

# Decatur Police Department Patrolman Pre-Application

Thank you for showing interest in employment with the City of Decatur as a Patrolman. Please fill out this pre-application form and turn back into our department no later than: **4pm on October 4, 2024.**

Anticipated Agility & Written Test Date: **October 12, 2024 @ TBD**

*You will be contacted the week of, for confirmation of a testing site & the reporting time*

## **Applicants must meet the following [minimum requirements/criteria:](#)**

- Be a United States citizen
- Possess a valid driver's license
- Shall be at least 21 years of age and less than 40 years of age at appointment
- Shall not have a conviction for operating a vehicle while intoxicated within seven (7) years
- Shall have "NO" felony convictions
- Shall not have been convicted of domestic violence/domestic battery
- Shall not have been dishonorably discharged from the military
- Shall be drug free
- Shall be a high school graduate or possess a GED certificate
- Shall pass a physical agility test per ILEA exit standards
- Shall pass a written test
- Successfully complete a background investigation, which may include a polygraph exam

## **Indiana Law Enforcement Academy Exit Standards** **Candidates must meet or exceed these standards as set by the ILEA**

- Vertical jump of 16 inches minimum – three attempts given
- 29 sit-ups or more completed in 1 minute
- 300 meter run – 71 seconds or less
- 25 pushups or more completed – no time limit
- 1.5 mile run – 16 minutes 28 seconds or less

## **Current Pay and Benefits**

- 2025 anticipated starting salary for first-class patrolman **\$60,770** (currently \$59,000)
- Longevity scale of up to **\$73,531**
- Night shift differential pay of **\$2080** annually
- Annual clothing allowance of **\$1000**
- PERF 1977 Retirement Fund (Lifetime pension after 20 years)
- 12-Hour Shift schedule (off every other Friday, Saturday, Sunday)
- Generous vacation package plus 14 holidays, and 1 sick day per month (200 days max)
- Take home patrol vehicle
- Benefit package that includes health, dental, vision, for officer and family, 457b deferred compensation plan
- Officer Wellness package including; counseling services, estate planning for the officer, onsite workout room
- Lateral sign-on bonus of up to **\$5000** (dependent upon years of experience and/or specialties)

**Keep this first page for your records/reference.**

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## Pre-Applicant Information

(Use Black or Blue Ink Only)

1. Do you meet the minimum requirements/criteria as outlined on the first page?  
 YES    NO
2. Full Legal Name (Last, First, Middle): \_\_\_\_\_
3. Date of Birth: \_\_\_\_\_
4. Driver's License #: \_\_\_\_\_
5. Driver's License State Issued: \_\_\_\_\_
6. Physical Mailing Address:  
Street: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip: \_\_\_\_\_
7. Primary Phone #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_  
Secondary Phone #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ (if applicable)
8. Primary E-Mail Address: \_\_\_\_\_
9. How did you hear about this position? \_\_\_\_\_
10. Are you currently, or have you been employed as a full-time certified law enforcement officer?  
 YES, Currently (Where: \_\_\_\_\_)    YES, Formerly (Where: \_\_\_\_\_)    NO

I certify the information provided to be true and accurate to the best of my ability and knowledge, and permit this information to be used to process my pre-application. I authorize the Decatur Police Department to conduct a pre-application background investigation.

Pre-Applicant Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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## GENERAL WAIVER

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.  
**Initials: \_\_\_\_\_**
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**

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## 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.

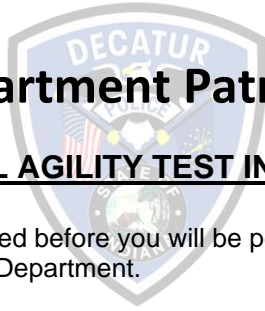
I affirm under the pains and penalties of perjury that the above representations are true.

**Printed Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

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## 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