



## Police Department

808 University Capitol Centre  
Iowa City, Iowa 52242-5500  
319-335-5022 fax: 319-335-5800  
[police.uiowa.edu](http://police.uiowa.edu)

## M E M O

TO: All Police Officer Applicants

FROM: Lucy Wiederholt, Chief, University of Iowa Police Department

RE: REQUIREMENTS FOR THE POLICE OFFICER APPLICANT

I am pleased that you are considering an opportunity for employment with our department. One of our functions among many is to provide law enforcement services to the greater university community. Upon successful completion of the selection process, I look forward to you becoming a member of our organization. Please take this opportunity to preview our web page: <http://police.uiowa.edu>

Qualified applicants will be notified by the University of Iowa Police Department as to the scheduled date to complete a physical agility test, **if applicable**. Successful completion of this testing will be necessary in order to continue in the screening process for employment to this position. This required physical agility test consists of three prescribed events, timed and scored. Individuals taking the physical agility test should wear some type of loose fitting clothing and tennis shoes (sweatpants/shorts/shirts are suggested). State required P.O.S.T. written exam will be administered two (2) hours after the physical agility test is completed.

**IMPORTANT NOTE: An applicant's failure to satisfactorily meet all specified requirements or complete an event will result in disqualification.**

Following will be the selection of candidates for oral interviews, after which the selected applicant must, prior to employment, satisfactorily complete the requirements of a psychological evaluation as prescribed by the Iowa Law Enforcement Academy and may be required to take a polygraph test. Additionally, the selected applicant must complete a drug test and a medical/physical examination by a licensed physician or surgeon at his/her own expense.

It is important for applicants to report for scheduled tests at the appropriate date and time. **If an applicant fails to appear on the scheduled date and time for any test, the result will be disqualification.**

The following items must be provided to the University of Iowa Police Department, 200 So. Capitol St., Iowa City, Iowa, 52242, after successful testing, oral interview, reference check, and conditional offer of employment has been extended:

- 1) A notarized **Authorization for Release of Personal Information** form,

- 2) A copy of your **high school diploma** or certified **GED**,
- 3) A copy of your military form **DD-214** (if applicable),
- 4) A **certified** copy of your **college transcripts** (if applicable), and
- 5) Your cover letter and resume.

Thank you for your interest in employment with the University of Iowa Police Department. If you have any questions regarding these requirements or tests, please do not hesitate to contact us.

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, \_\_\_\_\_, do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the University of Iowa Police Department, whether the said records are of a public, private or confidential nature, including criminal histories.

The intent of this authorization is to give my consent for full and complete disclosure of records of educational institutions; financial or credit institutions, including records of loans, the records of commercial or retail credit agencies (including credit reports and/or ratings); and other financial statements of records whenever filed; medical and psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners, and the U.S. Veteran's Administration; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me and the recollections of attorneys at law, or of other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest.

I understand that any information obtained by a personal history background investigation, which is developed directly, or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the University of Iowa Police Department. 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. I further release the University of Iowa Police Department from any and all liability, which may be incurred as a result of collecting such information.

I hereby swear and affirm that each statement and all information in or supplementing this application (personal and physical evaluation) is complete, true, and accurately recorded to the best of my knowledge.

**I UNDERSTAND THAT PROVIDING FALSE OR MISLEADING INFORMATION ON THIS APPLICATION IS GROUNDS FOR EXCLUSION FROM THE SELECTION PROCESS OR DISCHARGE IF DISCOVERED SUBSEQUENT TO EMPLOYMENT.**

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.

I have read and fully understand the contents of this "Authorization for Release of Personal Information".

\_\_\_\_\_  
Print or type full name

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

Subscribed and sworn to before me on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.  
Month Year

\_\_\_\_\_  
Signature of Notary Public

# University of Iowa Police Department Background Investigation

All statements are subject to verification and any incorrect or omissions may bar or remove you from further consideration. However, truthful statements to any item requested will not necessarily exclude you from consideration.

## **Personal History Statement**

1. Name \_\_\_\_\_  
(first, middle, last)
2. Nicknames or Aliases: \_\_\_\_\_
3. Social Security Number \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
4. Present Mailing Address: \_\_\_\_\_  
Street & Number City  
State Zip Code
5. Permanent Mailing Address: \_\_\_\_\_  
Street & Number City  
State Zip Code
6. Telephone Number (Home): \_\_\_\_\_ (Work): \_\_\_\_\_
7. Date of Birth \_\_\_\_\_
8. Place of Birth \_\_\_\_\_
9. Have you previously submitted an application for employment with this agency?  
[ ] YES [ ] NO Approximate Date: \_\_\_\_\_

Please list your place of residence for the last five years, including phone numbers.  
Attach additional pages as needed.

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# The University of Iowa Police Department Background Investigation

## Relatives

**All statements are subject to verification and any incorrect or omissions may bar or remove you from further consideration. However, truthful statements to any item requested will not necessarily exclude you from consideration.**

All applicants must give complete information concerning their relatives. If you have been married more than once, give the requested information concerning each former husband/wife/domestic partner. Furnish similar information, including date and place of action, for any members of your immediate family (parents, brothers and sisters only) who have been divorced. Even though a relative is deceased, give all information requested, and indicate last residence and year of death. Include step-brothers and sisters, half-brothers and sisters, and if you or your wife/husband/domestic partner have step-parents, legal guardians, or others who have raised you instead of your parents. If you are engaged to be married or contemplating marriage in the near future, complete information must be included under sections C, H, and I regarding your future husband/wife/domestic partner and future in-laws showing clearly that relationship is contemplated. Attach additional pages as needed to this document.

Please use the complete name (no initials).  
Please use the complete address.

A. Father: \_\_\_\_\_  
Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Date/Place of Birth: \_\_\_\_\_

Occupation/Name and Address of Company Where Employed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

B. Mother: \_\_\_\_\_  
Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Date/Place of Birth: \_\_\_\_\_

Occupation/Name and Address of Company Where Employed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

C. Wife/Husband/Domestic Partner: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Date/Place of Birth: \_\_\_\_\_

Occupation/Name and Address of Company Where Employed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

D. Children:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Date/Place of Birth: \_\_\_\_\_

Occupation/Name and Address of Company Where Employed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Date/Place of Birth: \_\_\_\_\_

Occupation/Name and Address of Company Where Employed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Date/Place of Birth: \_\_\_\_\_

Occupation/Name and Address of Company Where Employed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

E. Brothers:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Date/Place of Birth: \_\_\_\_\_

Occupation/Name and Address of Company Where Employed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Date/Place of Birth: \_\_\_\_\_

Occupation/Name and Address of Company Where Employed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone number: \_\_\_\_\_  
Date/Place of Birth: \_\_\_\_\_  
Occupation/Name and Address of Company Where Employed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

F. Sisters:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone number: \_\_\_\_\_  
Date/Place of Birth: \_\_\_\_\_  
Occupation/Name and Address of Company Where Employed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone number: \_\_\_\_\_  
Date/Place of Birth: \_\_\_\_\_  
Occupation/Name and Address of Company Where Employed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone number: \_\_\_\_\_  
Date/Place of Birth: \_\_\_\_\_  
Occupation/Name and Address of Company Where Employed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

G. Wives/Husbands/Domestic Partners of Brothers and Sisters:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone number: \_\_\_\_\_  
Date/Place of Birth: \_\_\_\_\_  
Occupation/Name and Address of Company Where Employed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_

\_\_\_\_\_  
Phone number: \_\_\_\_\_  
Date/Place of Birth: \_\_\_\_\_  
Occupation/Name and Address of Company Where Employed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Phone number: \_\_\_\_\_  
Date/Place of Birth: \_\_\_\_\_  
Occupation/Name and Address of Company Where Employed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

H. Father-in-Law:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Phone number: \_\_\_\_\_  
Date/Place of Birth: \_\_\_\_\_  
Occupation/Name and Address of Company Where Employed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I. Mother-in-Law:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Phone number: \_\_\_\_\_  
Date/Place of Birth: \_\_\_\_\_  
Occupation/Name and Address of Company Where Employed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# University of Iowa Police Department Background Investigation

## References

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Provide three (3) professional references who are responsible adults of reputable standing in their communities, such as homeowners, property owners, or business professionals who have known you well during the past five (5) years.

1. Complete Name: \_\_\_\_\_  
Age/Gender: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Number of years acquainted: \_\_\_\_\_  
Business address: \_\_\_\_\_  
Phone number: \_\_\_\_\_
  
2. Complete Name: \_\_\_\_\_  
Age/Gender: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Number of years acquainted: \_\_\_\_\_  
Business address: \_\_\_\_\_  
Phone number: \_\_\_\_\_
  
3. Complete Name: \_\_\_\_\_  
Age/Gender: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Number of years acquainted: \_\_\_\_\_  
Business address: \_\_\_\_\_  
Phone number: \_\_\_\_\_

Please provide us with three (3) social acquaintances of any gender identity who you have extensive personal interactions with, or who have known you well during the last five (5) years or more.

- Complete Name: \_\_\_\_\_  
Age/Gender: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Number of years acquainted: \_\_\_\_\_  
Business address: \_\_\_\_\_  
Phone number: \_\_\_\_\_
- Complete Name: \_\_\_\_\_  
Age/Gender: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Number of years acquainted: \_\_\_\_\_  
Business address: \_\_\_\_\_  
Phone number: \_\_\_\_\_
- Complete Name: \_\_\_\_\_  
Age/Gender: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Number of years acquainted: \_\_\_\_\_  
Business address: \_\_\_\_\_  
Phone number: \_\_\_\_\_

# University of Iowa Police Department Background Investigation

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## Court Record

1. Have you ever been arrested or charged with any violation of law ( ) No ( ) Yes  
Explain:
  
2. Have you ever been convicted of a violation of law? ( ) No ( ) Yes  
Explain:
  
3. List all traffic citations except parking tickets.
  
4. Have you ever been involved in a lawsuit? ( ) No ( ) Yes  
If yes, please explain below.
  
5. Do you have any other civil actions pending against you? ( ) No ( ) Yes  
If yes, please explain below.

**Note: For items 1-5 please attach additional pages if necessary.**



# University of Iowa Police Department Background Investigation

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## Certified Officer

Certified officer applicants from the State of Iowa and officers who have received certification from another state must provide the University of Iowa Police with the following documentation.

Previous Department Name and Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone Number:

Length of Service:

Supervisor:

Phone Number:

Name of Department Head:

Phone Number:

**Please attach copies of your last two departmental evaluations.**

Law Enforcement Academy Name and Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone Number:

Date of Graduation:

**Please attach copies of your Academy Records and Graduation Certificate.**

# University of Iowa Police Department Background Investigation

Define the following terms using your own words, and explain how these terms apply to the law enforcement profession.

**Authority:**

**Honesty:**

**Integrity:**

**Power:**



Para informacion en espanol, visite [www.ftc.gov/credit](http://www.ftc.gov/credit) o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

### **A Summary of Your Rights Under the Fair Credit Reporting Act**

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. For more information, including information about additional rights, go to [www.ftc.gov/credit](http://www.ftc.gov/credit) or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
  - a person has taken adverse action against you because of information in your credit report;
  - you are the victim of identify theft and place a fraud alert in your file;
  - your file contains inaccurate information as a result of fraud;
  - you are on public assistance;
  - you are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.ftc.gov/credit](http://www.ftc.gov/credit) for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See [www.ftc.gov/credit](http://www.ftc.gov/credit) for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30

days. However, a consumer reporting agency may continue to report information it has verified as accurate.

- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.ftc.gov/credit](http://www.ftc.gov/credit).
- **You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.ftc.gov/credit](http://www.ftc.gov/credit).

**States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:**

TYPE OF BUSINESS:	CONTACT:
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Consumer Help (FRCH) P O Box 1200 Minneapolis, MN 55480 Telephone: 888-851-1920 Website Address: <a href="http://www.federalreserveconsumerhelp.gov">www.federalreserveconsumerhelp.gov</a> Email Address: <a href="mailto:ConsumerHelp@FederalReserve.gov">ConsumerHelp@FederalReserve.gov</a>

Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation , Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator – GIPSA Washington, DC 20250 202-720-7051

Updated: Feb. 15, 2022