

# City of Rock Springs Police Department

*Community Commitment*

## Police Officer Application Sworn Officer



**Confidential**

When completed return to:

Rock Springs Police Department

Attn: Kelly Battisti

221 C Street

Rock Springs, WY 82901

Office: 307-249-2071

[kelly\\_battisti@rswy.net](mailto:kelly_battisti@rswy.net)

[www.rswy.net](http://www.rswy.net)



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Phone 307-352-1581

Fax 307-352-1580

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## Notice:

**In accordance with the Civil Service Rules outlined in Chapter V Examinations, section 2, subsection (g):**

**An applicant may apply and take the exam twice in one calendar year, should the applicant fail, the applicant must wait one calendar year to apply and take the exam a third time. If the applicant fails a third time the applicant is no longer eligible to apply.**



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**Note: Automatic disqualification for employment includes, but is not limited to the following:**

1. **Dishonorable** discharge from the Military.
2. **Felony Conviction:** An individual who has been convicted of and/or received deferred judgment for a felony will be disqualified.
3. **“Soft” Drug Use:** Individuals who have illegally used soft drugs at least one time within the thirty-six (36) months prior to the date of the application, and up to and including date of appointment will be disqualified.

**Definition:** “Soft” drug use would include but not be limited to the following: the use of Marijuana, synthetic cannabinoids, (commonly referred to as “Spice”) or any Schedule III, IV or V controlled substance, the use of which would be classified as a misdemeanor, ***except when the drug or substance is used pursuant to being dispensed by or under the direction of a person licensed or authorized by law to prescribe, administer, or dispense such drug or substance for bona fide medical needs.***

4. **“Hard” Drug Use:** Individuals who have illegally used hard drugs at least one time within the sixty (60) months prior to the date of application, and up to and including date of appointment will be disqualified.

**Definition:** “Hard” drug use would include but not be limited to the following: the use of any Schedule I or II controlled substance, the use of which is classified as a misdemeanor. These drugs include but are not limited to methamphetamine, heroin, cocaine, ecstasy, or their synthetic equivalents such as “bath salts,” ***except when the drug or substance is used pursuant to being dispensed by or under the direction of a person licensed or authorized by law to prescribe, administer, or dispense such drug or substance for bona fide medical needs.***

5. **Any use of LSD, PCP, Psilocybin mushrooms or any other hallucinogens will automatically disqualify the applicant.**



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6. **Domestic Violence:** Applicants are not eligible for employment if they have been convicted of any domestic violence related offence. Other domestic incidents or reports will be looked at on a case by case basis.
  7. **Sexual Assault:** Individuals who have been convicted of and/or received deferred judgment for a misdemeanor involving sexual assault or are a registered sex offender in any state will be disqualified.
  8. **Child Abuse:** Individuals who have been convicted of and/or received a deferred judgment for a misdemeanor involving child abuse will be disqualified.
  9. **DUI:** Individuals who have one or more convictions or deferred judgments for a DUI offense within the thirty-six (36) months prior to the date of application, and up to and including date of appointment will be disqualified.
  10. **Suspended Driver's License:** The loss of driving privileges due to moving violations with-in the thirty-six (36) months prior to the date of the application, and up to and including date of appointment will be disqualified.

I, the undersigned, do hereby acknowledge that I have read and understand the above-mentioned automatic disqualifiers and by signing this document I am acknowledging that I am qualified to continue my application with the Rock Springs Police Department. I further understand that my application may be terminated if it is determined that I have been untruthful concerning any of the automatic disqualifiers.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name



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### **Informed Consent for Physical Fitness Performance Test**

The undersigned hereby gives voluntary informed consent to engage in a series of physical fitness performance tests. The purpose of the testing is to determine physical fitness levels in some or all of the following areas: Cardiovascular and muscular endurance.

The activities may include, but are not limited to, running, sit-ups and push-ups. The tests will be performed in a gymnasium setting.

There exists the possibility that certain detrimental physiological changes could occur during any exercise or exercise testing. These changes could include heat related illness, abnormal heart rate, abnormal blood pressure, and in rare instances, a heart attack.

I have read this form and understand there are inherent risks associated with any physical activity. Furthermore, it is my responsibility to monitor my individual physical performance during any activity.

Further, the undersigned releases and discharges the Rock Springs Police Department Civil Service Commission, and any others connected therewith, from all claims or damages whatsoever that the undersigned or his representatives might have arising from, or incident to, this testing program.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Printed Name

\_\_\_\_\_  
Witness Complete Address (Number, Street, Apt. #, City, State, Zip)



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### Physical Fitness Test

The minimum physical fitness standard can be attained by meeting one of the following requirements: **1)** Each applicant must meet the 40th percentile level in each category assessed; or **2)** Accumulate a 50th percentile average of all categories assessed, with a minimum level of the 25th percentile in any category.

Should the applicant fail to attain the required level of fitness during the physical fitness test, he/she **will not be eligible** to continue the application process.

### Physical Fitness Performance Requirements Chart

*Minimum Physical Fitness Standard (40th Percentile)*

#### MALE

<u>Test</u>	<u>Age 20-29</u>	<u>30-34</u>	<u>35-39</u>	<u>40-44</u>	<u>45-49</u>	<u>50-54</u>	<u>55-59</u>
1 Minute Sit-Up	38	34	31	29	26	24	21
1 Minute Push-Up	29	24	21	18	15	13	11
1.5 Mile Run	12:51	13:36	14:03	14:29	14:58	15:26	16:05

#### Female

<u>Test</u>	<u>Age 20-29</u>	<u>30-34</u>	<u>35-39</u>	<u>40-44</u>	<u>45-49</u>	<u>50-54</u>	<u>55-59</u>
1 Minute Sit-Up	32	25	22	20	17	14	10
1 Minute Push-Up	23	19	16	13	12	11	8
1.5 Mile Run	15:26	15:57	16:28	16:58	17:26	17:55	18:20



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## Personal Information

The following information is requested of you for verification and contact purposes:

*(Please Print or Type)*

Name \_\_\_\_\_  
First Middle Last

Any Nicknames or Aliases \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Physical Address \_\_\_\_\_  
Number Street City State Zip

Phone Numbers: Home ( ) \_\_\_\_\_ - \_\_\_\_\_  
Cell ( ) \_\_\_\_\_ - \_\_\_\_\_

Driver's License # \_\_\_\_\_ State \_\_\_\_\_

Email Address \_\_\_\_\_

High School Graduate \_\_\_\_\_ Yes No Obtained GED \_\_\_\_\_ Yes No

Citizen of US \_\_\_\_\_ Yes No

Veteran \_\_\_\_\_ Yes No

If yes, which branch of the military did you serve: \_\_\_\_\_

Are you POST certified? \_\_\_\_\_ Yes No

If yes, what state are you certified in? \_\_\_\_\_

Did an employee with the Rock Springs Police Department recruit you to apply?

\_\_\_\_\_  
Yes No If yes, employee's name: \_\_\_\_\_