

Kouts Police Department Application

NAME _____

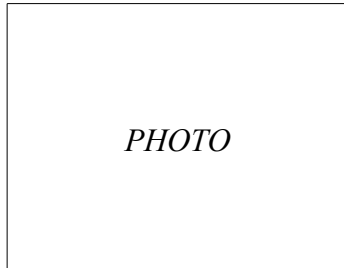
POSITION APPLYING FOR:

FULL TIME	PART TIME	RESERVE
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DATE _____

Application may be kept on file for a period of one year from above date.

PLEASE ATTACH A CURRENT PASSPORT-SIZED PHOTO OF YOURSELF HERE:



PLEASE ATTACH A COPY OF YOUR CURRENT OPERATORS LICENCE HERE:



KOUTS POLICE DEPARTMENT

PATROL OFFICER APPLICATION

SUBMIT THIS APPLICATION WITH THE FOLLOWING DOCUMENTATION:

(INCOMPLETE APPLICATIONS WILL BE DESTROYED)

- 1) A COPY OF YOUR CURRENT RESUME
- 2) A COPY OF YOUR BIRTH CERTIFICATE
- 3) A COPY OF YOUR HIGH SCHOOL DIPLOMA OR G.E.D. CERTIFICATE
- 4) A COPY OF YOUR COLLEGE OR UNIVERSITY DIPLOMA (IF APPLICABLE)
- 5) A COPY OF YOUR DD214 MILITARY DISCHARGE RECORD (IF APPLICABLE)
- 6) A COPY OF YOUR INDIANA ACADEMY (ILEA) CERTIFICATION (IF APPLICABLE)
- 7) THE SIGNED AUTHORIZATION TO RELEASE INFORMATION SHEET (ENCLOSED)

THE ABOVE LISTED ITEMS WILL NOT BE RETURNED; THEREFORE SUBMIT LEGIBLE COPIES. INCOMPLETE APPLICATIONS WILL BE DESTROYED. IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT CHIEF JAMES SMITH AT (219) 766-2332

THANK YOU FOR YOUR INTEREST IN BECOMING A MEMBER OF THE
KOUTS POLICE DEPARTMENT.

**NOTE: TO KNOWINGLY FALSIFY OR OMIT INFORMATION ON THE APPLICATION IS
GROUNDS FOR REJECTION OR DISMISSAL.**

Please sign below to note that you have read and understand the above statement:

Signature of Applicant:

MINIMUM REQUIREMENTS FOR EMPLOYMENT AS A KOUTS POLICE OFFICER:

MUST BE A CITIZEN OF THE UNITED STATES

MUST BE AT LEAST TWENTY-ONE (21) YEARS OF AGE AT THE TIME OF APPOINTMENT

MUST HAVE A HIGH SCHOOL DIPLOMA OR EQUIVALENT BY AN ACCREDITED SCHOOL

MUST POSSESS A VALID OPERATOR'S LICENSE

MUST POSSESS, AT A MINIMUM, VISUAL ACUITY THAT IS CORRECTABLE TO 20/40 IN BOTH EYES

MUST POSSESS, AT A MINIMUM, AUDITORY ACUITY THAT IS WITHIN NORMAL RANGE IN BOTH EARS

MUST PASS AN EXTENSIVE BACKGROUND INVESTIGATION

MUST PASS MULTIPLE INTERVIEWS

MUST PASS DRUG SCREENING AS WELL AS RANDOM DRUG SCREENINGS IF EMPLOYED

MUST PASS BASIC AGILITY TESTING

RESERVE OFFICERS:

1) RESERVE OFFICERS ARE NON-PAID VOLUNTEER POLICE OFFICERS WHO, UPON COMPLETION OF TRAINING, WILL BE REQUIRED TO WORK SHIFTS AT THE POLICE DEPARTMENT.

2) THEY MUST PROVIDE ALL OF THEIR OWN EQUIPMENT, AT THEIR OWN EXPENSE, TO INCLUDE .40 CALIBER HANDGUN, DUTY GEAR, AMMUNITION, AND OTHER EQUIPMENT AS PRESCRIBED BY THE CHIEF OF POLICE.

3) RESERVES MUST OBTAIN THE INDIANA PRE-BASIC CERTIFICATION; IF ALREADY POSSESSED, THEY MUST HAVE WORKED AS A RESERVE, WITHOUT A BREAK OF MORE THAN ONE YEAR, IN ORDER TO BE CURRENTLY PRE-BASIC CERTIFIED.

4) RESERVE OFFICERS ARE REQUIRED TO WORK A MINIMUM OF FOUR (4) SHIFTS PER MONTH TO MAINTAIN THEIR POSITION WITHIN THE DEPARTMENT.

PART-TIME OFFICERS:

1) PART-TIME OFFICERS ARE PAID POLICE OFFICERS WHO REQUIRE INDIANA BASIC ACADEMY CERTIFICATION. THERE ARE TIME RESTRAINTS FOR THOSE WHO HAVE BEEN SEPARATED FROM LAW ENFORCEMENT FOR SPECIFIC AMOUNTS OF TIME; PLEASE CHECK TO VERIFY IF YOU ARE CURRENTLY CERTIFIED.

2) PART-TIME OFFICERS MUST PROVIDE ALL OF THEIR OWN EQUIPMENT, AT THEIR OWN EXPENSE, TO INCLUDE .40 CALIBER HANDGUN, DUTY GEAR, AMMUNITION, AND OTHER EQUIPMENT AS PRESCRIBED BY THE CHIEF OF POLICE.

FULL-TIME OFFICERS

1) FULL-TIME OFFICER POSITIONS WILL BE FILLED AS SPOTS BECOME AVAILABLE; IT HAS BEEN THE PRACTICE OF THE DEPARTMENT TO SCREEN MEMBERS IN THE RESERVE AND PART-TIME DEPARTMENT ROSTER FIRST, BEFORE OPENING UP APPLICATIONS TO OUTSIDE OF THE DEPARTMENT.

APPLICATION FOR EMPLOYMENT

GENERAL INSTRUCTIONS: Hand print an answer to EVERY question. Use black ink only. If a question does not apply to you, so state with "N/A". If space available is insufficient, use the blank sheet(s) attached to fully answer the question(s). Do NOT misstate or omit material facts.

LAST NAME	FIRST NAME	MIDDLE NAME	SEX <table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 50%;">M</td> <td style="width: 50%;">F</td> </tr> </table>	M	F
M	F				

STREET ADDRESS	CITY	STATE	ZIP CODE
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HOME PHONE	ALTERNATE PHONE	HEIGHT	WEIGHT	HAIR COLOR	EYE COLOR
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SOCIAL SECURITY NUMBER	DATE OF BIRTH	PLACE OF BIRTH (City, County, State)	U.S. CITIZENSHIP <table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 50%;">Y</td> <td style="width: 50%;">N</td> </tr> </table>	Y	N
Y	N				

LIST ALL NAME CHANGES, NICKNAMES & ALIASES USED

VEHICLE OPERATOR'S LICENSE: List the following information concerning ANY vehicle operator's license that you have held, or currently hold.

TYPE OF LICENSE	LICENSE NUMBER	STATE OF ISSUE	EXPIRATION DATE	DRIVING RESTRICTIONS

Have you ever been denied issuance of a motor vehicle license or have you ever had a motor vehicle license suspended or revoked? Y N

If YES, explain fully:

(Space for explanation of license denial, suspension, or revocation)

Have you ever had motor vehicle insurance withdrawn or revoked or have you ever been refused motor vehicle insurance? Y N

If YES, give details including reason, insurance company, date:

(Space for details of insurance withdrawal, revocation, or refusal)

RESIDENCES: List all residences.

DATE FROM	DATE TO	STREET ADDRESS	CITY	STATE

MILITARY SERVICE: List all military service. Include current Reserve or National Guard obligations.

DATES SERVED FROM/TO	BRANCH OF SERVICE	MILITARY OCCUPATIONAL SPECIALTY (MOS) GIVE DESCRIPTIVE OF DUTIES	HIGHEST RANK ATTAINED	TYPE OF DISCHARGE

While in the military service, were you ever convicted for an offense, which resulted in a trial by deck court, or by summary, special or general court-martial? Y N
 If YES, attach additional sheet(s) describing each incident. Give date, location, charge(s), actions taken, etc.

List all military award(s) and/or decoration(s) received:

EDUCATION: List all elementary, junior high and high schools attended.

NAME AND LOCATION OF SCHOOL	DATES ATTENDED TO/FROM	GRADUATE? Y N

CONTINUED EDUCATION: List information for all colleges/universities attended.

NAME & LOCATION OF COLLEGE OR UNIVERSITY	DATES ATTENDED FROM/TO	MAJOR/MINOR FROM/TO	TYPE OF DEGREE & DATE RECEIVED	CREDIT HOURS COMPLETED

OTHER SCHOOLS OR TRAINING: (i.e. trade, vocational, military, etc.) Give for each the name and location of the school, dates attended, subjects studied, certificate attained and any other pertinent information.

SPECIAL QUALIFICATIONS, SKILLS, LICENSES: List any special qualification, skills, or licenses that you possess which are pertinent for the position for which you are applying. Include any foreign language(s) that you can speak, write, or read fluently.

PAST AND/OR PRESENT ORGANIZATIONS/CLUBS TO WHICH YOU BELONG:

NAME & LOCATION	TYPE OF CLUB/ORGANIZATION (SOCIAL, FRATERNAL, PROFESSIONAL, ETC.)	OFFICE HELD	DATES FROM/TO

HOBBIES, SPORTS, AND/OR PERSONAL INTERESTS:

EMPLOYMENT: Start with your most recent employer and list your work history. Include part-time, temporary and seasonal employment. If space available is insufficient, use the blank sheet(s) attached to fully answer the question(s).

FROM DATE	JOB TITLE	NAME & ADDRESS OF EMPLOYER
TO DATE	NAME OF SUPERVISOR	DESCRIPTION OF DUTIES
SALARY	BUSINESS PHONE	REASON FOR LEAVING

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TO DATE	NAME OF SUPERVISOR	DESCRIPTION OF DUTIES
SALARY	BUSINESS PHONE	REASON FOR LEAVING

EMPLOYMENT CONTINUED:

FROM DATE	JOB TITLE	NAME & ADDRESS OF EMPLOYER
TO DATE	NAME OF SUPERVISOR	DESCRIPTION OF DUTIES
SALARY	BUSINESS PHONE	REASON FOR LEAVING

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FROM DATE	JOB TITLE	NAME & ADDRESS OF EMPLOYER
TO DATE	NAME OF SUPERVISOR	DESCRIPTION OF DUTIES
SALARY	BUSINESS PHONE	REASON FOR LEAVING

Have you ever been discharged (terminated or fired), asked to resign, furloughed, or put on inactive status for cause or subject to disciplinary action while employed in any position (excluding the military)? Y N

If YES, explain circumstances:

Have you ever resigned (quit) after being informed that your employer intended to discharge (fire or terminate) you for any reason? Y N

If YES, explain circumstances:

CONVICTIONS: List all felony, misdemeanor, and traffic convictions. Excluding only court-ordered expungements.

DATE CONVICTED	LOCATION OCCURRED (City, County, State)	OFFENSE

REFERENCES: Do NOT list relatives, former employers, or supervisors. List only character references that have DEFINITE KNOWLEDGE of your qualifications and fitness for the position for which you are applying. List THREE (3) references.

NAME	ADDRESS	PHONE NUMBER	YEARS KNOWN

ADDITIONAL INFORMATION:

Are you now, or have you ever been a member of any organization, association, movement, or group that advocates the overthrow of our constitutional form of government? Y N

Are you now, or have you ever been affiliated or associated with individuals, INCLUDING relatives, you know, or have reason to believe are or have been members of any organization or group identified above? Y N

If YES to either of the above questions, attach additional sheet(s) describing the circumstances in full.

Are you registered with the Selective Service System, or do you have a valid exemption from registration?

Y N N/A (NOTE: If you are female, or a male born before December 31, 1959, this question does not apply.)

If YES, list the following Selective Service Information:

SELECTIVE SERVICE NO.	LAST CLASSIFICATION	DATE CLASSIFIED

ADDITIONAL INFORMATION (cont.):

Are you willing to submit to a psychological test? Y N

Are you willing to submit to a drug test? Y N

Are you willing to submit to a polygraph or voice stress analysis test? Y N

Do you object to your present employer being interviewed concerning this application? Y N

Have you applied for a position with ANY law enforcement agency in the past three (3) years? Y N

If YES, list each agency and date applied:

Are there any incidents in your life, not mentioned on this application, which might reflect upon your suitability to perform the duties which you might be called upon to take or which may require further explanation? Y N

If YES, list details:

I certify that, to the best of my knowledge and belief, all of the information provided by me on this application is true, accurate, and complete and that this application for employment was filled out and made in good faith.

I further understand that this information is subject to a background investigation and a polygraph or a computer voice stress test analysis. Additionally, I agree and consent in advance to being summarily discharged (terminated) without cause or hearing if ANY of the above information provided by me contains any misrepresentations or falsifications, or if any material information has been omitted.

APPLICANTS SIGNATURE	DATE
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We are an equal opportunity employer. Federal and state laws, and our own Department policy prohibits discrimination of employment on the basis of age, sex, race, national origin, religion, marital status, sexual orientation, or handicaps unrelated to job performance. Persons who believe that they were denied employment based on any of these conditions may file a complaint with our Department and/or with Federal or State authorities.

KOUTS POLICE DEPARTMENT

AUTHORIZATION TO RELEASE INFORMATION

I, _____, HEREBY AUTHORIZE ANY PERSON, AGENCY, PARTNERSHIP, OR CORPORATION HAVING INFORMATION CONCERNING MY CRIMINAL RECORD, CREDIT REPORT RECORD, EDUCATIONAL RECORD, MEDICAL RECORD, EMPLOYMENT RECORD, MILITARY RECORD OR SELECTIVE SERVICE RECORD, TO RELEASE SUCH INFORMATION TO THE KOUTS POLICE DEPARTMENT. THIS INFORMATION WILL BE USED IN THE EMPLOYMENT SCREENING PROCESS, WITH THE KOUTS POLICE DEPARTMENT AND WILL NOT BE AVAILABLE FOR PUBLIC INSPECTION.

I HEREBY RELEASE SUCH PERSON, AGENCY, PARTNERSHIP, OR CORPORATION FROM ANY LIABILITY, WHICH MAY BE INCURRED IN RELEASING SUCH INFORMATION TO THE KOUTS POLICE DEPARTMENT, INCLUDING LIABILITY UNDER ANY FEDERAL LAW.

PRINTED NAME/SIGNATURE

SOCIAL SECURITY NUMBER

DATE OF BIRTH

DATE

NOTARIZED: (CAN BE DONE BY CHIEF OF POLICE AT THE KOUTS POLICE DEPARTMENT)

NOTARY

DATE