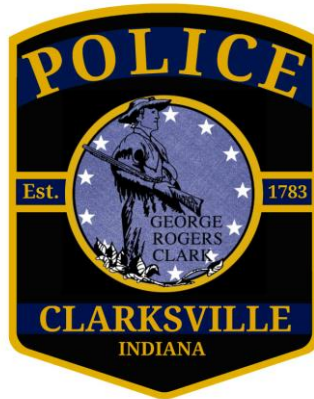


# CLARKSVILLE POLICE DEPARTMENT APPLICATION FOR POLICE OFFICERS



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: \_\_\_\_\_  
\_\_\_\_\_

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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: \_\_\_\_\_  
\_\_\_\_\_

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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: \_\_\_\_\_  
\_\_\_\_\_

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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:

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

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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 ½ 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. James VanWinkle***



# CLARKSVILLE POLICE DEPARTMENT

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

[www.ClarksvillePolice.com](http://www.ClarksvillePolice.com)

## EMPLOYMENT RELEASE CONSENT FORM

**Nathan W. Walls**  
*Chief of Police*

**James R. VanWinkle**  
*Assistant Chief of Police*

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

**Metropolitan Board of Police, Fire and Safety Commissioners**

**Lester Allen**  
*President*

**Dan Tenney**  
*Vice President*

**Missy Rassenfoss**  
*Secretary*

**Roman Nalley**  
*Board Member*

**Mike Ross**  
*Board Member*

**Crime Busters**

(812) 284-4636

[www.ClarksvillePolice.com](http://www.ClarksvillePolice.com)

