acknowledged to me that he/she executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year in this Statement first above written.

Notary Public in and for the State of _____
Residing in _____
My Commission Expires: _____, 20____.

(Official Seal)

Applicant Name: _____ (Print Legibly)

RELEASE OF INFORMATION

TO: _____ APPLICANT'S NAME: _____

DATE OF BIRTH: _____

OR Repository of Records SOCIAL SECURITY NO.: _____

NAME & ADDRESS OF EMPLOYING AGENCY REQUESTING BACKGROUND INFO:

I hereby authorize any authorized representative bearing this release, or copy thereof, to obtain any information in your files pertaining to me including, but not limited to, achievement, attendance, personal history, disciplinary records, credit records, criminal history records, training records, and educational records. I specifically authorize all of my prior employer(s) to give their opinions about my prior work history, work ethic, whether or not they would rehire me and any other opinions that may be pertinent to my application for employment with the requesting agency.

I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the requesting agency. Consent is granted for the agency to furnish such information, as is described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, as the custodian of such records, and your employer, education institution, credit bureau or consumer reporting agency, including its officers, employees, and related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. A photocopy of this form will be as effective as the original.

I hereby authorize the National Records Center, St. Louis, Missouri, or other custodian of my military record to release information or photocopies from my military personnel, including a photocopy of my DD 214, Report of Separation, to:

Signed this the _____ day of _____, 20____.

Signature in Full

PRINTED Signature in Full

NOTARY

State of _____)

:ss.

County of _____)

On this ____ day of _____, 20____, before me, the undersigned notary public in and for said State, personally appeared _____ or identified to me to be the person whose name is subscribed to the within instrument, and acknowledged to me that he/she executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year in this Statement first above written.

Notary Public in and for the State of _____
Residing in _____
My Commission Expires _____, 20____

(Official Seal)