

BICKNELL POLICE DEPARTMENT APPLICATION FOR EMPLOYMENT OFFICER

The Bicknell Police Department has established an application and standards for appointment to the Bicknell Police Department. The Department shall only consider an application that has been submitted on the form provided. Applicants are required to answer all questions completely. **It shall be the responsibility of the applicant to provide all of the information and documentation required by the application. The Department does not have an obligation to inform the applicant of omissions in the information. Failure to comply shall be the basis for rejection of the application by the Department. All information and documentation submitted to the Department shall be accurate, truthful and complete. The applicant under penalties of perjury shall affirm its truth and accuracy by his/her signature.**

Any material misrepresentation of fact contained in any application or failure of any applicant to fully disclose any material information or documentation requested by the applicant shall be grounds for rejection of the application by the Department. At its discretion, the Department may receive applications whenever necessary to meet the needs of the Bicknell Police Department to keep an appropriate number of applicants on the Eligibility List as determined by the Department. The Department shall take the necessary action to appropriately publicize the dates for acceptance of applications to the local news media, the Chief of Police, and to the general public so as to attract qualified applicants.

In accordance with Bicknell Police Department Rules and Regulations applicant:

1. Must be a citizen of the United States of America as of the date of making application to the department. A birth certificate is proof of United States Citizenship.
2. Must be at the time of hiring at least twenty-one (21) years of age and not older than thirty-five (35) years of age and the employment application must contain an authenticated birth certificate or other evidence of date and place of birth satisfactory to the Department.
3. Must have no record of a conviction, plea of guilty, plea of no contest, nolo contendere, or other similar pleas to any crime which is, or which involved spousal, child, or sexual abuse, domestic violence, or moral turpitude, whether or not such crime could be deemed a felony under Indiana Law.
4. Must have a valid driver's license from the applicant's current state of residence and shall not have suffered a suspension of any driver's license within a period of three (3) years of the date of the application. The Department reserves the right to reject any application if, on the date of the application, the applicant shall have more than five (5) points on his/hers driver's license as a result of driving violations.
5. Must have an honorable discharge from military service, if applicable.
6. Must have graduated from an accredited high school or have a GED.

Do you fit the above criteria? Circle One Yes No
Can you provide proof of eligibility? Circle One Yes No

Application's will be kept on file for a period not to exceed 1 year

Application Revised 1/2019

NAME OF APPLICANT:

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Each applicant to be considered for the offer of conditional employment will be required to pass a physical agility skills test, oral interview and a background investigation. The physical agility skills requirements are:

1. Vertical Jump 16 Inches
2. One Minute Sit-ups 29
3. 300 Meter Run 71 Seconds
4. Maximum Push-ups 25
5. 1.5 Mile Run 16 Minutes 28 Seconds

CITY POLICE STATEMENT

The policy of the city of Bicknell is to be in full compliance with all Federal and State Non-discrimination and Equal Opportunity Laws, Orders and Regulations relating to Race, Creed, Color, National Origin, Religion, Sex, Age, Handicap, Disability or Status as a Disabled Veteran.

It is the policy of the City of Bicknell not to discriminate against a qualified individual with a disability in its job; application procedures; the hiring; advancement or discharge of employees; employee compensation; job training and other terms; conditions and privileges of employment. It is the intention of this Municipality to comply with all applicable requirements of the Americans with Disabilities Act (ADA).

Personal Information

Name: _____ Age: _____ DOB: ____/____/____
Last First Middle Month Day Year

Present Address: _____ City: _____ State: _____ Zip: _____

Previous Address: _____ City: _____ State: _____ Zip: _____

Home Phone: ____ - ____ - ____ Cell Phone: ____ - ____ - ____ Best Contact: Home Cell

Social Security Number: ____ - ____ - ____ Driver's License Number: _____

Driver's License State: _____ Driver's License Expiration: ____/____/____

Email Address: _____

Circle all that are applicable Single – Married – Dependents

Have you ever been arrested? Yes or No (Circle One) If yes explain on separate piece of paper.

Have you ever been convicted of a Misdemeanor? Yes or No (Circle One) If yes explain on separate piece of paper.

Have you ever been convicted of a Felony? Yes or No (Circle One) If yes explain on separate piece of paper.

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List any of your experience and personal background information that you believe would make you a qualified candidate to be an officer of the Bicknell Police Department.

Education

School	Course	City/State	Graduated	Year
High School _____				
College/University _____				
Degree (s) _____				

Military Service

Date Entered: ____/____/____ Date Discharged: ____/____/____ Branch: _____

Military Jobs: _____

Work Experience

Are you employed? Circle One Yes No

Please list the current employer first. List all employers for the past 5 years.

Name of Company: _____ Address: _____

Dates Employed: _____ to _____ City: _____ State: _____ Zip: _____

Job Title: _____ Duties: _____

Salary per year: _____ Supervisor: _____

Company Phone Number: _____ Contact Person: _____

Name of Company: _____ Address: _____

Dates Employed: _____ to _____ City: _____ State: _____ Zip: _____

Job Title: _____ Duties: _____

Salary per year: _____ Supervisor: _____

Company Phone Number: _____ Contact Person: _____

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Name of Company: _____ Address: _____

Dates Employed: _____ to _____ City: _____ State: _____ Zip: _____

Job Title: _____ Duties: _____

Salary per year: _____ Supervisor: _____

Company Phone Number: _____ Contact Person: _____

Name of Company: _____ Address: _____

Dates Employed: _____ to _____ City: _____ State: _____ Zip: _____

Job Title: _____ Duties: _____

Salary per year: _____ Supervisor: _____

Company Phone Number: _____ Contact Person: _____

Personal References

The applicant shall provide the Department with names, addresses, and telephone numbers of at least five (5) personal references who are acquainted with the applicant. No reference shall be related to the applicant by blood or marriage, and no reference shall be a current or past member of the Bicknell Police Department, Bicknell Board of Public Works, Bicknell City Council, or of the Mayor's administration. The applicant shall consent to allow the Department or its agent to contact each personal reference.

Name: _____ Address: _____

Phone: _____ - _____ - _____ Occupation: _____

Name: _____ Address: _____

Phone: _____ - _____ - _____ Occupation: _____

Name: _____ Address: _____

Phone: _____ - _____ - _____ Occupation: _____

Name: _____ Address: _____

Phone: _____ - _____ - _____ Occupation: _____

Name: _____ Address: _____

Phone: _____ - _____ - _____ Occupation: _____

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OFFICER**

Attach Copies of the following documents:

- 1. High school Diploma or G.E.D.**
- 2. College Transcripts (if applicable)**
- 3. Birth Certificate**
- 4. Social Security Card**
- 5. Driver's License**

Certification

I certify that the information given in application for employment is complete, true, and correct to the best of my knowledge. I understand that if employed, falsified statements on this application shall be considered sufficient cause for dismissal. I swear or affirm that under penalty of perjury that all information contained in this application is true and accurate to the best of my knowledge. I hereby authorize the city of Bicknell to make any necessary and relevant investigation of my personal history through any appropriate methods or bureau (s) it may choose, I hereby specifically consent and authorize the release of information in any form, from any law enforcement agency or court. I hereby authorize the release of information from any present or past employer unless other noted herein. The information provided is the property of the city of Bicknell and will be held confidential.

Printed Name of Applicant: _____

Signature of Applicant: _____

Date Signed: _____

Printed Name of Witness: _____

Signature of Witness: _____

Date Signed: _____

**“Seal” completed application in the provided pre-addressed envelope
and mail or hand deliver to the:**

BICKNELL POLICE DEPARTMENT

ATTN: CHIEF OF POLICE

119 E. 2ND STREET

BICKNELL, IN 47512