



Kendallville Police Department

Officer Application

Name: _____
Last First Middle Maiden (if applicable)

Permanent Address: _____
Street Apt. Number

City State Zip County

Telephone Numbers: (Include area codes)

(Home): _____ (Business): _____ (Cell): _____

E-Mail Address: (Mandatory) _____

AN EQUAL OPPORTUNITY EMPLOYER

OFFICER APPLICATION INFORMATION

BASIC ELIGIBILITY REQUIREMENTS

1. Must be a United States citizen
2. Must be at least 21 years old but not more than 35 by Indiana Pension Law.
3. Must have vision correctable to 20/50
4. Must possess a valid driver's license
5. Must have earned a high school diploma or GED.
6. Must pass a criminal history / driver history / comprehensive background check.
7. Must pass a physical agility test mandated by the Indiana Law Enforcement Academy.

INSTRUCTIONS

No exceptions will be made for anyone not meeting all requirements. Any application for police employment received after the end of the acceptance period will not be considered.

The application must be typed or printed legibly in ink.

Answer all questions... If the question does not apply to you, state: “none” or “does not apply”.

DO NOT enclose your original birth certificate or any other supplemental information.

It is important that you clearly and correctly indicate your mailing address and telephone number(s). **If you have an address or phone number change after submitting this application, mail or telephone notification of the change to the Kendallville Police Department immediately.**

Incomplete applications will not be considered and will be discarded. Any misrepresentation of facts on this application will disqualify the applicant.

Do not make inquiries regarding the status of the application; you will receive information concerning the application periodically. Complete applications will be kept in file for one year from the date the selection process ends. After that time, they will be considered inactive and will be destroyed.

AN E-MAIL ADDRESS IS MANDATORY TO CONTINUE IN THE SELECTION PROCESS. ALL FUTURE CORRESPONDENCE WILL BE SENT VIA E-MAIL. MONITOR YOUR E-MAIL ON A REGULAR BASIS.

IF YOU DO NOT HAVE A VALID E-MAIL ADDRESS, YOUR APPLICATION WILL NOT BE ACCEPTED!

I. INITIAL REQUIREMENT DATA

A. Age: _____ Date of Birth: _____

Sex: ☐ Female ☐ MaleRace: ☐ Asian ☐ Black ☐ Hispanic ☐ Native American ☐ White
☐ Other (Specify) _____B. Are you a U.S. citizen? ☐ Yes ☐ No

If no, explain on a separate sheet and attach documentation.

Social Security Number: _____

(For background clearance and payroll information, this number is required.
The application **will not** be processed without it.)**II. EDUCATION DATA (Attach transcripts for all listed.)**

A. List information for high school and all accredited colleges/universities you have attended.

Name and Address of School	Course of Study	Number of Hours Completed	GPA on a 4.0 Scale	Did you Graduate?	List Diploma or Degree

B. Is your high school/college sending transcript(s)? ☐ Yes ☐ No (instead of being included in application)**III. LAW ENFORCEMENT EXPERIENCE** ☐ Yes ☐ No

A. Have you ever been employed as a sworn or merit police officer by a law enforcement agency?

☐ Yes ☐ No ☐ Full-Time ☐ Reserve / VolunteerDid you complete a state certified law enforcement academy? ☐ Yes ☐ No

If yes, list the date of completion, location and academy name.

Date law enforcement training was completed: _____

Did you receive a certification upon completion of training? ☐ Yes ☐ No

Number of basic training weeks: _____ Total training hours: _____

Agency	Dates		List Full Time or Reserve and Highest Rank Held	Reason for Leaving
	From	To		

B. Are you eligible for re-employment? ☐ Yes ☐ No If no, explain fully on a separate sheet.

C. List any specialty training you have received.

D. Were you ever disciplined? ☐ Yes ☐ No If yes, explain fully on a separate sheet.

IV. MILITARY HISTORY AND STATUS

A. Have you ever served in the military on active duty?

Include initial active duty training with the National Guard and the Reserves.

☐ Yes ☐ No **If yes, attach a copy of your DD214.**

Military Branch	Dates		Highest Rank Attained and Rank at Separation	Type of Discharge and Re-Enlistment Code
	From	To		

B. Are you eligible to re-enlist? ☐ Yes ☐ No If no, explain fully on a separate sheet.

C. Are you currently on active duty (full-time)? ☐ Yes ☐ No

What is your expected end-of-service obligation date? _____

D. List any citations and awards received.

E. Were you ever disciplined (court martial, article 15, captain's mast, etc.) while on duty?

☐ Yes ☐ No If yes, explain fully on a separate sheet.

V. FAMILY DATA

A. Marital Status: ☐ Married ☐ Single ☐ Divorced ☐ Separated

B. Spouse's Maiden Name (if applicable): _____

C. Dependents (if applicable):

Name	Age	Relationship

D. Are you legally required to make child support payments? ☐ Yes ☐ No

Are you current on child support payments? ☐ Yes ☐ No

If no, explain. _____

VI. EMPLOYMENT DATA

- A. Have you ever been discharged from, or resigned to prevent being discharged, from a position of employment? ☐ Yes ☐ No If yes, explain fully on a separate sheet.
- B. List chronologically (beginning with the most recent employment) **all past and current employment including part-time.** (Use additional sheets if necessary.)

Name of Employer or Business: _____
Title: _____ Duties: _____

Dates of Employment: From: _____ To: _____
Month Year Month Year
Reason for Leaving: _____
Address of Business: _____
City: _____ State & Zip: _____ Phone: _____
(Area Code)

Name of Employer or Business: _____
Title: _____ Duties: _____

Dates of Employment: From: _____ To: _____
Month Year Month Year
Reason for Leaving: _____
Address of Business: _____
City: _____ State & Zip: _____ Phone: _____
(Area Code)

Name of Employer or Business: _____
Title: _____ Duties: _____

Dates of Employment: From: _____ To: _____
Month Year Month Year
Reason for Leaving: _____
Address of Business: _____
City: _____ State & Zip: _____ Phone: _____
(Area Code)

Name of Employer or Business: _____
Title: _____ Duties: _____

Dates of Employment: From: _____ To: _____
Month Year Month Year
Reason for Leaving: _____
Address of Business: _____
City: _____ State & Zip: _____ Phone: _____
(Area Code)

Name of Employer or Business: _____
Title: _____ Duties: _____

Dates of Employment: From: _____ To: _____
Month Year Month Year
Reason for Leaving: _____
Address of Business: _____
City: _____ State & Zip: _____ Phone: _____
(Area Code)

Name of Employer or Business: _____
Title: _____ Duties: _____

Dates of Employment: From: _____ To: _____
Month Year Month Year
Reason for Leaving: _____
Address of Business: _____
City: _____ State & Zip: _____ Phone: _____
(Area Code)

Name of Employer or Business: _____
Title: _____ Duties: _____

Dates of Employment: From: _____ To: _____
Month Year Month Year
Reason for Leaving: _____
Address of Business: _____
City: _____ State & Zip: _____ Phone: _____
(Area Code)

Name of Employer or Business: _____
Title: _____ Duties: _____

Dates of Employment: From: _____ To: _____
Month Year Month Year
Reason for Leaving: _____
Address of Business: _____
City: _____ State & Zip: _____ Phone: _____
(Area Code)

Name of Employer or Business: _____
Title: _____ Duties: _____

Dates of Employment: From: _____ To: _____
Month Year Month Year
Reason for Leaving: _____
Address of Business: _____
City: _____ State & Zip: _____ Phone: _____
(Area Code)

VII. REFERENCES (Do not list relatives as references.)

Name: _____ Phone: _____
Address: _____
City: _____ State: _____ Zip: _____
E-mail Address: _____

Name: _____ Phone: _____
Address: _____
City: _____ State: _____ Zip: _____
E-mail Address: _____

Name: _____ Phone: _____
Address: _____
City: _____ State: _____ Zip: _____
E-mail Address: _____

List all residences during the last five years other than present.

Street	City	State	Dates	
			From	To

VIII. VEHICLE CRASH AND ARREST RECORD

A. Do you currently possess a valid driver's license? ☐ Yes ☐ No

Expiration Date: _____ License Number: _____ License State: _____

Has your driver license ever been suspended/revoked? ☐ Yes ☐ No

If yes, what state(s). _____

Reason for the suspension(s). _____

B. List all vehicle crashes in which you have been involved as a driver (give date(s) and location(s).

Date	Location	Description

C. Have you ever received a ticket for a traffic offense? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe below.			
Date	Location	Charge	Fine or Sentence

D. Have you ever been arrested for a criminal offense? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe below.			
Date	Location	Charge	Fine or Sentence

E. Have you ever been convicted of a felony? ☐Yes ☐No
If yes, explain on a separate sheet of paper.

F. Have you ever been arrested for an act that would have been a crime had it been committed by an adult? ☐Yes ☐No If yes, describe below.

Date	Location	Charge/Offense	Disposition of Case

G. Have you ever been or are you currently involved as a plaintiff, defendant, petitioner or respondent in any civil court case?
☐Yes ☐No If yes, explain fully on a separate sheet.

Have you used an illegal drug (other than marijuana), or abused a legal drug within the last 5 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you used marijuana within the last 3 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever knowingly or intentionally sold, transported or manufactured any illegal drug for profit?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you currently abuse alcohol?	<input type="checkbox"/> Yes <input type="checkbox"/> No

IX. MISCELLANEOUS

A. Do you own your own home? ☐ Yes ☐ No

If yes, how much is current mortgage indebtedness? _____

B. What is the amount of your indebtedness, other than home? _____

C. Annual Income: Applicant: _____ Spouse: _____

D. Are you a proprietor or part owner of any business or firm?

☐ Yes ☐ No If yes, describe nature of business.

Is there any business license(s) in your name, (i.e., liquor license)? ☐ Yes ☐ No

If yes, list the license(s).

E. Do you currently possess a handgun permit? ☐ Yes ☐ No

F. Have you ever been denied a handgun permit or had a handgun permit revoked? ☐ Yes ☐ No

If yes, why? _____

AUTHORIZATION TO RELEASE INFORMATION

I, _____, hereby authorize any person, agency, partnership, or corporation having any information concerning my CREDIT RECORD, EDUCATION RECORD, MEDICAL RECORD, EMPLOYMENT, MILITARY RECORD, or SELECTIVE SERVICE RECORD, to release such information to the Kendallville IN Police Department. This information is to be used for possible employment with the Kendallville IN Police Department.

I hereby release such person, agency, partnership, or corporation from any liability, which may be incurred in releasing this information to the Kendallville IN Police Department, including any liability under Federal Law.

(Signature)

(Date)

(Witness, Signature and Printed)

Attach a Photograph to front view, head and shoulders, 2 ½" square, and taken within the past six months. Pick inside box to attach photograph.

Other photographs are not acceptable.

I certify:

- 1. All required items are included with this application.**
 - A. Attach a Photograph – 2 ½" X 2 ½" head and shoulders**

I swear and affirm under penalty of perjury all information contained in this application is true and accurate to the best of my knowledge.

Signature_____

Date _____

Check application carefully – be certain all items are complete before returning.
This application will be voided if all information is not complete and all required documents are not attached.

An Equal Opportunity/Affirmative Action Employer
Additional documentation may be required at a
later time in the hiring process.