CITY OF ARCATA
AFFIRMATIVE ACTION - EQUAL OPPORTUNITY SURVEY

The following information is being collected for research purposes only, to determine the effectiveness of the City's Affirmative Action/Equal Opportunity Program. Your cooperation in answering these questions completely and accurately is appreciated. Completion of this form is voluntary. Data collected will not affect employment decisions and is not part of your application for employment or your personnel file, if hired.

Position Applied For: **Police Officer**

How did you hear about this position? (Circle One)

☐ Newspaper (specify) _____ ☐ Job Announcement

☐ Employment Development Dept. ☐ Friend ☐ Other (specify) _____

Gender: ☐ Male ☐ Female

Check if any of the following are applicable:

☐ **Military:** *A military veteran; a widow or widower of a veteran; or a spouse of a 100% disabled veteran.*

☐ **Disabled:** *A person with a disability is an individual who: (1) has a physical or mental impairment or medical condition that limits one or more life activities, such as walking, speaking, breathing, performing manual tasks, seeing, hearing, learning, caring for oneself or working; (2) has a record or history of such impairment or medical condition; or (3) is regarded has having such an impairment or medical condition.*

Check one of the following ethnic groups:

☐ **American Indian or Alaskan Native:** *Persons having origins in any of the tribal peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.*

☐ **Black:** *Persons having origins in any of the black racial groups of Africa.*

☐ **Hispanic:** *Persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.*

☐ **Asian:** *Persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent. This includes China, Japan and Korea.*

☐ **Pacific Islander:** *Persons having origins in the Pacific Islands, such as Samoa.*

☐ **White:** *Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.*

☐ **Other (specify):** _____

Position Applied For:

Police Officer

PERSONNEL USE ONLY

Applicant No._____

EMPLOYMENT APPLICATION

Last Name	First Name		MI
Address	City/State	Zip	Telephone
Social Security Number	Driver License Number Class	Email Address	
If under eighteen years of age: after an offer of employment, can you submit a work permit? ( ) Yes ( ) No		Can you, after an offer of employment, submit verification of your legal right to work in the United States? ( ) Yes ( ) No	

EMPLOYMENT HISTORY

List any jobs you have held in the last ten years, starting with the most recent. Also include any RELATED work experience that is older than ten years. Include military and voluntary experience. (Please use additional sheets if necessary.) This section must be completed. Applications will be rejected if you write, "see resume", "see attached" or anything similar.

Employer's Name		Position Title:
Address/City/State/Zip		Describe Your Duties:
Telephone		
Supervisor		
Starting Date	Final Date	Reason for Leaving
Final Salary	Hours per week:	
Employer's Name		Position Title:
Address/City/State/Zip		Describe Your Duties:
Telephone		
Supervisor		
Starting Date	Final Date	Reason for Leaving
Final Salary	Hours per week:	
Employer's Name		Position Title:
Address/City/State/Zip		Describe Your Duties:
Telephone		
Supervisor		
Starting Date	Final Date	Reason for Leaving
Final Salary	Hours per week:	

Employer's Name		Position Title:
Address/City/State/Zip		Describe Your Duties:
Telephone		
Supervisor		
Starting Date	Final Date	Reason for Leaving
Final Salary	Hours per week:	

****Continue employment history on separate sheet/s of paper if necessary. Provide information in same format as presented here.****

EDUCATION AND TRAINING

School	Name and Location of School	Course of Study	# of Years Completed	Degree/Diploma Received
High School				
College				

Licenses/Certificates	Issue/Expiration Dates	Issuer of License	Number if Applicable

1. Have you ever been employed by the City of Arcata? _____ Yes _____ No

From _____ to_____ Department _____

2. Are you related to anyone currently employed by the City of Arcata? _____ Yes _____ No

Name _____ Department _____ Relationship _____

3. Have you ever been discharged or asked to resign from any position? _____ Yes _____ No

Name of Employer _____

4. Have you ever been convicted of any crime, either misdemeanors or felonies? _____ Yes _____ No (Please omit any juvenile convictions or misdemeanor convictions if records are legally sealed or expunged.)

If "Yes", list when and where each offense occurred and describe each one. A "Yes" answer to this question is not an automatic bar to employment. The City, however, may consider the nature, date, and circumstances of the offense as well as whether the offense is relevant to the duties of the position. *N*otwithstanding any of the preceding, you should not disclose convictions that are over two years old as of the date you complete this application for violations of Health and Safety Code Sections 11357, 11360, 11364, 11365, or 11550, as those statutes related to marijuana prior to January 1, 1976 or a statutory predecessor to those statutes.* _____

_____

Police Applicants: Due to the criminal record background process, these convictions will be reviewed and the exclusions above may not apply to you.

5. a. Are you a California Public Employees Retirement System(CalPERS) annuitant? _____ Yes _____ No
   b. If Yes, have you collected unemployment benefits in the preceding twelve (12) months, based on prior temporary employment with a public employer? _____ Yes _____ No
6. a. Have you been employed by another CalPERS-covered employer within the last six months? _____ Yes _____ No
   b. If Yes, have you withdrawn your contributions? _____ Yes _____ No
7. Have you been employed by a CalPERS reciprocal system employer within the last six months? _____ Yes _____ No

Applicant Certification Please Read Carefully –(*If not signed, this application may be rejected)*

I certify under penalty of perjury that the information I have provided in this application is true and complete to the best of my knowledge. I further understand that any false, incomplete, or incorrect statements may result in my disqualification from the examination process or dismissal from employment with the City of Arcata. I understand that the City will investigate all information contained in this application and I authorize the employers and educational institutions identified on this application to release any information they may have concerning my employment or education to the City of Arcata during the course of that investigation. As a condition of employment I agree to sign an oath as specified in Article XX, Section 3 of the California Constitution and Government Code Section 3100 et. Seq., to be fingerprinted, and to submit to a medical examination by a physician (which may include a pre-employment drug test) of the City's choosing, if required for the position for which I am applying.

If employed on an hourly part time, seasonal or temporary basis, the undersigned will be considered an at-will employee and will be free to resign at any time for any reason, the City similarly retains the right to terminate undersigned's employment at- will. No City representative has the authority to make any agreement to the contrary.

_____ _____

Signature Date

NAME _____

City of Arcata
Police Officer

Supplemental Application – Page 1

PLEASE NOTE: The employment and supplemental applications are part of the testing process. These materials must be completed and submitted to be considered further. Employment and supplemental applications will be screened to determine: (1) if the candidate meets the minimum qualifications; (2) if it is handwritten or hand printed (not typed); and (3) if it is complete, neat and legible, with minimal spelling errors. If this criteria is not sufficiently met, applicants may be rejected.

1. Have you previously applied for this particular position with the City of Arcata?
   YES Date: _____ NO

2. Check the box which indicates your status:

☐ **ACADEMY STUDENT** = You currently attend a California POST approved academy.

****ATTENTION:** Additional required application materials include submitting test results from the Peace Officer Standards and Training (POST) Entry-Level Law Enforcement Test Battery. Test results submitted by applicants must be on letterhead identifying the Agency or Academy from which the examination was administered and include 1) the date of the exam (must be within the last 12 months); 2) the examination T-Score (must be a minimum of 50); and 3)signature by an authorized representative of the testing entity.

-- Academy Name:_____ Date you will finish the academy:_____

-- POST Entry-Level Law Enforcement Test Battery T-Score** _____ (Must be a minimum of 50)

☐ **ACADEMY GRADUATE** = You have successfully completed a California POST approved basic academy within the last three years and do not qualify as a Lateral **OR** you have graduated from an approved academy more than three years ago, but have completed a California POST recertification course.

-- Academy Attended: _____ Graduation Date: _____

Expiration date of POST certification: _____
OR
Expiration date of POST recertification: _____

☐ **LATERAL** =
You are currently employed as a Police Officer in California
OR
You have within the last three years worked as a Police Officer in California and possess a valid California POST Basic Certificate (which includes completion of a department's probationary period of not less than 12 months).
Note: the POST Basic Certificate is in addition to the Regular Basic Course Certificate obtained upon graduation from an academy.
OR
You have worked as a Police Officer more than three years ago, but have completed a California POST recertification course.

☐ I am currently employed as a Police Officer in California.
OR

☐ I have been employed as a Police Officer in California within the last three years AND possess a valid California POST Basic certificate. Basic Certificate expires: _____
OR

☐ I have completed a California POST recertification course.
Recertification expires: _____

NAME _____

City of Arcata
Police Officer

Supplemental Application – Page 2

3. The following are required when working as a Police Officer for the City of Arcata.

Please indicate if you are willing and able to work under the following conditions:	**Yes**	**No**
Work weekends		
Work holiday		
Work variable shift work		
Work days		
Work nights		
Work overtime		
Work overtime on short notice		
Work alone		

4. **Tell us why you want to be a Police Officer, and more specifically, why you want to be a Police Officer with the City of Arcata.** Your answer *must be in your own writing*, and must be a *minimum of 150 words* and *maximum of 300*. You may attach additional sheets if necessary.