

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 OFFICER ()
PART TIME POLICE OFFICER ()
RESERVE POLICE OFFICER ()

FULL TIME COMMUNICATIONS ()
PART TIME COMMUNICATIONS ()

APPLICANT INFORMATION (TYPE OR PRINT CLEARLY IN BLACK)

NAME (LAST, FIRST, MIDDLE) _____

PERMANENT ADDRESS (STREET OR RURAL ROUTE) _____

CITY _____ COUNTY _____ STATE _____ ZIP CODE _____

HOME TELEPHONE _____ MOBILE TELEPHONE _____ WORK TELEPHONE _____

RECEIVED BY: _____

DATE RECEIVED _____ TIME RECEIVED _____

Section 1. INITIAL REQUIREMENT DATA

Are you a US Citizen? _____ If no, explain on a separate sheet and attach documentation.

Social Security Number: _____ For background clearance and payroll information, this number is required. The application WILL NOT be processed, without it. (Note: A physical Social Security card will be required per DHS should you be hired. Please secure one now.)

Your Age _____ Date of Birth _____ Sex _____ Race _____
(Attach A Copy of Your Birth Certificate) (Information Requested for EEO Compliance Only)

Section 2. FAMILY DATA

MARITAL STATUS: Married _____, Single _____, Divorced _____, Separated _____, Widowed _____.

SPOUSES NAME: (if applicable) _____

DEPENDENTS (if applicable)

[illegible]

If you are divorced, are you legally required to pay child support payments? _____

Are you current on your support obligations? _____ If No, explain _____

Section 3. EDUCATION DATA (ATTACH TRANSCRIPTS FOR ALL)

LIST ALL ACCREDITED COLLEGES / UNIVERSITIES YOU HAVE ATTENDED

[illegible]

Section 4. EMPLOYMENT DATA

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:						
City:		State, Zip			Phone	

Section 4. EMPLOYMENT DATA (continued)

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:						
City:			State, Zip		Phone	

Have you ever been discharged, or resigned to prevent you being discharged from a position of employment? _____
If Yes, explain fully on a separate sheet of paper.

Section 5. REFERENCES (Please do not list relatives as references)

Name	Phone #
Address	
City	State, Zip Code

Name	Phone #
Address	
City	State, Zip Code

Name	Phone #
Address	
City	State, Zip Code

Residence, Last Five Years Other Than Your Present:

Address	City	State	From Date	To Date

Section 6. MILITARY SERVICE HISTORY AND STATUS

Have you ever served in the United States Military on active duty? (Include initial active duty training with the National Guard and the Reserves)
_____ If Yes, attach a copy of your DD214 form.

MILITARY BRANCH	FROM DATE	TO DATE	HIGHEST RANK ATTAINED AND RANK AT SEPARATION	TYPE OF DISCHARGE AND REENLISTMENT CODE

Are you eligible to reenlist? _____ If no, explain: _____

List any citations and awards received: _____

Were you ever disciplined (court martial, article 15, captain's mast, etc) while on active duty? _____ If so explain on a separate sheet.

Section 7. VEHICLE ACCIDENT AND ARREST RECORDS

Do you currently possess a valid automobile driver's license? _____ Expiration Date: _____

License Number: _____ State of Issue: _____

Has your driver's license ever been suspended or revoked? _____ If Yes, explain : _____

_____**List 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 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 committed by an Adult? _____ If Yes, Explain:

DATE	LOCATION / AGENCY INVOLVED	CHARGE	FINE OR SENTENCE

Have you ever been or are you currently involved as a plaintiff, defendant, petitioner, or respondent in any civil court action? _____ If Yes, Explain fully on a separate sheet of paper.

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EMPLOYMENT INFORMATION RELEASE

I, _____, give my former employer;

_____, permission to release

ANY and ALL information regarding my past employment with their agency or business.

The listed employer will not be held liable in any manner for the use or release of Private and Confidential Information, as it relates to the DeMotte Police Department's inquiry.

NAME (LAST, FIRST, MIDDLE) _____

PERMANENT ADDRESS (STREET OR RURAL ROUTE) _____

CITY _____

COUNTY _____

STATE _____

ZIP CODE _____

HOME TELEPHONE _____

MOBILE TELEPHONE _____

WORK TELEPHONE _____

SIGNED BY: _____

DATE SIGNED _____

TIME SIGNED _____

Complete One of These Release Forms For Each Employer To Be Contacted.