



# Kendallville Police Department

## 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

## BASIC ELIGIBILITY REQUIREMENTS

1. Must be a United States citizen
2. Must be at least 21 years old but not more than 35 by Indiana Pension Law.
3. Must have vision correctable to 20/50
4. Must possess a valid drivers license
5. Must have earned a high school diploma or GED.
6. Must pass a criminal history / driver history / comprehensive background check.
7. Must pass a physical agility test mandated by the Indiana Law Enforcement Academy.

## INSTRUCTIONS

No exceptions will be made for anyone not meeting all requirements. Any application for police employment received after the end of the acceptance period will not be considered.

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 inquiries regarding the status of the application; you will receive information concerning the application periodically. Complete applications will be kept in file for one year from the date the selection process ends. After that time, they will be considered inactive and will be destroyed.

**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!**

**I. INITIAL REQUIREMENT DATA**

A. Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ (Attach copy of birth certificate)

Sex: Female Male

Race: Asian Black Hispanic Native American White  
Other (Specify) \_\_\_\_\_

B. Are you a U.S. citizen? Yes No

If no, explain on a separate sheet and attach documentation.

Social Security Number: \_\_\_\_\_

(For background clearance and payroll information, this number is required. The application **will not** be processed without it.)

**II. EDUCATION DATA (Attach transcripts for all listed.)**

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

Name and Address of School	Course of Study	Number of Hours Completed	GPA on a 4.0 Scale	Did you Graduate?	List Diploma or Degree

B. Is your high school/college sending transcript(s)? Yes No (instead of being included in application)

**III. LAW ENFORCEMENT EXPERIENCE** Yes No

A. Have you ever been employed as a sworn or merit police officer by a law enforcement agency?  
Yes No Full-Time Reserve / Volunteer

Did you complete a state certified law enforcement academy? Yes No

If yes, list the date of completion, location and academy name.

\_\_\_\_\_

Date law enforcement training was completed: \_\_\_\_\_

Did you receive a certification upon completion of training? Yes No

Number of basic training weeks: \_\_\_\_\_ Total training hours: \_\_\_\_\_

Agency	Dates		List Full Time or Reserve and Highest Rank Held	Reason for Leaving
	From	To		

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

C. List any specialty training you have received.

\_\_\_\_\_

D. Were you ever disciplined? Yes No If yes, explain fully on a separate sheet.

**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 separate sheet.
- 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

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)

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

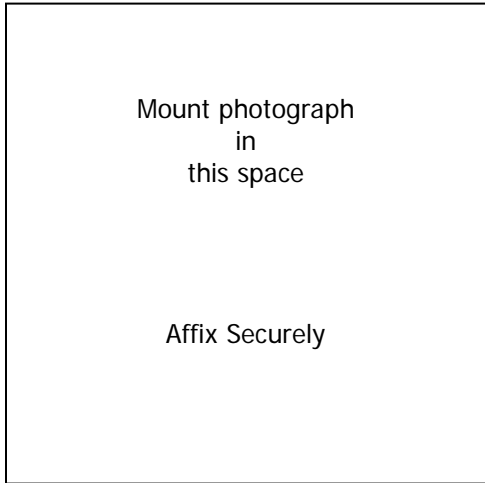
I, \_\_\_\_\_, hereby authorize any person, agency, partnership, or corporation having any information concerning my CREDIT RECORD, EDUCATION RECORD, MEDICAL RECORD, EMPLOYMENT, MILITARY RECORD, or SELECTIVE SERVICE RECORD, to release such information to the Kendallville IN Police Department. This information 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)



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. Previous law enforcement documentation**
    - **Copy of law enforcement academy certificate**
    - **Copies of commendations and awards**
  - E. Photograph – 2 ½" X 2 ½" head and shoulders**
  - F. Provide a copy of drivers license**
  - G. 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**