

# POLICE OFFICER EMPLOYMENT APPLICATION PACKET

Completion of the Police Officer Employment Application Packet is the first step in the employment process. The information on these forms will be used to judge your qualifications for the position of police officer. Read all of the questions carefully and answer all questions completely and honestly.

You must complete this application packet yourself. Type or print the forms using a ball point pen. Do not leave any blank spaces. If a question does not apply, write "DNA" in the answer space. All information in this application is subject to verification. Any false, misleading, or incomplete information will result in your application being eliminated from consideration.

This packet contains the following forms:

- Police Officer Employment Application
- Waiver of Liability and Release Form
- Pre-employment Drug Screen Consent Form

Return the entire packet to the address below:

**Boswell Police Department  
108A E. Main St.  
Boswell, Indiana 47921**

Office Use Only: Date received \_\_\_\_\_

# POLICE OFFICER EMPLOYMENT APPLICATION

## Instructions

You must complete this application yourself. It may be printed in ink or typed. Your ability to completely and honestly complete this application is part of the process to determine your suitability for employment. If you intentionally leave out any information that might be detrimental to obtaining a job, such as past drug use or other crimes, it will automatically eliminate you from consideration for employment. The fact that you may have used drugs, committed a theft or another illegal act will not automatically eliminate you, but the omission of it during the application process will. Once submitted, this application becomes the property of the Town of Boswell.

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### Basic Personal Information

Name: \_\_\_\_\_  
*Last First Middle*

Please list any other names that you have used: \_\_\_\_\_

Home Address: \_\_\_\_\_  
*Street City State Zip*

Social Security Number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Telephone: \_\_\_\_\_  
*Home Number Daytime Number Cell Number*

Driver's License: \_\_\_\_\_  
*Number State Type*

Place of birth: \_\_\_\_\_  
*City State Country*

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### Eligibility

1. Are you at least 21 years of age?  Yes  No

2. Do you have a legal right to work in the United States? (Check one)  U.S. Citizen

3. Are you a certified police officer in the State of Indiana? \_\_\_\_\_ Other (specify)  
 Yes  No

4. If yes, where and when did you obtain your certification? \_\_\_\_\_

\_\_\_\_\_ *Address City State Zip Date*

5. Has your police officer certification ever been suspended?  Yes  No

6. If yes, explain the circumstances on a separate sheet.

7. Are you a certified police officer in another state of the U.S.?  Yes  No

8. If yes, in which state did you receive your certification? \_\_\_\_\_

9. If yes, when and where did you obtain your certification? \_\_\_\_\_

<i>Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>	<i>Date</i>
10. Have you applied for a position with the town before?				<input type="checkbox"/> Yes <input type="checkbox"/> No

11. If yes, when and previous position(s) applied for: \_\_\_\_\_

### Military Service

Please make copies of all applicable service records including any discharge papers and attach to this application.

Branch: \_\_\_\_\_ Serial Number: \_\_\_\_\_

Date of service: \_\_\_\_\_ to \_\_\_\_\_ Reserve Status: \_\_\_\_\_

Type of discharge: \_\_\_\_\_ If not honorable, explain: \_\_\_\_\_

Grade and duty assignment at discharge/separation: \_\_\_\_\_

Are you registered for the Selective Service?  Yes  No

Selective Service Number: \_\_\_\_\_ Classification: \_\_\_\_\_

Are you a member of the Reserves or National Guard?  Yes  No

If yes, give unit, location, grade, and duty assignment: \_\_\_\_\_

<i>Location</i>	<i>Grade</i>	<i>Duty Assignment</i>
_____		

### Education

Please complete the information that applies and attach copies of your diplomas or copies of your course schedule and grades to the application.

If you did not complete high school, do you have a GED?  Yes  No

<b>SCHOOL NAME</b>	<b>ADDRESS, PHONE NUMBER</b>	<b>GRADUATE Yes/ No Dates Enrolled</b>	<b>COURSE OF STUDY / MAJOR</b>
HIGH SCHOOL			

COLLEGE / UNIV.			
GRADUATE SCHOOL			
OTHER			

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### Specialized Skills and Training

Do you speak another language other than English? \_\_\_Yes \_\_\_No      Fluent? \_\_\_Yes \_\_\_No

If yes, please list:

\_\_\_\_\_

Briefly list any computer skills you have. If you have copies of any certificates for computer training you have received, please attach them to the application:

\_\_\_\_\_

\_\_\_\_\_

Please list any social internet sites (Facebook, MySpace, personal blogs) that you have an active or past account with:

\_\_\_\_\_

\_\_\_\_\_

Briefly list any training or skills, including firearms, which would be of assistance in the job you are applying for. If you have any copies of certificates for any training, please attach them to the application:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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### Personal History

1. Do you know of any reason that you could not pass a background check? \_\_\_ Yes \_\_\_ No
2. Have you ever been fired or asked to resign from a job? \_\_\_ Yes \_\_\_ No
3. Have you ever received disciplinary action from an employer? \_\_\_ Yes \_\_\_ No
4. Have you ever stolen from an employer? \_\_\_ Yes \_\_\_ No
5. Have you ever committed a crime for which you were not arrested? \_\_\_ Yes \_\_\_ No
6. Have you ever assisted someone in committing a crime? \_\_\_ Yes \_\_\_ No
7. Have you ever falsified a police report? \_\_\_ Yes \_\_\_ No
8. Have you ever accepted money not to report a crime? \_\_\_ Yes \_\_\_ No

- 9. Have you ever slept on the job?  Yes  No
- 10. Has any driver's license issued to you ever been suspended or revoked?  Yes  No
- 11. Have you ever used, sold, or otherwise handled in an illegal manner any controlled substance?  Yes  No
- 12. Have you ever been bonded?  Yes  No
- 13. Have you ever been refused bond?  Yes  No

**If you answered yes to any of the questions listed above, please write a brief explanation for that question on a separate sheet.** List the question by number. If you are interviewed, you will be asked about any "yes" answers. Any "yes" answers will be closely examined during a background check. A "yes" answer does not automatically eliminate you from consideration for employment. **Your omission of these facts will automatically eliminate you from consideration.**

### Traffic, Civil Court, and Criminal Record

Please list your history of any traffic citations, any civil court actions in which you were or are a defendant, any arrests, convictions, and court actions. If additional space is needed, list on a separate sheet.

	<i>Type of case</i>	<i>Jurisdiction</i>	<i>City, State</i>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____

### Financial Status

List all creditors or persons to whom you are financially obligated. If additional space is needed, list on a separate sheet.

NAME	ADDRESS	BALANCE	MONTHLY PAYMENT

Have you ever declared bankruptcy?  Yes  No  
If yes, give date and circumstances: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### Employment History

NOTICE: Start with your current job, if employed, and list your past employment in reverse order. Include all employment from high school to the present. Account for any time that you were unemployed by stating the nature of your activities. If additional space is needed, list on a separate sheet.

Company: \_\_\_\_\_ Position: \_\_\_\_\_ FT PT  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ ZIP: \_\_\_\_\_  
Dates from \_\_\_\_\_ to \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_ Telephone No.: \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

Company: \_\_\_\_\_ Position: \_\_\_\_\_ FT PT  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ ZIP: \_\_\_\_\_  
Dates from \_\_\_\_\_ to \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_ Telephone No.: \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

Company: \_\_\_\_\_ Position: \_\_\_\_\_ FT PT  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ ZIP: \_\_\_\_\_  
Dates from \_\_\_\_\_ to \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_ Telephone No.: \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

Company: \_\_\_\_\_ Position: \_\_\_\_\_ FT PT  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ ZIP: \_\_\_\_\_  
Dates from \_\_\_\_\_ to \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_ Telephone No.: \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

Company: \_\_\_\_\_ Position: \_\_\_\_\_ FT PT

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ ZIP: \_\_\_\_\_

Dates from \_\_\_\_\_ to \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Job Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

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### Residences

List all residences where you have lived during the past five years. Begin with your present address and work backwards. List the complete address including street number, street name, city, state, and zip code. If additional space is needed, list on a separate sheet.

ADDRESS	CITY	STATE	ZIP CODE	DATES

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### Personal References

List three personal references that are not related to you. Do not use former or current employers. Be sure to include all of the information requested.

NAME	ADDRESS, CITY STATE, ZIP CODE	AREA CODE & PHONE NUMBER

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### Remarks

Please tell us about yourself. Include any awards, honors, licenses or certificates that you have received.

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## WAIVER OF LIABILITY AND RELEASE FORM

In consideration of the Boswell Police Department and the Town of Boswell, Indiana, hereinafter referred to as the Agency, processing my application for employment, I, \_\_\_\_\_ hereby irrevocably agree to the following terms and conditions: *Full Name (typed or printed)*

1. The term "background investigation" as used in this document refers to any and all information and sources of information that the Agency, in its sole discretion, may deem necessary to obtain or contact, to determine my fitness as a candidate for employment with the Agency.
2. I hereby release from liability and promise to hold harmless under any and all possible causes of legal action any officer, agent, or employee of the Agency who may conduct my background investigation.
3. I hereby release from liability and promise to hold harmless under any and all possible causes of legal action, any and all person and entities who shall furnish any information or opinions to the officers, agents, or employees of the Agency who conduct my background investigation.
4. I authorize any person or entity contacted by the Agency's officers, agents, or employees during the course of my background investigation, to furnish such officer, agents, or employees any information opinions they may have, and hereby expressly waive any and all legal privileges, the clergyman – penitent privilege, the husband-wife privilege, and the accountant – client privilege.
5. I hereby release from liability and promise to hold harmless, under any and all possible causes of legal action, the political subdivision, the Agency or any of its officers, agents or employees for any statements, acts or omissions in the course of my background check.
6. I expressly waive all of my legal rights and causes of actions to the extent that the Agency background check may violate or infringe upon these legal rights and causes of action.
7. I expressly agree that I will never, under any circumstances, attempt to obtain the results of my background investigation as conducted by the Agency, realizing such information must of necessity remain confidential.

### DO NOT SIGN BEFORE READING

This release from liability given by me to the political division, the Agency, its officers, agents and employees, and all others as mentioned above, shall apply to my right of action of any nature whatsoever that might accrue to myself, my heirs, or my personal representative.

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_

Date of birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Driver's License Number and State: \_\_\_\_\_

Date: \_\_\_\_\_ Witnessed by: \_\_\_\_\_



## PRE-EMPLOYMENT DRUG SCREEN CONSENT

1. I, \_\_\_\_\_, as an applicant with the Town of Boswell, Indiana consent to allow my blood, breath and/or urine to be tested for drugs. I further consent to allow the results of such testing to be released to the Town of Boswell, Indiana or its authorized agents or representatives.  
*Applicant Full Name (typed or printed)*
2. I hereby release the Town of Boswell and its employees from any action that may arise out of results of such tests or information being released to the Town of Boswell.
3. I understand that if I fail to sign and return this consent to the Town of Boswell, Indiana, my application will no longer be considered. I understand that if I test positive for any illegal substance, any offer of employment I have received will be withdrawn.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

**If applicable, the following items should be included with your application packet. If your application is missing these items, it will be considered Inactive.**

- Copy of certificates of training, Including Academy Certificate and grade transcripts from law enforcement academy. (PRIOR OR CURRENT POLICE OFFICERS ONLY)
- Copy of current Drivers License
- Copy of form DD-214 (military service) showing re-enlistment code.
- Official College Transcripts & Diploma
- High School Grade Transcripts.
- Copy of High School Diploma or GED certificate
- Copy of applicant's birth certificate.