

ROCHESTER POLICE DEPARTMENT
APPLICATION FOR EMPLOYMENT

NAME _____
(Last) (First) (Middle) (Maiden if applicable)

ADDRESS _____
(Street or Rural Route) (Apt. No)

CITY _____ County _____ State _____

Telephone: Home _____ Cell _____ Business _____

EMPLOYER'S NAME _____

EMPLOYER'S ADDRESS _____

City _____ County _____ State _____

It is the policy of the City of Rochester, Indiana to not exclude qualified individuals with disabilities from participation in or benefiting from the services, programs or activities of the municipality. Also, it is the policy of this municipality not to discriminate against a qualified individual with a disability in its job application procedures: the hiring, advancement or discharge of employees; employee compensation; job training and other terms, conditions and privileges of employment. It is the intention of this municipality to comply with all applicable requirements of the Americans with Disabilities Act of 1990 and any and all amendments thereto which may subsequently be enacted.

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

I. INITIAL REQUIREMENT DATA

A. Are you a U.S. Citizen: _____

B. Social Security Number _____

(For background clearance and payroll information this number is required. The application will NOT be processed without it.)

C. Your height (without shoes) : Feet _____ Inches _____

D. Your weight (stripped): Pounds _____

E. Are you a regular graduate of an accredited high school? _____

F. Are you willing to refrain from participation in any political activity, except by voting, unless on unpaid leave of absence? _____

II. FAMILY DATA

A. Marital Status: Married ___ Single ___ Widowed ___ Divorced ___ Separated ___

B. Spouse's Name (if applicable) _____

C. Dependent(s) (if applicable):

Name _____ Age _____ Relationship _____

Name _____ Age _____ Relationship _____

Name _____ Age _____ Relationship _____

Name _____ Age _____ Relationship _____

Name _____ Age _____ Relationship _____

III. EDUCATION DATA (Attach transcripts for all)

High School _____ **Address** _____

City _____ **State** _____ **Zip Code** _____

Check last year completed: 1__2__3__4__ Did you graduate? Yes____No____

GED _____ **Address** _____

City _____ **State** _____ **Zip Code** _____

Check last year completed: 1__2__3__4__ Did you graduate? Yes____No____

College _____ **Address** _____

City _____ **State** _____ **Zip Code** _____

Number of credit hours _____ **Did you graduate?** Yes____No____

List Diplomas &/or Degrees:

IV. EMPLOYMENT DATA

A. List chronologically all past and present employment including part time:

Name of employer _____

Name of Business _____ **Telephone No.** _____

City _____ **State** _____ **Zip Code** _____

Date of employment: From _____ **To** _____

IV. EMPLOYMENT DATE (cont.)

Name of Employer _____

Name of Business _____ Telephone No. _____

City _____ State _____ Zip Code _____

Date of employment: From _____ To _____

Name of Employer _____

Name of Business _____ Telephone No. _____

City _____ State _____ Zip Code _____

Date of employment: From _____ To _____

Name of Employer _____

Name of Business _____ Telephone No. _____

City _____ State _____ Zip Code _____

Date of employment: From _____ To _____

B. Have you ever left a position because of ill health, the nature of which was either mental or physical? _____ If yes, please explain fully on a separate page.

C. Have you ever been discharged from a position of employment? _____ If yes, please explain fully on a separate page.

D. References: (Please DO NOT list relatives as references)

Name _____ Telephone No. _____

Address _____ City _____ State _____

Name _____ Telephone No. _____

Address _____ City _____ State _____

Name _____ Telephone No. _____

Address _____ City _____ State _____

IV. EMPLOYMENT DATA (Cont)

E. Residences last five (5) years other than present:

Street _____ City _____ State _____ From-To _____
Street _____ City _____ State _____ From-To _____
Street _____ City _____ State _____ From-To _____
Street _____ City _____ State _____ From-To _____
Street _____ City _____ State _____ From-To _____
Street _____ City _____ State _____ From-To _____

V. MILITARY HISTORY AND STATUS

A. Military History (Attach copy of DD214)

Branch _____ Dates of Service: From _____ To _____

Highest Rank attained and Rank at Separation: _____

Discharge and Reenlist Code _____

B. Military citations or other awards received: _____

C. Are you now a member of Organized Reserves? _____

If so, rank: _____

D. Give name and location of unit to which assigned _____

E. Do you have a military disability status? Yes _____ No _____

VI. PHYSICAL STATUS

A. Have you visited or received treatment from a physician or other practitioner during the past three (3) years? _____ If yes, explain and give reason: _____

B. Do you have any specific work limitations as the result of a mental or physical problem? _____ If yes, explain and give reason: _____

C. Visual Acuity: Uncorrected _____ Corrected _____
(ATTACH COPY OF DOCTORS CERTIFICATE)

VII. VEHICLE ACCIDENT AND ARREST RECORD

1. Do you currently possess a valid drivers license? _____

License Number _____ State _____

Is your license restricted? _____ If yes, for what reason: _____

Number of miles driven since license obtained: _____

2. List vehicle accidents in which you have been involved as a driver:

Date _____ Location _____ What happened _____

Date _____ Location _____ What happened _____

Date _____ Location _____ What happened _____

3. Have you ever been arrested or received a ticket for a traffic offense? _____

If yes, describe below:

Date _____ Location _____ Charge _____ Fine or sentence _____

Date _____ Location _____ Charge _____ Fine or sentence _____

Date _____ Location _____ Charge _____ Fine or sentence _____

VII. VEHICLE ACCIDENT AND ARREST RECORD (cont.)

4. Have you ever been arrested for a criminal offense? _____ If so, describe below:

Date _____	Location _____	Charge _____	Disposition _____
Date _____	Location _____	Charge _____	Disposition _____
Date _____	Location _____	Charge _____	Disposition _____
Date _____	Location _____	Charge _____	Disposition _____

VIII. MISCELLANEOUS

1. List past or present membership in all clubs and/or organizations. (Political, fraternal, social, etc.)

2. Do you own your own home? _____ If yes, how much is current mortgage indebtedness? _____

3. What is the amount of your indebtedness, other than home? _____

4. Are you a proprietor or part owner of any business or firm? _____ If yes, describe nature of business: _____

5. What special skills have you developed through hobbies, education, occupation or other special interests? _____

6. Do you believe that you will require any special accommodation for the purpose of taking either the written test or physical test required as a part of the application process due to a disability? Yes _____ No _____

If the answer to the preceding question is yes, please state the nature of the accommodation which will be necessary and attach documentation from a medical practitioner which supports your request for accommodation.

Mount Photograph
In this space
Affix Securely

Photograph to be front view,
head and shoulders, 2 ½" square
and taken within the past six (6)
months. OTHER PHOTOGRAPHS
ARE NOT ACCEPTABLE

I certify that:

1. All required items are included with this application:

- A. Birth Certificate
- B. High School and College transcripts/GED certificate.
- C. Military- DD214 if veteran
- D. Visual Acuity certification.
- E. Photograph 2 ½" X 2 ½" head and shoulders.

2. I have personally completed this application.

I swear or affirm under penalty of perjury that all information contained in this application is true and accurate to the best of my knowledge.

Signature

Date

CHECK APPLICATION CAREFULLY. BE CERTAIN ALL ITEMS ARE COMPLETE BEFORE MAILING.

MAIL TO: ROCHESTER POLICE DEPARTMENT
312 MAIN STREET
ROCHESTER, IN. 46975

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

I understand and agree that:

1. Any misrepresentation or deliberate omission of a fact in my application may be justification for refusal of, or if employed, termination from employment.

2. I authorize the City of Rochester to verify any data given in this application or during the preselection process, including authorization to contact former employers, and I authorize the giving and receiving of any information necessary to accomplish such verification. I hereby release from liability any person giving such information to the City of Rochester or receiving such information for the City of Rochester.

3. If I am employed, my employment may be terminated by the City of Rochester at any time without liability for wages or salary, except as may have been earned at the date of termination.

4. Although management makes every effort to accommodate individual preferences, business needs may at times, if I am employed, make the following conditions mandatory: Overtime, shift work, a rotating work schedule or a work schedule other than Monday through Friday.

5. If I am employed, such employment is for an indefinite period of time and that the City of Rochester can change wages, benefits and conditions at any time. I further understand that this is an application for employment and that no employment contract is being offered.

I HAVE READ AND UNDERSTAND THE ABOVE.

Signature

Date

ROCHESTER POLICE DEPARTMENT Job Description

Job Title: Probationary Patrolman

Definition:

The position of probationary patrolman is the entry level position with the Rochester Police Department. The probationary patrolman reports to the Corporal and is under direct supervision of the Sergeant. The probationary patrolman must use independent judgment in the field in accordance with the official policies and procedures of the Rochester Police Department as well as State and Federal laws.

Minimum Qualifications:

An applicant for the position of probationary patrolman must be twenty-one (21) years of age and possess a high school or an equivalency diploma to be considered for the position.

Equipment Used:

The probationary patrolman must utilize the following items of equipment in the performance of his duties:

- (a) Operate an emergency vehicle.
- (b) Properly use and qualify with department issued firearms
 - (1) handgun
 - (2) shotgun
 - (3) rifle
- (c) Operate a police radio.
- (d) Operate cameras and other measuring and recording devices including radar equipment.
- (e) All other equipment necessary to perform police duties.

Basic Essential Job Functions:

Patrol assigned areas on foot or drive a vehicle searching for suspicious activity or situations, or checking for persons in need of service.

Basic Essential Job Functions (cont.)

Monitor radio and other communication devices to receive assigned runs and to maintain awareness of activities in assigned areas or by other officers.

Assist citizens with problems such as lost children, injured persons, animal bites, civil disputes, locked doors, vehicle inspections and verifications, or abandoned vehicles.

Refer persons to appropriate social service agencies when situation warrants.

Respond to assigned run by driving, walking or running to specified location, assess situations, determine need for other assistance and take appropriate action.

Move people away from danger, including carrying unconscious people and providing emergency aid to injured people.

Investigate accidents, extract victims, provide emergency aid, gather evidence record observations and statements of witnesses and victims, request assistance from other officers or agencies as needed, direct the removal of the vehicles involved and ensure an area is clear.

Search crime scenes, take prescribed actions to preserve and protect evidence and record findings and observations.

Interview victims, suspects and witnesses and record responses and observations.

Pursue, apprehend, search and arrest suspects using only necessary force, advise suspects of rights and transport suspect to detention area.

Restrain people from physically striking or injuring others using appropriate weapons.

Drive a vehicle at high speed when situation warrants due to nature of emergency.

Stop drivers of vehicles when traffic violations are observed, verify license and registration data, advise driver of safe driving practices and issue citations or make arrests as warranted.

Direct vehicular and pedestrian traffic when congestion occurs or as directed.

Report as directed to scenes of general emergencies and take appropriate action to protect life and property, such as directing traffic, quarantining an area, assisting individuals in leaving an area, preventing looting and requesting appropriate assistance.

Maintain visibility in the community by meeting and talking with citizens, provide information, visit local businesses and make presentations to schools, neighborhood and civic organizations.

Write reports and complete forms as required by operating procedure and make oral reports to appropriate personnel.

Testify in court, prepare for such testimony by reviewing reports and notes, meet with attorneys and obtain appropriate evidence.

Participate in training on law enforcement procedures, including firearms, criminal justice, court procedures, emergency medical aid and related subjects.

Maintain uniforms, equipment and weapons.

Maintain personal physical fitness.

Perform related duties as assigned.

JOB LOCATION AND ENVIRONMENTAL CONSIDERATIONS;

The patrolman must perform his duties both within an office setting and in a variety of field locations. The essential functions for police officers are performed and affected by the following environmental factors. A police officer must:

(a) Operate both as a member of a team and independently at incident of uncertain duration.

- (b) Face exposure to infectious agents such as Hepatitis B or HIV.
- (c) Perform complex tasks during life-threatening emergencies.
- (d) Work for long periods of time, requiring sustained physical activity and intense concentration.
- (e) Make life or death decisions during emergency conditions.
- (f) Tolerate exposure to grotesques sights and smells associated with major trauma.
- (g) Make rapid transitions from rest to near maximal exertion without warm-up periods.
- (h) Use firearms, self-defense equipment and body armor.
- (i) Be able to physically protect him/herself.
- (j) Be able to communicate with people effectively.

**ROCHESTER POLICE DEPARTMENT
312 MAIN STREET
ROCHESTER, IN 46975
CHIEF ANDREW L. SHOTTS
PHONE 574-223-3313 FAX 574-223-5614**

All Applicants

We intend to perform the same agility testing as required for the academy graduation. **Prior** to testing you will need a statement signed by your doctor releasing you to take the agility test.

At the academy a resting heart rate of 110 and B/P not to exceed 150/90 are required. After exercise heart rate for females may not exceed 171 and for males 147.

One minute step test used to provide exercise.

The following test will be performed.

1. One minute sit-up exercise (29 minimum)
2. Maximum push-up exercise (25 minimum)
3. 1.5 mile run (16 minute 28 sec maximum time)
4. 300 yard run (71 seconds maximum time)
5. Vertical jump (16 inches minimum)

If minimum requirements are not reached, your application will not be removed, but the results will be used to evaluate your ability to complete academy training. The standards given are absolute at the academy.

Signature of Doctor