



Westport Police Department

203 E. Mulberry St.
Westport, IN 47283
(812) 591-2651

An Equal Opportunity and a Drug Free Workplace

Qualified applicants are considered for employment and treated equally regardless of race, color, religion, disability, or marital status.

Law Enforcement Employment Application

NOTICE: Please read and follow these instructions exactly. Your ability to complete this application as requested will be evaluated and used as one basis for selection decisions. This application when completed will be used by the Westport Police Department as an investigative aid. Retention of this personal data will remain with the Westport Police Department.

SECTION I

Instructions

1. Hand print clearly, in black ink, and in your **own** handwriting.
2. Answer every question. If a question does not apply to you, indicate N/A.
3. Any unanswered, incomplete or omitted questions may result in rejection of your application or dismissal.
4. If the space available is insufficient, use a separate sheet of 8 ½ x 11 paper and precede each answer with the question.
5. Do not misstate or omit any material fact since the statements made herein are subject to verification to determine your qualifications for selection.
6. Answer all questions accurately and completely. Do not make exaggerated, false or misleading statements as they may cause your rejection or dismissal.
7. Each and every question has a purpose. Do not fail to answer each question completely, even if you feel it is "not important".
8. **Provide a copy of birth certificate, GED or high school diploma, law enforcement academy training, dd214 (military) (if applicable), divorce decree (if applicable), driver's license, and social security card.**
9. **Provide official transcripts documenting credit hours from involved universities or colleges to the Westport Police Department. The application will not be complete without transcripts.**

I have read and understand all the above instructions. I also understand that I may be asked to take a polygraph examination to determine the accuracy of the information provided in this application.

Signature

Date

Print Name

The following types of information are examples of what will be collected: employment and educational history; military, insurance, credit, and financial information; motor vehicle and police records; information about your abilities, family character, lifestyle, and organization memberships. Information will be obtained by letter, telephone and by personal interview with both primary and secondary sources. This information is used as one basis for selection decision.

SECTION 2

Position(s) applied for: _____

Are you a certified police officer? ____ YES ____ NO If so, in what state? _____

SECTION 3

Current Personal Data

Name: _____

Last _____ First _____ Middle _____

Social Security Number: _____

Date of birth: _____ Age _____ Place of birth: _____
mo./day/yr. City/county/state/country

Present address: _____
City State Zip code

Mailing address: _____
City State Zip code

Home telephone: (____) _____ Business telephone (____) _____

Cell phone: (____) _____

Height _____ Weight _____ Eye Color _____ Hair Color _____

Scars, Tattoos, and Other Markings _____

Aliases, nickname, maiden name, or other name changes: _____

Are you legally eligible to work in the United States? ____ YES ____ NO

Can you, upon employment, submit documentation verifying your right to work and your identity?
____ YES ____ NO

Are you a naturalized citizen of the United States? ____ YES ____ NO

Sworn positions only (requirement for FDLE CJST certification)

SECTION 4

Education

Circle highest grade completed:

High School 9 10 11 12

College/University 1 2 3 4

Graduate School 1 2 3 4

School name	Address	Attendance Dates	Degree
-------------	---------	------------------	--------

High School

College/University

Graduate

Other/GED

While in school, were you ever suspended or expelled? ____ YES ____ NO

If YES, explain date, school and incident. (use additional sheet of paper if necessary)

If you have not yet obtained a degree, please indicate the total amount of college credits you have earned. _____

SECTION 5

Military Service

Have you ever served in the United States military or coast guard, including ROTC?

____ YES ____ NO (if YES, include a photocopy of DD-214)

Branch of service _____ Unit or Ship _____

What is your military service number and/or selective service number? _____

Highest rank held _____

How many periods of active military service have you had? (please list all periods of service)

List all medals and decorations awarded to you as a member of the armed forces:

What is the type of your discharge?

____ Honorable ____ Dishonorable ____ General

____ Honorable conditions ____ Other

If other than honorable, state the reason or circumstances:

Are you now or were you ever on active or inactive duty of any branch of the United States reserve forces? ____ YES ____ NO ____ active ____ inactive

Branch of service: _____ Rank _____

Are you now or were you ever a member of the National Guard? ____ YES ____ NO

State branch, unit and location of duty station _____

Rank earned _____

Were you ever court martialed or tried on charges? Were you the subject of a summary court, deck court, captain's mast or company punishment, or any other disciplinary action including an Article 15 while a member of the armed services? ____ YES ____ NO if YES, state the findings and the circumstances from which the action stemmed. Provide any documentation you may possess.

List any disciplinary action taken against you in the National Guard or other reserve unit and the circumstances from which the action stemmed. Provide any documentation you may possess. (Attach additional sheets if necessary)

SECTION 6

Marital information

Status: ____ Single ____ Married ____ Engaged ____ Separated ____ Divorced

Information concerning marriages (list all marriages):

Date married _____ Jurisdiction _____ Spouse's name _____ Spouse's date of birth _____

Name, address & telephone of spouse(s) if divorced or separated:

If ever separated, annulled or divorced, indicate the following information:
Separated, annulled or decree Date of order Where decreed by law (court & state)

List all children by name and age born to you:

Child's name Age Other parent's name Address

Are you now supporting children born to you, either adopted by you or stepchildren? ____ YES ____ NO
If not, give details: _____

Are you currently engaged or regularly involved with or residing with another person in a domestic relationship (other than legal spouse)? ____ YES ____ NO If YES: please provide their name, date of birth, and social security number.

Name: _____ DOB: _____ SSN# _____

Address, if different: _____

City, state, zip code: _____ Phone Number: _____

SECTION 7

Residence

Chronologically list, from the present, all previous places of residence since leaving high school:
Dates Address (Include City, State & Zip Code)

SECTION 8

Employment History

*This section must be completed even if you attach a resume

Beginning with your current or most recent employer, list all full and part-time employment and account for all periods of unemployment which exceed three months. Use additional sheets if necessary. If you have been employed under other names, list with applicable employer.

The background investigation will not be completed without contacting your present employer

1. Name of employer: _____

Street address: _____

City, state, zip: _____ Number: _____

Job title: _____ Supervisor's name: _____

Job duties & responsibilities: _____

Starting date: _____ Ending date: _____

Starting salary: _____ Ending salary: _____

Reason for leaving: _____

2. Name of employer: _____

Street address: _____

City, state, zip: _____ Number: _____

Job title: _____ Supervisor's name: _____

Job duties & responsibilities: _____

Starting date: _____ Ending date: _____

Starting salary: _____ Ending salary: _____

Reason for leaving: _____

3. Name of employer: _____

Street address: _____

City, state, zip: _____ Number: _____

Job title: _____ Supervisor's name: _____

Job duties & responsibilities: _____

Starting date: _____ Ending date: _____

Starting salary: _____ Ending salary: _____

Reason for leaving: _____

4. Name of employer: _____

Street address: _____

City, state, zip: _____ Number: _____

Job title: _____ Supervisor's name: _____

Job duties & responsibilities: _____

Starting date: _____ Ending date: _____

Starting salary: _____ Ending salary: _____

Reason for leaving: _____

5. Name of employer: _____

Street address: _____

City, state, zip: _____ Number: _____

Job title: _____ Supervisor's name: _____

Job duties & responsibilities: _____

Starting date: _____ Ending date: _____

Starting salary: _____ Ending salary: _____

Reason for leaving: _____

Have you ever been asked, or given the opportunity to resign from any employment position?

_____ YES _____ NO if YES, please give details on a separate paper

Have you been counseled, reprimanded, suspended, or terminated from any employment? _____ YES

_____ NO if YES, please give details on a separate paper

For past or present law enforcement officers:

Have you ever been the subject of an internal investigation? List jurisdiction, allegation, dates and disposition _____ YES _____ NO if YES, please give details on a separate paper

SECTION 9

Criminal and Juvenile Record

Have you ever been a witness, suspect, or the subject of a police investigation? _____ YES _____ NO If YES, explain in detail as to what offense, jurisdiction, date, outcome or results of the investigation.

Have you ever been arrested, indicted, convicted or pled no contest to any violation of the law, ordinance, or criminal traffic violations? _____ YES _____ NO

If YES provide all pertinent details including fines, convictions, probation, jail or prison sentences (including those while in the military):

Date of Offense	Charge Name	Location Of	Court Disposition/Sentence
-----------------	-------------	-------------	----------------------------

Note: A criminal background check and driving record check will be conducted if you are considered for employment. Information concerning convictions may not necessarily disqualify an applicant. However,

any applicant who falsifies the application by failing to provide required information on convictions will, if employed, be subject to dismissal or, if not employed, be subject to disqualification.

Have you ever been placed on probation for any offense **(sealed or expunged records included)**

_____ YES _____ NO If YES, give details: (Use additional sheet if necessary.)

Have you ever committed any criminal offense? _____ YES _____ NO If YES, give details: (use additional sheet if necessary)

Have you been fingerprinted by a law enforcement agency? _____ YES _____ NO Give details below. Your answer will be checked with the FBI and other agencies.

Agency _____ Date _____

Purpose _____ Status _____

Agency _____ Date _____

Purpose _____ Status _____

Have you ever applied for a position with any other police agency? _____ YES _____ NO

(List all, with dates and status of application included. Use a separate sheet of paper if necessary)

Have you ever been denied employment by another law enforcement agency? _____ YES _____ NO (please explain on a separate sheet of paper.)

Have you ever taken a polygraph? _____ YES _____ NO Where, when and reason:

Have you ever been the victim of a crime? _____ YES _____ NO Where, when and provide details: (use additional sheet of paper if necessary)

Was there a police investigation? _____ YES _____ NO

List all traffic citations you have received. (use an additional sheet if necessary)

Location (Street, City, State) Approx. Date Nature of violation Penalty or disposition

Do you presently have automobile liability insurance? _____ YES _____ NO If YES, list dates of coverage from _____ to _____

Insurance company _____ Policy Number _____

Type of policy: _____ If not, give details: _____

SECTION 11

Controlled Substance Use

Have you ever illegally possessed, used, or sold drugs including marijuana?

YES NO If YES, give specific details and dates (use additional sheet of paper if necessary) _____

Have you possessed, injected, inhaled, swallowed, or ingested by any other means, any illegal drugs without legal authorization? YES NO

If YES, give details: (use additional sheet of paper if necessary) _____

SECTION 12

Organizations

Past and/or present membership in organizations: use additional sheet if necessary.

Name, address, & phone Type (fraternal, Membership Office or position social, professional) dates

Subversive organizations:

1. Are you now or have you ever been a member of the Communist Party U.S.A or any communist organization anywhere? YES NO

2. Are you now or have you ever been a member of a fascist organization?
 YES NO

3. Are you now or have you ever been a member of any organization, association, movement, group or combination of persons which advocates the overthrow of our government, or which has adopted the policy of advocating or approving the commission of acts of terror or violence to deny other persons their rights under the Constitution of the United States or which seeks to alter the form of government of the United States by violent or illegal means? YES NO

4. Are you now or have you ever been affiliated or associated with any organization of the type described above, as an agent, official or employee? YES NO

5. Have you ever been engaged in any of the following activities or organizations of the type described above: contributions to, or attendance of said organizations or of any projects sponsored by them; the sale, gift, or distribution of any written, printed, or other matter prepared, reproduced, or published by them or any of their agents or instrumentalities? YES NO

If you have answered "YES" to any of the questions above, describe the circumstances. Attach additional sheets for a full detailed statement. If associated with any of these organizations, specify nature and extent of association with each including office or position held. Also include dates, places and credentials now or formerly held. If associations have been with individuals who are members of these organizations, then list the individuals and the organizations with which they were or are affiliated.

SECTION 13

Foreign Languages

List any and all foreign languages you know, and your level of competency with the language

Language: _____ Circle your fluency below:

Speaking Excellent Good Fair
Reading Excellent Good Fair
Writing Excellent Good Fair
Understanding Excellent Good Fair

Language: _____ Circle your fluency below:

Speaking Excellent Good Fair
Reading Excellent Good Fair
Writing Excellent Good Fair
Understanding Excellent Good Fair

Language: _____ Circle your fluency below:

Speaking Excellent Good Fair
Reading Excellent Good Fair
Writing Excellent Good Fair
Understanding Excellent Good Fair

SECTION 14

Additional Information

Are you related to anyone presently employed by Westport Police Department? _____ YES _____ NO

If YES, give name and relationship: _____

Have you ever been employed by Westport Police Department? _____ YES _____ NO

If YES, complete the following:

Dates previously employed: _____

Position: _____

Reason for leaving: _____

List any licenses, certificates, or additional skills you have that may be helpful in doing this job:

Describe any special equipment or machinery you can operate:

List any professional, technical, or trade association in which you are a member:

Are there any incidents in your life or facts not mentioned herein which may reflect positively or negatively upon your suitability for employment? (Use an additional sheet of paper if necessary)

Remarks or any comments you think are important: (use additional sheet of paper if necessary)

SECTION 15

Emergency Contacts

Name: _____ Relationship: _____

Address: _____

Home telephone: _____ Business telephone: _____

Name: _____ Relationship: _____

Address: _____

Home telephone: _____ Business telephone: _____

Name: _____ Relationship: _____
Address: _____
Home telephone: _____ Business telephone: _____

SECTION 16

References

List three (3) personal or professional references (NO relatives or employers).

Name	Address	Telephone	Years Known
------	---------	-----------	-------------

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

The Westport Police Department is an equal opportunity employer and a drug free workplace.

Certification

The following is to be executed prior to submission. This section must be signed and notarized. Please read carefully.

I certify that there are NO misrepresentations, omissions or falsifications in the statements and answers on this application and that all the foregoing entries made by me are true, complete and correct to the best of my knowledge and belief.

I hereby authorize the Westport Police Department to verify all information contained herein including credit and financial information, and I release all past employers and all references from any and all liability for the release of information to the Westport Police Department.

I understand that all job offers from the Westport Police Department may be conditioned on successful completion of a health questionnaire and medical examination by a town appointed physician/facility and psychological evaluation to determine my ability to perform any job offered. The examination may include an alcohol/drug screen for which I give consent and agree to give specimen of my blood and/or urine to any medical facility designated by the Westport Police Department for this purpose.

I also understand that in accordance with Indiana statutes, employment with the Westport Police Department is "at-will" and as such, may be terminated without cause and without notice by either party at any time.

I further understand and agree in advance that I may be summarily discharged or any employment offer may be withdrawn if any of the information provided by me contains any misrepresentations or falsifications or if any material information has been omitted regardless of when this information becomes known to the Westport Police Department.

I hereby swear or affirm that there are NO misrepresentations or omissions in or falsifications of the above statements and answers to questions. I am aware that should investigation disclose such misrepresentation, falsifications or omissions, my application will be rejected and I will be disqualified from present processing, or if after my acceptance for employment, subsequent investigation should disclose misrepresentations, falsifications or omissions, it will be just cause for immediate dismissal from employment with the Westport Police Department.

Signature of Applicant

Date

Printed Name of Applicant

Affidavit

Subscribed and sworn to me this _____ day of _____, 20 _____

By _____, who is personally known to me or produced the following identification: _____

State of _____ County of _____

Signature of notary public

Printed name of notary public

Notary public seal of office:

Authorization to Release Information

I hereby authorize any police officer or authorized representative of the Westport Police Department bearing this release, or copy thereof, to obtain from any agency of the government of the United States, and/or any other agency, person, firm or corporation holding records concerning me that are considered confidential, any and all information requested that involves me in any way, upon request. Included in this grant of authority is my permission to former employers and other persons acquainted with me or in my possession of information concerning me to supply such information to the Westport Police Department. This further includes the furnishing of copies of pertinent documents about my background as required. Such records may pertain to my employment records or educational records including but not limited to achievement, attendance, personal history, and disciplinary records, medical records, reasons for termination of employment, reason for discharge from military service, job performance, complete history of injuries suffered, including any disability remaining, criminal history and other personal information which may not otherwise be obtained without any prior agreement. I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information provided is for the official use of the Westport Police Department. I further understand that any information which may be obtained about me from whatever source will be obtained upon an assurance of confidentiality by the Westport Police Department and form a part of the complete background investigation file, to which I will not have access at any time.

I hereby release you as the custodian of such records and as an employer, educational institution, physician, hospital or other repository of medical records, or credit reporting agency, or any other agency or entity, and including all of your officers, employees, to related personnel, both individually and collectively, from

Any and all liability for damages of whatever kind which may at any time to me, my heirs, family, or associates arising out of compliance with this authorization any request to release information, or any attempt to comply with it.

Signature of Applicant

Date

Printed Name of Applicant

Affidavit

Subscribed and sworn to me this _____ day of _____, 20_____

By _____, who is personally known to me or produced the following identification: _____

State of _____ County of _____

Signature of notary public Printed name of notary public

Notary public seal of office:

Domestic Violence Disclosure

1. Have you ever been convicted of a domestic violence related crime ("domestic violence means any assault, aggravated assault, battery, aggravated battery, sexual assault, sexual battery, stalking, aggravated stalking, or any criminal offense resulting in physical injury or death of one family or household member by another who is or was residing in the same single family dwelling unit)?
_____ YES _____ NO

2. Have you ever been a party to a domestic violence injunction or petition? _____ YES _____ NO

3. Have you ever been involved in any domestic violence incident where the police responded and a written police report of the incident was completed? _____ YES _____ NO

4. Have you ever been involved in any domestic violence incident where the police responded and a written police report of incident was not completed? _____ YES _____ NO

If you answered "YES" to any of the questions above, please explain the circumstances and attach any supporting documentation. Attach additional sheets for a full detailed statement if necessary.

Signature of Applicant

Date

Printed Name of Applicant

Affidavit

Subscribed and sworn to me this _____ day of _____, 20_____

By _____, who is personally known to me or produced the following identification: _____

State of _____ County of _____

Signature of notary public Printed name of notary public

Notary public seal of office: