



## Employment Application

Position Desired:    \_\_\_ Police Officer    \_\_\_ Reserve Officer    \_\_\_ Civilian Employee

The Town of Whiteland and the Whiteland Police Department are Equal Opportunity Employers. The Department is interested in citizens who are seeking a career in law enforcement. From time to time the Town will have openings for police officers. The active pool of applicants will include all individuals who have submitted a completed application prior to the posted deadline and who meet the minimum qualifications for the position. All applicants will be contacted by email and/or phone (using information listed on the application) advising them of any open hiring process for which they have been selected. The data provided in this packet will be used to conduct the background investigation phase of the hiring process. All applicants must give truthful answers to all questions. Any misrepresentation or omission of facts may disqualify the applicant from further consideration. All information contained in this application is kept strictly confidential and used for hiring purposes only.

Applications are kept for two years from the date of submission.

Due to the sensitive nature of police work, all applicants must meet certain requirements. The following page contains a list of the minimum requirements for police officer applicants to the Whiteland Police Department.

1. Must be a high school graduate or obtained a GED Certificate.
2. Shall possess a valid Indiana driver's license (or obtain one within 60 days of becoming an Indiana resident)
3. Shall be a US citizen.
4. Shall be at least 21 years of age.
5. Shall be drug-free.
6. Shall have no felony convictions.
7. Shall not have received a dishonorable discharge from any military service.
8. Shall possess Tier 1 ILEA Certification or meet all entrance and exit standards for Tier 1 ILEA (Physical testing to ILEA standards will be completed before offer of employment for non-Tier 1 certified applicants)
9. Shall be able to demonstrate excellent communication skills (Written and Oral)

If you meet these minimum standards and wish to apply, please fill out this application COMPLETELY AND TRUTHFULLY and return it before the date indicated. INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.

### INSTRUCTIONS

PRINT LEGIBLY IN BLACK INK OR TYPE ALL ANSWERS. Answer **all** questions completely and truthfully. If the question does not apply, state NO or Not Applicable ("N/A"). All further information and supplements you wish to add should be placed on a separate sheet of paper, with the proper identifying reference marks, and attached at the end of the application. Contact the department Operations Administrative Specialist with any questions prior to submitting the application.

Date Application received in Office: \_\_\_\_\_ Received by: \_\_\_\_\_

.....  
**I. PERSONAL HISTORY**

Name in full (Last, First, Middle): \_\_\_\_\_

List all other names you have used, including nicknames:

If female, furnish maiden name; \_\_\_\_\_

If you have ever used any surname other than your true name, during what period and under what circumstances were those names used?

If you have ever legally changed your name, give date, place and court

*(This information is being collected to assist the Department in conducting a thorough background investigation)*

\_\_\_\_\_  
\_\_\_\_\_  
Date of Birth (Month/Day/Year): \_\_\_\_\_

Place of Birth (City/State): \_\_\_\_\_

*(Attach a color copy of your birth certificate)*

Are you a citizen of The United States? Yes \_\_\_\_\_ No \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

*(Attach a color copy of your Driver's License)*

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Previous Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Previous Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Previous Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

*\*List all addresses within the past 10 years. Attach supplement if needed.*

**II. JOB DATA**

Date Available to Begin Work: \_\_\_\_\_

Have you ever been employed by the Whiteland Police Department? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, when? \_\_\_\_\_ What capacity? \_\_\_\_\_

Are you a certified as a law enforcement officer in the State of Indiana? Yes \_\_\_\_\_ No \_\_\_\_\_

**III. ACADEMIC EDUCATION**

Please specify highest grade level attained.

*(Attach transcripts from all educational institutions attended)*

ACADEMIC EDUCATION	NAME & ADDRESS OF SCHOOL	MAJOR COURSES OF STUDY	YEARS ATTENDED TO-FROM	DEGREE/DIPLOMA EARNED
HIGH SCHOOL				
VOCATIONAL SCHOOL				
CORRESPONDENCE SCHOOL				
UNDERGRADUATE COLLEGE/UNIVERSITY				
PROFESSIONAL/GRADUATE				

**IV. Organizational Memberships**

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

**V. MILITARY RECORD**

Have you ever served on active duty in the Armed Forces of the U.S.? Yes \_\_\_\_\_ No \_\_\_\_\_

Branch of Service: \_\_\_\_\_

Dates of Active Duty: \_\_\_\_\_



## **VII. EMPLOYMENT**

Beginning with your present or most recent employer, list your employment history. Include part-time, temporary or seasonal and all periods of unemployment.

EMPLOYER	TYPE OF BUSINESS	DATES OF EMPLOYMENT		FINAL SALARY	REASON FOR LEAVING
Name:		Start:	End:		
Address:	Job Title/Duties:				
Phone #:					
EMPLOYER	TYPE OF BUSINESS	DATES OF EMPLOYMENT		FINAL SALARY	REASON FOR LEAVING
Name:		Start:	End:		
Address:	Job Title/Duties:				
Phone #:					
EMPLOYER	TYPE OF BUSINESS	DATES OF EMPLOYMENT		FINAL SALARY	REASON FOR LEAVING
Name:		Start:	End:		
Address:	Job Title/Duties:				
Phone #:					
EMPLOYER	TYPE OF BUSINESS	DATES OF EMPLOYMENT		FINAL SALARY	REASON FOR LEAVING
Name:		Start:	End:		
Address:	Job Title/Duties:				
Phone #:					
EMPLOYER	TYPE OF BUSINESS	DATES OF EMPLOYMENT		FINAL SALARY	REASON FOR LEAVING
Name:		Start:	End:		
Address:	Job Title/Duties:				
Phone #:					
EMPLOYER	TYPE OF BUSINESS	DATES OF EMPLOYMENT		FINAL SALARY	REASON FOR LEAVING
Name:		Start:	End:		
Address:	Job Title/Duties:				
Phone #:					

*\*Attach additional pages if necessary*

**VIII. PROFESSIONAL REFERENCES**

List four professional references

NAME	ADDRESS	PHONE NUMBER	YEARS KNOWN

May we contact your present employer? Yes \_\_\_\_\_ No \_\_\_\_\_

**IX. PERSONAL REFERENCES**

List four personal references

NAME	ADDRESS	PHONE NUMBER	YEARS KNOWN

**X. MISCELLANEOUS**

Have you ever been fingerprinted for any reason?

(Arrest, job application, gun permit, etc.)

Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been convicted of a traffic infraction?

Yes \_\_\_\_\_ No \_\_\_\_\_

Has your driver's license every been suspended or revoked?

Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been found to have committed or been criminally charged with any of the following:

1. an intentional act of dishonesty, including material untruthfulness in reports and testimony;
2. a violation of the criminal code;
3. an intentional act that demonstrates mishandling of evidence;
4. excessive force;
5. radically motivated bias, speech, or acts.

Yes \_\_\_\_\_ No \_\_\_\_\_

**\*Failure to disclose any incident will result in elimination from the hiring process.**

*If YES to any of the questions in this section, attach a supplement listing:*

*Date, Place, and full details including the disposition of each incident*

# **ESSAY**

**Please attach a brief, carefully written essay (500 words or less) explaining why you desire employment in law enforcement, your understanding of the role and responsibilities of a police officer and what has drawn you to the Town of Whiteland, Indiana.**



**APPLICANT:** Please read the following statement carefully before signing.

If you have any questions regarding the following statement or any questions on this application, please ask them of a qualified representative of the department before signing.

I swear under penalty of perjury that I have personally completed this application and that all information contained is true and accurate to the best of my knowledge. I hereby give my full permission for any and all information in this application to be investigated as part of the consideration for employment. I am aware that any misrepresentation, intentional omission, or falsehood will result in my application being rejected or may cause dismissal if I am hired before such misrepresentation is discovered.

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*Signature of Applicant*

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*Date*

## **APPLICATION INSTRUCTIONS / CHECKLIST**

1. Type application or write legibly in black ink
2. Fill in all blanks ( enter "N/A" if item is not applicable)

- \_\_\_ Recent color photograph (within last 6 months)
- \_\_\_ Birth certificate or US citizenship
- \_\_\_ High School Diploma or GED and transcripts
- \_\_\_ Post-secondary education diplomas and transcripts
- \_\_\_ Law enforcement academy diploma and transcript (if applicable)
- \_\_\_ DD214 for military veterans / supplement for less-than honorable discharge
- \_\_\_ Color copy of Driver's License
- \_\_\_ Notarized waiver to release information
- \_\_\_ Copies of *certificates, awards, citations, commendations (Section VI)*
- \_\_\_ Attach all required additional supplements listed
- \_\_\_ Sign final page of application
- \_\_\_ Complete essay <500 words and attach