



ANNOUNCEMENT OF EMPLOYMENT
RECRUIT POLICE OFFICERS and
LATERAL CERTIFIED POLICE OFFICERS

Police officer pay range \$42,660 - \$60,736 annually
All applicants meeting the standards are ENCOURAGED to apply.

State certified police officer entry pay ranges from \$42,660 (Step 1) to \$56,139 (Step 8) DOE/Q with earning potential to \$60,736 (Step 10) annually via a step plan program plus potential specialty pay and overtime. Lateral officers may receive consideration for prior years of service up to Step 8 in our current compensation pay plan.

The City of Prescott Police Department delivers quality Community Based Policing in active partnership with the citizens we serve. We are seeking career and community oriented individuals who desire to be a professional, positive influence in their community. We serve a family-friendly community of approximately 40,000 residents, located adjacent to Prescott National Forest. Our beautiful town square is in the heart of historic downtown and is the site of year-round community activities. For questions regarding our selection process, working conditions, or any other aspect of Prescott Police Department, contact our Training/Recruiting Section, Officer David Fuller, at (928) 777-1915 or dave.fuller@prescott-az.gov. For details about City of Prescott benefits, contact the City of Prescott Human Resources Department at (928) 777-1284 or (928) 777-1315

WORK SCHEDULE: Officers work rotating schedules which may include days, nights, weekends and/or overtime. Work schedules are subject to change according to the needs of the community.

MINIMUM QUALIFICATIONS: MUST meet all Arizona Peace Officer Standards and Training Board conditions for certification which include: at least 21 years of age before end of certification training; high school graduate or equivalent; United States citizen; possess a valid Arizona motor vehicle operator's license with a good driving record. Must be able to pass a rigorous background investigation and other selection process criteria. Lateral applicants must successfully maintain certification as and be able to perform the essential functions of an AZPOST Certified Full Authority Peace Officer.

RESIDENCE REQUIREMENT: After hire, employees must reside within 45 minutes driving time (under normal conditions) to the Police Department at 222 South Marina St, Prescott, AZ.

SELECTION PROCESS: Includes written test and physical fitness test to be held the week of April 14, 2014 (descriptions and standards are included in this application package), verbal review board and staff interview(s). Applicants successful in the selection process may be placed on an eligibility list for further consideration. The list expires one year after testing. Candidates considered for employment must successfully complete a physical examination (including drug screening), psychological evaluation, polygraph interview, and a comprehensive background investigation. Additional interview(s) may be scheduled with Chief of Police or his designee.

Deadline: April 4, 2014

APPLICATION PROCESS

Full application packet available at www.cityofprescott.net, by phone request 928-777-1284, (929)-777-1315 or 800-748-6205 or pick up in the lobby of City Hall.

City of Prescott, Human Resources, 201 S. Cortez Street, Prescott AZ 86303

Human Resources Phone Number: 928-777-1284, 800-748-6205, TDD: 928-777-1100, Fax: 928-777-1213

After acceptance of your application, you will be sent notification advising you of the test time and location on 4/16 and 4/17.

MAJOR BENEFITS FOR FULL-TIME REGULAR EMPLOYEES: Fourteen (14) days paid time off; Ten paid holidays; Employee Health and Life Insurance; Short Term Disability; Retirement benefits; Deferred Compensation Plans; Social Security benefits; other optional benefits.

PROBATION: A twelve-month probationary period must be satisfactorily served by each officer employee.

NOTICE

This application packet is to be used by candidates who are applying for a position as a **Police Officer Recruit** or who are already **Certified Full Authority Peace Officers** to apply for a position as a **POLICE OFFICER** with the **CITY of PRESCOTT, ARIZONA**

The forms contained in Part A must be completed, signed and **RECEIVED** in the **Prescott Police Department Training Section**
222 South Marina
Prescott, AZ 86303

DEADLINE: April 4, 2014

Candidates with **CORRECTLY COMPLETED APPLICATIONS (PART A) ON FILE**

Should contact David Fuller at
928.777.1915

to make an appointment for testing.



PRESCOTT POLICE DEPARTMENT SELECTION PROCESS Essential Steps and Sequence

PART A OF THE APPLICATION PACKET

Complete, sign and submit the forms in Part A of the Application Packet immediately. These forms include:

- the City of Prescott Application for Employment
- the Prescott Police Department AzPOST Peace Officer Certification Standards statement.
- **INCLUDE A COPY OF YOUR AzPOST Peace Officer Certification**

These must be completed, signed and returned to the Prescott Police Department immediately. Your *original signature* must appear where requested on all forms submitted to us.

DO NOT INCLUDE ANY OTHER PAPERWORK, PHOTOS or RESUMÉ with the forms in Part A.

PART B OF THE APPLICATION PACKET

Immediately make an appointment with a physician. The appointment with the physician is at YOUR EXPENSE. Show the physician all of Part B of the Application Packet.

We do NOT ask that a physician do a complete physical examination. We do NOT need the physician or physician's staff to conduct the physical fitness test events described in the materials. The description is provided for the physician to evaluate your risk in participating in the fitness testing. What IS necessary is for a physician to affirm that you are physically capable of participating in the described events without risk to yourself. You will not be permitted to participate in our physical fitness testing without a waiver signed by a physician. AT THE TIME OF TESTING, you must provide the waiver of liability form *signed by a physician*.

DO NOT mail this form to us. Bring the form with you, signed by a physician, on test day.

After you have the Waiver signed by a physician, CALL David Fuller at 928.777.1915 and make appointment(s) for physical fitness test and panel interview at mutually agreeable date(s) and time(s).

PART C OF THE APPLICATION PACKET

Given to the applicant to be completed ONLY IF THEY ARE SCHEDULED FOR AN INTERVIEW:

- the AzPOST Statement of Personal History & Application for Certification (Form PH) and
- the Prescott Police Department Background Questionnaire.

A list of other documents that must be copied and submitted is provided in Part C of the Application Packet. *You may, if you wish, include resumé, certificates, other supporting documents (these are entirely optional), at that time.*

Written test is waived for those applicants who are AzPOST Certified Full Authority Peace Officers. If you score less than the 40th percentile on ANY EVENT during physical fitness testing, you will be eliminated from further consideration or testing. The panel interview is a pass/fail event. If you fail, you will be eliminated from further consideration.

If you pass all these events and submit all paperwork properly, as requested, you will be eligible for consideration for all peace officer positions that become open at Prescott Police Department during one year following the date of interview. ***It is our intent to select the best candidate available to us at any given time.*** If you pass all parts of the selection process you will be included on our eligibility list for one year. We may immediately begin a background investigation using the information you have provided to us. Fingerprints and other identifying information (like date of birth, place of birth, gender, race, ethnic origin, social security number) will be used only during the background investigation to confirm your identity.

Part A

Panel interviews will be conducted only for those who pass the fitness testing. Some polygraph interviews may be conducted immediately. All testing and subsequent events will be scheduled as the needs of the Prescott Police Department demand. You will be scheduled for testing events IF YOU HAVE A CORRECTLY COMPLETED APPLICATION PART A **ON FILE** at Prescott Police Department, Training Section.

COMPLETE, SIGN, AND MAIL TO US the attached forms, which include:

- the *City of Prescott Application for Employment*,
- the *AzPOST Peace Officer Certification Standards* statement,
- Copy of AzPOST Full Authority Peace Officer Certification (if Lateral Applicant)

Return them together to Prescott Police Department, Training Section, 222 South Marina, Prescott, AZ 86303. **DO NOT** INCLUDE ANY OTHER MATERIALS, PICTURES or RESUMÉ.

Your complete application Part A must be on file, correctly completed and signed, in Prescott Police Department, Training Section.

Incomplete applications will **NOT** be returned. You will **NOT** be notified if your application is incomplete. It is critical that information be provided completely, truthfully and legibly.

When we receive your complete application and you have the Waiver signed by a physician, you need to call David Fuller, 928.777.1915, to make appointment(s) for physical agility test and panel interview.

Attachments:

- City of Prescott Application for Employment
- Prescott Police Department / AzPOST Peace Officer Certification Standards



201 S. Cortez Street
Prescott, AZ 86303
www.prescott-az.gov
Email: HR@prescott-az.gov

Position Applied For: _____

Date: _____

City of Prescott

Application for Employment

Telephone (928) 777-1315
Telephone (928) 777-1284
Toll Free (800) 748-6205
Fax (928) 777-1213

The City of Prescott is an equal opportunity employer and does not discriminate against any employee or applicant for employment because of race, color, religion, national origin, age, disability, or any other reason prohibited under Federal, State, or local laws. We base all hiring decisions on merit alone. Additionally, the City of Prescott is a drug free and non-smoking workplace.

Please type or print. This application must be legible, fully completed, signed and dated for consideration.

Name: _____
Last First Middle

Other Names Used: _____

Address: _____
City State Zip

Home Telephone # _____ Cell Phone # _____

Email Address _____ Best Time to Call _____

May we contact you at work? Yes No N/A

If yes: Work Telephone # _____ Best Time to Call _____

Have you ever been employed by the City of Prescott? Yes No

If yes, give dates: _____ to _____ as a _____ in the _____ Dept.

Do you have relatives working for the City of Prescott? Yes No

If yes, please list employee's name, relationship and department: _____

Are you legally eligible for employment in the United States? Yes No
(Proof of U.S. Citizenship or immigration status will be required upon employment)

Type of employment desired: Full-time Part-time Temporary Seasonal

Date available for work: _____

Do you have a valid driver's license? Yes No

License # _____ Class _____ State _____ Expiration Date _____

Have you ever had your driver's license suspended or revoked? Yes No

If yes, please explain. Include dates, places, and nature of offenses.

Are you presently under indictment for, or have you ever been convicted, received deferred adjudication, or entered a guilty plea or nolo contendere for any offense which would be considered or equate to a felony or misdemeanor offense? Yes No

Note: a "yes" answer will not automatically disqualify you from employment with the City of Prescott; each case will be evaluated in relation to the position. Omission, misstatements or falsification of facts will be sufficient cause for cancellation of this application and/or separation from employment.

If yes, please explain. Include dates, places, and nature of offenses.

Have you ever been dismissed from any job? Yes No
If yes, please explain.

Name: _____
Phone: _____

(Last)

(First)

(Middle)

Position Applied For: _____

Education and Training

Check highest grade completed: High School: 9 10 11 12 GED College: 1 2 3 4

Graduate Work: Yes No

College/University/Trade School	City/State	# Units	Degree Diploma	Major

US Military Service	Branch	Dates of Service	Type of Discharge
<input type="checkbox"/> Yes <input type="checkbox"/> No			

If you are fluent in any languages other than English, please list. _____

Professional License/Certification/Registration (e.g. Engineer, Technician, Contractor, Water or Wastewater, CDL, etc.)	Date Acquired	Status: Current/Void/Expired

List any courses or workshops you have attended that relate to the position for which you are applying:

List computer hardware, software and other office equipment you can operate and years of experience: Typing: WPM

List any other equipment you can operate (hand tools, machinery, etc.) and years of experience:

List special accomplishments, publications, awards and the names of professional groups of which you are or have been a member:

List any additional comments and/or information you would like us to consider:

Employment History

List your complete employment history for the past **ten** years starting with your most recent employer. List all positions held, including military experience, part-time summer and/or volunteer work and periods of employment; do not omit any employers. Explain any gaps in employment in comment section. If you are submitting a resume, you are still required to summarize your job responsibilities in the space provided.

Current Employer	<input type="checkbox"/> Not Currently Employed	Date Job Started		Date Job Ended	
Company:	Supervisor:				
Job Title:	Phone:	\$	<input type="checkbox"/> Hourly	\$	<input type="checkbox"/> Hourly
Address:			<input type="checkbox"/> Annually		<input type="checkbox"/> Annually
Summarize your job responsibilities:					

Reason for leaving:			May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Previous Employer	Date Job Started		Date Job Ended			
Company:	Supervisor:					
Job Title:	Phone:		\$	<input type="checkbox"/> Hourly	\$	<input type="checkbox"/> Hourly
Address:				<input type="checkbox"/> Annually		<input type="checkbox"/> Annually
Summarize your job responsibilities:						

Reason for leaving:			May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Previous Employer	Date Job Started		Date Job Ended			
Company:	Supervisor:					
Job Title:	Phone:		\$	<input type="checkbox"/> Hourly	\$	<input type="checkbox"/> Hourly
Address:				<input type="checkbox"/> Annually		<input type="checkbox"/> Annually
Summarize your job responsibilities:						

Reason for leaving:			May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Previous Employer	Date Job Started		Date Job Ended			
Company:	Supervisor:					
Job Title:	Phone:		\$	<input type="checkbox"/> Hourly	\$	<input type="checkbox"/> Hourly
Address:				<input type="checkbox"/> Annually		<input type="checkbox"/> Annually
Summarize your job responsibilities:						

Reason for leaving:			May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Employment History (continued)

Previous Employer	Date Job Started	Date Job Ended
Company: _____ Supervisor: _____		
Job Title: _____ Phone: _____	\$ <input type="checkbox"/> Hourly	\$ <input type="checkbox"/> Hourly
Address: _____	<input type="checkbox"/> Annually	<input type="checkbox"/> Annually
Summarize your job responsibilities: _____ _____ _____		
Reason for leaving: _____		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

Previous Employer	Date Job Started	Date Job Ended
Company: _____ Supervisor: _____		
Job Title: _____ Phone: _____	\$ <input type="checkbox"/> Hourly	\$ <input type="checkbox"/> Hourly
Address: _____	<input type="checkbox"/> Annually	<input type="checkbox"/> Annually
Summarize your job responsibilities: _____ _____ _____		
Reason for leaving: _____		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

References

Professional/Work References:	
List name and telephone number of three professional/work references who are not related to you. Please include one previous supervisor .	
Name, Company, Address	Telephone

Where did you hear about us? Check all that apply...

- | | | |
|--|--|--------------------------------|
| <input type="checkbox"/> Posting at City Hall | <input type="checkbox"/> Prescott Daily Courier | <input type="checkbox"/> Other |
| <input type="checkbox"/> City's Website | <input type="checkbox"/> The Employment Network | _____ |
| <input type="checkbox"/> Chamber of Commerce Website | <input type="checkbox"/> Friend/Relative in the Area | _____ |
| <input type="checkbox"/> Trade Website | <input type="checkbox"/> City Employee | _____ |

I certify that all information on this application form is complete and accurate. I understand that any omissions or misstatements of facts are cause for rejecting my application or, if I am hired, termination of employment. I also authorize the City of Prescott to make all necessary and appropriate investigations to verify the appropriate information provided in this application and to secure additional job-related information about me. I understand that this application is not an employment contract. Any applicant requiring accommodation for a disability should advise the Human Resources Department.

Signature of Applicant	Date
------------------------	------

**THANK YOU FOR COMPLETING THIS APPLICATION FORM
AND FOR YOUR INTEREST IN WORKING FOR THE CITY OF PRESCOTT!**

PRESCOTT POLICE DEPARTMENT
AzPOST PEACE OFFICER CERTIFICATION STANDARDS

TO THE APPLICANT:

You must meet each of the conditions listed below to become an Arizona Certified Peace Officer. These areas will be explored in depth during extensive background investigation, polygraph and psychological examinations. By signing below, you indicate that you have read these requirements and recognize *that if you do not meet these requirements, it will be extremely difficult for you to become (re remain) certified as a peace officer and we will be unable to offer you a position as a police officer.*

By signing below, I affirm that:

- I am a United States Citizen.
- I am at least twenty-one years of age, or will be prior to completion of approved certification training.
- I am a high school graduate or have successfully completed a General Education Development (G.E.D.) examination.
- I have **never** been convicted of any felony or any offense which would be a felony if committed in Arizona.
- I have **never** been dishonorably discharged from any branch of the Armed Forces of the United States.
- I have **never** had peace officer certification denied, revoked or suspended.
- I have **never** illegally sold, produced, cultivated or transported marijuana for sale.
- I have not illegally used marijuana for ANY purpose within the past **three** years.
- I have not illegally used marijuana other than for experimentation and use of marijuana does not exceed twenty times total, and does not exceed five times since reaching 21 years of age.
- I have **never** illegally used marijuana while employed or appointed as a peace officer.
- I have **never** illegally sold, produced, cultivated or transported for sale, any dangerous drugs or narcotics.
- I have not illegally used dangerous drugs or narcotics for ANY purpose within the past **seven** years.
- I have not illegally used dangerous drugs or narcotics other than for experimentation and use of dangerous drug or narcotic does not exceed five times total, and does not exceed one time since reaching 21 years of age.
- I have **never** illegally used dangerous drugs or narcotics while employed or appointed as a peace officer.
- I do not have a pattern of abuse of prescription medication.
- I have not, during the past **three** years, been convicted of or adjudged to have violated traffic regulations governing the movement of vehicles with such frequency as to indicate a disrespect for traffic laws or a disregard for the safety of other persons on the highway.
- I have not been negligent in maintaining financial responsibility.

Confirm that you have *Read, Understand, and Meet* the described criteria by signing below.

APPLICANT *PRINT* FULL NAME

DATE

APPLICANT *Signature*

**SIGN & RETURN THIS FORM
WITH YOUR
APPLICATION**

PART B

Prescott Police Department Instructions for Physical Fitness Test and Waiver of Liability

Upon completion of the City of Prescott Police Application, qualified applicants will need to read the Physical Fitness Standards detailed below and make an appointment with a physician to complete a Waiver of Liability. At the appointment give the physician the attached *Physical Fitness Testing Standard* sheet which includes the Cooper Protocol Test descriptions, and the *Waiver of Liability* form.

If the physician finds that you **are physically fit enough to perform the described series of strenuous exercises (at an altitude of 5,000+ feet) without fear of injury**, have the physician complete and sign the top part of the *Waiver of Liability* form.

Bring the Waiver of Liability form (signed by a physician) with you on your scheduled test day. You will NOT be able to participate in the testing without the *Waiver of Liability* form, completed and signed by a licensed physician.



PRESCOTT POLICE DEPARTMENT

WAIVER of LIABILITY

I, the undersigned, am a licensed physician and find the applicant _____ on this date, to be in fit enough physical condition to perform a series of strenuous exercises without fear of injury to him/herself.

Signature of Physician

Date

Print Physician Name

Physician's Telephone Number

Physician's Business Address

I, _____, understand that I am taking part in a potentially stressful physical fitness test to be considered for a position as police officer with the Prescott Police Department.

By signing this "Waiver of Liability," I release the City of Prescott, Prescott Police Department, and all instructors, training personnel, employees and agents, both personally and as agents and employees, conducting these tests, from any and all liability whatsoever.

Furthermore, in the event that I am disabled and/or unable to determine my destiny, I do not want anyone on my behalf to enter into any litigation in order to recover damages for me or my dependents.

READ CAREFULLY BEFORE SIGNING

Signature of Candidate (sign on test day in front of witness)

Date

Candidate Print Name

Social Security Number

Signature of Witness (at Prescott Police Dept.)

Witness Print Name



PRESCOTT POLICE DEPARTMENT

PHYSICAL FITNESS TESTING STANDARD

APPLICANTS for POLICE OFFICER

All applicants need to be aware that Prescott Police Department will test each applicant for Police Officer using the Cooper Testing Protocol. The minimum passing score for EACH EVENT in this test is the 40th percentile. If you fail to pass ANY event with a score of AT LEAST the 40th percentile, you fail the entire testing. At any point the participant fails, he/she will not be permitted to continue in the physical fitness testing OR the selection process.

Applicants should also be aware that the Northern Arizona Regional Training Academy (NARTA) has an academy *exit* level on the Cooper Testing Protocol of the 60th percentile. Those unable to reach this level during the academy are in jeopardy of failing to achieve AZ POST peace officer certification.

Further, officers of the Prescott Police Department are evaluated twice a year (using the same Cooper Protocol) and are expected to maintain physical fitness sufficient to consistently succeed at the 40th percentile or above.

Prescott Police Department and NARTA are at approximately one mile altitude.

Prescott Police Department uses a current undifferentiated (one performance standard for all candidates regardless of age or gender) chart provided by the Cooper Institute. An extract from the chart is provided below:

Percent	Flexibility (Sit & Reach)	Pushups One Minute	Sit-ups One Minute	Run 1.5 Mile
99	26 3/4	70	58	10:00
90	22 3/4	53	46	12:15
80	20 7/8	45	40	13:12
70	19 3/4	40	37	13:48
60	18 3/4	36	34	14:23
50	17 7/8	32	32	14:59
40	16 7/8	27	29	15:24

APPLICANT: Give this to the physician you are asking to sign your Waiver of Liability form.

PHYSICIAN NOTE: We are **not** asking you or your staff to conduct these tests. We are **not** asking you to do a complete physical examination of the applicant. The applicant needs you to determine *if he/she can safely participate in the described events in Prescott, Arizona, at an altitude of about one mile.* If yes, please complete and sign the physician's statement at the top of the attached Waiver of Liability form.

Sit-ups (Muscular Endurance) Test

The person testing starts by lying on their back, knees bent, heels flat on the floor and hands interlocked behind the neck or grasping their shoulders. A partner holds the participant's feet down in a manner indicated by the participant. The participant must touch elbows to knees and then return to a fully reclined position (shoulder blades must touch the mat) before starting the next sit-up. The participant performs as many correct sit-ups as possible in one minute. Partner will count only sit-ups that are correctly and fully completed.

Push-ups (Muscular Endurance) Test

Participant's partner places a closed fist on the floor below the participant's chest. Participant must keep back straight at all times, hands shoulder width apart and feet together resting on their toes. From the up position, the participant will lower their trunk toward the floor until their chest touches their partner's fist, then return to the up position. In the up position, the participant's arms must reach a fully straight, extended position each on each return. The participant performs as many correct push-ups as possible in one minute. Any resting must be done in the UP position. Partner will count only push-ups that are fully and correctly completed.

Flexibility Test

Shoes must be removed. The participant is allowed three attempts with only the best effort scored. The participant sits in an upright position with the heels of both feet placed flat against a twelve-inch high block. Knees may NOT be bent. Hands are placed one on top of the other. The participant leans forward, reaching as far as possible past the toes. Keeping the hands one on top of the other and using the finger tips, the participant pushes a wooden block as far as possible along the measuring device. The movement is made in an even, smooth motion. The measurement begins with 15 inches at the feet of the participant.

Run/Walk (Aerobic Power) Test

On a relatively flat, pre-measured course, the participants will run/walk 1.5 miles. During the test, walking or stopping will seriously jeopardize a passing score. The participant will be timed with a stop-watch to the nearest second. The total time is recorded.