# Poseyville Police Department
# Employment Application

**Applicant Full Name (*print):*** _____

The Poseyville Police Department is an equal opportunity employer and does not discriminate in hiring or employment practices on the basis of race, color, religion, creed, national origin, ancestry, familial status, disability, as defined by law, political affiliation, or on the basis of age or sex, except when age, sex, or physical requirements constitute a bona fide occupational qualification necessary for the proper and efficient administration of the department or as provided by law. No question on this application is intended to secure information to be used for such discrimination.

Under the guidelines of the A.D.A., reasonable accommodation will be made in the hiring process if requested by the applicant.

This application must be filled out only by the applicant. Print in black or blue ink, accurately and thoroughly. Attach supplements if necessary. All personal information will be regarded as confidential. This application will be given every consideration, but its receipt does not imply that the applicant will be offered employment.

Because of the sensitive and important position of a police officer, the Town of Poseyville must select individuals who possess the best mental, moral, and emotional character for the performance of the duties.

To best ascertain who those individuals are, it is necessary to gather as much information about each applicant which may have a bearing on their ability to perform. Several questions in this application are designed to give the department a complete background on each applicant. Because of the unique and sensitive nature of police work, it is necessary to obtain certain information from individuals. No question on this application is intended to secure information to be used for unlawful discrimination.

Do not misstate or omit material since information made herein is subject to verification to determine your qualifications for employment. Any misrepresentation or deliberate omission of a fact on my application may be justification for refusal of, or if already employed, termination of employment.

****All directions must be followed completely. If any part or section is left out or omitted, the application will be considered incomplete and may not be considered for employment****

**I have read and understand the above statements.**

**Signature:** _____

**Date:** _____

## Applicant Instruction Sheet

All applications must be filled out in blue or black ink.

# The following items must be included with this completed application:

Photocopies of the following:

- ❑ Birth Certificate
- ❑ Driver's License
- ❑ High School Diploma or G.E.D.
- ❑ Form #DD214 (if applicable)

**If any of the above listed items are not included, the application will be considered incomplete and may not be considered for employment.**

**I have read and understand the above statements.**

**Signature:** _____

**Date:** _____

# Employment Process

Applicants may be required to complete the following process:

1. Complete Application and turn in at Poseyville Town Hall (38 W. Main Street)
2. Written Aptitude Test
3. Town Council Interview
4. Background and Criminal History Investigation

A Conditional Offer of Employment will then be made to the most qualified candidate(s). The candidate(s) may then be required to successfully complete:

5. Medical Questionnaire and Physical
6. Drug Screen
7. Psychological Evaluation
8. Acceptance into PERF (Public Employee Retirement Fund)

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## Policy Statement on Employment of Ex-Offenders

Consideration for employment of ex-offenders will be given without regard to race, creed, color, national origin, sex, religion, ancestry, familial status, disability, sexual orientation, or age. The term ex-offender, as used herein, refers to anyone convicted of any criminal statute or a military offense while in the service.

## Felony Convictions

In accordance with Indiana State Law, any individual convicted of a felony shall be ineligible for appointment to the Police Department. A felony conviction is defined by Indiana Law as any conviction, at any time, to which the convicted person might have been imprisoned for more than one (1) year. *IC 35-50-2-1(b)*

## Evaluation

With respect to all other criminal convictions which are not felonies, the Town of Poseyville will consider in each case whether the prior conviction or military offense conviction of the Applicant will have a bearing on the Applicant's job performance or tend to measure job capability. The date and nature of the offense, requirements of the position for which they are considered, and the Applicant's other qualifications will be considered.

## Confidentiality

As a matter of policy, every effort will be made to keep the Applicant's criminal record confidential. During the selection process, it will be necessary to inform the Department Head, Supervisors, and Town Council of the Applicant's record.

# Poseyville Police Department

## Applicant's Waiver to Release Information

I hereby authorize and request all persons to whom a copy of this Waiver is presented, having information relating to and concerning me, to furnish such information to the Town of Poseyville, Indiana and/or the Poseyville Police Department.

I am aware that this information may be of a personal nature and may otherwise be protected from disclosure by my constitutional, statutory, or common law privileges. I hereby expressly waive all privileges which may attach to such communication or disclosure and release all persons, firms, and corporations from any and all claims, of any nature, and as a result of said communication or disclosure.

Information to be Disclosed if Requested:

- Financial, Medical, Employment, &/or Educational Records
- Criminal History Check
- Organizational Memberships
- Any background material relevant to reputation or moral character

Any records obtained will be retained on file in the Town of Poseyville Personnel Files.

*(do not sign until in front of Notary Public)*

_____ _____

***Applicant Name** (print)* ***Applicant Signature***

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**NOTARY ACKNOWLEDGEMENT:**

Subscribed and sworn to me this _____ day of _____, 20_____.

Signature of Notary Public *(no rubber stamp signatures)*: _____

Printed Name of Notary Public: _____

Date Commission Expires: _____

County of Residence: _____ NOTARY SEAL

# PERSONAL HISTORY

Full Name *(first, middle, last)*: _____

Date of Birth *(mm/dd/yyyy)*: _____

Social Security Number: _____

Birthplace *(city, state)*: _____

Driver's License State & Number: _____
*State / Number*

Are you a United States Citizen? [ ] Yes [ ] No

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List all other names you have used including nicknames and maiden, if applicable. If you have ever legally changed your name, give date, place, and court.

_____

_____

_____

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Have you ever been convicted of a traffic or criminal offense? [ ] Yes [ ] No
If yes, list:

| Date | Offense | County | State | Disposition |
|---|---|---|---|---|
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## RESIDENCES

Current Residence *(if apartment, include name of complex)*:

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number(s): _____

Email Address: _____

List chronologically (most recent first) all of your addresses in the past ten years. Include addresses while attending school if away from home and ALL military addresses, including off base locations. If apartment, include name of complex.

_____

_____

_____

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_____

_____

_____

## EDUCATION

List all schools attended at the high school level and higher.

School Name | Address | Years Attended | Diploma Earned

*High School*

*College/University*

*Other: Vocational, Technical*

*Law Enforcement Certification &/or Academies Attended*

# EMPLOYMENT RECORD

List chronologically *(most recent first)* all employers. Include full-time, part-time, and temporary/seasonal work as well as all periods of unemployment. Make sure all phone numbers and email addresses are correct. Use additional sheets of paper if necessary.

**May we contact your current employer for a reference at this time? [ ] Yes [ ] No**

1. Employment Dates: From _____ to _____

Employer: _____

Address: _____

Phone Number: _____

Position Held: _____ Salary: _____

Supervisor Name: _____

Reason for Leaving: _____

2. Employment Dates: From _____ to _____

Employer: _____

Address: _____

Phone Number: _____

Position Held: _____ Salary: _____

Supervisor Name: _____

Reason for Leaving: _____

3. Employment Dates: From _____ to _____

Employer: _____

Address: _____

Phone Number: _____

Position Held: _____ Salary: _____

Supervisor Name: _____

Reason for Leaving: _____

4. Employment Dates: From _____ to _____

Employer: _____

Address: _____

Phone Number: _____

Position Held: _____ Salary: _____

Supervisor Name: _____

Reason for Leaving: _____

5. Employment Dates: From _____ to _____

Employer: _____

Address: _____

Phone Number: _____

Position Held: _____ Salary: _____

Supervisor Name: _____

Reason for Leaving: _____

6. Employment Dates: From _____ to _____

Employer: _____

Address: _____

Phone Number: _____

Position Held: _____ Salary: _____

Supervisor Name: _____

Reason for Leaving: _____

*(Attach additional sheets if necessary)*

## MILITARY SERVICE

Have you every served in the United States Military? [ ] Yes [ ] No

Branch of Service: _____

Dates of Active Duty: _____

Are you currently or have you ever been a member of any United States Armed Forces Reserve or National/State Guard Unit? [ ] Yes [ ] No

While in military service, were you ever charged or convicted of any offense? [ ] Yes [ ] No

When?: _____

Explain: _____

_____

_____

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## ORGANIZATION MEMBERSHIP

List all organizations, clubs, unions, and associations of which you are or have been associated, including positions held:

_____

_____

_____

_____

_____

_____

_____

# REFERENCES

List four character references *(no relatives or employers)*. Make sure phone numbers are correct.

Name: _____

Address: _____

Phone: _____

Occupation: _____

How do you know this person?: _____

Name: _____

Address: _____

Phone: _____

Occupation: _____

How do you know this person?: _____

Name: _____

Address: _____

Phone: _____

Occupation: _____

How do you know this person?: _____

Name: _____

Address: _____

Phone: _____

Occupation: _____

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Address: _____

Phone: _____

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