

Dear Applicant:

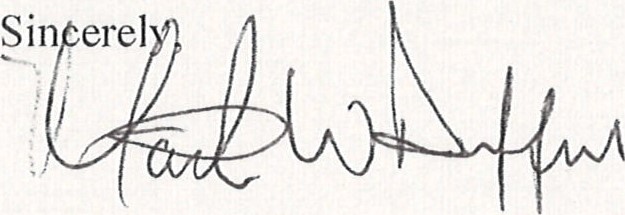
Thank you for your interest in the Osceola Police Department! Enclosed you will find an employment application packet as well as Iowa Law Enforcement Academy and Osceola Police Department standards. The standards, ILEA and OPD, are included for your information. If an item in the application does not apply to you, simply write N/A beside it. Return the application personally or by mail. **APPLICATIONS MUST BE RECEIVED or POST MARKED BY 4:00 p.m., Friday, September 20th, 2024.** Applications received after that will not be accepted. The city reserves the right to continue the search process if necessary.

The physical agility, the P.O.S.T. test and interviews will be conducted at **8:00 a.m.**, on **Saturday, October 12th, 2024**, at the Clarke Community High School, located at 801 One Tribe Dr., in Osceola, Iowa. **Please be prompt.** Candidates must pass the physical agility test to take the P.O.S.T. test. Those who pass the physical agility and the P.O.S.T test will be asked to interview. The Osceola Police Department will accept **P.O.S.T** results transferred from other agencies but will **not** accept physical agility test results from any other agency. In other words, all candidates who are not certified officers will be required to take the physical agility test.

**Certified officers** who are current in their certification either by current employment or without a 180 day break in service, will not be required to complete the physical agility or P.O.S.T tests. However, they will be expected to be present at testing for an interview.

All applicants will be subject to an extensive background investigation, psychological examination, post offer drug and hearing tests as well as a medical examination.

Again, thank you for your interest. The officers, staff and I look forward to meeting you. If you have any questions please contact Chief Duffus at the above number.



Martin W. Duffus

Chief



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| 1 . Currently certified in Iowa? Yes  No  If yes, provide the following information: | | | |
| Class number | Attendance date / location | | |
| 2. Name of current agency | | Address | |
|  | | Street City, State Zip Code | |
| 3. Current agency phone number | | | |
| 4. Name of agency's Chief / Sheriff | | | Phone number / extension |
| 5. Is this the agency you were with when certified? Yes  No  If no, provide the following information: Name, address, executive officer and phone number of certifying agency: | | | |
| 6. Are you currently certified in any other State? Yes  No  If yes, provide the following information:  State:  Class number:       Attendance dates and location: | | | |
| 7. Current status of your Peace Officer license / certificate:  Valid / Active Surrendered  Ineligible Revoked  Lapsed Suspended  Other De-Certified | | | |
| 8. If other than valid / active please provide details: | | | |

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|  | 1. Your Name (please print)  Last:       First:       Middle: | | | | | | | | | | | | |
| 2. Aliases, Maiden Names and Nicknames (Specify Which) | | | | | | | | | | | | |
| 3. Date of Birth  Month/Day/Year | | | | 4. Place of Birth  City:  County:  State or Foreign Country: | | | | | | | | |
| 5. Height | Weight | | Hair Color | | | | | Eye Color | Scars, Tattoos or identifying marks-features: | | | |
| 6. Social Security Number | | | | | | Driver's License Number | | | | | State | |
| 7. Citizenship  U.S. Citizen By Birth Alien Naturalization  Alien Registration No.:  Date, Place and Court:  Certificate No.:  Petition No.:  Derived – Parent’s (s) Cert. No.(s) Specify Which or Both: | | | | | | | | | | | | |
|  | Native Country | | Date, Place and Port of Entry into the U.S. | | | | | | |  | Sponsor | | |
|  |  | |  | | | | | | | |  | | |
|  | 8. Present Address  House Number and Street Apt # City, State Zip Code | | | | | | | | | | | | |
|  | 9. Legal Address  House Number and Street Apt # City, State Zip Code | | | | | | | | | | | | |
| 10. Home Telephone  Area Code: | | | | | | | | Hours during which you can be reached  Hours: | | | | | |
| 11. Work Telephone  Area Code: | | | | | | | | Hours during which you can be reached  Hours: | | | | | |
| 12. Present Marital Status  Married Single Divorced Widowed Separated | | | | | | | | | | | | | |
| 13. Full Name of Spouse  Last:       First:       Middle:  Maiden: | | | | | | | | | | | | | |
| 14. Marriage Data include resent and all former marriages | | | | | | | | | | | | | |
| Date(s) of Marriage  1 . | | | | | | | Place(s) of Marriage (City and State) | | | | | | |
| 2. | | | | | | |  | | | | | | |
| 3. | | | | | | |  | | | | | | |

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| 15. Have you ever had a court ordered financial judgment against you?  Yes  No If yes, explain in Part XIV. |
| 16. Do you presently have a financial judgment pending in court?  Yes  No If yes, explain in Part XIV. |
| 17. Have you ever had any real or personal property repossessed?  Yes  No If yes, explain in Part XIV. |
| 18. Have you ever filed for or declared bankruptcy or utilized a wage earner's plan?  Yes  No If yes, explain in Part XIV. |

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| 19. Give the data requested below on three (3) references, not related by blood or marriage. Not former employers. These references may include, but are not limited to: teachers, counselors, householders, property owners, members of the clergy and business people.     1. Name (Last, First MI):   Residence Address (Street, City, State Zip Code):  Telephone number with area code:       Number of Years Known:  Place of Employment:       Occupation:  Address of Employment (Street City, State Zip):  Business telephone number with area code:       Extension:     1. Name (Last, First MI):   Residence Address (Street, City, State Zip Code):  Telephone number with area code:       Number of Years Known:  Place of Employment:       Occupation:  Address of Employment (Street City, State Zip):  Business telephone number with area code:       Extension:     1. Name (Last, First MI):   Residence Address (Street, City, State Zip Code):  Telephone number with area code:       Number of Years Known:  Place of Employment:       Occupation:  Address of Employment (Street City, State Zip):  Business telephone number with area code:       Extension: |

20. Provide the information requested below on all your residences beginning with your present residence.

Start with your present residence.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Dates of residence | | | | | Location of residence | | |  | | |
| From To  Month/Day/Year Present | | | | | Street Address Apt # City | | | State / Zip Code | | |
|  | | | | |
| For present residence only:  Do you: Rent or Own this property?  Do you reside with: Self Spouse and children, if any, or  Other  If other list with whom you reside: | | | | | | | |  | | |
| Dates of residence |  | | Location of residence | | |  | | |  | |
| From  Month/Day/Year | To  Present | | Street Address Apt # | | | City | | | State / Zip Code | |
|  | | |
| Dates of residence | |  | | Location of residence | | |  | | |  |
| From To  Month/Day/Year Present | | | | Street Address Apt # | | | City | | | State / Zip Code |
|  | | | |
| Dates of residence | | | | Location of residence | | |  | | |  |
| From To  Month/Day/Year Present | | | | Street Address Apt # | | | City | | | State / Zip Code |
|  | | | |
| Dates of residence | | | | Location of residence | | |  | | |  |
| From To  Month/Day/Year Present | | | | Street Address Apt # | | | City | | | State / Zip Code |
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21. Provide the information requested below on all schools you have attended since the ninth (9) grade. Beginning with the most recent. Be sure to include colleges, universities, business or trade schools, and, if relevant to the position for which you are applying Military Schools.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| A. Name of School | | | | | | | | | | B. Address of School    Street Address City State / Zip Code | | | | | | | |
| C. Dates Attended | | | | | | | | | | D. Highest grade completed | | | | | E. Did you graduate | | |
| From: | | | | | | To: | | | |  | | | | | Yes No | | |
| Month | | | | Year | | Month | Year | | |
| A. Name of School | | | | | | | | | B. Address of School    Street Address City State / Zip Code | | | | | | | | |
| C. Dates Attended | | | | | | | | | D. Highest grade completed | | | | E. Did you graduate | | | | |
| From: | | | | | | To: | | |  | | |  | Yes No | | | | |
| Month | Year | | | | | Month | Year | |
| A. Name of School | | | | | | | | B. Address of School    Street Address City State / Zip Code | | | | | | | | | |
| C. Dates Attended | | | | | | |  | D. Highest grade completed | | | | | | E. Did you graduate | | | |
| From: | | | | | | To: |  |  | | | |  | | Yes No | | | |
| Month | | | Year | | | Month | Year |
| A: Name of School | | | | | | | | | | B: Address of School    Street Address City State / Zip Code | | | | | | | |
| C. Dates Attended | | | | | | |  | | | D. Highest grade completed | | | | | | E. Did you graduate  Yes No | |
| From: | | | | | | To: | | | |
| Month | | Year | | | | Month | Year | | |
| 1. Name of School | | | | | | | | | | | B: Address of School    Street Address City State / Zip Code | | | | | | |
| C: Dates Attended | | | | | | | | | | | D. Highest grade completed | | | | | | E. Did you graduate?  Yes No |
| From: | | | | | | To: | | | | |
| Month | | | | | Year | Month | Year | | | |
| Did you graduate from high school and receive a diploma? Yes No | | | | | | | | | | | | | | | | | |
| Did you pass a G.E.D. (General Educational Development) test? Yes No I have not taken. | | | | | | | | | | | | | | | | | |

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| 22. List below your complete work history starting with your present position. Be sure to list all periods of active Military Duty (including active duty for training for more than fifteen days) and all periods of unemployment (identifying it as such). Also include all part-time, temporary, and / or voluntary employment and identify it as such. |
| Start with present employment: |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Dates of Employment | | | | | | |  | Name of Employer / Firm / Agency | | US, State, Local Gov't Agency  Yes No | |
|  | | From | | To | | |  |  | |
| Month | Day | | Year | Month | Day | | Year |
| Your work telephone #: | | | |
| Place an X in one box | | | | | | |  | Address of Employer / Firm / Agency | | | |
| Full time Part-time  Temporary Voluntary  Intermittent Unemployed | | | | | | |  | Street address City State / Zip Code | | | |
| Name of Supervisor | | | | |  | | Title of Supervisor | | Supervisor's telephone | | Your Salary |
|  | | | | |  | |  | |  | |  |
| Your title or position | | | | | |  | Describe your duties (briefly) and reason(s) for leaving. | | | | |
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| Would any problem result if your present employer was contacted during the course of the background investigation? Yes No When may we make contact? | | | | | | | | | | | |
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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Dates of Employment | | | | | | | | | Name of Employer / Firm / Agency | | US, State, Local Govlt Agency  Yes No | |
|  | | From | |  | To | | | |  | |
| Month | Day | | Year | Month | | Day | | Year |
| Your work telephone # | | | |
| Place an X in one box | | | | | | | | | Address of Employer / Firm / Agency | | | |
| Full time Part-time  Temporary Voluntary  Intermittent Unemployed | | | | | | | | | Street address City State / Zip Code | | | |
| Name of Supervisor | | | | | | | Title of Supervisor | | | Supervisor's telephone | | Your Salary |
|  | | | | | | |  | | |  | |  |
| Your Title / Position | | | | | | | Describe your duties (briefly) and reason(s) for leaving | | | | | |
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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Dates of Employment | | | | | | | Name of Employer / Firm /Agency | | Federal, State, Local Gov't Agency  Yes No | |
| From | | | To | | | |  | |
| Month | Day | Year | Month | Day | | Year |
| Your work telephone # | | | |
| Place an X in one box | | | | | | | Address of Employer / Firm / Agency | | | |
| Full time Part-time  Temporary Voluntary  Intermittent Unemployed | | | | | | | Street address City State / Zip Code | | | |
| Name of Supervisor | | | | Title of Supervisor | | | | Supervisor's telephone | | Your Salary |
| Your Title / position | | | | | Describe your duties (briefly) and reason(s) for leaving | | | | | |
|  | | | | |  | | | | | |
|  | | | | | |
| Dates of Employment | | | | | | | Name of Employer / Firm /Agency | | Federal, State, Local Gov't Agency  Yes No | |
| From | | | To | | | |  | |
| Month | Day | Year | Month | Day | | Year |
| Your work telephone # | | | |
| Place an X in one box | | | | | | | Address of Employer / Firm / Agency | | | |
| Full time Part-time  Temporary Voluntary  Intermittent Unemployed | | | | | | | Street address City State / Zip Code | | | |
| Name of Supervisor | | | | Title of Supervisor | | | | Supervisor's telephone | | Your Salary |
| Your Title / position | | | | | Describe your duties (briefly) and reason(s) for leaving | | | | | |
|  | | | | |  | | | | | |
|  | | | | | |
| Dates of Employment | | | | | | | Name of Employer / Firm /Agency | | Federal, State, Local Gov't Agency  Yes No | |
| From | | | To | | | |  | |
| Month | Day | Year | Month | Day | | Year |
| Your work telephone # | | | |
| Place an X in one box | | | | | | | Address of Employer / Firm / Agency | | | |
| Full time Part-time  Temporary Voluntary  Intermittent Unemployed | | | | | | | Street address City State / Zip Code | | | |
| Name of Supervisor | | | | Title of Supervisor | | | | Supervisor's telephone | | Your Salary |
| Your Title / position | | | | | Describe your duties (briefly) and reason(s) for leaving | | | | | |
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| 23. Have you ever filed a claim for unemployment or workers compensation?  Yes No  If yes, explain, including when, where and the circumstances. |
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| 24. Have you had any extended work absences for reasons other than earned vacations?  Yes No  If yes, explain including when, name of employer, and why. |
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| 25. Have you:   1. Ever been discharged from employment (fired) for any reason?   Yes No   1. Ever resigned (quit) after being informed that your employer intended to discharge (fire) you for any reason?   Yes No   1. Ever resigned (quit) after being informed that your employer intended to take any form of disciplinary action against you?   Yes No  If you answered "yes" to any of the above three questions: give full details, including the name and address of the employer, approximate date(s) and the circumstances in each case. |

Driving Record

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 26. Indicate below all traffic violations or citations (excluding parking tickets) that you have received. Include in your response, but do not limit it to, such violations as: speeding, reckless driving:  changing lanes without caution, defective equipment, stop sign violations, and red light violations. For each incident, give the following data: | | | | | | | | | |
| Date | Violation/Charge | | Location - City & State | Police Agency | | Final Disposition | | Amount of Fine | Points |
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| 27. Provide the information requested below on all driver's licenses which are no or have been issued to you from any state (even though these licenses may now be expired or have been replaced by another issuing agency or State). | | | | | | | | | |
| Issuing State | | License Number | | | Expiration Date | | Type of License | | |
|  | |  | | |  | |  | | |
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|  | |  | | |  | |  | | |
| 28. Is your driver's license now or has it ever been:   1. Denied or refused? Yes No 2. Suspended? Yes No 3. Revoked? Yes No 4. Subjected to any other similar penalty or action? Yes No   If you answered "yes" to any of the above, explain in detail below. | | | | | | | | | |
|  | | | | | | | | | |

Arrest / Conviction Data

|  |  |
| --- | --- |
| 29. Have you ever been:   1. Arrested? Yes No 2. Charged by any Law Enforcement Authority? Yes No 3. Convicted of any offense against the Law? Yes No 4. Subjected to forfeiture of collateral in connection with an arrest? Yes No 5. Placed on probation? Yes No 6. Required to appear before a juvenile court for an act which would have been a crime if committed by an adult? Yes No |  |
| 30. Are you now:   1. Charged with an offense by any Law Enforcement Authority? Yes No 2. Presently on bail or out of personal recognizance or other conditional release? Yes No 3. On probation of any type? Yes No |  |
| 31. Are you now or have you ever been involved as a plaintiff or defendant in any civil court action?  Yes No |  |
| 32. If you answered "yes" to any part of questions 29, 30, or 31, give complete details in the section below. Include (as a minimum) (1) the date of the offense, (2) charges, (3) City and State, (4) name of Law Enforcement Agency involved, and (5) final disposition. For additional space: use the remarks section (Part XIV). |  |
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Miscellaneous

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| 33. Do you belong to any organization and / or adhere to any belief which would in any way:   1. Limit or prohibit your use of weapons or firearms? Yes No 2. Restrict or prohibit you from working on particular days or hours? Yes No 3. Restrict you from conforming to departmental standards of appearance and / or grooming which may from time to time be set? Yes No   If you answered "yes" to any of the above, explain in the remarks section (Part XIV) |
| 34. Do you now or have you in the past used, tried, or experimented with:   1. Marijuana (in any of its forms)? Yes No 2. Narcotics of any kind? Yes No 3. Dangerous drugs of any kind? Yes No   If you answered "yes" to any of the above, indicate in section XIV how many times and when did use(s) occur. |
| 35. Do you now take or have you ever taken any medication that was not specifically prescribed for you (with the exception of over-the-counter drugs)? Yes No  If yes, explain in the remarks section (Pan XIV).  66. List any special skills you possess which you believe may be applicable to the position for which you are applying (skills with machines or equipment, public speaking experience, membership in a professional: scientific, community or other such organization: etc). |
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| Identify each question (to which a response is being provided below) by the appropriate section number, item number, and page number. |
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# SIGNATURE PAGE

While this Department is conducting your background investigation, facts may arise or events may occur which may not have been known or which may not have been anticipated by you at the time this form was submitted; yet, these facts / events may require that revisions or amendments be made to this form. All such revisions or amendments must be submitted immediately (in writing).

If information should surface during the early stages of this investigation which would disqualify you from further consideration, the investigation will be terminated immediately and you will be notified accordingly.

On this day of 20 I have completed the foregoing personal history statement and understand the contents. The information given is correct to the best of my knowledge and belief and does not knowingly contain any material misrepresentation of fact. I understand that any material misrepresentation of fact given by me shall be cause for reflection before appointment, or dismissal from the department after appointment.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(full legal signature)

Subscribed and sworn to before me, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. 20\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Notary Public)

# OSCEOLA POLICE

AUTHORIZATION FOR RELEASE OF INFORMATION

ACKNOWLEDGEMENT OF HIRING REQUIREMENTS

     , do hereby authorize a review, full disclosure and release of all records concerning myself to any duly authorized agent of the Osceola Police Department, whether the said records are of public, private, or a confidential nature. The intent of this authorization is to give my consent for full and complete disclosure and release of the 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 and records wherever filed; medical and psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners, and the U.S. Veterans Administration, Department of Defense, Federal Bureau of Investigation or any and all Federal, State, or local agencies. Employment and pre-employment records, including background reports, efficiency records and recollection of attorneys-at-law, or 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; any law enforcement agency records pertaining to any criminal or immoral conduct engaged in by me.

I understand that any information obtained by a personal history background investigation which is developed by directly or indirectly, in whole or in part, upon this release authorization may be considered in determining my suitability for employment by The City of Osceola. I also certify that any person(s) who may furnish such information concerning me shall not be held legally accountable for giving information; and I do hereby release said person(s), institutions or corporations from any and all liability which my be incurred as a result of furnishing such information and agree to forever hold harmless the person(s), institutions or corporations providing said information. I further agree to forever waive any right whatsoever to the background investigation report or psychological report developed through this waiver.

I have read and understand the contents of this page and hereby agree to its contents without exception.

Applicants initials / Date

Witness Initials / Date

Witness Initials / Date

# OSCEOLA POLICE

RELEASE FOR PSYCHOLOGICAL, PHYSICAL

AND POLYGRAPH SCREENING

I agree to submit to physical, psychological and personality screening to determine suitability for employment. I further agree and understand that a polygraph examination may be required as well as drug use screening. I release the City of Osceola to process these tests as may be deemed necessary and further agree that the results will not be provided to me on the sole discretion of the City of Osceola.

I release and forever hold harmless the City of Osceola, its elected and appointed officials and employees from any future claims resulting in my application for employment and the results of any tests or investigations the City may perform in the review of my application.

A photocopy of this release form will be valid as an original thereof, even though the said copy does not contain an original writing of my signature.

I have read and understand the contents of this document and hereby agree to its contents without exception.

## Applicant's Signature / Date

Applicant's Address

## Date of Birth / Social Security

Witness / Date

Witness / Date

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Minimal physical fitness  Performance requirements chart | PASS / FAIL | | PASS / FAIL | | PASS / FAIL | | ASS / FAIL | | PASS / FAIL | |
| MALE | 20-29 | | 30-39 | | 40-49 | | 50-59 | | 60+ | |
|  |  |  |  |  |  |  |  |  |  |  |
| 1 Minute Sit-up | 38 |  | 35 |  | 29 |  | 24 |  | 19 |  |
| 1 Minute Push-up | 29 |  | 24 |  | 18 |  | 13 |  | 10 |  |
| 1.5 Mile Run | 12:51 |  | 13:36 |  | 14:29 |  | 15:26 |  | 16:43 |  |
|  | | | | | | | | | | |
| FEMALE | 20-29 | | 30-39 | | 40-49 | | 50-59 | | 60+ | |
|  |  |  |  |  |  |  |  |  |  |  |
| 1 Minute Sit-up | 32 |  | 25 |  | 20 |  | 14 |  | 6 |  |
| 1 Minute Push-u | 15 |  | 11 |  | 9 |  | 12\* |  | 5\* |  |
| 1.5 Mile Run | 15:26 |  | 15:57 |  | 16.58 |  | 17:54 |  | 18.44 |  |

\*Females in excess of 49 years of age may do push-ups on their knees.



## Osceola Police Department Minimum Standards

1. Candidate must be at least 21 years of age.
2. Candidates must possess a valid driver's license. A candidate will not be considered for employment if:
   1. Candidates driving privileges have been suspended, denied, cancelled or revoked within 5 years of the receipt of the candidates application;
   2. Candidate has been convicted of 5 moving violations in 3 years prior to receipt of the candidate’s application;
   3. Candidate has a conviction for O.W.I.

2. Good Moral Character:

It is imperative that a candidate be of good moral character. As officers it is important that you can be trusted and considered by citizens to have a good reputation and standing within the community. To that end, the candidate will not be considered if any of the following is found:

1. Commission of or conviction of a felony:
2. Commission of or conviction of an aggravated misdemeanor or serious misdemeanor which could be considered a crime of moral turpitude;
3. Commission of or conviction of Domestic Assault, Child Abuse Assault. Child Endangerment or Abandonment, or Dependant Abuse. Additionally, any other conviction resulting from Domestic, Child or Dependant abuse will  disqualify the candidate;
4. A chronic failure to meet debt obligations;
5. False or misleading information is provided to the Osceola Police Department at anytime during the selection process;



1. History of excessive use of alcohol;
2. The unlawful sale of ANY drug(s);
3. The unlawful use or experimentation of ANY drug(s);

J. Other conduct not specified will be evaluated.

Rev: 7/07