



# Cedar Lake Police Department

7228 Constitution / P.O. Box 305  
Cedar Lake, Indiana 46303  
Phone 219-374-5416 Fax 219-374-9231

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*The Cedar Lake Police Department is accepting applications for Probationary Patrolman. This is an open application process for Certified Officers and non-Certified individuals.*

*The Cedar Lake Police Department is a competitive, progressive Department experiencing major growth in the community. CLPD will be accepting applications to develop a candidate list for the next year.*

*Once you have completed your application, you can email to: [pdapps@cedarlakein.gov](mailto:pdapps@cedarlakein.gov), or you can hand deliver it.*

*Once enough applications have been received to complete the testing process, you will be notified by the Police Department's Administration of the testing date and time. Certified Police Officers will be notified of their interview date and time once testing has been completed.*

*Thank you for applying to the Cedar Lake Police Department!*



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## POLICE OFFICER APPLICATION

**NOTICE:** Applications must be typed or printed legibly in black ink. All questions must be answered; if a question is not applicable, state so and indicate NA (Not Applicable). **APPLICATIONS WHICH ARE NOT COMPLETE AND LEGIBLE WILL NOT BE CONSIDERED.** If the space provided is not sufficient for a complete answer, or you wish to furnish additional information, attach sheets and number the answers to correspond with the questions.

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### 1. PERSONAL HISTORY

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- A. Name in full \_\_\_\_\_  
Last Name First Middle
- B. List all other names you have used, including nicknames, maiden name, and any surname other than your true name. Provide the names used and explain under what period and circumstances these names were used.  
\_\_\_\_\_  
\_\_\_\_\_
- C. Date of Birth \_\_\_\_\_  
Month Day Year
- D. Place of Birth \_\_\_\_\_
- E. Social Security Number \_\_\_\_\_
- F. Have you ever legally changed your name? (other than by marriage) \_\_\_\_ Yes \_\_\_\_ No  
If yes, then Date \_\_\_\_\_ Place \_\_\_\_\_  
Court \_\_\_\_\_
- G. Driver's License State: \_\_\_\_\_ Number: \_\_\_\_\_



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#### 4. EDUCATION

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Name of School	Complete Address	Dates From/To	Degree or Credit Hours
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Name of School	Complete Address	Dates From/To	Degree or Credit Hours
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Name of School	Complete Address	Dates From/To	Degree or Credit Hours
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#### 5. REFERENCES

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Give three references, not relatives, who are responsible adults of reputable standing in their communities, such as property owners, business or professional men or women, including your family physician, if you have one, who have known you well during the past five years.

1. \_\_\_\_\_  
Complete Name                      Complete Address                      Home Telephone Number

\_\_\_\_\_  
Number Years Known      Occupation                      Business Telephone Number

2. \_\_\_\_\_  
Complete Name                      Complete Address                      Home Telephone Number

\_\_\_\_\_  
Number Years Known      Occupation                      Business Telephone Number

3. \_\_\_\_\_  
Complete Name                      Complete Address                      Home Telephone Number

\_\_\_\_\_  
Number Years Known      Occupation                      Business Telephone Number

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## 6. EMPLOYMENT

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List chronologically all employment beginning with present employer, including summer and part-time employment while attending school. All time must be accounted for. If unemployed for a period, please indicate so and record dates of unemployment.

**A.** \_\_\_\_\_  
Name of Employer      Complete Address      Business Phone Number

\_\_\_\_\_  
From Mo/Yr. / To Mo/Yr.      Salary      Position      Full/Part-Time      Immediate Supervisor

\_\_\_\_\_  
Non-Medical reason for leaving

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**B.** \_\_\_\_\_  
Name of Employer      Complete Address      Business Phone Number

\_\_\_\_\_  
From Mo/Yr. / To Mo/Yr.      Salary      Position      Full/Part-Time      Immediate Supervisor

\_\_\_\_\_  
Non-Medical reason for leaving

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**C.** \_\_\_\_\_  
Name of Employer      Complete Address      Business Phone Number

\_\_\_\_\_  
From Mo/Yr / To Mo/Yr Salary      Position      Full/Part-Time      Immediate Supervisor

\_\_\_\_\_  
Non-Medical reason for leaving

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**D.** \_\_\_\_\_  
Name of Employer      Complete Address      Business Phone Number

\_\_\_\_\_  
From Mo/Yr / To Mo/Yr Salary      Position      Full/Part-Time      Immediate Supervisor

\_\_\_\_\_  
Non-Medical reason for leaving

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**E.** May we contact your present employer?  Yes  No If no, explain \_\_\_\_\_

**F.** Have you ever been dismissed, asked to resign, or had any disciplinary action taken against you from any employment or position you have held?  No  Yes \_\_\_\_\_  
Employer's Name      Complete Address

\_\_\_\_\_  
Reason

**G.** Do you have any sources of income other than your present salary, including your spouse's income?  
 Yes  No Please specify each source with amount. \_\_\_\_\_

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### 7. MILITARY RECORD

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A. Are you registered for Selective Service? \_\_\_ Yes \_\_\_ No. If no, explain why below:

\_\_\_\_\_

B. Have you ever served in the Armed Forces of the United States? \_\_\_ Yes \_\_\_ No (if no, skip to section 9)

Dates of Service: \_\_\_\_\_

What Branch of Military: \_\_\_\_\_ Highest rank/pay grade achieved: \_\_\_\_\_

What was/is your Military Occupational Specialty (MOS): \_\_\_\_\_

Last duty station: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

Are you a current member of the National Guard or Reserves? \_\_\_ Yes \_\_\_ No

C. Were you ever court-martialed or charged with any violation of the Uniform Code of Military Justice? This includes Article 15s, Office Hours, and Non-Judicial Punishment Mast. \_\_\_ Yes \_\_\_ No

If yes, Date \_\_\_\_\_ Place \_\_\_\_\_

Nature of Offense \_\_\_\_\_ Action taken \_\_\_\_\_

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### 8. ADDITIONAL INFORMATION

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A. Please list any clubs, organizations, associations, and societies of which you are or have been a member. Please also list any specialized training, apprenticeship, skills, and extra-curricular activities.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. List any previous law enforcement experience.

Agency	State of Certification	Dates Served
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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## 9. CERTIFICATIONS

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I certify that:

1. All required items are included with this application, if applicable.
  - A. Copy of a Birth Certificate
  - B. Copies of your High School and College Transcripts / GED Certificates
  - C. Military DD214 #2 or #4 or NGB22 (National Guard), if applicable
  - D. Any Certification of Law Enforcement Training, if applicable
  - E. Naturalization Papers, if applicable
  
2. I have personally completed this application.

I understand that any appointment tendered to me will be contingent upon the results of a complete character and fitness investigation, and I am aware that willfully withholding information or making false statements on this application will be a basis for disqualification from the hiring/ appointing process and/ or dismissal from the Cedar Lake Police Department. I agree to these conditions, and I hereby certify that all statements made by me on this application are true and complete to the best of my knowledge.

\_\_\_\_\_  
Signature of Applicant (do not use nicknames)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Full Name of Applicant, PRINTED

Please check your application carefully. Be certain all items are complete. ***This application will not be considered if all information is not complete, legible, or if all required documents are not attached.*** Applications not received by the specified due date shall not be considered.

Applications may be returned by email, mail, or hand delivery.

Applications can be emailed to:

[pdapps@cedarlakein.gov](mailto:pdapps@cedarlakein.gov)

Applications can be mailed or hand-delivered to:

**Cedar Lake Police Department  
7228 Constitution / P.O. Box 305  
Cedar Lake, Indiana 46303**

The Cedar Lake Police Department of the Town of Cedar Lake, Indiana, is an equal opportunity employer.



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[www.cedarlakein.gov](http://www.cedarlakein.gov)

## RELEASE OF INFORMATION

TO: Concerned Person/Authorized Representative of any Organization, Institution, or Repository of Records

RE: APPLICANT'S NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

I respectfully request and authorize you to furnish the Cedar Lake Police Department any and all information that you may have concerning my work record, school record, military record, criminal history, reputation, and financial and credit status. This information is to be used to assist the Department in determining my qualifications and fitness for the position I am seeking with the Cedar Lake Police Department. A copy of this form may substitute for the original.

I hereby release you, your organization, or others from any liability or damage that may result from furnishing the information requested above.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Street Address, City, State, Zip Code



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## PHYSICAL AGILITY CONSENT

I, \_\_\_\_\_ authorize the Town of Cedar Lake to administer and conduct a physical agility test designed to determine my physical work capacity. I understand that the following test will be administered.

The Cedar Lake Police Department Physical Agility Test (P.A.T.) will be the standard for all Law Enforcement in the State of Indiana, as authorized by the Law Enforcement Training Board. For more information about these standards, visit the Indiana Law Enforcement Academy website and search "Physical Agility Test."

I, \_\_\_\_\_, do hereby waive for myself, my heirs, and assigns any and all claims for damage against the Town of Cedar Lake, Hanover Central Community School Corporation and all individuals assisting in this testing process, if any injuries are received as a result of this testing. I attest and verify that I am physically fit and sufficiently trained to be a participant in this testing process. I have submitted a medical authorization to participate in the agility test.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## **Application Packet Check List**

- ( ) Fully Completed Application
- ( ) Copy of Birth Certificate
- ( ) Copy of High School or GED Certificates
- ( ) Copy of Military DD214 #2 or #4 or NGB22 (National Guard), if applicable
- ( ) Proof of PERF membership, if applicable
- ( ) Any additional Law Enforcement Training Certifications, if applicable
- ( ) Naturalization Papers, if applicable
- ( ) Copy of Driver's License
- ( ) Release of Information
- ( ) Physical Agility Consent

**NOTE: All Forms must be returned together.**