

## INSTRUCTIONS TO HUMAN RESOURCES: Detach this form before processing application.

The Unified Police Department is proud to be an Equal Employment Opportunity Employer committed to a diverse workforce. Please assist us by providing the information below. **THIS FORM IS VOLUNTARY AND WILL NOT BE USED IN THE EVALUATION OF YOUR APPLICATION** 

		PLEASE INDICATE HOW YOU HEARD ABOUT THIS POSTION:		
PLEASE PLACE A CHECK IN TH	HE APPROPRIATE BLANKS:			
GENDER:	VETERAN:	DISABLED:	40 OR OVER:	
Female	☐ Yes	Yes	Yes	
☐ Male	☐ No	☐ No	☐ No	
WHICH RACIAL OR ETHNIC G	ROUP DO YOU IDENTIFY WITH	<del>1</del> ?		
White				
☐Black				
American Indian/Alaskan	Native			
Asian				
Hispanic				
☐Native Hawaiian/Pacific Is	lander			
Other				



POLICE OFFICER EMPLOYMENT APPLICATION					
APPLICANT INFORMATION					
Last Name:	First:		M.I	:	DOB:
Street Address:	ess:		Social Se	curity Number:	
City:	State:			Zip:	
Phone:		E-Mail Add	lress:		
PLEASE ANSWER THE FOLLWIN	NG QUESTIONS				
Are you a citizen of the United	States?	Yes N	lo		
Are you at least 21 years of age		Yes N	lo		
(must be 21 years old by June 5					
Have you ever been convicted	of a felony?	Yes N	lo		
Have you been convicted of DU	JI in the last 2	Yes N	lo		
years?	- last 2		1-		
Have you used marijuana in the	e last 2 years?	Yes N	lo		
Have you used any illegal drugs in the last 5 years?		Yes N	lo		
Have you obtained a High School diploma or GED?		Yes N	lo Plea	se provide copy	of diploma
Do you or your spouse claim Veteran's Preference?		Yes N	lo If ye	s, please provide	DD-214 or enlistment doc.
Do you have a valid driver's license?		Yes N	10		
Have you passed the NPOST test with a total score of 85% or better?		Yes N			be submitted no later than at time of P.T. Test)
Are you POST Certified in the state of Utah?		Yes N		aary 23, 2017. (F	time or r.r. restj
Are your our certified in the 3	tate of Otali:		O		
If yes, What is your level of certification?		SFO L	EO Pleas	se provide a cop	y of certifications
Do you have working experience as a Law		Yes No	0		
Enforcement Officer?		If Yes, please o	describe yo	our experience b	pelow:

EDUCATION (TO RECEIVE PREFERENCE PO	INTS FOR YOUR EDUC	CATION Y	<u>OU MUST PR</u>	OVIDE A COPY OF OFFICIALTRANSCRIPTS)
College		Locatio	n	
From: to	Did you graduate?	Yes	No	Degree
College		Locatio	n	
From: to	Did you graduate?	Yes	No	Degree
PREVIOUS EMPLOYMENT (Last 10 years or to your 16 <sup>th</sup> birthday)				
Company		Phone		
Address		Supervi	sor	
Full-Time Part-Time		Supervi	sor Title	
Job Title	Starting Salary \$			Ending Salary \$
Responsibilities				
'				
From: to		Doncon	forloaving	
	-		for leaving	
May we contact your previous supervis	or for a reference?	Yes	No	
Company		Phone		
Company Address				
		Supervi		
Full-Time Part-Time	Chautina Calauri Ć	Supervi	sor Title	Fu dia - Calauri Ć
Job Title	Starting Salary \$			Ending Salary \$
Responsibilities				
		ı		
From: to			for leaving	
May we contact your previous supervis	or for a reference?	Yes	No	
		Ι.		
Company		Phone		
Address		Supervi		
Full-Time Part-Time		Supervi	sor Title	<u></u>
Job Title	Starting Salary \$			Ending Salary \$
Responsibilities				
From: to		Reason	for leaving	
May we contact your previous supervis	or for a reference?	Yes	☐ No	

Company		Phone	
Address		Supervisor	
Full-Time Part-Time		Supervisor Title	
Job Title	Starting Salary \$		Ending Salary \$
Responsibilities			
From: to		Reason for leaving	
May we contact your previous super	visor for a reference?	Yes No	
Company		Phone	
Address		Supervisor	
Full-Time Part-Time		Supervisor Title	
Job Title	Starting Salary \$		Ending Salary \$
Responsibilities			
From: to		Peacon for leaving	
From: to  May we contact your previous super	vicer for a reference?	Reason for leaving Yes No	
iviay we contact your previous super	visor for a reference:	res No	
**Attach Additional Sheets If Necessa	ry (please provide a m	inimum of 10 years	work experience)
	, (p		
MILITARY SERVICE			
Do you have military service in the A	rmed Forces of the Un	ited States? Yes	No
If yes, what Branch?		Dates of service:	:
Highest rank held:		Type of duty:	
Type of discharge:		Military serial nu	umber:
Do you have a reserve obligation?		Selective service	number:
		<u>.                                      </u>	
SUPPLEMENT	AL QUESTIONAIR	<b>RE</b> (**Attach additio	nal sheets if necessary**)
Have you taken any extended wo	rk absences for reaso	ons other than ear	ned vacations?
YES NO If yes, explain (inclu			
123   (mera	de Wilell, Hallies of e	imployer, and why	,.
			<del></del>
Have you are heart distributed a	unnandad sasalassal	ا در دراهای در	inal pay for a violation of words at
-	uspended, or placed	on leave without i	inal pay for a violation of work place
policies or procedures?			
YES NO llf yes, please give de	etails.		
			<del></del>

UPD Policy describes Misrepresentation under the Conduct Section as follows: With reference to their official duties, members will not make false statements, falsify records, or knowingly allow incorrect statements or					
records to be accepted as valid.  Have you ever been accused of misrepresentation, or a similar policy violation as described above, during a work investigation, whether official or unofficial?					
					YES NO If yes, please describe the circumstances and whether the allegation was sustained, unfounded,
					or unresolved.
Have you ever been the subject of any judicial or non-judicial disciplinary action resulting from your					
employment?					
YES NO If yes, please give details.					
Have you ever been fired, asked to resign, or given the option to resign from any place of employment?  YES NO If yes, please give details.					
TES					
FINANCIAL					
The management of personal finances may be relevant to an individual's qualification for police department employment. Please answer the questions below. Be complete and accurate. The amount of indebtedness in itself will not be used in evaluation your qualifications, but rather the behavior exhibited in meeting financial obligations.					
Within the last 10 years, have you filed or declared bankruptcy or filed for the Wage Earners Plan?					
YES NO If yes, please give details (include when, where, why and amount).					
, , , , , , , , , , , , , , , , , , , ,					
Have any of your bills ever been turned over to a collection agency?					
YES NO If yes, please give details (include when, firms involved and circumstances).					
Have your paychecks ever been garnished?					
Have your paychecks ever been garnished?					
Have your paychecks ever been garnished? YES NO If yes, please explain.					
YES NO If yes, please explain.					
YES NO lif yes, please explain.  Have you ever had purchased goods repossessed?					
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YES NO lif yes, please explain.  Have you ever had purchased goods repossessed?  YES NO lif yes please give details (include when, firms involved, and circumstances for each occurrence).  Have you ever been delinquent on child support, alimony, or income or other tax payments?					
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		LEGAL		
Have you ever been convicte YES NO lf yes, please gi				
				- -
				_
Have you ever been convicte an adult?	d in a Juvenile Court f	or an act which would have	been a crime if committe	d by
YES NO If yes, please g	ive details (include w	hen, where, name and locat	cion of court, circumstance	≥s). _
				<b>-</b>
Are you now or have you even divorce? YES NO If yes,	-	olaintiff or a defendant in ar	ny civil action except for	
				- - -
	MOTOR VF	HICLE OPERATION		
Have you ever been refused			Utah or any other state?	
YES NO If yes, please gi		toor a meerise by the state of		_
				<b>-</b>
Has your motor vehicle operator's license ever been suspended or revoked?  YES NO lf yes, state when, where and why.				
				- - -
Has your motor vehicle opera	ator's license ever bee	en placed on probation? If y	es, please give details.	
				<del>-</del> -
Please list all traffic citation	s (excluding parking o	itations) you have received	within the last <b>five years</b>	- (for
Reckless Driving or Driving date).		• •		•
Nature of Violation	Location	Approx. Date	Result	

	ed for driving under the influence of alcohol and/or drugs or reckless driving?
YES NO Date:	
Arresting Agency:	
	Court Docket #:
Details and Disposition:	
	ed, as a driver, in a motor vehicle accident within the last five years? give details for each accident.
Date:	Police Agency:
Location:	Injury: Non-Injury: Police Investigation: YES NO
Data	Police Agency:
Date:	Police Agency: Police Investigation: YES NO Police Investigation: YES NO
	Injury: Non-injury: Police investigation: YESNO
	ALCOHOL AND DRUG USE
Do you drink alcoholic be	
· · · · · · · · · · · · · · · · · · ·	often do you drink?
· ·	a "supervised rehabilitation program" for drugs or alcohol?
YES NO If yes, give t	the name and address of the program and dates of attendance/participation.
_	21
Program:	Phone:
Beginning:	Ending:
Have you used alcohol sin	nce your last rehabilitation program?
Have you used illicit drugs	s since your last rehabilitation program?
What, if any, drugs were	you addicted to?
-	

TYPE	APPROXIMATE LAST DATE OF USE	HOW MANY TIME
Heroin		
Cocaine		
PCP		
Percodan		
Tai Sticks		
Quaaludes		
Crank		
Morphine		
LSD		
Crack		
Mescaline		
Peyote		
Opium		
Demerol		
Methadone		
Psilocybin/Mushrooms Amphetamine injected used any of the following of	drugs within the last <u>two years</u> ?	e you last used the
Psilocybin/Mushrooms Amphetamine injected used any of the following of	drugs within the last <u>two years</u> ? g was used, state the approximate date	e you last used the
Psilocybin/Mushrooms Amphetamine injected  used any of the following of th	<del>-</del>	
Psilocybin/Mushrooms Amphetamine injected used any of the following of the following of the following of the drug times you used the drug.	g was used, state the approximate date	
Psilocybin/Mushrooms Amphetamine injected  used any of the following of th	g was used, state the approximate date	
Psilocybin/Mushrooms Amphetamine injected  used any of the following of the following of the following of the drug times you used the drug.  TYPE  Marijuana	g was used, state the approximate date	
Psilocybin/Mushrooms Amphetamine injected  used any of the following of th	g was used, state the approximate date	
Psilocybin/Mushrooms Amphetamine injected  used any of the following of the following of the following of the following of the drug.  If yes, mark which drug times you used the drug.  TYPE Marijuana Hashish Amyl Nitrates	g was used, state the approximate date	e you last used the o
Psilocybin/Mushrooms Amphetamine injected  used any of the following of th	g was used, state the approximate date	
Psilocybin/Mushrooms Amphetamine injected  used any of the following of th	g was used, state the approximate date	
Psilocybin/Mushrooms Amphetamine injected  used any of the following of th	g was used, state the approximate date	
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Psilocybin/Mushrooms Amphetamine injected  used any of the following of th	APPROXIMATE LAST DATE OF USE	
Psilocybin/Mushrooms Amphetamine injected  used any of the following of th	g was used, state the approximate date	
Psilocybin/Mushrooms Amphetamine injected  used any of the following of th	APPROXIMATE LAST DATE OF USE	
Psilocybin/Mushrooms Amphetamine injected  used any of the following of th	APPROXIMATE LAST DATE OF USE	

PEACE OFFICER CERTIFICATION AND TRAINING
Are you currently or have you in the past been Peace Officer Standards and Training (POST) certified in Utah or elsewhere?
YES NO If yes, please give details (include when, where, category or kind of status).
If certified, please attach a detailed copy of your in-service training received since POST training, as well as any other information you wish to include with this application.

DISCLAIMER AND SIGNATURE		
I certify that my answers are true and complete to the best of my knowledge.  If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.		
Signature	Date	
Return to: UNIFIED POLICE DEPARTMENT HR, 3365 S. 900 W. #121, Salt Lake City, UT 84119		

## **Application Check List** (failure to submit the listed items will result in disqualification or denial of preference points) **Check List** Item **Due Date** Completed and signed UPD (Mandatory) Application Copy of High School diploma or GED (Mandatory) (College Degree can be substituted) Copy of DD-214/enlistment February 24, 2017 @ (if claiming Veteran or Disabled Veteran paperwork 5:00pm Preference) Copy of Utah POST Certification(s) (If claiming POST Certification Preference) Copy of Degree or Official Transcripts (if claiming Education Preference) NPOST Exam Scores (must score 85% (Mandatory) February 25, 2017 @ or better) time of Physical Fitness Test

Please return completed applications with attachments to the Unified Police Department Human Resources Division located at:

3365 S. 900 W. Room 121 SLC, UT 84119

If you are mailing your application, please send it to the following address:

UPD Human Resources Attn: Sergeant Jason Adamson 3365 S. 900 W. SLC, UT 84119

If you have any questions, please contact Sergeant Jason Adamson at email: <a href="mailto:jadamson@updsl.org">jadamson@updsl.org</a> or phone: (385) 468-9667.

\*\*Application and Attachments received after the deadline of February 24, 2017 at 5:00pm will not be accepted.

\*\*NPOST Results may be submitted up until time of scheduled physical fitness test (February 25, 2017).