POLICE CHIEF THOMAS R. JARRETTE

DEMOTTE POLICE DEPARTMENT

ASSISTANT CHIEF STEVEN L. MUSCH

112 CARNATION STREET S.E. DEMOTTE, INDIANA 46310 PHONE: (219) 987-3344 FAX: (219) 987-3377

EMPLOYMENT APPLICATION

FULL TIME POLICE OFFICE PART TIME POLICE OFFICE RESERVE POLICE OFFICE	ER ()			OMMUNICATIONS (_ OMMUNICATIONS (_	
	APPLICANT IN (TYPE OR PRINT CL	<i>IFORM/</i> .EARLY IN	ATION BLACK)		
NAME (LAST, FIRST, MIDDLE)	SEMO		A	· · · · · · · · · · · · · · · · · · ·	
PERMANENT ADDRESS (STREET OR R	URAL ROUTE)				
CITY	COUNTY	ice	STATE	ZIP CODE	
HOME TELEPHONE	MOBILE TELEPHONE		WORK TEL	EPHONE	
		RECEIVED	BY:		
		DATE REC	EIVED	TIME RECEIVED	

Are you a US Citiz	zen?	If no, ex	kplain on a se	parate sheet a	and attach o	documentatio	n.
Social Security Nu The application W should you be hire	ILL NOT be pr	rocessed, w	vithout it. (Not	nd clearance a te: A physical S	and payroll Social Secu	information, t rity card will b	his number is requi be required per DHS
Your Age	Date of Bir	th_ of Your Birth Cert	ificate)	Sex	Race) nation Requested for I	EEO Compliance Only)
Section 2. <u>FA</u>	MILY DATA						
MARITAL STATU	S: Married	, Single	, Divo	orced,	Separated	, Wid	owed
SPOUSES NAME	: (if applicable))					
DEPENDENTS (if	applicable)						
NAME					AGE	RELATION	SHIP
f you are divorced	d, are you lega	lly required	to pay child s	support payme	nts?		
f you are divorced							
Are you current or	n your support	obligations'	? If	No, explain			
Are you current or Section 3. ED	n your support	obligations'	? If I	No, explain	ALL)		
Are you current or	n your support UCATION D	obligations'	? If	No, explain	ALL) TENDED I G.P.A. ON 4.0	DID YOU	LIST DEGREE
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Section 4. <u>EMPLOYMENT DATA</u> List chronologically (most recent employment first) all past employment including part time. Use additional sheets if necessary. Name of Employer or Business Your Title Duties **Duties Continued** Dates of Employment From: Month Year To: Month Year Reasons For Leaving: Address of Business: City: State, Zip Phone Name of Employer or Business Your Title Duties **Duties Continued** Dates of Employment From: Month Year To: Month Year Reasons For Leaving: Address of Business: City: State, Zip Phone Name of Employer or Business Your Title Duties **Duties Continued** Dates of Employment From: Month Year To: Month Year Reasons For Leaving: Address of Business: Phone City: State, Zip

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City			State, Zip Code			
esidence, Last Five Ye	ears Other Th	an Your Pres	ent:			
Address	<u> </u>	City	V	State	From Date	To Date
If Ye	nited States Milita es, attach a copy	ry on active dut of your DD214 f	y? (Include initial active duty trai orm.			
MILITARY BRANCH	FROM DATE	TO DATE	HIGHEST RANK ATTAINED AND RANK AT SEPARATION		PE OF DISCHA ENLISTMENT (
		If no, e	xplain:			
Are you eligible to reenlist?						

Liest Vehicle Accidents in Which You Have Been Involved As A Driver DATE LOCATION / AGENCY INVOLVED TELL US WHAT HAPPENED Have You Ever Received A Ticket For A Traffic Offense? If Yes, Explain: DATE LOCATION / AGENCY INVOLVED CHARGE FINE OR SENTENCE Have You Ever Received A Ticket For A Traffic Offense? If Yes, Explain: DATE LOCATION / AGENCY INVOLVED CHARGE FINE OR SENTENCE Have You Ever Been Arrested for a Criminal Offense? If Yes, Explain: DATE LOCATION / AGENCY INVOLVED CHARGE FINE OR SENTENCE Have You Ever Been Arrested for a Criminal Offense? If Yes, Explain: DATE LOCATION / AGENCY INVOLVED CHARGE FINE OR SENTENCE Have you ever been arrested for an act as a Juvenile, that would have been a Crime had it been committee Adult? If Yes, Explain: DATE LOCATION / AGENCY INVOLVED CHARGE FINE OR SENTENCE	das your driver's license ever been suspended or revoked? If Yes, explain :	ense Number:	0		
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EMPLOYMENT INFORMATION RELEASE

l,		, give n	ny former employer:
	2	, perm	ission to release
ANY and ALL informa	tion regarding my past employm	ent with their agend	cy or business.
	ill not be held liable in any mann		
Confidential Information	on, as it relates to the DeMotte F	olice Department's	inquiry.
NAME (LAST, FIRST, MIDDLE)			
PERMANENT ADDRESS (STRE	ET OR RURAL ROUTE)		
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