Carlin Police Department

P.O. Box 969
Carlin, Nevada 89822

William Bauer
Chief of Police

152 South 8th Street

Phone: 775-754-2221 "Enforcement with Integrity" since 1872 Fax: 775-754-2483

Instruction Sheet

Things to Know:

- Applications will be accepted by mail or in-person 8:00AM to 4PM M-F.
- All required documents must accompany your application.
- All questions should be answered truthfully and with complete explanation where applicable.
- If you have questions concerning any part of the process, direct them to the Carlin Police Department only. Do not rely on information concerning the hiring process from anyone outside of the Police Department.
- Appropriate business attire is required for ALL interviews. Any applicant appearing for interviews in casual clothing will be sent home.
- Applicants should appear for all scheduled interviews and testing on time. If you cannot make an appointment, it is your responsibility to contact the police department for notification and possible re-scheduling.
- The hiring process typically takes several weeks to complete. It is important to keep in touch with the Police Department throughout the process, informing them of any changes of residence or employment.
- If an applicant is suspended or voluntarily withdraws from the hiring process for any reason, he or she may appeal the suspension to the Carlin City Manager. Withdrawals need to request re-activation of their file from that office.

Phases of the Hiring Process:

- Applications are received and reviewed for completeness. If an application is complete, the initial interview and testing will be scheduled. All applicants are responsible for their travel expenses unless otherwise notified by the City of Carlin.
- Background investigations will begin on all applicants who have passed the above listed phases. This investigation will consist of checks into his/her employment history, criminal history, driving history, financial history, military history, references, fingerprint and possibly voice stress analysis results.. If an applicant is not disqualified after this phase, the file will be submitted to the Chief of Police.
- The Chief of Police has the final decision on all hiring for the Department. If the Chief conditionally approves an applicant for hire, the applicant will have a pre-employment drug screen, psychological assessment, and a medical examination.
- If the applicant passes all of the examinations, the Chief of Police will review the file for final approval.
- If final approval has been given, the applicant will be notified of the next processing date, which is the actual first date of employment with the City of Carlin Police Department. Police applicants will start work as Recruit Officers until the next Basic POST academy class begins.

Special Note:

- The Carlin Police Department does accept lateral transfers from other law enforcement agencies. *All such applicants who are accepted as lateral transfers start work at the rank of Police Officer,* but may be eligible for a higher than entry level grade-step, at the discretion of the Chief of Police with approval of the City Manager.

JOB QUALIFICATIONS
Police Officer

The following are qualifications for the position listed, together with those things which would *disqualify* an applicant from consideration.

Persons desiring to apply for the position must read and sign, and have notarized the acknowledgement at the bottom of the list and forward it with their application. Any questions should be directed to the Carlin Police Department, 775-754-2222 or email: carlinpolicedepartment@frontier.com .

Applicants for this position must:

- Be a US citizen
- Be at least 21 years of age
- Have high school diploma or GED
- Be in good physical condition
- Pass written, oral and physical agility testing
- Pass psychological evaluation
- Pass an extensive background investigation
- Be drug free

Candidates are disqualified if:

- You have felony convictions
- You have any criminal conviction involving theft, illicit drugs, moral turpitude, or domestic violence.
- You have ***ever*** used hallucinogenic drugs or anabolic steroids.
- You have used marijuana or other illicit drugs within the past **2** ***years***.
- You were discharged from the armed forces under less than Honorable conditions.
- You have criminal convictions or adjudications of mental competency which would prohibit you from lawfully using, owning, or possessing a firearm.
- You are in arrears in child support payments in violation of the order of any court.
- You will not submit to polygraph or voice stress analysis.

Acknowledgement

I have reviewed and understand the Job Qualifications listed above, including those conditions listed as "Disqualifiers." Based upon that list there are NO conditions which would preclude my application for the position of Police Officer for the City of Carlin.

_____ _____

Applicant Signature **Date**

NOTARIZED BY:

FITNESS STANDARD FOR POLICE OFFICER

Entry Level

The following minimum standards must be met prior to consideration for employment as a police officer for the City of Carlin. Per NAC 481.080(F)

EVENT	MINIMUM STANDARD
1.5 Mile Run	16 minutes 57 Seconds
300 Meter Sprint	1 minute 8 seconds
Push Ups	23 repetitions
Sit Ups	30 repetitions in 1 minute
Standing Vertical Jump	14 inches
Agility Run	19.5 seconds

CARLIN POLICE DEPARTMENT

WAIVER AND AUTHORIZATION TO RELEASE INFORMATION

I authorize you to furnish the Carlin Police Department with any and all information that you have concerning me, my work records, my reputation, my medical records, and my military service records. Information of a confidential or privileged nature may be included. Your reply will be used to assist in determining my qualifications and fitness for the position I am seeking.

I understand my rights under Title 5, United States Code, Section 552(a), the Privacy Act of 1974, and waive those rights with the understanding that information furnished will be used by the Carlin Police Department.

I hereby release you, your organization and others from any liability or damage which may result from furnishing the information requested.

A photocopy reproduction of this request shall be for all intents and purposes as valid as the original. You may retain this form in your files.

_____ _____

Date Applicant's Signature

Subscribed and sworn to before me this

_____day of _____, 20_____

_____

NOTARY PUBLIC

CITY OF CARLIN
101 S. 8th Street
PO Box 787
Carlin, Nevada 89822
775-754-6354
775-754-6912 FAX

EMPLOYMENT APPLICATION

An Equal Opportunity Employer

If you believe you require an accommodation during the selection process, please contact us to make appropriate arrangements.

Name _____ **Date** _____

Address _____

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

Email address: _____

Telephone(s) **Home** ( ) _____ **Cell** ( ) _____ **Work** ( ) _____

Position Applied for _____

How did you hear about this position? ☐ Advertisement ☐ Walk-In ☐ Referral (by whom?) _____

☐ Other (explain) _____

If offered employment, when will you be available to begin? _____

What type of employment will you accept? ☐ Full-Time ☐ Part-Time ☐ Temporary

Will you be available for shift work? ..... ☐ Yes ☐ No

Will you be available to work weekends and/or holidays if necessary? ..... ☐ Yes ☐ No

Have you been given a job description or had the requirements of the job explained to you? ..... ☐ Yes ☐ No

Do you understand the job requirements? ..... ☐ Yes ☐ No

Can you perform the essential functions of this job with or without reasonable accommodation? ..... ☐ Yes ☐ No

To qualify for employment, applicants must be at least 18 years of age unless otherwise specified in the job announcement. If offered employment, can you furnish proof of age? ..... ☐ Yes ☐ No

After an offer of employment, can you submit verification of your legal right to work in the United States? ..... ☐ Yes ☐ No

List other names, if any, you have used. _____

EDUCATION RECORD

Did you graduate from high school or receive a GED certificate? ☐ Yes ☐ No

School Name	Location	Hours Earned	Diploma, Degree, or Certificate	Major Field of Study
Business/Technical/Vocational 1.				
2.				
College/University (Undergraduate) 1.				
2.				

Graduate School				

LICENSES (Optional, unless required for the position for which you are now applying.)

List current licenses, certifications, or registrations required for the position for which you are applying. Indicate types, state license numbers, and expiration dates.

_____

_____

Answer only if position requires.

Do you possess a valid driver's license? ☐ Yes ☐ No

If so, license expires _____ Class _____ Restrictions (if any) _____

For positions that require typing: I certify that I can type at a speed of _____ WPM.

In addition to English, list any other language abilities you possess.

Verbal fluency in _____

Written fluency in _____

List any special skills you possess and/or equipment or office machines you can operate.

_____

_____

OTHER INFORMATION

Have you ever been convicted of, pled guilty or nolo contendre to, or been granted deferred adjudication for a felony, misdemeanor, (excluding juvenile adjudication), or any lesser crime other than a minor traffic infraction?..... ☐ Yes ☐ No

If yes, list all such offenses and provide date, name of court, and disposition. Omission of information may be considered cause for disqualification from the employment pre-screening process or result in termination of employment.

_____

_____

Have you ever been disciplined in your employment related to workplace violence?..... ☐ Yes ☐ No

If yes, please explain.

_____

_____

Do you presently use illegal drugs? ..... ☐ Yes ☐ No

Have you ever been employed by the **City of Carlin**? ..... ☐ Yes ☐ No

If yes, please provide the following information:

Department _____ Position Title _____

Dates of Employment _____ Reason for Separation _____

Are you related to anyone who is currently employed by the **City of Carlin**?..... ☐ Yes ☐ No

If yes, please provide the following information:

Related person's name _____ Department _____

Relationship _____

EMPLOYMENT HISTORY

Provide information regarding all paid employment (include military employment if duties/assignments relate to the job you are applying for). Volunteer work which may be related to the position for which you are applying should also be provided. Describe your most recent position first; then list other positions in order held. Use a separate block for each position, even if with the same employer. Use additional sheets if necessary. Do **NOT** use references such as "See Résumé" in place of completing this section.

May we contact all employers listed? (Attach a list of any exceptions with an explanation.) ☐ Yes ☐ No

Present Employer _____ Present Position _____

Address _____ From (Mo/Yr) _____ To (Mo/Yr) _____

City _____ ☐ Full-Time (30+ hrs/wk) ☐ Part-Time (<30 hrs/wk)

State _____ Zip Code _____ Salary _____

Supervisor's Name/Title _____ Telephone ( ) _____

Related Duties

_____

Reason for Leaving _____

Employer _____ Position _____

Address _____ From (Mo/Yr) _____ To (Mo/Yr) _____

City _____ ☐ Full-Time (30+ hrs/wk) ☐ Part-Time (<30 hrs/wk)

State _____ Zip Code _____ Salary _____

Supervisor's Name/Title _____ Telephone ( ) _____

Related Duties

_____

Reason for Leaving _____

Employer _____ Position _____

Address _____ From (Mo/Yr) _____ To (Mo/Yr) _____

City _____ ☐ Full-Time (30+ hrs/wk) ☐ Part-Time (<30 hrs/wk)

State _____ Zip Code _____ Salary _____

Supervisor's Name/Title _____ Telephone ( ) _____

Related Duties

_____

Reason for Leaving _____

Employer _____ Position _____

Address _____ From (Mo/Yr) _____ To (Mo/Yr) _____

City _____ ☐ Full-Time (30+ hrs/wk) ☐ Part-Time (<30 hrs/wk)

State _____ Zip Code _____ Salary _____

Supervisor's Name/Title _____ Telephone ( ) _____

Related Duties

_____

Reason for Leaving _____

Employer _____ Position _____

Address _____ From (Mo/Yr) _____ To (Mo/Yr) _____

City _____ ☐ Full-Time (30+ hrs/wk) ☐ Part-Time (<30 hrs/wk)

State _____ Zip Code _____ Salary _____

Supervisor's Name/Title _____ Telephone ( ) _____

Related Duties

_____

Reason for Leaving _____

Please state below any other information that would be helpful in determining your qualifications for this position. You may include significant accomplishments, previous career highlights, or any other relevant information that is not requested in this employment application.

_____

_____

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_____

ACKNOWLEDGMENTS

Please **READ ALL** of the following statements and **INITIAL EACH** of the lines to indicate you have read and understand each of the statements. If you have any questions, contact **Glenn Trust**, (Human Resources Department).

_____ All offers of employment and all information regarding compensation and other terms and conditions of employment will be made in writing. Verbal statements may not be relied upon.

_____ This application is the property of the **City of Carlin** and will become part of my personnel file if I am hired.

_____ I authorize the **City of Carlin** to contact any employer or individual to obtain from them any relevant information regarding my previous employment, military service, criminal history, characteristics or traits necessary for job performance, or other relevant qualifications for employment and/or continued employment with the **City of Carlin**. In addition, I authorize the **City of Carlin** to conduct a background search which includes criminal history and military history. In addition, if the position for which I am applying requires driving a vehicle, I authorize the **City of Carlin** to conduct a Department of Motor Vehicles (DMV) search. If the position for which I am applying involves contact with minors or with any persons having diminished capacity to care for themselves, a search of government sex offender registries may be conducted. I further authorize the **City of Carlin** to contact any institution and/or licensing authority to verify my possession of education, licenses, and/or certificates which may qualify me for employment.

_____ In exchange for the **City of Carlin's** consideration of my employment application, and/or any continued employment with the **City of Carlin**, I authorize anyone possessing information to furnish it to the **City of Carlin** upon request, and I release the organizations and all individuals providing the information or acquiring the information, including the **City of Carlin**, from all claims, liability, and damages whatsoever claimed to be related to furnishing, obtaining, or using said information. This release applies to, but is not limited to, claims for defamation, libel, slander, infliction of emotional distress, and interference with current or prospective economic relations.

_____ I further understand this consent will apply during the entire course of my employment with the **City of Carlin** should I obtain such employment. I understand and agree this consent shall remain in affect indefinitely.

_____ I hereby certify that all statements made in this application are true. I understand that any false statement of material facts herein may cause forfeiture on my part of all rights to any employment with the **City of Carlin**. I understand that any misrepresentation, falsification, or material omission of information may result in my failure to receive an offer, or if I have been hired, in my dismissal from employment regardless of length of employment. I understand that neither this document nor any offer of employment from the **City of Carlin** constitutes an employment contract unless a specific contract document to that effect is executed. I agree to undergo any job-related drug screening and physical examination upon conditional offer of employment. I understand that the **City of Carlin** is not requesting genetic information from the drug screening or the physical examination and that the person administering the examination should not provide genetic information to the **City of Carlin**. I further understand and agree that this paragraph applies to any information supplied by me at a later date as part of this application.

Additionally, my signature below certifies that the information provided is true and correct to the best of my knowledge.

Signature of Applicant _____ **Date** _____