

City of Canby

Police Department

Dear Applicant:

Thank you for considering employment with the Canby Police Department. Attached is the application for Police Officer. Please complete the entire application and return it to me as soon as possible. If you have any questions regarding the police department or application process, please contact me via the phone or e-mail.

Sincerely,

Jorge Tro
Lieutenant
503.266.4024 ext. 210
troj@ci.canby.or.us

ABOUT THE COMMUNITY

The City of Canby is a rural growing city located in the Portland metropolitan area with an estimated population of approximately 15,000. Canby is located on Highway 99E in close proximity to Interstate 5 and is roughly a 30 minute drive to either Portland or Salem.

ABOUT THE POLICE DEPARTMENT

Currently staffed by 24 sworn officers, the Canby Police Department is lead by Chief Greg Kroeplin. The department consists of several divisions including Records, Traffic, Detectives, Evidence and Property, Canine, TET (Tactical Entry Team), Crime Prevention and Reserves. The total staff including civilian and Reserves total 34 persons. The department has supervision provided by a Lieutenant and five Sergeants. The department is also assisted by a trained cadre of volunteers and student interns who are enrolled in criminal justice studies at Clackamas Community College.

The department is dispatched through CCOM in Oregon City which also provides police and fire services for most of the city and county emergency service providers in Clackamas County.

The headquarters for the department is located 122 N. Holly Street in a building that was converted in 1986. The department also has a sub-station located on S. Redwood Street.

POLICE OFFICER

GENERAL STATEMENT OF DUTIES:

Performs law enforcement and crime prevention work including patrol and investigations. This position controls traffic and enforces federal, state and local laws and ordinance. Does community relations and public relations activities. May be required to work rotating shifts as assigned by the Chief of Police or his representatives. Performs related work as required.

SUPERVISION RECEIVED:

Works under the general supervision of a Police Sergeant or an officer of higher rank who assigns work details and reviews work for conformance to departmental rules and regulations.

SUPERVISION EXERCISED:

Supervision is not a normal responsibility of positions in this classification. May be required to assume responsibility of a shift when so assigned by Police Administration.

TYPICAL EXAMPLE OF DUTIES:

An employee in this class may perform any of the following duties: (these examples do not include all the specific tasks which an employee may be expected to perform)

1. Performs routine patrol of City roads and residential and business areas of the City, and enforce traffic laws, criminal laws and City ordinances.
2. Responds to a variety of radio calls, including traffic accidents, thefts, burglaries, rapes, family disputes, juvenile disputes, dogs, large parties, etc., and takes appropriate action.
3. Investigates accidents and criminal complaints, makes arrests and issues citations. Also, transports prisoners as required by law.
4. Assists the public in answering questions regarding directions, laws and ordinances. Aids stranded motorists, conducts vacation house checks, checks road

and street signs and reports defects and gives any other assistance needed by the public.

5. Prepares full and comprehensive reports on activities within the officer's jurisdiction.
6. Performs minor first aid at scenes of accidents and directs traffic if necessary.
7. Appears in court as a witness when necessary.
8. Receives training on a regular basis over a long period of time.
9. May be required to assist in the development of a crime prevention program and public relations activities of the department. May be required to appear before various groups to make presentations.

KNOWLEDGE, SKILLS & ABILITY REQUIRED:

Ability to learn a considerable amount of information and material on laws, statutes, regulations, ordinances and procedures on law enforcement and apply this knowledge to the position. Ability to understand complex oral and written instructions and act upon them accordingly. Ability to speak and write clearly and effectively. Ability to operate assigned equipment and vehicles skillfully and safely. Ability to analyze situations and problems quickly and objectively to determine course of action. Ability to prepare clear comprehensive, objective reports. Ability to work harmoniously with other governmental agencies, officials and employees, and deal with the general public in a courteous manner. Physical strength and agility sufficient to perform the work of this class.

EXPERIENCE & TRAINING REQUIRED:

Graduate from high school or the equivalent GED Certificate. College level courses in law enforcement or previous experience in law enforcement is desirable, but not required. Possession of an Oregon driver's license at the time of appointment. Certification by the Board of Police Standards and Training within (1) year from time of appointment. Must be twenty- one (21) years of age and U.S. citizen.

Any other satisfactory equivalent combination of experience and training which insures the ability to perform the work may be substituted for the above.

CANBY POLICE DEPARTMENT

PREEMPLOYMENT STATEMENT

(Please read carefully before signing below)

1. The information that I have provided on this application is true and complete to the best of my knowledge. Any misrepresentation or omission of any fact in my application, resume, or any other materials, or during any interview, can be justification for refusal of employment, or, if employed, termination from employment with the City of Canby.
2. Any offer of employment I may receive from the City is contingent upon my successful completion of the City's total screening process, including the City receiving references that it considers satisfactory, and satisfactory completion of any pre-job offer or preemployment psychiatric and physical examination that the City might require.
3. I understand that as a condition of employment, I will be required to undergo and successfully pass a pre-job offer screening for drugs. I also understand and agree that, if employed, I may be required to submit to an alcohol or drug screening at anytime in accordance to City policy.
4. In processing my application for employment the City will verify all the information provided by me. I authorize and request that all of my present and former employers, and those individuals I have listed as personal references furnish information about my employment record, including a statement of the reason for any termination from any employment (if applicable), work performance, abilities, and other qualifications pertinent to my qualifications for employment with the City of Canby, hereby releasing them from all liability for damages arising from furnishing the requested information.
5. In consideration of my employment I agree to comply with the policies, rules, regulations, and procedures of the City of Canby. I further understand that no manager or representative of the City has any authority to enter into any agreement with me for employment for any specified period of time or to make any agreement different from or contrary to any policy of the City of Canby.

Signature of Applicant _____

Date _____

SUPPLEMENTAL APPLICATION PAGE
CANBY POLICE DEPARTMENT

It is important to note that the entire application form must be completed without any misrepresentations, falsifications, or omissions. As one might expect, total truthfulness is both highly valued and expected by the Canby Police Department . Any misrepresentation, falsification or omission will delay your background investigation or may terminate the selective process for position consideration at the onset. If you are disqualified for position consideration for untruthfulness, you will be prohibited from applying to the Canby Police Department for any future position.

Since an omission is considered to be the same as a false statement, it is recommended that you list all information and / or written explanations on any part of the application that will require further inquiry. Such action will avoid the appearance of an omission.

Every background investigation will be evaluated on an individual basis. Incidents or facts such as bankruptcy, repossessions, or garnishments will not necessarily prohibit you from being accepted unless such incidents indicate you do not possess the job dimensions. For example, information concerning your credit will be used to evaluate your judgement and ability to confront problems, not to determine if you are rich or poor or living in within your means. A misdemeanor arrest or conviction will not necessarily bar you from employment. Factors such as the nature and gravity of the crime, the length of time since the arrest or conviction, completion and of any sentence or restitution will be considered. Likewise, similar factors will also be considered when evaluating your associations or your family members' associations with individuals involved in criminal activity.

Important issues to include when completing the application are:

- Have you every received any reprimands, suspensions, or warning letters during the course of any employment ?
- Within the past three (3) years, have you applied for, or do you have any active applications in progress with any other law enforcement agency? If so, where ?
- If college course work has been completed, list the exact amount of earned credit credits.

Application for Employment with the Canby Police Department, and Statement of Personal History

1 PERSONAL INFORMATION

NAME LAST		FIRST		MIDDLE	RACE	SEX	DATE OF BIRTH
STREET ADDRESS					HOME PHONE ()		
LIST BELOW ANY OTHER NAMES YOU HAVE USED, INCLUDING NICKNAMES AND ALIASES							
HEIGHT	WEIGHT	EYES	HAIR	U.S. CITIZEN? YES <input type="checkbox"/> NO <input type="checkbox"/>			
				NATURALIZED? YES <input type="checkbox"/> NO <input type="checkbox"/>			
SOCIAL SECURITY NUMBER				DRIVER'S LICENSE NUMBER			STATE
PLACE OF BIRTH (CITY, COUNTY, STATE)							
LIST BELOW ANY PHYSICAL DEFECTS, SCARS, BIRTHMARKS, ETC.							

2 REFERENCES: GIVE SEVEN REFERENCES, NOT RELATED BY BLOOD OR MARRIAGE (NOT FORMER EMPLOYERS), WHO ARE RESPONSIBLE ADULTS OF REPUTABLE STANDING IN THEIR COMMUNITY, FIVE OF WHOM HAVE KNOWN YOU FOR AT LEAST THREE YEARS. BE SURE TO INCLUDE ZIP CODES.

COMPLETE NAME OF REFERENCE			YEARS KNOWN	PLACE OF EMPLOYMENT	
STREET ADDRESS			EMPLOYMENT ADDRESS		
CITY ZIP CODE	STATE	HOME PHONE	CITY CODE	STATE	ZIP BUSINESS PHONE
COMPLETE NAME OF REFERENCE			YEARS KNOWN	PLACE OF EMPLOYMENT	
STREET ADDRESS			EMPLOYMENT ADDRESS		
CITY ZIP CODE	STATE	HOME PHONE	CITY CODE	STATE	ZIP BUSINESS PHONE
COMPLETE NAME OF REFERENCE			YEARS KNOWN	PLACE OF EMPLOYMENT	
STREET ADDRESS			EMPLOYMENT ADDRESS		
CITY ZIP CODE	STATE	HOME PHONE	CITY CODE	STATE	ZIP BUSINESS PHONE
COMPLETE NAME OF REFERENCE			YEARS KNOWN	PLACE OF EMPLOYMENT	
STREET ADDRESS			EMPLOYMENT ADDRESS		
CITY ZIP CODE	STATE	HOME PHONE	CITY CODE	STATE	ZIP BUSINESS PHONE
COMPLETE NAME OF REFERENCE			YEARS KNOWN	PLACE OF EMPLOYMENT	
STREET ADDRESS			EMPLOYMENT ADDRESS		
CITY ZIP CODE	STATE	HOME PHONE	CITY CODE	STATE	ZIP BUSINESS PHONE

REFERENCES, CONTINUED

COMPLETE NAME OF REFERENCE		YEARS KNOWN		PLACE OF EMPLOYMENT	
STREET ADDRESS			EMPLOYMENT ADDRESS		
CITY ZIP CODE	STATE	HOME PHONE	CITY CODE	STATE	ZIP BUSINESS PHONE
COMPLETE NAME OF REFERENCE		YEARS KNOWN	PLACE OF EMPLOYMENT		
STREET ADDRESS		EMPLOYMENT ADDRESS			
CITY ZIP CODE	STATE	HOME PHONE	CITY	STATE	ZIP CODE BUSINESS PHONE

4 EMPLOYMENT: PLEASE LIST BELOW EVERY PERIOD OF EMPLOYMENT & EMPLOYER. BEGIN WITH PRESENT EMPLOYMENT. RESIDENCE AND EMPLOYMENT DATES SHOULD CORRESPOND. INCLUDE PART TIME JOBS.

FROM DATE	NAME OF EMPLOYER		JOB TITLE/DESCRIPTION	
TO DATE	ADDRESS		NAME OF SUPERVISOR	NAME OF CO-WORKER
SALARY/MO.	CITY, STATE, ZIP	PHONE	REASON FOR LEAVING	

I HAVE OBJECTIONS TO YOUR MAKING INQUIRIES OF MY PRESENT EMPLOYER. YES ☐ NO ☐
 I REALIZE THAT BECAUSE OF THIS MY BACKGROUND INVESTIGATION MAY BE DELAYED.

REASON: _____

FROM DATE	NAME OF EMPLOYER		JOB TITLE/DESCRIPTION	
TO DATE	ADDRESS		NAME OF SUPERVISOR	NAME OF CO-WORKER
SALARY/MO	CITY, STATE, ZIP	PHONE	REASON FOR LEAVING	
FROM DATE	NAME OF EMPLOYER		JOB TITLE/DESCRIPTION	
TO DATE	ADDRESS		NAME OF SUPERVISOR	NAME OF CO-WORKER
SALARY/MO	CITY, STATE, ZIP	PHONE	REASON FOR LEAVING	
FROM DATE	NAME OF EMPLOYER		JOB TITLE/DESCRIPTION	
TO DATE	ADDRESS		NAME OF SUPERVISOR	NAME OF CO-WORKER
SALARY/MO	CITY, STATE, ZIP	PHONE	REASON FOR LEAVING	
FROM DATE	NAME OF EMPLOYER		JOB TITLE/DESCRIPTION	
TO DATE	ADDRESS		NAME OF SUPERVISOR	NAME OF CO-WORKER
SALARY/MO	CITY, STATE, ZIP	PHONE	REASON FOR LEAVING	
FROM DATE	NAME OF EMPLOYER		JOB TITLE/DESCRIPTION	
TO DATE	ADDRESS		NAME OF SUPERVISOR	NAME OF CO-WORKER
SALARY/MO	CITY, STATE, ZIP	PHONE	REASON FOR LEAVING	
FROM DATE	NAME OF EMPLOYER		JOB TITLE/DESCRIPTION	
TO DATE	ADDRESS		NAME OF SUPERVISOR	NAME OF CO-WORKER
SALARY/MO	CITY, STATE, ZIP	PHONE	REASON FOR LEAVING	

5 ARREST RECORD: HAVE YOU EVER BEEN ARRESTED OR CHARGED WITH ANY VIOLATION? YES ☐ NO ☐
LIST ALL SUCH MATTERS EVEN IF NOT FORMALLY CHARGED, OR NO COURT APPEARANCE, OR FOUND NOT GUILTY, OR
MATTER SETTLED BY PAYMENT OF FINE.

DATE	PLACE	CHARGE	FINAL DISPOSITION	DETAILS

6 TRAFFIC RECORD: LIST ALL TRAFFIC CITATIONS (EXCLUDE PARKING CITATIONS)

DATE	PLACE	CHARGE	FINAL DISPOSITION	DETAILS

7 HAVE YOU BEEN INVOLVED IN A MOTOR VEHICLE ACCIDENT WITHIN THE LAST SEVEN YEARS? YES ☐ NO ☐

DATE	POLICE INVESTIGATION?	LOCATION	POLICE AGENCY
	YES <input type="checkbox"/> NO <input type="checkbox"/>		<input type="checkbox"/> INJURY <input type="checkbox"/> NON-INJURY
	YES <input type="checkbox"/> NO <input type="checkbox"/>		<input type="checkbox"/> INJURY <input type="checkbox"/> NON-INJURY
	YES <input type="checkbox"/> NO <input type="checkbox"/>		<input type="checkbox"/> INJURY <input type="checkbox"/> NON-INJURY

8 MOTOR VEHICLE OPERATION: OREGON LAW REQUIRES OWNERS OF MOTOR VEHICLES TO BE COVERED BY AUTOMOBILE LIABILITY INSURANCE. PLEASE LIST THE CURRENT LIABILITY INSURANCE YOU HAVE WITH YOUR MOTOR VEHICLES:

COMPANY	ADDRESS	POLICY NUMBER	EXPIRATION DATE

9 HAS ANY MEMBER OF YOUR FAMILY , CLOSE RELATIVES, IN-LAWS OR ANYONE ELSE YOU ARE CLOSELY ASSOCIATED WITH EVER BEEN ARRESTED FOR ANYTHING OTHER THAN TRAFFIC VIOLATIONS? YES ☐ NO ☐

DATE	NAME AND RELATION	DATE OF BIRTH	PLACE	CHARGE	FINAL DISPOSITION

10 CREDIT: LIST BANKS OR SAVINGS INSTITUTIONS WHERE YOU HAVE ACCOUNTS:

INSTITUTION	BRANCH	ADDRESS	ACCOUNT TYPE	ACCT. NO.

LIST ALL OPEN ACCOUNTS BELOW. IF YOU DO NOT HAVE FIVE OPEN ACCOUNTS, LIST CLOSED ACCOUNTS. (OPEN AND CLOSED ACCOUNTS SHOULD TOTAL AT LEAST FIVE.) INCLUDE CREDIT CARDS.

NAME OF CREDITOR		PHONE NUMBER	DATE INCURRED	ORIGINAL AMT.	CURRENT AMT OWED
CREDITOR'S ADDRESS	LATE PAYMENTS? YES <input type="checkbox"/> NO <input type="checkbox"/>	REASON FOR DEBT	ACCOUNT NO.		MONTHLY PAYMENT
NAME OF CREDITOR		PHONE NUMBER	DATE INCURRED	ORIGINAL AMT.	CURRENT AMT OWED
CREDITOR'S ADDRESS	LATE PAYMENTS? YES <input type="checkbox"/> NO <input type="checkbox"/>	REASON FOR DEBT	ACCOUNT NO.		MONTHLY PAYMENT
NAME OF CREDITOR		PHONE NUMBER	DATE INCURRED	ORIGINAL AMT.	CURRENT AMT OWED
CREDITOR'S ADDRESS	LATE PAYMENTS? YES <input type="checkbox"/> NO <input type="checkbox"/>	REASON FOR DEBT	ACCOUNT NO.		MONTHLY PAYMENT
NAME OF CREDITOR		PHONE NUMBER	DATE INCURRED	ORIGINAL AMT.	CURRENT AMT OWED
CREDITOR'S ADDRESS	LATE PAYMENTS? YES <input type="checkbox"/> NO <input type="checkbox"/>	REASON FOR DEBT	ACCOUNT NO.		MONTHLY PAYMENT
NAME OF CREDITOR		PHONE NUMBER	DATE INCURRED	ORIGINAL AMT.	CURRENT AMT OWED
CREDITOR'S ADDRESS	LATE PAYMENTS? YES <input type="checkbox"/> NO <input type="checkbox"/>	REASON FOR DEBT	ACCOUNT NO.		MONTHLY PAYMENT

11 LIST ALL MOTOR VEHICLES OWNED OR DRIVEN BY YOU

MAKE	YEAR	MODEL	LICENSE NO/STATE	REGISTERED OWNER

12 RELATIVES: LIST BELOW ALL PARENTS, STEP PARENTS, STEP BROTHER/SISTERS, SPECIFIED IN LAWS, SPOUSE AND CHILDREN. IF DECEASED, INDICATE WITH AN ASTERISK *. (LIST FULL NAMES)

FATHER	DATE OF BIRTH	HOME PHONE	HOME ADDRESS, CITY STATE AND ZIP
FATHER'S OCCUPATION	BUSINESS PHONE	BUSINESS NAME, ADDRESS	
MOTHER	DATE OF BIRTH	HOME PHONE	HOME ADDRESS, CITY STATE AND ZIP
MOTHER'S OCCUPATION	BUSINESS PHONE	BUSINESS NAME, ADDRESS	
STEPMOTHER OR FATHER	DATE OF BIRTH	HOME PHONE	HOME ADDRESS, CITY STATE AND ZIP
STEP MOTHER OR FATHER'S OCCUPATION	BUSINESS PHONE	BUSINESS NAME, ADDRESS	
BROTHERS AND SISTERS	DATE OF BIRTH	HOME PHONE	HOME ADDRESS, CITY STATE AND ZIP
FATHER IN LAW	DATE OF BIRTH	HOME PHONE	HOME ADDRESS, CITY STATE AND ZIP
MOTHER IN LAW	DATE OF BIRTH	HOME PHONE	HOME ADDRESS, CITY STATE AND ZIP
BROTHERS/SISTERS IN LAW	DATE OF BIRTH	HOME PHONE	HOME ADDRESS, CITY STATE AND ZIP
CURRENT SPOUSE	DATE OF BIRTH	HOME PHONE	HOME ADDRESS, CITY STATE AND ZIP
SPOUSE'S EMPLOYER AND OCCUPATION		BUSINESS PHONE	BUSINESS ADDRESS, CITY, STATE ZIP CODE
SPOUSE'S MAIDEN NAME	SOCIAL SECURITY NUMBER	HOME ADDRESS, CITY STATE, ZIP	
CHILDREN	DATE OF BIRTH	HOME PHONE	HOME ADDRESS, CITY, STATE, ZIP

13 MARITAL STATUS: MARRIED ☐ DIVORCED ☐ SEPARATED ☐ WIDOWED ☐ SINGLE ☐

EX-SPOUSES'S NAME		CURRENT ADDRESS	
DATE MARRIED	WHERE PERFORMED		
DATE DIVORCED	WHERE ISSUED	REASON	
EX-SPOUSES'S NAME		CURRENT ADDRESS	
DATE MARRIED	WHERE PERFORMED		
DATE DIVORCED	WHERE ISSUED	REASON	

14 MILITARY STATUS: HAVE YOU SERVED IN THE US ARMED FORCES? YES ☐ NO ☐ IF YES, ATTACH COPY OF DISCHARGE OR SEPARATION PAPERS(DD214). WHILE IN THE MILITARY SERVICE WERE YOU EVER ARRESTED FOR ANY OFFENSE OR A DEFENDANT IN ANY TRIAL, OR DID YOU RECEIVE ANY DISCIPLINARY ACTION? YES ☐ NO ☐ IF YES, GIVE DATE, PLACE, LAW ENFORCEMENT AUTHORITY OR TYPE, OR COURT MARTIAL, CHARGE AND ACTION TAKEN IN EACH INCIDENT ON A SUPPLEMENTAL SHEET. ARE YOU PRESENTLY A MEMBER OF THE U.S. RESERVE OR NATIONAL GUARD? YES ☐ NO ☐

BRANCH OF SERVICE	COMPONENT	FROM DATE	TO DATE	TYPE OF DISCHARGE - GRADE AND SERVICE NUMBER

15 EDUCATION: ACCOUNT FOR ALL CIVILIAN AND MILITARY SCHOOLS. LIST MOST CURRENT SCHOOLS FIRST.

FROM DATE	TO DATE	NAME AND LOCATION OF SCHOOL	GRADUATE		MAJOR	DEGREE
			YES	NO		

16 ORGANIZATION INFORMATION: LIST ALL ORGANIZATIONS, CLUBS, PROFESSIONAL SOCIETIES, FRATERNITIES, OR OTHER ORGANIZATIONS OF WHICH YOU ARE OR HAVE BEEN A MEMBER

NAME OF ORGANIZATION	PURPOSE	FROM	TO	TELEPHONE
ADDRESS		CITY	STATE	ZIP
OFFICE HELD				
NAME OF ORGANIZATION	PURPOSE	FROM	TO	TELEPHONE
ADDRESS		CITY	STATE	ZIP
OFFICE HELD				
NAME OF ORGANIZATION	PURPOSE	FROM	TO	TELEPHONE
ADDRESS		CITY	STATE	ZIP
OFFICE HELD				

17 PERSONAL PROFILE:

Have you ever :

received a disability award from an employer or the military?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
been treated for a mental disorder or nervous breakdown?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
had or have a handicap, chronic disease or disability?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
used an illegal drug? (Including marijuana)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
been a chronic user to excess of alcoholic beverages?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
been a chronic gambler?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
had a broken bone hernia, a back problem or knee injury?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
had or been advised to have surgery?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
been rejected for any employment or military service for any physical or mental reason?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
been denied life insurance for health reasons?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
been discharged for medical reasons?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
been discharged from any position for failing to pass a probationary period?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
been discharged from any position?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
resigned to avoid discharge or resigned while under suspension or while dismissal proceedings were pending?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
filed a claim for workers compensation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
received unemployment compensation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Do you wear corrective lenses?

Yes ☐ No ☐

Are you now using any type of prescription medication?

Yes ☐ No ☐

Are you now under treatment for any reason?

Yes ☐ No ☐

Have you ever :

had your wages attached?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
been a defendant to a small claims or other civil court action?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
had a judgment rendered against you?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
filed for bankruptcy or been declared bankrupt?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
been refused credit?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
had any of your property repossessed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
been delinquent in your taxes?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Is there any immediate civil action pending against you?

Yes ☐ No ☐

Do you presently have any income other than your regular salary?

Yes ☐ No ☐

Have you ever applied with the Canby Police Department?

Yes ☐ No ☐

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 _____

Is there anything in your life that may reflect upon your suitability or ability to perform the duties which you may be called upon to take or is there anything in your life that requires further explanation? Yes ☐ No ☐

If any of the answers to these questions are "yes", explain fully on a supplemental sheet attached to this form.

I hereby swear or affirm that there are no willful misrepresentations or omissions in, or falsifications of, the preceding statements and answers. I am aware that should investigation disclose such misrepresentations, falsifications, or omissions, my application will be rejected and I will be disqualified for any future position in the service of the Canby Police Department, or if after my acceptance for employment, subsequent investigation should disclose misrepresentation, falsification, or omission, it will be just cause for dismissal.

Signature _____

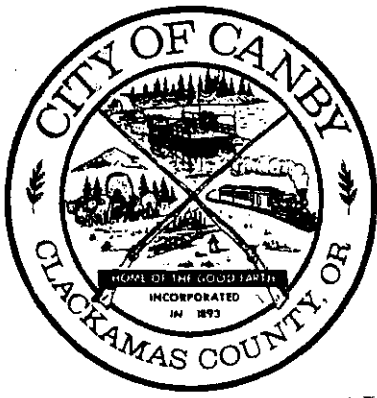
Date _____

Subscribed and sworn to before me on

the _____ day of _____, 19____

Notary Public for the State of Oregon

My commission expires _____



City of Canby

Police Department

AUTHORIZATION TO RELEASE INFORMATION (Personal Inquiry Waiver)

TO WHOM IT MAY CONCERN:

I respectfully request and authorize you to furnish the Canby Police Department with any and all information that you may have concerning me, my employment, education, character and qualifications. I understand that if selected I may be required to undergo a physical examination, drug screen or background investigation. Your cooperation in this reply will be used to assist in determining my qualifications and fitness for the position I am seeking with the City of Canby.

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

Applicant's Signature

Oregon Drivers License Number

Date

Social Security Number

I hereby authorize the release of my military service records (including medical, physical and mental records and reports) to the Canby Police Department, Canby, Oregon.

Signature

Date

STATE OF OREGON

County of _____

Subscribed and sworn to before me on this _____ day of _____, 20__.

Notary Public for Oregon

My Commission expires: _____

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

1/06