HIAWATHA POLICE DEPARTMENT

WE'RE HIRING!

POLICE OFFICER

APPLICATION DEADLINE: OPEN UNTIL FILLED

APPLICATIONS AVAILABLE AT: WWW.HIAWATHA-IOWA.COM

WHAT WE OFFER

- Competitive starting base wage starting at $66,580 reaching $86,257 in 3 years
- Lateral pay (for years assigned to patrol)
- Paid single coverage insurance at retirement with 25 years of service to the City of Hiawatha
- Shift differential pay $.50/hr. Increases $.50 every 3 years on nights. Capped at $5.00/hr.
- 11 paid holidays, you average working half of them
- $25/month family health insurance through Wellmark Blue Cross & Blue Shield
- Dental, vision, and supplemental insurance
- Vacation, sick, and personal time off
- IPERS retirement system
- Work 7 out of 14 days with every other weekend off
- Gym & Training Facility
- Updated, progressive equipment (FLIR, hard body armor, body cameras, less lethal munitions, load bearing vest, etc.)
- Wide range of programs from K-9 to crisis negotiators to defensive tactics
- Wide range of instructor/promotional opportunities
- Training within and outside of the department occurring at least monthly
- No residency requirement
- Veteran department of 16 sworn, averaging 12 yrs of service

101 EMMONS STREET HIAWATHA, IA 52233 (319) 393-1212 HTTPS://WWW.FACEBOOK.COM/HIAWATHAPOLICE

CITY OF HIAWATHA, IOWA

Police Officer

DATE: Adopted 07/09; Revised 06/18

CLASSIFICATION:
Non-Exempt

DEPARTMENT:
Police

JOB DESCRIPTION:

Summary/Objective
The Police Officer protects life and property, prevents crime, apprehends criminals, and enforces laws and ordinances in a designated area on an assigned shift; performs related duties as required.

DISTINGUISHING CHARACTERISTICS:

The Police Officer reports directly to their first line supervisor.

ESSENTIAL FUNCTIONS:

- Patrol the city on an assigned shift in a city police vehicle.
- Arrest violators of the law in compliance with local, state, and federal regulations, ordinances, laws and standard operating procedures.
- Answer calls from citizens, conduct investigations gather evidence, locate and question suspects and witnesses, and submit proper reports.
- Enforce vehicle and traffic laws; establish traffic control and protection.
- Mediate and/or counsel persons in situations where these persons are in dispute or disagreement.
- Serve as the animal control officer for stray or abandoned animals.
- Apprehend criminals and offenders.
- Appear in court to present evidence and testimony.
- Prevent and discover the commission of crimes.
- Establish and maintain a cooperative relationship with the community.
- Prepare and submit clear and concise daily logs and written reports.

- Participate in meetings, conferences and training programs as assigned.
- Encourage and promote compliance with safety rules and the use of safety equipment.
- Assist other City departments as directed.
- Conduct police programs in schools and in other community areas.
- Assist in planning for and working at special events requiring police assistance.
- Read incident reports, emails, and other assigned material each shift worked.
- Notify the Police Sergeant, or in the Sergeant's absence, the Police Captain or Chief of Police, of incidents of concern.
- Perform other duties of a similar nature or level.

QUALIFICATIONS (KNOWLEDGE REQUIREMENTS UPON COMPLETION OF TRAINING):

- Principles, practices, liabilities and methods of local police administration, organization and operation.
- Federal, State, and City laws; Criminal and civil codes; Judicial processes and procedures.
- Medical care and equipment determined by Police Department standard operating procedures.
- Police procedures and services.
- Iowa Law Enforcement Academy training and certification requirements.

SKILLS AND ABILITIES (POSITION REQUIREMENTS UPON COMPLETION OF TRAINING):

Proficient skills in:

- Solving problems.
- Using weapons.
- Applying defense tactics.
- Operating automobiles.
- Conducting investigations and interrogations.
- Working with informants.
- Gathering, preserving, handling and documenting evidence and crime scene photographs.
- Operating AED, radar, and other devices.

- Using computers and related software applications.

- Communication, interpersonal skills as applied to interaction with coworkers, supervisor, the general public etc., sufficient to exchange or convey information and to receive work direction.

TRAINING AND EXPERIENCE (POSITION REQUIREMENTS AT ENTRY):

An equivalent combination of education and experience sufficient to successfully perform the essential duties as listed above.

LICENSING REQUIREMENTS (POSITION REQUIREMENTS AT ENTRY):

- Iowa Law Enforcement Certification within 1 year; or begin academy within 1 year of hire.

- Possess and maintain a Peace Officer Permit to carry a weapon as issued by the State of Iowa.

- Cardio Pulmonary Resuscitation Certification.

- Pass all testing requirements; written, physical, MMPI physical and background investigations.

- Valid Iowa Driver's License.

ESSENTIAL PHYSICAL ABILITIES:

Positions in this class typically require: climbing, balancing, stooping, kneeling, crouching, crawling, reaching, standing, walking, running, driving, pushing, pulling, lifting, grasping, feeling, talking, hearing, seeing and repetitive motions.

The Police Officer may be subjected to personal injury, physical violence, fumes, odors, dusts, poor ventilation, blood, body fluids, extreme temperatures, inadequate lighting, workspace restrictions, intense noises and travel. May be exposed to extreme temperatures, long hours, and weekend and holiday duties.

Exerting in excess of 100 pounds of force occasionally, and/or in excess of 50 pounds of force frequently, and/or in excess of 20 pounds of force constantly to move objects.

SUPERVISORY RESPONSIBILITY:

This position is responsible for directly supervising any Reserve Police Officer while they are working.

POSITION TYPE AND EXPECTED HOURS OF WORK:

This is a full-time position. Days and hours of work are varied and dependent on the needs of the department. Some holidays will be worked.

OTHER DUTIES:

Please note this job description is not designed to cover or contain a comprehensive listing of activities, duties or responsibilities that are required of the employee for this job. Duties, responsibilities and activities may change at any time with or without notice.

SIGNATURES:

This job description has been approved by all levels of management:

Manager_____

HR_____

Employee signature below constitutes employee's understanding of the requirements, essential functions and duties of the position.

Employee_____ Date_____

Date Received: _____
Time: _____
Taken By: _____

City of Hiawatha
Application for Employment

An Equal Opportunity Employer

Applications are considered for all positions without regard to race, color, religion, sex, national origin, age, or marital status, or the presence of a medical condition or disability.

Date: _____

PERSONAL INFORMATION:

Name: _____
Last First Middle

Present Address: _____

Permanent Address: _____

Telephone: _____

Can you, after employment, submit verification of your legal right to work in the U.S.? *Yes* ☐ *No* ☐

Have you ever been convicted of a felony? *Yes* ☐ *No* ☐ (A conviction record will not necessarily be a bar to employment; the circumstances will be considered.) If yes, please explain: _____

_____

Have you ever been in the Armed Services? *Yes* ☐ *No* ☐ If yes, which Branch? _____

EMPLOYMENT DESIRED:

Position: _____ Possible Start Date: _____

Full time only _____ Part time only_____ Full time or part time_____ Temporary/Seasonal _____

Are you employed now? *Yes* ☐ *No* ☐ If so, may we inquire of your present employer? *Yes* ☐ *No* ☐

Ever applied to the City of Hiawatha before? *Yes* ☐ *No* ☐ If so, which department? _____ When? _____

Will you work overtime if needed? *Yes* ☐ *No* ☐

EDUCATION:

School Level	Name & Location	No. of Years	Did you Graduate?	Course of Study
Grammar School				
High School				
College				
Other				

List other special training that may pertain to this position: _____

_____

If the job requires completion of specific course of training, indicate that which you have completed: _____

_____

If the job requires the operation of specific machinery or specific skills, list those at which you are competent: _____

_____

Have you used various types of office equipment? If so, please list: _____

FORMER EMPLOYERS: (please list the most recent first)

Company Name	Telephone Number
Address	Dates of employment
Name of Supervisor	Weekly pay Starting $ Last $
Job Title & Description of Work	Reason for leaving

Company Name	Telephone Number
Address	Dates of employment
Name of Supervisor	Weekly pay Starting $ Last $
Job Title & Description of Work	Reason for leaving

Company Name	Telephone Number
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May we contact your employer? ☐ Yes ☐ No

If no, Please explain: _____

REFERENCES:

Name	Address	Business	Phone Number	Years Acquainted

Statement of Understanding Read Carefully

I understand:

that completing this application does not constitute an offer of employment and that my application may be rejected for any reason.

that the statements made by me in this application and all related information which I have provided are true, accurate, and complete to the best of my knowledge. I also understand that if I provide false, inaccurate, or incomplete information, I will not be eligible for employment, or, if I am hired, I will be subject to disciplinary action or dismissal regardless of the date on which the City discovers the violation of its policy regarding dishonesty.

that I may be required to complete a medical history form and may be required to be examined by a medical professional designated by the City at the post-offer stage.

that the use of illegal drugs is prohibited during employment and that I may be required to undergo and successfully pass a screening for alcohol and/or drugs that is included in a post offer pre-employment physical examination. I also understand that, if extended an offer of employment, I may be required to submit to an alcohol or drug screening according to state law.

that if I sustain any injury or illness while in the employment of this organization, I agree that this organization shall be entitled to receive full and complete reports and records governing any medical or related examinations, and I authorize any and all such doctors, medical examiners, and hospitals to give this organization full and complete reports and records covering such examinations, condition, care, and treatment related to or resulting from the alleged illness or injury.

that this application will be considered only for the position I am applying for; if I wish to be considered for other positions, I must submit a new application for each position.

that this employment application and any other employee-related documents are not contracts of employment; and that this organization follows an "employment at will" policy that an individual who is hired may voluntarily leave employment upon proper notice, and may be terminated by the employer at any time and for any reason.

that any oral or written statements to the contrary are hereby expressly disavowed and should not be relied upon by any prospective or existing employee.

I agree to be responsible for public property and equipment issued to me by the City until returned by me. I agree to pay for property and equipment not returned and authorize the City to withhold an amount equal to value of property not returned by me from my final pay.

Authorization to Release Information

I authorize the City of Hiawatha to make a complete investigation of me, including but not limited to, my past employment history, medical history, scholastic record, criminal activity, motor vehicle driving records, workers' compensation history and to receive the results of any physical examination, including the results of alcohol or drug screening I may be required to undergo, and to rely on such information sources. I understand that this organization may request an investigative consumer report from a consumer reporting agency that includes information as to my character, general reputation, and personal characteristics. I understand that the investigative consumer report may involve personal interviews with my neighbors, friends, relatives, former employers, schools, and others. I also understand that under the Federal Fair Credit Reporting Act, I have the right to make a written request to this organization, within a reasonable time, for the disclosure of the name and address of the consumer reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation. I authorize all persons and organizations to release any information concerning my background and hereby release all persons and organizations from liability for any damage whatsoever for this information. I acknowledge that a telephone facsimile (FAX) or photographic copy shall be as valid as the original.

Applicant Name: _____
Last First M.I.

Signature of Applicant_____ Date ____/____/_____