**BLOOMFIELD POLICE DEPARTMENT**

**POLICE APPLICATION**

NAME

 LAST FIRST MIDDLE MAIDEN

PERMANENT ADDRESS

 CITY COUNTY STATE ZIP

TELEPHONE (HOME)-( ) (BUSINESS)-( )

I. INITIAL REQUIREMENT DATA

 A. Age\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Attach Copy of Birth Certificate)

 Race: 🞎 Asian 🞎 Black 🞎 Hispanic 🞎 Native American 🞎 White

  Other (Specify)

 B. Are you a U.S. citizen? 🞎 Yes 🞎 No

 If no, explain on a separate sheet and attach documentation.

 Social Security Number:

 (For background clearance and payroll information this number is required. The application **will not** be processed without it.)

II. EDUCATION DATA (Attach transcripts for all listed)

 List information for high school and all accredited colleges/universities you have attended.

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| --- | --- | --- | --- | --- | --- |
| Name and Address of School | Course of study | Number of Hours Completed | GPA on a 4.0 Scale | Did you Graduate? | List of Diploma or Degree |
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III. LAW ENFORCEMENT EXPERIENCE

 A. Have you ever been employed as a sworn or merit police officer by a law enforcement agency?

 🞎 Yes 🞎 No 🞎 Full Time 🞎 Reserve/Volunteer

 Did you complete a state certified law enforcement academy? 🞎 Yes 🞎 No

 If yes, list the date of completion, location and academy name:

Date law enforcement training was completed:

Did you receive a certification upon completion of training? 🞎 Yes 🞎 No

Number of basic training weeks \_\_\_\_\_\_\_\_ Total training hours \_\_\_\_\_\_\_\_

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| --- | --- | --- | --- |
| Agency | DatesFrom To | List Full Time or Reserve and Highest Rank Held | Reason for Leaving |
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 B. Are you eligible for re-employment? 🞎 Yes 🞎 No If no, explain fully on a separate sheet.

 C. List any specialty training you have received.

D. Were you ever disciplined? 🞎 Yes 🞎 No If yes, explain fully on a separate sheet.

IV. MILITARY HISTORY AND STATUS

 A. Have you ever served in the military on active duty?

 Include initial active duty training with the National Guard and the Reserves.

 🞎 Yes 🞎 No If yes, Attach a copy of your DD214

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| --- | --- | --- | --- |
| Military Branch | DatesFrom To | Highest Rank Attained and Rank at Separation | Type of Discharge andRe-Enlistment Code |
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 B. Are you eligible to re-enlist? 🞎 Yes 🞎 No If no, explain fully on a separate sheet.

 C. Are you currently on active duty (full-time)? 🞎 Yes 🞎 No

 What is your expected end of service obligation date?

 D. List any citations and awards received.

 E. Were you ever disciplined (court martial, article 15, captain’s mast, etc.) while on duty?

 🞎 Yes 🞎 No If yes, explain fully on a separate sheet.

V. FAMILY DATA

 A. Marital Status: 🞎 Married 🞎 Single 🞎 Divorced 🞎 Separated

 B. Spouse’s Maiden Name (if applicable):

 C. Dependents (if applicable)

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| --- | --- | --- |
| Name | Age | Relationship |
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 D. Are you legally required to make child support payments? 🞎 Yes 🞎 No

 Are you current on child support payments? 🞎 Yes 🞎 No

 If no, explain.

VI. EMPLOYMENT DATA

 A. Have you ever been discharged from, or resigned to prevent being discharged, from a position of employment? 🞎 Yes 🞎 No If yes, explain fully on a separate sheet.

 B. List chronologically (beginning with the most recent employment) all **past and current employment including part-time**. (Use additional sheets, if necessary)

 Name of Employer or Business:

 Title: Duties:

 Dates of Employment: From\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 Month Year Month Year

 Reason for Leaving:

 Address of Business:

 City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State & Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name of Employer or Business:

 Title: Duties:

 Dates of Employment: From\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 Month Year Month Year

 Reason for Leaving:

 Address of Business:

 City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State & Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name of Employer or Business:

 Title: Duties:

 Dates of Employment: From\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 Month Year Month Year

 Reason for Leaving:

 Address of Business:

 City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State & Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name of Employer or Business:

 Title: Duties:

 Dates of Employment: From\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 Month Year Month Year

 Reason for Leaving:

 Address of Business:

 City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State & Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name of Employer or Business:

 Title: Duties:

 Dates of Employment: From\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 Month Year Month Year

 Reason for Leaving:

 Address of Business:

 City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State & Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name of Employer or Business:

 Title: Duties:

 Dates of Employment: From\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 Month Year Month Year

 Reason for Leaving:

 Address of Business:

 City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State & Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name of Employer or Business:

 Title: Duties:

 Dates of Employment: From\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 Month Year Month Year

 Reason for Leaving:

 Address of Business:

 City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State & Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name of Employer or Business:

 Title: Duties:

 Dates of Employment: From\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 Month Year Month Year

 Reason for Leaving:

 Address of Business:

 City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State & Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name of Employer or Business:

 Title: Duties:

 Dates of Employment: From\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 Month Year Month Year

 Reason for Leaving:

 Address of Business:

 City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State & Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

VII. REFERENCES (Do not list relatives as references.)

 Name: Phone:

 Address:

 City: State: Zip:

 Name: Phone:

 Address:

 City: State: Zip:

 Name: Phone:

 Address:

 City: State: Zip:

**List all residences during the last five years other than present.**

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| --- | --- | --- | --- |
| **Street** | **City** | **State** | **Dates****From To** |
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VIII. VEHICLE CRASH AND ARREST RECORD

 A. Do you currently possess a valid operator driver license? 🞎 Yes 🞎 No

 Expiration Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ License Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Has your driver license ever been suspended/revoked? 🞎 Yes 🞎 No

 B. List all vehicle crashes in which you have been involved as a driver give date(s) and location(s).

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| --- | --- | --- |
| Date | Location | Description |
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C. Have you ever received a ticket for a traffic offense? 🞎 Yes 🞎 No If yes, describe below.

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| --- | --- | --- | --- |
| Date | Location | Charge/Offense | Disposition of Case |
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 D. Have you ever been arrested for a criminal offense? 🞎 Yes 🞎 No If yes, describe below.

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| --- | --- | --- | --- |
| Date | Location | Charge/Offense | Disposition of Case |
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 E. Have you ever been convicted of a felony? 🞎 Yes 🞎 No
If yes, explain on a separate sheet of paper.

 F. Have you ever been arrested for an act that would have been a crime had it been committed by an adult? 🞎 Yes 🞎 No If yes, describe below.

|  |  |  |  |
| --- | --- | --- | --- |
| Date | Location | Charge/Offense | Disposition of Case |
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 G. Have you ever been or are you currently involved as a plaintiff, defendant, petitioner or respondent in any civil court case? 🞎 Yes 🞎 No If yes, fully explain on a separate sheet.

IX. MISCELLANEOUS

 A. Do you own your own home? 🞎 Yes 🞎 No
If yes, how much is current mortgage indebtedness?

 B. What is the amount of your indebtedness, other than home?

 C. Annual Income: Applicant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Spouse \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 D. Are you a proprietor or part owner of any business or firm?

 🞎 Yes 🞎 No If yes, describe nature of business.

 E. Do you currently possess a handgun permit? 🞎 Yes 🞎 No

 F. Have you ever been denied a handgun permit or had a handgun permit revoked?
🞎 Yes 🞎 No If yes, Why?

Mount Photograph

In

This space.

Affix Securely

Photograph to be front view, head and shoulders, 2 ½” square, and taken within the past six months.
**Other photographs are not acceptable.**

I certify that:

 1. All required items are included with this application.

 A. Birth Certificate (copy only)

 B. College Transcripts (Grade Reports not accepted)

 C. Military – DD214 if veteran

 D. Photograph – 2 ½” X 2 ½” head and shoulders

 2. I have personally completed this application.

I swear or affirm under penalty of perjury that all information contained in this application is true and accurate to the best of my knowledge.

Signature

Date

**CHECK APPLICATION CAREFULLY, BE CERTAIN ALL ITEMS ARE COMPLETE BEFORE MAILING.**

**THIS APPLICATION WILL BE RETURNED TO YOU IF ALL INFORMATION IS NOT COMPLETED AND ALL REQUIRED DOCUMENTS ARE NOT ATTACHED.**

BLOOMFIELD POLICE DEPARTMENT

12 East Main

Bloomfield, IN 47424