

**Application for Employment**  
**Nappanee Police Department**  
An Equal Opportunity Employer

**GENERAL INFORMATION FOR ALL APPLICANTS PLEASE  
READ**

**Your application will not be considered unless complete in every respect. No exceptions will be made.**

**The application must be completed in ink and in your handwriting. Do not type.**

**Every question must be answered. If the question does not apply, write “None” or “Not Applicable” in the appropriate blank. If your answer cannot be written completely in the space provided, you may write the additional information on the reverse side of the page with proper identifying references.**

**All applicants will be contacted. Do not make inquiry regarding the status of your application.**

**All applicants will be photographed and fingerprinted by the department at the appropriate time.**

**Have the last page of the application signed by a Notary Public.**

**Return all completed application in person or by mail to:**

**Nappanee Police Department  
301 W. Lincoln Street  
Nappanee, IN 46550**

**Date returned: \_\_\_\_\_, 20\_\_\_\_\_.**

**EMPLOYMENT APPLICATION**

**POSITION SOUGHT (circle one):** Patrol Officer, Dispatcher, Reserve, Crossing Guard

**LAST NAME:** \_\_\_\_\_ **FIRST NAME:** \_\_\_\_\_ **M.I.** \_\_\_\_\_

**OTHER NAMES PREVIOUSLY USED (I.E. MADIEN):** \_\_\_\_\_

**HOME ADDRESS:** \_\_\_\_\_ **COUNTY:** \_\_\_\_\_

**CITY/STATE/ZIP:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_

**SOCIAL SECURITY NUMBER:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**ARE YOU A U.S. CITIZEN? YES:** \_\_\_\_\_ **NO:** \_\_\_\_\_

**ARE YOU AT LEAST 21 YEARS OF AGE? YES:** \_\_\_\_\_ **NO:** \_\_\_\_\_

**EMPLOYMENT HISTORY AND WORK EXPERIENCE**

**IN THIS SECTION, LIST ALL EMPLOYMENT HISTORY AND WORK EXPERIENCE IN DATE ORDER, INCLUDING MILITARY EXPERIENCE. BEGIN WITH YOUR CURRENT EMPLOYER. USE REVERSE SIDE OF PAGES IF NECESSARY. FAILURE TO INCLUDE ALL EMPLOYMENT MAY BE GROUNDS FOR DISQUALIFICATION.**

**CURRENT EMPLOYER:** \_\_\_\_\_

(Enter "None" if unemployed)

**MAY WE CONTACT YOUR CURRENT EMPLOYER PRIOR TO EMPLOYMENT?**

**YES:** \_\_\_\_\_ **NO:** \_\_\_\_\_

**ADDRESS OF EMPLOYER:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**DATES EMPLOYED:** \_\_\_\_\_ **TO** \_\_\_\_\_

**JOB TITLE:** \_\_\_\_\_

**SUPERVISOR'S NAME:** \_\_\_\_\_

**BEGINNING SALARY:** \_\_\_\_\_ **PER** \_\_\_\_\_ **CURRENT SALARY:** \_\_\_\_\_ **PER** \_\_\_\_\_

**DESCRIBE YOUR DUTIES, RESPONSIBILITIES, EQUIPMENT OPERATED, PROMOTION, ETC:** \_\_\_\_\_  
\_\_\_\_\_

**WHY DO YOU WANT TO LEAVE?** \_\_\_\_\_  
\_\_\_\_\_

**PREVIOUS EMPLOYER #1** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**DATES EMPLOYED:** \_\_\_\_\_ **TO** \_\_\_\_\_

**JOB TITLE:** \_\_\_\_\_

**SUPERVISOR'S NAME:** \_\_\_\_\_

**BEGINNING SALARY:** \_\_\_\_\_ **PER** \_\_\_\_\_ **CURRENT SALARY:** \_\_\_\_\_ **PER** \_\_\_\_\_

**DESCRIBE YOUR DUTIES, RESPONSIBILITIES, EQUIPMENT OPERATED, PROMOTION, ETC:** \_\_\_\_\_  
\_\_\_\_\_

**WHY DO YOU WANT TO LEAVE?** \_\_\_\_\_  
\_\_\_\_\_

**PREVIOUS EMPLOYER #2** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**DATES EMPLOYED:** \_\_\_\_\_ **TO** \_\_\_\_\_

**JOB TITLE:** \_\_\_\_\_

**SUPERVISOR'S NAME:** \_\_\_\_\_

**BEGINNING SALARY:** \_\_\_\_\_ **PER** \_\_\_\_\_ **CURRENT SALARY:** \_\_\_\_\_ **PER** \_\_\_\_\_

**DESCRIBE YOUR DUTIES, RESPONSIBILITIES, EQUIPMENT OPERATED, PROMOTION, ETC:** \_\_\_\_\_  
\_\_\_\_\_

**WHY DO YOU WANT TO LEAVE?** \_\_\_\_\_  
\_\_\_\_\_

**PREVIOUS EMPLOYER #3** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**DATES EMPLOYED:** \_\_\_\_\_ **TO** \_\_\_\_\_

**JOB TITLE:** \_\_\_\_\_

**SUPERVISOR'S NAME:** \_\_\_\_\_

**BEGINNING SALARY:** \_\_\_\_\_ **PER** \_\_\_\_\_ **CURRENT SALARY:** \_\_\_\_\_ **PER** \_\_\_\_\_

**DESCRIBE YOUR DUTIES, RESPONSIBILITIES, EQUIPMENT OPERATED, PROMOTION, ETC:** \_\_\_\_\_  
\_\_\_\_\_

**WHY DO YOU WANT TO LEAVE?** \_\_\_\_\_  
\_\_\_\_\_

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**EDUCATION AND TRAINING**

**THIS SECTION IS INTENDED TO GIVE THE EMPLOYER INFORMATION ABOUT THE EDUCATION AND TRAINING THAT THE APPLICANT HAS COMPLETED, AND TO DEMONSTRATE THE SKILLS, KNOWLEDGE, AND ABILITIES OF THE APPLICANT TO PERFORM THE JOB DUTIES OF THE POSITION.**

**HIGH SCHOOL ATTENDED:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**DID YOU GRADUATE:** \_\_\_\_\_ **HIGH SCHOOL EQUIVALENT:** \_\_\_\_\_

**COURSES PERTAINING TO JOB APPLIED FOR:** \_\_\_\_\_

**ACTIVITIES, AWARDS, SPORTS, ETC.:** \_\_\_\_\_

**COLLEGE OR TRADE SCHOOL ATTENDED:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**DATES OF ATTENDANCE:** \_\_\_\_\_ **TO** \_\_\_\_\_

**DID YOU GRADUATE?** \_\_\_\_\_ **DEGREE:** \_\_\_\_\_

**COURSES PERTAINING TO JOB APPLIED FOR:** \_\_\_\_\_

**ACTIVITIES, AWARDS, SPORTS, ETC.:** \_\_\_\_\_

**GRADUATE SCHOOL(S) ATTENDED:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**DATE OF ATTENDANCE:** \_\_\_\_\_ **TO** \_\_\_\_\_

**DID YOU GRADUATE?** \_\_\_\_\_ **DEGREE:** \_\_\_\_\_

**PLEASE USE THE FOLLOWING SPACE TO PROVIDE ANY FURTHER INFORMATION ON TRAINING, EDUCATION, SKILLS, ABILITIES, HOBBIES, VOLUNTEER WORK, ETC., THAT YOU POSSESS OR HAVE EXPERIENCED THAT MAY BE HELPFUL IN THE EVALUATION OF YOUR APPLICATION.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PERSONAL INFORMATION**

**DO YOU HAVE ANY COMMITMENTS (I.E., SECOND JOB, SCHOOL, ETC.) WHICH MIGHT INTERFERE WITH, OR ADVERSELY AFFECT, YOUR EMPLOYMENT SHOULD WE SELECT YOU FOR A POSITION?**

**YES:** \_\_\_\_\_ **NO:** \_\_\_\_\_

**If yes, please explain:** \_\_\_\_\_

\_\_\_\_\_

**HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES:** \_\_\_\_\_ **NO:** \_\_\_\_\_

**If yes, please explain:** \_\_\_\_\_

\_\_\_\_\_

**DO YOU POSSESS A VALID DRIVERS LICENSE: YES: \_\_\_\_\_ NO: \_\_\_\_\_**

**LICENSE NUMBER: \_\_\_\_\_ STATE: \_\_\_\_\_**

**IF NO, CAN YOU OBTAIN ONE PRIOR TO EMPLOYMENT? YES: \_\_\_\_\_ NO: \_\_\_\_\_**

**ARE YOU ELIGIBLE TO WORK IN THE UNITED STATES? YES: \_\_\_\_\_ NO: \_\_\_\_\_**

**PLEASE LIST THREE REFERENCES WHO ARE NOT RELATED TO YOU THAT YOU  
HAVE KNOWN AT LEAST ONE YEAR:**

**NAME: \_\_\_\_\_**

**PHONE: \_\_\_\_\_ ADDRESS: \_\_\_\_\_**

\_\_\_\_\_

**NAME: \_\_\_\_\_**

**PHONE: \_\_\_\_\_ ADDRESS: \_\_\_\_\_**

\_\_\_\_\_

**NAME: \_\_\_\_\_**

**PHONE: \_\_\_\_\_ ADDRESS: \_\_\_\_\_**

\_\_\_\_\_

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**PLEASE READ EACH OF THE FOLLOWING PARAGRAPHS CAREFULLY. INDICATE YOUR UNDERSTANDING OF, AND CONSENT TO, THE CONTENTS AND CONDITIONS OF EACH PARAGRAPH BY PLACING YOUR INITIALS AT THE END OF EACH PARAGRAPH. IF YOU HAVE ANY QUESTIONS REGARDING THESE PARAGRAPHS, CONTACT THE EMPLOYER BEFORE INITIALING THE PARAGRAPH.**

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1. I understand and accept that, if I am selected for employment, my employment may be conditioned upon my passing any medical examination that the employer deems necessary to determine whether I can physically perform the essential function of the position, with reasonable accommodation when necessary. I understand and accept that this may include drug, alcohol, or substance abuse testing. Initials: \_\_\_\_\_

2. If employed, I understand and accept that I may be required to work evening shifts or night shifts, including weekends and holidays, and be on call and work mandatory overtime hours. Initials: \_\_\_\_\_

3. I understand and accept that if any information required in this application is found to be falsified or intentionally excluded, my application may be disqualified from further consideration. I further understand and accept that if I am employed by the employer, I may be subject to disciplinary action, including termination, if any information required by this application has been falsified or intentionally excluded. Initials: \_\_\_\_\_

4. I understand and accept that the employer requires a high degree of integrity and confidentiality of its employees. I also understand and accept that the various

law enforcement and informational agencies that exchange information and data with the employer require that the employer's employees do not have a past record of unlawful activities. Therefore, I understand and accept that the employer will investigate my background for any criminal or unlawful activity.      Initials: \_\_\_\_\_

5.      I hereby authorize the employers, schools, and personal references named in this application to provide information regarding mm to the employer. I further authorize the release of personnel, academic and other records to the employer.

Initials: \_\_\_\_\_

**I SOLEMNLY SWEAR THAT ALL OF THE INFORMATION FURNISHED IN THIS EMPLOYMENT APPLICATION IS TRUE, ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT ANY MISREPRESENTATION OR FALSIFICATION OF THE INFORMATION PROVIDED MAY LEAD TO WITHDRAWAL OF AN EMPLOYMENT OFFER OR TERMINATION FOLLOWING EMPLOYMENT. I RECOGNIZE THAT MY FUTURE EMPLOYMENT WITH THE EMPLOYER WILL BE JEOPARDIZED IF I ENGAGE IN SUBSTANCE ABUSE, ILLEGAL DRUG USE, OR ALCOHOL ABUSE.**

\_\_\_\_\_  
(Applicant's Signature)

\_\_\_\_\_  
(Date)

**State of Indiana**  
**County of** \_\_\_\_\_

\_\_\_\_\_ being duly sworn deposes and says  
that he/she is the applicant above named and that all answers and statements contained in  
the forgoing application are true.

\_\_\_\_\_  
(Signature of Applicant)

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

My commission expires \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
(Notary Public)