

Decatur Police Department



Application Check List

- _____ 1 page Notice of Opening (for your information only)
- _____ 9 page Application for Employment (Complete and return to PD)
- _____ 1 page Personal Inquiry Waiver (Complete and return to PD)
- _____ 1 page General Waiver (Complete and return to PD)
- _____ 1 page Physical Agility Fitness Test Standards (covers what will be tested, for your information only)
- _____ 1 page Physical Agility Test Information Sheet and Waiver (Complete and return the day of Agility Test; you will be notified of date and location)

PLEASE ATTACH COPIES OF THE FOLLOWING

1. Driver's license
2. High School Diploma / GED
3. Birth Certificate
4. College Diploma / Transcript
5. DD214 (Military Discharge)

Any application received without the above listed items and completed information (or N/A) will be **CONSIDERED AN INCOMPLETE APPLICATION** and will be discarded.

Decatur Police Department



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 REGARDING THESE PARAGRAPHS, CONTACT THE DECATUR POLICE DEPARTMENT PRIOR TO INITIALING THE PARAGRAPH.

1. I understand and accept that, if I am hired, I may be hired conditional upon passing any medical and/or psychological examinations that the City of Decatur, the Pension Board or the Police Academy deems to be necessary to determine my ability to perform the essential functions of the position. I understand and accept that this may include drug, alcohol or substance abuse testing, and polygraph examination.

Initials: _____

2. I understand and accept that the City requires a high degree of integrity and confidentiality of its 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 it will be necessary for the City to investigate my background for any criminal or unlawful activity.

Initials: _____

3. I understand that it may be necessary for me to approve and sign any waivers necessary in order for the City to obtain information from my current and former employers.

Initials: _____

4. I understand that it may be necessary for the City to obtain my school records, any and all medical, physical and mental records or reports including all information of a confidential or privileged nature and photocopies of same, including a credit bureau report, if requested. This information is to be used to assist the City in determining my qualifications and fitness for the position.

5. I understand that the City provides a seven day per week and twenty four (24) hour per day service, and therefore, if employed, I may be required to work evening shifts or night shifts, including weekends and holidays.

Initials: _____

6. 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 City, I may be subject to disciplinary action, including termination, if any information required by this application has been falsified or intentionally excluded.

Initials: _____

I do 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 my misrepresentations or falsification of the information provided may lead to withdrawal of an employment offer or termination following employment. I authorize investigation of my background for any criminal or unlawful activity.

By the submission of this document, I hereby agree that I shall execute the City's conditional and post-employment medical examination and drug testing consent forms. 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

LEONARD CORRAL JR.

Chief of Police

**DECATUR
POLICE DEPARTMENT**

112 South Seventh Street
Decatur, Indiana 46733



MICHAEL M. MAHAN

Deputy Chief

PERSONAL INQUIRY WAIVER

I respectfully request and authorize you to furnish the City of Decatur any and all information that you may have concerning me, my work or school records (including current and past academic status or degrees earned); include any and all medical, physical and mental records or reports including all information of a confidential or privileged nature and photocopies of same, including a credit bureau report, if requested. This information is to be used to assist the City in determining my qualifications and fitness for the position of full-time Police Officer I am seeking with the City of Decatur.

I hereby release you, your organization or others from any liability or damage which may result from furnishing the information requested above. This form may be retained for your files.

I affirm under the pains and penalties of perjury that the above representations are true.

Printed Name: _____ Date: _____

Signature: _____

decaturpd@decaturin.org
Emergency 911
Office (260) 724-8646 (8 a.m. – 4 p.m.)
After Hours (260) 724-3123
FAX (260) 724-3957

Decatur Police Department



PHYSICAL AGILITY TEST INFORMATION

This form must be completed and signed before you will be permitted to participate in the physical agility test to be given by the Decatur Police Department.

I have read and understand that I will be asked to perform certain physical tasks. Also, I will be given specific instructions in the manner in which these tasks are to be performed. I am aware of the physical effect that this test involves and I am physically capable of participating in this agility test. I further understand and agree that should I fail or be unable to complete the test, I will be ineligible to participate any further in the process of filling the vacancy on the Decatur Police Department.

In case of an emergency, I authorize you to contact:

Applicant Name: _____

Name: _____

Address: _____

Telephone: _____ or _____

Doctor's Name: _____

Hospital preference: _____

Applicant's Signature (full legal name)

Date: _____

PHYSICAL AGILITY TEST WAIVER

I understand that as an applicant to the Decatur Police Department, I will be required to demonstrate my ability to meet certain standards by performance of certain physical activities. I am fully aware and understand that during the course of this physical agility test there is a possibility I may be injured. I therefore release and discharge the City of Decatur, the Decatur Police Department, their agents, employees and officers of the City of Decatur from any and all liability connected with these activities and waive any rights I have against the City of Decatur, their agents, employees, and officers in connection therewith.

I also agree to indemnify and forever hold the City of Decatur, the Decatur Police Department, their employees and officers harmless against and from any cause of action in law or equity which hereafter may be instituted or recovered against the City of Decatur or the Decatur Police Department by myself or any other person, whomsoever for the purpose of enforcing a claim for damages on account of personal injury, property damage, mental or conscious suffering arising out of my participation in any or all of the physical agility tests as acquired under the Decatur Police Department's hiring procedures, Indiana laws, or otherwise.

I understand that this test may be strenuous and I agree to partake in it of my own free will.

Applicant's Signature (full legal name)

Witness

CITY OF DECATUR POLICE DEPARTMENT
112 SOUTH SEVENTH STREET
DECATUR, INDIANA 46733

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, and any other legally protected status.

(PLEASE PRINT or TYPE)

Position Applied For E-mail address Date of Application

Last Name First Name Middle Initial

Address City State Zip

Telephone: _____ Date of Birth: _____ Social Security Number: _____

Place of Birth: _____ Are you a US Citizen? ____ Yes ____ No

Nickname(s) / Maiden Name: _____

Driver's License Number: _____ Exp. Date: _____ State of Issue: _____

Previous States where you had a driver's license: _____

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Scars, Marks, Tattoos, or Other Distinguishing Marks: _____

RESIDENCES: List all the addresses where you have lived since you were eighteen (18) years old, beginning with your present address. List date by month and year. Attach an extra page if necessary.

<u>From:</u>	<u>To:</u>	<u>Address (Include City & State):</u>

Circle the correct answer:

Are you currently employed? Yes No

On what date would you be available for work? _____

Have you ever been convicted of a felony? Yes No

(Conviction will not necessarily disqualify an applicant from employment) If yes, please explain:

EXPERIENCE AND EMPLOYMENT: Beginning with your present or most recent job, list all employment held in the past ten (10) years, including part-time, temporary, or seasonal. Attach extra pages if necessary.

From: _____ To: _____ Employer: _____

Address: _____

Phone Number: _____ Job Title: _____

Duties: _____

Supervisor: _____

Salary: _____

Reason for Leaving: _____

From: _____ To: _____ Employer: _____

Address: _____

Phone Number: _____ Job Title: _____

Duties: _____

Supervisor: _____

Salary: _____

Reason for Leaving: _____

From: _____ To: _____ Employer: _____

Address: _____

Phone Number: _____ Job Title: _____

Duties: _____

Supervisor: _____

Salary: _____

Reason for Leaving: _____

From: _____ To: _____ Employer: _____
Address: _____
Phone Number: _____ Job Title: _____
Duties: _____
Supervisor: _____
Salary: _____
Reason for Leaving: _____

MILITARY HISTORY:

Have you served in the US Armed Forces: _____ Yes _____ No

Date of Service: From _____ To _____

Branch of Service: _____

Military Service No.: _____

MOS: _____

Unit Designation: _____

Highest Rank Held: _____

Rank Held at Discharge: _____

Type of Discharge: _____

Were you ever disciplined while in the military, including Court-Marshall, Captain's Mast, Article 15, Company Punishment, etc.? _____ Yes _____ No

If yes, give complete details of charge(s) and disposition(s): _____

If you received a discharge other than Honorable, give complete details: _____

List professional, trade, business or civic activities and offices held.

You may exclude memberships that would reveal sex, race, religion, national origin, age, ancestry, handicap, or other protected status:

EDUCATIONAL HISTORY:

High School Attended (include City & State)	Dates Attended		Graduated?	
	From:	To:	Yes	No

College or University Attended: _____

City & State: _____ Dates Attended: _____

Major/Minor: _____

Credit Hours Attempted: _____ Credit Hours Earned: _____

Degree(s) Earned: _____

College or University Attended: _____

City & State: _____ Dates Attended: _____

Major/Minor: _____

Credit Hours Attempted: _____ Credit Hours Earned: _____

Degree(s) Earned: _____

College or University Attended: _____

City & State: _____ Dates Attended: _____

Major/Minor: _____

Credit Hours Attempted: _____ Credit Hours Earned: _____

Degree(s) Earned: _____

List other schools attended (Trade, Vocational, Business, etc.), dates attended, and certificates earned:

SPECIAL QUALIFICATIONS AND SKILLS:

List any special license or certification you hold. Note the licensing authority, original date of issue, and expiration date: _____

List any special machinery or equipment you can operate: _____

If you are fluent in a foreign language, list your degree of fluency in each area (Excellent, Good, Fair, Poor):

<u>Language</u>	<u>Speaking</u>	<u>Reading</u>	<u>Understanding</u>	<u>Writing</u>

LEGAL:

Have you ever been charged, arrested, convicted, detained by the police or summoned into court?

_____ Yes _____ No

If yes, complete the following (include juvenile as well as adult):

<u>Crime</u>	<u>Date</u>	<u>Police Agency/City & State</u>	<u>Disposition</u>

Have you ever been involved as a party in a civil litigation? ____ Yes ____ No

If yes, give details of all litigation: _____

MOTOR VEHICLE OPERATION:

Has your driver's license ever been revoked or suspended? ____ Yes ____ No

If yes, give dates and a full explanation: _____

List the name and telephone number of your automobile insurance company:

List all of the traffic citations you have received. Use a separate page to list citations if necessary.

<u>Month & Year</u>	<u>Charge</u>	<u>City & State</u>	<u>Disposition</u>

Have you ever been involved in a traffic accident as a driver?: ____ Yes ____ No

Give a brief narrative on each traffic accident you have been involved in as a driver. (Use a separate sheet of paper.)

MARITAL STATUS:

_____ Single _____ Married _____ Separated _____ Divorced _____ Widowed

If married:

Date Married: _____ Location: _____

City and State: _____

Spouse or Significant Other Information:

Name (Wife's Maiden Name): _____

Address & Telephone No.: _____

Date of Birth: _____ Place of Birth: _____

Social Security Number: _____

Parents' Names, Address, Telephone No.: _____

Employment and Work Telephone No.: _____

If separated, divorced, or widowed: Complete the spouse information on previous page.

Spouse's present address, telephone no.: _____

Date of separation, divorce, or annulment: _____

Court & State: _____

Spouse's Date of Death: _____

List all children belonging to you or your spouse: (Natural, step-children, adopted, and foster)

<u>Name</u>	<u>Relation</u>	<u>DOB</u>	<u>Address</u>	<u>Supported By</u>

List any other dependants and their relationship:

<u>Name</u>	<u>Address</u>	<u>Relationship</u>

List other relatives in the following order: Father, Mother, Brothers, & Sisters

<u>Name</u>	<u>Address & Phone</u>	<u>Relation</u>	<u>Age</u>

REFERENCES:

List five (5) references that know you well enough to provide current information about you.

Name: _____ Address: _____

Home Phone: _____ Business Phone: _____

Business Name and Address: _____

Years Known: _____ Relationship: _____

Name: _____ Address: _____

Home Phone: _____ Business Phone: _____

Business Name and Address: _____

Years Known: _____ Relationship: _____

Name: _____ Address: _____

Home Phone: _____ Business Phone: _____

Business Name and Address: _____

Years Known: _____ Relationship: _____

Name: _____ Address: _____

Home Phone: _____ Business Phone: _____

Business Name and Address: _____

Years Known: _____ Relationship: _____

Name: _____ Address: _____

Home Phone: _____ Business Phone: _____

Business Name and Address: _____

Years Known: _____ Relationship: _____

FINANCIAL HISTORY:

What is your present yearly base income? _____

Do you have income from another source? _____ Yes _____ No

Have you ever filed for Bankruptcy? _____ Yes _____ No

I hereby certify that there are no willful misrepresentations, omissions, or falsifications in the foregoing statements and answers to questions. I am fully aware that any such misrepresentations, omissions, or falsifications will be grounds for immediate rejection of my application for employment.

Applicant's Signature

Date Completed