

# CITY OF WHITING

Mayor Steve Spebar

## APPLICATION FOR EMPLOYMENT – POLICE DEPARTMENT

|   |   |  |
|---|---|--|
| Date:   |   |  |
| Applicant Name:   |   |  |
| Present Address:  |   |  |
| Telephone:  | Social Security No.:  |  |
| Permanent Address (If different from present address):  |   |  |
| Are you at least 21 but less than 36 years old?<br><input type="checkbox"/> Yes <input type="checkbox"/> No   | Are you a U.S. citizen?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| Have you ever worked or attended school under another name? If so, under what name?   |   |  |
| Have you ever been convicted of a crime?* <input type="checkbox"/> Yes <input type="checkbox"/> No  |   |  |
| If yes, give details, including date(s):  |   |  |
| * A “yes” answer will not automatically disqualify you from employment. We will consider the nature and date of the offense and the job for which you are applying for job-related purposes only, and only to the extent permitted by applicable law. |   |  |
| <b>POSITION – POLICE OFFICER</b>  |   |  |
| Position: Probationary Patrol Officer   | Date you can start:   |  |
| Have you previously worked for the City of Whiting? If so, from _____ to _____  |   |  |
| Reason for leaving:   |   |  |
| Former supervisor(s) for the City:  |   |  |
| How did you learn about this potential opening?   |   |  |
| <b>EDUCATION</b>  |   |  |
| High School:  | Graduated?<br><input type="checkbox"/> Yes <input type="checkbox"/> No              | GED?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |

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|---|--|---|
| Technical School:   | Graduated?<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Course of Study:  |
| College/University:   | Graduated?<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Course of Study:  |
| Completion of an Indiana Law Enforcement Academy Program:<br><input type="checkbox"/> Yes <input type="checkbox"/> No                      Date of Completion: _____<br>Other education or training:<br><br>Other special skills: |  |   |
| <b>MILITARY EXPERIENCE</b>  |  |   |
| Branch of Service:  | Dates Served:  | Rank at Discharge:  |
| Education and Training:   |  |   |
| <b>WORK EXPERIENCE</b>  |  |   |
| Please list all previous employment, beginning with the most recent. If you need more room, you may attach another sheet of paper.  |  |   |
| Employer:   | Address:   |   |
| From _____ to _____   | Position Held:   | Reason for leaving:   |
| Supervisor's Name & Title:  |  | May we contact?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| Description of Duties:  |  |   |
| Starting Hourly Pay:  | Final Hourly Pay:  |   |
| Employer:   | Address:   |   |
| From _____ to _____   | Position Held:   | Reason for leaving:   |
| Supervisor's Name & Title:  |  | May we contact?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| Description of Duties:  |  |   |
| Starting Hourly Pay:  | Final Hourly Pay:  |   |
| Employer:   | Address:   |   |

|  |                   |   |
|--|-------------------|---|
| From _____ to _____  | Position Held:    | Reason for leaving:   |
| Supervisor's Name & Title:   |                   | May we contact?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| Description of Duties:   |                   |   |
| Starting Hourly Pay:   | Final Hourly Pay: |   |
| <b>AUTHORIZATION AND ACKNOWLEDGMENTS</b>   |                   |   |
| <p>I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that if I am employed, any false statements on this application may be grounds for dismissal.</p> <p>I authorize investigation of all statements contained in this application. I also grant permission to contact all references listed above, and authorize them to release all information concerning my previous employment and any other pertinent information these references might have, personal or otherwise. I release all parties from all liability for any damage that may result from furnishing this information to you.</p> <p>I understand and agree that, if hired, my employment is for no definite period and may be terminated at any time and without prior notice.</p> <p>Applicant Signature: _____ Date: _____</p> |                   |   |

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| <b>APPLICATION FEE</b>  |
| <input type="checkbox"/> cash<br><input type="checkbox"/> check<br><input type="checkbox"/> money order |
| <b>\$25.00 payable by</b>   |

**To be appointed to the City of Whiting Police Department, an applicant must:**

1. Be a citizen of the United States.
2. Be a high school graduate or equivalent.
3. Be at least twenty-one (21) years of age, but less than thirty-six (36) years of age.
4. Be a person who does not have a felony conviction.
5. Be able to read and write English.
6. Produce satisfactory proof of date and place of birth.
7. Pass the general aptitude test, the physical agility test, and the physical and mental examinations required under I.C. 36-8-3.2-3.5, I.C. 36-8-4-7, and I.C. 36-8-8-19.
8. Have and maintain a valid Indiana driver's license, chauffeur's license or commercial driver's license (CDL).

9. Be accepted by the 1977 Police Officers' and Firefighters' Pension and Disability Fund.
10. Meet the residency requirement in existence upon completion of probationary period as stated in I.C. 36-8-4-2.

**AUTHORIZATION AND ACKNOWLEDGMENTS**

I understand that if I am offered a position of employment with the City of Whiting Police Department that I may be required to undergo all statutory medical testing before actual employment begins. The City reserves the right to disqualify any applicant based on the findings of these medical tests.

I further understand and consent to allow the Whiting Police Department to conduct a review with the Indiana Bureau of Motor Vehicles of my driving record and current driving status prior to my participation in any testing procedures to verify eligibility for employment.

I further understand and consent to allow the Whiting Police Department to perform a limited criminal background history prior to my participation in any testing procedures to verify eligibility for employment.

I further understand that if I am offered a position of employment, I will be required to undergo a drug and alcohol screen prior to employment and will consent to same.

I release the City of Whiting and all its agents from all liability for any damage that may result from this testing process.

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