

WAKARUSA POLICE DEPARTMENT

Basic Requirements:

- Applicants must be at least 21 years of age when they apply at the time of hire.
- Applicant must be a high school graduate or possess a GED.
- Applicant must provide High School transcripts and diploma.
- Applicant, if attended College, must provide transcripts and certificate.
- Applicant who has prior military must provide DD214
- Applicant must be a U.S. citizen.
- Applicant cannot have any Felony convictions or convictions for Domestic Violence.
- Applicant must have or be able to obtain a valid Indiana driver's license and must provide a copy of such license.
- Applicant must provide a certified copy of Birth Certificate.
- Applicant that is Certified Law Enforcement Officer must provide Certificate of Completion.

I, _____ verify that I meet all of the above listed basic requirements.

(print or type)

**Application For Employment
Wakarusa Police Department
An Equal Opportunity Employer**

**GENERAL INFORMATION FOR ALL APPLICANTS
PLEASE READ**

Your application will not be considered unless complete in every respect. No exceptions will be made.

The application must be completed in ink and in your handwriting. Do not type.

Every question must to be answered. If the question does not apply write "None" or "Not Applicable" in the appropriate blank. If your answer cannot be written completely in the space provided, you may write the additional information on the reverse side of the page with proper identifying references.

All applicants will be contacted as necessary. Do not make inquiry regarding the status of your application.

All applicants will be photographed and fingerprinted by the department at the appropriate time.

Have the last page of the application signed by a Notary Public.

Return all completed applications in person or by mail to:

**Wakarusa Police Department
106 S. Elkhart Street.
P.O. Box 607
Wakarusa, IN 46573-0607**

Date returned: _____, 2019

EMPLOYMENT APPLICATION

POSITION SOUGHT (circle one): Patrol Officer, Reserve Officer

LAST NAME: _____ FIRST NAME: _____ M.I.: _____

HOME ADDRESS: _____ COUNTY: _____

CITY/STATE/ZIP: _____

HOME PHONE: _____

SOCIAL SECURITY NUMBER: _____

ARE YOU A UNITED STATES CITIZEN? YES: _____ NO: _____

ARE YOU AT LEAST 21 YEARS OF AGE? YES: _____ NO: _____

DATE OF BIRTH: _____ AGE: _____

PLACE OF BIRTH: _____

HEIGHT: _____ WEIGHT: _____ EYES: _____ HAIR: _____

EMPLOYMENT HISTORY AND WORK EXPERIENCE

IN THIS SECTION, LIST ALL EMPLOYMENT HISTORY AND WORK EXPERIENCE. DATE ORDER, INCLUDING MILITARY EXPERIENCE. BEGIN WITH YOUR CURRENT EMPLOYER, USE REVERSE SIDE OF PAGES IF NECESSARY. FAILURE TO INCLUDE ALL EMPLOYMENT MAY BE GROUNDS FOR DISQUALIFICATION.

CURRENT EMPLOYER: _____

MAY WE CONTACT YOUR CURRENT EMPLOYER PRIOR TO EMPLOYMENT?

YES: _____ NO: _____

ADDRESS OF EMPLOYER: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE: (____) ____ - _____

DATES EMPLOYED: _____ **TO:** _____

JOB TITLE: _____

SUPERVISOR'S NAME: _____

BEGINNING SALARY: _____ **PER:** _____ **CURRENT SALARY** _____ **PER** _____

DESCRIBE YOUR DUTIES, RESPONSIBILITIES, EQUIPMENT OPERATED, PROMOTIONS, ETC.:

WHY DO YOU WANT TO LEAVE? _____

* * * * *

PREVIOUS EMPLOYER #1: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____ **PHONE:** (____) ____-_____

DATES EMPLOYED: _____ **TO:** _____

JOB TITLE: _____

SUPERVISOR'S NAME: _____

BEGINNING SALARY: _____ **PER:** _____ **CURRENT SALARY** _____ **PER** _____

DESCRIBE YOUR DUTIES, RESPONSIBILITIES, EQUIPMENT OPERATED, PROMOTIONS, ETC.:

WHY DID YOU LEAVE? _____

* * * * *

PREVIOUS EMPLOYER #2: _____

ADDRESS: _____

CITY: _____ STATE _____ ZIP: _____ PHONE: (____) ____ - _____

DATES EMPLOYED: _____ TO: _____

JOB TITLE: _____

SUPERVISOR'S NAME: _____

BEGINNING SALARY: _____ PER: _____ CURRENT SALARY _____ PER _____

DESCRIBE YOUR DUTIES, RESPONSIBILITIES, EQUIPMENT OPERATED,
PROMOTIONS, ETC.: _____

WHY DID YOU LEAVE? _____

PREVIOUS EMPLOYER #3: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE: (____) ____ - _____

DATES EMPLOYED: _____ TO: _____

JOB TITLE: _____

SUPERVISOR'S NAME: _____

BEGINNING SALARY: _____ PER: _____ CURRENT SALARY _____ PER _____

DESCRIBE YOUR DUTIES, RESPONSIBILITIES, EQUIPMENT OPERATED,
PROMOTIONS, ETC.: _____

WHY DID YOU LEAVE? _____

EDUCATION AND TRAINING

THIS SECTION IS INTENDED TO GIVE THE EMPLOYER INFORMATION ABOUT THE EDUCATION AND TRAINING THAT THE APPLICANT HAS COMPLETED, AND TO DEMONSTRATE THE SKILLS, KNOWLEDGE, AND ABILITIES OF THE APPLICANT TO PERFORM THE JOB DUTIES OF THE POSITION.

HIGH SCHOOL ATTENDED: _____

ADDRESS: _____

DID YOU GRADUATE? _____ HIGH SCHOOL EQUIVALENT? _____

YEAR OF GRADUATION: _____

COURSES PERTAINING TO JOB APPLIED FOR: _____

ACTIVITIES, AWARDS, SPORTS, ETC.: _____

COLLEGE OR TRADE SCHOOL ATTENDED: _____

ADDRESS: _____

DATES OF ATTENDANCE: _____ TO: _____

DID YOU GRADUATE? _____ DEGREE: _____

COURSES PERTAINING TO JOB APPLIED FOR: _____

ACTIVITIES, AWARDS, SPORTS, ETC.: _____

GRADUATE SCHOOL(S) ATTENDED: _____

ADDRESS: _____

DATE OF ATTENDANCE: _____ TO: _____

DID YOU GRADUATE? _____ DEGREE: _____

PLEASE USE THE FOLLOWING SPACE TO PROVIDE ANY FURTHER INFORMATION ON TRAINING, EDUCATION, SKILLS, ABILITIES, HOBBIES, VOLUNTEER WORK, ETC., THAT YOU POSSESS OR HAVE EXPERIENCED THAT MAY BE HELPFUL IN THE EVALUATION OF YOUR APPLICATION.

PERSONAL INFORMATION

DO YOU HAVE ANY COMMITMENTS (I.E., SECOND JOB, SCHOOL, ETC.) WHICH MIGHT INTERFERE WITH, OR ADVERSELY AFFECT YOUR EMPLOYMENT, SHOULD WE SELECT YOU FOR A POSITION?

YES: _____ NO: _____

IF YES, EXPLAIN: _____

HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR: YES _____ NO _____

IF YES EXPLAIN: _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES: _____ NO: _____

IF YES, EXPLAIN: _____

DO YOU POSSESS A VALID DRIVERS LICENSE? YES: _____ NO: _____

LICENSE NUMBER: _____

LIST ANY RESTRICTIONS ON YOUR LICENSE: _____

LIST ANY ACCIDENTS YOU HAVE BEEN INVOLVED IN AS A DRIVER: _____

HAS YOUR LICENSE EVER BEEN SUSPENDED? YES:___ NO:___, IF YES, EXPLAIN:

HAVE YOU EVER BEEN ARRESTED OR RECEIVED A TRAFFIC VIOLATION:
YES:___ NO:___ IF YES, EXPLAIN:_____

HAVE YOU RECEIVED TREATMENT FROM A PHYSICIAN, CLINIC OR
HOSPITAL FOR ANY REASON IN THE LAST FIVE YEARS: YES:___ NO:___
IF YES, EXPLAIN:_____

ARE YOU, TO THE BEST OF YOUR KNOWLEDGE, OF SOUND HEALTH AND
PHYSICALLY FIT IN EVERY ASPECT? YES:___ NO:___, IF NO, EXPLAIN:___

ARE YOU PRESENTLY BUYING YOUR HOME?:_____, IF YES, WHAT IS
YOUR CURRENT MORTGAGE?:_____ WHAT IS THE TOTAL
AMOUNT OF INDEBTNESS OTHER THAN MORTGAGE?:_____

ARE YOU CURRENTLY A MEMBER OF ANY ORGANIZED RESERVES?:_____

IF YES, GIVE RANK AND UNIT ASSIGNED:_____

ARE YOU ELIGIBLE TO WORK IN THE UNITED STATES? YES:___ NO:___

FAMILY HISTORY

MARRIED:___ SINGLE:___ DIVORCED:___ WIDOWED:___ SEPARATED:___

DEPENDANTS: NUMBER OF:_____

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

FATHER'S FULL NAME : (if living)_____

FATHER'S ADDRESS:_____

MOTHER'S FULL NAME: (if living)_____ / _____

maiden name

MOTHER'S ADDRESS:_____

SPOUSE'S FULL NAME:_____ / _____

maiden name

SPOUSE'S ADDRESS:_____

IF MARRIED, IS SPOUSE EMPLOYED?:_____, IF YES, WHERE:_____

LIST RESIDENCE FOR PAST TEN YEARS IF OTHER THAN PRESENT:

YEAR	ADDRESS	CITY	STATE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

REFERENCES

PLEASE LIST THREE REFERENCES WHO ARE NOT RELATED TO YOU THAT YOU HAVE KNOWN FOR AT LEAST ONE YEAR:

NAME: _____

PHONE: _____ **ADDRESS:** _____

NAME: _____

PHONE: _____ **ADDRESS:** _____

NAME: _____

PHONE: _____ **ADDRESS:** _____

PLEASE READ EACH OF THE FOLLOWING PARAGRAPHS CAREFULLY. INDICATE YOUR UNDERSTANDING OF, AND CONSENT TO, THE CONTENTS AND CONDITIONS OF EACH PARAGRAPH BY PLACING YOUR INITIALS AT THE END OF EACH PARAGRAPH. IF YOU HAVE ANY QUESTIONS CONTACT THE WAKARUSA POLICE DEPARTMENT.

- 1. I understand and accept that, if I am selected for employment, my employment may be conditioned upon my passing any medical examination that the employer deems necessary to determine whether I can physically perform the essential functions of the position, with reasonable accommodation when necessary. I understand and accept that this will**

include drug, alcohol or substance abuse testing. Initials: _____

2. If employed, I understand and accept that I may be required to work evening shifts or midnight shifts, including weekends and holidays, and be on call and work mandatory overtime hours. Initials: _____

3. I understand and accept that if any information required in this application is found to be falsified or intentionally excluded, my application may be disqualified from further consideration. I further understand and accept that if I am employed by the employer, I may be subject to disciplinary action, including termination, if any information required in this application has been falsified or intentionally excluded. Initials: _____

4. I understand and accept that the employer requires a high degree of integrity and confidentiality of it's employees. I also understand and accept that the various Law Enforcement and informational agencies that exchange information and data with the employer require that the employer's employees do not have a past record of unlawful activities. Therefore, I understand and accept that the employer will investigate my background for any criminal activity. Initials: _____

5. I hereby authorize the employers, schools and personal references named in this application to provide information regarding me to the employer. Initials: _____

I SOLEMNLY SWEAR THAT ALL OF THE INFORMATION FURNISHED IN THIS EMPLOYMENT APPLICATION IS TRUE, ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT ANY MISREPRESENTATION OR FALSIFICATION OF THE INFORMATION PROVIDED MAY LEAD TO WITHDRAWAL OF ANY EMPLOYMENT OFFER OR TERMINATION FOLLOWING EMPLOYMENT. I RECOGNIZE THAT MY FUTURE EMPLOYMENT WITH THE EMPLOYER WILL BE JEOPARDIZED IF I ENGAGE IN SUBSTANCE ABUSE, ILLEGAL DRUG USE, OR ALCOHOL ABUSE.

(Applicant's Signature)

(Date)

STATE OF INDIANA
COUNTY OF _____

BEING DULY SWORE DEPOSES AND SAYS THAT HE/SHE IS THE APPLICANT ABOVE NAMED AND THAT ALL ANSWERS AND STATEMENTS CONTAINED IN THE FOREGOING APPLICATION ARE TRUE.

(Signature of applicant)

Subscribed and sworn before me this _____ day of _____, 20 _____

My commission expires _____, 20 _____

(Notary Public)

RECORDS CHECK
GENERAL AUTHORIZATION FOR RELEASE

I hereby authorize any and all schools, Armed Services, employers, law enforcement agencies, or any other person or organization or agency to furnish to the Wakarusa Police Department, or its designated agent(s), any and all information, opinions, or documents which may be requested; to allow the visual inspection and copy of all reports, photographs, or other documents.

I hereby waive any objection to the release of said information and grant the Wakarusa Police Department, or its designated agent(s), any right I may have to said information.

I hereby authorize access to the public view of any social network accounts I may have. I understand that this information in itself will not disqualify me, but will provide the agency with additional information that will assist in a reasonable background investigation.

I also authorize investigation of all statements made in my application for employment.

Applicant's Signature (Full legal name)

REFERENCE CHECK
AUTHORIZATION AND WAIVER

I hereby authorize all schools and previous employers to furnish the Town of Wakarusa my record, reason for leaving, and all information they may have concerning me, and I hereby release them and the Town of Wakarusa and its employees from liability for any damage whatsoever arising there from. I also authorize investigation of all statements made in the application. I understand that in the event of my employment with the Town of Wakarusa, I shall be subject to dismissal if any of the information I have given in this application is false or if I have failed to give any material information herein requested.

Date

Applicant's Signature (Full legal name)

S) State of Indiana

S) County of _____

Before me, the undersigned, a Notary Public, for _____ County. State of Indiana,
personally appeared the above subject, _____ and acknowledged the execution of
the foregoing instrument this _____ day of _____, 20_____.

Notary Public (_____)

Print name

Resident of _____ County

Commission Expires _____