



Ferdinand Police Department

243 West 10th Street Ferdinand, Indiana 47532
Phone: 812-367-1806 / Fax: 812-998-2094

Application for Police Employment

Please complete the following application in black ink only. Failure to complete this application in its entirety will result in disqualification from the Ferdinand Police Department hiring process.

Last Name: _____ First Name: _____

Middle Name: _____

Any other nicknames, alias, or names by which you have been known? _____

Home Address: _____

City/State/ZIP: _____

Home Phone Number: _____

Cell Phone Number: _____

Email Address: _____

Are you 21 years of age or older? Yes ____ or No ____ Date of Birth: _____

Do you have a valid Driver's License? If so, DLN & State: _____

Failure to answer the following questions thoroughly and truthfully will be grounds for disqualification. Use additional paper if necessary.

Have you ever applied for employment at the Ferdinand Police Department prior to this application?

Yes _____ No _____ If yes, give date(s) of application(s) _____

Have you ever applied for employment with any other law enforcement agencies?

Yes _____ No _____ If yes, please explain _____

Have you ever been convicted of a misdemeanor offense?

Yes _____ No _____ If yes, please explain _____

Have you ever been convicted of a felony?

Yes _____ No _____ If yes, please explain _____

Have you ever been charged and/or convicted of domestic violence or related offense either misdemeanor or felony?

Yes _____ No _____ If yes, please explain _____

Have you ever been arrested or cited for anything other than a minor traffic violation?

Yes _____ No _____ If yes, please explain _____

Have you ever been the respondent to a restraining order or order of protection?

Yes _____ No _____ If yes, please explain _____

Are there any pending criminal charges against you?

Yes _____ No _____ If yes, please explain _____

Failure to answer the following questions thoroughly and truthfully will be grounds for disqualification. Use additional paper if necessary.

Are you currently involved in any civil or criminal litigation?

Yes _____ No _____ If yes, please explain _____

Has your license ever been suspended or revoked or placed on probation?

Yes _____ No _____ If yes, please explain _____

Have you ever been charged/convicted of any sexual based crimes (i.e., sexual battery, sexual misconduct with a minor, rape etc.) misdemeanor or felony?

Yes _____ No _____ If yes, please explain _____

Have you applied for or currently possess a permit to carry and handgun?

Yes _____ No _____ If so, what is its current status? _____

Have you used any illegal drugs within the past five years?

Yes _____ No _____ If yes, please explain _____

Have you ever been required to take any substance abuse classes?

Yes _____ No _____ If yes, please explain _____

Employment History and Work Experience

List all work history beginning with your current employer. If you are currently employed as a police officer, please include any off-duty employment. Use additional paper if necessary. Failure to complete this section may be grounds for disqualification.

Current Employer: _____
(If unemployed enter None)

Employers Address: _____

Employer Phone: _____ Date Employment Began: _____

Job Title: _____ Supervisors Name: _____

Hourly Wage: _____ Hours/Shift worked: _____

Duties, Responsibilities, equipment operated etc.: _____

Previous Employer: _____

Employer Address: _____

Employer Phone: _____ Dates of Employment: _____ to _____

Job Title: _____ Supervisors Name: _____

Hourly Wage: _____ Hours/Shift worked: _____

Duties, Responsibilities, equipment operated etc.: _____

Reason for Leaving: _____

Did you leave voluntarily? Yes _____ No _____

If "No" please explain why: _____

Previous Employer: _____

Employer Address: _____

Employer Phone: _____

Dates of Employment: _____ to _____

Job Title: _____

Supervisors Name: _____

Hourly Wage: _____

Hours/Shift worked: _____

Duties, Responsibilities, equipment operated etc.: _____

Reason for Leaving: _____

Did you leave voluntarily? Yes _____ No _____

If "No" please explain why: _____

Previous Employer: _____

Employer Address: _____

Employer Phone: _____

Dates of Employment: _____ to _____

Job Title: _____

Supervisors Name: _____

Hourly Wage: _____

Hours/Shift worked: _____

Duties, Responsibilities, equipment operated etc.: _____

Reason for Leaving: _____

Did you leave voluntarily? Yes _____ No _____

If "No" please explain why: _____

Education and Training

Failure to complete this section may be grounds for
disqualification.

High School Attended: _____

Address: _____

High School Equivalent? _____

List Activities, Awards, Sports Etc. _____

College or Trade School Attended: _____

Address: _____

Did you graduate? _____

Course of Study: _____ Degree _____

List of activities, awards, sports etc.: _____

College or Trade School Attended: _____

Address: _____

Did you graduate? _____

Course of Study: _____ Degree _____

List of activities, awards, sports etc.: _____

Professional or Specialized Training

List any seminars or special training that would be relevant to law enforcement:

Are you a graduate of a law enforcement academy?

Yes _____ No _____ If yes please explain: _____

Has your law enforcement certificate ever been suspended, relinquished, revoked, or subject to discipline?

If yes, please explain: _____

Do you hold any specialized law enforcement certifications (Instructor certifications, K-9, IDACS etc.)? Yes_ No _____

If yes, please list the type of certification and date of certification

Type: _____ Date Certified: _____ Is certification current? _____

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Type: _____ Date Certified: _____ Is certification current? _____

List more if needed: _____

MILITARY HISTORY AND STATUS

Are you registered with the Draft?

YES: _____ NO: _____ If no, please explain: _____

Are you currently serving in the National Guard or Reserves? Yes: _____ No: _____

Please indicate which program and dates of obligation: _____

Have you ever served in the military on active duty including initial active-duty training with the National Guard or Reserves?

YES: _____ NO: _____ **IF YES, YOU MUST ATTACH A COPY OF YOUR DD-214.**

Military Branch: _____ Dates of service: _____ to _____

Highest Rank attained: _____ Rank at separation: _____

Type of Discharge: _____ Re-Enlistment Code: _____

Are you eligible to re-enlist: Yes: _____ NO: _____ if No. please explain: _____

Was any type of disciplinary action (court martial, article 15, captain's mast, etc.) taken against

you while on active duty? YES: _____ NO: _____ if Yes, please explain: _____

Additional Information

Do you have any additional commitments (second jobs, school etc.)? If so please explain:

Past Residence History

Please list the past 10 years of residential history beginning with present

Address: _____

City/State/Zip: _____

Rent/Own: _____ Resided at location since: _____

Landlord's name: _____

Address: _____

City/State/Zip: _____

Rent/Own: _____ Dates Resided from: _____ to _____

Landlord's name: _____

Address: _____

City/State/Zip: _____

Rent/Own: _____ Dates Resided from: _____ to _____

Landlord's name: _____

Address: _____

City/State/Zip: _____

Rent/Own: _____ Dates Resided from: _____ to _____

Landlord's name: _____

Address: _____

City/State/Zip: _____

Rent/Own: _____ Dates Resided from: _____ to _____

Landlord's name: _____

Address: _____

City/State/Zip: _____

Rent/Own: _____ Dates Resided from: _____ to _____

Landlord's name: _____

Please list four **references** who are not related to you and whom you **personally** know and have had contact with in the past five (5) years. Please provide a work and home numbers. We may request additional references if the ones you listed cannot be reached.

Name: _____ Occupation: _____

Address: _____ Years known: _____

Work Phone: _____ Home/Cell Phone: _____

Name: _____ Occupation: _____

Address: _____ Years known: _____

Work Phone: _____ Home/Cell Phone: _____

Name: _____ Occupation: _____

Address: _____ Years known: _____

Work Phone: _____ Home/Cell Phone: _____

Name: _____ Occupation: _____

Address: _____ Years known: _____

Work Phone: _____ Home/Cell Phone: _____

Application Certification

Read the following. By initialing the space provided you hereby consent to its contents. If you do not initial by each of the following, your application will be disqualified from the hiring process.

I understand and accept that if I am offered a position with the Ferdinand Police Department the position is: (1) probationary for a period of one year from the date of hire: and (2) **conditional** and based upon my successful completion of medical, eye, and psychological exams, along with a drug and alcohol screening.

Initial: _____

I understand that I will be subject to, and submit to an **extensive** background investigation. If my background investigation results in **ANY** information that the Ferdinand Police Department deems adverse to me being eligible for hire my application and or conditional position may be disqualified or terminated. I also understand that if the background investigation shows discrepancies with the information I provided in my application, that I will be disqualified for employment with the Ferdinand Police Department.

Initial: _____

I understand that I may be disqualified and/or dismissed from the Ferdinand Police Department during my probationary year as an officer if I do not successfully complete the Indiana Law Enforcement Academy

Initial: _____

I understand that, prior to being hired, I will be required to sign a notarized statement indicating that if the Town of Ferdinand pays for my training and attendance at the Indiana Law Enforcement Academy and I voluntarily the employ of the Town of Ferdinand within 3 years, the Town may recover Ferdinand's training expenses from a subsequent law enforcement agency or from me if I take a job that is not in law enforcement.

Initial: _____

Application Certification

Read the following. By initialing the space provided, you hereby consent to its contents. If you do not initial by each of the following, your application will be disqualified from the hiring process.

_____ I SOLEMNLY SWEAR THAT ALL THE INFORMATION THAT I PROVIDED IN THIS APPLICATION IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE INVESTIGATION OF ANY AND ALL STATEMENTS I PROVIDED IN THE APPLICATION. I UNDERSTAND THE ANY MISREPRESENTATION(S) OR FALSIFICATION(S) OF THE INFORMATION I PROVIDED MAY LEAD TO THE WITHDRAW OF ANY EMPLOYMENT OFFER OR TERMINATION FOLLOWING EMPLOYMENT

_____ BY THE SUBMISSION OF THIS DOCUMENT I HERBY AGREE THAT I SHALL EXECUTE THE EMPLOYER'S CONDITIONAL, PRE-EMPLOYMENT MEDICAL, PSYCHOLOGICAL EXAMS, ALONG WITH DRUG AND ALCOHOL SCREEN CONSENT REQUIREMENTS. I RECOGNIZE THAT MY FAILURE TO COMPLETE ANY AND ALL REQUIRMENTS OF THE HIRING PROCESS MAY BE GROUNDS FOR MY DISMISSAL.

Applicant Signature

Date

Indiana Law Enforcement Academy Agility Exit Standards:

[ILEA: Physical Fitness Standards](#)

Test	Standard
Vertical Jump	16 Inches
One Minute Sit-ups	29
300 Meter Run	71 Seconds
Maximum Push-ups	25
1.5 Mile Run	16 Minutes 28 Seconds

Information Required to Complete Your Application

Failure to provide this information may result in an incomplete application, which may be grounds for disqualification.

1. Copy of your high school diploma or official high school transcript education transcript(s)
2. Copy of your college education transcript(s)
3. Copies of any degrees, diplomas, and certifications you currently hold
4. Copy of Social Security card
5. Copy of birth certificate
6. Copy of current driver's license

This information will not be returned so **DO NOT** send original documents.