



APPLICATION FOR AT-WILL EMPLOYMENT  
POLICE DEPARTMENT SUPPLEMENT APPLICATION



**O'Neill Police Department**

401 E. Fremont Street, O'Neill, Nebraska 68763

Phone: (402)336-1313 Fax: (402)336-2549

E-mail: [oneillpd@telebeep.com](mailto:oneillpd@telebeep.com) Website: [www.oneillpolice.com](http://www.oneillpolice.com)

PLEASE PRINT

DATE \_\_\_\_\_

The following questions are to be answered only by the person applying for a position with the City of O'Neill Police Department.

POSITION APPLIED FOR (One position per application) \_\_\_\_\_

Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

List ALL other names you have used. Include circumstances and dates when used. \_\_\_\_\_

Race:  Black  Caucasian  Indian  Asian  Hispanic  Other \_\_\_\_\_

Date of birth \_\_\_\_\_ Place of birth \_\_\_\_\_

How long have you lived at your present address? \_\_\_\_\_

List ALL previous places, states and dates of residence since age 18. (Attach a separate page, if necessary) \_\_\_\_\_

List complete name of person that you are currently residing with: \_\_\_\_\_

List those individuals whom you have resided with during the past five (5) years. Exclude family members

FULL NAME	PRESENT ADDRESS	PHONE NUMBER

Have you ever been dismissed from school or been subject to any disciplinary action, such as scholastic probation during your academic career?  Yes  No

If yes, please indicate circumstances of rules infraction and action taken by school or university. \_\_\_\_\_

Are you currently a certified law enforcement officer?  Yes  No

If yes, please list state(s) of certification. \_\_\_\_\_

Have you ever applied to any law enforcement agency in Nebraska or any other state?  Yes  No

If yes, please give name of the agency(s) and date(s) of application. \_\_\_\_\_

**DRIVERS LICENSE RECORD**

Have you ever possessed a driver's license issued from another state?  Yes  No

If yes, please give the state, number and expiration date. \_\_\_\_\_

If you answered yes, was your license ever suspended or revoked?  Yes  No

If yes, please give reason, state, date and reinstatement date. \_\_\_\_\_

Are your driving privileges restricted?  Yes  No

If yes, please list restrictions. \_\_\_\_\_

Have you ever had a lapse in automobile liability insurance?  Yes  No

**MILITARY RECORD**

Have you ever served on active duty in the Armed Forces of the United States?  Yes  No

- 1) Branch \_\_\_\_\_
- 2) Highest Rank Achieved \_\_\_\_\_
- 3) Dates of Active Duty \_\_\_\_\_
- 4) Type of Discharge \_\_\_\_\_
- 5) Have you ever been the subject of a judicial or non-judicial disciplinary action while in the military?  
 Yes  No If yes, please explain. \_\_\_\_\_
- 6) Were you ever court-martialed, tried on charges or subject of a summary court, desk court, Captain's Mast, company punishment or any other type of disciplinary action while in the armed forces?  
 Yes  No If Yes, please explain. \_\_\_\_\_
- 7) List all medals and decorations awarded you during your military service. \_\_\_\_\_

Are you a member of the Reserve or National Guard?  Yes  No  Ready  Standby  
 Unit and location: \_\_\_\_\_

List any disciplinary action taken while in the National Guard or other reserve unit. \_\_\_\_\_

**EMPLOYMENT HISTORY**

List below **ALL** work experience Not Listed on the City of O'Neill employment application. Please include part-time and temporary employment, as well as job-related military service. Account for any gaps in your employment history. List any self-employment. Under specific duties, describe the kind of work you did, machines or equipment operated, and the number and title of employees you supervised, if any. Attach additional sheets if necessary.

<b>1. Name of Company</b>		Address:	
Telephone Number ( )			
Starting Date:	Entry Job Title:	Entry Salary \$	Per:
Ending Date:	Ending Job Title:	Ending Salary \$	Per
Detailed Description of Duties:			
Name & Title of Supervisor:			
Reason for Leaving:			
<b>2. Name of Company</b>		Address:	
Telephone Number ( )			
Starting Date:	Entry Job Title:	Entry Salary \$	Per:
Ending Date:	Ending Job Title:	Ending Salary \$	Per
Detailed Description of Duties:			
Name & Title of Supervisor:			
Reason for Leaving:			
<b>3. Name of Company</b>		Address:	
Telephone Number ( )			
Starting Date:	Entry Job Title:	Entry Salary \$	Per:
Ending Date:	Ending Job Title:	Ending Salary \$	Per
Detailed Description of Duties:			
Name & Title of Supervisor:			
Reason for Leaving:			
<b>4. Name of Company</b>		Address:	
Telephone Number ( )			
Starting Date:	Entry Job Title:	Entry Salary \$	Per:
Ending Date:	Ending Job Title:	Ending Salary \$	Per
Detailed Description of Duties:			
Name & Title of Supervisor:			
Reason for Leaving:			

**COURT/CRIMINAL RECORD**

Are you now or have you ever been a member of any foreign or domestic organization, association, movement, group or combination of persons which is totalitarian, fascist, communist or subversive, or shows a policy of advocating the commission of acts of force or violence to deny other people their rights under the Constitution of the United States, or which seeks to alter the form of government of the United States by unconstitutional means?

Yes  No If yes, please explain.

\_\_\_\_\_  
List all traffic citations except parking tickets.

\_\_\_\_\_

Were you ever arrested or charged with any violation? List below even if there were no formal charges, no court appearance, found not guilty or other disposition.

\_\_\_\_\_

List any court action where you have ever been a plaintiff or defendant, including divorce.

\_\_\_\_\_

Has any court:

1) Placed you on probation?  Yes  No

2) Prohibited you from possessing a firearm?  Yes  No

If yes to either, please give details including dates, when, where and why. \_\_\_\_\_

\_\_\_\_\_

Have you ever been:

1) Required to appear before a juvenile court for an act which would have been a crime if committed by an adult?  Yes  No

2) Reported to law enforcement as a missing person or runaway?  Yes  No

3) Questioned by law enforcement authorities?  Yes  No

4) Been contacted by the police as a possible suspect for any type of criminal investigation?  Yes  No

5) Charged with a crime?  Yes  No

6) Convicted of a felony?  Yes  No

If you answered yes to any of the above please explain. If more room is required, please attach additional sheets.

\_\_\_\_\_

Have you ever:

1) Lied about anything really important?  Yes  No

2) Told a lie to stay out of trouble?  Yes  No

3) Had a warrant taken out on you?  Yes  No

4) Participated in an *undetected* crime?  Yes  No

5) Altered price tags in a store?  Yes  No

6) Lied under oath in court?  Yes  No

7) Lied on an official document?  Yes  No

8) Stolen anything?  Yes  No

9) Had any traffic violation?  Yes  No

10) Habitually use(d) alcoholic beverages to excess?  Yes  No

If you answered yes to any of the above please explain. If more room is required please attached additional sheets.

\_\_\_\_\_

Have you ever used illegal drugs?  Yes  No If yes, please list the type of drug, dates first and last used.

\_\_\_\_\_

Have you ever been treated for illegal drug addiction?  Yes  No If yes, please explain.

\_\_\_\_\_

Have you ever sold illegal drugs?  Yes  No

If yes, were you convicted?  Yes  No

If convicted, was the conviction a felony or a misdemeanor?

\_\_\_\_\_

**PERSONAL INFORMATION**

Have you ever or are you now engaged in a private business?  Yes  No

If yes, list your capacity, name of business and dates. \_\_\_\_\_

Do you:

- 1) Object to wearing a uniform?  Yes  No
- 2) Object to being away from home for long period of time due to official duties?  Yes  No
- 3) Object to working a regular shift (8am to 5pm)?  Yes  No

Have you ever been bonded?  Yes  No If yes, on what job(s)? \_\_\_\_\_

Do you have any physical limitations that preclude you from performing the following job duties?

Stand for long periods of time, climb, balance, stoop, kneel, crawl, crouch  Yes  No

Frequently lift or move objects up to 50 pounds and occasionally lift or move objects up to 165 pounds  Yes  No

Adjust vision/focus in the use of firearms and operation of motor vehicles  Yes  No

If yes, describe such restrictions and specific work limitations. \_\_\_\_\_

Do you have any physical limitations that preclude you from working in the following work environments?

All weather conditions including temperature extremes and wet, humid environments  Yes  No

During day and night  Yes  No

Under emergency and stressful situations  Yes  No

Exposure to hearing alarms and gunfire  Yes  No

Exposure to smoke, noxious odors, fumes, chemicals, liquid chemicals, radioactive materials, solvents and oils

Yes  No

Near moving mechanical parts, vibrations and in areas with risk of electrical shock  Yes  No

In high, precarious places  Yes  No

If yes, please describe such restrictions and specific work limitations. \_\_\_\_\_

**RELATIVES/FRIENDS EMPLOYED BY GOVERNMENT**

List complete names, location and place of employment of any close relatives or friends (including in-laws) who are employed in law enforcement. \_\_\_\_\_

List the following information concerning relatives. If you have been married more than once, list information concerning each former spouse. If you or your spouse has stepparents, legal guardians or other with whom you lived other than your parents please include them. If you are engaged to be married in the near future, complete information should be included about your future spouse and future in-laws as well.

	FULL NAME	PRESENT ADDRESS	PHONE NUMBER
Father:	_____	_____	_____
Mother:	_____	_____	_____
Spouse:	_____	_____	_____
Father-in-law:	_____	_____	_____
Mother-in-law:	_____	_____	_____
Children:	_____	_____	_____
Other:	_____	_____	_____

**REFERENCES**

List three (3) responsible persons not listed on the City of O'Neill employment application (not former employers or relatives) whom you have known for at least three (3) years and will serve as a reference for you.

Name	Address	Phone	Occupation

List three (3) social acquaintances in your own age group, listing complete information. Do not include individuals listed as references on the City of O'Neill employment application.

Name	Address	Phone	Occupation

List three (3) neighbors, listing complete information. Do not include individuals listed as references on the City of O'Neill employment application.

Name	Address	Phone	Occupation



**APPLICATION FOR EMPLOYMENT  
CITY OF O'NEILL, NEBRASKA**

EQUAL OPPORTUNITY EMPLOYER      Date \_\_\_\_\_

**Personnel Information** (Please print)

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_  
 Address \_\_\_\_\_ Telephone No. \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Are you under age 19? \_\_\_\_ Yes \_\_\_\_ No      If yes, age \_\_\_\_\_  
 Date available for work \_\_\_\_\_ Explain \_\_\_\_\_

**Position Information**

Position(s) applied for \_\_\_\_\_  
 Have you previously worked for the City of O'Neill? \_\_\_\_  
 Dates/Position \_\_\_\_\_  
 Do you have any relatives working for the City of O'Neill? \_\_\_\_ Yes \_\_\_\_ No  
 If yes, give names, departments and relationship? \_\_\_\_\_

**EDUCATION/TRAINING**

Please list below education and/or experience relating to position(s) applied for:

	Name & Location	Did you Graduate?	Degree/Diploma?	Courses of Study
High School				
College				
Vocational Training				

Other (include licenses, certificates, etc.):

**EMPLOYMENT RECORD**

Company Name:	Job Title:
Address:	Telephone Number:
Immediate Supervisor:	Reason for Leaving:
Dates of Employment: From:                      To:	Salary Starting:                      Ending:
Describe your duties & responsibilities:	

Company Name:	Job Title:
Address:	Telephone Number:
Immediate Supervisor:	Reason for Leaving:
Dates of Employment: From:                      To:	Salary Starting:                      Ending:
Describe your duties & responsibilities:	

Company Name:	Job Title:
Address:	Telephone Number:
Immediate Supervisor:	Reason for Leaving:
Dates of Employment: From:                      To:	Salary Starting:                      Ending:
Describe your duties & responsibilities:	

Have you ever been convicted of any violation other than a minor traffic violation?  
 \_\_\_\_ Yes \_\_\_\_ No

If yes, give details, including dates, charges and disposition. Convictions are not an absolute bar to employment. Consideration is given to the offense and its relationship to the position for which you are applying. \_\_\_\_\_  
 \_\_\_\_\_

\*\*\*\*\*  
 Are you a United States Citizen? \_\_\_\_ Yes \_\_\_\_ No

If no, do you have the legal right to work in the United States? Explain \_\_\_\_\_  
 \_\_\_\_\_

**REFERENCES** (Other than family or employers)

(1) Name \_\_\_\_\_ Address & Phone \_\_\_\_\_

How or what does this person know about you? \_\_\_\_\_  
\_\_\_\_\_

(2) Name \_\_\_\_\_ Address & Phone \_\_\_\_\_

How or what does this person know about you? \_\_\_\_\_  
\_\_\_\_\_

\*\*\*\*\*

You May \_\_\_\_\_

Contact my present employer:

You May Not \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

You May \_\_\_\_\_

Check any and all references and I hold them and you harmless for providing information.

You May Not \_\_\_\_\_

\*\*\*\*\*

All the information listed by me on this application is true and correct to the best of my knowledge. I understand fully that any false and misleading statements may be cause for rejection of my application and/or if employed, may be just cause for subsequent dismissal.

Signature \_\_\_\_\_

\*\*\*\*\*

This application will be kept on file for six months.

**THE CITY OF O'NEILL DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, NATIONAL ORIGIN, SEX, RELIGION, AGE, OR DISABILITY IN EMPLOYMENT OR THE PROVISION OF SERVICES.**



**PRE-EMPLOYMENT INFORMATION**

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

\*\*\*\*\*

In compliance with Federal and State Equal Employment Opportunity laws, qualified applicants are considered for employment without regard to race, color, sex, national origin, military status, marital status, or the presence of a non-job-related medical condition or handicap.

So that we can comply with Federal/State Equal Opportunity Employment recordkeeping requirements and other legal requirements, please complete this form.

This Pre-Employment Information will be detached and kept in a confidential file separate from the Employment Application, and shall not be used in making any hiring decision or any selection procedure.

\*\*\*\*\*

Position Applied For: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_  
(Last) (First) (Middle) (Maiden)

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Birth Date: \_\_\_\_\_ Nearest Age: \_\_\_\_\_

Are you a U.S. Citizen? \_\_\_ Yes \_\_\_ No

If not, do you possess an Alien (Work) Registration Card? \_\_\_ Yes \_\_\_ No

Sex: \_\_\_ Male \_\_\_ Female

Race/Ethnic Group: \_\_\_ Caucasian \_\_\_ Asian/Pacific Islander \_\_\_ Black  
\_\_\_ American Indian/Alaskan Native \_\_\_ Hispanic

Marital Status: \_\_\_ Single \_\_\_ Married \_\_\_ Other (Explain) \_\_\_\_\_

Are you a Vietnam Veteran? \_\_\_ Yes \_\_\_ No Service: From \_\_\_\_\_ To \_\_\_\_\_

Are you a Disabled Veteran? \_\_\_ Yes \_\_\_ No V.A. Disability Rate: \_\_\_\_\_ %

How were you referred to us? \_\_\_ Self \_\_\_ Friend \_\_\_ Employee \_\_\_ School  
\_\_\_ Newspaper \_\_\_ Internet \_\_\_ Employment Agency  
\_\_\_ Other (Please Explain) \_\_\_\_\_

Signature \_\_\_\_\_

**AUTHORIZATION FOR RELEASE OF INFORMATION**

\_\_\_\_\_ (Last Name) (First) (Middle) (Date of Birth)

\_\_\_\_\_ (Current Address) (Social Security #)

Address of Residence During Past 5 Years: Period of Time Lived There:

	<u>City</u>	<u>County</u>	<u>State</u>	<u>From</u>	<u>To</u>
(1)	_____				
(2)	_____				
(3)	_____				
(4)	_____				

I do hereby authorize a review and full disclosure of all records, or any part thereof, concerning myself to any duly authorized agent of the City of O'Neill, whether the said records are public or private, and including those which may be deemed to be a privileged or confidential nature. The intention of this authorization is to provide information which will be utilized for reference review purposes only.

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

\_\_\_\_\_ Witness

\_\_\_\_\_ Applicant's Signature

\_\_\_\_\_ Address

\_\_\_\_\_ Date



**Physical Requirements for Admission and Certification**

In November, 2013 the Police Standards Advisory Council adopted a physical fitness entrance standard for all incoming basic students. This test is known as the "PRET" – Physical Readiness Entrance Test. The purpose of the entrance testing is to ensure that the student has the physical capabilities to be able to perform the required essential job tasks necessary for certification.

The entrance fitness test will be administered to new basic students prior to attending Basic Training. A demonstration of each test is available [here](#). New students are also emailed a link to the test demonstrations prior to their appointment for the PRET.

The entrance fitness test is modeled after the Cooper Institute® Test and will consist of the following:

1. Vertical Jump – See instructional video (1-2 minutes recovery)
2. 1 minute sit-ups – See instructional video (5 minutes recovery)
3. 300 Meter Sprint – Measured 300 Meters on flat surface & timed (5-10 minutes recovery)
4. 1 minute push-up – See instructional video (5 minutes recovery)
5. 1.5 mile run – Measured 1.5 miles on flat surface & timed (cool down 5 minutes)

These tests will be administered in the above listed order with the prescribed recovery periods between each test. Recovery between each test should be active (i.e. slow walking, gentle stretching)

To successfully complete the NLET Physical Fitness Test, you must score an overall average of 30% on all testing completed which is based on gender and age norms.

The student is NOT required to score 30% on each individual test so long as your scores average to 30%.

This test is scored based upon age and gender, so the percentages will vary for each applicant based upon those factors. The 30% for each age and gender grouping is as follows:

	Men 30% Standards				Women 30% Standards			
	20-29 yrs	30-39 yrs	40-49 yrs	50-59 yrs	20-29 yrs	30-39 yrs	40-49 yrs	50-59 yrs
Vertical Jump	18"	18"	14.5"	13"	13.5"	11.1"	9"	N/A
1 Minute Push-ups	26	20	15	10	13	9	7	N/A
300 Meter Sprint	62 sec	63 sec	77 sec	87 sec	75 sec	82 sec	106 sec	N/A
1 Minute Sit-ups	35	32	27	21	30	22	17	12
1.5 Mile Run	13:16	13:46	14:34	15:58	15:52	16:39	17:22	18:59

Use caution when obtaining the Cooper Standards from an alternate source, as the data may be outdated or incorrect. If you have any questions contact [William.Keeling@nebraska.gov](mailto:William.Keeling@nebraska.gov).

If a student fails to achieve the overall 30% on the first attempt, they will not be retested and will not be allowed to continue with training and will be sent home.

**PHYSICAL TASKS**

The physical tasks were identified through the most recent Job Task analysis and approved by PSAC as a part of the 2014 curriculum. These tasks must be completed by the student prior to receiving certification.

During the first week, the student will participate in physical skills testing. This testing is designed to demonstrate the essential physical tasks and the student’s skill in performing the tasks.

If students cannot perform an essential task they have until 10 days prior to graduation to improve their skill and complete all tasks. If a student is unable to complete the essential physical tasks at the time of graduation, they will not receive basic law enforcement certification. A list of required physical tasks which the student must complete prior to graduation follows:



## NLETC

- Bend over to help person (200 lbs) to standing
- Grip & Hold resisting persons to maintain physical control (200 lbs 5 minutes)
- Hold/restrain struggling person (200 lbs 4 minutes)
- Physically defend against and control an attacking person
- Take down and subdue a resisting person
- Use repetitive hand movements
- Kneel &/or bend for sustained period
- Run 300' on flat surface
- Run 200' on varying terrain
- Walk up and down 4 flights of stairs
- Run Up/down 3 flights of stairs
- Climb or pull oneself over 6' tall obstacle (fence)
- Lift objects (68 lbs) off ground 38" high) w/o assistance
- Lift objects (180 lbs) off ground (40") w/assistance
- Push (38') vehicle (2 ton) out of traffic by oneself
- Lift objects (50 lbs) down from elevated surface place on ground
- Climb/Pull oneself onto a large piece of equipment or object ( platform 5'high)
- Jump down from elevated surface
- Jump/vault over ditch, hole or other hazard (36" wide)
- Kneel, squat and recover to feet
- Hold a person (150 lbs) suspended in air (stop suicide or rescue a person)
- Perform strenuous physical activities in a series (sprint, run upstairs, wrestle, pull, carry, etc)
- Perform duties wearing full duty gear
- Push door with shoulder
- Kick door with foot
- Bend over and push object
- Carry, by self, an immobile child
- Carry with someone else an immobile child on a stretcher
- Drag by yourself an immobile child
- Drag by yourself an immobile adult
- Crawl under an obstruction
- Climb over fence
- Jump /vault over fence or other barrier
- Climb through window or other such opening
- Sprint at full speed (less than 300 yds)
- Quickly exit or enter cruiser