

Oakland Police Department Applicant Informational Packet

About the Position:

A Police Officer performs a variety of duties in the enforcement of laws and the prevention of crimes; to control traffic flow and enforce State and local traffic regulations; to perform investigation activities; and to perform a variety of technical and administrative tasks in support of the Police Department.

Police Officer Essential Job Functions:

- Effect an arrest, forcibly if necessary, using handcuffs and other restraints; subdue resisting suspects using maneuvers and weapons and resort to the use of hands and feet and other approved weapons in self-defense.
- Prepare investigative and other reports, including sketches, using appropriate grammar, symbols and mathematical computations.
- Exercise independent judgment in determining when there is reasonable suspicion to detain, when probable cause exists to search and arrest and when force may be used and to what degree.
- Operate a law enforcement vehicle during both the day and night; in emergency situations involving speeds in excess of posted limits, in congested traffic and in unsafe road conditions used by factors such as fog, smoke, rain, ice and snow.
- Communicate effectively and coherently over law enforcement radio channels while initiating and responding to radio communications.
- Gather information in criminal investigations by interviewing and obtaining the statements of victims, witnesses, suspects and confidential informers.
- Pursue fleeing suspects and perform rescue operations which may involve quickly entering and exiting law enforcement patrol vehicles; lifting, carrying and dragging heavy objects; climbing over and pulling oneself over obstacles; jumping down from elevated surfaces; climbing through openings; jumping over obstacles, ditches and streams; crawling in confined areas; balancing on uneven or narrow surfaces and using body force to gain entrance through barriers.
- Load, unload, aim and fire from a variety of body positions handguns, shotguns and other agency firearms under conditions of stress that justify the use of deadly force and at levels of proficiency prescribed in certification standards.
- Perform searches of people, vehicles, buildings and large outdoor areas which may involve feeling and detecting objects, walking for long periods of time, detaining people and stopping suspicious vehicles.
- Conduct visual and audio surveillance for extended periods of time.
- Engage in law enforcement patrol functions that include such things as working rotating shifts, walking on foot patrol and physically checking the doors and windows of buildings to ensure they are secure.
- Effectively communicate with people, including juveniles, by giving information and directions, mediating disputes and advising of rights and processes.
- Demonstrate communications skills in court and other formal settings.
- Detect and collect evidence and substances that provide the basis of criminal offenses and infractions and that indicate the presence of dangerous conditions.
- Endure verbal and mental abuse when confronted with the hostile views and opinions of suspects and other people encountered in an antagonistic environment.

Police Officer Essential Job Functions: (contd)

- Perform rescue functions at accidents, emergencies and disasters to include directing traffic for long periods of time, administering emergency medical aid, lifting, dragging and carrying people away from dangerous situations and securing and evacuating people from particular areas.
 - Process and transport prisoners and committed mental patients using handcuffs and other appropriate restraints.
 - Put on and operate a gas mask in situations where chemical munitions are being deployed.
 - Extinguish small fires by using a fire extinguisher and other appropriate means.
 - Read and comprehend legal and non-legal documents, including the preparation and processing of such documents as citations, affidavits and warrants.
 - Process arrested suspects to include taking their photographs and obtaining a legible set of inked fingerprints impressions.
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Requirements:

- Age 21 years at the time of the academy start date
- U.S. Citizen (if naturalized, must provide documentation)
- High School Graduate Diploma OR
 - GED Graduate Certificate with test scores.
- The ability to obtain and maintain NE Driver's License upon acceptance of job offer with the City of Oakland
- Licensed to drive for a minimum of 1 year, with no loss of license within the past year
- Acceptable driving record
- 3-year driving history from the DMV in any state for which you held a Driver's License
- No felony and limited misdemeanor convictions
- Willing to submit and successfully pass pre-employment drug screen and physical
- Good Physical Condition as required by the job functions
- Good Moral Character
- Honorable discharge from the military

Certified Applicant Additional Requirements:

- Nebraska Law Enforcement
- **OUT OF STATE CANDIDATES** must have 2 years of full-time sworn experience (Law Enforcement Certification Course does not count towards the 2 years) and must be certifiable in the State of Nebraska
- You must not have been out of the law enforcement field for more than one year. (If so, you are considered inexperienced and must attend NLETC).

Qualifications:

Oakland Police Department Officers are entrusted with the responsibility to keep our cities safe from crime and corruption. Therefore, a history of ethical and moral behavior is of the utmost importance. Your background will be looked at very closely. Applicants who have a history of unethical or immoral behavior will not be hired. You will be subjected to an intensive background evaluation, which will include, but is not limited to, the following:

- Your past behavior and the choices you have made must demonstrate positive traits that will support your candidacy for Police Officer and reflect favorably on your character.
- You must have a history of lawful conduct.
- You must possess high standards of honesty and integrity as demonstrated by your dealings with individuals and organizations. Falsifying, misrepresenting, or omitting information on any document or during the selection process will be closely scrutinized.
- You must respect the rights of all people and have an appreciation for the diversity that characterizes the City of Oakland. A history of domestic violence, physical altercations, or discourteous, abusive, or violent treatment of others may indicate a lack of self-discipline, an unwillingness or inability to cooperate, or a disregard for the rights of others.
- Your employment and military (if applicable) histories must demonstrate the motivation and success-orientation needed to succeed as a Police Officer.

Hiring Process:

1. Complete and submit all applications.
2. Criminal History and Driving History Review
3. Written Exam
4. Successfully complete the Nebraska Law Enforcement Standard for Non Certified Applicants
5. Complete an oral Interview
6. Submit to a background Investigation
7. Pass a physical examination administered by a practicing physician in the State of Nebraska, to include vision, color blindness and drug testing. (At discretion of Agency)
8. Complete a psychological evaluation (At discretion of Agency)

Upon successful completion of the process, candidates may be considered for available positions.

POLICE OFFICER PHYSICAL ABILITIES TEST
Non Certified and at Agency Discretion

The City of Oakland performs Physical testing in accordance with the Physical Standard for Entrance into the Nebraska Law Enforcement Training Center

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

- *Vertical Jump – (1-2 minutes recovery)*
- *1 minute sit-ups – (5 minutes recovery)*
- *300 Meter Sprint – Measured 300 Meters on flat surface & timed (5-10 minutes recovery)*
- *1 minute push-up – (5 minutes recovery)*
- *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 NLETC 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

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

percentages will vary for each applicant based upon those factors. The 30% for each age and gender grouping is as follows:

Police Officer Application

Today's Date
Name (Last, First, Middle)

This application will be evaluated by those persons responsible for hiring at the Oakland Police Department. It will be reviewed as part of an extensive background investigation into your personal and employment history.

Any false, misleading or incomplete information or failure to follow the instructions listed below will be grounds to disqualify you for employment with the Oakland Police Department.

FOLLOW DIRECTIONS CAREFULLY

1. USE BLACK or BLUE INK TO COMPLETE QUESTIONAIRE
2. COMPLETE THE FORM IN YOUR OWN HANDWRITING OR PRINTING. DO NOT TYPE.
3. WRITE OR PRINT LEGIBLY.
4. READ EACH QUESTION CAREFULLY.
5. ANSWER EACH QUESTION COMPLETELY AND ACCURATELY.
6. ANSWER ALL QUESTIONS. DO NOT LEAVE ANY BOXES BLANK.
7. IF A QUESTION DOES NOT APPLY TO YOU, WRITE N/A IN THE BOX.
8. FOR ADDITIONAL EMPLOYMENT SPACE COPY AN EMPLOYMENT HISTORY PAGE
9. IF YOU NEED ADDITIONAL SPACE, WRITE ON THE BACK PAGE.
10. BEFORE RETURNING QUESTIONAIRE, READ, SIGN THE LAST PAGE AND MAINTAIN A COPY FOR YOUR RECORDS.

REFERRAL SOURCE / AVAILABILITY

A	Which position are you applying for?	<input type="checkbox"/> Non Certified Applicant	<input type="checkbox"/> Nebraska Certified Applicant	<input type="checkbox"/> Out of State Certified Applicant
B	What types of work will you accept?	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	
C	If other referral source (please specify the name of the website, friend city employee or agency in which you found out about this position):			
D	If selected for this position, how soon can you begin employment?	<input type="checkbox"/> As soon as possible	<input type="checkbox"/> Two week notice	<input type="checkbox"/> Need more notice
E	If you are not available for work now, enter the earliest date you could begin work?			
F	Are you willing to relocate to the City of Oakland within one year of employment, if requested?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

VOLUNTARY: Persons with disabilities who **DO NOT WISH** to report their disabilities should respond to the next question as "no". Information reported regarding this question will be kept confidential as required by State law. Public disclosure of this information without your consent would be a violation of NC Law.

B Do you have a disability? Yes No **DISABILITY:** Disability means, with respect to an individual: (1) a physical or mental impairment that substantially limits one or more of the major life activities of such individual; (2) a record of such impairment; or (3) being regarded as having such an impairment, (Americans with Disabilities Act of 1990).

If you answered yes to the above stated question, please list your disability:

C Can you, after employment submit proof of your legal right to work in the United States? Yes No

D Are you legally eligible to work in the United States? Yes No

E Are you a previous City of Oakland employee? Yes No If yes, please list dates of employment: (MO / YY)

F Are you currently working at the City of Oakland as a regular or temporary employee? Yes No

G Are you related by blood or marriage to a person now employed by the City of Oakland? Yes No If yes, please indicate:

Name: Relationship: Department:

2. REFERENCES

List three (3) references (NO relatives, household members, or former employers) who are responsible adults, and who have known you well for at least the last three (3) years.

Name	Street Address	City	State	Zip Code
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How long known?	Occupation	Home Phone ()	Business Phone ()
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Name	Street Address	City	State	Zip Code
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How long known?	Occupation	Home Phone ()	Business Phone ()
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Name	Street Address	City	State	Zip Code
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How long known?	Occupation	Home Phone ()	Business Phone ()
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3. EDUCATION

A Indicate by checking all boxes that apply if you have any of the following: HS Diploma GED Certificate College Degree Masters Degree

High School Name	Address	City	State	Zip Code
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Dates Attended (MM/YY) From: To:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Degree or Credit Hours
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High School Name	Address	City	State	Zip Code
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Dates Attended (MM/YY) From: To:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Degree or Credit Hours
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Name(s) and location(s) of Colleges, Universities or vocational schools attended or internships:

College Name	Address	City	State	Zip Code
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Dates Attended (MM/YY) From: To:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Degree or Credit Hours
-------------------------------------	--	--------------------------------

College Name	Address	City	State	Zip Code
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Dates Attended (MM/YY) From: To:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Degree or Credit Hours
-------------------------------------	--	--------------------------------

College Name		Address		City	State	Zip Code
Dates Attended (MM/YY)		Graduated?		Type of Degree or Credit Hours		
From:	To:	<input type="checkbox"/> Yes <input type="checkbox"/> No				
B Have you ever been suspended, disciplined or expelled from any high school or institution of higher learning? If YES, explain on the back page.						<input type="checkbox"/> Yes <input type="checkbox"/> No
4. EMPLOYMENT HISTORY						
A Have you ever been dismissed or asked to resign from ANY employment? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, explain on the back page.						
B If you do not want your present employer to be contacted, check the box to the right and on the back page explain why. <input type="checkbox"/>						
<p>Beginning with your present employer or most recent employer, list ALL of the places you have worked during the last ten (10) year period. Keep in chronological order. Do not list employment prior to your 15th Birthday. Copy the employment page and continue your information on the copy(s).</p>						
From	Name		Job Title			
MO/YR	Street Address		Supervisor			
To	City	Phone ()	Starting Salary			
MO/YR	State	Zip Code	Ending Salary			
Describe your duties						
<input type="checkbox"/> Part Time <input type="checkbox"/> Full Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Volunteer If part-time, list number of hours worked per week						
Detail Reason for Leaving						
From	Name		Job Title			
MO/YR	Street Address		Supervisor			
To	City	Phone ()	Starting Salary			
MO/YR	State	Zip Code	Ending Salary			
Describe your duties						
<input type="checkbox"/> Part Time <input type="checkbox"/> Full Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Volunteer If part-time, list number of hours worked per week						
Detail Reason for Leaving						
From	Name		Job Title			
MO/YR	Street Address		Supervisor			
To	City	Phone ()	Starting Salary			
MO/YR	State	Zip Code	Ending Salary			
Describe your duties						
<input type="checkbox"/> Part Time <input type="checkbox"/> Full Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Volunteer If part-time, list number of hours worked per week						
Detail Reason for Leaving						

From MO/YR	Name Street Address	Job Title Supervisor
To MO/YR	City State	Phone () Zip Code
Starting Salary		Ending Salary
Describe your duties		
<input type="checkbox"/> Part Time <input type="checkbox"/> Full Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Volunteer <small>If part-time, list number of hours worked per week</small>		
Detail Reason for Leaving		
From MO/YR	Name Street Address	Job Title Supervisor
To MO/YR	City State	Phone () Zip Code
Starting Salary		Ending Salary
Describe your duties		
<input type="checkbox"/> Part Time <input type="checkbox"/> Full Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Volunteer <small>If part-time, list number of hours worked per week</small>		
Detail Reason for Leaving		
From MO/YR	Name Street Address	Job Title Supervisor
To MO/YR	City State	Phone () Zip Code
Starting Salary		Ending Salary
Describe your duties		
<input type="checkbox"/> Part Time <input type="checkbox"/> Full Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Volunteer <small>If part-time, list number of hours worked per week</small>		
Detail Reason for Leaving		
From MO/YR	Name Street Address	Job Title Supervisor
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Describe your duties		
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Detail Reason for Leaving		
From MO/YR	Name Street Address	Job Title Supervisor
To MO/YR	City State	Phone () Zip Code
Starting Salary		Ending Salary
Describe your duties		
<input type="checkbox"/> Part Time <input type="checkbox"/> Full Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Volunteer <small>If part-time, list number of hours worked per week</small>		
Detail Reason for Leaving		

From	Name	Job Title	
MO/YR	Street Address	Supervisor	
To	City	Phone ()	
MO/YR	State	Zip Code	
Starting Salary			
Ending Salary			
Describe your duties			
<input type="checkbox"/> Part Time <input type="checkbox"/> Full Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Volunteer <small>If part-time, list number of hours worked per week</small>			
Reason for Leaving			
From	Name	Job Title	
MO/YR	Street Address	Supervisor	
To	City	Phone ()	
MO/YR	State	Zip Code	
Starting Salary			
Ending Salary			
Describe your duties			
<input type="checkbox"/> Part Time <input type="checkbox"/> Full Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Volunteer <small>If part-time, list number of hours worked per week</small>			
Detail Reason for Leaving			
From	Name	Job Title	
MO/YR	Street Address	Supervisor	
To	City	Phone ()	
MO/YR	State	Zip Code	
Starting Salary			
Ending Salary			
Describe your duties			
<input type="checkbox"/> Part Time <input type="checkbox"/> Full Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Volunteer <small>If part-time, list number of hours worked per week</small>			
Detail Reason for Leaving			
From	Name	Job Title	
MO/YR	Street Address	Supervisor	
To	City	Phone ()	
MO/YR	State	Zip Code	
Starting Salary			
Ending Salary			
Describe your duties			
<input type="checkbox"/> Part Time <input type="checkbox"/> Full Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Volunteer <small>If part-time, list number of hours worked per week</small>			
Detail Reason for Leaving			
From	Name	Job Title	
MO/YR	Street Address	Supervisor	
To	City	Phone ()	
MO/YR	State	Zip Code	
Starting Salary			
Ending Salary			
Describe your duties			
<input type="checkbox"/> Part Time <input type="checkbox"/> Full Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Volunteer <small>If part-time, list number of hours worked per week</small>			
Detail Reason for Leaving			
From	Name	Job Title	
MO/YR	Street Address	Supervisor	
To	City	Phone ()	
MO/YR	State	Zip Code	
Starting Salary			
Ending Salary			
Describe your duties			
<input type="checkbox"/> Part Time <input type="checkbox"/> Full Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Volunteer <small>If part-time, list number of hours worked per week</small>			
Detail Reason for Leaving			
C Have you ever applied for ANY position with ANY law enforcement agency including local, state and federal agencies? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Date	Position	Law Enforcement Agency	Disposition

D Have you ever attended a law enforcement academy? Yes No

Name of academy: _____

City & State: _____

Were you certified? Yes No

Date attended: _____

E Has your law enforcement certification ever been suspended, revoked or brought before a review board? Yes No

5. ARREST HISTORY

The following questions pertain to your experiences in this country and all other countries as both a juvenile and an adult. Include any military law enforcement contact. If a charge or conviction was judicially expunged do not list it. Explain all "YES" answers in detail.

	Yes	No		Yes	No
A Have you ever had any contact with ANY law enforcement official, to include as a victim, witness or reporting party?	<input type="checkbox"/>	<input type="checkbox"/>	G Have you ever been convicted of a crime?	<input type="checkbox"/>	<input type="checkbox"/>
B Has a law enforcement official for any reason ever issued you a verbal or written warning?	<input type="checkbox"/>	<input type="checkbox"/>	H Have you ever been booked into jail?	<input type="checkbox"/>	<input type="checkbox"/>
C Have you ever been detained by a law enforcement official?	<input type="checkbox"/>	<input type="checkbox"/>	I Have you ever received a criminal citation?	<input type="checkbox"/>	<input type="checkbox"/>
D Have you ever been accused of a crime?	<input type="checkbox"/>	<input type="checkbox"/>	J Have any relatives of you or your spouse ever been convicted or held in any detention facility, jail or prison?	<input type="checkbox"/>	<input type="checkbox"/>
E Have you ever been charged with a crime?	<input type="checkbox"/>	<input type="checkbox"/>	K Have the police ever been called to your home for any reason?	<input type="checkbox"/>	<input type="checkbox"/>
F Have you ever been arrested?	<input type="checkbox"/>	<input type="checkbox"/>			

L If you have answered "yes" to any of the above questions, list the incident below and make certain you have explained it on the back page. ALL INCIDENTS MUST BE EXPLAINED IN DETAIL BELOW. If more space is needed, use the back page.

Section # (A-K)	MO/YR	Reason / Charge	Law Enforcement Agency - City / State	Disposition / Sentence	MO/YR

6. DRIVERS HISTORY

A List all valid driver's license you now hold

Issue Date	Type of License	Expiration Date	State	License Number

B If you have previously held a drivers license from ANY state, please indicate below:

Issue Date	Type of License	Expiration Date	State	License Number

C Is your driver's license currently restricted, suspended, or revoked? Yes No Reason: _____

D Have you ever had a driver's license, canceled, refused, revoked, or suspended? Yes No

If YES, explain in detail on the back page the reasons and dates.

Date of Reinstatement: _____

E Have you ever been charged with driving under the influence of alcohol or drugs? Yes No

If YES, explain on the back page.

Convicted? Yes No

F List each and every TRAFFIC citation, summons and written warning you have ever received. List in chronological order beginning with the most recent. If you need more space use the back page.

MO / YR	Charge	Agency/ City or State	Disposition / Conviction	MO / YR

7. LIQUOR AND NARCOTICS

A Have you ever used any prescription drugs not prescribed to you by a doctor? Yes No If YES, explain on the back page.

B If you have tried, used or ingested ANY of the drugs listed below, check the "Yes" box; if you have not, check the "No" box. Include the number of times used and dates.

	Yes	No	Total # Times Used	Last Use (MO/YR)	Date/s (MO/YR)		Yes	No	Total # Times Used	Last Use (MO/YR)	Date/s (MO/YR)
Marijuana	<input type="checkbox"/>	<input type="checkbox"/>				Cocaine (powder/crack)	<input type="checkbox"/>	<input type="checkbox"/>			
Inhalants	<input type="checkbox"/>	<input type="checkbox"/>				Heroin	<input type="checkbox"/>	<input type="checkbox"/>			
Ecstasy	<input type="checkbox"/>	<input type="checkbox"/>				Opium	<input type="checkbox"/>	<input type="checkbox"/>			
Barbiturates	<input type="checkbox"/>	<input type="checkbox"/>				Injectable /Oral Steroids	<input type="checkbox"/>	<input type="checkbox"/>			
Hashish	<input type="checkbox"/>	<input type="checkbox"/>				Other: _____	<input type="checkbox"/>	<input type="checkbox"/>			
Amphetamines (speed, meth, etc)	<input type="checkbox"/>	<input type="checkbox"/>				Hallucinogenic Substances (LSD, PCP, Mescaline, Mushrooms, etc)	<input type="checkbox"/>	<input type="checkbox"/>			

If you have tried or used any of the drugs listed above or if you have tried or used any other drug without a doctor's prescription, explain on the back page. You MUST include dates and number of times used.

8. GANG AFFILIATIONS

A Are you currently, or have you formerly, been associated with a group that engages in criminal activity, to include motorcycle organizations, street gangs, or other organizations involved in criminal activity? Yes No If YES, explain on the back page.

B Are you now in a group, which seeks to alter the form of government of the United States by any unlawful or unconstitutional means? Yes No If YES, explain on the back page.

9. MILITARY SERVICE

A Have you served honorably in the Armed Forces of the United States on active duty for reasons other than training? Include Army, Navy, Marine Corps, Air Force, Coast Guard, ROTC, or any other military or other semi-military organization. Yes No
 **ONLY Honorable Discharges will be considered for employment

B List dates of military service: (list each service period separately)

MO / YR Entered	Branch / Organization	Discharge Date	Type of Discharge	Rank

C Are you a member of the Military Reserves? Yes No

D Have you received any form of disciplinary action from the military? Yes No If YES, explain on the back page with the disciplinary action, what it is for, when, why and where.

E Current Military Status

PLEASE READ BEFORE SIGNING

I certify that I have given true, accurate and complete information on this form to the best of my knowledge. In the event that confirmation is needed in connection with my work, I authorize educational institutions, previous employers, military units, associations, registration and licensing boards, and others to furnish the City of Oakland whatever detail is available concerning my qualifications. I authorize the City of Oakland to investigate all statements made in this application and understand that false information or documentation, or failure to disclose relevant information may be grounds for rejection of my application or disciplinary action up to and including dismissal shall I become an employee of the City of Oakland. I further understand that I will not receive and am not entitled to a copy of any report of background investigation or to know its contents.

I understand that If I am currently employed as law enforcement, correctional officer, by a law enforcement or criminal justice related agency of any type, the results of any background checks may be made available to my current employer, whether or not I am offered employment by the City of Oakland.

I also understand that employment is conditional until results of health evaluations are known as related to essential job functions and until information given by me on my application has been verified. I certify and acknowledge that I meet minimum age requirements of applicable laws by the City of Oakland policy. If required, I will complete a Surety Bond Application. I will accept travel assignments when job duties so require. I will work overtime and other than standard shift hours when job duties so require. As part of the Drug Free Workplace Act, I agree to submit to drug and alcohol screening tests when required upon a conditional offer of employment and during employment. I will participate in the Direct Payroll Deposit program as a condition of employment.

I further authorize the City of Oakland and its representatives to perform any criminal records and background checks, including but limited to interviewing references, family, and friends, that may be required as part of this application process. I understand and acknowledge that, unless otherwise defined by applicable law, my employment relationship with the City of Oakland is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless an authorized executive of the City of Oakland specifically acknowledges such change in writing. I hereby release the City of Oakland and its directors, elected officials, employees and assigns from any and all liability or damage that may result from furnishing the requested information.

The City of Oakland is an Equal Opportunity Employer

Signature of Applicant (Unsigned applications will not be processed)

Date

Print Name

Affirmative Action Information

Notice: The information requested below will in no way affect you as an applicant. The information is requested on a **VOLUNTARY** basis. Data collected will be used for statistical reporting purposes in the Human Resource Development Department, and to see how well recruitment efforts are reaching all segments of the population.

Date _____

Print Name _____
Last First Middle

Gender Male Female

Date of Birth _____
Month Day Year

Race or Ethnic Identity Groups: (Check one)

- | | |
|---|---|
| <input type="checkbox"/> White (not of Hispanic or Latino) | <input type="checkbox"/> Black or African American/Black (Not Hispanic or Latino) |
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Native Hawaiian or Pacific Islander (Not Hispanic or Latino) |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Hispanic or Latino |
| <input type="checkbox"/> Two or More Races (Not Hispanic or Latino) | |

DISABILITY: Disability means, with respect to an individual: (1) a physical or mental impairment that substantially limits one or more of the major life activities of such individual; (2) a record of such an impairment; or (3) being regarded as having such an impairment, (Americans with Disabilities Act of 1990). Persons without a disability should check item A. The reporting of a disability is **strictly voluntary**. Persons with disabilities who **DO NOT WISH** to report their disabilities should check item A. Information reported on this form will be kept confidential as required by State law. Public disclosure of this information without your consent would be a violation of Nebraska Law.

- | | |
|--|---|
| A <input type="checkbox"/> None/Prefer not to report | H <input type="checkbox"/> Nervous system/Neurological disorder |
| B <input type="checkbox"/> Blind or severely visually impaired | I <input type="checkbox"/> Mentally restored |
| C <input type="checkbox"/> Deaf or severely Hearing impaired | J <input type="checkbox"/> Mental retardation |
| D <input type="checkbox"/> Loss of limited use of arms and/or hands | K <input type="checkbox"/> Learning disability |
| E <input type="checkbox"/> Non-ambulatory (must use wheelchair) | L <input type="checkbox"/> Others (heart disease, diabetes, speech impairment). |
| F <input type="checkbox"/> Other orthopedic impairment (including amputation, arthritis, back injury, cerebral palsy, spina bifida, etc. | M <input type="checkbox"/> Other (please specify) |
| G <input type="checkbox"/> Respiratory | |

Authorization and Release to Obtain Information

I, _____ authorize the City of Oakland to conduct a background investigation in connection with my application for employment.

I understand that I will not receive, and am not entitled to, a copy of the report of the investigation or to know its contents. I further understand that the contents of this report are privileged. I agree to give any further information that may be required in reference to my past record. I fully understand that all information gained for such investigation is confidential and will be released only to authorized persons in the employment process.

This investigation may include information from educational institutions, previous employers, military units and organizations, all US Government agencies to include the Office of Personnel Management (OPM), Department of Motor Vehicle records in any state, any physician or medical records, insurance companies, police or court records, tax and property records, personal references, developed references, and any other appropriate sources. I authorize the release of any information that the City of Oakland may request from the above sources. I also authorize my former or current employers to give any information regarding my employment; together with any information they may have regarding me, whether or not it is in their records.

I also understand that if I am currently employed as a law enforcement or correctional officer, or by a law enforcement or criminal justice related agency of any type, the results of this background investigation may be made available to my current employer, whether or not I am offered employment by the City of Oakland.

I hereby release the City of Oakland, Nebraska, or any of its agents or representatives, and any person or entity so furnishing such information from any and all liability of every nature and kind arising out of the furnishing or inspection of such documents, records, and other information for the investigation made by the City of Oakland.

Signature

Date

State of _____

County of _____

I, _____, a Notary Public for said County and State, do hereby certify that _____ personally appeared before me this day and acknowledged the forgoing signature to be his/hers, and having been duly sworn by me, made oath that the statements in said instrument are true.

Witness my hand and official seal, this the _____ day of _____, 20 _____.

Notary Public Signature

My commission expires _____, 20 _____.

Notary Public (Type or Print) Name

(Official Seal)