ELKTON POLICE
DEPARTMENT

Brian Atkinson, Chief of Police
Jackie Boyd-Weathers, Mayor

Instruction Sheet and General Information

1. Your application must be typed or printed legibly (in **black** ink only).
2. **Follow all instructions on the application exactly.** Failure to do so could result in your being disqualified from the application process.
3. **Your application must be filled out completely. If a question does not apply to you, mark that question "N/A" (not applicable).** *If there are any unanswered questions, your application will be considered incomplete and you will be disqualified from the application process.*
4. If you need more room to answer any question, please attach a separate sheet of paper and clearly identify the question to which you needed more room.
5. Enclose a copy of the following when submitting your application: (*if any of the applicable items are missing your application will be considered incomplete*).

   - ✓ **Social Security Card**
   - ✓ **Valid Operator's License with picture ID (with current address)**
   - ✓ **Birth Certificate**
   - ✓ **High School Diploma (or GED equivalent)**

6. If any of the following apply to you, enclose a copy when submitting your application: (*if any of the applicable items are missing your application will be considered incomplete*).

   - ✓ **College Degree (if applicable)**
   - ✓ **Military Discharge Form [DD214] (if applicable)**
   - ✓ **Police Basic Training Certificate with Class NO. (if applicable)**

7. Your application will be thoroughly reviewed. If you are a potential candidate, **you *will be notified by mail*** of the testing dates and times. With regards to testing, details can be found in the Employment Procedures for Police Officers that are attached to this application packet. Do **NOT** call the Police Department with regards to the status of your application.

73 Public Square ● PO Box 578 ● Elkton, Kentucky 42220
Phone: 270.265.9879 ● Fax: 270.265.5816 ● Email: policedept@elktonky.com
www.elktonky.com

EMPLOYMENT PROCEDURES FOR POLICE OFFICER CANDIDATES

1. **Physical Fitness Examination:** Candidates will proceed to the entry-level physical fitness examination. The candidate must sign a physical fitness waiver form at the testing site before taking the physical fitness examination. Failure to sign the waiver will automatically eliminate the candidate from continuing in this process.

The minimum scores are based on the Peace Officer Professional Standards and Certification Act of 1998, which are approved by the Kentucky Law Enforcement Council (KLEC), and can be found in the "Kentucky Law Enforcement, Physical Training Standards" booklet. The physical fitness examination consists of five (5) events:

a) **ONE REPETITION MAXIMUM (RM) BENCH PRESS -** This is a test to measure the absolute strength of the upper body. This test consists of lying on a bench and pushing up at least 64% of the candidate's body weight one time.

b) **ONE MINUTE SIT-UP TEST -** This is a test to measure the abdominal or trunk muscular endurance. While lying on the ground, the candidate will be given 1 minute o do as many bent-leg sit ups as possible. The candidate must do at least 18 sit ups to pass this event.

c) **PUSH UP TEST -** This is a test to measure the candidate's upper muscular endurance. The candidate must do at least 20 pushups to pass this event.

d) **300-METER RUN -** This is a test to measure anaerobic power or the ability to make an intense burst of effort for a short period or distance. This test consists of sprinting 300 meters in 65 seconds or less.

e) **1.5 MILE RUN -** This is a test to measure aerobic power or cardiovascular endurance (the ability to have stamina over time). This test consists of running/walking, as far as possible, the distance of 1.5 miles in 17:12 (seventeen minutes/12 seconds) or less.

NOTE: The candidate must pass all five (5) events in order to successfully pass the entry-level physical fitness testing requirements and to be eligible to continue in the recruitment process.

Candidates will be required to pass another physical fitness examination, pre-employment for Peace Officer Professional Standards (POPS) Phase I. In addition, candidates will be required to pass another physical fitness examination for successful completion of the Basic Training Academy. This mandatory physical fitness testing will occur prior to graduation. Failure to meet with the established standards could result in termination. Further details will be given upon employment.

2. **Oral Interview:** Those candidates successfully completing the physical fitness examination will be invited to the oral interview portion of the testing process. The oral interview consists of a panel of four (4) individuals from within the Police Department, the Mayor and one council member . The panel will ask each candidate the same questions concerning their previous experience, training and knowledge for successful performance as a Police Officer. These questions are based on job-related duties and responsibilities.

3. **Background investigation:** Those candidates who successfully complete the oral examination will be scheduled for a complete background investigation including educational and work experience, police record check, and reference verification on selected candidates. A candidate must successfully complete this process in order to be ranked on the "academy register" for Police Officer. Be advised, a felony conviction disqualifies a candidate for a Police Officer position (KRS 95.440 (2)).

4. **Physical Agility/Psychological Suitability Screening (POPS Phase I) -** A psychological suitability screening test will be administered by the Kentucky Law Enforcement Council in Richmond as part of the Peace Officers Professional Standards along with the Physical Agility Test. The Physical Agility test consists of the following:

KLEC Physical Agility Standards

Bench Press	64% of body weight
Sit-Ups	18 (1 minute time limit)
300 Meter Run	65 seconds
Push-Ups	20
1.5 Mile	Maximum time allowed 17:12

Not all of the successful candidates will be sent for Phase I, the number of candidates sent will be based on the number of available positions. Candidates successful with Phase I will receive a tentative job offer contingent on their successful completion of POPS Phase II and the medical exam .

5. **Polygraph Examination/Drug Screening (POPS Phase II) -** A polygraph examination will be administered by the Kentucky Law Enforcement Council in Richmond as part of the Peace Officers Professional Standards along with a Drug Screen.

6. **On File**: Successful candidates will be placed on file. A candidate may remain on file for a period not to exceed one (1) year from the date of successful completion of the oral interview or until such time that the Chief of Police terminates the list.

7. **Rule of Three:** The Chief shall review the state polygraph, background investigation, the psychological suitability and the oral interview. The Chief shall recommend for each vacancy one (1) of the three (3) top ranking candidates.

8. **Medical Examination:** A medical examination will be given to those candidates recommended for appointment by the Police Chief. Those candidates recommended must successfully pass the medical examination. The medical examination will be job related and will include drug/illegal substance screening, which much be successfully completed before any candidate's name can be submitted to the Elkton City Mayor for ratification. In addition, under OSHA Standards 29 CFR 1910.1030, all individuals who would possibly be exposed to Hepatitis based on their job duties will be offered immunization at no cost after their first day of employment.

9. **Recommendation:** After the aforementioned requirements have been met, the Police Chief shall forward his recommendation of appointment to the Elkton City Mayor.

10. **Academy:** Candidates successful to this point will be scheduled in the next available academy class at the Department of Criminal Justice Training in Richmond.

There is no transfer policy into the Elkton Police Department. Everyone must go through the procedures outlined above, provided they meet the requirements.

During the employment process, it is the responsibility of the applicant to notify the City Clerk by phone at (270)265-9877 or in writing, of any changes in **address** or **telephone number** immediately.

PLEASE NOTE: Any applicant/candidate who has engaged in fraud or made a misstatement of material fact on their application and/or examination shall have his or her name removed from the register.

POLICE OFFICER APPLICATION

The following information is required of you for verification and contact purposes.

Please print or type - in **black** ink **ONLY**

_____ _____ _____
Last Name First Middle

Other Names (including nicknames) that you have used or been known by: _____

_____

Address: _____

_____ _____ _____
City State Zip Code

Home Phone _____ Work Phone _____

Birth date _____

Email Address (if applicable) _____

You must be a citizen of the United States or a permanent resident alien who is eligible for and has applied for Citizenship to be employed by the Elkton Police Department. Can you provide such documentation? ☐ Yes ☐ No

Social Security Number _____-_____-_____ (In accordance with the Federal Privacy Act of 1974, disclosure is voluntary. The SSN will be used for identification purposes only, to ensure that proper records are obtained).

For identification purposes, please provide the following:

Height _____ Weight _____ Hair color _____ Eye Color _____

Scars, Tattoos, or other distinguishing marks:

_____

DO NOT ANSWER THE FOLLOWING QUESTION UNLESS YOU HAVE BEEN INFORMED OF THE REQUIREMENTS OF THE POSITION OF "POLICE OFFICE RECRUIT."

Are you capable of performing in a reasonable manner without accommodation, the activities involved in the job or occupation for which you have applied? (A description of the activities involved in the position of "Police Officer Recruit" is attached to the front of this application).

Please check only one: ☐ Yes ☐ No

_____ _____
Signature of Applicant Date

RELATIVES, REFERENCES, AND ACQUAINTANCES

During the course of the background investigation, persons who know you will be asked to comment upon your suitability for the position of peace officer. Inquiries will be confirmed to job relevant matters.

Please supply the appropriate information in the spaces provided below. If a category is not applicable, write "N/A". If parents are deceased, please note "Deceased" in the appropriate box.

If living, Name of your:	Address where person may be contacted (include City, State, and Zip Code)	Telephone Number where person maybe contacted
Father		
Mother		
Spouse		
Children		
Former Spouse (s)		
Step-father		
Step-mother		
Father-in-law		
Mother-in-law		

In the spaces below, please list 3 to 5 References. These should be individuals who have knowledge of you and your qualifications, EXCLUDE FAMILY MEMBERS. Please advise your references that they may be contacted by the Police Department on your behalf.

Name	Address where person may be contacted (include City, State, and Zip Code	Telephone Number where person maybe contacted

RESIDENCES

Individuals, who have become acquainted with you by reason of your residing in different locations, are often helpful in providing useful information during the background investigation. Please list all of your residences during the last ten (10) years and those individuals with whom you resided. Begin with your most current residence, and list NO information prior to your 15th birthday.

Address of Residence	City & State & Zip Code	Dates (mo & yr.) From	To	Individuals Residing with You

EDUCATION

The Commission on Peace Officer Standards and Training requires a peace officer to possess a high school diploma or its equivalent. Please indicate all the high schools and colleges or universities that you have attended and any degrees obtained while attending. A review of your school records may be made in conjunction with the background investigation.

Name of School	Location of the School City & State	Dates Attended From	To	Degree Earned (If applicable) or Hours

Have you ever been suspended or expelled from any high school or post-secondary school? (Post-secondary schools include colleges and universities, graduate schools, business and vocational schools - any formal education beyond the high school level). " Yes " No

If "Yes", Please explain (include which school, date, and the circumstances). _____

_____

MILITARY SERVICE

Have you ever served in the Armed Forces, National Guard, or Military Reserves: ☐ Yes ☐ No

If YES, Please supply the following information:

Branch of Service	Service Number	Dates of Service	Type of Discharge

Are you currently participating in Military Reserves or National Guard program? ☐ Yes ☐ No

Have you ever been the subject of any judicial or non-judicial disciplinary action while in the military, National Guard or Military Reserves? ☐ Yes ☐ No. If YES, Please give details: _____

_____

EXPERIENCE AND EMPLOYMENT

BEGINNING WITH YOUR M OST CURRENT EM PLOYM ENT, please list all jobs (including part-time, temporary, and voluntary positions) you have held in the past 10 years. (For the purposes of this personal history statement, voluntary work should be included as employment). For identification and verification, please indicate the nature of the activity, e.g. full-time, part-time, or voluntary. If you have had intervening periods of military service or employment, please list those periods in sequence in the spaces provided.

Dates of Employment From Mo./Yr.	To Mo./Yr.	Name & Address of Employer	Name or Supervisor Name of Co-Workers
Title or Duties (for identification purposes)			Telephone No.
☐ Full-Time ☐ Part-Time ☐ Voluntary ☐ Military Service ☐ Not Employed			
REASON FOR LEAVING:			

Dates of Employment From Mo./Yr.	To Mo./Yr.	Name & Address of Employer	Name or Supervisor Name of Co-Workers
Title or Duties (for identification purposes)			Telephone No.
☐ Full-Time ☐ Part-Time ☐ Voluntary ☐ Military Service ☐ Not Employed			
REASON FOR LEAVING:			

Dates of Employment From Mo./Yr.	To Mo./Yr.	Name & Address of Employer	Name or Supervisor Name of Co-Workers
Title or Duties (for identification purposes)			Telephone No.
☐ Full-Time ☐ Part-Time ☐ Voluntary ☐ Military Service ☐ Not Employed			
REASON FOR LEAVING:			

Dates of Employment From Mo./Yr.	To Mo./Yr.	Name & Address of Employer	Name or Supervisor
			Name of Co-Workers
Title or Duties (for identification purposes)			Telephone No.
☐ Full-Time ☐ Part-Time ☐ Voluntary ☐ Military Service ☐ Not Employed			
REASON FOR LEAVING:			

Dates of Employment From Mo./Yr.	To Mo./Yr.	Name & Address of Employer	Name or Supervisor
			Name of Co-Workers
Title or Duties (for identification purposes)			Telephone No.
☐ Full-Time ☐ Part-Time ☐ Voluntary ☐ Military Service ☐ Not Employed			
REASON FOR LEAVING:			

Dates of Employment From Mo./Yr.	To Mo./Yr.	Name & Address of Employer	Name or Supervisor
			Name of Co-Workers
Title or Duties (for identification purposes)			Telephone No.
☐ Full-Time ☐ Part-Time ☐ Voluntary ☐ Military Service ☐ Not Employed			
REASON FOR LEAVING:			

Dates of Employment From Mo./Yr.	To Mo./Yr.	Name & Address of Employer	Name or Supervisor
			Name of Co-Workers
Title or Duties (for identification purposes)			Telephone No.
☐ Full-Time ☐ Part-Time ☐ Voluntary ☐ Military Service ☐ Not Employed			
REASON FOR LEAVING:			

Would any problem result if your present employer was contacted during the course of the background investigation?

☐ Yes ☐ No

Have you ever filed a claim for Worker's Compensation? ☐ Yes ☐ No

Have you ever had an extended absences from work for reasons other than earned vacation? ☐ Yes ☐ No

Have you ever been fired or asked to resign from any place of employment? ☐ Yes ☐ No

Have you ever been a successful or an unsuccessful candidate for another position requiring peace officer powers? ☐ Yes ☐ No

If you have answered YES to any of the above questions, please explain: _____

_____

LEGAL

If you have ever been arrested or convicted for any crime (excluding traffic citations), please give the following information: (The fact that your record may have been affected by a sealing or by an expungement, a released, or a pardon has specific legal implications as to how you should answer this question).

Have you ever been placed on court probation as an adult? ☐ Yes ☐ No

Have you ever been reported to a law enforcement agency as a missing person or a runaway? ☐ Yes ☐ No

Are you now or have you ever been involved as a plaintiff or defendant in any civil court action? ☐ Yes ☐ No

Do you consider yourself a light, moderate, or heavy drinker? ☐ Light ☐ Moderate ☐ Heavy

What do you usually drink? ☐ Beer ☐ Wine ☐ Liquor

Do you frequent any particular lounges, clubs or taverns? ☐ Yes ☐ No

How much do you consume in an average week? _____

How many times have you been under the influence of alcohol and/or drugs in the last twelve (12) months? _____

When were you last under the influence of alcohol and/or drugs in the last twelve (12) months? _____

How many times have you driven while under the influence of alcohol and/or drugs in the last twelve (12) months? _____

Has your use of alcohol and/or drugs resulted in any problems for you (i.e. Family distress, missed work, arrests)? _____

Have you ever tried, experimented, or used any of the following illegal drugs or substances?

Drug	**Yes/No**	**# of Times Used**	**Last Time (Month/Year)**
Marijuana			
Hashish			
Speed			
Heroin			
Mushroom			
Peyote			
L.S.D.			
Cocaine/Crack			
PCP			
Ecstasy			
Methamphetamine			

List in detail any prescription drugs, other drugs or substances: _____

_____

If you have answered YES to any of the above questions, (other than in the chart), please give details: _____

_____

MOTOR VEHICLE OPERATION

Operation of a motor vehicle is an important part of the position or peace officer. An investigation into your driving history will be made through the course of the background investigation. To expedite this procedure, please supply the following information:

Kentucky Driver's License No. _____ Expiration Date: _____

Name which license was granted: _____

Please list other states where you have been licensed to operate a motor vehicle

FULL name under which license was granted	State

Kentucky law requires that operators and owners of motor vehicles be covered by automobile liability insurance. Therefore, please list the current liability insurance you have with your motor vehicles.

Company	Address	Policy Numbers	Date of Expiration

Please list all traffic citations (exclude parking citations).

Nature of Violation	Location (City & State)	Date (Mo. & Yr.)	Action Taken

Have you ever been refused insurance for any reason other than failure to pay for a premium? ☐ Yes ☐ No

Have you ever been refused a driver's license by any state? ☐ Yes ☐ No

If YES to any of the above questions, please give details: _____

_____

Have you ever been involved as a driver in a motor vehicle accident during the last ten (10) years? ☐ Yes ☐ No

If YES, please complete the following for the last ten (10) years:

Date: _____ Police Investigation? ☐ Yes ☐ No
Location: _____ Injury Accident? ☐ Yes ☐ No

Date: _____ Police Investigation? ☐ Yes ☐ No
Location: _____ Injury Accident? ☐ Yes ☐ No

Date: _____ Police Investigation? ☐ Yes ☐ No
Location: _____ Injury Accident? ☐ Yes ☐ No

FINANCIAL

The management of personal finances is relevant to any individual's qualifications for the position of peace officer. Therefore, please be complete and accurate when filling in the financial statement. The amount of indebtedness in itself will not be used in evaluating your qualifications, but rather the behavior exhibited in meeting your financial obligations.

Have you ever filed for or declared bankruptcy or filed for Wage Earner's Plan? ☐ Yes ☐ No

Have any of your bills been turned over to a collection agency? ☐ Yes ☐ No

Have you ever had purchased goods repossessed? ☐ Yes ☐ No

Have your wages ever been garnished? ☐ Yes ☐ No

Have you ever been delinquent on income or other tax payments? ☐ Yes ☐ No

Current Monthly Income		
Monthly Salary		
Spouse's Salary		
Other Monthly Income:		
TOTAL MONTHLY INCOME		

Current Monthly Expenditures		
Real Estate (Mortgage) Payments		
Rent		
Other Monthly Payments:		
TOTAL MONTHLY EXPENDITURES		

Current Assets		
Savings		
Checking		
Real Estate		
Stocks & Bonds		
Life Insurance (cash value)		
Automobiles		
Other Assets:		
TOTAL ASSETS		

Current Liabilities		
Real Estate Indebtedness		
Long Term Loans		
Charge Accounts		
Other Liabilities		
TOTAL LIABILITIES		

GENERAL

Have you ever applied for a permit to carry a concealed weapon? ☐ Yes ☐ No

If YES, please provide the following information: Permit Granted? ☐ Yes ☐ No Date: _____

Name of Law Enforcement Agency: _____

Purpose for obtaining Permit: _____

CERTIFICATION OF ACCURACY

I hereby certify that all statements made in this application are true and complete, and I understand that any misstatements of material facts will subject me to disqualification or dismissal.

_____ _____

Signature of Applicant Date

AUTHORIZATION FOR RELEASE OF:
PERSONAL INFORM ATION

I, _____, (**Print Name**) do hereby authorize a review of an full disclosure of all records concerning myself to any duly authorized agent of the City of Elkton, Elkton, Kentucky whether the said records are of a public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of personal nature, including employment and pre-employment records, background reports, efficiency ratings, complaints or grievances filed by or against me and the records and recollections of Attorneys at Law, or of other counsel, whether representing me or another person in any case, either of criminal or civil, in which I presently have had an interest.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part, upon this release authorization, will be considered in determining my suitability for employment by the City of Elkton, Kentucky. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability, which may be incurred as a result of furnishing such information.

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

Signature of Applicant (Include maiden Name)	Date of Signature
Street Address	Operator License Number
City, State, and Zip	Home Telephone Number
Date of Birth	Social Security Number

AUTHORIZATION FOR RELEASE OF:
CREDIT INFORM ATION

I, _____, (**Print Name**) do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the City of Elkton, Elkton, Kentucky whether the said records are of a public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of financial or credit institutions, including records of loans, the records of commercial or retail credit agencies (including credit reports and/or ratings); and other financial statements and records wherever filed.

I understand that any information obtained by a credit history background investigation, which is developed directly or indirectly, in whole or in part, upon this release authorization, will be considered in determining my suitability for employment by the City of Elkton, Kentucky. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability, which may be incurred as a result of furnishing such information.

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

Signature of Applicant (Include maiden Name)	Date of Signature
Street Address	Operator License Number
City, State, and Zip	Home Telephone Number
Date of Birth	Social Security Number

AUTHORIZATION FOR RELEASE OF:

UNITED STATES M ILITARY RECORDS/INFORM ATION

It is the determination of the Kentucky Law Enforcement Council that the information requested with regards to military records/information is necessary in order to fully and adequately evaluate applicants for Peace Officer positions, under the **Kentucky 98 RD House Bill 455, "Peace Officer Professional Standards."** This investigation is required to determine suitability for the position of Peace Officer.

I, _____, (**Print Name**) do hereby authorize a review of and full disclosure of all military records/information concerning myself to any duly authorized agent of the City of Elkton, Kentucky, Elkton, Kentucky whether the said records are of a public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records. I understand that any information obtained by a military background investigation, which is developed directly or indirectly, in whole or in part, upon this release authorization, will be considered in determining my suitability for employment by the City of Elkton, Kentucky. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability, which may be incurred as a result of furnishing such information.

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

Signature of Applicant (Include maiden Name)	Date of Signature
Street Address	Operator License Number
City, State, and Zip	Home Telephone Number
Date of Birth	Social Security Number