

PAULS VALLEY POLICE DEPARTMENT
Police Officer Application for Employment

Print or type answers to each question clearly and completely. All questions must be answered. This is an application for employment and no employment contract is being offered. Use page 11 provided for additional information.

Last Name First Middle Social Security No.

Street Address Home Phone

City, State, Zip. Business Phone

List any other name (s) you have been known by: _____

Provide any other Social Security Number (s) you have used: _____

Date of Application: _____ Date Available for work: _____

Are you available to work: _____ Shift Work _____ Weekends _____ Nights

If you are under 21 years of age, you may not be hired until 21.

Present age: _____. Date of Birth: _____

AN EQUAL OPPORTUNITY EMPLOYER: The city does not discriminate on the basis of race, color, religion, sex, national origin, age, marital or veteran status, political affiliation, disability status, or any other legally protected status.

Warning: All information in this application will remain confidential and only released to those with need to know' However, it will be subject to extensive background examination and polygraph. Any false, misleading, or incomplete statements will be considered grounds for rejection. Leave no blank spaces. If the question does not apply to you, mark N/A (not applicable).

At this point, please stop and review the attached job description for Police Officer.

After reviewing the essential job functions, the minimum qualifications and the special requirements from the attached job description, are you able to do them with or without reasonable accommodation? Yes ___ No ___

The City is concerned with your ability to perform the job and will not at this time consider your need for reasonable accommodation except as necessary to complete the application form. If after reviewing your application form, verifying your responses, conducting an extensive background investigation, conducting necessary interviews or tests, you are considered for the job and would need reasonable accommodation to perform the essential job functions or demonstrate performance in the examination process, the parties will explore these alternatives. **REMEMBER: The city conducts a pre-employment exam which will determine whether you can do the essential functions of the job without substantial risk or harm to yourself and the public.**

As you complete the next portions, provide us with prior education, work experience, and any relevant training or certificates and licenses that would indicate your knowledge, skills, and abilities to perform the job. Be as specific as possible since you will be screened on what you include regardless of what you might otherwise be able to perform.

It is extremely important that you provide correct responses to the following questions and that you indicate your qualifications to be able to do the essential functions of the Police Officer position. Failure to answer these questions may indicate that you have not provided the information to qualify for the present position. Use page 11 if you need additional space.

1. Are you a U.S. Citizen? Yes ___ No ___; Are you legally eligible to work in the United States: Yes ___ No ___ (Verification will be required upon employment and failure to furnish documents will be cause for separation).

2. Have you ever worked for this City: Yes ___ No ___ If yes, give prior name and dates: _____ and reason for leaving: _____

3. Are you related to any City employee or any member of the City Council? Yes ___ No ___ If so, give name, department, and relationship: _____

4. Have you applied with this Police Department before? _____ When? _____. Have you applied with any other Police Department in the last 5 years? Yes ___ No ___ If yes, which department (s) and when? _____

5. Do you know any City Police Officers: _____, If yes, who? _____ How did you learn about this opening? _____

6. Can you operate:	<input type="checkbox"/> Automobile	<input type="checkbox"/> Motorcycle	<input type="checkbox"/> Airplane	<input type="checkbox"/> Helicopter
License (s) Number (s)	State	Date Expires	Type	
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

7. Does your drivers license have any restrictions? Yes ___ No ___ If yes, explain: _____

8. Have you ever had a drivers license suspended or revoked? [] Yes, [] No. If yes, please explain:

9. Do you have liability insurance on the vehicles you operate? Yes ____ No _____. Have you ever had your insurance policy cancelled? Yes ____ No _____. If yes, explain: _____

10. In the last seven years: (1) How many traffic tickets have you received? _____. (2) Number of times arrested while driving while drinking or under the influence? _____; (3) reckless driving of any type? _____; (4) Number of accidents you were involved in as a driver for which you were charged or cited? _____. Have you been involved in a serious accident (s) where you were the driver? _____ If yes, or anything other than none to the above, explain: _____

11. It is imperative that law enforcement personnel have a clean conviction record and not be addicted to controlled substances. (Arrest information will not necessarily disqualify you). Have you ever been arrested? _____, placed in jail? _____, detained _____, received a conviction? _____, suspended sentence? _____, deferred sentence which has not been sealed? _____, probation? _____ by any court of law or enforcement body anywhere? If so please explain below:

Date	Charge	Age at Time	Court of Jurisdiction	Disposition	Location of Police Agency Involved
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Other Explanation: _____

12. Have you ever been fingerprinted? [] Yes, [] No. If yes, complete:

When	Where	For Whom	Purpose
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

13. Residence (List each and every place you have resided in the past 10 years) (Provide phone number of current landlord: _____)

From Month	Year	To Month	Year	Number and Street	City, State	Name of Landlord
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

14. Education (List high school (s), college (s), correspondence, business or technical schools attended. Exclude military schools.)

Name of School	Location City and State	Type of School	Dates of Attendance	Hours Completed	Graduate Degree
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

15. List all special education honors, scholarships, etc., received.

16. List all memberships in school societies, fraternities, or clubs (you may exclude membership in organizations indicating national origin if you wish). _____

17. Have you ever been expelled or suspended from any school or dropped out of school because of poor scholastic standing? [] Yes; [] No. If yes please explain circumstances: _____

18. Employment experience for the past 10 years Social Security Number: _____

In chronological order, list all employment, including part time.

Dates (From – To) Employed by (Name of firm, address)

Title of Position	Salary	Reason for Leaving	Phone Number
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Types of duties:

Name of Supervisor: _____

Dates (From – To) Employed by (Name of firm, address)

Title of Position	Salary	Reason for Leaving	Phone Number
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Types of duties:

Name of Supervisor: _____

Dates (From – To) Employed by (Name of firm, address)

Title of Position	Salary	Reason for Leaving	Phone Number
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Dates (From – To) Employed by (Name of firm, address)

Title of Position	Salary	Reason for Leaving	Phone Number
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Types of duties:

Name of Supervisor: _____

Dates (From – To)	Employed by (Name of firm, address)		
Title of Position	Salary	Reason for Leaving	Phone Number
Types of duties:			
Name of Supervisor:			

Dates (From – To)	Employed by (Name of firm, address)		
Title of Position	Salary	Reason for Leaving	Phone Number
Types of duties:			
Name of Supervisor:			

Dates (From – To)	Employed by (Name of firm, address)		
Title of Position	Salary	Reason for Leaving	Phone Number
Types of duties:			
Name of Supervisor:			

19. If you have had no prior employment experience, please explain what you have done since high school to prepare you for this job? _____

20. Have you ever been fired, suspended, or put on an inactive status (other than for workers' compensation cases) by any of your previous employers? [] Yes, [] No. If yes, state circumstances:

21. Account for all periods of time since age 18 that you were not in school, working, in the military, or recuperating from an illness or injury if over 90 days in duration: _____

22. In chronological order, list all special training received and occupational schools attended in your employment history. (Exclude Military schools and training, high schools, colleges, etc.)

Name of School	Location City and State	Type	Dates of Attendance	Hours Completed	Certificate Received
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

23. Indicate if you have any additional information or comments concerning any volunteer experience, any special licenses or training which would help us determine your suitability for this position: _____

24. Are you now engaged in any business as an owner, partner (active or silent) or other connection (such as an employee)? yes, No. If yes, give full details: (e.g. name, address, etc.) _____

25. Has any corporation, partnership or business of which you are/were an officer, partner, etc. ever been issued or denied a license or permit by any City, State or Federal Government? Yes No. If yes, give full details: Exclude drivers license (s): _____

Selective Service / Military Service

26. Have you registered for the selective service? Yes ____ No ____ . If yes, when _____.

27. Have you served in any branch of the military? Yes No. If yes, indicate branch, current status, and military training or experience that would assist you in being a Police Officer:

Base or Name of School	Location City and State	School Type	Dates of Attendance	Hours Completed	Certificate Received
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

28. List any medals, decorations, campaign and theatre ribbons awarded to you while in the armed forces:

29. Were you honorably discharged? Yes No. Please provide a copy of any discharge papers (Forms DD 214 and DD 214 Member 4)

Subversive Organizations

30. As used in this application, a subversive organization shall mean any group or organization which does not support local, State, and Federal Laws and which advances its beliefs through violence and force.

- a. Have you advocated, advised or taught the doctrine that the government of the United States of America or any State or any political subdivision thereof should be overthrown by force, violence or any other unlawful means? Yes No.
- b. Are you now or have you ever been a member of any subversive organization? Yes No.
- c. Have you ever been connected, or affiliated in any manner with or have you ever attended meetings of any subversive organization? Yes No.
- d. Have you ever paid, collected, or solicited any money, dues, or contributions to, for, or on behalf of any subversive organization? Yes No.

If your responses are yes to any of the questions in category 30, please indicate circumstances: _____

31. Background references pertaining to past character:

(This information is used to question family members and associates to determine your fitness to do the essential functions of the job)

Name, Phone Number and Address of Current Spouse, if applicable:

Name, Phone Number and Address of Former Spouse, if applicable:

Name, Phone Number and Address of College Roommate, if applicable:

Name, Phone Number and Address of Military Associate, if applicable:

Name, Phone Number and Address of Mother, Father, of Siblings:

Name, Phone Number and Address of any other personal references:

32. List any social, labor, civic, and fraternal organizations that you have or now belong to which demonstrates your fitness for this position (you may exclude any that is associated with a national origin if you wish)

33. Are you the co-maker or signer on an outstanding loan? Yes No. If yes, explain details:

34. Have you ever been bonded? Yes, No. With respect to each time bonded, state details below:

Date	Reason	By, Whom,	Address, City, State
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>

35. Which of your previous jobs did you like the best? Explain the duties, the type of supervisor, and other reasons: _____

36. Which of your previous jobs did you like least? Explain the duties and reasons why: _____

37. What prior experience have you had with firearms? Explain:

38. Other than in a law enforcement capacity, have you ever been served with a summons or subpoena?

Yes No. If yes, how many times and list reasons:

Date	Charge	Location	Court Disposition	Police Agency Concerned
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

39. Do you know any other information that we have not asked for which may come out in the background information concerning your present fitness to handle the essential functions of the job? Yes No. If yes, you have an opportunity to disclose at the present time. (We are not in this question interested in your physical or mental ability to do the job).

Date _____ Printed Name: _____
Month, Day, Year First, Middle, Last

Read Carefully Before Signing

I certify that I am the person named above and that facts given in this application are true and complete to the best of my knowledge. In signing this statement I do so with the understanding that the truthfulness of all statements herein will be investigated and if found incorrect, incomplete, or misleading, it may render me ineligible for employment as a Police Officer.

I hereby grant permission to the City of Pauls Valley to investigate any information included in the application and I agree to submit to a pre-employment drug screen and a post offer medical examination. I understand that this application is not a contract of employment. I hereby release the City and its agents from all liability in making any investigation and inquiry relative to information contained in the application form. I understand, that if employed, false or misleading statements given in this application or interview (s) may result in discharge. I understand that I am required to abide by all rules and regulations of the City.

I hereby authorize any City, County, State, or Federal Agency or former employer or any individual listed in this application form to furnish to any member of the Pauls Valley Police Department any information concerning me necessary to process this questionnaire. A photostatic and / or verifax copy of this authorization shall be considered as valid as the original.

Date _____ Signature _____
Month, Day, Year First, Middle, Last

Authorization to Release Information

To Whom It May Concern:

I hereby authorize any sworn Police Officer or other authorized representative of the Pauls Valley Police Department bearing this release, or a photostatic copy thereof, within one year of its date, to obtain information from your files pertaining to my employment, credit, or educational records, including but not limited to academics, achievements, attendance, athletics, personal (non medical) history, and disciplinary records. I hereby direct you to release such information upon request of the bearer.

This release is executed with full knowledge and understanding that the information is for the official use of the Pauls Valley Police Department. Consent is granted for the Pauls Valley Police Department to furnish such information as is described above, as third parties in the course of fulfilling its official responsibilities.

I hereby release you as the custodian of such records and any school, college, university, or other educational institution, credit bureau, lending institutions, consumer reporting agency or retail business establishment including its officers, employees or related personnel both individually and collectively, from any and all liability for damages of whatever kind which may at any time result to me, my heirs, family or associates because of any compliance with this authorization and request to release information, or and attempt to comply with it.

A copy of this authority to release, will be as valid as the original.

Should there be any question as to the validity of this release, you may contact me as indicated below.

Date: _____ Signature: _____
Month, Day, Year (Full Name)

Typed or Printed: _____
(Full Name)

Current Address: _____

Phone: _____

Witness: _____

Date: _____

Authorization to Release Medical and Workers' Compensation Information

To Whom It May Concern:

I hereby authorize any physician or other authorized medical representative under contract with the City of Pauls Valley bearing this release, or a photostatic copy thereof, within one year of its date, to obtain medical history information to determine whether I can do the essential functions of the position of Police Officer with the City of Pauls Valley. I hereby direct you to release such information upon request of the bearer.

This release is executed with full knowledge and understanding that the information is for the official use of any medical group, medical or psychological practitioner or professional for the City of Pauls Valley. Consent is granted for the purpose of performing such post offer medical or psychological exam as required by the Pauls Valley Police Department. Such information is confidential and will not be released to the City except as covered by the Americans with Disabilities Act and as required by State Law.

I hereby release you as the custodian of such records and any hospital or other repository of medical records, including its officers, employees or related personnel both individually and collectively, from any and all liability for damages of whatever kind which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it.

A copy of this authority to release, will be as valid as the original.

Should there be any question as to the validity of this release, you may contact me as indicated below.

Date: _____ Signature: _____
Month, Day, Year (Full Name)

Typed or Printed: _____
(Full Name)

Current Address: _____

Phone: _____

Witness: _____

Date: _____

City of Pauls Valley Police Department

Confidential Information Agreement Form

A thorough investigation will be conducted to determine your qualifications for the position of Police Officer. To a great extent, your ability to be qualified for employment will depend on information obtained in confidential interviews with persons with whom you have been associated, including personal references you may have listed.

If reasons for your non-acceptance are of a temporary nature, whereby you could be accepted at a later date, you will be so notified. Failure to be certified and hired at the present time does not indicate that you cannot apply at a later date but that other candidates provided experience, education, and background data that was more suitable for employment.

I HAVE READ AND FULLY UNDERSTAND THE ABOVE STATEMENT

Date: _____

Signature: _____

Witness: _____

Pauls Valley Police Department

Personal Questionnaire

As an applicant for the position of Police Officer with the City of Pauls Valley, you will be subjected to intense background investigation including polygraph on any of these questions. The following questionnaire is a preview of items that will be necessary for us to check into. It will be to your benefit to answer all questions honestly and to the best of your ability.

1. Have you in the past 7 years used any controlled substance such as a narcotic, speed, PCP, barbiturate, amphetamine, LSD, cocaine, crack, heroin, marijuana, etc. that was not prescribed for you by a medical doctor? _____. If yes, please indicate the type of drug, the date of use, and extent of usage:

2. During the past 5 years, except as covered by medical procedure, have you sniffed or inhaled glue, paint, lacquer, gasoline or any other substance with the intent of getting high or intoxicated? _____. If yes, please indicate the particulars: _____

3. Have you stolen anything of value? [] Yes [] No. If the answer is yes, please indicate what it was, when it happened, and how often it happened: _____

4. Have you ever been arrested and / or convicted of any crime? [] Yes [] No. If yes, be sure you have explained this in detail indicating the outcome of the conviction on page 3 of the application form.
5. Do you support the local, State and Federal Laws and are willing to do so without reservation.
[] Yes [] No.
6. Are you able to do the essential functions of the job of Police Officer with or without reasonable accommodation? [] Yes [] No.

Date: _____
Month, Day, Year

Signature: _____

POLICE OFFICER

JOB SUMMARY

THIS POSITION IS LOCATED IN THE POLICE DEPARTMENT OF THE CITY OF PAULS VALLEY, OKLAHOMA, AND IS AN ENTRY LEVEL POSITION UNDER THE DIRECTION OF A RANKING OFFICER. AFTER EMPLOYMENT, THE INCUMBENT IS REQUIRED TO SUCCESSFULLY COMPLETE FIELD TRAINING. UPON COMPLETION OF THIS TRAINING, THE OFFICER IS ASSIGNED TO A FIELD DUTY WITH THE SENIOR OFFICER, TO RECEIVE ON THE JOB TRAINING.

FIELD DUTY CONSISTS OF BOTH ROUTINE AND COMPLEX LAW ENFORCEMENT DUTIES AND RESPONSIBILITIES. AFTER COMPLETION OF REQUIRED TRAINING, INCUMBENT WORKS INDEPENDENTLY EXERCISING A HIGH DEGREE OF SELF-DICIPLINE, INTEGRITY AND DECISION MAKING ABILITY. ALSO IN THIS CLASSIFICATION THERE ARE SPECIALTY POSITIONS REQUIRING ADDITIONAL SKILLS, KNOWLEDGE AND ABILITIES.

DUTIES AND RESPONSIBILITIES

OPERATES A MOTOR VEHICLE FOR EXTENDED PERIODS OF TIME IN ALL ENVIROMENTAL CONDITIONS AND ON OCCASION OPERATES THE VEHICLE AT HIGH SPEEDS AND IN CONGESTED TRAFFIC SITUATIONS.

PATROLS ASSIGNED AREA OF CITY AND ENFORCES STATE AND FEDERAL LAWS AND ITY ORDINANCES; PATROLS AND EXAMINES BUILDINGS AND RESIDENCES TO DETECT SUSPICIOUS CONDITIONS AND HANDLES SITUATIONS ACCORDINGLY.

DIRECTS TRAFFIC IN CONGESTED AND EMERGENCY AREAS; REPORTS SAFETY HAZARDS; RESPONDS TO SCENE OF ACCIDENT; ADMINISTERS FIRST AID AND INVESTIGATES CAUSE AND FILES ACCIDENT REPORT; ISSUES CITATIONS TO VIOLATORS OF TRAFFIC LAWS.

VISITS THE SCENE OF CRIMES AND ACCIDENTS; SEARCHES FOR AND PRESERVES EVIDENCE; INVESTIGATES AND INTERVIEWS VICTIM, WITNESSES AND POTENTIAL SUSPECTS; APPREHENDS THOSE SUSPECTED OF CRIMES OR MISDEMEANORS; PARTICIPATES IN LINE-UPS; MAKES ORAL AND WRITTEN REPORTS; PROVIDES TESTIMONY IN COURT.

SPEAKS BEFORE CITIZENS AND CITIZEN'S GROUPS AND PARTICIPATES IN VARIOUS TRAINING SESSIONS.

MINIMUM QUALIFICATIONS OF A POLICE OFFICER

MUST BE 21 YEARS OLD. MUST BE ABLE TO QUALIFY ON THE SHOOTING RANGE. MUST BE ABLE TO PASS THE OKLAHOMA POLICE PENSION AND RETIREMENT SYSTEM'S MEDICAL STANDARD AND BE STATE CERTIFIED.

ABILITY TO OPERATE A TWO-WAY RADIO, WALKIE-TALKIE IN FIELD SITUATIONS, AND TO OPERATE EFFECTIVELY RADAR EQUIPMENT, BREATHALYZER, ETC.: TO PREFORM ROUTINE PREVENTIVE MAINTENANCE ON VEHICLE.

ABILITY TO READ, UNDERSTAND AND INTERPRET ORDINANCES, LAWS AND OTHER OPERATING PROCEDURES AND COMMUNICATE ORALLY AND IN WRITING; ABILITY TO INVESTIGATE CRIMES AND DO REPORTS.

ABILITY TO DEAL EFFECTIVELY WITH THE PUBLIC USING TACT AND DIPLOMACY AND REMAIN CALM IN EMERGENCY SITUATIONS; PROVIDE CONSTITUTIONAL REQUIREMENTS AND PERFORM FIRST AID AND / OR CPR.

ABILITY TO MAKE SPLIT SECOND DECISIONS THAT COULD EFFECT THE WELL BEING OF THE PUBLIC, DEPARTMENT, FELLOW EMPLOYEES, AS WELL AS THE OFFICER'S SAFETY. ABILITY TO INTERFACE WITH OTHER LAW ENFORCEMENT PERSONNEL AND SAFETY PERSONNEL.

ABILITY AND WILLINGNESS TO MAINTAIN STRICT CONFIDENTIALITY.

MUST BE ABLE TO RESPOND TO VARYING SITUATIONS WITH TACT AND DIPLOMACY AND KNOW HOW TO DEAL WITH STRESSFUL, HOSTILE OR IRRATIONAL PERSONS, WHETHER DUE TO PHYSICAL OR MENTAL DISABILITY, DRUGS, SOCIO-ECONOMIC DIFFERENCES, OR OTHER FACTORS.

WORKING CONDITIONS / PHYSICAL REQUIREMENTS OF A POLICE OFFICER

SOME EXPOSURE TO UNPLEASANT WEATHER AND REQUIRES CONTINUOUS ATTENTION SAFE WORKING AND OPERATING PROCEDURES TO ENSURE THE SAFETY OF ONE'S OWN SELF AND FELLOW CITIZENS.

POSSIBILITY OF BODY ATTACKS WHILE MAKING ARREST; SEVERE BODILY HARM WHILE DEALING WITH FELONS.

MUST POSSESS THE PHYSICAL STRENGTH AND STAMINA TO CHASE AND SUBDUE FLEEING PERSONS; TO ARREST THEM IF NECESSARY; AND BRING THEM INTO CUSTODY.

GREAT PROBABILITY OF WORKING ROTATING SHIFTS, EXTENDED HOURS, EMERGENCY CALL OUT, AND TO TESTIFY AT COURT ON DAYS OFF.

MUST HAVE THE PHYSICAL STRENGTH AND STAMINA TO RESCUE VICTIMS.

MUST HAVE THE VISUAL ACUITY TO IDENTIFY SUSPECTS, DETECT DANGER, READ LICENSES AND TAGS ETC.

MUST POSSESS THE AURAL ACUITY TO UNDERSTAND CONVERSATION IN QUIET AND NOISY ENVIRONMENTS, UNDERSTAND RADIO TRANSMISSIONS, DISTINGUISH BETWEEN CAR BACKFIRES AND GUN SHOTS, DETERMINE LOCATION OF PERSONS IN DISTRESS, ETC.

MUST BE ABLE TO COMMUNICATE EFFECTIVELY TO TRANSMIT INFORMATION VIA THE RADIO, TALK TO VICTIMS, SUSPECTS, ETC.

SUPERVISION RECEIVED

RECEIVES CLOSE SUPERVISION DURING PROBATIONARY PERIOD; THEREAFTER, INCUMBENT RECEIVES GENERALIZED WORK ASSIGNMENTS FROM IMMEDIATE SUPERVISOR OR OTHER SUPERVISORS. WORK IS SUBJECTED TO PERIODIC REVIEW BY IMMEDIATE SUPERVISOR THROUGH WORK PERFORMANCE EVALUATIONS, VISIUAL MONITORING OF TASKS PERFORMED AND REVIEW OF REPORTS AND ACCOMPLISHMENTS.