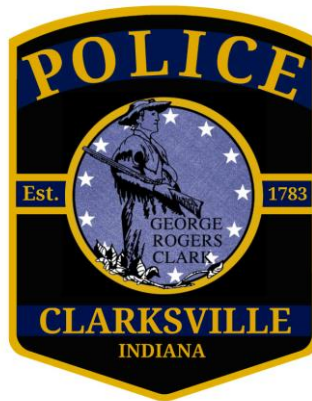


CLARKSVILLE POLICE DEPARTMENT APPLICATION FOR POLICE OFFICERS



Name: _____
Last First Middle Maiden

Permanent Address: _____
Street or Rural Route

City State Zip County

Telephone: () ()
Home (Include Area Code) Cell/Alternate (Include Area Code)

Email Address: _____
(Your email address will be used to communicate status of application only.)

~ APPLICATION MUST BE COMPLETED BY HAND IN BLACK INK ~
Application must be completed in full. If the application is incomplete it will be considered void and this department will securely destroy the application. All applications will be kept on file for a period of one year at which time they will be considered inactive and will be securely destroyed.

CLARKSVILLE POLICE DEPARTMENT IS AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER COMPLYING WITH ALL PROVISIONS OF THE AMERICANS WITH DISABILITIES ACT.

DATE APPLICATION COMPLETED: _____
(Include date on bottom of each page.)

I. INITIAL REQUIREMENT DATA

Social Security Number: _____

Date of Birth: _____ - _____ - _____
Month Day Year

This information is used for background clearances and this application will not be processed without a SSN and date of birth.

II. EDUCATION DATA (ATTACH TRANSCRIPTS FOR ALL)

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

NAME & ADDRESS	COURSE/STUDY	HOURS COMPLETE	GPA 4.0 Scale	DID YOU GRADUATE?	LIST DIPLOMA OR DEGREE

III. EMPLOYMENT DATA

A. Have you ever been discharged or resigned to prevent being discharged from a position of employment? YES NO If yes, explain fully on a separate sheet and attach.

B. List chronologically all past and current employment including part time.
 Start with most recent employment first.

Name of Employer: _____

Address of Business: _____

City: _____ State: _____ Zip: _____ Phone #: _____

Your Title: _____ Duties: _____

Dates of Employment: From _____ To _____
Month Year Month Year

Reason for Leaving: _____

Name of Employer: _____
Address of Business: _____
City: _____ State: _____ Zip: _____ Phone #: _____
Your Title: _____ Duties: _____
Dates of Employment: From _____ To _____
Month Year Month Year
Reason for Leaving: _____

Name of Employer: _____
Address of Business: _____
City: _____ State: _____ Zip: _____ Phone #: _____
Your Title: _____ Duties: _____
Dates of Employment: From _____ To _____
Month Year Month Year
Reason for Leaving: _____

Name of Employer: _____
Address of Business: _____
City: _____ State: _____ Zip: _____ Phone #: _____
Your Title: _____ Duties: _____
Dates of Employment: From _____ To _____
Month Year Month Year
Reason for Leaving: _____

Name of Employer: _____
Address of Business: _____
City: _____ State: _____ Zip: _____ Phone #: _____
Your Title: _____ Duties: _____
Dates of Employment: From _____ To _____
Month Year Month Year
Reason for Leaving: _____

Name of Employer: _____

Address of Business: _____

City: _____ State: _____ Zip: _____ Phone #: _____

Your Title: _____ Duties: _____

Dates of Employment: From _____ To _____
Month Year Month Year

Reason for Leaving: _____

IV. REFERENCES: (PLEASE DO NO LIST RELATIVES AS REFERENCES.)

NAME:	ADDRESS:	CITY	STATE	ZIP	PHONE
					()
					()
					()

RESIDENCES DURING THE LAST FIVE YEARS OTHER THAN PRESENT ADDRESS

STREET ADDRESS	CITY	STATE	DATE FROM	DATE TO

V. LAW ENFORCEMENT EXPERIENCE

A. Have you ever been employed by a police department? YES NO

Where did you complete your basic law enforcement certification program? _____

Date law enforcement training completed: _____

Did you receive certification upon completion: YES NO

Length of basic training: Total training hours: _____ Weeks of training: _____

AGENCY	DATE FROM	DATE TO	RANK	REASON FOR LEAVING

B. Are you eligible for re-hire? YES NO If not, explain fully on separate sheet & attach.

C: List any special training you have received: _____

D. Were you ever disciplined? YES NO If yes, explain fully on separate sheet & attach.

VI. MILITARY HISTORY AND STATUS

A. Have you ever served in the military or active duty? (Include initial active duty training with the National Guard and the reserves) YES NO If yes, attach a copy of your DD214.

MILITARY BRANCH	DATE FROM	DATE TO	HIGHEST RANK ATTAINED AND RANK AT SEPARATION	TYPE OF DISCHARGE AND RE-ENLISTMENT CODE

B. Are you eligible to re-enlist? _____ If not, explain fully on a separate sheet of paper and attach.

C. List any citation and awards received: _____

D. Were you ever disciplined (court martial, article 15, captain's mast, etc.) while on duty? _____
If yes, fully explain on a separate sheet and attach.

VII. VEHICLE CRASH AND ARREST RECORDS

A. Do you currently possess a valid operator's license? _____ Exp. Date: _____

License No.: _____ State: _____

Has your license ever been suspended? _____ If yes, explain: _____

B. List Vehicle crashes in which you have been involved in as a driver:

DATE	LOCATION	EXPLAIN

C. Have you ever received a ticket for a traffic offense? YES NO If yes, describe below:

DATE	LOCATION	CHARGE	FINE/ SENTENCE

D. Have you ever been arrested for a criminal offense? YES NO If yes, describe below:

DATE	LOCATION	CHARGE	FINE/ SENTENCE

E. Have you ever been convicted of a felony? YES NO If yes, explain on a separate sheet and attach.

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	FINE/ SENTENCE

VIII. MISCELLANEOUS

A. Are you a proprietor or part owner of any business or firm? YES NO If yes, describe below:

Are there any licenses for this/these business(es) in your name, (i.e. liquor license)? YES NO

B. Have you ever applied for a permit to carry a handgun? YES NO If yes, explain:

Reason: _____ Status: _____

BASIC ELIGIBILITY REQUIREMENTS

MUST MEET ALL OF THE FOLLOWING REQUIREMENTS:

- Must be a United States Citizen.
- High School Graduate or equivalent.
- Must be able to pass I.L.E.A PT standards.
- Cannot have a felony conviction or have any criminal action pending against you.
- Cannot have a misdemeanor conviction involving domestic battery.
- Must have no convictions for driving under the influence of drugs.
- Shall not have received other than an honorable discharge, or other discharge with honorable conditions.
- Must be of good moral character.
- Must possess a valid driver's license.
- Eye Requirement: Correctable 20/50.
- Must be at least 21 years of age and maximum of 35 years of age when appointed as a police employee.

INSTRUCTIONS

No exceptions will be made for anyone not meeting all requirements. Any application for police employment received in this office after competitive examinations begin shall be held until selections begin for the following Recruit Academy.

The application must be filled out by the applicant and must be hand written in black ink. Answer all questions. If the question does not apply, state: "none" or "does not apply".

DO NOT enclose original birth certificate.

It is important that you clearly and correctly indicate your mailing address and telephone number(s). In the event any address or phone number(s) change after filing your application, mail notification of said change to us immediately.

Applications will not be considered until complete in every aspect. Incomplete applications will be considered void and destroyed. Any misrepresentation of facts on the application will disqualify the applicant.

Please do not make inquiry regarding the status of your application, as you will receive appropriate information concerning your application routinely and in due time. Completed applications will be kept one full year from the date the selection process ends. After that time they will be considered inactive and will be destroyed.

RESERVE OFFICER

Please indicate if your service is for community service only _____ as a Reserve Officer.

- Reserve Officers must be able to work and train a minimum of 16 hours each month.
- Reserve Officers must have a 9 millimeter or .40 caliber (preferably .40 caliber) firearm that is approved by the firearms training officer.

I certify that:

- 1.) All required items are included in this application.
 - a.) Birth Certificate (copy only)
 - b.) High School (grade reports are not accepted)
 - c.) College Transcripts (grade reports are not accepted)
 - d.) Military: DD214 (if veteran), DD217 (if active duty)
 - If active military, letter of endorsement from military commander.
 - Any supporting letters of commendations from military personnel file.
 - Copies of specialized training certificates and awards.
 - e.) Previous Law Enforcement Documentation
 - Copy of Law Enforcement Academy Certificate.
 - Copies of performance appraisals from the last three (3) years.
 - Letter of endorsement from supervisor and law enforcement agency commander.
 - Copies of commendations and awards.
 - f.) Photograph (2 1/2 head and shoulder shot)
- 2.) I have personally completed this application.
- 3.) Signed Waiver form (enclosed)

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 THE APPLICATION CAREFULLY. BE CERTAIN THAT ALL ITEMS ARE COMPLETE BEFORE MAILING.

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

HAND DELIVER TO:

**CLARKSVILLE POLICE DEPARTMENT
1970 Broadway
Clarksville, IN 47129
*ATTN: Lt. Col. David Kirby***



CLARKSVILLE POLICE DEPARTMENT

1970 Broadway, Clarksville, Indiana 47129 • Phone (812) 288-7151 Fax (812) 283-8680

www.ClarksvillePolice.com

EMPLOYMENT RELEASE CONSENT FORM

Mark R. Palmer
Chief of Police

David Kirby
Asst. Chief of Police

Tim Hauber
Safety Director

**Town of Clarksville
Board of Police
Commissioners**

Randall Coleman
Chair

Mark Sutherland
Vice Chair

Lester Allen
Board Secretary

Crime Busters
(812) 284-4636

www.ClarksvillePolice.com

I, _____, release my employers from liability or harm to discuss my personal employment history, reviews, job titles, and reasons for separations, punctuality, dependability, disciplinary, sick leave, safety, financial, honesty, and other records with the investigative members of the Clarksville Police Department.

Dated this _____ day of _____, 20 ____.

Signature of Applicant

