



LINEBACKER APPLICATION

(PLEASE FILL OUT THIS LINEBACKER APPLICATION AND RETURN WITH A DETAILED RESUME NOT TO EXCEED FOUR PAGES IN LENGTH)

Qualifications to serve as an OACP Linebacker are as follows:

- 1. Must be a current or retired Oregon Police Chief or Oregon Municipal Police Manager (2nd in Command);**
- 2. Must have at least five years of command level experience, with possession of a DPSST Police Executive certificate, or have been certified at the DPSST Police Executive level at the time of retirement;**
- 3. Must be a member in good standing in OACP;**
- 4. Must have a strong working knowledge of police policies and procedures;**
- 5. Must be available to participate when requested;**
- 6. If currently employed, must provide written approval of their direct supervisor to participate;**
- 7. Must have a reputation for good judgment, hard work and integrity;**
- 8. Must have the ability to deal with a wide range of personality types;**
- 9. Must be approved by the Executive Resources Committee of the OACP.**

Name: _____

Complete Address: _____

Phone #: _____ Fax #: _____

Email Address: _____

Current DPSST Police Certification (or certification held at time of retirement):

Are you a current paid member of OACP? _____ Total years in OACP: _____

Experience: Attach a personal resume not to exceed four typed pages. Include all full-time salaried public safety positions held in the past ten years in which you served as the agency Executive or in a Mid-level (2nd in command) position. Include AT A MINIMUM your job title, employer name and address, principle duties, employment dates, reason for leaving and immediate supervisor current contact information. Include any additional information and employment that you feel would assist a City in selecting the appropriate qualified candidate.

What is the longest period of continuous work you are willing to accept?

Are there geographic limitations that you place on your availability for work assignments? (Yes/No – Commute/North/South/Other)

Other Comments:

If you are currently employed, attach a copy of written permission from your current supervisor.

Signature: _____

Date: _____

COMPLETION OF THIS SECTION IS VOLUNTARY. INFORMATION IN THIS SECTION IS CONFIDENTIAL, TO BE USED ONLY BY OACP TO ASSIST THE APPLICANT AND THE CITY IN STRUCTURING THE APPROPRIATE FORM OF EMPLOYMENT AGREEMENT, WHICH IS OPTIONAL:

DOB: _____ Age: _____

Years of service in:

PERS: _____ Other Plan A: _____

Other Plan B: _____

Date of expiration of last DPSST certified employment: _____

[NOTE: It is the responsibility of the applicant to ensure that your current contact information is on file with OACP at all times.]

DO NOT WRITE BELOW THIS LINE

DATE RECEIVED:		APPROVED <input type="checkbox"/> DENIED <input type="checkbox"/>	DATE APPROVED:	
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