



Current Certified Full Time Law Enforcement Officer Application

HEMLOCK POLICE DEPARTMENT

P. O. Box 47123
Indianapolis, Indiana 46227
(4825 South Shelby Street Suite #500)
(317) 783-4400

NAME (Print) _____

Social Security Number _____

Date of Birth _____

Contact Telephone Numbers: Home _____, Cell _____, Pager

E-Mail: _____

APPLICANT INFORMATION SUMMARY

STATEMENT OF EQUAL EMPLOYMENT OPPORTUNITY POLICY

The Homecroft Police Department is an Equal Opportunity Employer and does not unlawfully discriminate in hiring or employment practices on the basis of race, color, sex, religion, national origin or handicap as defined by law, or age except when such constitutes a bond fide occupational qualification necessary for proper and efficient administration.

No question on this report is intended to secure information to be used for unlawful discrimination.

APPLICANT CHECK LIST

Please use the following list as a guide in completing your application.

Use copies only – not originals.

- Birth Certificate (copy only)
- Driver's License (copy only)
- Two photographs: one full length and one head & shoulders
- Addresses and dates pertaining to all present residences.
- Information pertaining to all present employers. (Dates, Names, Addresses and Phone Numbers of Company.)
- Selective Service Number, Dates of Active Duty, Serial Number and Reserve Obligation.
- Copy of full time Law Enforcement Identification
- Information relating to two (2) personal references. (Name, address, day-time telephone number, occupation, length of time known, and ZIP codes.) References shall not include relatives and/or former and current employers.
- Double check for ZIP codes.
- Have the application returned to: Homecroft Police Department (address above) within fourteen (14) days. If extenuating circumstances arise, permission may be granted by the Chief of Police to extend the five (5) day period for return of your application.
- On the outside of the envelope please write your name, address and telephone number.

Comments: Return completed application along with all supporting documents to: Chief John Ryan, P.O. Box 47123, Indianapolis, Indiana 46247

It is the policy of the Homecroft Police Department to recruit qualified individuals that will make the best police officers from all segments of the surrounding community. In pursuing this goal, a background investigation of each applicant is conducted with respect to factors that may have a bearing upon the applicant's job performance or tend to measure job capability as a member of the Homecroft Police Department.

Members of the Police Department are public servants and must present a good image of the Police Department. Police Officers are in situations in which theft could easily occur; therefore they must be of high integrity and character. Police Officers work long hours with their squad, and as a result, they should possess personal habits that make them compatible with the other members of the force. A police officer's job often involves critical and dangerous situations and they should not be prone to external pressures that would affect his or her ability to perform the job.

Accordingly, the following items and the circumstances surrounding such items are reviewed:

1. Contents and completeness of employment application.
2. Driver's responsibility. (Copy of driving summary is furnished by the Indiana Bureau of Motor Vehicles.)
3. Former employment.
4. Criminal record of applicant pursuant to policy statement on employment of ex-offenders.
5. References.
6. Personal history and character of applicant.

A negative finding on any one of these factors shall not be an automatic reason for rejection of an applicant. Instead, the circumstances underlying such matters will be considered as they relate to the applicant's ability to perform the job of a police officer. Although it is impossible to state all relevant and material factors to a background investigation and to the applicant's being a qualified police officer, in each case, the Department will consider whether the applicant's background as set forth above will have a bearing on the applicant's job performance or tend to measure his or her job capability. The date and circumstances surrounding any negative finding in the background investigation; the requirements of the position as well as the applicant's other qualification will be considered.

The background phase of the hiring process shall be based upon objective factual findings and any required subjective determination shall be in accordance with the aforementioned policy and conducted in such a manner so as not to discriminate on the basis of race, creed, color, national origin, sex or age. The background investigation phase shall be reviewed periodically so that it does not result in unintended discriminatory selection of applicants.

III. EDUCATION

List all schools attended at the high school level and above. Include copies of all transcripts, diplomas and degrees.

NAME OF SCHOOL HIGH SCHOOL	YEARS ATTENDED FROM TO	ADDRESS	DIPLOMA OR DEGREE
COLLEGES & UNIVERSITIES			
GRADUATE SCHOOL			
ILEA Class.	Date	Class Number	Completed?
Reserve Class	Date	Agency Class Number	Completed?

IV. EMPLOYMENT RECORD

List all current employers. Include full-time, part-time. Make sure all phone numbers are correct including extension numbers. All the information of past and present employers must be filled-in. Do not leave any line empty. Attach additional sheets if necessary.

Employment Dates From _____

Name of Business _____

Address and Zip _____

Name of Supervisor _____ Telephone _____ Ext. _____

Position Held _____

Employment Dates From _____

Name of Business _____

Address and Zip _____

Name of Supervisor _____ Telephone _____ Ext. _____

Position Held _____

V. MILITARY SERVICE

A. Are you registered for Selective Service? Yes No
 Selective Service Number: _____

B. Have you ever served on active duty in the Armed Forces of the United States?
 Yes No
 Branch of Service: _____

Active Duty Dates (Month-Day-Year) _____

Serial Number _____ Type of Discharge _____

C. Are you currently or have you ever been a member of any United States Armed Forces Reserve or National/State Guard Unit? Yes No
 If yes, what is your reserve obligation (if any) unit and location? (Address, City, State, Zip Code, Telephone Number)

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D. While in Military Service were you ever convicted of any offense civil or military? Yes
 No
 When?

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 Explain:

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E. Attach a copy of your DD214

No applicant will be automatically rejected because of a less than honorable discharge (except a dishonorable one). The discharge may be considered in connection with other information. If your discharge is less than honorable, explain on the supplemental page.

VI. DRIVER'S RECORD

A. List all vehicle operators' licenses you now hold or have held:

Type (Driver, Chauffeur, etc.)	State of Issuance	License Number	Expiration Date	Restrictions

B. List all vehicle accidents you have had in the past three years:

Date	Location	Description	Did you receive a citation?

C. List all traffic citations you have received in the past three years:

Date	Location	Charge

D. Has your driver's license ever been suspended or revoked? Yes No
 If yes, explain:

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VII. ARREST/FELONY CONVICTION RECORD

A. Have you ever been arrested or detained by a law enforcement agency? (No applicant will be automatically rejected because of an arrest record. This information is being obtained only to assist in completion of a background investigation.) If yes, provide date(s), place(s), and disposition(s) on supplemental page. Yes No

VIII. SUBVERSIVE ORGANIZATION MEMBERSHIP

- A. Are you now or have you ever been a member of any organization, association, movement, group or combination of persons that advocates the overthrow of our constitutional form of government, or that has adopted a 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? Yes No
- B. Are you now or have you ever been affiliated with any organization of the type described above as an agent, official or employee? Yes No
- C. Are you now associating 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? Yes No
- D. Have you ever been engaged in any of the following activities or any organization of the type described above: contribution(s) to, attendance of, or participation in, any organizational, social or other activity of said organizations 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? Yes No

If you answered yes to any question above, describe the circumstances completely. If associated with any of the above organizations, specify the nature and extent of association with each, including office or position held. Also include dates, places and credentials now or formerly held. If

associations have been with individuals who are members of these organizations, list the individual's names and the organizations with which they were or are affiliated.

IX. MEDICAL RECORD

A. Do you have a history of medical problems that would preclude you from completing a physical agility test? Yes No
If yes, explain:

B. How many days of work or school have you missed due to illness or injury during the last year? Briefly describe the nature of illness or injury.

X. REFERENCES

List two current references other than relatives and former or current employers:

Name <hr/>
Address & Zip Code <hr/>
Occupation <hr/>
Phone Number (During Day) _____ Years Known <hr/>

Name <hr/>
Address & Zip Code <hr/>
Occupation <hr/>

RELEASE OF INFORMATION CONSENT

I hereby authorize anyone of whom request is made to supply to the Homecroft Police Department any information concerning my background in connection with employment consideration. I hereby release all parties including, but not limited to, the Homecroft Police Department and my prior employers, from any and all liability for any damage that may result from their furnishing information concerning me. I understand that misrepresentation or omission of facts called-for on my employment application is cause for dismissal.

Date: _____

Signature of Applicant

XIII. SIGNATURE

Read the following statement carefully.

*If you have any questions, ask the interviewer **before** signing the form.*

I certify that the information contained in this form is correct and complete to the best of my knowledge. I realize that misrepresentation of facts is cause for rejection of my application, or dismissal after appointment. In understand that final employment is contingent upon satisfactory completion of all phases of the Applicant Screening Process.

Signature of Applicant

Date of Signature

XVI. REVIEW BY INTERVIEWER

Reviewed by _____ Date Reviewed

Date Issued _____

Date Due _____

Date Returned _____