CHESTERFIELD POLICE DEPARTMENT

Joseph J. Cole, Chief of Police
17 Veterans Blvd., Chesterfield, Indiana 46017
Ph: (765) 378-3354 Fax: (765) 378-3355

Employment Application

(Please print or type all information)

Date: _____

Personal Demographics

Last Name: _____ First Name: _____ Middle Name: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Phone Number: (_____) _____ - _____ E-Mail: _____

Driver's License Number: _____ State of Issuance: _____ Expiration Date: _____

Social Security Number: _____ Are you at least 21 years old? ☐ Yes ☐ No

Background Information

Have you ever been arrested? ☐ Yes ☐ No Have you ever been convicted of a crime? ☐ Yes ☐ No

If yes, state all charge(s), location or jurisdiction, and disposition of charge(s): _____

_____

_____

Have you had any moving violations during the past three years? ☐ Yes ☐ No ____ # of

Have you been involved in any motor vehicle crashes during the past three years? ☐ Yes ☐ No ____ # of

If yes, state all infraction(s) & crashes, location or jurisdiction, and disposition of infraction(s) & crashes: _____

_____

_____

Have you ever been named as a defendant in a civil matter? ☐ Yes ☐ No

If yes, state all causes & debt(s), location or jurisdiction, and disposition of causes & debt(s): _____

_____

_____

Employment Desired & History

Position: ☐ Full Time ☐ Part Time ☐ Full or Part Time ☐ Reserve

Available Start Date? _____

List all employments for the past ten years, starting with the most recent position. All information must be completed. You may attach a resume, but not in place of completing the required information.

Are your presently employed? ☐ Yes ☐ No

Current / Last Employer: _____ Type of Business: _____

Address: _____

City: _____ State: _____ Zip: _____

Job Title: _____ Supervisor: _____ Phone Number: (_____) _____ -_____

Duties: _____

Start Date: _____ End Date: _____

Previous Employer: _____ Type of Business: _____

Address: _____

City: _____ State: _____ Zip: _____

Job Title: _____ Supervisor: _____ Phone Number: (_____) _____ -_____

Duties: _____

Start Date: _____ End Date: _____

Previous Employer: _____ Type of Business: _____

Address: _____

City: _____ State: _____ Zip: _____

Job Title: _____ Supervisor: _____ Phone Number: (_____) _____ -_____

Duties: _____

Start Date: _____ End Date: _____

Have you ever been employed as a Police Officer or Firefighter? ☐ Yes ☐ No

If yes, provide your Public Safety Identification Number (PSID): _____

Have you complete the Basic Training Course at the Indiana Law Enforcement Academy? ☐ Yes ☐ No

Education & Training

High School: _____

From: _____ To: _____ Did you graduate? ☐ Yes ☐ No Diploma: _____

Address: _____

City: _____ State: _____ Zip: _____

College / University: _____

From: _____ To: _____ Did you graduate? ☐ Yes ☐ No Diploma: _____

Address: _____

City: _____ State: _____ Zip: _____

College / University: _____

From: _____ To: _____ Did you graduate? ☐ Yes ☐ No Diploma: _____

Address: _____

City: _____ State: _____ Zip: _____

Vocational / Business / Technical: _____

From: _____ To: _____ Did you graduate? ☐ Yes ☐ No Diploma: _____

Address: _____

City: _____ State: _____ Zip: _____

Additional Training/Skills, Experience, Special Achievements or Certifications relevant to position seeking:

_____

_____

Military

Have you ever been in the Armed Forces? ☐ Yes ☐ No

Are you currently serving in the Armed Forces Reserve or National Guard? ☐ Yes ☐ No

If yes, branch of service? _____ Date of Entry: _____ Date of Discharge: _____

Specialty _____

Have you been Dishonorably Discharged from the Armed Forces? ☐ Yes ☐ No

In yes, explain circumstances: _____

_____

Personal References

Please list three references <u>other than relatives or previous employers</u>

Last Name: _____ First Name: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Phone Number: (_____) _____ - _____ Relationship: _____Years Acquainted:_____

Last Name: _____ First Name: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Phone Number: (_____) _____ - _____ Relationship: _____Years Acquainted:_____

Last Name: _____ First Name: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Phone Number: (_____) _____ - _____ Relationship: _____Years Acquainted:_____

Certification and Authorization

The above information is true and correct. I understand that, in the event of my employment by the Chesterfield Police Department, I shall be subject to dismissal if any information that I have given in this application is false or misleading or if I have failed to give any information herein requested, regardless of the time elapsed after discovery. This application expires within one (1) year of the signature date below unless the Chesterfield Police Department begins the review process within that time.

I authorize the Chesterfield Police Department to inquire into my educational, professional and past employment history references as needed to research my qualifications for this position. I hereby give my consent to any former employer to provide employment-related information about me to the Chesterfield Police Department and will hold the Chesterfield Police Department and my former employer harmless from any claim made on the basis of such information. Furthermore, I authorize the Chesterfield Police Department to administer a thorough background check which can include; character references, social media inquiries, driver & criminal history, polygraph and/or voice stress analysis, and to obtain any credit and consumer history documents.

I understand that nothing in this employment application, the granting of an interview or my subsequent employment with Chesterfield Police Department is intended to create an employment contract between myself and the Chesterfield Police Department under which my employment could be terminated only for cause. I understand and agree that, if hired, my employment is probationary and terminable at will and may be terminated by me or by the Chesterfield Police Department at any time and for any reason. After completion of the probationary period, employment is governed by the terms and conditions of union contracts.

If employed, I will be required to provide original documents which verify my identity and right to work in the United States under the Immigration Reform and Control Act of 1986. The documents provided will be used for completion of Form I-9.

The Chesterfield Police Department strongly believes in its responsibility to provide a safe and healthful workplace for all its employees. I understand that at any time after I am hired, the Chesterfield Police Department may require me to submit to a physical examination to the extent permitted by law. I consent to the disclosure of the results of the physical examinations and related test to the Chesterfield Police Department. You should understand that you will be tested for the presence of controlled substances before you are hired as a condition of employment with Chesterfield Police Department. I understand an offer of employment may be made contingent on passing a job-related physical examination. I agree to submit to a controlled substances screening and physical examination by the Chesterfield Police Department designated medical practitioner.

I have read, understand, and agree to the above statements and conditions of employment.

_____ _____

Applicant's Signature Date

- I understand that the Chesterfield Police Department provides public safety services on a seven day per week and twenty-four hour per day service, and therefore, if employed by the Chesterfield Police Department. I may be required to work evening shifts or night shifts, including weekends.
  Applicant's Initials: _____

- I understand that if I am hired as a sworn officer, I must successfully complete the required 17-week Basic Training Course as prescribed in Indiana Administrative Code 250 2-7-4.
  Applicant's Initials: _____