



Mount
Vernon
IOWA

POLICE OFFICER

The City of Mount Vernon, Iowa is accepting applications for the positions of Police Officer and Reserve Police Officer until 3p.m. September 07, 2020. Starting wage ranges from \$21.59/hr-\$26.97/hr depending on experience. Certified preferred, but not required.

To obtain an application, and minimum hiring standards contact the Mount Vernon Police Department by sending a resume to:

Chief Doug Shannon
Mount Vernon Police Department
380 Old Lincoln Hwy
Mount Vernon, Iowa 52314

Full Job description and application packets may be downloaded from the City Website:

www.cityofmtvernon-ia.gov.

All application packets must be signed by a Notary and submitted by 3 p.m. September 07, 2020

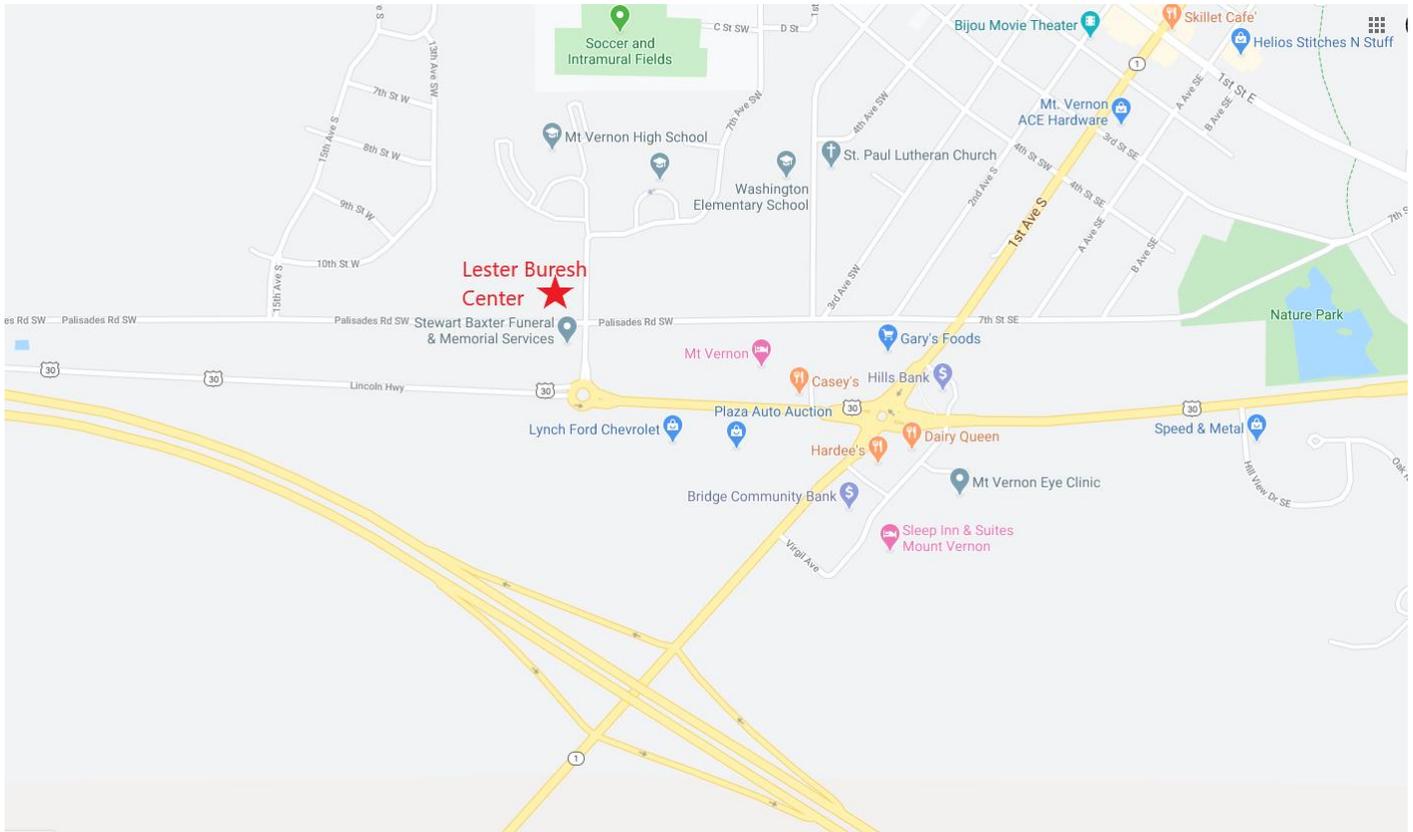
NOTICE

**THE WRITTEN AND PHYSICAL TESTING
FOR THE POSITIONS OF
POLICE OFFICER & RESERVE POLICE OFFICER
WILL BE HELD AT 8:00 A.M.
SATURDAY, SEPTEMBER 19, 2020
LESTER BURESH FAMILY WELLNESS CENTER
855 PALISADES ROAD SW
MOUNT VERNON, IOWA 52314**

PLEASE NOTE:

All applicants **MUST** have their valid driver's license **AND** their social security card with them at the time of testing. Failure to bring both documents may result in your not being allowed to take the written and physical agility test, and you will have to drop out of the selection process. The physical agility tests will be given prior to the written exam. Be sure to wear loose fitting clothing appropriate for strenuous exercise (i.e. gym clothes, sweat suits, running shoes, etc.)

LESTER BURESH FAMILY WELLNESS CENTER
855 PALISADES ROAD SW
MOUNT VERNON, IOWA 52314



EMPLOYMENT PACKET CHECKLIST

****IMPORTANT****

PLEASE REVIEW THIS CHECKLIST TO ENSURE THAT ALL FORMS AND DOCUMENTS ARE PROPERLY COMPLETED AND INCLUDED WITH YOUR APPLICATION

- _____ Current Photograph (Non-driver's license photo)
- _____ Mount Vernon Employment Application
- _____ Mount Vernon Police Officer Minimum Standards for Iowa Law Enforcement Officers Form
- _____ Mount Vernon Police's Authority to Release Information Form

INCLUDE THE FOLLOWING DOCUMENTS:

- _____ Transcripts from High School and all Post High School Education Institutions
- _____ Military Release (if applicable)
- _____ Copy of Birth Certificate

MAKE SURE THAT ALL FORMS ARE FILLED OUT COMPLETELY

ALL FORMS AND DOCUMENTS MUST BE COMPLETED AND RETURNED TO THE MOUNT VERNON POLICE DEPARTMENT AT:

MOUNT VERNON POLICE DEPARTMENT
Attn: Chief Doug Shannon
380 Old Lincoln Highway
Mount Vernon, Iowa 52314

**ALL documents must be returned by
Monday September 07, 2020
BY 3:00 P.M.**

NO documentation will be accepted on the day of testing

MOUNT VERNON POLICE DEPARTMENT

BENEFITS PACKAGE

(Fiscal Year 20/21)

- \$44,907-\$57,491 starting wage, based on training & experience.
- Two weeks paid Vacation after One Year of Service.
- Ten Holidays and Two Personal Days per Year.
- Medical/Hospitalization Insurance.
- Dental & Vision Insurance.
- Life Insurance for Employee & Family.
- Paid Sick Leave.
- Retirement Savings through Social Security and the Iowa Public Employee Retirement System. (IPERS)
- Disability Insurance.
- Uniform, Duty Gear & Equipment provided.

MOUNT VERNON POLICE OFFICER GENERAL JOB DESCRIPTION

Classification Summary:

The Police Officer performs work involving general duty police work in the protection of life and property through the enforcement of city ordinances and other pertinent local, State and Federal laws; may be assigned to any of the divisions of the Department; and performs work under general supervision, which involves an element of personal danger.

Job Duties, Responsibilities, and Tasks:

Each of the following job duties and responsibilities of the Police Officer are performed on an on-going regular basis unless otherwise noted. The duties and responsibilities of this position include, but are not necessarily limited to:

- Enforcing the laws of the City of Mount Vernon and all other pertinent local, State, and Federal Laws.
- Patrolling an assigned area checking doors and windows and examining premises of unoccupied buildings or residences to detect any suspicious conditions in motorized police vehicle.
- Investigating suspicious conditions and complaints and making arrests of persons who violate the law.
- Making traffic arrests and giving violation tickets to those who break traffic laws; aiding motorists; investigating traffic accidents.
- Assisting in cases of fires, accidents, rescues, hazardous materials, and disorders in assigned area as directed. Restoring order, regulating traffic, and preparing necessary reports.
- Conducting investigations of serious crimes and accidental deaths. Preserving the scene of the crime, interviewing victims, witnesses, and suspects. Following up leads and presenting cases to County Attorney's Office.
- Serving warrants, subpoenas, and legal papers.
- Appearing in court as the arresting officer.
- Assisting on medical calls with CPR and first aid.
- Maintaining records and preparing reports; and
- Performing all other related duties as assigned.

Knowledge, Abilities, and Skills

The knowledge, abilities, and skills required of Police Officer include: knowledge of the Iowa Criminal Code and Rules of Civil Procedures, and Department policies, procedures, rules and regulations, the ability to communicate effectively with the general public; the ability to handle stressful situations; and the ability to operate various equipment such as the DataMaster, fingerprint and photo equipment, and a computer.

Minimum Training and Experience

The minimum training and experience required for the position of Police Officer shall include: a high school diploma or equivalent, an associate's degree in a related field is preferred; no experience is required; and must pass the Iowa POST test, and complete the training program at the Iowa Law Enforcement Academy during the probation period.

Necessary Special Requirements

The necessary special requirements for Police Officer include: a valid State of Iowa driver's license; the ability to obtain and maintain certification in the following areas: CPR, first aid, weapons qualification, DataMaster operation, radar unit operation.

EMPLOYMENT APPLICATION

THE MOUNT VERNON POLICE DEPARTMENT IS AN EQUAL OPPORTUNITY EMPLOYER

All questions must be answered in full. Resumes will not be accepted instead of completing this form but may be attached if desired. **PLEASE TYPE OR PRINT USING INK. FALSE STATEMENTS ON THIS APPLICATION SHALL BE CONSIDERED SUFFICIENT CAUSE FOR LACK OF FURTHER CONSIDERATION OR DISMISSAL.**

Name (Last) (First) (Middle) (Suffix)	Social Security Number	
Street Address	Place of Birth (City, County, State)	
City State Zip Code	Home Phone	
E-Mail Address	Cell Phone	Work Phone
Code of Iowa, Chapter 80B, IAW, FISA and ADEA require that you be 18 or over to apply for this position. Are you 18 or over? <input type="checkbox"/> Yes <input type="checkbox"/> No		
It is also necessary to have your birth date to conduct required NCIC and other background checks with law enforcement agencies.		Birth date: Month Day Year

Title of position you are applying for: Police Officer (only) <input type="checkbox"/> Reserve Officer (only) <input type="checkbox"/> Both <input type="checkbox"/>
Minimum standards for law enforcement officers set by the Iowa Law Enforcement Academy [§ 550 – 1.1(80B)] state that no person shall be selected or appointed as a law enforcement officer unless such person is a United States Citizen and a resident of Iowa or intends to become a resident upon being employed. Are you a citizen of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you a resident of the State of Iowa? <input type="checkbox"/> Yes <input type="checkbox"/> No If the answer to either of the questions is "no", would you be willing and able to become a citizen or a resident of the State of Iowa upon offer of employment? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain:

THE FOLLOWING QUESTIONS MUST BE ANSWERED COMPLETELY!
Responses are subject to investigation.

1. In the last 10 years have you ever been discharged or suspended from any employment for disciplinary reasons or have you been asked to resign? If so, please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you ever been convicted of a felony? If so, please complete the following: Date of Conviction Crime Convicted For	<input type="checkbox"/> Yes <input type="checkbox"/> No City & State Where it Occurred
3. Have you ever been convicted of a lesser crime? Please include misdemeanors AND traffic violations. (A conviction does not automatically mean you cannot be appointed. What you were convicted of, and how long ago are important) <input type="checkbox"/> Yes <input type="checkbox"/> No Date of Conviction Crime Convicted For Disposition City & State Where It Occurred	

EMPLOYMENT RECORD

Start with your present or last job and work back to high school jobs. Include paid or unpaid, full or part-time, military, summer jobs, periods of unemployment, etc. (Please put additional employment on separate sheet.) NOTE: We may contact any previous supervisors to verify your descriptions of past duties and dates of employment.

If you are currently employed, may we check with your present supervisor? Yes NO

Name of present/last employer A		Supervisor's name, title and phone number		
Address of present/last employer		Type of Business	Starting Date	Ending Date
Your job title	Reason for leaving or wanting to leave	Hours per week	Starting Salary	Ending Salary
Description of duties and responsibilities				
Name of present/last employer B		Supervisor's name, title and phone number		
Address of present/last employer		Type of Business	Starting Date	Ending Date
Your job title	Reason for leaving or wanting to leave	Hours per week	Starting Salary	Ending Salary
Description of duties and responsibilities				
Name of present/last employer C		Supervisor's name, title and phone number		
Address of present/last employer		Type of Business	Starting Date	Ending Date
Your job title	Reason for leaving or wanting to leave	Hours per week	Starting Salary	Ending Salary
Description of duties and responsibilities				
Name of present/last employer D		Supervisor's name, title and phone number		
Address of present/last employer		Type of Business	Starting Date	Ending Date
Your job title	Reason for leaving or wanting to leave	Hours per week	Starting Salary	Ending Salary
Description of duties and responsibilities				
Name of present/last employer E		Supervisor's name, title and phone number		
Address of present/last employer		Type of Business	Starting Date	Ending Date
Your job title	Reason for leaving or wanting to leave	Hours per week	Starting Salary	Ending Salary
Description of duties and responsibilities				

EMPLOYMENT RECORD (Continued)

Name of present/last employer F		Supervisor's name, title and phone number		
Address of present/last employer		Type of Business	Starting Date	Ending Date
Your job title	Reason for leaving or wanting to leave	Hours per week	Starting Salary	Ending Salary
Description of duties and responsibilities				
Name of present/last employer G		Supervisor's name, title and phone number		
Address of present/last employer		Type of Business	Starting Date	Ending Date
Your job title	Reason for leaving or wanting to leave	Hours per week	Starting Salary	Ending Salary
Description of duties and responsibilities				
Name of present/last employer H		Supervisor's name, title and phone number		
Address of present/last employer		Type of Business	Starting Date	Ending Date
Your job title	Reason for leaving or wanting to leave	Hours per week	Starting Salary	Ending Salary
Description of duties and responsibilities				
Name of present/last employer I		Supervisor's name, title and phone number		
Address of present/last employer		Type of Business	Starting Date	Ending Date
Your job title	Reason for leaving or wanting to leave	Hours per week	Starting Salary	Ending Salary
Description of duties and responsibilities				
Name of present/last employer J		Supervisor's name, title and phone number		
Address of present/last employer		Type of Business	Starting Date	Ending Date
Your job title	Reason for leaving or wanting to leave	Hours per week	Starting Salary	Ending Salary
Description of duties and responsibilities				

Use separate sheet for additional places of employment.

To properly evaluate your application, we need information concerning your education, skills and trades you have learned in addition to your work record. Please answer all questions as fully as possible. We may contact schools or institutes you attended to verify the information you provide.

EDUCATION

Are you a high school graduate or have an equivalent GED? <input type="checkbox"/> Yes <input type="checkbox"/> No		If NO, what was the last grade you attended? If YES, complete the following:		
Name of Last High School Attended	Location City & State	Credits Completed	Diploma or Certificate	Last Year Attended
Other training/education you received. Please estimate the number of hours of training you received.				
Name of Colleges Or Universities	Location City & State	Credits Completed	Certificate or Degree	When Attended
Additional Technical or Military Training	Location City & State	Credits Completed	Certificate or Degree	

BACKGROUND CHECK

To assist in the collection of background information necessary for the selection process, please complete the following:

1. Give your full legal name (First, Middle, Last).	
2. Are there any other names you are known as (please include maiden name, previous married names, or names prior to a legal name change)? Please state when and under what circumstances.	
3. Are you a veteran of United States Military Service? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, what branch of Service?
Date of Enlistment:	Date of Discharge:
Type of Discharge:	If less than honorable, please explain.

List special interests, honors, and achievements during the past five (5) years:

PERSONAL REFERENCES:

Name:	Occupation	Years Known	Address	Telephone
				Home Work

AUTHORIZATION AND RELEASE

I hereby certify that the answers and information given on this form and accompanying documents are true and correct. I agree to submit to a pre-placement post-offer physical examination before hiring and/or any time after hiring, if required, at City expense. I hereby acknowledge the Mount Vernon Police Department is notifying me of intent to conduct drug or alcohol testing in connection with my employment or workers compensation benefits.

I consent to the Mount Vernon Police Department retaining whatever outside investigators, credit reporters, doctors, pathologists, investigators, labs, etc., to conduct this testing and/or investigation. I hereby authorize all corporations, employers, former employers, credit agencies, educational institutions, law enforcement agencies, city, state, county and federal courts and agencies, military services and any other persons to release all information they may have about me, including criminal and driving records. I release any and all of the above-mentioned parties from any liability that may arise from such an investigation.

By my signature below, I authorize the Mount Vernon Police Department to obtain a Consumer Credit Report and/or a background report on me. This authorization is valid for purposes of verifying information given pursuant to employment or any other lawful purpose covered under the Fair Credit Reporting Act. (FCRA)

It is understood that any information obtained may be used by the Mount Vernon Police Department and the City of Mount Vernon in determining any fitness for employment by the Mount Vernon Police Department.

By signing this application, I indicate my awareness that false statements or failures to disclose certain information may disqualify me for employment, or, if employed, may result in dismissal. I understand that a polygraph test shall be required of all police officer candidates. This authorization is valid in original or copy form.

Applicant's Name _____

Date of Birth _____

Current Street Address _____

City, State, Zip Code _____ / _____ / _____

Driver's License # _____ State _____

(NOTE: This form must be witnessed in the presence of a Notary Public)

Date: _____

Notary Signature: _____

Notary Position: _____

Signature of Applicant (Legal Name)
DO NOT PRINT

Notary Public
Imprint Seal Here

Other Names You Have Been Known As

MINIMUM STANDARDS FOR IOWA LAW ENFORCEMENT OFFICERS

01. Is a citizen of the United States, and a resident of the State of Iowa or intends to become a resident upon being employed.
02. Has reached his or her eighteenth (18th) birthday at the time of appointment.
03. Has a current and valid driver's license issued by the State of Iowa.
04. Is able to read and write the English language.
05. Is not addicted to drugs or alcohol.
06. Is of good moral character as determined by a background investigation including a fingerprint search conducted of local, state, and national fingerprint files; and has not been convicted of a felony or a crime involving moral turpitude. Definitions of moral turpitude can be found in Iowa Administrative Code, Rule 501-2.1(5).
07. Is a high school graduate with a diploma or possesses an equivalency certificate which meets the minimum score required by the State of Iowa as determined by the State Department of Public Information.
08. Has uncorrected vision of not less (worse) than 20-100 in each eye, corrected to 20-20; and has normal color vision as determined by an examining physician.
09. Has normal hearing in each ear as determined by an examining physician.
10. Meets the physical requirements necessary to fulfill the responsibilities of a law enforcement officer.
11. Is not by reason of conscience or belief be opposed to the use of force, when appropriate or necessary to fulfill duties.

I hereby certify that; to the best of my knowledge, I fulfill the Minimum Standards for Law Enforcement Officer.

Signature of Applicant

Date

In addition to the foregoing, all applicants must satisfactorily complete a standard written test, a physical fitness test, and an oral interview.

MOUNT VERNON POLICE DEPARTMENT AUTHORIZATION FOR RELEASE OF INFORMATION

NAME: _____ **ADDRESS:** _____

PHONE #: _____ **DATE OF BIRTH:** _____ **CELL PHONE # :** _____

TO WHOM IT MAY CONCERN: I hereby authorize any representative of the Mount Vernon Police Department bearing this release to obtain any information in your files pertaining to my employment records and I hereby direct you to release such information upon request of the bearer. I do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to any duty authorized agent of the Mount Vernon Police Department, 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. I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation that may provide pertinent data for the Mount Vernon Police Department. It is my specific intent to provide access to personnel information, however personal or confidential it may appear to be.

I consent to your release of any and all public and private information that you may have concerning me, my work record, my background and reputation, my military service records, educational records, my financial status, my criminal history records, including any arrest records, any information contained in investigative files, efficiency ratings, complaints or grievances filed by or against me, the records or 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, attendance records, polygraph examinations, Minnesota Multi-Personality Inventory (MMPI), and any internal affairs investigations and discipline, including any files which are deemed to be confidential, and/or sealed.

I hereby release you, your organization, and all others from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws.

I hereby release you, as the custodian of such records of (print your name here) _____ including its officers, employees, or 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. I direct you to release such information upon request of the duly accredited representative of the Mount Vernon Police Department regardless of any agreement I may have made with you previously to the contrary. The law enforcement organization requesting the information pursuant to this release will discontinue processing my application if you refuse to disclose the information requested.

For and in consideration of the Mount Vernon Police Department acceptance and processing of my application for employment, I agree to hold the Mount Vernon Police Department, its agents and employees harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the Mount Vernon Police Department. I understand that should information of a serious criminal nature surface as a result of this investigation, such information may be turned over to the proper authorities.

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access and disclosure of records, and I waive those rights with the understanding that information furnished will be used by the Mount Vernon Police Department in conjunction with employment procedures.

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

Should there be any questions as to the validity of this release, you may contact me at the address listed on this form.

I agree to pay any and all charges or fees concerning this request and can be billed for such charges at the address listed on this form.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request.

Signature _____ Date _____

This waiver is valid for a period of two years from the date of my signature.

MOUNT VERNON POLICE DEPARTMENT SCHEDULE OF EXAMINATIONS

1. PHYSICAL AGILITY (FITNESS) TESTS

These tests consist of three (3) individual sections consisting of the one-minute sit-up test, the one-minute push-up test, and 1.5 mile run test. You must pass all sections of the physical agility (fitness) tests to continue in the selection process. Your results will be given to you immediately and you will be advised if you are to continue to the next phase of the testing process.

2. WRITTEN EXAMINATION

If you have passed the physical agility (fitness) tests, you will be allowed to take the written examination. This test is given following and on the same day as the physical agility (fitness) tests. The four (4) part written examination consists of seventy-five (75) questions, which test mathematical, reading comprehension, grammar and report writing skills, and will take no more than one hour and twenty-three minutes to complete.

3. COMPLETION OF LONG FORM APPLICATION

After successful completion of testing, you will be given a long form application to be completed and returned to the Mount Vernon Police Department. Please note the return date that the long form application must be returned by.

4. BACKGROUND INVESTIGATION

Background investigations will be conducted on the individuals on the certified list.

5. ORAL INTERVIEW

If you have passed the written examinations, physical agility (fitness) tests; you will be contacted by the Personnel Committee to schedule an oral interview.

6. CONDITIONAL OFFER OF EMPLOYMENT

As a job vacancy occurs, the Chief of Police will offer the position to an applicant, on the condition that the applicant pass a physical test (including an eye exam, physical fitness exam and skeletal x-rays), a polygraph examination, a drug screening test and a psychological examination.

7. POLYGRAPH QUESTION WILL COVER THESE AREAS

Information which is used in the administering of the polygraph test will be taken from the documents the applicant fills out during the selection process. The questions will be drawn from but not limited to the following areas:

- Educational experience
- Employment experience
- Personal health
- Credit and debt history
- Drug and alcohol use or abuse
- Criminal history or activity
- Driver's license and traffic offense information
- Certain type of sexual activity