**THE LAKE STATION POLICE DEPARTMENT**

**IS**

**AN EQUAL OPPORTUNITY EMPLOYER**

It is the policy of the City of Lake Station to provide equal opportunity to all employees and applicants without regard to race, sex, religion, national origin, age, sexual orientation, marital status, veteran status, or physical or mental disability. This same non-discriminatory consideration will guide all personnel actions including, but not limited to recruitment, hiring, training and promotion decisions in all job classifications. Furthermore, compensation, benefits, transfers, education or tuition assistance and social and recreational programs will be administered in a non-discriminatory fashion.

**Lake Station Police Department Application for:**

**Patrol Officer**

It is the policy of the City of Lake Station to provide equal opportunity to all employees and applicants without regard to race, sex, religion, national origin, age, sexual orientation, marital status, veteran status, or physical or mental disability.

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|       |
| **Date** |
|  |  |  |  |  |
| **Last Name** |  | **First** |  | **Middle** |
|       |
| **Street Address** |
|       |
| **City, State, Zip Code** |
|       |  |       |  |       |
| **Home Phone #** |  | **Cell #** |  | **Work #** |
|       |
| **What is your date of birth?** |
|       |
| **Do you have a current, valid driver’s license?** |
| **Single ☐** | **Married ☐** | **Divorced ☐** | **Separated ☐** | **Widowed ☐** |
| **Marital Status? (Please Check)** |
| **Yes ☐ No ☐** | **Yes ☐ No ☐** | **Yes ☐ No ☐** | **Yes ☐ No ☐** | **Yes ☐ No ☐** | **Yes ☐ No ☐** |
| **Days** | **Afternoons** | **Midnights** | **Weekends** | **Holidays** | **Overtime** |
| **Are you willing to work? (Please select yes or no)** |

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| **Education** |
|  |
| **Name & Location of High School** |
| **Yes ☐ No ☐** |  |  |
| **Did you graduate?** |  | **Years completed?** |
|  |
| **Name & Location of College** |
| **Yes ☐ No ☐** |  |  |  |  |
| **Did you graduate?** |  | **Years completed?** |  | **Minor/ Major?** |
| **Attend police academy?** | **Yes ☐** | **No ☐** |
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|  |  | **Yes ☐ No ☐** |  |
| **Year attended? m/yy**  |  | **Graduate** |

**Family Members:**

**List all family members (living or deceased) in the following order: parents, step- parents, foster-parents, guardians, brothers, sisters, children, including step children, in-laws, ex-spouses and any other relative with whom a close relationship exist.**

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| --- | --- | --- | --- | --- |
| Name | Home Phone #  | Relationship | Address if living  | Work |
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**Residence:**

**List chronologically all of your residences in the last TEN YEARS. Begin with your current address and include residence while attending school if away from home and all military address including off base residence. (Use mm/yy for dates from & to.)**

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| --- | --- | --- | --- |
| From | TO | Address (number, street, city, state, zip) | rent/own |
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**Employment:**

**Please begin with current / most recent job. List your work history for the past 5 years. You may need to attach additional sheets as needed.**

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| **Employer** |
|  |
| **Address** |
|  |
| **Supervisor** |
|  |
| **Job Title** |
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| **Dates of Employment** |  | **To** |
|  |
| **Reason for Leaving** |
| **Employment Cont’d** |
|  |
| **Employer** |
|  |
| **Address** |
|  |
| **Supervisor** |
|  |
| **Job Title** |
|  |  |  |
| **Dates of Employment** |  | **To** |
|  |
| **Reason for Leaving** |
|  |
|  |
| **Employer** |
|  |
| **Address** |
|  |
| **Supervisor** |
|  |
| **Job Title** |
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| **Dates of Employment** |  | **To** |
|  |
| **Reason for Leaving** |
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|  |
| **Employer** |
|  |
| **Address** |
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| **Supervisor** |
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| **Job Title** |
|  |  |  |
| **Dates of Employment** |  | **To** |
|  |

**Have you ever been involuntarily terminated from a full time or part time job, whether it was termed fired, terminated, suspended, laid off, or furloughed? If yes, describe circumstances.**

**Have you ever resigned (quit) after being informed that your employer intended to discharge you? If yes, please explain.**

**Have you ever had disciplinary actions taken against you at any of your jobs? (Written reprimand, suspensions with or without pay, forfeiture of benefits, etc.) If yes, please explain.**

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| **Have you ever served in the military? Yes ☐** | **No ☐** |  |  |
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| **If yes, which branch of service?** |
|  |  |  |
| **Are you still enlisted** | **Yes ☐** | **No ☐** |  |  |
|  |  |  |  | **when will you be discharged** |
|  |
| **Type of discharge?** |
|  |  |
| **Are you eligible for reenlistment** |  |

**Computer Skills:**

**List all operating systems you have working knowledge of. (Windows, Mac, Windows NT, etc…)**

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**List all Computer software titles you have working knowledge of. (Excluding Games)**

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**Estimate your computer/Software/Internet ability or Skill Level? (None, Beginner, Intermediate, Advance)**

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**Do you possess any special qualifications, professional licenses, certifications, abilities, honors, publications, etc. that are not listed elsewhere in this application that would reflect upon your qualifications for this job?**

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**Have you ever been convicted of any crimes? If so, please list them below: (This is to include convictions of traffic offenses, misdemeanors and felonies)**

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**Personal references**

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|  |
| **Name** |
|  |
| **Address** |
|  |
| **Telephone #** |
|  |
| **Years Known** |

**Personal references cont’d**

|  |
| --- |
|  |
| **Name** |
|  |
| **Address** |
|  |
| **Telephone #** |
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| **Years Known** |
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| **Name** |
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| **Address** |
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| **Telephone #** |
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| **Years Known** |

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| **Name** |
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| **Address** |
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| **Telephone #** |
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| **Years Known** |

**AUTHORITY TO RELEASE INFORMATION AND WAIVER OF LIABILITY**

I (PRINT NAME)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, am an applicant for a position with the Lake Station Police Department, City of Lake Station, Indiana. The Department needs to thoroughly investigate my background and personal history to evaluate my qualifications to hold the position for which I applied. It is in the public’s interest that all relevant information concerning my personal and employment history be disclosed to the above department.

I hereby authorize any representative of the Lake Station Police Department bearing this release to obtain any information in your files pertaining to my employment, financial, credit, educational, medical, polygraph, military, legal, criminal history, background and reputation. I hereby direct you to release such information upon request of the bearer. I do authorize a review of and full disclosure of all records concerning myself, whether said records are of public, private, or confidential nature and whether written, oral or electronic. I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation that may provide pertinent data for the Lake Station Police Department to consider in determining my suitability for employment in that department. It is my specific intent to provide access to information, however personal or confidential it may appear to be. This includes investigatory files, efficiency ratings, discipline files, complaints or grievances, the records or recollections of attorneys at law, or other counsel, whether representing me or another person in any case, and including records or files which are deemed to be confidential, and or sealed. I direct you to release such information upon request of the Lake Station Police Department regardless of any agreement I may have made with you previously to the contrary.

I hereby release you, your organization, and all others from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I hereby release you, as the custodian of such records of your organization, including its officers, employees or related personnel, both individually and collectively, from any and all liability for damages of whatever kind which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information. The Lake Station Police Department may discontinue processing my application if you refuse to disclose the information requested. I agree to hold your organization; its agents and employees harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the Lake Station Police Department. It is my intent that this release should also apply to personal recollections and information about my character, personality or suitability for the job for which I have applied that are written, oral or electronic.

A photocopy or FAX copy of this release form will be valid, as an original thereof, even though the said photocopy or FAX copy does not contain an original writing of my signature.

 I certify that I have fully and accurately answered all questions and have given all information requested in this application for employment, and I understand that any wrong or incomplete information on the form may disqualify me for further consideration for employment or, if discovered after I am hired, may be grounds for my immediate dismissal. I understand that all such information is subject to verification by the Lake Station Police Department, and hereby give my consent to the Lake Station Police Department to investigate my background and qualifications using any means, sources and outside investigators at its disposal. I agree to undergo any type of drug and/or alcohol testing that the Lake Station Police Department may require at any time. Finally, I understand that submission of this application does not necessarily mean that I will be hired, and that if I am hired, my employment will be at will, and either I or the Lake Station Police Department may terminate my employment at any time, with or without notice or reason.

**Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**