

Western Kentucky University Police Department

Communications Employment Process

(Cover Page)

Western Kentucky University is an Affirmative Action, Equal Opportunity Employer.

Western Kentucky University Police Department will process all applicants for Communications Officers in accordance with guidelines established by KRS 15.330, Communicator Professional Standards Act (CPS), which requires pre-employment standards and certification process for all full-time law enforcement communicators in the state of Kentucky. This in part includes; a background investigation, fingerprinting, psychological suitability screener, polygraph examination, and drug screen.

NOTICE: The below listed documents will be required of all applicants and must be submitted "PRIOR" to hiring of applicant.

- Copy of birth certificate
- Copy of high school diploma
- Copy of social security card
- Copy of driver's license
- Copy of Military D.D.-214 (if in)

If you are already certified by CPS also include a copy of your Communicators Professional Standards Certificate.

DO NOT APPLY IF:

- You have a felony conviction or other crimes involving moral turpitude.
- You have any conviction for the sale of trafficking or illegal substance.
- You have any conviction of domestic violence.

Instructions:

If you have questions concerning the "Employment Application" contact the Human Resources Department at 270-745-5934.

If you have questions concerning the "Communications Officer job or requirements", contact the Police Department at 270-745-2548.

The following documents need to be completed and turned in with application.

- Form H-2
- Applicants Certification
- Personal Inquiry Waiver Authority for Release of Information
- Request for Driving Record Transcript
- Authority for Release of Consumer Credit Report

(NOTE: Packet cannot be submitted via email)

Mail or hand deliver the completed Communications Officer Application Packet to:

Western Kentucky University Police
Atten: Captain of Field Operations
1906 College Heights Blvd #11050
Bowling Green, KY 42101-1050

**Western Kentucky University Police Department Applicant's
Certification Telecommunicator**

I understand that my employment will be contingent upon the results of a complete background investigation. I am aware that any omission, falsification, misstatement or misrepresentation will be the basis for my disqualification as an applicant or my dismissal from the WKU Police Department. I agree to the conditions and certify that all statements made by me on this application are true, correct and complete, to the best of my knowledge. I further fully understand and consent to a polygraph examination concerning the truthfulness of my responses to the information requested on this application or which is discovered as a result of the background investigation, or any physical examination or drug test. I also understand that I will be fingerprinted. I understand that this employment application shall become the property of the WKU Police Department. I also understand that the information I give on the employment application or the information discovered as a result of the background investigation may be shared with another law enforcement agency should I seek employment with that law enforcement agency.

I further understand and agree that my employment will be contingent upon the results of a complete drug test and that I may be requested to take drug testing during the term of my employment with the Police Department.

I understand that my initial employment and continued employment may be contingent upon the results of medical or psychological examinations that I may be required to take during the term of my employment and the maintenance of personal physical fitness, to the degree necessary, to satisfactorily perform the duties of my position or assignment.

I authorize any of the persons or organizations referenced in this application to furnish information personal or otherwise, regarding my ability and fitness for employment and I relieve all such parties from any and all liability for any damage that might result from furnishing such information to the WKU Police Department.

I agree to conform to the rules, regulations, and orders of the WKU Police Department and acknowledge that these rules, regulations and orders may be changed, interpreted, withdrawn or added to by Western Kentucky University or the university's police department at its discretion, at any time and without any prior notice to me.

Signature: _____ Date: _____

Witnessed by: _____

Western Kentucky University Police Department
Personal Inquiry Waiver – Telecommunicator
Authority For Release of Information

I authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of Western Kentucky University Police Department, whether the records are of a public, private, or confidential nature. I authorize copies of these records to be given to Western Kentucky University or its agents.

The intent of this authorization is to give my Consent for full and complete disclosure of the records of: educational institutions, financial or credit institutions, including records of loans, records of commercial or retail credit agencies, including credit reports and ratings, and other financial statements and records were filed, medical and psychiatric treatment or consultation, including hospitals, clinics, private practitioners, and the U.S. Veteran's Administration, and employment and pre-employment records, including background reports, performance evaluations, complaints or grievances filed by or against me and the records and recollections of Attorneys at Law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have 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 only in determining my suitability for employment by Western Kentucky University's Police Department. I also certify that any person or organization who may furnish such information concerning me shall not be held accountable for giving truthful information, and I release the person and organization 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 even though the photocopy does not contain an original writing of my signature.

Please Print

Applicant's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Social Security Number: _____

Applicant's Signature: _____ Date: _____

Witness Name (Print): _____

Witness Signature: _____

Western Kentucky University

Telecommunicator Request for Driving Record Transcript

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Sex: _____

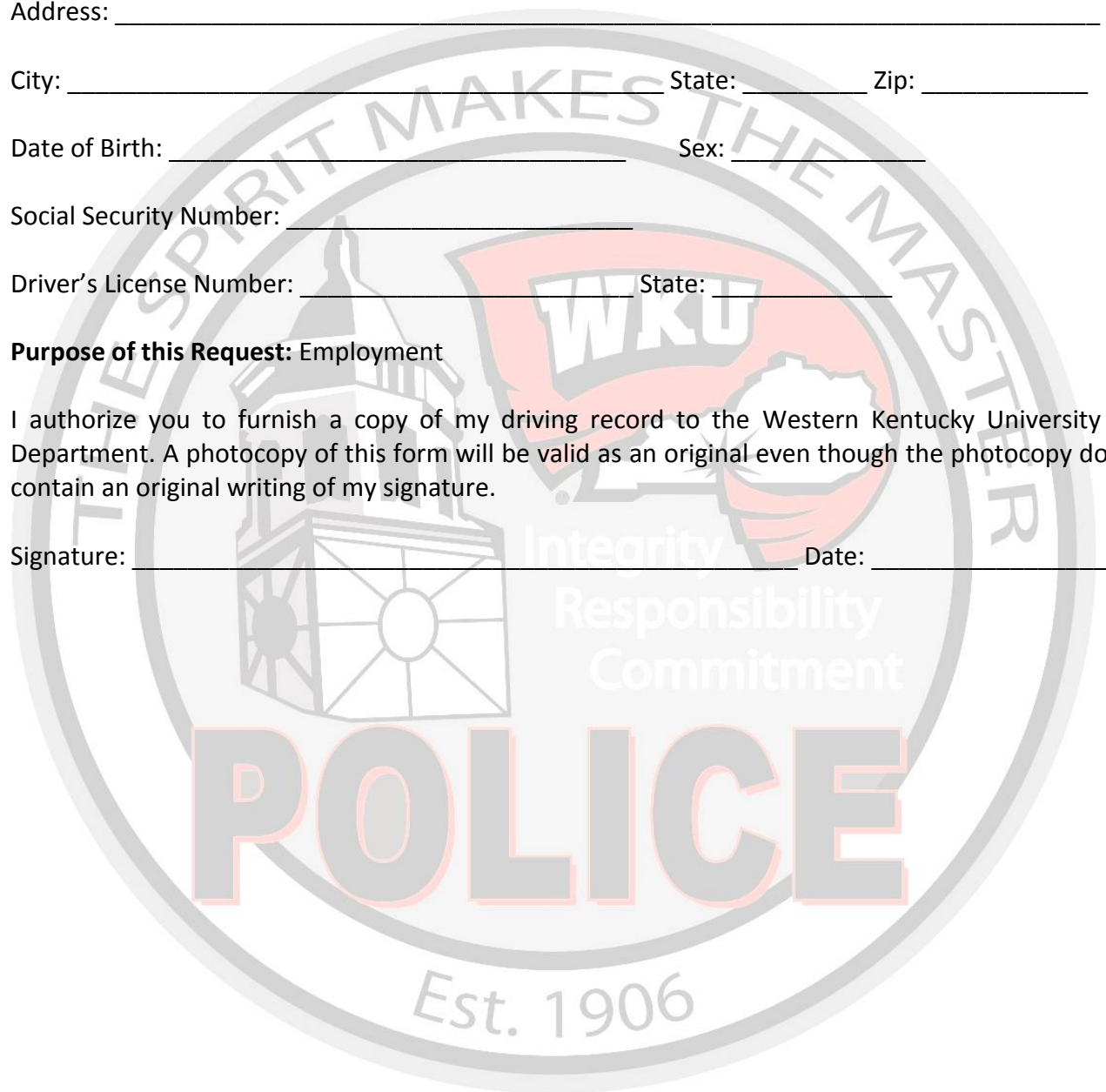
Social Security Number: _____

Driver's License Number: _____ State: _____

Purpose of this Request: Employment

I authorize you to furnish a copy of my driving record to the Western Kentucky University Police Department. A photocopy of this form will be valid as an original even though the photocopy does not contain an original writing of my signature.

Signature: _____ Date: _____



Western Kentucky University Police Department
Telecommunicator
Authority for Release of Consumer Credit Report

The applicant authorizes CIC Business Credit Reporting, Inc. D/B/A/NACM Nashville and Western Kentucky University Police Department to obtain a consumer credit report from any credit reporting agency.

Applicant's Signature

Date

Print Name

Social Security Number

Home Address (Street, City, State and Zip Code)

Date of Birth

Consumer Report Notice

***Western Kentucky University
Police Department***

Notice to Applicant:

Western Kentucky University Police Department will rely upon a consumer credit report as part of the employment process. This notice is given in compliance of the Fair Credit Reporting Act.

Applicants please detach and keep

**KENTUCKY LAW ENFORCEMENT COUNCIL
LAW ENFORCEMENT AGENCY PROFESSIONAL STANDARDS
FUNDERBURK BUILDING
EASTERN KENTUCKY UNIVERSITY
521 LANCASTER ROAD
RICHMOND, KY 40475-3102
(859) 622-6218
FAX: (859) 622-5943 E-MAIL: pops@docjt.jus.state.ky.us**

FORM H-2

PERSONAL HISTORY STATEMENT

It is the determination of the Kentucky Law Enforcement Council that these questions are necessary in order to fully and adequately evaluate applicants for Peace Officer/Communications Officer Certification. These questions are designed to ascertain whether the applicant meets the minimum standards for certification and serve no other purpose.

Agency

Name of Applicant

NOTE: This form is not designed for use as an initial application for employment. Rather, the applicant for a law enforcement agency position should complete this form prior to beginning his/her background investigation or **taking the KLEC suitability testing.**

LAW ENFORCEMENT AGENCY PROFESSIONAL STANDARDS

PERSONAL HISTORY STATEMENT

INSTRUCTIONS: Using a typewriter or legibly printing in ink, fill out this form **completely** and **accurately**. If you need extra space, add additional pages and identify the information by item number. If an item does not apply to you, indicate by entering N/A in the blank.

NOTE: All statements are subject to verification.

Position(s) applied for: _____

_____ Agency _____ Month _____ Day _____ Year

PERSONAL

1. Name _____
First Middle Last
2. Have you previously submitted an application for employment with this agency?
☐ Yes ☐ B. No Approximate Date: _____
3. If you did not graduate from high school, have you passed the General Educational Development (GED) Test?
☐ Yes ☐ No If yes, when and where did you complete the GED?

NOTE: Questions including in the next section are intended to assist in the conducting of a background investigation.

MARTIAL

4. Marital Status (Check One) ☐ Single ☐ Married ☐ Divorced
☐ Separated ☐ Widowed

5. Name of Spouse _____

6. List all of your children, including any adopted or stepchildren:

NAME	BIRTH DATE	RELATIONSHIP	WITH WHOM RESIDES	PHONE NUMBER
1.				
2.				
3.				
4.				
5.				
6.				

7. Are you related by blood or marriage or any person(s) now employed by this agency?

☐ Yes ☐ No

If yes, give name(s) and details:

8. Is any member(s) or your immediately family now in prison or on either probation or parole?

☐ Yes ☐ No

If yes, give name(s) and details:

RESIDENCES

9. List addresses for past 10 years starting with present address at top:

FROM Mo. Yr.	TO Mo. Yr.	ADDRESS OF RESIDENCE (Include County of Residence)	CITY & STATE (Include Zip Code)	LANDLORD

FINANCIAL

10. What sources of income other than salary do you have at present?

11. Are you now supporting all children born to you, adopted by you and stepchildren? ☐ Yes ☐ No If not, give details: _____

12. Are there persons, other than your spouse and listed children, who are presently dependent upon you for support?

☐ Yes ☐ No If not, give name(s) and details: _____

13. Have you even been sued with a civil judgment being rendered against you?

☐ Yes ☐ No If not, give name(s) and details: _____

14. What is the total amount of all your debts at present?

\$ _____

15. What is the average monthly total of all your bills, payments and current living expenses?

\$ _____

\$ _____

WORK HISTORY

16. Have you ever been denied employment by a criminal justice agency? ☐ Yes ☐ No If yes, list agency name and give details:

17. If you have been discharged or requested to resign from any position because of criminal or personal misconduct or rules violations, give details:

18. Do you object to wearing a uniform? ☐ Yes ☐ No

19. Do you object to working nights? ☐ Yes ☐ No

20. Do you object to working rotating shifts? ☐ Yes ☐ No

21. Do you object to occasionally being away from home over night and for other periods of time attending meetings, acquiring training and otherwise performing official duties? ☐ Yes ☐ No

22. List all jobs you have held in the last ten years. Put your present or most recent job first. If you need more space, you may attach additional sheets. Include military service in proper time sequence and temporary part-time jobs.

A. Title of Present or last Position _____ Present Salary _____ Last Salary _____

Date Employed			Name and title of supervisor
Date Separated			Number of employees supervised by you
Full Time	Years	Months	Employer _____ Address _____
Part Time	Years	Months	Duties: _____ _____ _____ _____
If part time, number of hours worked per week.			REASON FOR LEAVING: _____ _____ _____ _____ _____

B. Title of Present or last Position _____ Present Salary _____ Last Salary _____

Date Employed			Name and title of supervisor
Date Separated			Number of employees supervised by you
Full Time	Years	Months	Employer _____ Address _____
Part Time	Years	Months	Duties: _____ _____ _____ _____
If part time, number of hours worked per week.			REASON FOR LEAVING: _____ _____ _____ _____ _____

C. Title of Present or last Position _____ Present _____ Last _____
 Salary _____ Salary _____

Date Employed			Name and title of supervisor
Date Separated			Number of employees supervised by you
Full Time	Years	Months	Employer _____ Address _____
Part Time	Years	Months	Duties: _____ _____ _____ _____
If part time, number of hours worked per week.			REASON FOR LEAVING: _____ _____ _____ _____ _____

D. Title of Present or last Position _____ Present _____ Last _____
 Salary _____ Salary _____

Date Employed			Name and title of supervisor
Date Separated			Number of employees supervised by you
Full Time	Years	Months	Employer _____ Address _____
Part Time	Years	Months	Duties: _____ _____ _____ _____
If part time, number of hours worked per week.			REASON FOR LEAVING: _____ _____ _____ _____ _____

E. Title of Present or last Position _____ Present _____ Last _____
 Salary _____ Salary _____

Date Employed _____			Name and title of supervisor _____
Date Separated _____			Number of employees supervised by you _____
Full Time	Years _____	Months _____	Employer _____ Address _____
Part Time	Years _____	Months _____	Duties: _____ _____ _____ _____
If part time, number of hours worked per week. _____			REASON FOR LEAVING: _____ _____ _____ _____ _____

F. Title of Present or last Position _____ Present _____ Last _____
 Salary _____ Salary _____

Date Employed _____			Name and title of supervisor _____
Date Separated _____			Number of employees supervised by you _____
Full Time	Years _____	Months _____	Employer _____ Address _____
Part Time	Years _____	Months _____	Duties: _____ _____ _____ _____
If part time, number of hours worked per week. _____			REASON FOR LEAVING: _____ _____ _____ _____ _____

MILITARY SERVICE

23. Were you ever in the U.S. Military Service or any other military organization? ☐ Yes ☐ No
24. What is your service number? _____
25. What was the highest rank you held? _____
26. What was the date and location of your first entrance into active duty? Date: _____ Location: _____
27. What were your unit assignments in the service?

Branch	Unit (Company or Ship)	Location	From Mo / Yr	Mo / Yr
			/	/
			/	/
			/	/
			/	/
			/	/
			/	/

28. What was the date and location of your discharge from active duty?
Date: _____ Location: _____

28. Was your last discharge honorable? ☐ Yes ☐ No
If No, was it characterized as bad conduct ☐ or dishonorable ☐ ?

29. Were you ever court-martialed, tried on charges, or were you the subject of a summary court, deck court, or nonjudicial punishment (Captain's mast, company punishment, Article 15, etc.). **or any disciplinary action** while a member of the armed forces? ☐ Yes ☐ No
If yes, explain in detail: _____

30. List any disciplinary action taken against you in the National Guard or other reserve unit _____

31. List all medals and decorations awarded you during your military service: _____

32. If you are presently a member of the National Guard or any military reserve, give the unit, location and describe your obligation: _____

USE OF ALCOHOL OR DRUGS

NOTE: In questions 33, 34, 35 and 36, the words drink or used mean "one time or more, including experimentation." If any answer is yes, give full and complete details (attach extra sheets if necessary.)

33. Do you drink alcoholic beverages? ☐ Yes ☐ No
If yes, to what degree?

34. Have you ever used marijuana? ☐ Yes ☐ No
If yes, what were the circumstances?

When was the last time? _____

35. Have you ever used any illegal drugs including but not limited to, opiates, pills, heroin, cocaine, crack, LSD, etc? ☐ Yes ☐ No
If yes, what were the circumstances?

When was the last time? _____

36. Have you ever used prescription drugs other than under the supervision of or as prescribed by a physician? ☐ Yes ☐ No
If yes, please explain the circumstances?

CRIMINAL OFFENSE RECORD AND DISCIPLINARY ACTIONS

NOTE: Include all offenses other than minor traffic offenses. The following area not minor traffic offenses and must be listed below: DWI, DUI (alcohol or drugs), duty to stop in the event of an accident, driving while license permanently revoked, and attempt to elude arrest.

Answer all of the following questions completely and accurately. If any doubts exist in your mind as to whether or not you were arrested or charged with a criminal offense at some point in your life or whether an offense remains on your record, you should answer "Yes." You should answer "No," **only** if you have never been arrested or charged, or your record was expunged by a judge's court order.

37. Have you ever been arrested by a law enforcement officer or otherwise charged with a criminal offense?

☐ Yes ☐ No

If "yes" please give details:

A. Offense Charged: _____

Law Enforcement Agency: _____

Date: _____ Disposition of Case: _____

B. Offense Charged: _____

Law Enforcement Agency: _____

Date: _____ Disposition of Case: _____

C. Offense Charged: _____

Law Enforcement Agency: _____

Date: _____ Disposition of Case: _____

(Attach extra sheets if necessary)

38. Have you been charged with or convicted of a felony?

☐ Yes ☐ No If "yes" please give details: _____

39. Have you ever been placed on probation?

☐ Yes ☐ No If "yes" please give details: _____

40. Have you ever been required to pay a fine in excess of \$50.00 (this does not include court costs)? ☐ Yes ☐ No _____
41. Can you operate a motor vehicle? ☐ Yes ☐ No
42. Do you possess a valid driver's license from the State of Kentucky?
☐ Yes ☐ No
Driver's License Number _____ Year Issued _____
43. Do you possess a driver's license issued by any state other than Kentucky? ☐ Yes ☐ No
If yes, give state and number _____
44. Was your license ever suspended or revoked? ☐ Yes ☐ No
If yes, state which and give reasons: _____

45. Was your license ever restored? ☐ Yes ☐ No When? _____
46. Have your driving privileges ever been restricted? ☐ Yes ☐ No
If yes, give details: _____

CAREER OBJECTIVES

47. Briefly explain your reasons for applying for this position:

48. List special skills, training, fields of work for which you are licensed, registered, or certified, and hobbies which may be useful in the performance of the duties of the position for which you have applied:

49. What are your feelings about the use of deadly force if it became necessary in the performance of official duties?

REFERENCES

50. Give the names of three responsible persons, other than relatives or past employers, who could provide information about your character, ability, experience, personality and other qualities.

Name	Address	Telephone	Best time to contact
A.			
B.			
C.			

I hereby verify that the above information is true and accurate.

Signed this _____ day of _____, 20_____.

Signature of applicant