

McCordsville Police Department

Sworn Police Officer Application



Applicant Name: _____

Date of Birth: _____

Telephone Number: _____

Email Address: _____

Minimum requirements for McCordsville Police Officer Candidates:

- ❖ Possess a valid driver's license
- ❖ Be a United States citizen
- ❖ Shall be at least 21 years of age to apply and less than 40 years of age at appointment
- ❖ Shall not have a conviction for operating a vehicle while intoxicated within seven (7) years.
- ❖ Shall have "NO" felony convictions.
- ❖ Shall not have been convicted of domestic violence/domestic battery.
- ❖ Shall not have been dishonorably discharged from the military.
- ❖ Shall be a high school graduate or possess a GED certificate.
- ❖ Meet residency requirements within six months of employment

INSTRUCTIONS

- 1.) This form must be typed or printed “neatly” using **black ink**.
- 2.) All items must be completed and supporting documentation included. Items that do not apply to the applicant are to be marked “N/A” (Not applicable).
- 3.) All items requiring an explanation must be documented on the supplemental page.
- 4.) If additional space is needed, use the supplemental page at the end of the application, referencing each item.
- 5.) The completed form must be returned to the McCordsville Police Department as instructed.

If you need assistance in completing this form, contact the McCordsville Police Department between 8:00 a.m. and 4:00 p.m. Monday thru Friday at (317) 335-2812.

I. Personal History

Name in full (last, first, middle): _____

Social Security Number: _____

List all other names you have used including nicknames, maiden names, etc.

Birth Date (Month, Day, Year): _____

Birthplace (City / State): _____

Driver's License Number and State: _____

Phone Number: _____ U.S. Citizen? Yes: ____ No: ____

II. FAMILY HISTORY

List all family members (living or deceased) in the following order: Parents, Step-parents, Foster parents, Guardians, Brothers, Sisters, Spouse, Children, In-laws, and Ex-spouses. Use Supplemental page, if needed.

<u>Relationship</u>	<u>Name</u>	<u>Present Address/Zip Code (If Living)</u>
---------------------	-------------	---

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

III. Residences

List all Residences for the past ten (10) years, beginning with most recent.

Date					
From	To	Number	Street	City	State / Zip Code
<hr/>					
<hr/>					
<hr/>					
<hr/>					

IV. Education

List all schools attended at the high school level and above.

Years Attended	School Name	Address	Degree
<hr/>			
<hr/>			
<hr/>			

V. Military Service

Have you registered for "Selective Service"? Yes__ No __ Selective Service #: _____

Have you ever served on active duty in the Armed Forces of the United States? Yes__ No __

If yes, Branch of Service? _____ Dates of Active Duty: _____

Type of Discharge: _____

Are you currently, or have you ever been, a member of any United States Armed Forces Reserve or National Guard Unit: Yes:___ No: __

What is your Reserve obligation (*if any*), unit, and location?

While in Military Service were you ever convicted of **any** offense? Yes__ No__

If yes, when and explain: _____

VI. Employment Record

(List ALL current or previous employers. Use Supplemental Page, if needed. Most recent employer first)

Name of Company: _____

Address: _____

Phone Number: _____

Position Held: _____ Supervisor: _____

Supervisor Email: _____

Employment Dates (From/To): _____ Salary: _____

Name of Company: _____

Address: _____

Phone Number: _____

Position Held: _____ Supervisor: _____

Supervisor Email: _____

Employment Dates (From/To): _____ Salary: _____

Name of Company: _____

Address: _____

Phone Number: _____

Position Held: _____ Supervisor: _____

Supervisor Email: _____

Employment Dates (From/To): _____ Salary: _____

Name of Company: _____

Address: _____

Phone Number: _____

Position Held: _____ Supervisor: _____

Supervisor Email: _____

Employment Dates (From/To): _____ Salary: _____

VII. Background Questions:

❖ If you answer yes to a question, provide explanation in Supplemental Section.

1. Have you ever applied to the McCordsville Police Department? Yes ____ No ____

a. If so, when? _____

2. Indiana Law Enforcement Academy Certified? Yes ____ No ____

a. Year/Class _____

3. Out of State Certified Law Enforcement? Yes ____ No ____

a. Year/Class/State _____

4. Have you ever been denied employment, for any reason, by any law enforcement or corrections agency? Yes ____ No ____

5. Have you ever been fired or forced to resign from any law enforcement or corrections agency, or have you ever resigned while under investigation? Yes ____ No ____

6. What other law enforcement or corrections agencies (current and previous) have you applied with? Provide agency name and reason for separation of hiring process.

7. Have you ever been physically detained or given a summons anywhere for any crimes or violation? Yes ____ No ____

8. Have you ever appeared in any court (including juvenile) as a defendant to answer ANY city, county, state, federal, or local law? Yes ____ No ____

9. Have you ever been detained, questioned, or taken into custody by any law enforcement officer (even if released), been subject of any criminal investigation, or been named as the accused on a warrant? Yes ____ No ____

10. Have you ever been convicted of a felony? Yes ____ No ____

11. Have you been convicted for operating a vehicle while intoxicated? Yes ____ No ____

12. Have you ever used OR sold any illegal drugs? Yes ____ No ____

13. Have you ever been named as a suspect or perpetrator on a Department of Child Services report in ANY state? Yes ____ No ____

13. Do you currently live with or associate with persons that have criminal records or are known to commit crimes? Yes ___ No ___
14. Have you ever committed a crime, or participated in any activities which if uncovered by police, would have led to your arrest? Yes ___ No ___
15. Have you ever committed or been accused of committing any act of domestic violence? Yes ___ No ___
16. Are you delinquent on any payments you're responsible for including: credit cards, loans, utility bills, taxes, or other debts? Yes ___ No ___
17. Have you ever filed for bankruptcy, had a civil judgment against you, or had an account turned over for the collections? Yes ___ No ___
18. Are you now or have you ever been a member of any organization, association, movement, group, or combination of persons which advocates the hostile overthrow of our constitutional form of government, or which has a policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the Constitution of the United States of America or which seeks to alter the form of government of the United States by unconstitutional means? Yes ___ No ___
19. Has your driver's license ever been suspended or revoked? Yes ___ No ___
20. Have you ever had a driver's license in another state? Yes ___ No ___
21. Have you been involved in a vehicle crash in the last 3 years? Yes ___ No ___
22. Have you received a traffic ticket in the last 3 years? Yes ___ No ___

Authorization For Release Of Personal Information

I, _____, authorize the release, review, and full disclosure of all records, or any part thereof, concerning myself to any authorized agent of the Town of McCordsville, Indiana's Government, the McCordsville Police Department, or their duly authorized representative, whether the records are of a public, private or confidential nature.

The purpose of this authorization is to give my consent for full and complete disclosure of the records of any educational institution, utility company, financial or credit institution, commercial or retail credit agencies, medical reports, psychological reports, psychiatric reports, employment/pre-employment records, personnel files, background investigations, complaints or grievances, internal investigation reports, disciplinary reports, criminal or traffic records, civil complaints/lawsuits.

The reason for this authorization is to provide full and free access to the background and history of my personal life for the specific purposes of conducting a background investigation that may provide pertinent information for the Town of McCordsville, Indiana Government, the McCordsville Police Department, or their duly authorized representative to consider in determining my suitability for employment.

In the event my application is disapproved, the sources of any confidential information will not be revealed to me. I agree to indemnify and hold harmless the person to whom this request is presented, as well as his or her agents and employees, from and against all claims, damages, losses and expenses, to include reasonable attorney's fees, arising out of or by reason of complying with this request.

This release form and any photocopy of this release form, even though the said photocopy does not contain an original writing of my signature, will be valid and should be honored for a period of one (1) year from the date of my signature.

Signature

Printed Name

Date Of Birth

Date Signed

Social Security Number

Current Address {City, State, and Zip Code}

Notary Public:

County of _____

I acknowledge the foregoing instrument this _____ day of _____, 20____ by:

_____ who is personally known to me or who has produced

_____ as identification and who did take an oath.

{Seal}

My Commission Expires

Signature

VIII. Applicant's Check List

***All items must be included with complete applications**

- | | Yes | No | N/A | |
|-----|--------------------------|--------------------------|--------------------------|---|
| 1.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Birth Certificate <i>{Copy Only}</i> |
| 2.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Marriage Certificate <i>{If Applicable—Copy Only}</i> |
| 3.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Divorce Decree <i>{If Applicable—Copy Only}</i> |
| 4.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | High School and College Transcripts and Diplomas <i>{Copies only}</i> |
| 5.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Military DD214 Form <i>{If Applicable—Copy Only}</i> |
| 6.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Driver's License <i>{Copy Only}</i> |
| 7.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | One 3" x 3" color photograph <i>{head and shoulders}</i> |

Provide a minimum of Three (3) Personal References:

Name: _____ Phone Number: _____

Address: _____ Email: _____

Length of Time Known: _____ Occupation: _____

Name: _____ Phone Number: _____

Address: _____ Email: _____

Length of Time Known: _____ Occupation: _____

Name: _____ Phone Number: _____

Address: _____ Email: _____

Length of Time Known: _____ Occupation: _____

Name: _____ Phone Number: _____

Address: _____ Email: _____

Length of Time Known: _____ Occupation: _____

IX. Supplemental Section

X. Signature Page

Read the following statement carefully. If you have any questions, ask before signing the form.

I certify that the information contained in this form is true, complete, and correct to the best of my knowledge. I fully realize and understand that misrepresentation or omission of the facts is cause for rejection of my application or immediate dismissal after appointment. I further understand that final employment is contingent upon satisfactory completion of all phases of the Application Screening Process and Field Training Program.

Applicant's Signature

Applicant's Printed Name

Date

For Office Use Only

Received by: _____

Physical Agility {Waived} {Passed} {Failed}

Interviewed by: _____

Approved for conditional offer of employment [YES] [NO]