



# 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
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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)

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List all children by name and age born to you:

Child's name                      Age      Other parent's name      Address

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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)

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## 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
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\_\_\_\_\_  
\_\_\_\_\_

**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.)

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

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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)

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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:

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

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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

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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: \_\_\_\_\_

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## 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: \_\_\_\_\_



## 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.

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\_\_\_\_\_  
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: