Merrillville Police Department

7820 Broadway Merrillville, IN 46410

Police Officer Application

TO: All Merrillville Police Officer Applicants (PLEASE READ CAREFULLY)

The Merrillville Police Department is an Equal Opportunity Employer. The Department is interested in good citizens who are seeking a career in law enforcement.

From time to time the Town will have openings for police officers. The active pool of applicants will include all individuals who have submitted an application prior to the posted deadline and who meet the minimum qualifications for the position.

A $25.00 non-refundable application fee is due at the time of application submission.

All applicants will be sent an email or letter (at the address listed on the application) advising them of a scheduled examination session. The letter will indicate the date, location, and time of the exam. It will also include a brief explanation of the exam's content and procedure. Failure to appear on time may result in disqualification.

After completion of the physical fitness testing applicants will report for the second phase of the testing process. The second phase will consist of a written examination.

The data provided in this packet will be used to conduct the background investigation phase of the hiring process. All applicants must give truthful answers to all questions. Any misrepresentation or omission of facts may disqualify the applicant from further consideration. Applicants will, during the investigative process, be required to take a voice stress test.

Due to the sensitive nature of police work, <u>all</u> applicants must meet certain requirements. The following page contains a list of the minimum requirements for police officer applicants to the Merrillville Police Department.

MINIMUM REQUIREMENTS

FOR MERRILLVILLE POLICE OFFICER APPLICANTS

1. Must be a high school graduate, as evidenced by a transcript issued by an accredited high school. An achievement test certificate from an accredited high school or State Board of Education is acceptable.

2. Shall possess a valid Indiana driver's license (or obtain one within 60 days of becoming an Indiana resident) and have no more than six (4) active points.

3. Shall be a US citizen.

4. Shall be at least 21 years of age, and under the age of 40.

5. Shall be drug-free, and have no convictions for driving under the influence of drugs.

6. Shall have no more then one- (1) alcohol-related violations as a minor (18-21 years of age).

7. Shall not have a conviction for operating a vehicle while intoxicated (OWI), or operating a vehicle with a blood alcohol content (BAC) in excess of 0.08%.

8. Shall have no felony convictions.

9. Shall have no convictions for any Class A misdemeanor.

10. Shall have no convictions for selected Class B misdemeanors (list attached). The Chief of Police will make the final decision regarding disqualification in this area.

11. Shall not have received other than an honorable discharge from the military, or other discharge with honorable conditions.

12. If appointed, shall establish residency as required by state law or local ordinance

If you meet these minimum standards and wish to apply, please fill out this application COMPLETELY AND TRUTHFULLY and return it before the date indicated.

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.

APPLICATION INSTRUCTIONS

PRINT LEGIBLY OR TYPE ALL ANSWERS. Answer all questions COMPLETELY AND TRUTHFULLY. If the question does not apply, state NO or DOES NOT APPLY. Any further information you wish to add should be placed on a separate sheet of paper, with the proper identifying reference marks, and attached at the end of the application. You will be required, during the investigative process, to divulge you r use of alcohol and/or illegal drugs. Information secured by the Merrillville Police Department through testing and investigation will be held in strictest confidence, except for outstanding criminal and/or civil warrants or evidence of serious criminal activity.

Applicants are responsible for all expenses incurred by them in connection with travel, meals, etc., when reporting for tests, physical examinations and interviews. Applicants are also responsible for all expenses incurred in obtaining records or other materials necessary for the investigation process. Applicants should immediately initiate steps to obtain copies of the documents listed below.
Copies of these documents must be turned in at the time the application is turned in.

1. **Birth Certificate (certified copy)**
2. **High School Diploma (or G.E.D. Certificate) and Transcript**
3. **College or University Degree and Transcript (if applicable)**
4. **DD214 (member 4 copy) and Citations (for those applicants with military service)**
5. **Marriage License, certified copy from County Clerk (if applicable)**
6. **Divorce Decree (if applicable)**
7. **Driver's License (front and back)**
8. **Social Security Card**
9. **Any Court Order requesting Name Change**
10. **All Training Certifications, ILEA Certification or equivalent.**

ATTACH ANY REQUESTED DOCUMENTS TO THE END OF THIS APPLICATION

The attached application must be returned to the Department. Applications will not be considered until complete in every respect: any omission or misrepresentation of a material fact will disqualify an applicant.

Applicants are asked not to inquire about the status of their application, as appropriate information will be provided when such information is available. After completion of the screening process, applicants not selected may re-apply. They must complete a new pre-application and will be considered a new applicant for the next available position.

I have read and I understand and agree to the above terms and guidelines.

_____ _____

Applicant Signature Date

CONTACT INFORMATION

NAME_____
Last First Middle Maiden

SOCIAL SECURITY NUMBER_____DATE OF BIRTH_____
MM/DD/YYYY

ADDRESS _____
Street or Route Number Apt Number

CITY_____COUNTY_____STATE_____ZIP_____

TELEPHONE Home (___)_____ EMAIL: _____

EMPLOYER_____

EMPLOYER ADDRESS_____
Street or Route Number

CITY_____COUNTY_____STATE_____ZIP _____

POSITION HELD_____

IDENTIFYING DATA

Are you a U.S. Citizen?_____Place of Birth_____

Age_____Date of Birth_____

Height (without shoes)_____feet_____inches

Weight (without clothes)_____pounds

Eye Color_____Hair Color_____

Distinguishing Marks, Scars, etc

_____

PERSONAL HISTORY

1. **FAMILY DATA**
   List all family members (living or deceased) in the following order: parents, step-parents, brothers, sisters, spouse, children, step-children, parents-in-law, ex-spouses. Use additional sheets if necessary.

Relationship	Name	Address City, State, Zip Phone number (Area Code

2. **FORMER ADDRESSES (last 10 years)**
If apartment addresses are listed, provide name and location of com plex. **If military addresses are listed, include towns/cities located in the immediate vicinity of military base.**

DATES	ADDRESS	CITY	STATE	ZIP

3. **EDUCATION** (include copies of all transcripts and diplomas/certificates)

High School_____Date Graduated (MM/YY)_____

Address_____

College_____Date Graduated (MM/YY)_____

Address_____

Major_____Yrs Completed_____Credit Hours_____Degree_____

Other schools attended or training courses taken:

Name_____

Address_____

Name_____

Address_____

Name_____

Address_____

4. EMPLOYMENT

a. Record your employment history, starting with your present employer. Use additional sheets if necessary.

(PRESENT) Employment Dates_____to_____Employer _____

Position Held_____Salary _____

Address_____

Phone_____Supervisor_____

(PREVIOUS) Employment Dates_____to_____Employer _____

Position Held_____Salary _____

Address_____

Phone_____Supervisor_____
Reason for Leaving_____

(PREVIOUS) Employment Dates_____to_____Employer _____

Position Held_____Salary _____

Address_____

Phone_____Supervisor_____
Reason for Leaving_____

(PREVIOUS) Employment Dates_____to_____Employer _____

Position Held_____Salary _____

Address_____

Phone_____Supervisor_____
Reason for Leaving_____

(PREVIOUS) Employment Dates_____to_____Employer _____

Position Held_____Salary _____

Address_____

Phone_____Supervisor_____
Reason for Leaving_____

b. Have you ever been discharged from a position of employment? Yes_____ No____If yes, please explain fully on a separate sheet of paper.

c. Do you currently have an application pending with any other law enforcement agency? Yes_____No_____

Agency_____State_____Date _____

Agency_____State_____Date_____

Agency_____State_____Date_____

5. MILITARY HISTORY AND STATUS

a. Military History

Organization	Dates of Service From/To	Rank/Grade	Reason for leaving

_____

_____

b. Military citations or other awards received

_____

_____

c. Are you now a member of the organized Reserves or National Guard?

Yes____No___If yes, provide the name and location to which you are assigned.

_____

Rank_____Duties_____

_____

d. Were you ever disciplined while on active military duty? Yes ___ No ___ If yes, please explain fully on a separate sheet of paper.

6. DRIVING/ARREST RECORD

a. Driver's License Number_____St_____Exp. Date _____
b. Number of years driving experience _____
c. Is your license restricted?_____If yes, for what reason?_____
d. Have you ever been issued a driver's license in another state?_____If yes, list when and where _____
e. Has your driver's license ever been suspended or revoked?_____If yes, explain _____
f. Have you ever been arrested or received a ticket for a traffic offense?_____ If yes, describe below (if more room is necessary use separate sheet of paper.)

Date Location Charge Fine/Sentence

_____

_____

_____

g. List all accidents in which you have been involved as a driver (if more room is necessary use a separate sheet of paper.)

Date Location Description of accident

_____

_____

h. Have you ever been arrested for and/or convicted of a criminal offense (include those that were either not filed, dismissed or expunged?)_____ If yes, describe below (if more room is necessary use a separate sheet of paper.)

Date Location Charge Fine/Sentence

_____

_____

i. Have you ever been convicted of a Felony? Yes _____ No _____
Have you ever been arrest for a Felony? Yes _____ No _____ If yes explain-

_____

_____

_____

_____

j. Have you ever been convicted of Misdemeanor? Yes _____ No _____
Have you ever been arrested for a Misdemeanor? Yes _____ No_____ If Yes, explain-

_____
_____
_____

k. Have you ever committed or assisted another person in the crime of: murder, kidnapping, rape, robbery, burglary, arson, or theft? Yes _____ No _____
If yes explain –

_____
_____
_____

l. Have you ever purchased or sold anything you knew or suspected was stolen? Yes ____ No _____
If yes, explain-

_____
_____
_____

m. Have you ever Possessed, Purchased, Sold, or Distributed Any Illegal Drugs? Yes _____ No _____
If Yes, Explain –

_____
_____
_____

n. Have you ever used an illegal drug? Yes ____ No _____
If yes, explain-

_____
_____
_____

o. Have you ever abused a prescription drug? Yes _____ No _____
If yes, Explain –

_____
_____
_____

p. Have you ever been arrested for an alcohol-related violation? (Example – public intoxication, operating while intoxicated, illegal possession or consumption of alcohol) Yes _____ No _____

If yes, explain –

_____

_____

_____

q. Have you ever been dismissed or asked to resign from a position of employment?YES ____ NO_____

If yes, explain –

_____

_____

_____

r. Have you ever been examined or treated for a mental disorder? YES____ NO_____

If yes, explain –

_____

_____

_____

s. Have you ever had a chronic disease or disability? YES _____ NO _____

7. MISCELLANEOUS

a. Do you rent or own your present home? Rent_____Own _____
If you rent, list your landlord's name, address and phone _____

_____

b. Are you a proprietor or part owner of any business? _____
If yes, describe the nature of the business._____

_____

c. If hired, do you plan to work a second job?_____If yes, list the name of your employer and your job title. _____

d. Describe any special skills that you believe would benefit you as a police officer and/or the Department _____

e. List past/present memberships in clubs and/or organizations (Do not include organizations that indicate political affiliation) _____

f. Please list community service or volunteer work you have participated in during the last three years._____

EMPLOYEE REFERRAL

Were you referred to apply by a current **Merrillville Police Department Employee?**
_____ **Yes** _____ **No**

If yes, please complete the following:

Employee's name: _____

Relationship to this employee
_____ **Friend**
_____ **Family Member**
_____ **Former Coworker**
_____ **Acquaintance**
_____ **Other** _____

MERRILLVILLE POLICE DEPARTMENT
DATA REQUEST

Information on this form is requested for the sole purpose of evaluating the effectiveness of the Town's recruiting programs. All information is provided on a voluntary basis and will not be used in making employment decisions. Failure to complete this form will not affect your chances of being offered a position.

NAME: _____

POSITION APPLIED FOR: _____

HOW DID YOU LEARN OF THIS POSITION?

_____

_____

AGE: Are you age 21 or older? Yes_____No_____GENDER: Male_____Female _____

CITIZENSHIP: United States_____Other Country _____

ETHNIC DATA (please check one):

_____ WHITE: (Not of Hispanic origin); Persons having origins in any of the original peoples of Europe, North Africa or the Middle East.

_____ BLACK: (Not of Hispanic origin): Persons having origins in any of the Black Racial groups of Africa.

_____ HISPANIC: Persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.

_____ ASIAN OR PACIFIC ISLANDER: Persons having origins in any of the Original peoples of the Far East, Southeast Asia, the Indian Subcontinent or the Pacific Islands. (Includes China, Japan, Korea, the Philippine Islands and Samoa.)

_____ AMERICAN INDIAN OR ALASKAN NATIVE: Persons having origins in any of the original peoples of North America who maintain cultural identification through tribal affiliation or community recognition.

_____ MULTI-RACIAL

VETERAN STATUS: Are you a disabled veteran (a person entitled to disability compensation for disability at 30% or more, or a person whose discharge from active duty was for a disability incurred or aggravated in the line of duty)? Yes_____No _____

GENERAL INFORMATION

Character references (minimum of 3.) Provide names, addresses (including city, state, zip code) and telephone number (including area codes.) You must provide the full names, addresses and phone numbers.

Name Address Phone Number

List at least five (5) co-workers from past and present jobs. Indicate which of your employer's they worked for and their present addresses and telephone numbers. Please indicate if they were a supervisor or co-worker.

Name Address Phone Number Supervisor/Co-worker

GENERAL INFORMATION

Why do you desire to become a member of the Merrillville Police Department?
Use a separate sheet if necessary.

What is your further goal in law enforcement (type, agency, field, etc.?)

Attach a current (taken within past six months) photograph below. Photograph is to be front view, head and shoulders.

Place Photo Here

Please read the following statement carefully. If you have any questions, contact the personnel officer before signing the form.

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

Signature_____Date _____

Subscribed and sworn to before me, a Notary Public in the County of

_____, State of_____this

_____ day of_____, 20____.

Notary Public_____My Commission Expires _____
Signature

Notary Public_____
Type/Print

CHECK APPLICATION CAREFULLY

BE CERTAIN ALL ITEMS ARE COMPLETE BEFORE RETURNING

PAGE MUST BE NOTARIZED

MERRILLVILLE POLICE DEPARTMENT

AUTHORITY FOR RELEASE OF INFORMATION AND RECORDS

I am aware that the Merrillville Police Department will have to conduct an investigation into my background and the information will be used for the purpose of determining my qualification for employment with the Merrillville Police Department.

I therefore authorized any duly authorized representative of the department to obtain any information relating to my activities from individuals, schools, residential management agents, employers, criminal justice agencies, financial or lending institutions, credit bureaus, consumer reporting agencies or retail business establishments. This information may include, but is not limited to my academic, residential, achievement, performance, attendance, personal history, discipline, criminal history record, arrest, conviction, financial and credit information.

I direct you to release such information upon request of the duly authorized representative of the Merrillville Police Department regardless of any agreement that I may have made with you previously to the contrary. I have been advised that the original of this authorization will be placed on file with the Merrillville Police Department.

I agree that all background information received by the Merrillville Police Department on me is confidential and I will not attempt to discover what was learned about me. I realize that people providing information to the Merrillville Police Department are doing so with a promise of confidentiality. I specifically waive any right to see or such information. I acknowledge that the police department needs to obtain frank and honest opinions about my character and personality. I agree to the confidentiality of this information.

Subscribed and sworn to before me this__day of_____20_____.

My commission expires_____, 20_____

_____

Notary Public/Signature Notary Public(Typed/Printed

PAGE MUST BE NOTARIZED

INFORMATION RELEASE (Continued)

Applicant Name (Printed/Typed)

Date of Birth | Social Security Number

Address

Phone Number (Cell / Home)

Applicant Signature | Date Signed

MERRILLVILLE POLICE DEPARTMENT

7820 Broadway Merrillville, Indiana 46410

I, _____
APPLICANT NAME/PRINTED

_____
ADDRESS

_____ _____
SOCIAL SECURITY NUMBER DATE OF BIRTH

authorize the Internal Revenue Service to release all tax information, both personal and business, for the last five **(5)** calendar years of_____for the purpose of my application for employment with the Merrillville Police Department.

If you currently or have previously owned or have been part owner of a business, please provide the following:

Business Name _____

Identification Number_____

Years of Ownership_____

Applicant's Signature_____Date _____

Spouse's Signature_____Date _____

Address_____
City State Zip

Spouse's Date of Birth _____

Spouse's Social Security Number _____