

APP# \_\_\_\_\_ P/U \_\_\_\_/\_\_\_\_/20\_\_\_\_ :\_\_\_\_.m. RTN \_\_\_\_/\_\_\_\_/20\_\_\_\_ :\_\_\_\_.m.

**APPLICATION FOR EMPLOYMENT  
KNIGHTSTOWN POLICE DEPARTMENT  
Application to be completed by applicant**

POSITION APPLIED FOR \_\_\_\_\_, FULL TIME/PART-TIME **RESERVE**/DISPATCHER

NAME \_\_\_\_\_  
LAST FIRST MIDDLE

ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP CODE

TELEPHONE# \_\_\_\_\_ MOBILE \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_ - \_\_\_\_ - \_\_\_\_ DATE OF BIRTH \_\_\_\_ - \_\_\_\_ - \_\_\_\_

DRIVERS LICENSE NUMBER \_\_\_\_\_ STATE OF ISSUE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

HAVE YOU EVER BEEN EMPLOYED WITH THE TOWN OF KNIGHTSTOWN \_\_\_\_\_

ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THIS COUNTRY \_\_\_\_\_

DATE AVAILABLE FOR WORK \_\_\_\_\_

HAVE YOU EVER BEEN ARRESTED AND OR CONVICTED OF A CRIMINAL OFFENSE \_\_\_\_\_  
IF YES EXPLAIN \_\_\_\_\_

CONVICTIONS WILL NOT NECESSARILY BE A BAR TO EMPLOYMENT

**SKILLS AND QUALIFICATIONS**

SUMMERIZE ANY TRAINING, SKILLS, LICENSE OR CERTIFICATES THAT MAY QUALIFY YOU AS BEING ABLE TO PERFORM JOB-RELATED FUNCTIONS IN THE POSITION FOR WHICH YOU ARE APPLYING. \_\_\_\_\_

PSID NUMBER \_\_\_\_ - \_\_\_\_ If you have one issued.

**EDUCATION BACKGROUND**

NAME AND LOCATION	YEARS COMPLETED	DID YOU GRADUATE	COURSE OF STUDY
HIGH SCHOOL			
COLLEGE			
OTHER			

HAVE YOU EVER SERVED IN THE MILITARY \_\_\_\_\_

IF YES WHAT BRANCH(S) OF SERVICE \_\_\_\_\_

WHAT TYPE AND WHEN WERE YOU DISCHARGED \_\_\_\_\_

ARE YOU STILL IN THE MILITARY \_\_\_\_\_ IF YES, WHICH BRANCH \_\_\_\_\_

**REFERENCES: LIST SIX (6) REFERENCES OTHER THAN RELATIVES OR SUPERVISORS:**

NAME	TELEPHONE	YEARS KNOWN

**PERSONAL OVERVIEW:**

**IN THIS SPACE BELOW, INDICATE WHY YOU FEEL YOU WOULD BE AN ASSET TO THE POSITION APPLIED FOR.**

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**IN THE SPACE PROVIDED BELOW, PLEASE ATTACH A COLOR PICTURE, OTHER THAN A DRIVERS LICENSE, OF YOURSELF TAKEN WITHIN THE LAST 2 YEARS.**

**EMPLOYMENT HISTORY**

**PROVIDE THE FOLLOWING INFORMATION FROM YOUR PAST FOUR (4) EMPLOYERS, ASSIGNMENT OR VOLUNTEER ACTIVITIES, STARTING WITH THE MOST RECENT.**

FROM \_\_\_\_\_ TO \_\_\_\_\_ EMPLOYER \_\_\_\_\_ PHONE \_\_\_\_\_

JOB TITLE \_\_\_\_\_ ADDRESS \_\_\_\_\_

IMMEDIATE SUPERVISOR & TITLE \_\_\_\_\_

NATURE OF WORK PERFORMED AND RESPONSIBILITIES \_\_\_\_\_  
\_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

HOURLY RATE OR SALARY \_\_\_\_\_

FROM \_\_\_\_\_ TO \_\_\_\_\_ EMPLOYER \_\_\_\_\_ PHONE \_\_\_\_\_

JOB TITLE \_\_\_\_\_ ADDRESS \_\_\_\_\_

IMMEDIATE SUPERVISOR & TITLE \_\_\_\_\_

NATURE OF WORK PERFORMED AND RESPONSIBILITIES \_\_\_\_\_  
\_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

HOURLY RATE OR SALARY \_\_\_\_\_

FROM \_\_\_\_\_ TO \_\_\_\_\_ EMPLOYER \_\_\_\_\_ PHONE \_\_\_\_\_

JOB TITLE \_\_\_\_\_ ADDRESS \_\_\_\_\_

IMMEDIATE SUPERVISOR & TITLE \_\_\_\_\_

NATURE OF WORK PERFORMED AND RESPONSIBILITIES \_\_\_\_\_  
\_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

HOURLY RATE OR SALARY \_\_\_\_\_

FROM \_\_\_\_\_ TO \_\_\_\_\_ EMPLOYER \_\_\_\_\_ PHONE \_\_\_\_\_

JOB TITLE \_\_\_\_\_ ADDRESS \_\_\_\_\_

IMMEDIATE SUPERVISOR & TITLE \_\_\_\_\_

NATURE OF WORK PERFORMED AND RESPONSIBILITIES \_\_\_\_\_  
\_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

HOURLY RATE OR SALARY \_\_\_\_\_

I UNDERTAND THAT IF I AM EMPLOYED, ANY MISREPRESENTATION OR MATERIAL OMISSION MADE BY ME ON THIS APPLICATION WILL BE SUFFICIENT CAUSE FOR CANCELLATION OF THIS APPLICATION OR IMMEDIATE DISCHARGE FROM THE EMPLOYER'S SERVICES, WHENEVER IT IS DISCOVERED.

I GIVE THE EMPLOYER THE RIGHT TO CONTACT AND OBTAIN ANY INFORMATION FROM ALL REFERENCES, EMPLOYERS, AND EDUCATIONAL INSTITUTIONS AND TO OTHERWISE VERIFY THE ACCURACY OF THE INFORMATION CONTAINED IN THIS APPLICATION. I HERBY RELEASE FROM LIABILITY THE EMPLOYER AND IT'S REPRESENTATIVES FOR SEEKING, GATHERING AND USING SUCH INFORMATION AND ALL OTHER PERSONS, CORPORATIONS OR ORGANIZATIONS FOR FURNISHING SUCH INFORMATION.

THIS APPLICATION DOES NOT UNLAWFULLY DISCRIMINATE IN EMPLOYMENT AND NO QUESTION ON THIS APPLICATION IS USED FOR THE PURPOSE OF LIMITING OR EXCUSING ANY APPLICANT, IT WILL BE NECESSARY TO FILL OUT A NEW APPLICATION.

IF I AM HIRED, I UNDERSTAND THAT I AM FREE TO RESIGN AT ANY TIME, WITH OR WITHOUT CAUSE AND WITHOUT PRIOR NOTICE, THE EMPLOYER RESERVES THE RIGHT TO TERMINATE MY EMPLOYMENT AT ANY TIME, WITH OR WITHOUT CAUSE AND WITHOUT PRIOR NOTICE, EXCEPT AS MAY BE REQUIRED BY LAW. THIS APPLICATION DOES NOT CONSTITUTE AN AGREEMENT OR CONTRACT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OR DEFINATE DURATION. I UNDERSTAND THAT NO REPRESENTATIVE OF THE EMPLOYER, OTHER THAN AN AUTHORIZED OFFICER, HAS THE AUTHORITY TO MAKE ANY ASSURANCES TO THE CONTRARY, I FURTHER UNDERSTAND THAT ANY SUCH ASSURANCES MUST BE IN WRITING AND SIGNED BY AN AUTHORIZED OFFICER.

I UNDERSTAND IT IS THE COMPANY POLICY NOT TO REFUSE TO HIRE A QUALIFIED INDIVIDUAL WITH A DISABILITY BECAUSE OF THAT PERSON'S NEED FOR A REASONABLE ACCOMODATION AS REQUIRED BY THE ADA.

I ALSO UNDERSTAND THAT IF I AM HIRED, I WILL BE REQUIRED TO PROVIDE PROOF OF IDENTITY AND LEGAL WORK AUTHORIZATION.

I REPRESENT AND WARRANT THAT I HAVE READ AND FULLY UNDERSTAND THE FORGOING AND SEEK EMPLOYMENT UNDER THESE CONDITIONS.

SIGNATURE OF APPLICANT \_\_\_\_\_

DATE OF APPLICATION: \_\_\_\_\_

**KNIGHTSTOWN POLICE DEPARTMENT  
CRIMINAL BACKGROUND CHECK/DRIVERS LICENSE CHECK  
INFORMED CONSENT**

DATE \_\_\_/\_\_\_/\_\_\_

THE FOLLOWING INDIVIDUAL HAS MADE APPLICATION WITH THIS AGENCY:

NAME:

\_\_\_\_\_  
LAST FIRST MIDDLE

ADDRESS:

\_\_\_\_\_  
STREET TOWN STATE ZIP CODE

MAIDEN, PREVIOUS, ALIAS: \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ DRIVERS LICENSE # \_\_\_\_\_  
MONTH/DAY/YEAR

SOCIAL SECURITY # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

I AUTHORIZE THE KNIGHTSTOWN POLICE DEPARTMENT TO OBTAIN A COPY OF MY CRIMINAL BACKGROUND CHECK FOR CRIMINAL JUSTICE EMPLOYMENT. I ALSO AUTHORIZE THE KNIGHTSTOWN POLICE DEPARTMENT TO OBTAIN A COPY OF MY MOTOR VEHICLE RECORD THROUGH THE INDIANA BUREAU OF MOTOR VEHICLES FOR PURPOSE OF EMPLOYMENT AS A POLICE OFFICER (FULL TIME OR RESERVE) WITH THIS AGENCY.

THE EXPIRATION OF THIS AUTHORIZATION SHALL BE FOR A PERIOD NO LONGER THAN ONE YEAR FROM THE DATE OF MY SIGNATURE.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINTED NAME

**DEPARTMENT USE ONLY:**

DATE OF III \_\_\_\_\_ OFFICER \_\_\_\_\_

DATE OF BMV CHECK \_\_\_\_\_ OFFICER \_\_\_\_\_