

APPLICATION FOR EMPLOYMENT

NEW ALBANY POLICE DEPARTMENT

New Albany, Indiana

*an Equal Opportunity Employer**

** The City of New Albany does not discriminate on the basis of race, color, national origin, religion, age or disability in employment or the provision of services.*

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

BASIC ELIGIBILITY REQUIREMENTS

1. Must be a United States Citizen.
2. Must be at least 21 years of age when appointed as a police officer.
3. Must possess a valid driver's license.
4. Must meet all departmental, pension board, and state hiring and retention requirements.

Return completed application to:

New Albany Police Merit Commission
P. O. Box 1263
New Albany, IN 47151-1263

Completed application must be postmarked no later than April 15, 2017

Full Name: _____

Soc. Sec. No.: _____ Telephone No.: _____

Street Address: _____

City, State, Zip Code: _____

Former Name: _____

Are you at least 21 years of age? Yes _____ No _____

PERSONAL INFORMATION

Do you have any commitments (*i.e. second job, school, etc.*) which might interfere with, or adversely affect, your employment should we select you for a position? _____

If yes, explain _____

Have you ever been convicted of a felony? _____

If yes, explain _____

Do you own your own home? _____

If yes, how much is current mortgage indebtedness? \$ _____

What is the amount of your indebtedness, other than home? \$ _____

Annual Income: Applicant \$ _____ Spouse \$ _____

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

If yes, nature of business _____

Are there any licenses of this/these business(es) in your name (*i.e. liquor license, etc.*)?

List _____

Have you ever applied for a permit to carry a handgun? _____

Reason _____ Status _____

LIST FOUR REFERENCES WHO ARE NOT RELATED TO YOU:

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

EDUCATION AND TRAINING

This section is intended to give the Commission information about the education and training you have completed and to demonstrate your skills, knowledge, and abilities to perform the job duties of a police officer.

School	Name & Address	Attended From/To	Graduated Yes/No	Degree or Certificate
High School				
Activities, Awards, Sports, etc.*				
Jr. College				
Activities, Awards, Sports, etc.*				
College				
Activities, Awards, Sports, etc.*				
Post Graduate				
Trade School or Other				

* You may exclude any which indicate race, color, religion, sex, age, national origin, or disability.

List any special training, seminars, etc. you have which you believe would be relevant to your employment as a police officer. _____

MILITARY HISTORY AND STATUS

Have you ever served in the military on active duty? _____
 (Include initial active duty training with National Guard and Reserves)

If yes, attach a copy of your DD214.

Military Branch	Service Dates From/To	Highest Rank Attained & Rank at Separation	Type of Discharge & Reenlistment Code
Citations/Awards			

Are you eligible to reenlist? _____
 If no, explain fully on a separate sheet.

Were you ever disciplined while on active duty? _____
 (Court martial, article 15, captain's mast, etc.)
 If yes, explain fully on a separate sheet.

PROFESSIONAL OR SPECIALIZED TRAINING

Do you possess any type of professional license or certificate? _____

Type	State	Issuing Authority	License No.	Date Issued	Expiration Date

If not issued in Indiana, have you applied for an Indiana license? _____

Have the above license(s) ever been suspended, revoked or terminated? _____

If yes, explain _____

List any further information on your training, education, skills, abilities, hobbies, volunteer work, etc. which may be helpful in the evaluation of your application. (A separate sheet may be attached if desired.) *You may exclude any which indicates race, color, religion, sex, age, national origin or disability.*

EMPLOYMENT HISTORY

List all employment history and work experience beginning with your current employer. Use additional paper if necessary. Failure to include all past employment may be grounds for disqualification.

Current Employer _____
(Enter "none" if unemployed)
May we contact this employer prior to employment? _____

Address _____ Phone No. _____

Type of Business _____ Employed from _____ to _____

Supervisor _____ Job Title _____

Salary: Beginning _____ Ending _____

Brief description of duties _____

Reason for leaving _____

Previous Employer _____

May we contact this employer prior to employment? _____

Address _____ Phone No. _____

Type of Business _____ Employed from _____ to _____

Supervisor _____ Job Title _____

Salary: Beginning _____ Ending _____

Brief description of duties _____

Reason for leaving _____

Employment History continued on next page
(Attach additional sheet(s) if necessary
to list additional previous employers.)

Previous Employer _____

May we contact this employer prior to employment? _____

Address _____ Phone No. _____

Type of Business _____ Employed from _____ to _____

Supervisor _____ Job Title _____

Salary: Beginning _____ Ending _____

Brief description of duties _____

Reason for leaving _____

Previous Employer _____

May we contact this employer prior to employment? _____

Address _____ Phone No. _____

Type of Business _____ Employed from _____ to _____

Supervisor _____ Job Title _____

Salary: Beginning _____ Ending _____

Brief description of duties _____

Reason for leaving _____

Previous Employer _____

May we contact this employer prior to employment? _____

Address _____ Phone No. _____

Type of Business _____ Employed from _____ to _____

Supervisor _____ Job Title _____

Salary: Beginning _____ Ending _____

Brief description of duties _____

Reason for leaving _____

APPLICANT CERTIFICATION

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

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

_____ Date _____ Applicant's Signature

Please read each of the following paragraphs carefully. Indicate your understanding of, and consent to, the contents and conditions of each paragraph by initialling in the space provided. If you have any questions regarding these paragraphs, contact the Police Merit Commission before initialing the paragraph.

1. I understand and accept that I may be hired conditional upon passing any medical and/or psychological examinations that the New Albany Police Department or the Pension Board deems necessary to determine my ability to perform the essential functions of a police officer. I understand and accept that this may include drug, alcohol or substance abuse testing.

Initial

2. I understand that it may be necessary for me to approve and sign waivers necessary for the Commission to obtain information from my current and former employers.

Initial

3. I understand that the New Albany Police Department provides a seven day, twenty-four hour service, and if employed, I may be required to work evening or night shifts, including weekends.

Initial

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

Initial

5. I understand and accept that if any information required in this application is found to be falsified or intentionally excluded, my application may be disqualified from further consideration. I further understand and accept that if I am employed by the New Albany Police Department, I may be subject to disciplinary action, including termination, if any information required by this application has been falsified or intentionally excluded.

Initial

6. I understand and accept that I must reside within Floyd County within one (1) year of my appointment to the New Albany Police Department.

Initial