

CARLISLE POLICE DEPARTMENT

Employment Application



POLICE OFFICER APPLICATION

**Carlisle Police Department
195 N. 1st Street
Carlisle, IA 50047
(515) 989-4121**

Updated 10/30/23

CARLISLE POLICE DEPARTMENT

Employment Summary

Position: Police Officer- Full Time

Opening Date: November 6, 2023

Closing Date: Open Until Filled

How to Apply

Application materials may be obtained at: www.carlisleiowa.org or at the Carlisle Police Department.

Salary

- Current hourly pay scale: \$29.05 to \$37.43 per hour (\$60,418- \$77,853)
- Current union contract through 2026 with a top out pay of \$85,833.

Other Incentives

- \$10,000 hiring incentive for current Iowa certified law enforcement officers.
- \$2,000 annually for those who maintain full- time residency within the corporate city limits.

Benefits

Shift differential pay, holiday and longevity pay, annual uniform allowance, health insurance- including vision, dental and supplemental, vacation, sick and personal time off, IPERS retirement system, local fitness membership

Physical Agility & POST Testing

The physical agility test and Police Officer Selection Test (POST) will be administered to all qualified applicants. Dates will be determined and more information will be emailed to candidates at a later date. Passing physical agility scores from other law enforcement agencies are accepted if conducted on or after June 1, 2023. Applicants who have a passing POST within the last year may choose to waive the POST exam. Iowa Certified Peace Officers are not required to conduct physical agility or POST test.

Job Summary and Requirements

Seeking dedicated, hardworking, team-oriented individual to perform a wide range of law enforcement and crime prevention duties for the safety and protection of life and property in the Carlisle community. Preserve peace, order, safety, problem resolution and perform investigative work in preparation for arrests and /or criminal prosecution.

Work Schedule

Officers can expect to work 7 out of 14 days per two week pay period, however; may be expected to work nights, holidays, weekends or overtime as necessary.

Completed applications with attached resumes may be mailed to: Carlisle Police Department, P.O. Box 430, Carlisle, Iowa 50047 or emailed to mkoch@carlisleiowa.org. Questions may be directed to Chief Matt Koch at (515) 989-4121 or by email at mkoch@carlisleiowa.org.

The City of Carlisle is an Equal Opportunity Employer

CARLISLE POLICE DEPARTMENT

To be considered for employment, you must complete all sections of the application packet. Incomplete/ partial applications will not be included in the selection process.

Minimum Requirements:

- Be 18 years of age by the date of application.
- Be a United States citizen.
- Must have a valid Iowa driver's license.
- Be able to speak, read and write the English language.
- Have uncorrected vision of not less than 20/100 in both eyes, corrected to 20/20 and color vision consistent with occupational demands of law enforcement.
- Have normal hearing in each ear (hearing aids are acceptable if a candidate can demonstrate sufficient hearing proficiency to perform all necessary duties of a law enforcement officer)
- Be a graduate of an accredited high school or possess an equivalency certificate (GED).
- Be of good moral character as determined by a thorough background investigation and not be convicted of a felony or a crime involving moral turpitude.
- Not be addicted to drugs or alcohol.
- Not be opposed to use of force, including the use of deadly force, to fulfill duties.

Application Instructions:

1. The application must be filled out completely and signed by the applicant.
2. Answer all the questions completely. If a question does not apply to you, enter "N/A".
3. Your application should be legibly handwritten **Blue** or **Black** ink or typed.
5. Return your application with supporting documents to the Carlisle, Police Department, P.O. Box 430, Carlisle, IA 50047 or by email to mkoch@carlisleiowa.org

Copies of the following, if applicable, must be included with your application: Driver's license, high school diploma or GED certificate, college transcripts/diplomas, DD214 military discharge papers and Iowa Law Enforcement Certification certificate.

Non-certified applicants will be required to submit to a physical agility test (Cooper Test) and POST test, while selected applicants will undergo and MMPI psychological exam, extensive background investigation, oral interview board, pre-employment physical and drug screening and any other testing deemed necessary by the Chief of Police. Each of the foregoing application phases must be passed satisfactorily for the applicant to continue to the next phase of the process. **Certified Iowa law enforcement applicants are not required to complete the physical agility or POST test.**

Questions may be directed to Chief Matt Koch at (515) 989-4121 or mkoch@carlisleiowa.org.

CARLISLE POLICE DEPARTMENT

APPLICATION INFORMATION

PERSONAL INFORMATION

Date of Application: _____

Name: _____
Last First Middle

Date of Birth: ____/____/____ Social Security Number: ____-____-____
MM DD YYYY

Driver's License Number: _____ Driver's License State: _____

Current Address: _____
Street City State Zip Code

Home Phone: () _____ - _____ Cell Number: () _____ - _____ Other Number: () _____ - _____

Sex: _____ Race: _____ Height: _____ Weight: _____

Eye color: _____ Hair Color: _____ Place of Birth: _____
City State

Email Address: _____ Social Media Accounts: _____

Aliases/Other names used: _____

Scars, Marks, Tattoos: _____

Residence History – List all locations where you have lived, regardless of period of time, for the past ten (10) years

Previous Address: _____
Street City State Zip Code Date Range

Previous Address: _____
Street City State Zip Code Date Range

Previous Address: _____
Street City State Zip Code Date Range

Are you a U.S. citizen? Yes () No ()

Have you ever applied with the Carlisle Police Department before? Yes () No ()

If yes, when? _____

Are you currently a certified peace officer in the State of Iowa? Yes () No ()

If yes, agency and certification date? _____

MILITARY SERVICE

Have you ever served in the United States Military or National Guard? Yes () No ()

What Branch: _____

Last/Current Rank	Pay Grade	Years & months served
Date Enlisted	Date Discharged	Supervisor

Type of Discharge? _____

EDUCATION

NAME OF HIGH SCHOOL AND ADDRESS
PHONE NUMBER

Do you have a high school degree? Yes () No ()

* If not do you have a GED? Yes () No ()

What year did you graduate? _____

College Education

COLLEGE/UNIVERSITY AND ADDRESS	Type of Degree(s)	Did you graduate?	Date of Graduation

Trade, Business or Military

BUSINESS, TRADE, TECHNICAL, MILITARY SCHOOLS, ADDRESS	Type of Degree(s)	Did you graduate?	Date Received

Professional Training License or Certificates

PROFESSIONAL TRAINING INSTITUTION	Type of License / Certification(s)	Did you graduate?	Date Received

Other languages: _____

Understand Speak Write

Understand Speak Write

WORK HISTORY

Please list all your employers since you began working. *Make sure all information is provided.*

*** If you need additional space for this section, please provide all the information on an additional piece of paper. ***

EMPLOYER	ADDRESS, CITY, STATE, ZIP	EMPLOYER'S PHONE NUMBER
START DATE (mm/yyyy)	END DATE (mm/yyyy)	SUPERVISOR'S NAME
POSITION/TITLE	REASON FOR LEAVING	
BRIEF DESCRIPTION OF DUTIES		

EMPLOYER	ADDRESS, CITY, STATE, ZIP	EMPLOYER'S PHONE NUMBER
START DATE (mm/yyyy)	END DATE (mm/yyyy)	SUPERVISOR'S NAME
POSITION/TITLE	REASON FOR LEAVING	
BRIEF DESCRIPTION OF DUTIES		

EMPLOYER	ADDRESS, CITY, STATE, ZIP	EMPLOYER'S PHONE NUMBER
START DATE (mm/yyyy)	END DATE (mm/yyyy)	SUPERVISOR'S NAME
POSITION/TITLE	REASON FOR LEAVING	
BRIEF DESCRIPTION OF DUTIES		

EMPLOYER	ADDRESS, CITY, STATE, ZIP	EMPLOYER'S PHONE NUMBER
START DATE (mm/yyyy)	END DATE (mm/yyyy)	SUPERVISOR'S NAME
POSITION/TITLE	REASON FOR LEAVING	
BRIEF DESCRIPTION OF DUTIES		

Were you ever terminated or asked to resign from employment? Yes () No ()

If yes, which job(s): _____

CRIMINAL HISTORY

List ALL Traffic Citations:

Date	Violation (Specific Charge)	Location (City, State)	Disposition	Police Agency

Has your driver's license ever been suspended, revoked or restricted? Yes () No ()

If so, please explain:

Has your automobile insurance ever been refused or cancelled? Yes () No ()

If so, please explain:

List ALL arrests including juvenile arrests regardless of whether or not you were convicted:

Date	Violation (Specific Charge)	Location (City, State)	Disposition	Police Agency

Explain any other time(s) you have been detained or questioned by police other than traffic violations:

FINANCIAL INFORMATION

Please list ALL current financial obligations:

Creditor	Balance	Monthly Payments	Delinquent (Yes/No)

PERSONAL QUESTIONNAIRE

If it became necessary to take a human life during your duties as a law enforcement officer, would you be able to do so?

Yes () No ()

If no, please explain:

Note: in the next questions the words "drink" or "used" means one time or more, including experimentation. If any answer is yes, give full and complete answers.

Do you drink alcoholic beverages? Yes () No ()

If yes, to what degree?

Have you ever used marijuana? Yes () No ()

If yes, what were the circumstances?

How many times have you used marijuana?

When was the last time you used marijuana?

Have you ever used, possessed, distributed or sold any illegal drugs, including but not limited to: marijuana, opiates, pills, heroin, cocaine, ecstasy, methamphetamines, steroids, etc.? Yes () No ()

If yes, what were the circumstances?

When was the last time?

Have you ever used prescription drugs other than under the supervision of or as prescribed by a physician?

Yes () No ()

If yes, what were the circumstances and drug(s)?

When was the last time?

Are there any incidents in your life not mentioned herein which may reflect upon your suitability to perform the duties of the position you are applying for? Yes () No ()

If yes, please explain:

Have you been totally honest and forthcoming in this application? Yes () No ()

I _____ attest that all statements and information provided in this application are true and correct. I understand that any deliberate omissions or false statements will result in the rejection of my application or could be grounds for dismissal if employed.

Signed: _____ Date: _____

CARLISLE POLICE DEPARTMENT

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____, do hereby release a review of and full disclosure of all records concerning myself whether 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, the 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, 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 of 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, including polygraph examination that is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment. I also certify that any person(s) who may furnish such 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.

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

I hereby swear and affirm that each statement and all information in or supplementing this application is complete, true, and accurate to the best of my knowledge. I understand that providing false or misleading information is ground for exclusion from the selection process or discharged if discovered after employment. I have read and fully understand the contents of this "Authorization for Release of Personal Information".

Printed Name

Signature

Date

CARLISLE POLICE DEPARTMENT

PHYSICAL FITNESS STANDARDS

Iowa Law Enforcement Physical Agility Standards					
Minimal Physical Fitness Performance chart					
Males			Age		
Test	20-29	30-39	40-49	50-59	60+
1 Minute Sit-up	38	35	29	24	19
1 Minute Push-up	29	24	18	13	10
1.5 Mile Run	12:51	13:36	14:29	15:26	16:43
Females			Age		
Test	20-29	30-39	40-49	50-59	60 +
1 Minute Sit-up	32	25	20	14	6
1 Minute Push-up	15	11	9	* 12	* 5
1.5 Mile Run	15:26	15:57	16:58	17:54	18:44

*Females in excess of 49 years of age may do pushups on their knees.

1. 1 MINUTE PUSH UP TEST:

This test requires you to push your own weight off the floor. Women may do the push-up on their knees. This test measures the amount of force the upper body can generate and is an important area for performing police tasks requiring upper body strength. The number of push-ups performed in one minute calculates the score.

2. 1 MINUTE SIT UP TEST:

This is a measure of the muscular endurance of the abdominal muscles. It is an important area for performing police tasks that may involve the use of force and is an important area for maintaining good posture and minimizing lower back problems. The score is in number of bent leg sit-ups performed in 1 minute.

3. 1.5 MILE RUN

This is a timed run to measure the heart and vascular system's capability to transport oxygen. It is an important area for performing police tasks involving stamina and endurance and to minimize the risk of cardiovascular problems. The score is in minutes and seconds.

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POST TEST INFORMATION

Stanard & Associates has an online version of The National Police Officer Selection Test (POST) candidate study guide, as well as an online practice version of the POST itself is available for purchase directly by applicants. The exam provides candidates with an opportunity to complete a similar, full-length, timed practice version of the POST exam. The content of the practice exam is 100% unique and contains no overlap with any content of POST versions A, B, C or D. The practice version of the POST contains detailed feedback for any test questions answered incorrectly by the applicant, giving them a better understanding of personal areas of strength and opportunities for development. The POST practice exam and study guide are available for sale to applicants through Stanard & Associates' job application and recruitment website:

<https://www.applytoserve.com/Study/>