

# **APPLICATION FOR EMPLOYMENT**

## **EXPERIENCED OFFICER**

### **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.*

**Any application not completed in its entirety will be disqualified.**

**Please type or print legibly**

#### **BASIC ELIGIBILITY REQUIREMENTS**

1. Must be a United States Citizen.
2. Must possess a valid driver's license
3. Must meet all departmental, pension board, and state hiring and retention requirements.
4. Minimum of 2 years experience
5. Must have completed an accredited law enforcement training course recognized by the State of Indiana Law Enforcement Training Board. Documentation required if out of state.

**Completed application must be e-mailed to:**  
**[napmc@cityofnewalbany.com](mailto:napmc@cityofnewalbany.com)**

Full Name: \_\_\_\_\_

E-mail address \_\_\_\_\_

Soc. Sec. No.: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

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

City, State, Zip Code: \_\_\_\_\_

Any other Names you are called by: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**You must be at least 21 years of age and not be over 39 years of age when appointed as a police officer within the next 2 years, unless you have retired from the military and then the maximum is 40 years and 6 months of age.**

## 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? Yes or No

If yes, explain \_\_\_\_\_

Have you ever been convicted of a felony? Yes or No \_\_\_\_\_

If yes, explain \_\_\_\_\_

Do you own your own home? Yes or No

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

What is the amount of your indebtedness, other than your mortgage? \$\_\_\_\_\_

Annual Income: Applicant \$\_\_\_\_\_ Spouse \$\_\_\_\_\_

Are you a proprietor or part owner of any business or firm? Yes or No \_\_\_\_\_

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? Yes or No \_\_\_\_\_

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	Dates 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.*

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## 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.

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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 \_\_\_\_\_

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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\_\_\_\_\_

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Address\_\_\_\_\_ Phone No.\_\_\_\_\_

Type of Business\_\_\_\_\_ Employed from\_\_\_\_\_ to\_\_\_\_\_

Supervisor\_\_\_\_\_ Job Title\_\_\_\_\_

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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.

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Date

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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 initialing 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 conditionally 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.

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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.

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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.

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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.

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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.

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Initial

6. I understand and accept that I must establish residence within one (1) year of my appointment to the New Albany Police Department (within 50 miles of the city)

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Initial