

CLARKSVILLE

POLICE DEPARTMENT

APPLICATION FOR CIVILIAN EMPLOYEES



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)

~ 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.

I. INITIAL REQUIREMENT DATA

Social Security Number: _____

(This information is used for background clearances and payroll information. This application will not be processed without a SSN.)

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: _____

List any special training you have received: _____

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. 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.

VI. 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 offence? 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

VII. MISCELLANEOUS

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

Reason: _____ Status: _____

B. Will you submit to a drug test? YES NO

I certify that:

- 1.) All required items are included in this application.
 - a.) Birth Certificate (copy only)
 - b.) Military: DD214 (if veteran), DD217 (if active duty) (IF APPLICABLE)
 - 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.
 - c.) Photograph (2 1/2 head and shoulder shot)
- 2.) I am a High School Graduate and/or have received a GED certificate.
- 3.) 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 THE APPLICATION CAREFULLY. BE CERTAIN THAT ALL ITEMS ARE COMPLETE BEFORE MAILING.

THIS APPLICATION WILL BE DESTROYED 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: Chief Nathan W. Walls