

# MCCORDSVILLE POLICE DEPARTMENT



## Application For Employment

Applicant's Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

The Town of McCordsville Police Department is an Equal Employment Opportunity Employer

## MEMORANDUM

**FROM:** The Office Of The Chief of Police

**TO:** Applicants For The Position Of Police Officer

**REFERENCE:** Career Considerations

Police officers enforce laws, provide other services to their community and are expected to inspire public confidence in government by their position and allegiance to their oath of office. The selection process is rigorous and tests applicant's physical and mental fitness for duty. You must meet minimum qualifications and satisfactorily complete each phase of the applicant investigation process to be selected for appointment as a McCordsville Police Officer.

You must consider your own reasons for becoming a police officer. Not every person is an appropriate candidate for this career. Frequently, police officers go from long periods of inactivity to sudden situations causing significant physical and emotional stress. You will be placed in situations that will test your judgment, to include the decision to use deadly force. Our process attempts to ensure that applicants who may pose risks of injury to themselves or others will not be selected. You are personally responsible to consider the risks before proceeding.

Often, police officers are exposed to situations that can lead to corrupt, unlawful behavior. We seek only those people whose history reflects honesty, reliability and responsible financial management. Public confidence depends on every police officer possessing and exhibiting unquestionable integrity.

You will attend the Indiana Law Enforcement Academy, located in Plainfield, Indiana, for 14 weeks to 16 weeks. In this time you will be taught the basic skills and knowledge required of entry level patrol officers, and you will be subjected to written examinations on each subject, which you must pass. You must also experience practical examinations, such as (1) firearms qualifications and (2) the emergency vehicle operators course (EVOC), and (3) maintain a high level of physical fitness that will be tested frequently during your academy assignment.

As a police officer, you will be assigned to working in McCordsville and responsible for knowing the areas in Hancock County surrounding McCordsville. You will be required to perform shift work, including the possibility of rotating days, split days off, evening and late shifts, and the possibility of twelve (12) hour shifts. On occasion you may be required to work unscheduled overtime, and there will be times when you will have to attend court to testify on your normal day off or on a day when you are scheduled to work the evening or late shift. You will be compensated for over-time and court time; however, you must accept these occurrences if you accept employment.

## **INSTRUCTIONS**

- 1.) Read each item carefully.
- 2.) This form must be typed or printed “neatly” using **black ink**.
- 3.) “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).
- 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.

## **POLICY REGARDING THE APPLICANT INFORMATION SUMMARY**

- 1.) Failure to comply with instructions and procedures regarding this phase of the “Applicant” screening process will result in the immediate and irreversible rejection of the application.
- 2.) Failure to accurately and truthfully complete this form will result in the immediate and irreversible rejection of the application.
- 3.) Applicants who are rejected during this phase of the “Applicant” screening process may not re-apply for a period not to exceed one (1) year from the date of rejection.
- 4.) Applications that fail to contain complete addresses, phone numbers, and zip codes will be rejected.
- 5.) It is the “Applicant’s” responsibility to submit in writing any changes in his or her status regarding current employment, address, marital status, and/or telephone number. Telephone calls made to update applications will not be accepted.

***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

A. Name in full (last, first, middle): \_\_\_\_\_

B. Social Security Number: \_\_\_\_\_

C. List all other names you have used including nicknames. If female, furnish maiden name. If you have ever used any last name other than your true name, during what period and under what circumstances were these names used? If you have ever legally changed your name, give date, place and court. *(This information is being collected to assist the Police Department in conducting a thorough background investigation.)*

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D. Birth Date (Month, Day, Year): \_\_\_\_\_

E. Birth Place (City / State): \_\_\_\_\_

Include a copy of “your” birth certificate. This will be used to verify your age for statutory requirements and retirement purposes.

F. Are you a 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. *(Include copies of marriage certificates and divorce decrees)*

<u>Relationship</u>	<u>Name</u>	<u>Present Address/Zip Code (If Living)</u>
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### III. Residences

A. Present residence (*number, street, city, county, state, zip code, telephone; if apartment, include name and location of complex*):

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B. List chronologically (*most current first*) all of your residences in the past ten (10) years. Include addresses while attending school if away from home and ALL military addresses; including off-base locations. Also, towns or cities that are located in the immediate vicinity of military complexes.

From	Date	To	Number	Street	City	State / Zip Code
	-					
	-					
	-					
	-					

### IV. Education

List all schools attended at the high school level and above. Include copies of all diplomas, and / or degrees.

Years Attended	School	Address	Degree / Diploma
From / To			
High School			
College / Universities			
Graduate School			

**V. Military Service**

A. Have you registered for "Selective Service"? Yes \_\_\_\_\_ No \_\_\_\_\_

Selective Service Number: \_\_\_\_\_

B. 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: From: \_\_\_\_\_ To: \_\_\_\_\_

Service (Serial) Number: \_\_\_\_\_

Type of Discharge\*: \_\_\_\_\_

C. Are you currently, or have you ever been, a member of any United States Armed Forces Reserve or National Guard Unit:

Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, what is your Reserve obligation (*if any*), unit, and location? (*address, city, state, zip code, and telephone number*)

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D. While in Military Service were you ever convicted of **any** offense?

Yes: \_\_\_\_\_ No: \_\_\_\_\_ If yes, when: \_\_\_\_\_

If yes, explain the circumstances: \_\_\_\_\_

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E. Include a copy of your DD 214

\* With the exception of a "dishonorable discharge",no applicant will be automatically rejected because of a less than honorable discharge. However, the discharge may be used in connection with other information. If your discharge is less than honorable, explain on the supplemental page.

F. Military Personnel Records

FROM: McCordsville Police Department  
TO: National Personnel Records Center  
REFERENCE: Military Personnel Records

Name: \_\_\_\_\_  
(Name used while serving in the Armed Forces)

Date of Birth: \_\_\_\_\_ Service No.: \_\_\_\_\_

Place of Birth: \_\_\_\_\_  
(Street Number, Name, and Apartment / Suite Number if Applicable)  
\_\_\_\_\_  
(City / Town, State, and Zip Code)

Branch of Service: \_\_\_\_\_

Dates of Service: (From:) \_\_\_\_\_ (To:) \_\_\_\_\_

Position Applied For: \_\_\_\_\_

*“I authorize the National Personnel Records Center or any other custodian of my military records to release to the Town of McCordsville, Indiana (a Government entity), the McCordsville Police Department or their duly authorized representative(s) any information or photocopies of all official military personnel records, including any derogatory information (judicial or non-judicial); my undeleted DD Form 214; facts and circumstances surrounding my discharge or release from active duty; copies of physical examinations; copies of my entire medical records; information related to actual or suspected drug, alcohol or psychiatric problems; and results of AIDS (HIV, HTLV and HTLVIII) testing. I waive any and all rights against the release of this information which may be afforded me under the Privacy Act or similar statute(s), for the purpose of being employed by the Town of McCordsville, Indiana Government, the McCordsville Police Department or their duly authorized representative(s).”*

Respectfully Submitted,

\_\_\_\_\_  
(Applicant's Signature)

\_\_\_\_\_  
(Applicant's Printed Name)

\_\_\_\_\_  
(Date Signed)

## VI. Employment Record

*(Most recent employer first)*

\* Name of Company: \_\_\_\_\_

Address And Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Extension: \_\_\_\_\_

Position Held: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Employment Dates: From: \_\_\_\_\_ To: \_\_\_\_\_ Salary: \_\_\_\_\_

\* Name of Company: \_\_\_\_\_

Address And Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Extension: \_\_\_\_\_

Position Held: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Employment Dates: From: \_\_\_\_\_ To: \_\_\_\_\_ Salary: \_\_\_\_\_

\* Name of Company: \_\_\_\_\_

Address And Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Extension: \_\_\_\_\_

Position Held: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Employment Dates: From: \_\_\_\_\_ To: \_\_\_\_\_ Salary: \_\_\_\_\_

\* Name of Company: \_\_\_\_\_

Address And Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Extension: \_\_\_\_\_

Position Held: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Employment Dates: From: \_\_\_\_\_ To: \_\_\_\_\_ Salary: \_\_\_\_\_



**Authorization For Release Of Personal Information**

I, \_\_\_\_\_, authorize the release, review and full disclosure 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, to include records or any depository, investment, or savings accounts and any demand deposit *{checking}* accounts;
- √ Commercial or retail credit agencies, to include credit reports and ratings;
- √ Medical, psychological and psychiatric reports of consultation, treatment and evaluation at or by any hospital, clinic, private practitioner and the United States Veteran's Administration;
- √ Employment and pre-employment records, to include salary records, background reports, polygraph examination reports and polygraph examination questions, digital voice stress analyzer results, efficiency ratings, disciplinary actions, complaints or grievances filed by or against me, and internal investigation reports;
- √ Real and personal property tax statements and records, as well as other financial statements or records wherever filed;
- √ Records of complaints, arrests, trials and convictions for alleged or actual violations, including criminal or traffic records;
- √ Records of civil complaints made by or against me, wherever located, to include the records and recollections of attorneys at law or other counsel, whether representing me or another person in any case, in which I have ever been a party or had an interest.

It is my specific intent to provide access to personal information and to release copies and abstracts, however, personal or confidential they may be or appear to be, and the sources of information specifically enumerated *{named or bulleted}* are not to deny access to any records that may not specifically be identified herein.

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 through 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.

**Applicant:**

\_\_\_\_\_  
*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

## VII. Driver's Record

A. Has your driver's license ever been suspended or revoked? Yes: \_\_\_\_ No: \_\_\_\_

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

B. List all vehicle operator's licenses you now hold or have held:

Type (Driver's / Chauffeur's)	State of Issuance	License Number	Expiration Date	Restrictions (If Any)
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C. List all vehicle crashes you have had, as the driver, in the past three (3) years:

Date	Location	Description	Tickets (If Any)
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D. List all traffic citations you have received in the past three (3) years:

Date	Location	Offense
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## VIII. Arrest / Felony Conviction Record

A. Have you ever been arrested or detained by a law enforcement agency?\*

If yes, provide date(s), place(s), and disposition(s) on supplemental page.  
Yes: \_\_\_\_ No: \_\_\_\_

B. Have you ever been convicted of a felony?\*\*\* Yes: \_\_\_\_ No: \_\_\_\_

\*No applicant will be automatically rejected because of an arrest record. This information is being obtained only to assist in the completion of a background investigation.

\*\*\* This includes felonies that were reduced to alternate misdemeanors, expungements, or plea agreements.

## **IX. INEXPERIENCED LAW ENFORCEMENT OFFICER ESSENTIAL JOB FUNCTIONS**

- 1.) Effect an arrest, forcibly if necessary, using handcuffs and other restraints; subdue resisting suspects using maneuvers and weapons and resort to the use of hands, feet and other approved weapons in self-defense. Perform searches of people, vehicles and detecting objects, walking for long periods of time, detaining people and stopping suspicious vehicles and persons.
- 2.) Prepare investigative and other reports, including sketches, using appropriate grammar, symbols and possibly mathematical computations. Gather information in criminal investigations by interviewing and obtaining the statements of victims, witnesses, suspects and confidential informers. Processes arrested suspects including taking their photographs and obtaining a legible set of inked fingerprint impressions.
- 3.) Exercise independent judgment in determining when there is reasonable suspicion to detain, when probable cause exists to search and arrest and when force may be used and to what degree. Process then transport prisoners, as well as committed mental patients, using handcuffs and other appropriate restraints.
- 4.) Operate a law enforcement vehicle during both day and night; in emergency situations involving speeds in excess of posted limits, in congested traffic and in unsafe road conditions caused by factors such as fog, smoke, rain, ice and snow. Engage in law enforcement patrol functions that include such things as working rotating shifts, walking on foot patrol and physically checking the doors and windows of buildings to ensure that they are secure.
- 5.) Demonstrate communication skills in court and other formal settings. Effectively communicate with people, including juveniles, by giving information and directions, mediating disputes and advising of rights and processes. Endure verbal and mental abuse when confronted with the hostile views and opinions of suspects and other people in an antagonistic environment. Communicate effectively and coherently over law enforcement radio channels while initiating and responding to radio communications.
- 6.) Perform rescue functions at vehicle crashes, emergencies and disasters to include directing traffic for long periods of time, administering emergency medical aid, lifting, dragging and carrying people away from dangerous situations and securing and evaluating people away from particular areas. Extinguish small fires by using a fire extinguisher and/or other appropriate means.
- 7.) Pursue fleeing suspects and perform rescue operations which may involve quickly entering and exiting law enforcement patrol vehicles; lifting, carrying and dragging heavy objects; climbing over and pulling up oneself over obstacles; jumping down from elevated surfaces; climbing through openings; jumping over obstacles, ditches, and streams; crawling in confined areas; balancing on uneven or narrow surfaces and using body force to gain entrance through barriers. Conduct visual and audio surveillance for long periods of time.

- 8.) Load, unload, aim and fire from a variety of body positions handguns, shotguns and other agency weapons under conditions of stress that justify the use of deadly force and at levels of proficiency prescribed by range instructors and/or certification standards. Put on and operate a gas mask in situations where chemical munitions are being deployed.
- 9.) Read and comprehend legal and non-legal documents, including the preparation and processing of such documents as uniform traffic tickets/warnings, affidavits and warrants.
- 10.) Detect and collect evidence and substances that provide the basis of criminal offenses, infractions and that indicate the presence of dangerous conditions.

### **NOTE**

The successful applicant must be able to perform ALL of the above essential job functions of an inexperienced law enforcement officer, unassisted, and at a pace and level of performance consistent with the actual job performance requirements. This requires a high level of physical ability to include vision, hearing, speaking, flexibility and strength.

#### *Personal Characteristics*

Since law enforcement officers are required to enforce the law and they are exposed to certain temptations to show favoritism, corruption, or unlawful monetary gain, it is a “business necessity” that officers exhibit a history and characteristics of honesty, reliability, ability to manage personal finances, interpersonal skill, and integrity.

Additionally, law enforcement officers are frequently placed in a position of physical and mental stress. Therefore, as history of mental or physical disability may be grounds for denying employment; or these factors might be a consideration in the hiring process. Applicants posing substantial risk of injury to themselves, other officers, and the public are at a substantial disadvantage in the hiring process.

**X. Importance Of Honesty Statement**

The McCordsville Police Department is seeking police officer applicants who demonstrate certain characteristics. Honesty is the most important characteristic that you must demonstrate. It is extremely important that you are completely honest in all of your answers.

The importance of honesty from the time of application, completion of all documents questionnaires and the "Personal History Statement" as well as during all interviews cannot be overemphasized. Failure to respond to any question accurately and completely, whether orally or in writing will result in disqualification. Many applicants have been permanently disqualified for dishonesty.

While filling out documents, you are cautioned to take your time and to be thorough and specific in all answers. If you have any doubt in your mind concerning a particular question, or if you are unsure whether to include certain information, the answer is: "YES" include any and all information.

You may think that something you have done will disqualify you from further consideration. It may or may not. What will certainly disqualify you is lying, distorting the truth, telling half-truth information, etc. For example, an arrest (either when you were a juvenile or as an adult) may or may not disqualify you. However, lying or attempting to hide the facts of the arrest will certainly disqualify you from further consideration. Or, you may have been fired from a job, which by its self, may or may not disqualify you. However, lying or attempting to hide the facts of the termination will certainly disqualify you from further consideration. The use of illegal drugs, including marijuana, may or may not disqualify you. However, lying or attempting to hide the facts of the drug use will certainly disqualify you from further consideration.

I have read, understand, and will abide by the contents of this "Importance of Honesty Statement".

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Applicant's Printed Name

**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

**XI. Subversive Organization Membership**

A. 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: \_\_\_\_\_

B. If you answered yes to the question above, describe the circumstances completely. If associated with the above organization, specify the nature and extent of association with each, including office or position held. Also include dates, places, and credentials now or formerly held. If associations have been with individuals who are members of the aforementioned type organization, list the individuals' names and the organizations with which they were or are currently affiliated {Use Supplemental Section}

**XII. Supplemental Section**

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### XIII. Applicant's Check List

- |      | Yes | No  | N/A |   |
|------|-----|-----|-----|---|
| 1.)  | [ ] | [ ] | [ ] | Birth Certificate <i>{Copy Only}</i>  |
| 2.)  | [ ] | [ ] | [ ] | Marriage Certificate <i>{If Applicable—Copy Only}</i>   |
| 3.)  | [ ] | [ ] | [ ] | Divorce Decree <i>{If Applicable—Copy Only}</i>   |
| 4.)  | [ ] | [ ] | [ ] | High School and College Transcripts and Diplomas <i>{Copies only}</i>   |
| 5.)  | [ ] | [ ] | [ ] | Military DD214 Form <i>{If Applicable—Copy Only}</i>  |
| 6.)  | [ ] | [ ] | [ ] | Driver's License <i>{Copy Only}</i>   |
| 7.)  | [ ] | [ ] | [ ] | One 3" x 3" color photograph <i>{head and shoulders}</i>  |
| 8.)  | [ ] | [ ] | [ ] | Selective Service Number; Dates of active duty; Serial/Service Number; Reserve Obligation   |
| 9.)  | [ ] | [ ] | [ ] | Addresses and dates pertaining to all prior residences in the last ten (10) years.  |
| 10.) | [ ] | [ ] | [ ] | Full name and addresses of family members <i>{Mother; Father; Step-parents; Foster-parents; Guardians; Brothers; Sisters; Spouse; Children; In-laws; Ex-spouses, etc.}</i>  |
| 11.) | [ ] | [ ] | [ ] | Information pertaining to all present and former employers <i>{Dates; Names; Addresses; Phone Numbers; Supervisors}</i>   |
| 12.) | [ ] | [ ] | [ ] | The Date, Location, Charge and the Disposition of <u>ANY</u> arrest. <i>{Adult or Juvenile} {Local or non-local}</i>  |
| 13.) | [ ] | [ ] | [ ] | Date(s), Location(s), Description(s) of <u>ANY</u> vehicle crashes in the last three (3) years involving you. <i>{Note if you received any tickets / citations as a result of the vehicle crash investigation}</i>  |
| 14.) | [ ] | [ ] | [ ] | On a separate sheet of paper, provide information relating to three (3) To five (5) personal references <i>{Names, Addresses, Daytime Telephone Number, Occupation, Length of Time Known, Zip Code}</i><br><u>References are not to include relatives nor are they to include former/current employers.</u> |
| 15.) | [ ] | [ ] | [ ] | Zip Codes <i>{Where required}</i>   |
| 16.) | [ ] | [ ] | [ ] | Telephone "area codes" <i>{Where Required}</i>  |

**NOTE:**

Any item not filled in, areas not checked, instructions not followed (either accidentally or purposefully) shall immediately disqualify the candidate. A large portion of a law enforcement officer's job is attention to detail. This application will be reviewed with that in mind.

## XIV. 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

### ***Notary Seal "IS" Required For "ALL" Applicants Seeking Employment!***

Subscribed and sworn, under oath before me, a Notary Public in \_\_\_\_\_ County,  
State of \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Notary Public Signature

My Commission Expires: \_\_\_\_\_

#### **For Office Use Only**

Received by: \_\_\_\_\_

Physical Agility {Waived} {Passed} {Failed}

Interviewed by: \_\_\_\_\_

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