



# **FERDINAND** **POLICE DEPARTMENT**

243 West 10<sup>th</sup> Street Ferdinand, Indiana 47532  
Phone: 812-367-1806 / Fax: 812-998-2094

## **APPLICATION FOR POLICE EMPLOYMENT**

Please complete the following application in black ink only. Failure to complete this application in its entirety will result in disqualification from the Ferdinand Police Department hiring process

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Present Age: \_\_\_\_\_

Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Spouse's Maiden Name: \_\_\_\_\_

Permanent Person to Contact (in case you change your information):

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Relationship: \_\_\_\_\_

Your EMAIL Address: \_\_\_\_\_

Failure to answer the following questions thoroughly and truthfully will be grounds for disqualification. Use additional paper if necessary

Have you ever applied for employment at the Ferdinand Police Department prior to this application?

Yes \_\_\_ No \_\_\_ If yes give date(s) of application(s) \_\_\_\_\_

Have you ever applied for employment with any other law enforcement agencies?

Yes \_\_\_ No \_\_\_ If yes please explain \_\_\_\_\_

Have you ever been arrested?

Yes \_\_\_ No \_\_\_ If yes please explain \_\_\_\_\_

Have you ever committed a felony?

Yes \_\_\_ No \_\_\_ If yes please explain \_\_\_\_\_

Have you ever been charged and/or convicted of domestic violence or related offense either misdemeanor or felony?

Yes \_\_\_ No \_\_\_ If yes please explain \_\_\_\_\_

Have you ever been charged or convicted of any misdemeanor offense?

Yes \_\_\_ No \_\_\_ If yes please explain \_\_\_\_\_

Have you ever been subject to a restraining order?

Yes \_\_\_ No \_\_\_ If yes please explain \_\_\_\_\_

Are there any pending criminal charges against you?

Yes \_\_\_ No \_\_\_ If yes please explain \_\_\_\_\_

Failure to answer the following questions thoroughly and truthfully will be grounds for disqualification. Use additional paper if necessary

Have you ever received a citation/ticket (i.e. speeding, parking, seatbelt, minor consumption etc?)

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes please explain \_\_\_\_\_

Have you ever been summoned to court?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes please explain \_\_\_\_\_

Has your license ever been suspended or revoked or placed on probation?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes please explain \_\_\_\_\_

Have you ever been or are currently involved in any civil actions (i.e. small claims, evictions, etc?)

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes please explain \_\_\_\_\_

Have you ever been charged/convicted of any sexual based crimes (i.e., sexual battery, sexual misconduct with a minor, rape etc.) misdemeanor or felony?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes please explain \_\_\_\_\_

Have you applied for or currently posses a permit to carry and handgun?

Yes \_\_\_\_\_ No \_\_\_\_\_ If so what is its current status? \_\_\_\_\_

Have you ever used any illegal drugs (i.e. marijuana, cocaine, meth, LSD etc.)?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes please explain \_\_\_\_\_

Have you ever been to any or required to take any substance abuse classes?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes please explain \_\_\_\_\_

## Employment History and Work Experience

List all work history beginning with you current employer. If you are currently employed as a police officer please include any off duty employment. Use additional paper if necessary. Failure to complete this section may be grounds for disqualification.

Current Employer: \_\_\_\_\_  
(If unemployed enter None)

Employers Address: \_\_\_\_\_

Employer Phone: \_\_\_\_\_ Date Employment Began: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisors Name: \_\_\_\_\_

Hourly Wage: \_\_\_\_\_ Hours/Shift worked: \_\_\_\_\_

Duties, Responsibilities, equipment operated etc: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

---

Previous Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Employer Phone: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisors Name: \_\_\_\_\_

Hourly Wage: \_\_\_\_\_ Hours/Shift worked: \_\_\_\_\_

Duties, Responsibilities, equipment operated etc: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_

Did you leave voluntarily? Yes \_\_\_\_\_ No \_\_\_\_\_

If "No" please explain why: \_\_\_\_\_

\_\_\_\_\_

Previous Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Employer Phone: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_

Job Title: \_\_\_\_\_

Supervisors Name: \_\_\_\_\_

Hourly Wage: \_\_\_\_\_

Hours/Shift worked: \_\_\_\_\_

Duties, Responsibilities, equipment operated etc: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_

Did you leave voluntarily? Yes \_\_\_\_\_ No \_\_\_\_\_

If "No" please explain why: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Previous Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Employer Phone: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_

Job Title: \_\_\_\_\_

Supervisors Name: \_\_\_\_\_

Hourly Wage: \_\_\_\_\_

Hours/Shift worked: \_\_\_\_\_

Duties, Responsibilities, equipment operated etc: \_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_

Did you leave voluntarily? Yes \_\_\_\_\_ No \_\_\_\_\_

If "No" please explain why: \_\_\_\_\_

\_\_\_\_\_

# Education and Training

Failure to complete this section may be grounds for disqualification

High School Attended: \_\_\_\_\_

Address: \_\_\_\_\_

Dates Attended: \_\_\_\_\_ to \_\_\_\_\_ High School Equivalent? \_\_\_\_\_

List Activities, Awards, Sports Etc. \_\_\_\_\_

\_\_\_\_\_

---

College or Trade School Attended: \_\_\_\_\_

Address: \_\_\_\_\_

Years Attended: \_\_\_\_\_ to \_\_\_\_\_ Did you graduate? \_\_\_\_\_

Course of Study: \_\_\_\_\_ Degree \_\_\_\_\_

List of activities, awards, sports etc: \_\_\_\_\_

\_\_\_\_\_

---

College or Trade School Attended: \_\_\_\_\_

Address: \_\_\_\_\_

Years Attended: \_\_\_\_\_ to \_\_\_\_\_ Did you graduate? \_\_\_\_\_

Course of Study: \_\_\_\_\_ Degree \_\_\_\_\_

List of activities, awards, sports etc: \_\_\_\_\_

\_\_\_\_\_

## Professional or Specialized Training

List any seminars or special training that would be relevant to law enforcement:

---

---

---

---

---

---

---

---

Are you a graduate of a law enforcement academy?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes please explain: \_\_\_\_\_

---

---

Do you hold any specialized law enforcement certifications (Instructor certifications, K-9, IDACS etc)?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes please list the type of certification and date of certification

Type: \_\_\_\_\_ Date Certified: \_\_\_\_\_ Is certification current? \_\_\_\_\_

Type: \_\_\_\_\_ Date Certified: \_\_\_\_\_ Is certification current? \_\_\_\_\_

Type: \_\_\_\_\_ Date Certified: \_\_\_\_\_ Is certification current? \_\_\_\_\_

Type: \_\_\_\_\_ Date Certified: \_\_\_\_\_ Is certification current? \_\_\_\_\_

## MILITARY HISTORY AND STATUS

Are you registered with the Draft?

YES: \_\_\_\_\_ NO: \_\_\_\_\_ If No, please explain: \_\_\_\_\_

---

Are you currently serving in the National Guard or Reserves? YES: \_\_\_\_\_ NO: \_\_\_\_\_

Please indicate which program and dates of obligation: \_\_\_\_\_

---

---

Have you ever served in the military on active duty including initial active duty training with the National Guard or Reserves?

YES: \_\_\_\_\_ NO: \_\_\_\_\_ IF YES, YOU MUST ATTACH A COPY OF YOUR DD-214.

Military Branch: \_\_\_\_\_ Dates of service: \_\_\_\_\_ to \_\_\_\_\_

Highest Rank attained: \_\_\_\_\_ Rank at Separation: \_\_\_\_\_

Type of Discharge: \_\_\_\_\_ Re-Enlistment Code: \_\_\_\_\_

Are you eligible to re-enlist?

YES: \_\_\_\_\_ NO: \_\_\_\_\_ If No, please explain: \_\_\_\_\_

---

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

YES: \_\_\_\_\_ NO: \_\_\_\_\_ If Yes, please explain: \_\_\_\_\_

---

---



## Additional Information

Do you have any additional commitments (second jobs, school etc)? If so please explain:

---

---

---

---

---

## Past Residence History

Please list the past 10 years of residential history beginning with present

Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Rent/Own: \_\_\_\_\_ Resided at location since: \_\_\_\_\_  
Landlord's name: \_\_\_\_\_

Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Rent/Own: \_\_\_\_\_ Dates Resided from: \_\_\_\_\_ to \_\_\_\_\_  
Landlord's name: \_\_\_\_\_

Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Rent/Own: \_\_\_\_\_ Dates Resided from: \_\_\_\_\_ to \_\_\_\_\_  
Landlord's name: \_\_\_\_\_

Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Rent/Own: \_\_\_\_\_ Dates Resided from: \_\_\_\_\_ to \_\_\_\_\_  
Landlord's name: \_\_\_\_\_

Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Rent/Own: \_\_\_\_\_ Dates Resided from: \_\_\_\_\_ to \_\_\_\_\_  
Landlord's name: \_\_\_\_\_

Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Rent/Own: \_\_\_\_\_ Dates Resided from: \_\_\_\_\_ to \_\_\_\_\_  
Landlord's name: \_\_\_\_\_

Please list four **References** who are not related to you and whom you **Personally** know and have had contact with in the past five (5) years. Please provide a work and home numbers. We may request additional references if the one's you listed can't be reached

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_ Years known: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home/Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_ Years known: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home/Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_ Years known: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home/Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_ Years known: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home/Cell Phone: \_\_\_\_\_

## Application Certification

Read the following. By initialing the space provided you hereby consent to its contents. If you do not initial by each of the following you application will be disqualified from the hiring process

I understand and except that if I am offered a position with the Ferdinand Police Department the position is **conditional** and based upon my successful completion of a medical, eye, and psychological exams, along with a drug and alcohol screening.

**Initial:** \_\_\_\_\_

I understand that I will be subject to, and submit to an **extensive** background investigation. If my background investigation results in **ANY** information that the Ferdinand Police Department deems adverse to me being eligible for hire my application and or conditional position may be disqualified or terminated. I also understand that if the background investigation shows discrepancies with the information I provided in my application that I will be disqualified for employment with the Ferdinand Police Department.

**Initial:** \_\_\_\_\_

I understand that I may be disqualified and/or dismissed from the Ferdinand Police Departments hiring process if I do not complete the Indiana Law Enforcement Academy physical agility exit standards provided to me.

**Initial:** \_\_\_\_\_

I understand that non completion of any part of the hiring process and/or if I do not provide any and all information required by the Ferdinand Police Department that I may be disqualified from the Ferdinand Police Departments hiring process.

**Initial:** \_\_\_\_\_

## **Application Certification**

Read the following. By initialing the space provided you hereby consent to its contents. If you do not initial by each of the following you application will be disqualified from the hiring process

**I SOLEMNLY SWEAR THAT ALL THE INFORMATION THAT I PROVIDED IN THIS APPLICATION IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE INVESTIGATION OF ANY AND ALL STATEMENTS I PROVIDED IN THE APPLICATION. I UNDERSTAND THE ANY MISREPRESENTATION(S) OR FALSIFICATION(S) OF THE INFORMATION I PROVIDED MAY LEAD TO THE WITHDRAW OF ANY EMPLOYMENT OFFER OR TERMINATION FOLLOWING EMPLOYMENT**

**BY THE SUBMISSION OF THIS DOCUMENT I HERBY AGREE THAT I SHALL EXECUTE THE EMPLOYERS CONDITIONAL, PRE EMPLOYEMENT MEDICAL, PHSYCOLOGICAL EXAMS, ALONG WITH DRUG AND ALCOHOL SCREEN CONSENT REQUIREMENTS. I RECOGNIZE THAT MY FAILURE TO COMPLETE ANY AND ALL REQUIRMENTS OF THE HIRING PROCESS MAY BE GROUNDS FOR MY DISMISSAL.**

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Date

## Indiana Law Enforcement Academy Agility Exit Standards

Test	Standard
Vertical Jump	16 Inches
One Minute Sit-ups	29
300 Meter Run	71 Seconds
Maximum Push-ups	25
1.5 Mile Run	16 Minutes 28 Seconds

### **Information Required To Complete Your Application**

Failure to provide this information may result in an incomplete application which may be grounds for disqualification.

- 1. Copy of your high school education transcript(s)**
- 2. Copy of your college education transcript(s)**
- 3. Photo copy of your driver's license**
- 4. Picture of yourself (from shoulders up)**
- 5. Copies of any degrees, diplomas, and certifications you currently hold**

**This information will not be returned so DO NOT send original documents**