

Ligonier City Police Department

301 South Cavin Street

Ligonier, Indiana 46767

Phone 260-894-4111 or 894-4112

APPLICATION FOR EMPLOYMENT

The following application for employment must be completed in full. Please answer each question and use additional sheets where necessary to complete every section.

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin or handicap.

Name: _____
Last First Middle

Address: _____
Number Street

_____ City State Zip Code

Telephone: _____ Date of Birth: _____

Nickname(s), maiden or other names by which you may have been known: _____

Social Security Number: _____

Place of Birth: _____
City County State

Are you a U.S. Citizen? YES [☐] NO [☐]

Driver's License Number: _____ Exp. Date: _____

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Scars, tattoos, or other distinguishing marks: _____

Have you ever applied for employment with us? YES [☐] NO [☐]

If yes: Month and Year _____ Location: _____

Position Desired: _____

Residence: List all addresses where you have lived during the past ten-(10) years, beginning with the present address. List dates by month and year. Attach extra page if necessary.

Date(s) _____

Address: _____

Date(s) _____

Address: _____

Date(s) _____

Address: _____

Date(s) _____

Address: _____

Date(s) _____

Address: _____

Employment History: Begin with your current or most recent employment, list all employment held for the past ten (10) years including part-time, temporary or seasonal employment. Include all periods of unemployment. Attach extra pages if necessary. Please indicate if you are fearful that your present job would be in jeopardy if inquiries are made.

Employer: _____

Address: _____

Telephone Number: _____ Your Position _____

Supervisor: _____ Title: _____

Name of co-worker: _____

Date started: _____ Date Left: _____

Reason for leaving: _____

Employer: _____

Address: _____

Telephone Number: _____ Your Position: _____

Supervisor: _____ Title: _____

Name of co-worker: _____

Date started: _____ Date Left: _____

Reason for leaving: _____

Employer: _____

Address: _____

Telephone Number: _____ Your Position: _____

Supervisor: _____ Title: _____

Name of co-worker: _____

Date started: _____ Date Left: _____

Reason for leaving: _____

Employer: _____

Address: _____

Telephone Number: _____ Your Position: _____

Supervisor: _____ Title: _____

Name of co-worker: _____

Date started: _____ Date Left: _____

Reason for leaving: _____

| | |
|---------------------------|----------------------|
| Employer: _____ | |
| Address: _____ | |
| Telephone Number: _____ | Your Position: _____ |
| Supervisor: _____ | Title: _____ |
| Name of co-worker: _____ | |
| Date started: _____ | Date Left: _____ |
| Reason for leaving: _____ | |
| _____ | |
| Employer: _____ | |
| Address: _____ | |
| Telephone Number: _____ | Your Position: _____ |
| Supervisor: _____ | Title: _____ |
| Name of co-worker: _____ | |
| Date started: _____ | Date Left: _____ |
| Reason for leaving: _____ | |
| _____ | |
| Employer: _____ | |
| Address: _____ | |
| Telephone Number: _____ | Your Position: _____ |
| Supervisor: _____ | Title: _____ |
| Name of co-worker: _____ | |
| Date started: _____ | Date Left: _____ |
| Reason for leaving: _____ | |
| _____ | |

Military Record: _____

Have you served in the U.S. Armed Forces? YES [] NO []

Date of Service: From: _____ To: _____

Branch: _____ Unit Designation: _____

Military Service Number: _____

Highest Rank Held: _____

Type of Discharge: _____

Describe any disciplinary measures taken against you while in the United States Armed Services. Include court-martial, captains masts, company punishment, etc.: _____

Charge: _____ Agency: _____

Date: _____ Your age at the time: _____

Disposition: _____

Charge: _____ Agency: _____

Date: _____ Your age at the time: _____

Disposition: _____

Charge: _____ Agency: _____

Date: _____ Your age at the time: _____

Disposition: _____

If you received a discharge other than honorable, provide complete details: _____

Educational History

High School: _____

Address: _____

From: 19 _____ to 19 _____ Graduated: YES [] NO []

Colleges & Universities: _____

Address: _____

Units completed: _____ Major/Minor: _____

From: 19 _____ to 19 _____ Graduated: YES [] NO []

Degree: _____

Colleges & Universities: _____

Address: _____

Units completed: _____ Major/ Minor: _____

From: 19 _____ to 19 _____ Graduated: YES [] NO []

Degree: _____

Other Schooling Attended (trade, vocational, business, etc.)

School: _____

Address: _____

Course of Study: _____

From: 19 _____ to 19 _____ Diploma/Certificate: YES [] NO []

School: _____

Address: _____

Course of Study: _____

From: 19 _____ to 19 _____ Diploma/Certificate: YES [] NO []

School: _____

Address: _____

Course of Study: _____

From: 19 _____ to 19 _____ Diploma/Certificate: YES [] NO []

School: _____

Address: _____

Course of Study: _____

From: 19 _____ **to** 19 _____ **Diploma/Certificate:** YES [☐] NO [☐]

School: _____

Address: _____

Course of Study: _____

From: 19 _____ **to** 19 _____ **Diploma/Certificate:** YES [☐] NO [☐]

School: _____

Address: _____

Course of Study: _____

From: 19 _____ **to** 19 _____ **Diploma/Certificate:** YES [☐] NO [☐]

Special Qualifications or Skills

List special licenses you earned (pilot, radio, scuba, etc.)

License: _____ **Issued by:** _____

Date of issue: _____ **Exp. Date:** _____

License: _____ **Issued by:** _____

Date of issue: _____ **Exp. Date:** _____

License: _____ **Issued by:** _____

Date of issue: _____ **Exp. Date:** _____

License: _____ **Issued by:** _____

Date of issue: _____ **Exp. Date:** _____

License: _____ **Issued by:** _____

Date of issue: _____ **Exp. Date:** _____

License: _____ **Issued by:** _____

Date of issue: _____ **Exp. Date:** _____

List any foreign languages in which you are fluent. _____

List any other special skills or qualifications you possess: _____

Convictions, Arrests, Detentions and Litigation

Have you ever been convicted, arrested, detained or summoned into a court by a law enforcement agency?

YES [☐]

NO [☐]

List all such occurrences, including juvenile related:

Police Agency: _____

Address: _____

Incident: _____ Date: _____

Disposition: _____ Date: _____

Have you ever been involved as a party in a civil litigation? YES [☐] NO [☐]

If yes, provide detail: _____

Ligonier City Police Department – Form P-01-8

Has your driver's license ever been suspended or revoked? YES ☐ NO ☐

If yes, give date location and reason: _____

Name of your Auto Insurance carrier: _____

Branch: _____ Telephone number: _____

List to the best of your recollection all driving citations you have received as a juvenile and adult.

| | | | |
|--------------|--------|--------------|-------------|
| month & year | charge | city & state | disposition |
| month & year | charge | city & state | disposition |
| month & year | charge | city & state | disposition |
| month & year | charge | city & state | disposition |

Describe in a brief narrative any traffic accidents in which you have been involved, providing dates and location.

Marital and Family History

Check correct box: ☐ Single ☐ Separated

☐ Divorced ☐ Widowed ☐ Married

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If married: Spouses Name (include maiden name) _____

Date married: _____ City and State: _____

Present address: _____

Telephone: _____ Divorced [] Separated [] Annulment []

Date of order: _____ Court and State: _____

List all children related to you or your spouse (natural, step-children, adopted, and foster children)

Name: _____ Relation: _____

Address: _____

List all dependents (other then noted above):

Name: _____ Relation: _____

Address: _____

Name: _____ Relation: _____

Address: _____

Name: _____ Relation: _____

Address: _____

List other relatives (parents, brother, sisters, spouse's parents, other close family members -- use additional sheets as necessary).

Name: _____ Relation: _____

Address: _____

Name: _____ Relation: _____

Address: _____

Name: _____ Relation: _____

Address: _____

Name: _____ Relation: _____

Address: _____

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References or Acquaintances: List five persons who know you well enough to provide current information about you. Do not list relatives or former employers.

Name: _____ **Telephone:** _____

Address: _____

Name: _____ **Telephone:** _____

Address: _____

Name: _____ **Telephone:** _____

Address: _____

Name: _____ **Telephone:** _____

Address: _____

Name: _____ **Telephone:** _____

Address: _____

List any injuries that you may have suffered during the last ten (10) years that required medical treatment.

Injury: _____ **Date:** _____

Treated by: _____ **Location:** _____

Injury: _____ **Date:** _____

Treated by: _____ **Location:** _____

Injury: _____ **Date:** _____

Treated by: _____ **Location:** _____

Injury: _____ **Date:** _____

Treated by: _____ **Location:** _____

Ligonier City Police Department – Form P-01-11

This application must be signed by the applicant.

I, _____ hereby certify that there are no willful misrepresentations, omissions, or falsifications in the foregoing statements and answers to questions. I am fully aware that any such misrepresentation, omissions, or falsifications will be grounds for immediate rejection of this application or subsequent termination of employment.

If you decide to engage an investigative consumer-reporting agency to report on my credit and personal history I authorized you to do so. If a report is obtained you must provide, at my request, the name and address of the agency so I may obtain from them the nature and substance of the information contained in the report.

Name of Applicant: _____

Signature of Applicant: _____

Date: _____

For Office Use Only:

Date Application received: _____ Time: _____

Received by: _____

Assigned to: _____