

**Indiana
Department of Natural Resources
Law Enforcement Division**



Application – Part I

Last Name: First: Middle:

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

**COMPLYING WITH ALL PROVISIONS OF
THE AMERICANS WITH DISABILITIES ACT.**

PREREQUISITES:

To make an application for attendance to the Indiana Conservation Officers Recruit Training School you must meet the following requirements. Individuals who do not meet the basic requirements should not apply.

(Authority: Indiana Administrative Law 312 IAC 4-5-2 <http://www.in.gov/legislative/iac/>)

- 1. Must be a United States citizen.**
- 2. Be not less than 21 years of age on the date of appointment.**
- 3. Must possess the strength and agility needed to complete the physical conditioning and psychomotor skills requirements established by the Indiana Law Enforcement Training Board and successfully complete physically agility testing.**
- 4. Must demonstrate an ability to:**
 - a. 300 Meter Run in 82 Seconds**
 - b. 1.5 Mile Run in 18 minutes and 56 seconds**
 - c. 24 sit-ups in one minute**
 - d. 21 push-ups**
 - e. 13.5 inch vertical jump**
 - f. Swim 100 yards without stopping**
 - g. Tread water for at least five minutes**
- 5. Must possess a valid license to operate an automobile.**
- 6. Is willing, if appointed, to reside and serve any place within Indiana, as designated by the Law Enforcement Division Director.**
- 7. Is willing to refrain from engaging in any political activity prohibited by law.**
- 8. Must have achieved one of the following from a college or university accredited by an organization recognized by the Council for Higher Education Accreditation (CHEA):**
 - a. An associated degree (2 year program) as evidenced by a certified transcript.**
 - b. Completed at least two (2) years toward a bachelor degree (four (4) year program) as evidenced by a certified transcript.**

APPLICATION INSTRUCTIONS:

No exceptions will be made for anyone not meeting all requirements.

1. The application must be filled out by the applicant.
2. Answer all questions. If the question does not apply, state: None or Does Not Apply.
3. Place any additional information on a separate page(s) and attach to the application with appropriate reference marks.
4. In “Word” you may tab through all of the required fields in this application. Print upon completion. If you are incapable of completing the document in “Word”; print the application and complete in black ink.
5. Sign in black ink Section 1 of the application.
6. Bring this application (Application Part I) to the physical fitness test.

DO NOT ENCLOSE ORIGINAL DOCUMENTS SUCH AS BIRTH CERTIFICATES

It is important that you clearly and correctly indicate your mailing address, telephone numbers, and email address. In the event you change any of this information after filing your application, email those changes to ICOrecruit-testing@dnr.in.gov immediately. Applications will not be considered until complete in every respect. An incomplete application may be disqualified from consideration. Any misrepresentation (deception) of facts on the application will disqualify the applicant.

Attachments:

1. Birth Certificate (copy only)
2. College transcripts (Grade reports not acceptable)
3. Military – DD214 (If veteran)
4. Authorization For Release Of Information
5. Certificate of eligibility To Possess A Firearm
6. Where You Went To School - Supplement
7. Your Employment Activities – Supplement

PLEASE DO NOT MAKE INQUIRY REGARDING THE STATUS OF YOUR APPLICATION. You will receive appropriate information concerning your application routinely in due time from the Recruit Testing administrator at ICOrecruit-testing@dnr.in.gov.

I swear and affirm under penalty of perjury that all information contained in this application is true and accurate to the best of my knowledge. I certify that I have personally completed this application and understand that I may be required to maintain residency anywhere within the state of Indiana.

Signature: _____

Date: _____

Section 1: Brief Applicant Biography

Mount or Insert Digital
Photograph

In

This space.

Photograph to be front view, head and
shoulders, 2 ½ “square, taken within the
Past six months.

Other photographs are not acceptable.

Last Name: First: Middle:

Maiden Name (if applicable):

Street Address:

City: County:

State: Zip Code:

Telephone: home work cell

Email Address:

Verify – (Write same email address again):

Marital Status

- Never Married Married Separated Legally Separated
 Divorced Widowed Other

Have you served in the United States military? Yes No

County of Residence:

Driver's License Number:

SSN: DOB:

Sections 2-8: Your Identifying Information

Section 2: Full Name

Provide your entire name in the spaces below. Indicate if you only have initials in your name. If you are a "Jr.," "Sr.," or "II," etc..., enter this under Suffix.

Last: First: Middle:
Suffix:

Section 3: Date of Birth

Month/Day/Year:

Section 4: Place of Birth

City: County: State:
Country:

Section 5: Other Names Used

Give other names you have used and the period of time you used them [for example: maiden name, name(s) by a former marriage, former name(s), alias(es), nickname(s)]

Section 6: Other Identifying Information

Height: (ft.) (in.) Weight: (lbs.)

Male Female

Hair Color: Eye Color:

Race: (This information is requested for EEO compliance only)

Section 7: Driver's License Information

License State: License Number:

Expired? Yes No If yes, explain:

Section 8: Telephone numbers

Provide your telephone numbers and the time of the day that you are most likely available at these numbers. Include the Area Code and extension, where applicable.

Work Telephone:

Time(s): to

Home Telephone:

Time(s): to

Cellular Telephone:

Time(s): to

Section 9: Where You Went to School

List the schools you have attended from oldest to most recent, beyond Junior High School.
ATTACHED TRANSCRIPTS FOR ALL

Use the "Where You Went to School Supplement" included in this packet for additional entries.
Insert all school supplement pages behind page 8.

1. Dates of Activity

From (Month/Year): To (Month/Year):

School Type:

- High School
- Accredited College / University / Military College
- Vocational / Technical / Trade School

School Name:

Street Address

House # and Street:

City: State:

Zip Code:

Course of Study:

Number of Hours Completed: GPA on 4.0 Scale:

Degree/Diploma/Other:

Date Awarded
Month/Year:

2. Dates of Activity

From (Month/Year): To (Month/Year):

School Type:

- High School
- Accredited College / University / Military College
- Vocational / Technical / Trade School

School Name:

Street Address

House # and Street:

City: State:

Zip Code:

Course of Study:

Number of Hours Completed: GPA on 4.0 Scale:

Degree/Diploma/Other:

Date Awarded

Month/Year:

3. Dates of Activity

From (Month/Year): To (Month/Year):

School Type:

High School

Accredited College / University / Military College

Vocational / Technical / Trade School

School Name:

Street Address

House # and Street:

City: State:

Zip Code:

Course of Study:

Number of Hours Completed: GPA on 4.0 Scale:

Degree/Diploma/Other:

Date Awarded - Month/Year:

Section 10: Your Employment Activities

Provide a detailed chronological list of your employment activities from oldest to most recent. You should list all full-time work, part-time work, military service, self-employment, other paid work, and all periods of unemployment. All time periods must be accounted for without breaks. If unemployed indicate in the employer name line. Provide a reason for being unemployed in the “reason for leaving” box.

Use the “Your Employment Supplement” included in this packet for additional entries. Insert all employment supplement pages behind page 11.

Are you currently a State employee? Yes No

From (Month/Year): To (Month/Year):

Department/Division/Section:

1. Dates of Activity

From (Month/Year): To (Month/Year):

Employer Name:

Your Position Title:

Duties:

Employer's Street Address

Street:

City: State:

Zip Code:

Employer's Telephone Number:

Supervisor's Name:

Supervisor's Telephone Number:

Reason for Leaving:

If discharged or resigned to prevent being discharged provide a full explanation as an attachment to this application.

2. Dates of Activity

From (Month/Year): To (Month/Year):

Employer Name:

Your Position Title:

Duties:

Employer's Street Address

Street:

City: State:
Zip Code:

Employer's Telephone Number:

Supervisor's Name:

Supervisor's Telephone Number:

Reason for Leaving:
If discharged or resigned to prevent being discharged provide a full explanation as an attachment to this application.

3. Dates of Activity

From (Month/Year): To (Month/Year):

Employer Name:

Your Position Title:

Duties:

Employer's Street Address

Street:

City: State:

Zip Code:

Employer's Telephone Number:

Supervisor's Name:

Supervisor's Telephone Number:

Reason for Leaving:
If discharged or resigned to prevent being discharged provide a full explanation as an attachment to this application.

4. Dates of Activity

From (Month/Year): To (Month/Year):

Employer Name:

Your Position Title:

Duties:

Employer's Street Address

Street:

City: State:

Zip Code:

Employer's Telephone Number:

Supervisor's Name:

Supervisor's Telephone Number:

Reason for Leaving:

If discharged or resigned to prevent being discharged provide a full explanation as an attachment to this application.

Section 11: Your Military Record

If you have served in the United States military you are required to provide your Official Military Personnel Folder (OMPF). Include your OMPF as an attachment to this application.

Have you served in the United States military? Yes No

If yes, attach a copy of your DD214.

Have you served in the United States Merchant Marine? Yes No

Military Branch: Highest Rank:

Dates: Type of Discharge:

List any citations and awards received:

List any discipline:
(Example: court martial, article 15, captain's mast, etc...)

Section 12: Your Selective Service Record "Draft"

Verify your selective service number at: <https://www.sss.gov/RegVer/wfVerification.aspx> **Do not check "No" without verification. This may eliminate you from the hiring process.**

Have you registered with the Selective Service System "Draft"? Yes No

Registration Number:

If you did not register provide a reason for your legal exemption as an attachment to this application.

Section 13: Your Medical Record

In the last 7 years, have you consulted with a mental health professional (psychiatrist, psychologist, counselor, etc...) or have you consulted with another health care provider about a mental health related condition?

Yes No

If you answered "Yes" provide an explanation for each treatment, unless the consultation(s) involved only marital, family, or grief counseling, not related to violence by you.

Section 14: Your Police Record

Report information regardless of whether the record in your case has been "sealed" or otherwise stricken from the court record.

1. Vehicle Related Incidents:

List vehicle incidents in which you have been involved as a driver.

Date	Location	What Happened
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

2. Tickets:

List all infraction related tickets you have received including traffic, fish & wildlife, boating, or other natural resource related offenses.

Date	Location	Charge(s)	Disposition

3. Misdemeanor offenses:

List all misdemeanor arrests including criminal, fish and wildlife, boating or DNR related offenses.

Date	Location	Charge(s)	Disposition

4. Felony offenses:

List all felony arrests including criminal, fish and wildlife, boating or DNR related offenses.

Date	Location	Charge(s)	Disposition

Have you ever been or are you currently involved as a plaintiff, defendant, petitioner or respondent in any civil court action? If yes, explain fully as an attachment to this application.

Section 15: Your Use of Illegal Drugs & Drug Activity

1. Since the age of 16 have you illegally used any controlled substance, for example, marijuana, cocaine, crack cocaine, hashish, narcotics (opium, morphine, codeine, heroin, etc...) amphetamines, depressants (barbiturates, methaqualone, tranquilizers, etc...), hallucinogenics (LSD, PCP, etc...), or prescription drugs?

Yes No

Note: *This response will be verified in the polygraph (lie detector) phase of the hiring process. Selecting "Yes" will not cause an immediate elimination from the process.*

Timeframe of use:

From (Month/Year): To (Month/Year):

Types:

Explain:

2. Have you ever been involved in the illegal purchase, manufacture, trafficking, production, transfer, shipping, or sale of any narcotic, depressant, stimulant, hallucinogen, or cannabis for your own intended profit or that of another?

Yes No

Timeframe:

From (Month/Year): To (Month/Year):

Types:

Explain:

Section 16: Your Use of Alcohol

In the last 7 years, has your use of alcoholic beverages (such as liquor, beer, wine) resulted in any alcohol-related treatment or counseling?

Yes No

If you answered "Yes" provide an explanation for each treatment.

Section 17: Special Interest

1. Have you attended an Indiana Hunter, Boater, Trapper, or Snowmobile Education Course? Yes No

2. If yes, provide certification numbers:

3. Have you ever fired a handgun, rifle, or shotgun? Yes No

4. If yes, please explain.

5. When did you first learn about the Department of Natural Resources Law Enforcement Division?

6. What motivated you to apply to become an Indiana Conservation Officer?

7. What is your long term career goal if employed as an Indiana Conservation Officer?

8. Describe in your own words what it means to be an Indiana sportsman.

9. What special skills have you developed through hobbies, education, occupation, or other special interest?

10. Please list all clubs, organizations, churches, affiliations, groups, etc... to which you are involved. List the positions you hold (president, treasurer, deacon, etc.).

11. Describe what physical activities to which you are involved. (Exercises, sports, personal fitness programs, etc...)

12. How long do you expect to be employed by the Department of Natural Resources, Law Enforcement Division?

13. In your opinion, what are the most appealing and least appealing job functions of an Indiana Conservation Officer?

Most:

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Least:

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14. Are you willing to reside anywhere within Indiana? Yes No

Section 18: Citizenship

Mark the statement that reflects your current citizenship status.

- I am a U.S. citizen or national by birth in the U.S. or U.S. territory/possession.
- I am a U.S. citizen, but I was NOT born in the U.S.
- I am not a U.S. citizen.

WHERE YOU WENT TO SCHOOL – SUPPLEMENT

Number:

Dates of Activity

From (Month/Year): To (Month/Year):

School Type:

- High School
- Accredited College / University / Military College
- Vocational / Technical / Trade School

School Name:

Street Address

House # and Street:

City: State:

Zip Code:

Course of Study:

Number of Hours Completed: GPA on 4.0 Scale:

Degree/Diploma/Other:

Date Awarded

Month/Year:

YOUR EMPLOYMENT ACTIVITIES - SUPPLEMENT

Number:

Dates of Activity

From (Month/Year): To (Month/Year):

Employer Name:

Your Position Title:

Duties:

Employer's Street Address

Street:

City: State:

Zip Code:

Employer's Telephone Number:

Supervisor's Name:

Supervisor's Telephone Number:

Reason for Leaving:

If discharged or resigned to prevent being discharged provide a full explanation as an attachment to this application.