

Newport Police Department Civil Service

Requirements For Police Applicants

To be eligible to take the civil service test applicants must:

1. Be 21 years of age. (Attach copy of birth certificate to application)
2. Have a high school diploma or G.E.D. (Attach copy to application)
3. Have a valid Tennessee Driver's License. (Attach copy to application)
4. If applicant is a veteran, a copy of their discharge must be attached.
5. If applicant is P.O.S.T. Certified, a copy of basic diploma and State Certification form must be attached.
6. Any application may be rejected by the Newport Police Department Civil Service Board based on the requirement of a POST waiver due to a criminal conviction.

INCOMPLETE APPLICATION PACKETS WILL NOT BE ACCEPTED

Applicants taking the civil service test must:

1. Score 75 or above on the written civil service exam. (Failure to score 75 or above will disqualify applicant from continuing any further in the employment process.)
2. Participate in an oral interview with a review board.
3. Participate in a physical fitness evaluation.

Prior to employment applicants must:

1. Pass a medical evaluation by a licensed physician.
2. Pass a drug test.
3. Pass an intense background check.
4. Pass a psychological evaluation.

ALL Applications for Employment MUST be returned to:

City of Newport HR Office, City Hall

300 E Main Street - (PO Box 370), Newport, TN 37822

THIS APPLICATION, OR ANY PART THEREOF, IS NOT A CONTRACT FOR EMPLOYMENT

I. APPLYING FOR: LIST EACH POSITION BY POSITION TITLE ONLY

--	--	--	--

First **Position Title**

Second **Position Title**

Third **Position Title**

Fourth **Position Title**

EMPLOYMENT OFFICE USE ONLY - Position(s) Open Within the Following Department/Division(s):

Dept/Div	EEOC	Status*	Dept/Div	EEOC	Status*	Dept/Div	EEOC	Status*	Dept/Div	EEOC	Status*
1			5			9			13		
2			6			10			14		
3			7			11			15		
4			8			12			16		
Date:			Date:			Date:			Date:		

***STATUS: HIRING AUTHORITY:** You MUST contact the Employment Administrator **PRIOR** to making a job offer to any **QB** or **DQ** applicant.
*** Q = Qualified. QB = Qualifiable/Re:** Lacks some applicable experience &/or special requirement. **DQ = Disqualified/Re:** Lacks applicable experience &/or special requirement.

Failure to complete all sections or to sign this application will cause delay or disqualification for employment.

You MUST provide your Social Security Number on Page 4A of this application.

THE CITY OF NEWPORT IS AN EQUAL OPPORTUNITY EMPLOYER

II. APPLICANT'S DATA:

Date Of Application:

APPLICANT'S NAME (Print)	
PRINT LAST NAME	PRINT FIRST NAME
	Middle Initial

Current Home Address:				
	Street Number - Street Name	City	State	Zip Code

Telephone Numbers:	Home Phone: (AC)			Work Phone: (AC)			May we call you at work?		/Yes		/No
	Cell Phone: (AC)			Pager Number: (AC)			Instructions:				
E-mail Address:											

II. (1) ARE YOU A CURRENT CITY OF NEWPORT EMPLOYEE? **/YES*** EMPLOYEE I.D. Number

*If "YES" YOU MUST COMPLETE SECTION VIII ON PAGE 3 - ITEM (1) Present Employer **/No**

II. (2) Do you possess a VALID driver's **/No** **/Yes*** *State *License #:

II. (3) Class Type (Check One): **/A** **/B** **/C** **/D** **/E** **/F** **/G** **/M** Expiration Date:

II. (4) Endorsements? **/Yes *** **/No** *If Yes, Identify: Restrictions? **/Yes*** **/No** *If Yes, Identify:

Work schedule Preferred: **/Full-Time** **/Part-Time** Part-Time Hours: **/Temporary**

The City of Newport adheres to and complies with the Drug Free Workplace Act. All applicants selected for employment are offered a "Conditional Offer of Employment" contingent upon successful completion of all Pre-Employment screening processes such as, but not limited to the following: Drug/Alcohol Screening Test, Health Screening, SLED/NCIC Background Check, Driver's License Check, etc. Failure to successfully complete this process will be cause for the City to withdraw its "Conditional Offer of Employment".

APPLICATIONS WILL REMAIN ACTIVE IN THE EMPLOYMENT OFFICE FOR TWO (2) MONTHS FROM THE DATE SUBMITTED. A RESUME MAY BE SUBMITTED BUT YOU MUST ALSO SUBMIT A FULLY COMPLETED EMPLOYMENT APPLICATION.

It is to your benefit to follow the application procedures since there are often many applicants for each job opening. To be considered, you must possess the required minimum qualifications, i.e., the related education, training & experience and any special requirement(s). Testing is not usually required; however, special testing is required for applicants seeking positions with the Newport Police Department and the Newport Fire Department. Also, a performance test (typing test) is required for all positions that indicate **TYPING TEST REQUIRED**.

FOR CURRENT JOB VACANCIES CALL THE JOBS LINE AT: (423) 623-7323 or go to: cityofnewport-tn.com and click on CITY JOBS
 (If this application has been downloaded from the City's Web Page - make sure this is all on Page 1 ONLY)

III. (1) Are you age 18 or older? /Yes /No III. (2) Are you United States citizen? /Yes /No

III. (3) : Are you a PREVIOUS City of Newport Employee? / Yes* /No *If Yes, complete the following:

NOTE: If you are a CURRENT City of Newport Employee – YOU MUST COMPLETE SECTION VIII. On PAGE 3 – ITEM (1)/Present Employer.

Department/Division	Supervisor's Name	Position	From (Month/Year)	To (Month/Year)

Describe your duties:

Reason for leaving (be specific)

Your Employee ID Number:

III.(4) DO YOU HAVE ANY RELATIVES EMPLOYED WITH THE CITY OF NEWPORT?

YES*

NO

*If Yes, complete the following.

Employee's Name	Department/Division	Relationship

IV. EDUCATION

TELL US ABOUT YOUR EDUCATION:

Name of High School, Technical or Trade School, College	City	State	Check Year Completed				Graduated		Type & Name of Degree or Certificate	If College: Major/Minor
			1	2	3	4	Yes	No		
High School:									If you did not graduate from high school complete Section IV. (1) below.	
Technical School:										
Trade School:										
College:										
College:										

IV. (1) If you did not graduate from high school, do you possess a valid GED High School Certificate? /Yes* /No

*If Yes, provide the following: Date Obtained: State:

V. SKILLS (Complete this section if required for the job)

DO YOU TYPE?	WORD PROCESSING?	DATA ENTRY?	SPREADSHEET?	Other Computer Software?
<input type="checkbox"/> /Yes* <input type="checkbox"/> /No	<input type="checkbox"/> /Yes* <input type="checkbox"/> /No	<input type="checkbox"/> /Yes* <input type="checkbox"/> /No	<input type="checkbox"/> /Yes* <input type="checkbox"/> /No	<input type="checkbox"/> /Yes* <input type="checkbox"/> /No
<input type="checkbox"/> /CWPM	*List Types Below: <input type="text"/>	*Speed Strokes: <input type="text"/>	*List Types Below: <input type="text"/>	*List Types Below: <input type="text"/>

V.(1) LIST ANY SKILLS, QUALIFICATIONS, LICENSES OR CERTIFICATIONS THAT WILL BE OF BENEFIT IN THE JOB(S) FOR WHICH YOU ARE APPLYING.

V.(2) LIST ALL TYPES OF EQUIPMENT & TYPE TRUCKS YOU HAVE OPERATED/ DRIVEN THAT ARE REQUIRED FOR THE JOB FOR WHICH YOU ARE APPLYING.

VI. Did you serve in the Armed Services? Check /Yes /No

VII. Have you ever worked under another name? /Yes* /No *If Yes, what name(s):

NOTE: Failure to complete all sections or to sign this application will cause delay or disqualification for employment.

(If this application has been downloaded from the City's Web Page – make sure this is all on Page 2 ONLY)

List jobs **STARTING WITH YOUR PRESENT or LAST JOB.** You may list work history such as volunteer, part-time, temporary, self-employment and military. **Provide work history for at least the past 10 years.**

NOTE: CURRENT CITY EMPLOYEE'S MUST COMPLETE ITEM (1) BELOW.

Have you included a Resume? /Yes* /No *If yes, you still MUST complete the following information.

(1) Present or Last Employer/Company's Name <small>Note: Current City Employee List Current Div.</small>		From		To		Starting Salary	Last Salary
		Month	Year	Month	Year		
Company Address (Current City Employee: List Current Division Location)		Position Title:					
Company City & State/Zip Code (Current City Employee: List Current Division Location)		Describe your duties:					
Telephone Number	AC:						
Supervisor's Name:							
May We Call?		/Yes		No	/Reason:		
Check One	FT	Reason for Leaving or Wanting to Leave (BE SPECIFIC) - (Note: Must also be completed if submitting a resume)					
	PT						

(2) Previous Employer/Company's Name		From		To		Starting Salary	Last Salary
		Month	Year	Month	Year		
Company Address		Position Title:					
Company City & State/Zip Code		Describe your duties:					
Telephone Number	AC:						
Supervisor's Name:							
May We Call?		/Yes		No	/Reason:		
Check One	FT	Reason for Leaving (BE SPECIFIC) - (Note: Must also be completed if submitting a resume)					
	PT						

(3) Previous Employer/Company's Name		From		To		Starting Salary	Last Salary
		Month	Year	Month	Year		
Company Address		Position Title:					
Company City & State/Zip Code		Describe your duties:					
Telephone Number	AC:						
Supervisor's Name:							
May We Call?		/Yes		No	/Reason:		
Check One	FT	Reason for Leaving (BE SPECIFIC) - (Note: Must also be completed if submitting a resume)					
	PT						

Have you included **additional** Employment History - Work Experience Page? /Yes/See Continuation Page 3A /No
 (If this application has been downloaded from the City's Web Page – make sure this is all on Page 3 ONLY)

APPLICANT'S NAME (PRINT)			
	<small>(Last Name)</small>	<small>(First Name)</small>	<small>M.I.</small>

STOP - READ THIS CAREFULLY
YOU MUST COMPLETE PAGE **3 OF THE APPLICATION FIRST**
THIS IS A CONTINUATION OF PAGE **3 ONLY**

Did you complete Page 3 of the application?	/Yes Continue below:	/No/STOP and go back to Page 3
--	-----------------------------	--

(4) Previous Employer/Company's Name		From		To		Starting Salary	Last Salary
		Month	Year	Month	Year		
Company Address		Position Title:					
		Describe your duties:					
Company City & State/Zip Code							
Telephone Number	AC:						
Supervisor's Name:							
May We Call?		/Yes	No	/Reason:			
Check One	FT	Reason for Leaving (BE SPECIFIC) - (Note: Must also be completed if submitting a resume)					
	PT						

(5) Previous Employer/Company's Name		From		To		Starting Salary	Last Salary
		Month	Year	Month	Year		
Company Address		Position Title:					
		Describe your duties:					
City & State/Zip Code							
Telephone Number	AC:						
Supervisor's Name:							
May We Call?		/Yes	No	/Reason:			
Check One	FT	Reason for Leaving (BE SPECIFIC) - (Note: Must also be completed if submitting a resume)					
	PT						

(6) Previous Employer/Company's Name		From		To		Starting Salary	Last Salary
		Month	Year	Month	Year		
Address		Position Title:					
		Describe your duties:					
City & State/Zip Code							
Telephone Number	AC:						
Supervisor's Name:							
May We Call?		/Yes	No	/Reason:			
Check One	FT	Reason for Leaving or Wanting to Leave (BE SPECIFIC) - (Note: Must also be completed if submitting a resume)					
	PT						

ALL APPLICANT'S MUST COMPLETE THE FOLLOWING SECTIONS OF THIS REPORTING FORM

NAME:				S.S. #:							
	(Print Last Name)	(Print First Name)	MI								

How did you **FIRST** hear about this position? **CHECK OR X ONE** of the following?

<input type="checkbox"/>	A	City's Job Posting (Location):	<input type="checkbox"/>	J	Job Fair – TML	<input type="checkbox"/>	S	Referred by – Name:
<input type="checkbox"/>	B	City Hall Walk-In	<input type="checkbox"/>	K	Job Fair – Identify Where:	<input type="checkbox"/>	T	School – Name:
<input type="checkbox"/>	C	City's Jobs Line (623-7323)	<input type="checkbox"/>	L	Job Fair	<input type="checkbox"/>	U	TV Channel – Identify:
<input type="checkbox"/>	D	City's Web Site cityofnewport-tn.com –CITY JOBS	<input type="checkbox"/>	M	Job Service – One Stop	<input type="checkbox"/>	V	Urban League
<input type="checkbox"/>	E	Community Relations Council	<input type="checkbox"/>	N	Journal/Publication – Name:	<input type="checkbox"/>	W	Vocational Program
<input type="checkbox"/>	F	Department of Corrections	<input type="checkbox"/>	O	Newspaper:	<input type="checkbox"/>	X	WIP – Work Initiative Program
<input type="checkbox"/>	G	Employment Agency (Name):	<input type="checkbox"/>	P	Newspaper – Name of Newspaper:	<input type="checkbox"/>	Y	Works Program
<input type="checkbox"/>	H	Internet (Site) – Identify:	<input type="checkbox"/>	Q	Other – Identify:	<input type="checkbox"/>		
<input type="checkbox"/>	I	Job Corps	<input type="checkbox"/>	R	Radio Station – Identify:	<input type="checkbox"/>		

NOTE: The information requested ABOVE is needed to analyze and assure compliance with Federal Equal Employment Opportunity laws, as well as meet the reporting requirements of those laws. **YOUR SIGNATURE IS REQUIRED (SEE BELOW).**

EQUAL EMPLOYMENT OPPORTUNITY REPORTING AND RESEARCH FORM

THIS FORM IS RETAINED IN THE HR/EMPLOYMENT OFFICE FOR RECORD KEEPING PURPOSES ONLY.

SEX (Check or X One):	<input type="checkbox"/>	<input type="checkbox"/>
	MALE	FEMALE

DATE OF BIRTH:									
-----------------------	--	--	--	--	--	--	--	--	--

POLICE OFFICER APPLICANTS ONLY: Are you 21 Years of age or older?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A

All applicants Are you 18 years of age or older?	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No

ETHNIC GROUP (Check or X One of the following):

<input type="checkbox"/>	Caucasian (White) Non-Hispanic (W)	<input type="checkbox"/>	Asian or Pacific Islander (AP)
<input type="checkbox"/>	African-American (Black) Non-Hispanic (B)	<input type="checkbox"/>	American Indian or Alaskan Native (AI)
<input type="checkbox"/>	Hispanic (H)	<input type="checkbox"/>	Other (O) (Indicate)

MISCELLANEOUS: Identify any **REASONABLE ACCOMMODATIONS** that would be needed to perform the essential functions of the position(s) for which you are applying:

NOTE: The information requested **above** regarding race, color, sex, age, national origin, disability status and reasonable accommodation, for qualified individuals with disabilities, **is needed** to analyze and assure compliance with Federal Equal Employment Opportunity laws, as well as meet the reporting requirements of those laws. Your cooperation in providing this information is important to the success of our equal employment opportunity and affirmative action programs.

This EEO Reporting and Research Form will be retained in the HR/Employment Office with your original application. The HR/Employment Office only sends a **copy** of your **application** to the Hiring Authority. The information contained in this form will **not** be used in the hiring or interviewing process and will be available only to authorized personnel for research and evaluation purposes. Refusing to provide this information **will not** subject you to adverse treatment.

TO THE BEST OF MY KNOWLEDGE, THE INFORMATION CONTAINED IN THIS FORM IS TRUE AND CORRECT.

(APPLICANT'S SIGNATURE - IN INK)	Today's Date

IX. CRIMINAL CONVICTION (S)

Have you **EVER** been **CONVICTED** of **ANY** criminal offense(s) **EVER****:

<input type="checkbox"/>	YES* (If yes, list below)	<input type="checkbox"/>	No
--------------------------	----------------------------------	--------------------------	-----------

*** If yes, you MUST provide the following information for ALL CONVICTIONS**

Conviction(s)	Where Convicted/Arresting Authority & City/State	Date (Mo/Yr)	Court Disposition

If more space is needed, attach addition sheet(s) of paper – **BE SURE TO LIST ALL CONVICTIONS.**

****NOTE: Include above if you were EVER CONVICTED of an offense including, but are not limited to a FELONY, MISDEMEANOR, ETC. Examples: Driving Under the Influence of Intoxicating Beverages, Possession of Drugs, Bad or Fraudulent Checks, Non-Payment of Child Support, Failure to Appear, etc. List every conviction since you were 18 years of age or older even if you believe you made restitution, i.e., paid a fine, etc. You MUST list ALL convictions. Do not list minor vehicle violations, such as non-payment of parking tickets or any offense committed before your 17th birthday, which was adjudicated in juvenile court or under a youthful offender law. Failure to disclose ALL criminal CONVICTIONS WILL disqualify you for employment with the City.**

ATTENTION – READ THIS

The City of Newport runs a SLED or NCIC check on applicants selected for employment as part of the "Conditional Offer of Employment" process. You need to know that the City will withdraw its " Conditional Offer of Employment" if the City receives a report that has ANY convictions and you have not listed them above -- **IF IN DOUBT, LIST IT.**

X. REFERENCES

	Name	Address / City/State / Zip Code	Phone w/Area Code
1.			
2.			
3.			

XI. SIGNATURES

Authority to Release Information: By my signature, I consent to the release of information to duly authorized officers, agents and/or employees of the City of Newport, TN This may include, but not be limited to, information concerning my past and present work including my official personnel files, attendance records, evaluations, educational records including transcripts, military service, law enforcement records, and/or any personnel record deemed necessary to make inquiries of third parties such as credit bureaus. I further release the organization, educational entity, present and former employers, law enforcement organizations and all third parties from any and all claims of whatever nature that I may have as a result of any inquiry or response given to such inquiries made in connection with my application for employment.

X. (1) - Original Signature:	Date:

Certification of Applicant: By my signature, I affirm, agree and/or understand that all statements on this application or attachments hereto, are true and accurate. Any misrepresentation, falsification, or material omission of information or data on this application or attachments hereto, may result in exclusion from further consideration or, if hired, termination of employment. If I have requested herein that my present employer not be contacted, an offer of employment may be conditioned upon acceptable information and verification from such employer prior to beginning work. If employed by the City of Newport, TN, I agree to adhere to the City's Drug Free Workplace policy. I further certify that I have/or I am adhering to all outstanding government student loan commitments.

X. (2) - Original Signature:	Date:

ATTACHMENTS: RESUME ___ **MILITARY DD-214** ___ **COPY DRIVERS LICENSE** ___ **OTHER** _____

NOTE: Failure to complete all sections or to sign this application will cause delay or disqualification for employment.

(If this application has been downloaded from the City's Web Page – make sure this is all on Page 4 ONLY)