

APPLICATION FOR EMPLOYMENT



Westville Police Department

100 Setser Drive

Westville, IN 46391

E-mail: westville.police@westville.us

The Town of Westville Indiana, and the Westville Police Department does not discriminate on the basis of race, color, gender, national origin, age, religion or disability, in employment or the provision of services.

After completing this application, either e-mail your application as an attachment to the Westville Police Department, or print and mail your application to the Westville Police Department, 100 Setser Drive, Westville, IN 46391. You may also deliver your application in person to the Westville Police Department.

If your application is accepted, you will also be required to provide a copy of a Valid Drivers License, Birth Certificate, High School Diploma or GED Certificate and, if you were in the Military, a copy of your DD214.

Please type or print responses to all questions on the application form. Any application not completed in its entirety will be disqualified.

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

Address: _____

City/State/Zip: _____

Home Phone: _____ Cell Phone: _____

E-mail Address: _____

What position are you applying for?

_____ Full-time Employment

_____ Part-time Employment

_____ Civilian Employment

Date available to start work: _____

EMPLOYMENT HISTORY AND WORK EXPERIENCE

List all employment history and work experience during the previous five years, beginning with your current employer. Failure to include all employment may be grounds for disqualification.

If currently unemployed, check here _____ and skip to Previous Employer below.

Current Employer: _____

Address: _____

City/State/Zip: _____

Phone: _____ Hire Date: _____

Job Title: _____

Beginning Salary: _____ per: _____ Current Salary: _____ per: _____

Supervisor: _____

Title: _____ Work Phone: _____

Briefly describe the work you do, such as duties, responsibilities, equipment you operate, promotions:

Why do you want to leave?

May we contact your current employer? Yes: _____ No: _____

If no, please explain why:

Previous Employer: _____

Address: _____

City/State/Zip: _____

Phone: _____ Hire Date: _____

Job Title: _____

Beginning Salary: _____ per: _____ Current Salary: _____ per: _____

Supervisor: _____

Title: _____ Work Phone: _____

Briefly describe the work you do, such as; duties, responsibilities, equipment you operate, promotions:

Reason for leaving: _____

May we contact this employer? Yes: _____ No: _____

If no, please explain why:

Previous Employer: _____

Address: _____

City/State/Zip: _____

Phone: _____ Hire Date: _____

Job Title: _____

Beginning Salary: _____ per: _____ Current Salary: _____ per: _____

Supervisor: _____

Title: _____ Work Phone: _____

Briefly describe the work you do, such as; duties, responsibilities, equipment you operate, promotions:

Reason for leaving: _____

May we contact this employer? Yes: _____ No: _____

If no, please explain why:

Previous Employer: _____

Address: _____

City/State/Zip: _____

Phone: _____ *Hire Date:* _____

Job Title: _____

Beginning Salary: _____ *per:* _____ *Current Salary:* _____ *per:* _____

Supervisor: _____

Title: _____ *Work Phone:* _____

Briefly describe the work you do, such as; duties, responsibilities, equipment you operate, promotions:

Reason for leaving: _____

May we contact this employer? Yes: _____ No: _____

If no, please explain why:

EDUCATION AND TRAINING

This section is intended to give the employer information about education and training you have completed, and to describe your skills, knowledge and abilities to perform the duties of the position.

High School Attended

Name: _____

Address: _____

City/State/Zip: _____

Diploma Yes: _____ No: _____ GED Yes: _____ No: _____

Activities, awards (You may exclude any which indicate race, color, religion, gender, age, national origin, or disability).

College(s), Police Academy(s) or Trade School(s) Attended

Name: _____ Dates Attended: _____ To: _____

Address: _____

City/State/Zip: _____

Degree(s): _____

Major/Minor Course(s) of Study: _____

Name: _____ Dates Attended: _____ To: _____

Address: _____

City/State/Zip: _____

Degree(s): _____

Major/Minor Course(s) of Study: _____

Name: _____ Dates Attended: _____ To: _____

Address: _____

City/State/Zip: _____

Degree(s): _____

Major/Minor Course(s) of Study: _____

Activities, Awards

Seminars/workshop, special awards, articles you have published, other information that may be relevant to the position you are seeking:

PERSONAL INFORMATION

Do you have any commitments, which might interfere with or adversely affect your employment with us? Yes: _____ No: _____

If yes, please explain:

Have you ever been convicted of a felony? Yes: _____ No: _____

If yes, please explain:

Have you ever been convicted of a misdemeanor? Yes: _____ No: _____

If yes, please explain:

Have you been convicted of any traffic infraction violations in the past five years?

If yes, please list violations and approximate dates:

List three references that are not related to you and are not former employers or supervisors:

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Number of year's known: _____

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Number of year's known: _____

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Number of year's known: _____

MILITARY HISTORY AND STATUS

If you have served in the military, please complete this section.

Military Branch: _____

Dates of Service: _____ Highest Rank Attained: _____

Rank at Separation: _____ Type of Discharge : _____

Citations/Awards received: _____

PROFESSIONAL OR SPECIALIZED TRAINING

Specialized Training: _____

Professional/Special License(s) or Certificate(s): _____

State: _____ Issued by: _____ Date Issued: _____

Expiration: _____ Type: _____ License #: _____

Professional/Special License(s) or Certificate(s): _____

State: _____ Issued by: _____ Date Issued: _____

Expiration: _____ Type: _____ License #: _____

Professional/Special License(s) or Certificate(s): _____

State: _____ Issued by: _____ Date Issued: _____

Expiration: _____ Type: _____ License #: _____

Have you had any license suspended, revoked or terminated? Yes: _____ No: _____

If yes, please explain:

PROFESSIONAL AFFILIATIONS

List current or previous affiliations / organizations and related positions.

Organization Name: _____ Address : _____

Phone Number : _____ Offices/Positions: _____

Organization Name: _____ Address : _____

Phone Number : _____ Offices/Positions: _____

Organization Name: _____ Address : _____

Phone Number : _____ Offices/Positions: _____

APPLICANTS CERTIFICATION

Read each of the following paragraphs carefully. By signing, you indicate your understanding of, and consent to, the contents and conditions of each paragraph. If you have any questions regarding these paragraphs, contact the employer before signing.

I understand and accept that, if I am hired, I may be hired conditional on passing any physical, and/or psychological examinations that the employer deems necessary to determine my ability to perform the essential functions of the position. I understand and accept that this may include drug, alcohol or substance abuse testing.

I understand that it may be necessary for me to approve and sign any waivers necessary in order for the employer to obtain information from my current and former employers.

I understand and accept that if any information required in this application is found to be falsified or excluded, my application may be disqualified from further consideration. I further understand and accept that, if the employer employs me, I may be subject to disciplinary action, including termination, if any information required by this application has been falsified or excluded.

I solemnly swear that all of the information furnished in this employment application is true, accurate and complete to the best on my knowledge. I authorize investigation of all statements contained in this application. I understand that any misrepresentations or omission of the information provided herein may lead to withdrawal of an employment offer or termination following employment.

By submitting this document, I hereby agree that I shall execute the employer's conditional and post-employment medical examination and drug testing consent requirements. I recognize that my future employment with the employer will be jeopardized if I engage in substance abuse, illegal drug use or alcohol abuse.

I understand that the employer provides police service on a seven day per week and twenty-four hour per day service, and therefore, if employed by the Police Department, I may be required to work evening shifts or night shifts, including weekends.

I understand that if I am hired as a sworn officer on the Police Department, that I must successfully complete required training and courses specified and be certified by the State of Indiana Police Academy.

Applicant's typed signature

Date

Signature

Date

**WESTVILLE POLICE DEPARTMENT
AUTHORIZATION FOR RELEASE OF INFORMATION AND RECORDS**

I am aware that the Westville 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 Westville Police Department.

I therefore authorize 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, disciplinary, 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 Westville 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 the authorization will be placed on file with the Westville Police Department.

Name (Last, First, Middle Initial)

Other Names Used:

Date of Birth

Social Security Number

Driver's License Number

Current Address: _____

City/State/Zip: _____

Home Telephone Number Including Area Code: _____

Applicants typed signature

Date: _____

Signature

Date: _____