

BILL DIERUF
MAYOR



RICHARD W. SANDERS
CHIEF OF POLICE

JEFFERSONTOWN POLICE DEPARTMENT

10410 TAYLORSVILLE ROAD
JEFFERSONTOWN, KENTUCKY 40299
502/267-0503 · FAX 502/267-5936

June 14, 2020

Dear Applicant,

Thank you for your interest in employment with the Jeffersontown Police Department. We are currently accepting applications for the position of Police Officer - Lateral Transfer with at least two (2) years of law enforcement experience. Please review the attached application and instructions, complete the application, attach all required documentation and return it to this office.

Applications must be received at the Jeffersontown Police Department, 10410 Taylorsville Road, Jeffersontown, Kentucky 40299 by July 19, 2020. If mailed, applications must be postmarked by midnight July 19, 2020.

Submitted applications will be evaluated for completeness for further processing. The applicant's resume will be reviewed and graded determining eligibility to participate in the second phase of the process, an oral interview. The only applicants that will be contacted secondary to the submission of their application will be those chosen to advance to the oral interview stage. Those applicants will be notified of a date and time for their interview. The applicant's final ranking on the hiring eligibility list will be based on a combined and weighted score for the resume review and for the oral interview.

Again, thank you for your interest in the Jeffersontown Police Department.

Sincerely,

A handwritten signature in black ink, appearing to read "Richard W. Sanders", written in a cursive style.

Richard W. Sanders
Chief of Police

APPLICATION INSTRUCTIONS
JEFFERSONTOWN CIVIL SERVICE COMMISSION
JEFFERSONTOWN, KENTUCKY

A. Applicants **shall** submit copies of **all** the following along with a completed application form:

DO NOT USE BINDERS OR SHEET PROTECTORS

1. Copy of current resume.
2. Cover Letter.
3. Copy of valid operator's license.
4. Copy of birth certificate or confirmable verification from a governmental agency.
5. Copy of military discharge form DD-214 (DD-214 must list the type of discharge and character of service).
6. Copy of High school diploma or GED certificate.
7. Copy of any college diplomas or transcripts.
8. Copy of Kentucky Peace Officer Professional Standards (POPS) Certificate.
9. Copies of other supporting documents (i.e.: reference letters, etc.).
10. If certified as an officer outside of the Commonwealth of Kentucky, provide a copy of your law enforcement basic training transcript and Kentucky Reciprocity Application or certification acknowledgment for Kentucky.

Failure to submit all of the required documentation above may disqualify the applicant from hiring consideration.

B. Applications must be received at the Jeffersontown Police Department, 10410 Taylorsville Rd, Jeffersontown, Kentucky 40299 by the filing deadline. If mailed, the application must be postmarked by midnight of the filing deadline. No applications will be accepted electronically.

C. Other names and dates of birth: This information is requested for completion of the records check and in the background investigation.

D. Social Security number: Federal Law (PL 93-579, Section 7) requires that you be informed when asked for your Social Security number. This number must be provided for identification purposes in the City's examination, employment and payroll process.

E. Conviction record: A conviction and/or arrest do not necessarily mean you cannot be considered. The nature of the conviction, and/or arrest and how long ago it occurred are important. Give all the facts so that a decision can be made.
Note: Applicants cannot be considered if there is a history of a felony conviction.

F. Equal Opportunity: The Jeffersontown Police Department is an Equal Employment Opportunity, Affirmative Action Employer. We select our employees on a basis of merit, measured by examination. We ask that you voluntarily answer questions on this form relating to sex, race/ethnic group, and physical handicaps, asked solely for the purpose of enabling the Commission to evaluate the results of their Affirmative Action Plan and for no other purpose. Whether or not you answer these questions will not affect your potential employment in any way.

G. The applicant is responsible for notifying this office immediately of any change of information to the application. (address, telephone #, etc.)

H. Pursuant to the Jeffersontown Civil Service Ordinance Number 639, Series 1975, the Civil Service Commission has established the following procedures for the selection process:

1. A review of each applicant's application and resume'.
2. An oral interview for the top 25 individuals after submission of resume'.
3. Ranking of the top 25 individuals after the interview.
4. Polygraph Examination – the questions posed during the examination will concern any history you have of commission of a serious crime, arrests, convictions, lying in connection with applying for this job, and questions concerning your employment history.
5. Psychological Examination.
6. Medical Examination.
7. Background Investigation.
8. Confirmation of Certification by Kentucky Peace Officer Professional Standards.

I. The selection process may take up to six months. Acceptable candidates not appointed may re-apply when the next selection process is initiated.

FILING DEADLINE: JULY 19, 2020

**CITY OF JEFFERSONTOWN
APPLICATION FOR EMPLOYMENT**

POLICE OFFICER – LATERAL TRANSFER

Print in ink or type. Answer each item completely and accurately. Incomplete answers may cause delays or disqualify you. False answers may lead to rejection of your application.

CHECK YEARS OF LAW ENFORCEMENT EXPERIENCE:

<input type="checkbox"/> 2 to 5 years	<input type="checkbox"/> 6 to 10 years	<input type="checkbox"/> 11 + years
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Date of Application: _____
(Month, Day, Year)

Name: _____
(Last) (First) (Middle Initial)

Social Security Number: _____ Date of Birth: _____

Current Address: _____
(Number, Street, Apt #)

(City) (State) (Zip Code)

Primary Phone Number: _____ Alt. Phone Number: _____

Email Address(es): _____

Personal Social Media page(s): _____

List all other names, including maiden and nicknames, by which you are known or have been known:

Are you a U.S. citizen? Yes ___ No ___

Driver's License #: _____ License State _____ License Expiration Date: _____

Are you fluent in another language other than English? Yes ___ No ___

If so, which language(s)? _____

Are you certified under Peace Officer Professional Standards (POPS) standards in KY? Yes ___ No ___

Are you a certified Police Officer in another state? Yes ___ No ___

If you answer yes, you must apply for KY reciprocity. Instructions are located here <https://klecs.ky.gov/reciprocity>. You must start this process prior to this application due date.

EDUCATION AND TRAINING

List all names and addresses of schools attended.

High School/GED: _____
(School Name) (Address)

Dates Attended: _____ Date of Graduation: _____

Diploma Earned? Yes _____ No _____

College/University: _____
(School Name) (Address)

Dates Attended: _____ Date of Graduation: _____

Number of Hours Earned: _____

Specify Degree/Certificate Earned: _____

College/University: _____
(School Name) (Address)

Dates Attended: _____ Date of Graduation: _____

Number of Hours Earned: _____

Specify Degree/Certificate Earned: _____

Are you fluent in a second language? Yes _____ No _____

Which language(s)? _____

List any other schools, education or specialized training:

List any awards or commendations received with dates or approximate dates of each:

Employment Experience

List your previous three employers. Begin with your current/most recent employment and describe in detail. It is very important that you list your assignment and describe the job duties and responsibilities under each position. If you had an assignment change, please list each assignment separately along with the responsibilities in the provided areas. You must describe this information on the application because resumes are not considered official information. All information on this application is subject to verification. **List all law enforcement employers, even if beyond your third most recent. Use additional pages if necessary.**

Current Employer: _____
Address: _____ Phone #: _____
Date of Employment: _____ Date of Probationary Period: _____
Length of your Employer's Probationary Period: _____
Supervisor's Name and Position: _____
Salary: Beginning _____ Current _____

Check each of the procedures below which were used by your employer prior to employment:

Written Examination	_____	Polygraph Exam	_____
Scored Job-Related Exam	_____	Medical Exam	_____
Background Investigation	_____	Physical Exam	_____
Assessment Center	_____	Hiring Interview	_____

List all work assignments, responsibilities and job duties.

Assignment: _____.

Responsibilities and Job Duties: _____

Assignment: _____.

Responsibilities and Job Duties: _____

Assignment: _____.

Responsibilities and Job Duties: _____

Second Most Recent Employer: _____
Address: _____ Phone #: _____
Date of Employment: _____ Date of Probationary Period: _____
Length of your Employer's Probationary Period: _____
Supervisor's Name and Position: _____
Salary: Beginning _____ Ending _____
Reason for Leaving: _____

Check each of the procedures below which were used by your employer prior to employment:

Written Examination	_____	Polygraph Exam	_____
Scored Job-Related Exam	_____	Medical Exam	_____
Background Investigation	_____	Physical Exam	_____
Assessment Center	_____	Hiring Interview	_____

List all work assignments, responsibilities and job duties.

Assignment: _____.

Responsibilities and Job Duties: _____

Assignment: _____.

Responsibilities and Job Duties: _____

Assignment: _____.

Responsibilities and Job Duties: _____

Third Most Recent Employer: _____
Address: _____ Phone #: _____
Date of Employment: _____ Date of Probationary Period: _____
Length of your Employer's Probationary Period: _____
Supervisor's Name and Position: _____
Salary: Beginning _____ Ending _____
Reason for Leaving: _____

Check each of the procedures below which were used by your employer prior to employment:

Written Examination	_____	Polygraph Exam	_____
Scored Job-Related Exam	_____	Medical Exam	_____
Background Investigation	_____	Physical Exam	_____
Assessment Center	_____	Hiring Interview	_____

List all work assignments, responsibilities and job duties.

Assignment: _____.

Responsibilities and Job Duties: _____

Assignment: _____.

Responsibilities and Job Duties: _____

Assignment: _____.

Responsibilities and Job Duties: _____

I certify under penalty of law that the information given in this application is correct and complete to the best of my knowledge. I am aware that should at any time this information show falsification, I may be excluded from consideration for employment or, if employed, I may be terminated from employment.

Signature: _____ **Date:** _____

AUTHORIZATION TO RELEASE INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Maiden/Alias/Nicknames: _____

List all past and pending traffic citations, criminal charges and convictions.

Date	Location (City & State)	Nature of Charge	Disposition

Have you ever been convicted of, or plead guilty to, a felony? Yes _____ No _____

I do hereby attest that all of the above is correct to the best of my knowledge. In addition, I hereby authorize Jeffersonstown Civil Service Commission to search the criminal record for any or all convictions pertaining to me. This information is part of my application for employment.

As an applicant for a position with the Jeffersonstown Police Department, I am required to furnish information for use in determining my qualifications. In this connection, I authorize release of any and all information you may have concerning me, including but not limited to, information of a confidential or privileged nature, criminal conviction records or materials which may have been sealed or agreed to be withheld pursuant to any prior agreement or court proceeding involving disciplinary matters.

I understand that I will not receive the contents of confidential reports received and understand that these reports are privileged.

I hereby release, discharge and exonerate the agencies, their agents and representatives, and any person furnishing information, from any furnishing and inspection of such documents, records and other information. This release shall be binding on my legal representatives, heirs and assigns.

Name (Printed): _____

Signature: _____

Date: _____

EQUAL EMPLOYMENT OPPORTUNITY COMMISSION STATISTICAL INFORMATION

In order for us to complete Affirmative Action records and reports, will you please VOLUNTARILY provide the following information?

Please Note: This information will NOT be forwarded to the individuals responsible for interviewing and/or selection of applicants. Again, this information will be used for statistical purposes only.

1. Race

- | | |
|---|---|
| <input type="checkbox"/> Caucasian | <input type="checkbox"/> American Indian/Alaskan Native |
| <input type="checkbox"/> African American | <input type="checkbox"/> Asian/Pacific Islander |
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> Other (please explain) _____ |

2. Gender

- Male Female

3. Age

- Under 40 40 and older

4. Disability

Do you have a permanent physical or mental impairment (illness or injury) that substantially limits a major life activity such as seeing, hearing, speaking or walking?

- Yes No

If you answered "Yes" to Question #4 and the position you are applying for requires a written, practical or oral examination as listed in the job announcement, are there any reasonable accommodations or special assistance the City of Jeffersontown can make to assist you during the examination?

- Yes No

If "yes", please state: _____

Para información en español, visite www.consumerfinance.gov/learnmore o escriba a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

Remedying the Effects of Identity Theft

You are receiving this information because you have notified a consumer reporting agency that you believe that you are a victim of identity theft. Identity theft occurs when someone uses your name, Social Security number, date of birth, or other identifying information, without authority, to commit fraud. For example, someone may have committed identity theft by using your personal information to open a credit card account or get a loan in your name. For more information, visit www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

The Fair Credit Reporting Act (FCRA) gives you specific rights when you are, or believe that you are, the victim of identity theft. Here is a brief summary of the rights designed to help you recover from identity theft.

1. **You have the right to ask that nationwide consumer reporting agencies place “fraud alerts” in your file to let potential creditors and others know that you may be a victim of identity theft.** A fraud alert can make it more difficult for someone to get credit in your name because it tells creditors to follow certain procedures to protect you. It also may delay your ability to obtain credit. You may place a fraud alert in your file by calling just one of the three nationwide consumer reporting agencies. As soon as that agency processes your fraud alert, it will notify the other two, which then also must place fraud alerts in your file.

- Equifax: 1-800-525-6285; www.equifax.com
- Experian: 1-888-397-3742; www.experian.com
- TransUnion: 1-800-680-7289; www.transunion.com

An initial fraud alert stays in your file for at least one year. An extended alert stays in your file for seven years. To place either of these alerts, a consumer reporting agency will require you to provide appropriate proof of your identity, which may include your Social Security number. If you ask for an extended alert, you will have to provide an identity theft report. An identity theft report includes a copy of a report you have filed with a federal, state, or local law enforcement agency, and additional information a consumer reporting agency may require you to submit. For more detailed information about the identity theft report, visit www.consumerfinance.gov/learnmore.

2. **You have the right to free copies of the information in your file (your “file disclosure”).** An initial fraud alert entitles you to a copy of all the information in your file at each of the three nationwide agencies, and an extended alert entitles you to two free file disclosures in a 12-month period following the placing of the alert. These additional disclosures may help you detect signs of fraud, for example, whether fraudulent accounts have been opened in your name or whether someone has reported a change in your address. Once a year, you also have the right to a free copy of the information in your file at any consumer reporting agency, if you believe it has inaccurate information due to fraud, such as identity theft. You also

have the ability to obtain additional free file disclosures under other provisions of the FCRA. See www.consumerfinance.gov/learnmore.

3. **You have the right to obtain documents relating to fraudulent transactions made or accounts opened using your personal information.** A creditor or other business must give you copies of applications and other business records relating to transactions and accounts that resulted from the theft of your identity, if you ask for them in writing. A business may ask you for proof of your identity, a police report, and an affidavit before giving you the documents. It may also specify an address for you to send your request. Under certain circumstances a business can refuse to provide you with these documents. See www.consumerfinance.gov/learnmore.
4. **You have the right to obtain information from a debt collector.** If you ask, a debt collector must provide you with certain information about the debt you believe was incurred in your name by an identity thief – like the name of the creditor and the amount of the debt.
5. **If you believe information in your file results from identity theft, you have the right to ask that a consumer reporting agency block that information from your file.** An identity thief may run up bills in your name and not pay them. Information about the unpaid bills may appear on your consumer report. Should you decide to ask a consumer reporting agency to block the reporting of this information, you must identify the information to block, and provide the consumer reporting agency with proof of your identity and a copy of your identity theft report. The consumer reporting agency can refuse or cancel your request for a block if, for example, you don't provide the necessary documentation, or where the block results from an error or a material misrepresentation of fact made by you. If the agency declines or rescinds the block, it must notify you. Once a debt resulting from identity theft has been blocked, a person or business with notice of the block may not sell, transfer, or place the debt for collection.
6. **You also may prevent businesses from reporting information about you to consumer reporting agencies if you believe the information is a result of identity theft.** To do so, you must send your request to the address specified by the business that reports the information to the consumer reporting agency. The business will expect you to identify what information you do not want reported and to provide an identity theft report.
7. The following FCRA right applies with respect to nationwide consumer reporting agencies:

CONSUMERS HAVE THE RIGHT TO OBTAIN A SECURITY FREEZE

You have a right to place a “security freeze” on your credit report, which will prohibit a consumer reporting agency from releasing information in your credit report without your express authorization. The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent. However, you should be aware that using a security freeze to take control over who gets access to the personal and financial information in your credit report may delay, interfere with, or prohibit the timely

approval of any subsequent request or application you make regarding a new loan, credit, mortgage, or any other account involving the extension of credit.

As an alternative to a security freeze, you have the right to place an initial or extended fraud alert on your credit file at no cost. An initial fraud alert is a 1-year alert that is placed on a consumer's credit file. Upon seeing a fraud alert display on a consumer's credit file, a business is required to take steps to verify the consumer's identity before extending new credit. If you are a victim of identity theft, you are entitled to an extended fraud alert, which is a fraud alert lasting 7 years.

A security freeze does not apply to a person or entity, or its affiliates, or collection agencies acting on behalf of the person or entity, with which you have an existing account that requests information in your credit report for the purposes of reviewing or collecting the account. Reviewing the account includes activities related to account maintenance, monitoring, credit line increases, and account upgrades and enhancements.

To learn more about identity theft and how to deal with its consequences, visit www.consumerfinance.gov/learnmore, or write to the Consumer Financial Protection Bureau. You may have additional rights under state law. For more information, contact your local consumer protection agency or your state Attorney General.

In addition to the new rights and procedures to help consumers deal with the effects of identity theft, the FCRA has many other important consumer protections. They are described in more detail at www.consumerfinance.gov/learnmore.