



**CITY OF EVANSVILLE POLICE DEPARTMENT
EVANSVILLE, INDIANA
AN EQUAL OPPORTUNITY EMPLOYER***

The City of Evansville Police Department is a fully accredited agency and does not discriminate on the basis of race, color, sex, national origin, religion, age or disability in employment or the provision of services.

Please type or print (ink only) responses to all the questions contained on the entire application.
[Any application not completed in its entirety will be disqualified.]

Last Name: _____ First Name: _____

Middle Name: _____ Maiden Name: _____

Home Address: _____

City/State/Zip: _____

Home Phone Number: _____ Social Security No.: _____

Mobile Phone Number: _____

Primary Email Address: _____

Place of Birth: _____

Date of Birth: _____ Present Age: _____

United States Citizen? Yes _____ No _____

Permanent Person to Contact (in case you change your information set forth above):

Name _____ Phone Number _____

Relationship: _____

Failure to answer the following questions completely and truthfully will be grounds for disqualification. Use additional paper if necessary.

Have you ever applied for employment with the Evansville Police Department prior to this application?

YES: _____ NO: _____ If YES, give date(s) of application(s): _____

Have you ever applied for employment with any other law enforcement agencies?

YES: _____ NO: _____ If YES, please list: _____

Have you ever been arrested?

YES: _____ NO: _____ If YES, please explain: _____

Have you ever been charged with and /or been convicted of a felony?

YES: _____ NO: _____ If YES, please explain: _____

Have you ever been charged with and/or convicted of a domestic violence related offense, either misdemeanor or felony?

YES: _____ NO: _____ If YES, please explain: _____

Have you ever been charged with and/or convicted of a misdemeanor offense?

YES: _____ NO: _____ If YES, please explain: _____

Have you ever been the subject of a restraining or protective order?

YES: _____ NO: _____ If YES, please explain: _____

Failure to answer the following questions completely and truthfully will be grounds for disqualification. Use additional paper if necessary.

Are there currently any criminal charges pending against you?

YES: _____ NO: _____ If YES, please explain: _____

Do you have a valid driver's license?

YES: _____ NO: _____

DRIVER'S LICENSE NUMBER: _____

ISSUING STATE: _____

Has your driver's license ever been restricted, suspended, revoked or placed on probation?

YES: _____ NO: _____ If YES, please explain: _____

Have you ever received a citation / ticket (e.g. parking, speeding, seatbelt, minor consumption (misdemeanor), etc.)?

YES: _____ NO: _____ If YES, please explain: _____

Have you ever used Hallucinogenic Drugs? (e.g. LSD, Mushrooms, Mescaline, PCP, Ecstasy, etc.)

YES: _____ NO: _____ If YES, please explain: _____

EMPLOYMENT

Current Employer: _____
(Enter "None" if unemployed)

Employer's Address: _____

Phone Number: _____ Date Employment Began: _____

Job Title: _____ Supervisor's Name: _____

Salary: _____ per _____ Hours / Shift Worked: _____

Describe your duties, responsibilities, equipment operated, promotions, etc.: _____

EDUCATION

High School attended: _____

Address: _____

Dates of attendance: _____ to _____

Did you graduate? _____ High School Equivalent? _____

College or Trade School attended: _____

Address: _____

Dates of attendance: _____ to _____

Did you graduate? _____ Degree: _____

Major or Minor course of study: _____

College or Trade School attended: _____

Address: _____

Dates of attendance: _____ to _____

Did you graduate? _____ Degree: _____

Major or Minor course of study: _____

MILITARY HISTORY AND STATUS

Are you currently serving in a Military Branch, National Guard, or Reserves?

YES: _____ NO: _____

Please indicate which branch and dates of obligation: _____

Have you ever served in the military on active duty including initial active duty training with the National Guard or Reserves?

YES: _____ NO: _____ **IF YES, YOU MUST ATTACH A COPY OF YOUR DD-214.**

Military Branch: _____ **Dates of service:** _____ **to** _____

Highest Rank attained: _____ **Rank at Separation:** _____

Type of Discharge: _____ **Re-Enlistment Code:** _____

Are you eligible to re-enlist?

YES: _____ NO: _____ If NO, please explain: _____

Were you ever disciplined (Court Martial, Article 15, etc.) while on active duty?

YES: _____ NO: _____ If YES, please explain: _____

APPLICANT CERTIFICATION

Please carefully read each of the following paragraphs. Indicate your understanding of and consent to the contents and conditions of each paragraph by placing your initials in the space provided. Failure to initial all paragraphs will be grounds for disqualification. If you have any questions, please contact the Employer.

1. I understand that, as used herein, the following definitions apply: "Employer" shall mean the City of Evansville Police Department, "Commission" shall mean the Police Department Merit Commission of the City of Evansville; "Ordinance" shall mean the Police Department Merit Ordinance, codified at §2.175 et seq of the Evansville Municipal Code; and "Pension Board" shall mean the Evansville Police Department Pension Board, established under the authority of I.C. §36-8-8 et seq and §2.180 et seq of the Evansville Municipal Code.
Initials: _____
2. I understand and accept that, if I am offered a position, said offer, consistent with the Ordinance, it shall be conditional upon my passing any medical and psychological examinations, polygraph examination, a background investigation and any further testing that the Employer or the Pension Board deems to be necessary to determine my ability to perform the essential functions of the position. I understand and accept that this will include urinalysis and hair sample drug screens.
Initials: _____
3. I understand that it will be necessary for me to approve and sign any waiver or release in order for the Employer to obtain information from my current and former employers.
Initials: _____
4. I understand that the Employer provides a seven-day per week and twenty-four hour per day service and, therefore, if employed I may be required to work evening shifts or night shifts, including weekends and holidays.
Initials: _____
5. I understand that, if hired as a sworn officer of Employer, I must successfully complete required training and courses and be certified by the Indiana Law Enforcement Academy. I further understand that, as a probationary officer, I serve solely at the pleasure of the Commission, and that I may be released and discharged at any time during my probationary appointment without right to a hearing before the Commission. Initials: _____
6. I understand and accept that, if any information required in this application is found to be false or intentionally omitted, my application will be disqualified from further consideration. I further understand and accept that, if I am employed by the Employer I may be subject to disciplinary action, including termination, if any information required by this application is false or has been intentionally omitted. Initials: _____
7. I understand and accept that the Employer and the Commission reserve the right to add, delete and/or modify any phase of the application process deemed necessary as consistent with the Ordinance. This includes any and all testing at any time in the application process without prior notice. I further understand and accept that the testing set forth in the informational booklet provided to me is for informational purposes only and said testing will not necessarily be conducted in the order listed and may or may not be included in the applicable process. Initials: _____
8. I understand and accept that the informational booklet and employment application do not constitute an employment agreement/contract with the Employer.
Initials: _____
9. I understand and accept that it is my responsibility to immediately inform the Employer of any changes in my address, email, telephone number, name, employment, driver's license, etc., including, but not limited to, notification of any subsequent arrests. I understand and accept that, if I cannot be reached when needed due to failure on my part to inform the Employer of a status change, I will be disqualified from further consideration of employment by the provider to me.
Initials: _____

APPLICANT CERTIFICATION

Please read each of the following paragraphs carefully. Indicate your understanding of, and consent to, the contents and conditions of each paragraph by signing and dating in the space provided. Failure to sign and date this page will be grounds for disqualification. If you have any questions, please contact the Employer.

10. I have completely and thoroughly read and understand all of the terms and conditions set forth in the informational booklet and on the contentions and conditions of this employment application. Initials: _____

I SOLEMNLY SWEAR THAT ALL OF THE INFORMATION FURNISHED IN THIS EMPLOYMENT APPLICATION IS TRUE, ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT ANY MISREPRESENTATIONS(S) OR FALISIFICATION(S) OF THE INFORMATION PROVIDED MAY LEAD TO THE WITHDRAWAL OF ANY EMPLOYMENT OFFER OR TERMINATION OF EMPLOYMENT.

BY THE SUBMISSION OF THIS DOCUMENT, I HEREBY AGREE THAT I SHALL EXECUTE THE EMPLOYER'S CONDITIONAL, PRE-EMPLOYMENT MEDICAL AND PSYCHOLOGICAL EXAMINATIONS, POLYGRAPH EXAMINATION, BACKGROUND INVESTIGATION, URINALYSIS AND HAIR SAMPLE DRUG SCREENS CONSENT WITH LOCAL ORDINANCE AND/OR STATE LAW. I UNDERSTAND, ACKNOWLEDGE AND AGREE THAT MY FUTURE EMPLOYMENT WITH THE EMPLOYER MAY BE TERMINATED IF I ENGAGE IN SUBSTANCE ABUSE, ILLEGAL DRUG ABUSE OR ALCOHOL ABUSE.

APPLICANT SIGNATURE

DATE