MEMO

TO: All Certified Patrol Officer Applicants

FROM: Mark Bullock, Assistant Vice President, University of Iowa Department of Public Safety

RE: REQUIREMENTS FOR THE CERTIFIED PATROL OFFICER

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

The following items must be provided to the University of Iowa Department of Public Safety, 200 So. Capitol St., Iowa City, Iowa, 52240, as soon as possible:

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.

The next step will be that qualified applicants will be notified by the Department of Public Safety 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, as described in the attachment. Individuals taking the physical agility test should wear some type of loose fitting clothing and tennis shoes (sweatpants/shirts or warm-up suits are suggested).

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.**

Thank you for your interest in employment with the Department of Public Safety. 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 Department of Public Safety, 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 Department of Public Safety. 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 Department of Public Safety 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
The University of Iowa Department of Public Safety
Police Division
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.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
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.

Is there anything you are aware of in your background and/or mental or physical abilities that would hinder your performing the duties of peace officer for the University of Iowa Police Division as outlined by the Iowa State Board of Regents [Merit System job description](#). Before answering this question, please carefully read the attached three-page document that identifies the characteristic duties and responsibilities relating to the position you are seeking. Please write your answer below.

_____________________________________________________________

_____________________________________________________________

_____________________________________________________________

_____________________________________________________________

_____________________________________________________________

_____________________________________________________________

_____________________________________________________________

_____________________________________________________________

_____________________________________________________________

_____________________________________________________________

_____________________________________________________________

_____________________________________________________________

_____________________________________________________________

_____________________________________________________________
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:

Name: ______________________________________________________
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: __________

______________________________________________________________
______________________________________________________________
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.

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: _______________________________________________________________
The University of Iowa Department of Public Safety
Police Division
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.

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.
The University of Iowa Department of Public Safety  
Police Division  
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.

Credit Record

1. Has your credit record ever been considered unsatisfactory, or have you ever been refused credit? ( ) No ( ) Yes
   If yes, give dates, places, names, or creditors and circumstances:

2. Are you indebted to anyone? ( ) No ( ) Yes
   If yes, list all debts including amounts, creditors and address:

3. List all debts past due.

4. Please attach a recent credit report to this form.
   Federal law gives you free access to your credit reports from the three major credit bureaus: Equifax, Experian and TransUnion. Using the government-mandated AnnualCreditReport.com website is the quickest way to get them, but you can also request them by phone or mail.
The University of Iowa Department of Public Safety
Police Division
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.

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

**Authority:**

**Honesty:**

**Integrity:**

**Power:**
The University of Iowa Department of Public Safety  
Police Division  
Background Investigation

Please provide a handwritten response in fifty (50) words or more to the following question:

What individual characteristics do you possess that will make you “the best qualified candidate” for the position of Police Officer with the University of Iowa Police Department?

____________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________
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 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 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 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:

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