

Sheldon Police Department



UNDERSTANDING OF APPLICATION PROCEDURE

I, _____, understand that my application will **NOT** be processed for a peace officer position with the Sheldon Police Department unless **all** required materials have been completed and included with the application. I understand that I must submit the following materials in order for my application to be processed:

- Application form
- High school grade transcripts
- College grade transcripts if applicable
- Photocopy of birth certificate
- Copy of DD214 (military discharge document) if applicable.
- Copy of I.L.E.A. certification if applicable.
- Proof of vehicle insurance

Applicants born in the state of Iowa are able to obtain a copy of their birth certificate by contacting or stopping by the Iowa Department of Public Health, Vital Records Bureau in the Lucas State Office Building located in Des Moines. A nominal fee will be required for the record search and includes one certified copy. The phone number for the Department of Public Health is: (515)281-4944. The web address is: http://www.idph.state.ia.us/eh/health_statistics.asp. It is also possible for applicants to obtain a certified birth certificate from their county courthouse of birth.

I understand that I must meet and maintain all minimum qualification standards; including physical requirements and personal conduct from the time my application is submitted through the end of the selection process. **I understand that providing false, misleading and/or incomplete information is grounds for exclusion from the selection process or discharge if discovered subsequent to employment.**

I understand that all submitted materials become the property of the Sheldon Police Department and will **NOT** be returned to me. (It is suggested that applicants make copies of their application materials from their personal file.)

(Signature of Applicant)

_____/_____/____

(Date)

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____, do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the CITY OF SHELDON, IOWA, whether the said records are of public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of records of educational institutions; financial or credit institutions, including records of loans, records of commercial or retail credit agencies (including credit reports and/or ratings); and other financial statements of records whenever filed; medical and psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners, and the U.S. Veteran's Administration; law enforcement agency records; driving records; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me and the recollections of attorneys at law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the CITY OF SHELDON. I also certify that any person(s) who may furnish information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information. I further release the CITY OF SHELDON from any and all liability, which may be incurred as a result of collecting such information.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

I have read and fully understand the contents of this "authorization for release of personal information."

SIGNED: _____ DATE: _____

State of Iowa
County of _____

Signed or attested before me on _____ (date) by

_____ (Name of individual)

(Signature of Notarial officer)

(Title of Office)

My commission expires: _____