

Hebron

Police

APPLICATION

Police Officer

**Please read all information and instructions carefully.
Fully complete all pages of the application.**

Officer Applicant:

This application must be fully and accurately completed and returned at the time and place as indicated below in order for you to be considered for appointment. Upon returning the completed application, a character background and personal history investigation will be initiated by our department. Participation in the screening is required for consideration of appointment.

Upon successful completion of the background and personal history investigation, an oral interview will be conducted.

Applicants must meet the following minimum requirements:

1. Be a United States citizen.
2. Be a resident of Indiana and reside within fifty (50) miles of Hebron Town limits.
3. Be a minimum of 21 years old, no later than appointment date.
4. Be a high school graduate, evidenced by a diploma, transcript, or equivalent.
5. Have and maintain a valid Indiana Motor Vehicle Operator's License, with a good driving record.
6. Be in a physical fitness condition suitable to performing the tasks of a law enforcement officer.
7. Complete and successfully pass the oral interview, and department designated training programs.

The following instructions must be followed:

Attach a recent color photograph of yourself, and photocopies of the following items: high school diploma or transcripts, birth certificate, social security card, and any training certificates pertaining to this position to the back of your application. Ensure all information requested on the application is completed fully and to the best of your knowledge. The Request/Authorization for investigation must be signed and notarized. Failure to do so will result in the discontinuance in the selection/application process.

Thank you for your interest in the Hebron Police Department. If you have any questions that have not been answered in this packet, please feel free to contact me at (219) 996 – 2111, Monday – Friday 8am to 4pm, and leave a message. I will contact you as soon as possible.

Application Due Date: _____ Time: _____ Place: Hebron Police Department

**Hebron Police Department
Application for Appointment
Reserve Officer**

Request/Authorization of Investigation

For the purpose of establishing my eligibility for appointment, I voluntarily consent to a thorough and complete investigation of my past personal history, employment, character, education, medical, police, law enforcement, military, and any other personal information deemed necessary by the Hebron Police Department. I understand that a representative of the Hebron Police Department will conduct the investigation.

Accordingly, I, the undersigned, hereby authorize, request, and direct any present or past employers, federal, state, county, or municipal police/law enforcement or investigative agencies, educational institutions, private persons, firms, associations, corporations, or individuals with whom I may or may not have been acquainted, who possess information pertinent to my personal history, to provide such information to any representative of the Hebron Police Department that may contact them.

Unless such information be knowingly false or willfully malicious, I agree to relieve and hold harmless all persons or entities providing such information from any responsibility or liability in connecting with any actions taken by the Hebron Police Department. This release is valid for a period of twelve (12) months from the date of my signature.

Applicant Signature

Date of Birth

Printed Name

Social Security Number

Date Signed

Subscribed and sworn by me, a Notary Public, in and for the State of Indiana, County of Porter, this _____ day of _____, 2017.

Notary Public

Commission Expires

NOTARIZATION IS REQUIRED. THIS APPLICATION WILL NOT BE PROCESSED WITHOUT IT.

ACKNOWLEDGEMENT OF TERMS OF APPLICATION

Initials

_____ I certify that all information contained in this application is true and complete to the best of my knowledge.

_____ In the event of my employment, I agree to conform to the policies of the Hebron Police Department and acknowledge that these policies may be changed, interpreted, withdrawn, or added to by the town at any time, at the town's sole option, without any prior notice to me. I understand that this application will be given every consideration, but its receipt does not imply that I will be appointed. I understand that there is no contract of employment, and that my appointment can be terminated at any time, with or without cause or notice, at the option of the Hebron Police Department or myself.

_____ I understand that the Hebron Police Department may require me to undergo drug testing prior to and/or during my employment with the department. I consent to the release of my drug test to the Hebron Police Department. I further understand that medical examinations which are job-related and consistent with the department's business may be required of me once I am appointed. I release the Town of Hebron, Hebron Police Department, its officers, or representatives from any and all claims, suits, causes of action, liabilities and damages associated with or arising from my submission to a drug test and/or medical examination.

Applicant Signature

Date

HEBRON POLICE DEPARTMENT

APPLICATION/PERSONAL HISTORY STATEMENT

Application for position of: **POLICE OFFICER** Phone No: _____ Date: _____

General Instructions: Hand print an answer to EVERY question. If a question does not apply to you, state so with N/A. If the space available is insufficient, use a separate sheet and precede each answer with the number of the reference block. Do NOT mis-state or OMIT material facts.

1. LAST NAME FIRST NAME MIDDLE NAME 2. MALE FEMALE

3. ALIAS(es), NICKNAMES(s), MAIDEN NAME, OTHER CHANGES IN NAME 3A. SOCIAL SECURITY NUMBER

4. PRESENT RESIDENCE OF ADDRESS STREET CITY STATE ZIPCODE

5. DATE OF BIRTH PLACE OF BIRTH (City, County, State) ATTACH COPY OF BIRTH/BAPTISMAL CERTIFICATE

6. HEIGHT WEIGHT EYE COLOR HAIR COLOR TATTOOS

7. US CITIZEN NATIVE NATURALIZED IF DERIVED, PARENT(s) DATE, PLACE, AND COURT CERTIFICATE NO. CERTIFICATE NOS.

8. MARITAL STATUS: SINGLE: MARRIED: SEPERATED: DIVORCED: WIDOWED:

9. VEHICLE OPERATOR LICENSE: (Driver, chauffeurs, etc.) Give the following information concerning any vehicle operator's license you have held or currently hold.

KIND OF LICENSE	PLACE OF ISSUE	EXPIRATION DATE	RESTRICTIONS

Have you ever been denied issuance of a license or have you ever had a license suspended or revoked? YES NO
If so, explain fully

Have you ever had an automobile insurance policy withdrawn or revoked; or have you ever been refused automobile insurance?
If yes, give details including reasons, names of companies, dates, etc: YES NO

10. RESIDENCES: List all residences for the past ten (10) years beginning with your present address.

MONTH AND YEAR

FROM	TO	NUMBER AND STREET	CITY	STATE OR COUNTRY

11. HOBBIES AND SPORTS:

12. MILITARY STATUS: Have you ever served in the U.S. Armed Forces? YES NO

If yes, attach a copy of discharge or separation papers. (DD214)

A. While in the military service, were you ever convicted of an offence which resulted in a trial by deck court or by summary, special or general court martial?

YES NO

If yes, give date, place, law enforcing authority or type of court or court-martial, charge and action taken for each incident. USE SEPARATE SHEET OF PAPER TO RECORD THIS INFORMATION!

B. Are you presently a member of the U.S. Reserve or National Guard? YES NO

If yes, complete the following:

Pay Grade/Rank	Branch of Service	Component
<input type="checkbox"/> ACTIVE	<input type="checkbox"/> INACTIVE	<input type="checkbox"/> STANDBY

END TERM OF SERVICE DATES (ETS):

13. SELECTIVE SERVICE

REGISTERED: YES

NO

14. EDUCATION:

A. List all elementary, junior high, and high schools attended. ATTACH transcripts from last high school attended.

NAME OF SCHOOL	LOCATION	PHONE #	DATES ATTENDED	YEARS COMPLETED	GRADUATION YES/NO

B. CONTINUED EDUCATION: List information for all college/universities attended

ATTACH transcript from last college/university attended.

NAME AND LOCATION OF COLLEGE OR UNIVERSITY	PHONE #	DATES FROM	ATTENDED TO	DEGREE RECEIVED	YEAR RECEIVED

MAJOR AND MINOR COLLEGE COURSE:

C. OTHER SCHOOLS OR TRAINING (trade, vocational, business, or military). Give for each the name and location of school, dates attended, subjects studied, certificate and any other pertinent data.

15. FOREIGN LANGUAGE: Enter foreign language and indicate your knowledge of each by placing an "X" in the appropriate box.

LANGUAGE	READING			SPEAKING			UNDERSTANDING			WRITING		
	EXEC	GOOD	FAIR	EXEC	GOOD	FAIR	EXEC	GOOD	FAIR	EXEC	GOOD	FAIR

16. SPECIAL QUALIFICATIONS AND SKILLS:

A. Indicate types of special license such as pilot, radio operator, etc. showing licensing authority, where licensed, and current expiration date. (EXCEPT vehicle operator's license)

16. SPECIAL QUALIFICATIONS AND SKILLS (CONTINUED):

B. Special abilities you possess including ability to operate specific machines and equipment. (For example: short-wave radio, comptometer, turret lathe, transcribing machine, scientific or professional devices)

C. Approximate number of words per minute: TYPING: _____ SHORTHAND: _____

17. EMPLOYMENT: Beginning with your most recent employer, list your work history for the past ten (10) years; including part-time, temporary and periods of unemployment. (Attach additional sheets if necessary to this application)

FROM DATE	NAME, ADDRESS, PHONE OF EMPLOYER	REASON FOR LEAVING	JOB TITLE
TO DATE	DESCRIPTION OF DUTIES		
SALARY		NAME OF SUPERVISOR	NAME OF CO-WORKER
FROM DATE	NAME, ADDRESS, PHONE OF EMPLOYER	REASON FOR LEAVING	JOB TITLE
TO DATE	DESCRIPTION OF DUTIES		
SALARY		NAME OF SUPERVISOR	NAME OF CO-WORKER
FROM DATE	NAME, ADDRESS, PHONE OF EMPLOYER	REASON FOR LEAVING	JOB TITLE
TO DATE	DESCRIPTION OF DUTIES		
SALARY		NAME OF SUPERVISOR	NAME OF CO-WORKER
FROM DATE	NAME, ADDRESS, PHONE OF EMPLOYER	REASON FOR LEAVING	JOB TITLE
TO DATE	DESCRIPTION OF DUTIES		
SALARY		NAME OF SUPERVISOR	NAME OF CO-WORKER

20. PAST AND/OR PRESENT ORGANIZATIONS/CLUBS TO WHICH YOU BELONG:

NAME & ADDRESS	TYPE (Social, fraternity, professional, etc.)	OFFICE HELD	MEMBERSHIP FROM	TO

21. SUBVERSIVE ORGANIZATIONS:

YES	NO	
		Are you now or have you ever been a member of any organization, association, movement, group, or combination or persons which advocates the overthrow of our constitutional form of government, or which has adopted the policy of advocating the commission of acts of force or violence to deny the persons their rights under the Constitution of the United States or which seeks to alter the form of government of the United States by unconstitutional means?
		Are you now or have you ever been affiliated or associated with any individuals, including relatives, you know or have reason to believe are or have been members of any of the organizations identified above?
		Have you ever been engaged in any of the following activities of any organizations of the types described above: (Contributions to attendance at or participation in any organizational, social, or other activities of said organizations or of any projects sponsored by them; the sale, gift, or distribution of any written, printed or other matter prepared or published by them or any of their agents or instrumentalities?)

If YES to any of the answers above, describe the circumstances. ATTACH additional sheets for a full detailed statement.

22. Are you willing to submit to a psychological test? YES NO

23. ARE THERE ANY incidents in your life not mentioned herein which might reflect upon your suitability to perform the duties which you might be called upon to take or which might require further explanation? YES NO

If YES, give details:

24. HAVE YOU EVER applied for a position with any other government agency? YES NO If yes, give details.

25. DO YOU OBJECT to your present employer being interviewed concerning this application? YES NO

26. REMARKS:

I certify that there are no misrepresentations, omissions, falsifications, in the forgoing statements and answers that the entries made by me are true, complete, and correct to the best of my knowledge and belief, are made in good faith. I further understand that this information is subject to background investigation and polygraph verification. Additionally, I agree and consent in advance to being summarily discharged without cause or hearing if any of the information contains any misrepresentation of falsification or if any material information has been omitted.

DATE

SIGNATURE OF APPLICANT

**Attach copies of requested documents. (Operators license, high school transcripts and/or diploma, military discharge DD214, birth certificate, social security card, and color photo)

We are an equal opportunity employer. Federal/State laws, and our department policy prohibit employment discrimination on the basis of sex, race, national origin, religion, marital status, or handicaps unrelated to job performance. Persons denied employment based on the above conditions may file a complaint with our department and/or with State or Federal authorities.