



EDINBURGH POLICE DEPARTMENT

POLICE OFFICER APPLICATION

Position Applying For: Full Time Officer Reserve Officer (Non-Paid)

LAST NAME

FIRST

MI

DATE OF APPLICATION

EQUAL EMPLOYMENT POLICY

The Edinburgh Police Department is an Equal Employment Opportunity Employer and will accept applications, hire qualified applicants, administer all terms and conditions of employment, and make available all benefits and compensations of employment without regard to race, color, creed, religion, sex, national origin, handicap (as defined by law), or age except when such constitutes a bona fide occupational qualification necessary to proper and efficient administration. No question on this application is intended to secure information to be used for unlawful discrimination.

INSTRUCTIONAL INFORMATION

This application is to be completed fully by the applicant's own hand and in black ink only. Read all information carefully. Failure to complete all required information and documents herein will result in this application being disqualified. If a question does not apply to the applicant, mark it: None or Does Not Apply. No space should be left empty. If additional space is needed to answer any question or section completely, the applicant may submit additional sheets with this application, being sure to reference each item appropriately. No original copies of documents, transcripts or certifications should be submitted, unless specifically requested, as all applications, attachments and photographs will not be returned and will remain the property of the Edinburgh Police Department. All applications will remain on file and automatically become invalid after one year from the submission date. Failure to follow any of the instructions herein will result in your application being disqualified. Any applicant disqualified for any reason may not resubmit an application for six months from date of disqualification.

BASIC ELIGIBILITY REQUIREMENTS

Applicants must meet the following requirements:

- Be a United States citizen of at least 21 years of age.
- Possess a valid Indiana Driver's License
- Be able to legally possess a firearm
- Have eyesight correctable to at least 20/50
- Reside in Johnson, Bartholomew or Shelby Counties
- Be a graduate of an Accredited High School or have a valid GED Certificate
- Be able to submit to and pass the Essential Function Testing, as required by the Indiana Law Enforcement Academy Physical Ability Exit Standards

GENERAL INFORMATION

FULL NAME _____ SUFFIX(JR,SR,II,III) _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____
COUNTY _____ MAIDEN NAME / ALIAS _____
HOME PHONE _____ CELLULAR _____ EMAIL _____
SOCIAL SECURITY # _____ - _____ - _____ DRIVER'S LICENSE # _____ STATE _____
DATE OF BIRTH _____ AGE _____ HEIGHT _____ WEIGHT _____ RACE _____ SEX _____
MARITAL STATUS _____ SPOUSE'S NAME _____

DO YOU HAVE A VALID DRIVER'S LICENSE?	Y N	HAVE YOU APPLIED TO THIS AGENCY BEFORE?	Y N
ARE YOU AT LEAST 21 YEARS OF AGE?	Y N	IF SO, WHEN DID YOU APPLY? _____	
DO YOU HAVE A HIGH SCHOOL DIPLOMA OR GED?	Y N	WERE YOU INTERVIEWED OR HIRED?	Y N
ARE YOU RELATED TO ANY TOWN EMPLOYEES?	Y N	IF SO, DESCRIBE. _____	
DO YOU HAVE VALID AUTOMOBILE INSURANCE?	Y N	ARE YOU CURRENTLY UNDER ANY COURT ORDER?	Y N
ARE YOU CURRENTLY EMPLOYED?	Y N	ARE YOU LIMITED BY ANY PHYSICAL ATTRIBUTE?	Y N
IF SO, MAY WE CONTACT YOUR CURRENT EMPLOYER?	Y N	ARE YOU WILLING TO WORK ALL SCHEDULED DAYS/HOURS?	Y N

EMPLOYMENT HISTORY

Start with your present or most recent employment, include any job-related service assignments and volunteer activities that you wish to be considered for experience. If additional space is needed, you may submit a supplemental page to include at least ten years of past employment history. Do not exclude or omit any employment where you were dismissed, forced to resign or have been fired.

Employer _____
Supervisor _____
Dates Employed _____ - _____
Work Performed _____

City, State _____
Phone Number _____
Starting / Ending Wages _____ - _____
Reason for leaving _____

Employer _____
Supervisor _____
Dates Employed _____ - _____
Work Performed _____

City, State _____
Phone Number _____
Starting / Ending Wages _____ - _____
Reason for leaving _____

Employer _____
Supervisor _____
Dates Employed _____ - _____
Work Performed _____

City, State _____
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Reason for leaving _____

Employer _____
Supervisor _____
Dates Employed _____ - _____
Work Performed _____

City, State _____
Phone Number _____
Starting / Ending Wages _____ - _____
Reason for leaving _____

Employer _____
Supervisor _____
Dates Employed _____ - _____
Work Performed _____

City, State _____
Phone Number _____
Starting / Ending Wages _____ - _____
Reason for leaving _____

PAST RESIDENCES

Please include all residence addresses you have had for the past ten years, including any college and military deployments.

Address	City & State	County	From / To	Reason Moved

FAMILY INFORMATION

Please list all persons whom live with you, also include all dependents and their parents even if they do not live with you currently.

Name	Relationship	City, State	Age	Lives With You?	
				Y	N

MILITARY EXPERIENCE

Please list any military service you have experienced, including type of service: (i.e. Active, Reserve, National Guard, etc.) Please submit a copy of your DD214 Form, also list any disciplinary issues that may have been subject to while in the service below.

BRANCH _____ RANK _____ TYPE OF SERVICE _____

DUTY/MOS _____ ASSIGNED UNIT _____

TYPE OF DISCHARGE _____ DATES OF SERVICE _____

Disciplinary Issues(s)	Dates Occurred	State/Country	Explanation / Disposition

CRIMINAL AND LEGAL HISTORY

Please describe all instances regarding any criminal or civil proceedings, including traffic citations that you have been involved in. Please include all involvements with any official Police or CPS investigations, detailing the agency that handled investigation.

Criminal/Legal Issues(s)	Dates Occurred	County/State	Explanation / Disposition

EDUCATION AND TRAINING

Please include all schools attended and any training courses or certifications obtained beginning with the high school or GED diploma.

School Attended	City & State	Course(s) of Study	Dates Attended	Degree Obtained

Professional Skills / Experiences

FINANCIAL INFORMATION

Please list all debts, including credit cards, mortgages, loans, judgements and lines of credit that you may have personally or professionally including court required payments such as child support or maintenance.

Creditor	City & State	Type	Amount	Years Owed	Are You Current?

Have you ever filed for Bankruptcy? Y N If so, when and where? _____

Do you own your home? Y N Rent? Y N Landlord name & number _____

Do you have any interest in a business, property or corporation outside your previously listed employment? Y N

If so, please detail type of business and your involvement. _____

ACCIDENT AND INSURANCE

List all accidents that you have been involved in, be it personal injury or property damage either in or outside a vehicle.

Date	Occurrence(s)	Location	Explanation / Disposition	At Fault?
				Y N
				Y N
				Y N
				Y N
				Y N

Who is your current insurance company and policy number(s)? _____

Have you ever been dropped by any insurance company or policy holder? If so, describe. _____

REFERENCES

Please list at least three personal and two professional references, not related to you and not former or current employers.

Name	Address, City, State, Zip	Years Known	Relationship	Contact Number
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SUBVERSIVE ORGANIZATION MEMBERSHIP

Are you now or have you ever been a member of any organization, association, movement, group, or combination of persons which advocates the overthrow of our Constitutional form of government, or which has adopted the policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the Constitution of the United States by unconstitutional means? **Y N**

Are you now or have you ever been affiliated or associated with any organization of the type described above as an agent, official, or employee? **Y N**

Are you now associated with, or have you ever associated with, any individuals (including relatives) who you know or have reason to believe are or have been members of any of the organizations identified above? **Y N**

Have you ever been engaged in any of the following activities of any organization of the type described above: contribution(s) to, attendance of, or participation in any organizational, social, or other activity of said organization, or of any projects sponsored by them: the sale, gift, or distribution of any written, printed or other matter, prepared, reproduced, or published by them or any of their agents or instrumentalities? **Y N**

If you have answered yes to any of these questions above, describe the circumstances completely. If associated with any of the above organizations, specify the nature and event of association with each, including office or position held. Also include dates, places and credentials now or formerly held. If association has been with individuals who are members of these organizations, list the individual's names and the organizations with which they were or are affiliated.

PERSONAL STATEMENT

Please describe in your own words why you wish to become a Police Officer with the Edinburgh Police Department.

EDINBURGH POLICE DEPARTMENT

200 S. Main St., Edinburgh, IN 46124
Office 812.526.2636 | Fax 812.526.3506



AUTHORIZATION TO RELEASE INFORMATION

I, _____,
print full name

have submitted my application for employment with the Edinburgh Police Department. I hereby authorize and request all persons to whom the request (original or reproduction) is presented, having information relating to or concerning me, to furnish such information to duly appointed officers of the Edinburgh 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 for all claims, of any nature, as a result of said communication or disclosure.

Information to be disclosed:

- Personal history
- Educational records
- Employment records (past/present, experience, performance, attendance, etc.)
- Military service records
- Financial records
- Criminal history records
- Organizational memberships
- Medical records (physical and psychological)
- Other information pertaining to suitability for employment with the department.

These records will be retained on file with the Edinburgh Police Department administrative office.

Signature of Applicant

Date of Birth

Date

REQUIRED DOCUMENTATION

All applicants must submit the following copies of documentation, to be submitted with the application.

- Driver's License
- Birth Certificate
- Marriage Certificate (if applicable)
- High School and college transcripts
- Military DD214 Form (if Veteran)
- Recent Photographs of Applicant (within past 6 months)
(1) Head and Shoulder, Front Side - Not to exceed 2.5 in. X 2.5 in.

AFFIRMATION STATEMENT

I hereby affirm that I have completed this application in person and that all answers given herein are true and complete. I authorize the Edinburg Police Department to investigate all material and statements contained in this application, as well as any information gathered in the course of the application and background investigation process. Furthermore, I hold harmless the Town of Edinburg, the Edinburg Police Department and all investigating officers from any and all liability resulting from their investigation herein. I also affirm that any misrepresentations or omissions could result in my application being withdrawn from consideration and even terminated from employment, should I be hired.

I also affirm that I am voluntarily submitting this application for consideration of employment as a police officer and no promise of employment should be assumed or implied. I further understand that if offered employment, I must submit to and pass any and all required tests, clearances and certifications needed to perform as a police officer, including but not limited to:

- Essential Function Testing
- Indiana Law Enforcement Pre and Basic Training Certifications
- Pre-Employment Drug Testing
- NCIC / IDACS Clearance through the FBI & Indiana State Police
- Employment & Citizenship Status
- Acceptance by the Town of Edinburg's Insurance Carrier

By signing below, I swear or affirm under penalty of perjury that all information contained herein is true and accurate to the best of my knowledge.

Signature of Applicant

Date Submitted

Printed Name of Applicant

Do Not Write Below - For Edinburg Police Department Personnel Only

Date Received _____ Reviewed By _____ Completed Properly? Y N

Date Assigned _____ Investigated By _____

Comments _____

Final Review By _____ Employment Offered? Y N Status Date _____