Nez Perce Tribal Police Department

ENTRY LEVEL POLICE OFFICER PACKET

1) Nez Perce Tribe Police Application Form
   - Grade 15 & under require a completed NPTP Application Form Only.
   - Grade 16 & above require a completed NPTP Application Form & Resume.
2) Must Provide a current motor vehicle ("MVR") where you have been licensed to drive in the last three years.
3) The Nez Perce Tribe is a drug free work environment Pre-employment drug testing is required.

This is required for all applications for jobs advertised for the Nez Perce Tribal Police Department.
Incomplete application packets will not be considered for any further review or action.

Name:_____

Position: _____

HR- _____

PHYSICAL READINESS TEST (PRT)

NEZ PERCE TRIBAL POLICE DEPARTMENT

210 Bever Grade
Lapwai, Idaho, 83540
Telephone: (208) 843-7141
Fax: (208) 843-5337

As the Chief of Police for the Nez Perce Tribe Police Department I want to thank you for applying for a position with the Nez Perce Tribe Police Department. Our department is a professional law enforcement agency that provides law enforcement services for the Nez Perce Reservation. We are responsible for providing law enforcement services to an area exceeding 1,204 square miles. Within this area there are (5) counties and (8) cities. We work closely with the Federal Bureau of Investigation, Drug Enforcement Agency, Bureau of Indian Affairs, Idaho State Police, other reservation police departments as well as county sheriff's and local police departments.

We provide excellent training and law enforcement equipment that is superior to the surrounding agencies. The Nez Perce Tribe is the second largest employer in the area and provides excellent health benefits at far cheaper rates than all other employers in the quad cities area. Nez Perce Tribe employees receive 14 paid holidays per year as well as a yearly Christmas bonus that is typically $150.00 per employee, a yearly Christmas celebration for employees and their families as well as a yearly employee appreciation day.

The Nez Perce Tribe Police Department consists of a Patrol Division, Investigations Division, and a Civil Detention Division. There are also specialized teams that make up the Tactical Response Team (TRT), and Evidence Recovery Team (ERT).

The Nez Perce Tribal Police Department is excited that you have chosen to test for a patrol position with our department or you may choose to select a reserve officer position with the Patrol Division or the Civil Detention Division. Whichever position you choose we are confident that you will find our department a professional and progressive Police Department that we consider second to none.

The morning schedule will begin with all applicants meeting at the Nez Perce Tribe Police Department on Friday October 21, 2016 at 09:00 am. We will all walk to the administrative conference room where we will view the Introductory Power Point presentation which will provide applicants with a visual depiction of the Nez Perce Tribe Police Department. Following this we will move to the Football field where a short amount of time will be allowed for applicants to warm-up. (Please see the description of the Physical Readiness Evaluation included in your packet). You may dress in clothing that is comfortable for the Physical Readiness Evaluation.

1. Physical Readiness Evaluation (If passed successfully)
2. Basic Entry Level Law Enforcement Exam
3. Short Interview with Command Staff

You may dress in clothing that is comfortable for the Physical Readiness Evaluation. Again as the Chief of Police I thank you for your interest and your dedication in taking part in this testing process for a position with the Nez Perce Tribal Police Department. Good Luck.

Harold Scott #2400

Harold Scott, Chief of Police

10/14/16

Date

NEZ PERCE TRIBAL POLICE DEPARTMENT

APPLICANT'S GENERAL RELEASE OF LIABILITY TO PARTICIPATE IN QUALIFYING PHYSICAL FITNESS TESTS

1. I understand that in order to qualify for the position for which my application is filed, I must submit to and pass the physical fitness tests.

2. For and in consideration for being permitted to participate in the qualifying physical fitness tests under the auspices of **NEZ PERCE TRIBE and the Nez Perce Tribal Police Department (TPD)**, and in recognition of my own personal benefit from such testing, **I do hereby grant a general release** for myself, my heirs, executors, administrators and assigns and **I waive, remise and forever discharge and release the Chief of Police, the TPD, and the Nez Perce Tribe**, and any and all elected or appointed officials of said **ENTITIES**, and all officers, employees, volunteers, agents, insurers and any other individuals or entities affiliated with such persons and/or entities giving or assisting in giving said physical fitness tests, from any and all civil liability, claims, damages, demands or actions because of injury or death of myself arising from any cause or for any reason whatsoever while I am taking the said physical fitness tests, or any and all forms of injury which may arise as a result of my participation in such physical fitness tests, in any way, including my coming and going from such tests.

3. I have read the foregoing and understand that the terms of this agreement are contractually and legally binding and that no verbal statement to the contrary, by **ANY** person or entity, can void or alter the terms of this agreement. I further understand that my participation in the aforementioned tests **DOES NOT** constitute a promise to employ or create any form of employment with the **NEZ PERCE TRIBE or the TPD**.

PLEASE WAIT TO SIGN IN THE PRESENCE OF OUR WITNESS

Signature of Applicant/Date: _____

Applicant Printed Name: _____

Witnessed by/Date: _____

INTRODUCTION

Patrol officers have unique job functions, some of which can be physically demanding. An officer's capability to perform those functions can affect personal and public safety. Physical fitness underlies and predicts an officer's readiness to perform the frequent and critical job tasks demanded. The minimum physical readiness standards identified are levels below which an officer's capacity to safely and effectively learn and perform frequent or critical job tasks is compromised. Higher levels of readiness/fitness are associated with better performance of physical job tasks required of Idaho patrol officers.

Physical Readiness Test (PRT) Administration

The Idaho Patrol Officer PRT is comprised of a battery of five events:

1. Vertical Jump
2. One Minute Sit-Ups
3. Maximum Push-Ups
4. 300-Meter Run
5. 1.5-Mile Run/Walk

Tests should be administered in the above order. The test battery process should be sequenced as follows:

I. **Warm-up** (7-10 minutes)
   A. General warm-up - 2-3 minutes of easy jogging, jumping jacks, squat-thrusts, etc.
   B. Stretching (active and/or static) - 5-7 minutes, include stretches for shoulders, back, upper/lower legs

II. **Physical Readiness Test** (PRT)
   A. Vertical Jump (3 minutes rest)
   B. One Minute Sit-Ups (5 minutes rest)
   C. Maximum Push-Ups (10 minutes rest)
   D. 300-Meter Run (15 minutes rest)
   E. 1.5 Mile Run/Walk

III. **Cool-down** (5 minutes)
   A. Walking (keep walking to avoid blood pooling in legs)
   B. Easy stretching

Test Protocols

Strict adherence to the following protocols is *mandatory*. Variances from these procedures render results meaningless and limit ability to gauge fitness progress.

VERTICAL JUMP TEST

Purpose
This test measures leg power, which is important in jumping or vaulting objects such as walls and ditches, and in moving heavy objects such as people.

Equipment
Vertical jump mat **(preferred)**. Recommended commercial source: "Perform Better!" www.performbetter.com, 888-556-7464. Alternative equipment: Vertec or Reach 'N' Jump board (both also available from above source), or white paper and carpenter's chalk with scale, tape measure, or yardstick (1/2" increments) affixed to wall.

*Procedures Using Vertical Jump Mat **(preferred method)*** (refer to Figures 1-5)

1. Read the instructions to the participants.
2. Demonstrate the test, pointing out common errors.
3. Have participants warm up by practicing the jump.
4. Have the participant stand on the mat with feet over appropriate mat markings. Loosen the clasp holding the upper end of the tape measure and have the participant cinch the belt tightly around his waist so it will not slip during the jump. Adjust the tape measure so it is taut and secure the clasp at the upper end of the tape at the waist. Loosen the clasp at the lower end of the tape near the mat. The participant may begin the jump with both feet in place (Figure 2) or with one foot off the mat (Figure 4), bringing the trailing foot onto the mat as the movement begins. Have the participant jump as high as possible off both feet, using a natural countermovement of the arms to assist. The participant's feet must land back on the mat approximately where they left the mat. The vertical jump is determined by reading the tape measure at the clasp near the mat to the nearest half inch. **Use the best of three trials as the score.**


Figure 1


Figure 2

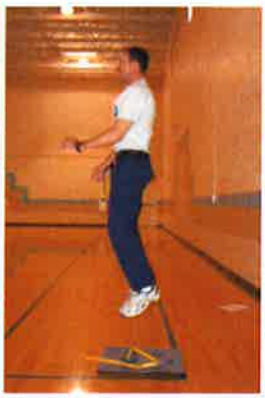
Figure 3


Figure 4


Figure 5

Script Using Vertical Jump Mat
Use the following script to prepare the participants. *The vertical jump measures leg power. After you warm up, stand with both feet on the marks on the mat. Fasten the web belt and adjust it tightly around your waist. You may begin with both feet on the mat foot marks, or with one foot off the mat, bringing the trailing foot into place on the mat just before jumping. Using your arms to help propel you, jump off both feet as high as possible while extending your arms upward. Jump straight up so you land in your starting position. You will have three tries at this event, with your best effort counting as your score. Watch this demonstration . . . Are there any questions?*

VERTICAL JUMP TEST (continued)

Tips for the Test Administrator Using Vertical Jump Mat
Ensure the belt is tight around the participant's waist to prevent slippage during the jump. Ensure tape is taut when securing the upper clasp. Release lower clasp before the participant jumps. Ensure participant lands on the mat approximately on the foot marks. Read the jump measurement from the same reference point that was lined up with zero (0) on the tape prior to the jump.

Procedures Using Wall-Mounted Scale (refer to Figures 6-9)

1. Read the instructions to the participants.
2. Demonstrate the test, pointing out common errors.
3. Have participants warm up by practicing the jump.
4. Have the participant stand with one side toward the wall, heels together, and reach upward as high as possible. Record the maximum standing reach. Then, using a rocking, one-step approach ("step-feet together-jump"), have the participant jump as high as possible, reaching upward at the same time. A standing squat jump (with no step) is also acceptable. Record the maximum jumping reach.
5. The number of inches between the standing reach and the jumping reach, measured to the nearest half inch, is the score. **Use the best of three trials as the score.**

Figure 6

Script Using Wall-Mounted Scale
Use the following script to prepare the participants. *The vertical jump measures leg power. After you warm up, stand with one side to the wall. With your heels together, reach upward as high as possible with your hand against the measuring device on the wall. Your maximum standing reach will be recorded. Then, using a rocking, one-step approach, jump as high as possible while extending the arm nearest the wall. You may also jump off both feet without taking a step. Your maximum jumping reach will be recorded. You will have three tries at this event, with your best effort counting as your score. Watch this demonstration . . . . Are there any questions?*

Figure 8

Figure 9

Figure 7

Tips for the Test Administrator Using Wall Mounted Scale
Assure the maximum standing reach is a true "maximum." You may have to physically check for maximal extension of the arm upward during the standing reach. A double jump or "crow hop" is not permitted upon take-off. The correct sequence is: stride forward with one foot, bring trailing foot up to meet lead foot while flexing knees, jump off both feet. If the participant prefers, a standing squat jump (without a step) is acceptable.

ONE MINUTE SIT-UP TEST

Purpose

This test measures the muscular endurance of the abdominal muscles. This is important for performing tasks that involve the use of force, and it helps maintain good posture and minimize lower back problems. Perform this test on a mat, carpeted surface, or grass.

Equipment

- Mat
- Stopwatch or a clock with a sweep second hand
- Partner

Procedures (refer to Figures 10-11)

1. Read the instructions to the participants.
2. Demonstrate the event, pointing out common errors.
3. Have the participant lie on his or her back, knees bent, heels flat on the floor. Hands should be held behind the head, with elbows out to the sides. A partner holds down the feet using hands only.
4. Have the participant perform as many correct sit-ups as possible in one minute. In the up position, the individual must touch the elbows to the knees and then return to the lying position (shoulder blades touch the floor) before starting the next sit-up.
5. The score is the number of correct sit-ups.

Figure 10

Figure 11

Script

Use the following script to prepare the participants. *The sit-up measures the muscular endurance of the abdominal muscles. Lie on your back, with your knees bent at a 90 degree angle, and your heels on the mat. Your feet may be together or apart, but the heels must stay in contact with the mat. Your partner will hold them for you (but can't kneel on them). Your fingers must stay interlocked behind your head, or hands cupped behind the ears, throughout the event. When I say "Go," lift your upper body by bending at the waist. Touch your elbows to your knees, and return to the starting position. When returning to the starting position, the shoulder blades must touch the mat. I will count a repetition each time you return to the starting position. You may rest, but only in the "up" position. Do not arch your back or lift your buttocks from the mat. If you fail to keep your fingers interlocked or hands cupped behind the ears, fail to touch your elbows to your knees or shoulder blades to the mat, or if you arch your back or lift your buttocks, you will receive a warning. After one warning, incorrect repetitions will not count. You will have one minute to do as many sit-ups as possible. I will give you signals at 30, 15 and 5 seconds remaining. Your score is the number of correct sit-ups. Watch this demonstration . . . . Are there any questions?*

Tips for the Test Administrator

- Make sure that the hands remain interlocked behind the head or cupped and touching the head behind the ears. Interlocked means that some parts of the fingers overlap.
- The knees must remain at a 90 degree angle throughout the exercise.
- The buttocks must remain in contact with the floor at all times.
- Any resting must be done in the "up" position.

MAXIMUM PUSH-UP TEST

Purpose

This test measures the muscular endurance of the upper body muscles in the shoulders, chest, and back of the upper arms. This is important for use of force involving any pushing motion.

Equipment: None

Procedures

(refer to Figures 12-15)

1. Read the instructions to the participants.
2. Demonstrate the test, point out common errors.

Figure 12

Figure 13

3. Have the participant get down on the floor into the front leaning rest position.
4. Have the participant lower the body until the upper arms are parallel to the floor, then push up again. The back must be kept straight, and in each extension up, the elbows should reach a position of "soft" extension. Resting in the up position (only) is allowed.
5. The score is the maximum number of push-ups completed with no time limit.

Script

Use the following script to prepare the participants. *The push-up measures the muscular endurance of the upper body. Place your hands on the ground wherever they are comfortable, approximately shoulder width apart. Your feet may be together, or up to 12 inches apart.*

Figure 14

Figure 15

Both feet shall touch the mat. Your body should be in a straight line from the shoulders to the ankles, and must remain that way throughout the exercise. Keep your head up and spine in alignment. When I say "Go," lower your body by bending your elbows until your upper arms are parallel to the ground. Then return to the starting position by straightening your arms. You may rest in the up position. If you fail to keep your body in a straight line, keep your hands in position, descend to where your upper arms are parallel to the floor, or to extend your elbows in the "up" position, you will receive a warning. After one warning, incorrect repetitions will not count. There is no time limit. Do as many correct push-ups as possible. Your score is the number of correct repetitions. gfWatch this demonstration . . . Are there any questions?

Tips for the Test Administrator

- Ensure that participants maintain a relatively straight line from their shoulders to their ankles.
- Be alert for "head bobbers," participants who move their heads up and down without lowering/raising their bodies.
- The person counting repetitions should be at a 45 degree angle to the participant's head and shoulders to see if the participant lowers the body until the upper arm is parallel to the ground while checking correct body alignment.
- The participant may have to touch the floor with his chest to attain or approach the "parallel" position.
- Ensure that a flat non-slip surface is available. A mat, carpet, solid floor, or grass are all acceptable.
- No changes in hand position are allowed during the event. Resting must be done in the "up" position.

300-METER RUN TEST

Purpose

This is a test of anaerobic capacity, which is important for performing short intense bursts of effort such as foot pursuits, rescues and use of force situations.

Equipment

- Stopwatch
- Track or marked course (300 meters = 328 yards or 984 feet)
- Visible or audible starting device (starter's pistol, whistle, flag, etc.)

Procedures

1. Read the instructions to the participants.
2. Have participants warm up for one minute and keep loose while waiting for start.
3. Instruct participants to cover the distance as fast as possible.
4. Have participants line up at the starting line. Give the command "Go" (audible or visual) and begin timing.
5. The score is the time (to the nearest tenth of a second) it takes to complete the course.

Script

Use the following script to prepare the participants.

The 300-meter run measures your anaerobic capacity. You must complete the run without any help. At the start, you will line up behind the starting line. When I say "Go" (or describe a visual command, such as dropping a flag or clipboard) the clock will start. You will run (describe the course, including a clear description of the finish line). Your goal is to run the distance as quickly as possible. I (we) will record your finish time. After the run, continue walking for a few minutes to cool down. Are there any questions?

Tips for the Test Administrator

Participants may finish very close to each other in this event. Have assistance in recording times or run participants in heats. Ideally, a designated stopwatch should be used for each runner.

1.5-MILE RUN/WALK TEST

Purpose

This test is a measure of cardiorespiratory endurance or aerobic power, which is determined by the body's ability to transport and utilize oxygen to produce energy. This is important for performing tasks involving stamina and endurance (pursuits, searches, prolonged use of force situations, etc.) and for minimizing the risk of cardiovascular health problems.

Equipment

- 440-yard track or marked, measured level course with good footing
- Stopwatch or a clock with a sweep second hand
- Numbered vests or other participant identifiers (if needed)

Procedures

1. Read the instructions to the participants.
2. Have participants warm up and stretch before the run.
3. Instruct participants to cover the distance as fast as possible but begin at a pace they think they can sustain 10-15 minutes (not too fast).
4. Have participants line up at the starting line. Give the command "Go" and begin timing. If several participants run at once, have one administrator call out times at the finish while an assistant records the names and respective times.
5. Have participants cool down after running the course by walking for an additional five minutes or so. This prevents venous pooling, a condition in which the blood pools in the legs so less is returned to the heart. Walking enhances the return of blood to the heart, prevents light headedness, and aids recovery.
6. The score is the time it takes to finish the course to the nearest second.

Script

Use the following script to prepare the participants. *The 1.5 mile run/walk measures your cardiorespiratory endurance or aerobic power. You must complete the course without any help. At the start, you will line up behind the starting line. When I say "Go," the clock will start. You will begin running at your own pace. To complete the 1.5 miles, you will (tell the runners how many laps they must run, or describe the course, including the finish line, if not run on a track). Your goal is to finish the 1.5 miles in as fast a time as you can. Try not to start too fast, but at a pace you can sustain for about 10 to 15 minutes. You may walk, but walking will make it difficult to meet the standard. You may run alongside another runner for help with the pace, but you may not physically assist or be assisted by another runner. I will call off your time at the end of each lap (if run on a track), and will record your finishing time. At the end of the run, continue walking for about five minutes to cool down. Are there any questions?*

Tips for the Test Administrator

- Have runners in sight at all times, and have quick access to EMS (cell phone, car radio, etc.).
- Be aware of environmental conditions. Extreme heat, cold, humidity, elevation or poor footing will affect performance times and could increase risk of injury. Choose your testing site and schedule with these factors in mind. If conditions are warm, have water available.
- If not running on a measured track, measure your course carefully. Automobile odometers may not be accurate. A measuring wheel is better.
- If running on a track, instruct the participants to move out of the inside lane if they decide to walk.
- Using an assistant test administrator will give you flexibility in case someone needs help during the event. The assistant can either take over timing duties or provide help to the participant. The assistant can also be used to assist with recording times if there are many runners. Videotaping the finish can help verify times.
- The timer should call off the times in minutes and seconds as the runners cross the finish line.

Preparing for the PRT

Whereas many training routines can be used to improve performance in the PRT, participants should keep in mind that physical training is *specific*. That is, one improves in activities practiced. If one wishes to optimize push-up performance, push-ups should be included in the training program. Many other exercises can also be included to strengthen the chest, shoulders and arms, but push-ups should be included in the routine. Ideally, muscles and the aerobic and anaerobic energy systems should be gradually, progressively trained over several weeks or months to achieve significant fitness gains. Physical adaptations occur gradually in response to regular, consistent overloads, i.e. doing more than your body is accustomed to doing. Everyone is different - a stimulus resulting in an appropriate, moderate overload to one person may be impossible for another person to perform, while yet another person is not stressed at all. A participant who has been inactive for a significant period of time should ideally take six to twelve weeks to train for the PRT.

The training routine should include exercises to train upper body strength and muscular endurance, abdominal muscular endurance, leg power, cardiorespiratory endurance and anaerobic capacity. Strength and cardiorespiratory endurance activities should be performed about every other day, or three days per week, to allow adequate recovery and positive adaptations to occur. Anaerobic (high intensity) training should be done once per week, and can be performed in lieu of a cardiorespiratory training session. For flexibility enhancement, good back health, and injury prevention, stretching exercises should be performed before and after training sessions, and can be done on off days as well.

Sample Training Program

Week 1

Monday and Friday

- Warm up, stretch 5 min.
- Regular, wide grip & close grip push-ups - one 30-sec. set of each
- Bent-leg sit-ups (feet secured) - three 30-sec. sets
- Vertical jumping off both feet (easy) - three 15-sec. sets
- Walk/jog/run (moderate intensity) - 15 minutes
- Cool down - easy walk 5 min., stretch 3 min.

Wednesday

- Warm up, stretch 5 min.
- Regular push-ups - 40 sec. maximum reps, 20 sec. max. reps, 10 sec. max. reps
- Crunches (abdominal curl-ups) - three 30-sec. sets
- Vertical jumping one foot at a time (easy) - two 15-sec. sets each
- Jog 3 min. (warm up), 8 reps. of 200 meter sprints (about ¾ speed - quicker than usual jog, but not all-out!), with one minute walking recovery between each rep.
- Cool down - easy walk 5 min., stretch 3 min.

Weeks 2 - 6 *Gradually* increase time or intensity of sets, continue three workouts per week.

PATROL/DETENTION PHYSICAL READINESS TEST SCORING

Each of the five PRT events measures a different component of physical fitness, each of which is a determinant of an officer's readiness to perform essential job tasks. To pass the PRT, a participant must score a minimum of 10 points on *each* of the five PRT events. Performance below the level required for 10 points in any event is substandard and results in failure of the PRT. Twenty points is the maximum possible for each event, a total of 100 being the highest possible PRT score.

Fitness Category	POINTS	Vert. Jump (inches)	1-Minute Sit-ups (reps.)	Pushups (reps.)	300 Meter (seconds)	1.5 Mile (min:sec)
	20	21.5 +	55 +	62 +	48.0 -	9:57 -
Excellent	**19**	20.5 - 21.0	51 - 54	56 - 61	48.1 - 51.0	9:58 - 10:50
	18	19.5 - 20.0	47 - 50	50 - 55	51.1 - 54.0	10:51 - 11:43
Good	**17**	18.5 - 19.0	43 - 46	44 - 49	54.1 - 57.0	11:44 - 12:36
	16	17.5 - 18.0	39 - 42	38 - 43	57.1 - 59.0	12:37 - 13:29
Average	**15**	16.5 - 17.0	35 - 38	32 - 37	59.1 - 62.0	13:30 - 14:20
	14	16.0	31 - 34	30 - 31	62.1 - 65.0	14:21 - 14:56
	13	15.5	27 - 30	28 - 29	65.1 - 68.0	14:57 - 15:32
Below Ave.	**12**	15.0	23 - 26	26 - 27	68.1 - 71.0	15:33 - 16:08
	11	14.5	19 - 22	23 - 25	71.1 - 74.0	16:09 - 16:43
Minimum Acceptable	**10**	14.0	15 - 18	21 - 22	74.1 - 77.0	16:44 - 17:17
Substandard	**0**	< 14.0	< 15	< 21	> 77.0	> 17:17

PATROL/DETENTION OFFICER PHYSICAL READINESS TEST (PRT)

The Idaho POST Council adopted the mandatory Patrol/Detention Officer Physical Readiness Test (PRT) on June 5, 1997. The PRT is a requirement for acceptance into and graduation from the Basic Patrol Academy and for the challenge certification process.
Applicants must score at least the following minimums on each of the five events: Vertical Jump: 14.0 inches, 1-Minute Sit-ups: 15 repetitions, Maximum Push-ups: 21 repetitions, 300-Meter Run: 77.0 seconds, and 1.5-Mile Run/Walk: 17 min: 17 seconds.
All events in the battery must be performed strictly according to the published protocols.

APPLICANTS WHO FAIL TO OBTAIN THE MINIMUM SCORE IN ANY OF THE FIVE EVENTS WILL BE INELIGIBLE FOR POST CERTIFICATION AS AN IDAHO PATROL/DETENTION OFFICER.

FULL NAME OF APPLICANT TAKING PRT _____

POST ID NUMBER _____

DATE OF TEST _____

DEPARTMENT/AGENCY _____

PRT RESULTS

Test Event	**Raw Score**	**Points**
VERTICAL JUMP	_____	_____
1-MINUTE SIT-UPS	_____	_____
MAXIMUM PUSH-UPS	_____	_____
300-METER RUN	_____	_____
1.5-MILE RUN/WALK	_____	_____
	TOTAL	_____

By signing this form, I affirm that I personally administered the physical readiness test according to the published protocols and witnessed the test results listed on this form as being true and correct. I understand that falsifying required information, by commission or omission, may be grounds for revocation of any certification I may possess, that is regulated by the Idaho Peace Officer Standards and Training Council.

_____ (Examiner's Printed Name)

_____ (Examiner's Signature)

_____ (Examiner's Agency/Title)

NOTE: Please return only this page to POST!

Under Idaho law, in accordance with Sections 18-3201, 18-3202 and 18-3203 of the Idaho Code, it is a crime for any public officer, law enforcement officer or person to falsify an official governmental or public record, or provide any false or forged instrument to be filed, registered or recorded in any public office within the state.

Nez Perce Tribal Police Department

DISQUALIFIERS
THE NEZ PERCE TRIBAL POLICE SHALL **NOT** CONSIDER EMPLOYMENT FOR ANY PERSON:

You are required to answer either YES or NO to each of these questions:

(For this purpose, the term convicted includes any disposition adverse to the subject, except a decision not to prosecute, a dismissal, or an acquittal. A dismissal entered after a period of probation, suspension, or deferral of sentence is considered a disposition adverse to the subject.)

Have you on any occasion illegally manufactured or delivered a controlled substance, and other substances defined in Chapter 13, Title 21 U.S.C. Section 812? □**YES** □**NO**

Have you illegally used any controlled substance by injection? □**YES** □**NO**

Have you on any occasion used or possess amphetamines or methamphetamines? □**YES** □**NO**

Have you on any occasion used or possessed Hallucinogens (LSC, PCP, hallucinogenic mushrooms, etc)? □**YES** □**NO**

Have you on any occasion used or possessed non-prescribed opiates or narcotics (heroin, morphine, etc)? □**YES** □**NO**

Have you on any occasion used or possess non-prescribed stimulants? □**YES** □**NO**

Have you engaged in "Huffing" or any substance including but not limited to gasoline, glue, paint, and paint thinner which are capable of causing a condition of intoxication, inebriation, excitement, stupefaction or the dulling of the brain or the dulling of the brain or nervous system as a result of the inhalation of the fumes or vapors or such chemical substances? □**YES** □**NO**

Have you received a Dishonorable Discharge from a brand of the Armed Forces? □**YES** □**NO**

Have you ever been convicted of a felony? □**YES** □**NO**

Have you ever been convicted of a misdemeanor involving theft, crimes of domestic violence, larceny, moral turpitude, sex offenses or controlled substances? □**YES** □**NO**

Have you ever sold, offered to sell, or transported for sale any illegal drugs/narcotics regardless of the time frame? □**YES** □**NO**

Have you ever been convicted of DUI, reckless driving or hit-and-run in the last 5 years? □**YES** □**NO**

If any of the above questions are found to be answered dishonestly, employment will be terminated.

_____ _____

Signature Date

NEZ PERCE TRIBAL POLICE
EMPLOYMENT APPLICATION FORM

Employing Agency:_____DATE: _____

A. INSTRUCTIONS

Application must be typewritten or **printed legibly** in ink. All questions must be answered. Applications which are not complete will not be considered. If space provided is not sufficient for complete answers or you wish to furnish additional information, attach sheets of the same size as this application, and number answers to correspond with questions.

B. POSITION APPLYING FOR

Job Title:

Are you applying for:

☐ F/T ☐ P/T ☐ Temp/Seasonal

☐ Reserve/Volunteer

What shifts will you work?

☐ Days ☐ Nights ☐ Any

NOTICE: During the Background Check, we will be contacting your present employer.

Available Start Date:

C. PERSONAL HISTORY

1. Full Name:

_____

First Middle Last

2. Date of Birth _____ Social Security Number _____- _____- _____

3. Applicant's Current Address:

_____

Address

_____

City County State Zip

_____

Telephone Number Message Number

Email: _____ Web Page: _____

Emergency Contact Name & Number: _____

Applicant Name: _____ (Print Legibly)

Other: List all other names you have used including circumstances and time periods you used them. (For example: maiden name, former name(s), alias(es), or nickname(s).

Name	Circumstance	Dates From Mo./Yr.	Dates To Mo./Yr.

4. Are you a United States Citizen? ❑ Yes ❑ No
   If naturalized, please provide: _____
   Place
   _____
   Court Naturalization No.

5. Do you have or have you ever applied for a passport? ❑ Yes Passport # _____ ❑ No
6. Are you a member of a Federally Recognized Tribe? ❑ Yes ❑ No Enrollment Number _____
   ***Please submit proof of Certified Indian Blood.**
7. Can you perform the essential functions of this job with or without reasonable accommodation? ❑ Yes ❑ No

D. EDUCATION/TRAINING

High School or GED Name/Address	Dates Attended Mo./Yr.		Years Completed	Did You Graduate?	Type of Diploma
	From	To			

*College/University Name/Address	Dates Attended Mo./Yr.		Credit Hours Earned		Did You Graduate?	Type of Degree
	From	To	Qtr.	Sem.		

Applicant Name: _____ (Print Legibly)

Major _____ Minor _____

Other Schools (Trade, Vocational, Business or Military):

Name/Address	Dates Attended Mo./Yr.		Credit Hours Earned	Area of Study	Did You Graduate?	Type of Degree or Certificate
	From	To				

1. Describe any awards, honors, citations, positions held in school organizations, and any other special recognition you received while attending school that you would like us to know about:

_____

_____

2. Have you ever been suspended or expelled from school? ☐ Yes ☐ No

If yes, please explain.

_____

_____

3. List any foreign languages you can speak:

_____

List any foreign languages you can read:

_____

List any foreign languages you can write:

_____

4. Indicate any law enforcement education/training (attach additional paper as necessary):

Name/Topic of Training	Certificate?	Date	Location of Training

Applicant Name: _____ (Print Legibly)

5. Has your law enforcement certification ever been suspended, revoked, relinquished or subject to discipline or investigation by POST or any other state's law enforcement certification agency? ❑ Yes ❑ No

   If yes, explain.

   _____
   Date(s)

   _____
   Date(s)

   _____
   Date(s)

6. Describe any special abilities, interests, and hobbies including the degree of proficiency:

   _____

   _____

   _____

7. Indicate any type of special license such as pilot, radio operator, etc., showing licensing authority, where the license was first issued, and date current license expires (except vehicle operator's license):

   _____

   _____

   _____

8. Indicate any special skills you possess and equipment you can use which may be related to law enforcement work. (For example: two-way radio communications, breathalyzer, speed detection equipment, firearms):

   _____

   _____

   _____

9. Have you had any training/education with K-9's? ☐ Yes ☐ No

   If yes, provide details:

   _____

   _____

   _____

E. TECHNOLOGY SKILLS

Check All Skills & Software Applications You Have Experience Using (any version):

☐PC User ☐Macintosh User ☐Windows ☐Microsoft Word ☐ Microsoft Access ☐Microsoft Excel

☐Microsoft Publisher ☐Web Page Design/Maintenance ☐E-Mail ☐Internet ☐Scanner ☐Copier ☐Fax

☐Other: Please list _____

Professional Licenses or Certificates Held:

Applicant Name: _____ (Print Legibly)

F. EMPLOYMENT HISTORY

(List chronologically all employment beginning with present employment, including summer and part-time employment while attending school. All time must be accounted for. If unemployed for a period, set forth dates of unemployment):

Employer:

Address:

Street City State Zip

Telephone: ( ) Supervisor Name:

Dates From: To: Final Rate of Pay:

Position Held:

Primary Duties:

Reason for Leaving:

Next Employer:

Employer:

Address:

Street City State Zip

Telephone: ( ) Supervisor Name:

Dates From: To: Final Rate of Pay:

Position Held:

Primary Duties:

Reason for Leaving:

Next Employer:

Employer:

Address:

Street City State Zip

Telephone: ( ) Supervisor Name:

Dates From: To: Final Rate of Pay:

Position Held:

Primary Duties:

Applicant Name: _____ (Print Legibly)

Reason for Leaving:

1. Have you ever been dismissed or asked to resign or had any disciplinary action taken against you from **any** employment or volunteer position you have held?

   ☐ Yes ☐ No

   If YES, please give details, including dates, employer's name, and specifics:

   _____

   _____

   _____

2. Have you resigned or left a job by mutual agreement following allegations of misconduct or unsatisfactory job performance?

   ☐ Yes ☐ No

   If YES, please give details, including dates, employer's name, and specifics:

   _____

   _____

   _____

3. Have you ever applied to or performed paid or unpaid services for a law enforcement agency not listed as an employer?

   ☐ Yes ☐ No

   If yes, please provide name of agency and date of application or service.

   _____

   _____

4. Do you or have you owned a business, or are you or were you a partner or corporate officer in any business or organization not listed previously as a current or former employer?

   ☐ Yes ☐ No

   If yes, please provide name and address of business, corporation or organization and describe your relationship or position, and nature of business.

   _____

   _____

   _____

Applicant Name: _____ (Print Legibly)

G. APPLICANTS WITH CURRENT OR PRIOR LAW ENFORCEMENT EXPERIENCE

1. Identify **ALL** complaints (however characterized) made against you by any member of the public.

Agency	Name of Complainant	Approximate Date	Disposition

2. Identify **ALL** complaints (however characterized) made against you by any law enforcement personnel (including supervisors or administrators)

Agency	Name of Complainant	Approximate Date	Disposition

3. Identify **ALL** claims or lawsuits (however characterized) filed against you or your employing agency based on allegations of negligent or wrongful acts or omissions by you.

Agency	Name of Plaintiff(s)	Approximate Date	Court Where Filed

Applicant Name: _____ (Print Legibly)

4. Identify **ALL** disciplinary action (however characterized) taken against you by a law enforcement employer.

Agency	Supervisor or Administrator Taking Action	Approximate Date	Basis and Form of Discipline

5. Identify **ALL** circumstances in which you have been requested or ordered to take a polygraph exam, CVSA or any other form of truth/deception technology.

Agency	Basis for Exam	Approximate Date	Outcome

H. DRIVING HISTORY

1. Are you a licensed Idaho automobile operator? ☐ Yes ☐ No License No.: _____
   Date of Expiration:_____ Restrictions:_____

2. Do you hold or have you ever held an operator license in another state? ☐ Yes ☐ No
   If yes, please provide state(s), name used and approximate dates license(s) was/were held.

   _____

   _____

3. Have you ever been denied issuance of a license or have you ever had a license suspended or revoked?
   ☐ Yes ☐ No
   If yes, please provide complete details including why license was revoked.

   _____

   _____

   _____

Applicant Name: _____ (Print Legibly)

4. Have you ever had automobile insurance refused, withdrawn, revoked, or required to obtain special risk insurance?

☐ Yes ☐ No

If yes, please provide complete details.

_____

_____

_____

I. MILITARY HISTORY

1. Have you ever served on active duty in the Armed Forces of the United States? ❑ Yes ❑ No

Branch of Service:_____ Highest Rank:_____

Serial #:_____ Duty Dates: From: _____ To: _____ From: _____ To: _____

From: _____ To: _____ From: _____ To: _____

2. Date and type of discharge: _____

3. Are you now or have you ever been a member of a reserve unit or the National Guard? ❑ Yes ❑ No

4. If yes state the branch of service, name and location of your unit:

_____

_____

_____

5. Was any type of disciplinary action taken against you in the service? ❑ Yes ❑ No

If yes, please provide:

Date: _____ Place: _____

Nature of Offense:_____

Action Taken:_____

6. Have you ever served in the Armed Forces of a foreign country? ❑ Yes ❑ No

If yes, please specify countries and dates.

_____

_____

_____

Applicant Name: _____ (Print Legibly)

VETERAN'S PREFERENCE

If you are NOT claiming Veteran's Preference, please initial here _____ and proceed to the next section.

Per Idaho Code, Title 65, Chapter 5, Employer will afford a preference to employment of veterans. In the event of equal qualifications and experience between candidates for an available position, a veteran who qualifies will be preferred. If claiming veteran's preference, please complete the information below and attach a copy of your DD-214 to this application.

(Reference Idaho Code, Title 65, Chapter 5, and 5 U.S.C. § 2108)

The term "**active duty**" means full-time duty in the Armed Forces, but NOT active duty for training.

Preference Eligible Veterans:

- ☐ I served on active duty in the armed forces of the United States for a period of more than one-hundred eighty (180) days and was honorably discharged.
- ☐ I have a service-connected disability of 10% or more.
- ☐ I am the spouse of an eligible disabled veteran, who has a service-connected disability.
- ☐ I am the widow or widower of an eligible veteran and have remained unmarried.
- ☐ I have attached a copy of my DD-214. Veteran's preference will not be considered without this document.

J. BUSINESS INTERESTS & LICENSES

1. Do you or have you ever owned any stock or interest in any firm, partnership or corporation dealing wholly or partly in the sale or distribution of alcoholic beverages? ❑ Yes ❑ No
2. Are you now issued or have you ever been issued a license to engage in a business or profession? ❑ Yes ❑ No
3. Was any such license ever cancelled, relinquished, suspended or revoked? ❑ Yes ❑ No

If yes to question #1, #2 or #3, please provide details including name and address of business, the type of license or certificate, the agency that issued the license, effective date of license and license number.

_____

_____

_____

_____

_____

_____

_____

_____

_____

Applicant Name: _____ (Print Legibly)

K. ORGANIZATION MEMBERSHIP

1. Are you now, or have you ever been, a member of any foreign or domestic organization, association, movement, group or combination of persons which advocates or approves the commission of acts of force or violence to deny other persons their rights under the constitution of the United States, or which seeks to alter the form of government of the United States by unconstitutional means?

   ❑ Yes ❑ No

   If YES, including name of organization, dates of membership and location.

   _____

   _____

   _____

2. Have you ever made a financial or other material contribution to any organization of the type described in question #1 above?

   ❑ Yes ❑ No

   If YES, explain including name of organization, date(s) and location.

   _____

   _____

   _____

3. At the time of your membership, participation, or contribution, did you know of any unlawful aims of the organization?

   ❑ Yes ❑ No

   If YES, explain including name of organization, dates and location.

   _____

   _____

   _____

Applicant Name: _____ (Print Legibly)

1. Personal References: Please list the names of three (3) persons not related to you by blood or marriage)

L. PERSONAL & PROFESSIONAL REFERENCES

Complete Name (Last,First,Middle) Yrs. Known / Occupation	Home Address: City, State, & Zip: Home Phone: Business Address: City, State & Zip: Business Phone:
Complete Name (Last,First,Middle) Yrs. Known / Occupation	Home Address: City, State, & Zip: Home Phone: Business Address: City, State & Zip: Business Phone:
Complete Name (Last,First,Middle) Yrs. Known / Occupation	Home Address: City, State, & Zip: Home Phone: Business Address: City, State & Zip: Business Phone:

2. Professional References: List names of three (3) professional references who have known you well for at least five (5) years and who are not related to you by blood or marriage.

Complete Name (Last,First,Middle) Yrs. Known / Occupation	Home Address: City, State, & Zip: Home Phone: Business Address: City, State & Zip: Business Phone:
Complete Name (Last,First,Middle) Yrs. Known / Occupation	Home Address: City, State, & Zip: Home Phone: Business Address: City, State & Zip: Business Phone:

Applicant Name: _____ (Print Legibly)

Complete Name (Last,First,Middle)		
Yrs. Known	Occupation	Home Address: _____ City, State, & Zip: _____ Home Phone: _____ Business Address: _____ City, State & Zip: _____ Business Phone: _____

M. DOCUMENTS TO BE ATTACHED TO APPLICATION

1. Attach a certified copy of birth certificate.
2. Attach a certified copy of high school diploma or GED, college diploma or transcripts.
3. Attach a copy of military discharge(s).

N. OTHER REQUIREMENTS

When requested by this agency, applicant will be fingerprinted and shall be required to submit to a drug test and complete physical examination, as well as be required to complete the Background Information form and a polygraph examination.

Applicant Name: _____ (Print Legibly)

O. SIGNATURE & CERTIFICATION OF ACCURACY & NOTARY SEAL

I, _____, hereby certify that each and every statement made on this form is true and complete to the best of my knowledge, and I understand that any misstatement or omissions of information will subject me to disqualification or dismissal. I, also, acknowledge that I have a continuing duty to update all information contained in this document and, if employed by this Agency, I acknowledge that my failure to update this information may result in my discipline up to and including termination from employment. I understand that should an investigation disclose inaccurate, incomplete or misleading answers, my application may be rejected and my name removed from consideration for employment with Employer, and if employed, my termination from employment.

Signed this the _____ day of _____, 20____

Signature in Full

_____

Print Named in Full

NOTARY

State of _____)
:ss.
County of _____)

On this ____ day of _____, 20___, before me, the undersigned notary public in and for said State, personally appeared _____ or identified to me to be the person whose name is subscribed to the within instrument, and acknowledged to me that he/she executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year in this Statement first above written.

_____

Notary Public in and for the State of _____

Residing in _____ (Official Seal)

My Commission Expires:_____, 20____.

Applicant Name: _____ (Print Legibly)

RELEASE OF INFORMATION

TO: _____ APPLICANT'S NAME: _____

_____

_____ DATE OF BIRTH: _____

OR Repository of Records SOCIAL SECURITY NO.: _____

NAME & ADDRESS OF EMPLOYING AGENCY REQUESTING BACKGROUND INFO:

_____

_____

_____

I hereby authorize any authorized representative bearing this release, or copy thereof, to obtain any information in your files pertaining to me including, but not limited to, achievement, attendance, personal history, disciplinary records, credit records, criminal history records, training records, and educational records. I specifically authorize all of my prior employer(s) to give their opinions about my prior work history, work ethic, whether or not they would rehire me and any other opinions that may be pertinent to my application for employment with the requesting agency.

I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the requesting agency. Consent is granted for the agency to furnish such information, as is described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, as the custodian of such records, and your employer, education institution, credit bureau or consumer reporting agency, including its officers, employees, and related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. A photocopy of this form will be as effective as the original.

I hereby authorize the National Records Center, St. Louis, Missouri, or other custodian of my military record to release information or photocopies from my military personnel, including a photocopy of my DD 214, Report of Separation, to:

_____

_____

_____

Signed this the _____ day of _____, 20____.

_____

Signature in Full

_____

PRINTED Signature in Full

NOTARY

State of _____)

:ss.

County of _____)

On this ____ day of _____, 20___, before me, the undersigned notary public in and for said State, personally appeared _____ or identified to me to be the person whose name is subscribed to the within instrument, and acknowledged to me that he/she executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year in this Statement first above written.

_____

Notary Public in and for the State of _____

Residing in _____ (Official Seal)

My Commission Expires_____, 20____