



CITY OF ROANOKE RAPIDS

POLICE DEPARTMENT APPLICATION FOR EMPLOYMENT



<u>EMPLOYMENT EXPERIENCE</u>			
Dates of Employment		SALARY	
Employer			
Address			
Telephone Number		Supervisor	
Job Title			
Work Performed			
Reason For Leaving			
Dates of Employment		SALARY	
Employer			
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Work Performed			
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Dates of Employment		SALARY	
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Address			
Telephone Number		Supervisor	
Job Title			
Work Performed			
Reason For Leaving			

List professional, trade, business or civic activities and offices held.
You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.

ADDITIONAL INFORMATION/Other Qualifications
Summarize special job-related skills and qualifications acquired from employment or other experience.

SPECIALIZED SKILLS (CHECK SKILLS/EQUIPMENT OPERATED)

<input type="checkbox"/> Terminal	<input type="checkbox"/> Spreadsheet	Production/Mobile Machinery List	Other
<input type="checkbox"/> PC/MAC	<input type="checkbox"/> Word Processing	_____	_____
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Shorthand	_____	_____
_____ WPM		_____	_____



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INITIAL NOTICE TO APPLICANTS AND EMPLOYEES

North Carolina laws give you the rights and responsibilities regarding an employment-related test for controlled substances (a drug test). The law covering this test is called the Controlled Substance Examination Regulation Act (CSERA), NCGS 95-230—235.

- Do I have to take a drug test?
 - No. However, the employer can make taking the test a condition of your employment. If you refuse to take the test, you may not get the job or you may be disciplined or fired.

- What can the employer test?
 - Your blood or urine.

- What can the employer test for?
 - Any controlled substance listed in NCGS 90-87(5) or a metabolite thereof. Most employees will test for five to ten controlled substances.

- What is required for the sample collection?
 - The collector must follow the collection procedures established by the approved lab.
 - You must follow the collector's instructions during the collection and paperwork processing.
 - You must complete the paper work-sign the strip after it is placed over the sealed bottle.

- Who will perform the test?
 - An approved lab must perform the initial screen. If that initial screen has a positive result, the approved lab must run a confirmation test using GC/MS.

- How will I learn of the results?
 - You may not hear anything. The employer must tell you if the test result is positive. The notice of a confirmed positive result must be in writing and given to you within 30 days of when the employer learned of the positive result. This notice must also tell you what your rights and responsibilities are regarding having the confirmed positive result retested. The approved laboratory that performed the test is required to keep the sample for at least 90 days from the time the result is sent to the employer.

- Are the circumstances of the test and the test results confidential?
 - Yes. With limited exceptions, the examiner, collector, and approved lab must keep confidential all information relating to your drug test.
 - However, if you want to protect this confidentiality, be careful not to discuss the examination process and results yourself.

- Who pays for the drug test?
 - The employer pays for the drug test expenses, except for retest of confirmed positive result.



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DRUG SCREENING THROUGH URINALYSIS APPLICANT CONSENT FORM

I, _____, understand that as part of the pre-employment process as required by the North Carolina Criminal Justice Education and Training Standards Commission I must submit to a urinalysis drug screening.

I do hereby voluntarily consent to the sampling and submission for testing of my urine for the purpose of screening for the presence of illegal drugs. I understand that a negative result from this screening is a condition of employment.

I also understand that refusal to supply the necessary samples in a reasonable and timely manner or producing a positively confirmed test result for the presence of illegal drugs may result in my being denied certification as a criminal justice officer. I also understand that in the case of a refusal to submit to a drug screen or a positive result my name will be forwarded to the Criminal Justice Standards Division, which serves as the central agency for documentation of such results. I understand that a refusal to submit to a drug screen or a confirmed positive test result indicating the presence of illegal drugs may bar me from securing employment as a criminal justice officer.

I authorize disclosure of the drug screen results by and between the testing laboratory, Medical Review Officer, employing agency and the Criminal Justice Standards Division. I further authorize disclosure of this or any related information, to include results of prior drug screens or refusals, by the Criminal Justice Standards Division to the extent that such disclosure is made to a law enforcement agency or another law enforcement or criminal justice licensing or regulatory agency as needed or requested for certification, employment, and other valid non-criminal purposes.

I understand that the results of the urinalysis will be available to me as soon as possible after receipt by the City of Roanoke Rapids.

Signature of Applicant

Applicant's Social Security Number

STATE OF NORTH CAROLINA
COUNTY OF _____

I, _____, a Notary Public in and for said County and State do hereby certify that _____ personally appeared before me this day and acknowledged the due execution of the foregoing instrument in writing for the purposes therein expressed.

WITNESS my hand and notarial seal, this _____ day of _____, 20_____.

My Commission expires: _____



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POLICE DEPARTMENT APPLICATION FOR EMPLOYMENT



Applicant Checklist

The following documents must be provided by the applicant and submitted with the Application for Employment for the position of Police Officer. Failure to submit and correctly complete all documents will disqualify the applicant.

- _____ City of Roanoke Rapids Police Department Application for Employment
- _____ Notification & Authorization Form for Employment Credit Report
- _____ Authorization for Release of Information (Notarized)
- _____ Applicant Drug & Alcohol Testing Consent Agreement (Witnessed)
- _____ Form F-3, Personal History Statement (Notarized)
- _____ Copy of Birth Certificate and/or Certificate of Naturalization
- _____ Copy of High School Diploma or Certified Copy of Transcript; GED Equivalency, & College Transcripts (if applicable)

- _____ Copy of Social Security Card
- _____ Copy of Valid Driver's License
- _____ DD-214 (Prior Military)
- _____ Applicant Fingerprint Cards (4 cards)
(Note: Must be Completed by a Law Enforcement Officer)
- _____ Photo of Self (Note: Photo may be taken at the Roanoke Rapids Police Department)
- _____ References: Day and Night Phone Numbers for Applicants
References
- _____ Copy of Credit Report (May be obtained via internet or financial institution)
- _____ Must Live Within Thirty Minutes of the Roanoke Rapids Police Department
- _____ Essay Questions



CITY OF ROANOKE RAPIDS

POLICE DEPARTMENT APPLICATION FOR EMPLOYMENT



Applicant Essay Questions for the Roanoke Rapids Police Department

Please read and carefully follow the instruction for the required essay questions. Failure to follow the instructions or omission of information will disqualify applicant from the hiring process.

- **Answer each question on the answer sheet provided.**
- **Put your Social Security Number on the sheets in the space provided.**
- **Do not put your name on the answer sheets.**
- **All answers are to be hand printed; do not type your answers.**
- **Use only black ink.**
- **All answers must be your own with no help from other sources.**
- **Limit your answers to 200 words or less.**

I hereby certify that I have read all of the above instructions and fully understand them and that failure to follow these instructions will disqualify me from the hiring process.

Applicant printed name: _____

Applicant Social Security Number: _____

Date: _____

Applicant Signature: _____



CITY OF ROANOKE RAPIDS

POLICE DEPARTMENT APPLICATION FOR EMPLOYMENT



Authorization for Release of Personal Information To Law Enforcement Agencies for Certification/Employment Purposes

To Whom It May Concern:

I am an applicant for a position with the Roanoke Rapids Police Department. In order to determine my suitability for employment, I understand that the Roanoke Rapids Police Department, City of Roanoke Rapids, North Carolina must make a thorough investigation of my personal records and personal background. It is in the public's interest that all relevant information concerning my personal and employment history is disclosed to the above agency.

Therefore, I, _____, DOB, _____, Operator's License Number _____, do hereby request and authorize any bank, credit union, lending or financial institution, credit bureau, consumer report agency, retail business establishment, former and present employer, educational institution, doctor or other health care professional including mental health, alcohol treatment center, hospital or other repository of medical records, insurance company, government agency, criminal and civil courts, certification/licensing commission, military organization, and any other individual agency to produce and provide copies of any and all information to the authorized agent of the Roanoke Rapids Police Department, City of Roanoke Rapids, North Carolina regarding me - whether of a privileged or confidential nature.

Moreover, I hereby release the Roanoke Rapids Police Department, City of Roanoke Rapids, North Carolina from any civil criminal liability whatsoever for seeking such requested information and for evaluating such information as it relates to my employment with the City of Roanoke Rapids. And, hereby release the issuing agency and its agents and employees, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result because of compliance with this authorization and request.

I further waive all right to inspect or review any information compiled in reference to my application for employment as allowed by law. I do further authorize the Roanoke Rapids Police Department, its agents and employees, to release copied of any and all information to any agency or entity regulating the certification, authority or conduct of law enforcement officers. This is to include, but not limited to: North Carolina's Sheriff's Education and Training Standards Commission, North Carolina Attorney General's Officer, agencies of other states and federal government, and the applicant's/officer's employing agency.



**CITY OF ROANOKE RAPIDS
POLICE DEPARTMENT APPLICATION FOR EMPLOYMENT**



**Authorization for Release of Personal Information
To Law Enforcement Agencies for Certification/Employment Purposes**

I hereby acknowledge that this authorization is valid for one (1) year or until the employment application or investigative process has been complete whichever is later.

A copy of this document is considered valid, just as the original.

I have read and fully understand the above statements.

Applicant/Officer's Signature

Applicant/Officer's Name (Printed)

Address: _____

Phone Number: _____

STATE OF NORTH CAROLINA
COUNTY OF _____

Subscribed and sworn to before me, on the _____ day of _____, 20_____.

(SEAL)

Notary Public's Signature My Commission Expires: _____

Notary Public's Name (Printed)



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POLICE DEPARTMENT APPLICATION FOR EMPLOYMENT



APPLICANT INFORMATION SHEET

Name: _____

Address: _____

Telephone: _____ Alt: _____

Date of Birth: _____ Social Security # _____

Name of Spouse: _____

Name(s) of Children and Dates of Birth: _____

Shirt Size: _____ Neck: _____ Sleeve Length: _____

Pant Size: _____ Waist: _____ Length: _____

Hat Size: _____ Shoe Size: _____ Coat Size: _____

Rain Coat Size: _____ Handgun Holster: Right Hand / Left Hand

Any Special Considerations: _____



CITY OF ROANOKE RAPIDS
POLICE DEPARTMENT APPLICATION FOR EMPLOYMENT



Applicant Essay Questions for the Roanoke Rapids Police Department

Social Security Number: _____

Question 1 of 5

How does the Roanoke Rapids Police Department fit into your life's goals?



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POLICE DEPARTMENT APPLICATION FOR EMPLOYMENT



Applicant Essay Questions for the Roanoke Rapids Police Department

Social Security Number: _____

Question 2 of 5

Why do you want to be a police officer in Roanoke Rapids?



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Applicant Essay Questions for the Roanoke Rapids Police Department

Social Security Number: _____

Question 3 of 5

In your opinion, how important is community engagement?



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Applicant Essay Questions for the Roanoke Rapids Police Department

Social Security Number: _____

Question 4 of 5

Our core values are: Service, Honesty, Innovation, Excellence, Leadership, and Dedication. What do these words mean to you?



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Applicant Essay Questions for the Roanoke Rapids Police Department

Social Security Number: _____

Question 5 of 5

In order to become a Police Officer with the Roanoke Rapids Police Department, you must sign the Law Enforcement Code of Ethics. What does this code mean to you?



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ROANOKE RAPIDS POLICE UNIFORM DIVISION SCHEDULE

7am – 7 pm = DAY

7pm – 7am = NIGHT

Night Shift

Friday

Saturday

Sunday

Monday

Off

Tuesday

Wednesday

Thursday

Day Shift

Friday

Saturday

Sunday

Off

Monday

Night Shift

Tuesday

Wednesday

Thursday

Off

Friday

Saturday

Sunday

Day Shift

Monday

Tuesday

Wednesday

Thursday

Court

Friday

Off

Saturday

Sunday