



Kendallville Police Department

Code Enforcement Officer Application

Name: _____
Last First Middle Maiden (if applicable)

Permanent Address: _____
Street or Rural Route Apt. Number

City State Zip County

Telephone Numbers: (Include area codes)

(Home): _____ (Business): _____ (Cell): _____

E-Mail Address: (Mandatory) _____

AN EQUAL OPPORTUNITY EMPLOYER

OFFICER APPLICATION INFORMATION

INSTRUCTIONS

The application must be typed or printed legibly in ink.

Answer all questions... If the question does not apply to you, state: “none” or “does not apply”.

DO NOT enclose your original birth certificate or any other supplemental information.

It is important that you clearly and correctly indicate your mailing address and telephone number(s). **If you have an address or phone number change after submitting this application, mail or telephone notification of the change to the Kendallville Police Department immediately.**

Incomplete applications will not be considered and will be discarded. Any misrepresentation of facts on this application will disqualify the applicant.

Do not make inquires regarding the status of the application; you will receive information concerning the application periodically.

AN E-MAIL ADDRESS IS MANDATORY TO CONTINUE IN THE SELECTION PROCESS. ALL FUTURE CORRESPONDENCE WILL BE SENT VIA E-MAIL. MONITOR YOUR E- MAIL ON A REGULAR BASIS.

IF YOU DO NOT HAVE A VALID E-MAIL ADDRESS, YOUR APPLICATION WILL NOT BE ACCEPTED!

IV. MILITARY HISTORY AND STATUS

A. Have you ever served in the military on 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	Dates		Highest Rank Attained and Rank at Separation	Type of Discharge and Re-Enlistment Code
	From	To		

B. Are you eligible to re-enlist? Yes No If no, explain fully on a separate sheet.

C. Are you currently on active duty (full-time)? Yes No

What is your expected end-of-service obligation date? _____

D. List any citations and awards received.

E. Were you ever disciplined (court martial, article 15, captain's mast, etc.) while on duty?

Yes No If yes, explain fully on a separate sheet.

V. FAMILY DATA

A. Marital Status: Married Single Divorced Separated

B. Spouse's Maiden Name (if applicable): _____

C. Dependents (if applicable):

Name	Age	Relationship

D. Are you legally required to make child support payments? Yes No

Are you current on child support payments? Yes No

If no, explain. _____

VI. EMPLOYMENT DATA

- A. Have you ever been discharged from, or resigned to prevent being discharged, from a position of employment? Yes No If yes, explain fully on a separatesheet.
- B. List chronologically (beginning with the most recent employment) **all past and current employment including part-time.** (Use additional sheets if necessary.)

Name of Employer or Business: _____
Title: _____ Duties: _____

Dates of Employment: From: _____ To: _____
Month Year Month Year
Reason for Leaving: _____
Address of Business: _____
City: _____ State & Zip: _____ Phone: _____
(Area Code)

Name of Employer or Business: _____
Title: _____ Duties: _____

Dates of Employment: From: _____ To: _____
Month Year Month Year
Reason for Leaving: _____
Address of Business: _____
City: _____ State & Zip: _____ Phone: _____
(Area Code)

Name of Employer or Business: _____
Title: _____ Duties: _____

Dates of Employment: From: _____ To: _____
Month Year Month Year
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Address of Business: _____
City: _____ State & Zip: _____ Phone: _____
(Area Code)

Name of Employer or Business: _____
Title: _____ Duties: _____

Dates of Employment: From: _____ To: _____
Month Year Month Year
Reason for Leaving: _____
Address of Business: _____
City: _____ State & Zip: _____ Phone: _____
(Area Code)

Name of Employer or Business: _____
Title: _____ Duties: _____

Dates of Employment: From: _____ To: _____
Month Year Month Year
Reason for Leaving: _____
Address of Business: _____
City: _____ State & Zip: _____ Phone: _____
(Area Code)

Name of Employer or Business: _____
Title: _____ Duties: _____

Dates of Employment: From: _____ To: _____
Month Year Month Year
Reason for Leaving: _____
Address of Business: _____
City: _____ State & Zip: _____ Phone: _____
(Area Code)

Name of Employer or Business: _____
Title: _____ Duties: _____

Dates of Employment: From: _____ To: _____
Month Year Month Year
Reason for Leaving: _____
Address of Business: _____
City: _____ State & Zip: _____ Phone: _____
(Area Code)

Name of Employer or Business: _____
Title: _____ Duties: _____

Dates of Employment: From: _____ To: _____
Month Year Month Year
Reason for Leaving: _____
Address of Business: _____
City: _____ State & Zip: _____ Phone: _____
(Area Code)

Name of Employer or Business: _____
Title: _____ Duties: _____

Dates of Employment: From: _____ To: _____
Month Year Month Year
Reason for Leaving: _____
Address of Business: _____
City: _____ State & Zip: _____ Phone: _____
(Area Code)

VII. REFERENCES (Do not list relatives as references.)

Name: _____ Phone: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 E-mail Address: _____

Name: _____ Phone: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 E-mail Address: _____

Name: _____ Phone: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 E-mail Address: _____

List all residences during the last five years other than present.

Street	City	State	Dates	
			From	To

VIII. VEHICLE CRASH AND ARREST RECORD

A. Do you currently possess a valid drivers license? Yes No License State: _____
 Expiration Date: _____ License Number: _____ License State: _____
 Has your driver license ever been suspended/revoked? Yes No
 If yes, what state(s). _____
 Reason for the suspension(s). _____

B. List all vehicle crashes in which you have been involved as a driver (give date(s) and location(s).

Date	Location	Description

C. Have you ever received a ticket for a traffic offense? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe below.			
Date	Location	Charge	Fine or Sentence
D. Have you ever been arrested for a criminal offense? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe below.			
Date	Location	Charge	Fine or Sentence
E. Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain on a separate sheet of paper.			
F. Have you ever been arrested for an act that would have been a crime had it been committed by an adult? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe below.			
Date	Location	Charge/Offense	Disposition of Case
G. Have you ever been or are you currently involved as a plaintiff, defendant, petitioner or respondent in any civil court case? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain fully on a separate sheet.			
Have you used an illegal drug (other than marijuana), or abused a legal drug within the last 5 years?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you used marijuana within the last 3 years?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever knowingly or intentionally sold, transported or manufactured any illegal drug for profit?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you currently abuse alcohol?			<input type="checkbox"/> Yes <input type="checkbox"/> No

IX. MISCELLANEOUS

A. Do you own your own home? Yes No

If yes, how much is current mortgage indebtedness? _____

B. What is the amount of your indebtedness, other than home? _____

C. Annual Income: Applicant: _____ Spouse: _____

D. Are you a proprietor or part owner of any business or firm?

Yes No If yes, describe nature of business.

Is there any business license(s) in your name, (i.e., liquor license)? Yes No

If yes, list the license(s).

E. Do you currently possess a handgun permit? Yes No

F. Have you ever been denied a handgun permit or had a handgun permit revoked? Yes No

If yes, why? _____

AUTHORIZATION TO RELEASE INFORMATION

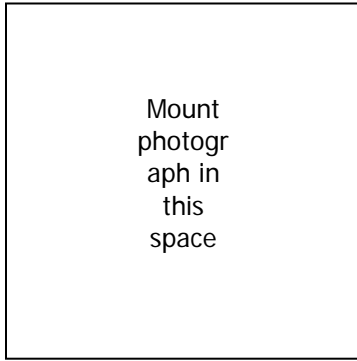
I, _____, hereby authorize any person, agency, partnership, or corporation having any information concerning my CREDIT RECORD, EDUCATION RECORD, MEDICAL RECORD, EMPLOYMENT, MILITARY RECORD, or SELECTIVE SERVICE RECORD, to release such information to the Kendallville IN Police Department. This information is to be used for possible employment with the Kendallville IN Police Department.

I hereby release such person, agency, partnership, or corporation from any liability, which may be incurred in releasing this information to the Kendallville IN Police Department, including any liability under Federal Law.

(Signature)

(Date)

(Witness, Signature and Printed)



Mount
photograph in
this
space

Photograph to front view, head and shoulders,
2 ½" square, and taken within the past six months

Other photographs are not acceptable.

I certify:

- 1. All required items are included with this application.**
 - A. Birth Certificate (copy only)**
 - B. High School, and if applicable, college transcripts (grade reports not accepted)**
 - C. Military – DD214 (if applicable), DD217 (if active duty)**
 - **If active duty, letter of endorsement form military commander**
 - **Any supporting letters of commendations from military personnel file**
 - **Copies of specialized training certifications and awards**
 - D. Photograph – 2 ½" X 2 ½" head and shoulders**
 - E. Provide a copy of drivers license**
 - F. Provide a copy of your current Credit History.**

I swear and affirm under penalty of perjury all information contained in this application is true and accurate to the best of my knowledge.

Signature _____

Date _____

Check application carefully – be certain all items are complete before returning.
This application will be voided if all information is not complete and all required documents are not attached.

An Equal Opportunity/Affirmative Action Employer