SALISBURY POLICE DEPARTMENT

An Internationally Accredited Law Enforcement Agency

L. Mark Wilhelm
Chief of Police

MEMORANDUM

To: Telecommunicator Applicants

From: Sergeant Hayes Russell

Subject: Telecommunicator Application Packet

Sir or Madam,

Please find the contents of the Telecommunicator Application Packet enclosed.

There are several documents that must be notarized and there are numerous documents that you will be required to produce copies of in order for your application to proceed.

After you have reviewed the application packet, if you have any questions please call either Ms. Ruth Chaparro at (704) 638 2186 or Sergeant Hayes Russell at (704) 638-5343 for any needed clarifications.

When you have completed the packet it must be returned to the City of Salisbury, Human Resources Department, 132 North Main Street or P.O. Box 479, Salisbury, NC 28145-0479 for processing.

Thank you for your interest in the Salisbury Police Department and I look forward to meeting you in person as you proceed in the Telecommunicator hiring process.

Sincerely,

Sgt. Hayes Russell

Sergeant Hayes Russell
Training Sergeant
Salisbury Police Department
130 East Liberty Street
Salisbury, NC 28144
(704) 638-5343 Office
(704) 638-5348 Fax
hruss@salisburync.gov

NOTICE TO APPLICANTS

When submitting your application for a civilian position in the Police Department, the following is required:

1. Complete the Background Questionnaire, which includes a "**criminal offense record and disciplinary actions**" section, and have it **notarized** (last two pages). Return it with the application to the Human Resources Department. This is a requirement in order for the Police Department to do a background investigation. If the application and release form are not notarized, the application **will not** be processed.

2. Application with the Police Department is a lengthy process. Because of the involvement in security interests and intense background investigations, Police Department applications take time. You can expedite your process by having the forms completed properly and all necessary items included. Please make sure all addresses are complete with zip codes.

In addition to the application packet, include the following:

Copy of your driver's license
Copy of your Social Security Card
Copy of high school and/or college diplomas
Copy of your birth certificate
Copy of DD214 (if applicable)
Copy of any special certificates you believe appropriate

If your address or telephone number changes, notify the Human Resources Department so the information can be changed on the application.

CITY OF SALISBURY
P.O. BOX 479, SALISBURY, NC 28145-0479

THE CITY OF SALISBURY
HUMAN RESOURCES DEPARTMENT
City Office Building
132 North Main Street, 2nd Floor
P. O. Box 479
Salisbury, NC 28145-0479

EMPLOYMENT OPPORTUNITIES

POLICE TELECOMMUNICATOR

Now accepting applications for **FUTURE** vacancies. Performs specialized communications and related record keeping functions at the Police Department. Seeking individuals with a teamwork attitude in a growing service area. Duties include working with some of the most current equipment in the communications field. Individuals should be interested in providing quality customer service. Must be able to handle 911 emergency phone calls as well as business phone calls, and handle walk-in traffic. Ability to enter calls for service into a computer-aided dispatching system and dispatch calls for service to officers through the radio system. Must be at least 21 years of age, able to work 8 or 10 hour shifts, have residential telephone service, and able to respond to job call back. Requires completion of twelfth grade or equivalent. Must have keyboarding and computer skills. **Typing test will be administered (requires minimum of 25 WPM).** Prefer experience and training in the operation of communications equipment. Salary range: $25,416 - $44,033.

REQUIRES an *application packet, including a background questionnaire.* To obtain a packet, visit or call the City of Salisbury Human Resources Department, 132 North Main Street, 2nd Floor. Phone: (704)638-5226. **Apply online at: www.salisburync.gov**

The City of Salisbury prohibits discrimination on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services.

Salary Revised: 01/18/2008

0220 TELECOMMUNICATOR - AUTHORITY AND RESPONSIBILITY

0220.1 Appointment A Telecommunicator is appointed by the Chief of Police.

0220.2 Authority Subject to law, rules of the Department, and directives of the Support Services Lieutenant and appropriate supervisory personnel, a Telecommunicator is responsible for carrying out functions of the Department's telecommunications system.

0220.3 Rank A Telecommunicator shall hold no military rank, unless staffed by a sworn member of the Department.

0220.4 General Duties and Responsibilities A Telecommunicator shall, within legal authority, be responsible for the following:

a) Operation of the two-way radio system.

b) Receive requests for assistance, determine priorities, and dispatch police units accordingly.

c) Receive and disseminate information from the Division of Criminal Information Computer (DCI).

d) Operation of the telephone system, when necessary.

e) Document and maintain records on calls for service via use of the Computer Aided Dispatch (CAD) system.

f) Operation of electronic security system throughout the Police Department building.

g) Coordinate assistance for persons reporting to the Police Department.

h) Notify auxiliary (fire, ambulance, etc.) agencies when required by the nature of the call.

i) Perform other related duties as required by command and supervisory personnel.

SALISBURY POLICE DEPARTMENT TELECOMMUNICATOR HIRING PROCESS

THE SALISBURY POLICE DEPARTMENT HIRING PROCESS FOR THE POSITION OF TELECOMMUNICATOR IS AS FOLLOWS:

1. THE POSTING OF THE EMPOLYMENT OPPORTUNITY IS PERFORMED.

2. APPLICATIONS ARE RECEIVED BY THE CITY OF SALISBURY HUMAN RESOURCESES DIVISION AND ARE SCREENED FOR COMPLETENESS AND VIABILITY OF THE APPLICANT.

3. APPLICATION PACKETS ARE TRANSMITTED TO THE POLICE DEPARTMENT FOR PROCESSING.

4. THE TRAINING SERGEANT REVIEWS THE PACKETS TO ENSURE THERE ARE NO ENTRIES IN THE APPLICATION BARRING PROGRESSION TO THE NEXT STEP IN THE PROCESS; CONDUCTS AN INITIAL REVIEW OF ALL MATERIALS; CRIMINAL HISTORIES AND BACKGROUND QUESTIONAIRE.

5. CANADATES WILL RECEIVE A LETTER WITH INSTRUCTIONS FOR CONDUCTING THEIR TYPING TEST, WRITTEN EXAMINATION DATE AND ORAL BOARD SCHEDULE.

6. THE TYPING TEST IS ADMINISTERED TO THE APPLICANTS BY THE NC EMPLOYMENT SECURITY COMMISSION AND THOSE ABLE TO TYPE A NET OF TWENTY-FIVE WORDS PER MINUTE WILL PROGRESS TO THE NEXT PART OF THE HIRING PROCESS.

7. A VALIDATED TELECOMMUNICATOR ENTRY LEVEL WRITTEN EXAMINATION IS ADMINISTERED TO THE APPLICANTS AND THOSE SCORING SEVENTY PERCENT OR MORE WILL PROGRESS TO THE NEXT STEP OF THE HIRING PROCESS.

8. AN ORAL REVIEW BOARD IS CONDUCTED AND THOSE WHO SCORE SIXTY PERCENT OR MORE, PROGREESS TO BACKGROUND INVESTIGATIONS, TO BE

CONDUCTED BY DEPARTMENTAL PERSONNEL.

9. THE CHIEF OF POLICE CONDUCTS AN HIRING INTERVIEW WITH APPLICANTS TO CONSIDER THEIR OVERALL SUITABILITY FOR THE POSITION OF TELECOMMUNICATOR.

10. ONCE CONSIDERED "VIABLE", APPLICANTS MAY BE RECALLED FOR UP TO ONE YEAR FOR A CONDITIONAL OFFER, FROM THE DATE OF CHIEFS INTERVIEW.

11. THE CHIEF OF POLICE DETERMINES WHICH APPLICANTS WILL RECEIVE A CONDITIONAL JOB OFFER AND THE OFFER IS PREPARED AND DELIVERED TO THE APPLICANT.

12. UPON ACCEPTANCE THE APPLICANT WILL RECEIVE A PHYSICAL EXAMINATION AND DRUG SCREEN TO DETERMINE THEIR SUITABILITY FOR THE POSITION OF TELECOMMUNICATOR.

13. A POLYGRAPH EXAMINATION IS ADMINISTERED BY A SALISBURY POLICE DEPARTMENT POLIGRAPHER.

14. THE APPLICANT WILL BE ADMINISTERED PSYCHOLOGICAL EXAM THAT IS REQUIRED BY THE SALISBURY POLICE DEPARTMENT.

15. UPON SUCCESSFULCOMPLETION OF THESE FOREGOING STEPS OF THE HIRING PROCESS THE APPLICANT IS HIRED BY THE SALISBURY POLICE DEPARTMENT AND ENTERS A TELECOMMUNICATOR FIELD TRAINING PROGRAM.

The time line for the foregoing hiring process may in fact be several months long due to the nature of the steps involved and described herein. All applicants that enter the hiring process are kept up to date on the status of the process and are free to call and check on their status at any time.

THE CITY OF SALISBURY

EMPLOYMENT INFORMATION

HUMAN RESOURCES DEPARTMENT
City Office Building
132 North Main Street, 2nd Floor
P. O. Box 479
Salisbury, NC 28145-0479
(704) 638-5217 Phone
(704) 638-8454 Fax
(704) 638-5355 Job Opportunities Hotline

AN EQUAL EMPLOYMENT OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

The City of Salisbury is dedicated to equality of opportunity. Accordingly, discrimination on the basis of race, color, national origin, sex, religion, age, or disability in employment or the provision of services is prohibited. As a matter of choice, an Affirmative Action Plan has been adopted.

APPLICATION INSTRUCTIONS

The Human Resources Department administers the recruitment and selection process for staff vacancies. Vacant positions are published on the Employment Opportunities Bulletin as vacancies occur. Information about posted vacancies is also available through the 24-hour Job Opportunities Hotline (638-5355) as well as the City of Salisbury website (*www.salisburync.gov/hr*). Applications are not accepted for positions that are not currently available. In addition, applications that are submitted which do not specify a vacant position will not be processed. The Human Resources Department is open from 8:30 a.m. until 5:00 p.m., Monday-Friday.

Your application is the primary source of information in considering you for employment and, therefore, should represent your best effort. Fill out all sections completely and to the best of your ability. Indicate the specific position for which you are applying. If you wish to apply for positions in different occupational areas, you must submit a separate application for each position. **A personal resume may be submitted as a supplement to the application. Applications that are unsigned, incomplete or do not specify the position for which you are applying will not be considered.** Providing false or misleading information or documentation may result in your application being disqualified or your dismissal, if employed. The disclosure of Equal Opportunity Information is voluntary. It is used to monitor recruitment efforts. This information in no way affects you as an applicant. Once submitted, application materials become the property of the City.

All candidates (including those applying for temporary or seasonal positions) are asked to submit to drug testing prior to being offered employment. A positive drug test result eliminates an applicant from further consideration. Candidates for regular full-time and part-time positions are required to get physicals paid for by the City. These physicals will be scheduled only after a conditional job offer is made. Employment is contingent upon a positive recommendation from the City's physician.

In accordance with Federal Law providing SSNs are voluntary. SSNs are used by the City for applicant tracking purposes. If selected for consideration for employment SSNs will be required.

EMPLOYEE BENEFITS

* 12 days vacation (annual leave) per year increasing with service to 21 days
* 12 days paid sick leave per year
* 10 paid holidays per year
* Free life and accidental death/dismemberment insurance
* Contributory retirement system (LGERS)
* Deferred Compensation Program
* Disability Insurance
* Free medical/hospitalization/dental insurance
* Education reimbursement
* Merit Pay Plan
* Credit Union membership
* Worker's Compensation
* Service recognition
* 401(k)
* Uniforms
* Wellness Program

(Part-time employees who work more than 1000 hours in a calendar year receive prorated benefits. Part-time employees who work less than 1000 hours in a calendar year receive no benefits.)

DEPENDENT AND FAMILY BENEFITS

* Life and accidental death/dismemberment insurance
* Supplemented premiums for dependent medical and dental insurance coverage
* Credit Union membership
* COBRA
* Section 125 Medical and Dependent Care Reimbursement

OVERTIME COMPENSATION AGREEMENT

Employees who are classified as non-exempt under the provisions of the Fair Labor Standards Act (FLSA) always receive overtime pay or compensatory time off for working over 40 hours in one week. It is the City's policy to compensate employees for overtime work with compensatory time off, when possible, in lieu of overtime pay.

Thank you for your interest in employment with the City of Salisbury!

THE CITY OF SALISBURY
EMPLOYMENT APPLICATION

An Equal Opportunity/Affirmative Action Employer

HUMAN RESOURCES DEPARTMENT
City Office Building
132 North Main Street, 2nd Floor
P. O. Box 479
Salisbury, NC 28145-0479
(704) 638-5217 Phone
(704) 638-8454 Fax
(704) 638-5355 Job Opportunities Hotline

CURRENT DATA:

Position Applied For_____ Position #_____ Date _____

Name _____
(LAST) (FIRST) (MIDDLE) (PREFERRED NAME)

Mailing Address _____
(STREET , RFD or P.O. BOX) (CITY) (STATE) (ZIP)

Telephone (Home) _____ (Business) _____

Email Address _____ If neither, where can you be reached? _____

Social Security No._____ Are you at least 18 years of age? Yes_____ No_____
(SSN Voluntary, for record keeping and data processing)

EDUCATION AND TRAINING:

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 GED College 1 2 3 4 Graduate School 1 2 3 4

Type of School	Name and Location	Graduated	Type Diploma/Degree	Field of Study
High School		Yes No		
Business or Technical School		Yes No		
College or University		Yes No		
Graduate School		Yes No		

List fields of work for which you are licensed, registered, or certified, giving date(s) and source(s) of issuance.

_____

_____

Do you possess a valid driver's license? Yes____ No____ Lic. No. _____ State _____

Is your driver's license a Commercial Driver's License (CDL)? Yes _____ No _____ If YES, indicate the class _____

SPECIALIZED SKILLS:

Please list any skills, knowledge, or abilities you have that you feel are applicable to the position for which you are applying. Include skills with equipment or machines you operate. If you wish consideration for a clerical position, indicate typing speed and word processing software packages used.

CLERICAL	AUTOMOTIVE EQUIPMENT
1.	1.
2.	2.
3.	3.
4.	4.

Describe other special qualifications or skills (publications, public speaking, and membership in professional or scientific organizations, hobbies, or volunteer work). _____

_____

_____

_____

GENERAL INFORMATION:

Minimum salary (wage) requirements $ _____ per _____

Have you previously worked for the City? Yes____ No____ When_____ Dept. _____

Are you related by blood or marriage to any person now employed by the City of Salisbury? Yes_____ No _____

Name_____ Relationship_____ Dept. _____

Name_____ Relationship_____ Dept. _____

Have you pled guilty, nolo contendere (no contest) or been convicted of a felony in the last seven years? If yes, please describe in full. (Conviction will not necessarily disqualify an applicant from employment.) Yes _____ No _____

_____

_____

Are you a United States Citizen or do you currently have authorization to work in the United States?
Yes____ No _____

Have you complied with the requirements of the Federal Selective Service Registration Act (Draft Registration)?
N/A _____ Yes _____ No _____

Have you been dismissed or forced to resign from a job for any reason? Yes _____ No _____ If yes, describe:

_____

_____

_____

EMPLOYMENT HISTORY:

List your work history beginning with the present or most recent employer. Include details on periods of unemployment and military service, as well as part-time, summer, and related volunteer work. If more space is required, please request additional work history sheets or attach additional sheets using the same format.

Name and Address of Employer _____

_____

Dates of employment From_____ To_____ Title of Position _____

Full-Time_____ Part-Time_____ Name and Title of Supervisor _____

Salary $_____ Reason you wish to leave _____

Description of Duties and Responsibilities _____

_____

_____

_____

May we contact this employer? Yes _____ No _____

Telephone Number: _____

Name and Address of Employer _____

_____

Dates of employment From_____ To_____ Title of Position _____

Full-Time_____ Part-Time_____ Name and Title of Supervisor _____

Salary $_____ Reason for leaving _____

Description of Duties and Responsibilities _____

_____

_____

_____

May we contact this employer? Yes _____ No _____

Telephone Number: _____

Name and Address of Employer _____

_____

Dates of employment From_____ To_____ Title of Position _____

Full-Time_____ Part-Time_____ Name and Title of Supervisor _____

Salary $_____ Reason for leaving _____

Description of Duties and Responsibilities _____

_____

_____

_____

May we contact this employer? Yes _____ No _____

Telephone Number: _____

Name and Address of Employer _____

_____

Dates of employment From_____ To_____ Title of Position _____

Full-Time_____ Part-Time_____ Name and Title of Supervisor _____

Salary $_____ Reason for leaving _____

Description of Duties and Responsibilities _____

_____

_____

_____

May we contact this employer? Yes _____ No _____

Telephone Number: _____

EMPLOYMENT HISTORY CONTINUATION SHEET

Name and Address of Employer _____

Dates of employment From_____ To_____ Title of Position _____
Full-Time_____ Part-Time_____ Name and Title of Supervisor _____
Salary $_____ Reason for leaving _____
Description of Duties and Responsibilities _____

May we contact this employer? Yes_____ No_____
Telephone number:

Name and Address of Employer _____

Dates of employment From_____ To_____ Title of Position _____
Full-Time_____ Part-Time_____ Name and Title of Supervisor _____
Salary $_____ Reason for leaving _____
Description of Duties and Responsibilities _____

May we contact this employer? Yes_____ No_____
Telephone number:

Name and Address of Employer _____

Dates of employment From_____ To_____ Title of Position _____
Full-Time_____ Part-Time_____ Name and Title of Supervisor _____
Salary $_____ Reason for leaving _____
Description of Duties and Responsibilities _____

May we contact this employer? Yes_____ No_____
Telephone number:

Name and Address of Employer _____

Dates of employment From_____ To_____ Title of Position _____
Full-Time_____ Part-Time_____ Name and Title of Supervisor _____
Salary $_____ Reason for leaving _____
Description of Duties and Responsibilities _____

May we contact this employer? Yes_____ No_____
Telephone number:

AUTHORIZATION AND ACKNOWLEDGEMENTS

I understand that employment with the City of Salisbury is contingent upon the successful completion of a drug screening test. I consent to the testing and understand that the result could preclude my employment.

I understand that upon receiving a conditional job offer, I must pass a physical examination.

I understand that acceptance of an offer of employment does not create an expressed or implied contractual obligation upon the employer to continue to employ me in the future.

Pursuant to the Immigration Reform and Control Act of 1986, I understand that, if hired, I must provide the City with the appropriate document(s) verifying both identity and employment eligibility to work in the United States.

Consistent with the provisions contained in the 1985 amendments to the Fair Labor Standards Act, I understand that it is the City's policy to compensate non-exempt employees for overtime work with compensatory time off, when possible, in lieu of overtime pay. If employed, I agree to accept, at the discretion of the City, either compensatory time off or overtime pay, as appropriate compensation for overtime work I may be required to perform as an employee of the City of Salisbury.

In accordance with the Americans with Disabilities Act, I understand the City will consider reasonable accommodation if requested.

I authorize a review and full disclosure of all records concerning myself to any duly authorized agent of the City of Salisbury, whether the said records are of a public, private, or confidential nature. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information, and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information. A photocopy of this release will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

I understand that disclosure of my Social Security Number (SSN) is requested as part of this application for employment with the City of Salisbury. During the employment application process, my SSN will be used as a unique number in order to identify me within the City's current applicant tracking system. Disclosure of my SSN at the time I apply for employment is voluntary, but disclosure of my SSN is mandatory before I may be employed by the City.

I understand that the Federal Law requires the City to report income and SSN's for all employees to whom compensation is paid. Employee's SSNs are maintained and used by the City for payroll, benefits, internal verification and administrative purposes, to verify employment, and to conduct background checks for security sensitive positions.

I understand that an incomplete application will not be considered. An incomplete application is defined as one lacking "any" of the required information.

I certify that all statements made in this application are true, complete and correct to the best of my knowledge and belief, and that any false statements or major omissions shall be considered sufficient cause for employment disqualification or dismissal.

Signature_____ Date _____

EQUAL OPPORTUNITY INFORMATION

The City of Salisbury is an Equal Opportunity/Affirmative Action employer. The following information is needed in order to comply with reporting requirements of the Equal Employment Opportunity Commission. This form will be separated from your employment application and will not be used in any way in the selection process or for any personnel action following employment.

DATE _____

POSITION APPLIED FOR _____

NAME _____
Last First Middle

ADDRESS_____

TELEPHONE _____ SEX: _____Male _____Female

DATE OF BIRTH: _____ SOCIAL SECURITY NO._____
(SSN Voluntary, for record keeping and data processing)

CHECK IF APPLICABLE: _____ Disabled _____ Vietnam Era Veteran _____ Disabled Veteran

ETHNIC CATEGORY:

_____ White (Origins in Europe, North Africa, the Middle East, or the Indian Subcontinent)

_____ Black (Origins in any of the black racial groups)

_____ Hispanic (Mexican, Puerto Rican, Cuban, Central or South American or other Spanish Culture or group, regardless of race)

_____ Asian or Pacific Islanders (Origins in the Far East, Southeast Asia, or the Pacific Islands)

_____ American Indian or Alaskan Native (Origins in the original peoples of North America)

The following information is needed to help evaluate the effectiveness of the recruitment program:
HOW DID YOU LEARN OF THIS OPENING? (Please check all that apply)

_____ Newspaper (which one?) _____

_____ Professional magazine or newsletter (specify) _____

_____ Employment Security Commission:

_____ City of Salisbury Website

_____ Job / Career Fair (If so, what location) _____

_____ Personal referral (who?) _____

_____ Other (specify) _____

Salisbury Police Department

Recruitment and Selection Brochure

"Quality service through quality people"

The Salisbury Police Department is an Equal Opportunity Employer

A Nationally Accredited Law Enforcement Agency

Message from the Chief of Police:

In a democratic society, the ultimate responsibility for peace, good order and law observance rests with the community of citizens of that society. The complexity of modern societies usually dictates that policing efforts be coordinated and directed by a force of paid professionals who derive their power from the public they serve. The role of the professional police officer is to supplement and aid community efforts, not to supplant them. Peacekeeping and observance of the law must be a joint police/community effort in order to succeed. The fundamental mission of the Salisbury Police Department, then, is to provide the professional leadership and professional support required to sustain and improve the community's efforts to become free of crime and disorder.

To members of the public, the police officer they encounter in their daily lives is the police department. Officers who are competent, polite and caring will positively influence citizens and will cause them to develop confidence in and respect for their police department. For this reason the Salisbury Police Department reaffirms its view that one of the basic and continuing responsibilities of every member of this organization is to strengthen the affinity between the public and the police service.

In keeping with this philosophy the following principles are considered basic to the understanding of the role of the Salisbury Police Department.

- To engage in activities that reduce crime and disorder and enhance the quality of life;

- To recognize that the power of the police to fulfill their functions and duties is dependent on the public approval of their existence, actions and behavior, and on their ability to secure and maintain public respect; and

- To seek and preserve a positive relationship with the public by constantly providing fair and equitable service and enforcement of all laws without regard to personal opinion about individual laws; by the ready offering of professional service and consideration to all members of the public; by the ready exercise of courtesy, and by the ready offering of individual sacrifice in protecting and preserving life.

Mark Wilhelm, Chief of Police
Salisbury Police Department

AUTHORITY

The Salisbury Police Department is organized under authority of the Charter of the City of Salisbury. The Chief of Police is the administrative head of the Police Department and serves as authorized in North Carolina General Statute 160A-281.

The Chief of Police, and each officer of the Department, shall have the powers and authority vested in peace officers as authorized by the General Statutes of North Carolina. Such powers and authority are granted for the purpose of enforcing North Carolina State Laws and Salisbury City Ordinances, preserving the peace of the City, suppressing disturbances, preventing crimes, and apprehending offenders.

Such powers, duties and authority may be exercised within the corporate limits of the City of Salisbury, one (l) mile beyond the corporate limits, within any property or right-of-way owned by the City whether it be located within or without the corporate limits.

An officer may arrest persons outside the corporate limits and outside the City's extraterritorial jurisdiction when the person has committed an offense within that territory for which the officer could have arrested the person, and the arrest is made during such person's immediate and continuous flight from that territory. Any officer pursuing an offender outside the corporate limits or extraterritorial jurisdiction of the City shall be entitled to all the rights, privileges and benefits to which the officer would be entitled to if acting within the City.

The Police Department is an executive branch of municipal government for the City of Salisbury, established by city ordinance. Functions assigned to the Police Department are: l) prevention and detection of criminal activity; 2) apprehension of offenders; 3) protection of life and property; 4) enforcement of laws and ordinances; and 5) provision of other services that may be deemed proper functions of a police agency.

The Department shall be organized with such operational and support units as may be established by the Chief of Police for the purpose of achieving the objectives of the police function. The authorized personnel strength of the Department shall not exceed that authorized by the City Manager. Department personnel and resources shall be organized in a manner that ensures maximum efficiency and effectiveness at minimal cost. It is essential that the organizational structure be relevant and flexible, and that a constant and continuing program of inspections and evaluations is established to ensure that the needs of the Department and the citizens of Salisbury are met.

The Community Policing Strategy

The Salisbury Police Department operates using a Community Policing Strategy of which there is several major parts. In addition to the Vision, Values and Mission Statement described earlier in the Police Mission Statement there are ten Strategic Outcomes that are part of this plan.

They are to Improve management of calls for service, improve the effectiveness of the patrol function, improve the quality of criminal investigations, implement crime analysis capability, strengthen justice system partnerships, expand partnerships with community service agencies, City agencies, neighborhood organizations, improve human resource management and implement more effective management practices.

The Crime Control Plan has several goals. They are, Improve understanding and awareness of diverse cultures; Improve neighborhoods, Decrease youth at risk behavior, Develop support services for victims of crime, Strengthen community partnerships by sharing information and using resources wisely, Reduce recidivism and deal more effectively with repeat adult and juvenile offenders and Decrease crime by strengthening family structures.

SALISBURY POLICE DEPARTMENT

BACKGROUND QUESTIONNAIRE

The Salisbury Police Department views the questions in this form as necessary to adequately and fairly evaluate applicants for positions within the police department. These questions are intended to develop information to conduct a thorough background investigation. This form is provided to the applicant in order to gain the initial background information from the applicant and not other possible unreliable sources. The information obtained will be verified through the complete background investigation.

Form B – 1
(Revised 12/05/LHR)

SALISBURY POLICE DEPARTMENT

BACKGROUND INFORMATION QUESTIONNAIRE

INSTRUCTIONS: You must use typewriter or print legibly in ink. You are required to fill out the form in its entirety. If you need more room to completely answer a question, add additional pages. When adding additional pages make sure that the addition clearly defines what question is being completed. If any question does not pertain to you place N/A in the space provided.

NOTE: All statements and answers will be verified through a background investigation, any incorrect responses or omissions may prevent or remove you from further consideration as an employee of the Salisbury Police Department.

Position Applied for _____

Date: _____
Month Day Year

PERSONAL

1. Name _____
Last First Middle

Females list maiden name and any previous married names or legal name changes:

_____

_____

_____

_____

Males list all legal name changes:

_____

_____

_____

2. Date of Birth _____ Place of Birth _____
Month Day Year

3. Social Security Number _____

4. Present Mailing Address:

_____
Street & Number City State Zip code

5. Permanent Mailing Address: (If different than above)

_____
Street & Number City State Zip Code

Telephone Number: Home _____ Work _____

6. Have you submitted an application for employment to this agency before?

Yes _____ No _____ Approximate date: _____

EDUCATIONAL

7. In the space provided list the schools you have attended. Include those schools you attended but did not complete any courses.

HIGH SCHOOL

Name and Address _____

Year graduated _____

COLLEGE OR UNIVERSITY

a. Name and Address _____

Year attended _____ Year Graduated _____

Major field of study _____ Degree Received _____

b. Name and Address _____

Year attended _____ Year Graduated _____

Major field of study _____ Degree Received _____

EXTENSION OR CORRESPONDENCE COURSES

Name of School/Course _____

Degree or Certificate received _____

Date Completed _____

8. If you did not graduate from high school, did you complete the General Educational Development (GED) Test? Yes _____ No _____

If yes, when and where did you complete the GED? _____

Questions included in the next section are intended to assist in the conducting of a background investigation and are not intended for use by the Salisbury Police Department as disqualifying factors for employment.

9. Marital Status (***Check all of the following that apply***)

Single ____ Married ____ Divorced ____

Engaged ____ Separated ____ Widowed ____

10. Name of Spouse _____

Address (if different) _____
Street City State

11. List children, including adopted or stepchildren:

Name	Date of Birth	Relationship	With who resides

FAMILY HISTORY

12. Are you related by blood or marriage to any person now employed by the City of Salisbury? Yes ____ No ____ If yes give names and details:

_____

_____

13. Is any member of your immediate family now in prison or on either probation or parole? Yes ____ No ____ If yes, give name and details:

_____

_____

RESIDENCES

14. List addresses for the past 10 years, starting with the present address at the top:

From - To	Address	City/State	Landlord

FINANCIAL

15. What income other than salary do you have at this time?

_____

_____

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

_____

_____

17. Are there persons, other than your spouse and listed children, who are presently depending upon you for support? Yes _____ No _____ If yes, give details

_____

_____

18. Have you ever been sued with a civil judgment rendered against you?

Yes _____ No _____ If yes, give details _____

_____

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

20. List credit references, including businesses to which you make monthly payments:

a. _____ Amount Owed _____
Name of Business

b. _____ Amount Owed _____
Name of Business

c. _____ Amount Owed _____
Name of Business

d. _____ Amount Owed _____
Name of Business

e. _____ Amount Owed _____
Name of Business

WORK HISTORY

21. Have you ever applied for employment with any law enforcement agency before
Yes _____ No ____ If yes, list agency and give details:

_____

_____

_____

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

_____

_____

23. Do you object to wearing a uniform? Yes ____ No ____

24. Do you object to working nights? Yes ____ No ____

25. Do you object to working rotating shifts? Yes ____ No ____

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

27. List all jobs you have held in the past ten years. Start with your present job first. If you need more space you may attach additional sheets. Include military service in proper sequence and temporary part-time jobs. In addition, be sure to list any time when you were unemployed.

A. Name of Business _____ Date Employed _____

Address _____ Date Left _____

Salary _____ No. of employees supervised by you _____

Duties _____

_____

Name of Supervisor _____ phone # _____

Reason for Leaving _____

B. Name of Business _____ Date Employed _____

Address _____ Date Left _____

Salary _____ No. of employees supervised by you _____

Duties _____

_____

Name of Supervisor _____ phone # _____

Reason for Leaving _____

C. Name of Business _____ Date Employed _____

Address _____ Date Left _____

Salary _____ No. of employees supervised by you _____

Duties _____

_____

Name of Supervisor _____ phone # _____

Reason for Leaving _____

D. Name of Business _____ Date Employed _____

Address _____ Date Left _____

Salary _____ No. of employees supervised by you _____

Duties _____

_____

Name of Supervisor _____ phone # _____

Reason for Leaving _____

MILITARY SERVICE

28. Were you ever in the U.S. Military Service or any other military organization?
Yes ____ No ____

QUESTIONS 29 THROUGH ARE APPLICABLE ONLY TO VETERANS

29. What is your service number? _____

30. What was the highest rank that you held? _____

31. What was the date and location of your first entrance into active duty?

Date _____ Location _____

32. What were you unit assignments in the service?

Branch	Unit	Location	From - To

33. What was the date and location of your last discharge from active duty?

Date _____ Location _____

34. Was your last discharge honorable? Yes ____ No ____ If no, was it characterized as: bad conduct ____ or dishonorable _____

35. Were you ever court-martialed, tried on charges, or were you the subject of a summary court, deck court, captain's mast or company punishment, or any other disciplinary action while a member of the armed forces?

Yes _____ No _____ If yes, explain _____

_____

_____

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

_____

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

_____

_____

38. 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 the words drink or used mean " one time or more, including experimentation. If any response is yes, give full and complete description of the usage.

39. Do you drink alcoholic beverages? Yes _____ No _____
If yes, to what degree _____

_____

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

_____

When was the last time? _____

41. Have you ever used any illegal drugs including but not limited to, opiates, pills, heroin, cocaine, crack, LSD, etc.? Yes ____ No ____

If yes, under what circumstances _____

_____

When was the last time? _____

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

_____

CRIMINAL OFFENSE RECORD AND DISCIPLINARY ACTIONS

NOTE: include all offenses other than minor traffic offenses. The following are not minor traffic offenses and must be listed below: DWI, DUI (alcohol or drugs), failure to stop in the event of an accident, and driving while license permanently revoked or permanently suspended.

Answer all of the following questions completely and accurately. Any falsifications of misstatements of fact may be sufficient to disqualify you. If any doubts exists in you 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

43. Have you ever been arrested by a law enforcement officer or otherwise charged with a criminal offense? Yes _____ No _____ If yes, 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 _____

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

Yes _____ No _____ If yes, give details: _____

_____

45. Have you ever been placed on probation? Yes _____ No _____

If yes, give details: _____

46. Have you ever been required to pay a fine in excess of $50.00 (this does not include court costs)? Yes _____ No _____

If yes, give details: _____

47. Can you operate a motor vehicle? Yes _____ No _____

48. Do you possess a valid driver's license from the State of North Carolina?

Yes _____ No _____ Drivers License Number _____
State _____

49. Do you possess a driver's license issued by any state other than North Carolina? Yes _____ No _____ If yes, give state and number _____

_____

50. Was you license ever suspended or revoked? Yes _____ No _____

If yes, give details _____

_____

51. Was you license ever restored? Yes _____ No _____ When _____

52. Have your driving privileges ever been restricted? Yes _____ No _____

If yes, give details _____

_____

CAREER OBJECTIVES

53. Briefly describe why you applied for this position and why you should be considered for employment.

_____

_____

_____

54. List any specialized skill, training or work that you think you may be able to apply to this position.

_____

_____

_____

REFERENCES

55. List the names and addresses of five people, other than ***relatives, employers*** or ***Supervisors*** who will be able to provide information regarding your character, ability, veracity, experience, and personality.

	NAME	ADDRESS	TELEPHONE
1.			
2.			
3.			
4.			
5.			

STATE OF NORTH CAROLINA

CITY OF SALISBURY

I the undersigned certify that the statements supplied in this questionnaire are true and complete. I understand that any misstatements or deliberate omission of information may subject me to disqualification or dismissal.

This the _____ day of _____, 20 _____

_____

(Signature of Applicant)

Subscribed and sworn to before me, this the _____ day of _____, 20 ___

_____

Notary Public (Official Seal)

My Commission expires _____

SALISBURY POLICE DEPARTMENT

An Internationally Accredited Law Enforcement Agency

L. Mark Wilhelm
Chief of Police

AUTHORIZATION TO RELEASE INFORMATION

I, the undersigned, am an applicant for employment with the Salisbury Police Department. In order to process my application, certain information must be made available to the Chief of Police of the City of Salisbury. This information is for my benefit. I hereby authorize, request and direct educational institutions, my references, my employers (past and present), financial institutions, consumer reporting agencies, doctors and any other persons, institution or organization and all governmental agencies and instrumentality's (local, state, federal and foreign); wherever said individuals or organizations are situated, to release to the Chief of Police of Salisbury, or any representative thereof, any document, information record or file that he deems material to processing my application for employment. Said information can be furnished if the request thereof is made in person or in writing.

Further, I release all said individuals and organizations from all liability to me that could arise in any manner, contract or otherwise, from the act of furnishing said information and records to the Chief of Police or his representatives, and this serves as a waiver of any contract that I have with any of the said organizations or individuals and serves as a waiver of any and all legal communication privileges that I could claim.

Further, I appoint the Chief of Police or his representatives as my agent for the purpose of collecting information for processing my application and direct that he be permitted to inspect all of said files and information and be permitted to make copies thereof at his discretion. This request can be treated as if I were making the request in person.

AFFIDAVIT OF (FULL NAME PRINTED) _____

I, the undersigned, being duly sworn, deposes and says as follows:
I am the person who executed the above authorization; I understand its meaning , intention and effect and that the statements therein are true and correct. A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

SIGNATURE (IN FULL): _____

SWORN AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____ 200____

SIGNATURE OF NOTARY:

_____

My commission expires: _____

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