

HUNTINGBURG POLICE DEPARTMENT

Application



City of Huntingburg, Indiana

The City of Huntingburg is an equal opportunity employer, dedicated to a policy of nondiscrimination in employment on any basis including race, color, age, religion, disability or national origin. Consistent with the Americans with Disabilities Act, applicants may request accommodations needed to participate in the application process.

Attach a copy of your resume.

PERSONAL HISTORY STATEMENT

APPLICANT IDENTIFICATION

Information provided in this section is used for identification purposes only.

Name _____
 LAST FIRST MIDDLE

Address _____

 CITY STATE ZIP

Telephone number _____

Date of Birth _____
 Month Day Year

Nickname(s), maiden name, or other names by which you have been known

Place of Birth _____
 City County State

Are you a U.S. Citizen? _____ yes _____ no

Driver's license # _____

Expiration date _____

State of issue _____

Height _____

Weight _____

Color of eyes _____

Color of hair _____

Scars, tattoos, or other distinguishing marks _____

Do you illegally use drugs? _____ Yes _____ No

Have you ever used illegal drugs in the past? _____ Yes _____ No

If yes, explain the circumstances:

Do you use or have you ever used alcoholic beverages? _____ Yes _____ No

If Yes, how often do you use alcoholic beverages? _____

How many days were you absent from work last year? _____ days

How many of these days were unauthorized? _____ days

RESIDENCES

List all addresses where you have lived during the past 10 years, begin with present address. List date by month and year, attach extra page if necessary.

<u>FROM</u>	<u>TO</u>	<u>ADDRESS</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

EXPERIENCE & EMPLOYMENT

Beginning with your present or most recent job, list your last three employers, including part-time, temporary or seasonal employment. Include all periods of unemployment. Please indicate if you are fearful that your present job would be in jeopardy if inquiries were made.

1. From: _____ To: _____
Employer: _____
Address: _____
Phone number: _____
Job title: _____
Duties: _____

Supervisor: _____
Name of co-worker: _____
Reason for leaving _____

2. From: _____ To: _____
Employer: _____
Address: _____
Phone number: _____
Job title: _____
Duties: _____

Supervisor: _____
Name of co-worker: _____
Reason for leaving _____

3. From: _____ To: _____
Employer: _____
Address: _____
Phone number: _____
Job title: _____
Duties: _____

Supervisor: _____
Name of co-worker: _____
Reason for leaving _____

MILITARY AND SELECTIVE SERVICE

If you are a male and were born after 1960, have you registered with the Selective Service?

_____ Yes _____ No

If yes, provide Selective Service Number _____

If no, please explain why: _____

Have you ever served in an active military organization of the United States?

_____ Yes _____ No

Have you been Dishonorably Discharged _____ Yes _____ No

EDUCATIONAL HISTORY

High School

High school attended: _____

City & State: _____

Dates attended from _____ to _____

Graduated _____ yes _____ no

College

College or University attended: _____

City & State: _____

Dates attended: _____

Units/hours completed: _____

Major/minor _____

Degree received, if any, & date: _____

List other schools attended (trade, vocational, business, etc.) name and address of school, dates attended, course of study, certificate, and any other pertinent information:

LEGAL

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

_____ Yes _____ No

If yes, complete the following, list juvenile as well as adult occurrences.

<u>POLICE AGENCY</u>	<u>DISPOSITION</u>	<u>CRIME CHARGED</u>	<u>CITY & STATE</u>	<u>DATE OF CASE</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Have you ever been involved as a party in civil litigation?

_____ Yes _____ No

If yes, give details: _____

MOTOR VEHICLE OPERATION

Has your driver's license ever been suspended or revoked?

_____ Yes _____ No

If yes, give date, location and reason: _____

With what company do you carry auto insurance? _____

List to the best of your memory all driving citations you have received as an adult or juvenile, excluding parking tickets:

<u>MONTH & YEAR</u>	<u>CHARGE</u>	<u>CITY & STATE</u>	<u>DISPOSITION</u>
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Describe in a brief narrative explain any traffic accidents in which you have been involved, giving approximate dates and locations: _____

REFERENCES OR ACQUAINTANCES

List five persons who know you well enough to provide current information about you. Do not list relatives or former employers.

1. Name _____

Address _____

Residence phone _____ Business phone _____

Business address _____

Years known _____

2. Name _____

Address _____

Residence phone _____ Business phone _____

Business address _____

Years known _____

3. Name _____

Address _____

Residence phone _____ Business phone _____

Business address _____

Years known _____

4. Name _____

Address _____

Residence phone _____ Business phone _____

Business address _____

Years known _____

5. Name _____

Address _____

Residence phone _____ Business phone _____

Business address _____

Years known _____

HUNTINGBURG POLICE DEPARTMENT
CRIMINAL HISTORY CHECK WAIVER

I, the undersigned, am requesting consideration for membership with the Huntingburg Police Department Reserve Officer program. I do hereby give my permission to the Huntingburg Police Department to run a complete criminal history background check.

PLEASE PRINT

NAME: _____

MAIDEN NAME: _____

ADDRESS: _____

SOCIAL SECURITY NUMBER: _____

DATE OF BIRTH: _____

DRIVER'S LICENSE: _____

SIGNATURE: _____

RECORD CHECK DONE BY: _____ DATE: _____

____ NO RECORD

RECORD AS FOLLOWS:

AUTHORIZATION FOR RELEASE OF INFORMATION AGREEMENT

Applicant's Name: _____
Current Residence: Street _____ **City** _____ **State** _____ **Zip** _____
Telephone Number: _____
Date of Birth: _____ **Social Security Number:** _____

TO WHOM IT MAY CONCERN: I am an applicant for a position with the Huntingburg Police Department. The department needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I applied. It is in the public's best interest that all relevant information is disclosed to the above department.

I hereby authorize any representative of the Huntingburg Police Department bearing this release to obtain any information in your files pertaining to my employment records and I hereby direct you to release such information upon request of the bearer. I do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the Huntingburg Police Department, whether said records are of public, private or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure. I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life for the specific purpose of pursuing a background investigation that may provide pertinent data for the Huntingburg Police Department to consider in determining my ability for employment in that department. It is my specific intent to provide access to personnel information, however personal or confidential it may appear to be.

I consent to your release of any and all public and private information that you may have concerning me, my work record, my background and reputation, my military service records, educational records, my criminal history record, including any arrest records, any information contained in investigatory files, efficiency ratings, complaints or grievances filed by or against me, the records or recollection of attorneys at law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest, attendance records, polygraph examinations, and any internal affairs investigations and discipline, including any files which are deemed to be confidential and/or sealed.

I hereby release you, your organization, and all others from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I hereby release you, as the custodian of such records of _____ organization, including its officers, employees, or related personnel, both individually and collectively from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information or any attempt to comply with it. I direct you to release such information upon request of the duly accredited representative of the Huntingburg Police Department regardless of any agreement I may have made with you previously to the contrary. The law enforcement organization requesting the information pursuant to this release may discontinue processing my application if you refuse to disclose the information requested.

For and in consideration of the Huntingburg Police Department's acceptance and processing of my application for employment, I agree to hold the Huntingburg Police Department, its agents and employees harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the Huntingburg Police Department. I understand that should information of a serious criminal nature surface as a result of this investigation, such information may be turned over to the proper authorities.

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to the access and to disclosure of records, and I waive those rights with the understanding that information furnished will be used by the Huntingburg Police Department in conjunction with employment procedures.

A photocopy or FAX copy of this release form will be valid as an original, as an original thereof, even though the said photocopy or FAX copy does not contain an original writing of my signature.

Should there be any questions as to the validity of this release, you may contact me at the address listed on this form.

I agree to pay any and all charges or fees concerning this request and can be billed for such charges at the address listed on this form.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request.

Signature of Applicant

Date

State of _____)
)SS:
County of _____)

Subscribed and sworn to before me, a Notary Public in and for County and State, this

_____ Day of _____, 20_____

Notary Public

My commission expires _____