

FLOYD COUNTY SHERIFF'S DEPARTMENT

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FLOYD COUNTY POLICE DEPARTMENT



EMPLOYMENT APPLICATION

AN EQUAL OPPORTUNITY EMPLOYER

EMPLOYMENT APPLICATION

POSITION APPLYING FOR: (CHECK ONE)

_____ **POLICE OFFICER** _____ **CORRECTIONS** _____ **COMMUNICATIONS**

_____ **RESERVE OFFICER** _____ **NON-MERIT POSITION**

LAST NAME: _____

FIRST NAME: _____

MIDDLE NAME: _____

MAIDEN NAME: _____
(IF APPLICABLE)

ADDRESS: _____

CITY, STATE and ZIP: _____

COUNTY: _____

HOME PHONE: _____

WORK PHONE: _____

ALTERNATE NUMBER: _____

**FLOYD COUNTY SHERIFF'S DEPARTMENT
FLOYD COUNTY POLICE DEPARTMENT**

AN EQUAL OPPORTUNITY EMPLOYER

ALL APPLICANTS FOR APPOINTMENT AS POLICE OFFICER OR CORRECTIONS OFFICER WITH THE FLOYD COUNTY SHERIFF'S DEPARTMENT SHALL MEET THE FOLLOWING:

BASIC ELIGIBILITY REQUIREMENTS:

1. **Must be United States citizen**
2. **Must be at least 21 years of age upon appointment**
3. **Must possess high school diploma or G.E.D. Equivalent.**
4. **Must possess a current and valid Drivers License.**
5. **Must submit to and pass a truth verification test. (CVSA or Polygraph)**
6. **Must submit to and pass a physical examination to be given by an appointed physician.**
7. **Must possess an acuity of vision correctable to 20/30 or better in each eye and must have normal color vision.**
8. **Must have residence within Floyd County, Indiana upon appointment.**

SELECTION PROCESS MAY INCLUDE:

- | | |
|-----------------------------------|--|
| 1. Character Investigation | 3. Department Interview Committee |
| 2. Physical Examination | 4. CVSA or Polygraph |

PROBATIONARY PERIOD:

Anytime during the Police Officer's / Corrections Officer's first year of employment he or she may be discharged at any time without recourse to a formal hearing. Upon satisfactory completion of the first year as a sworn employee the officer may receive a permanent appointment.

INSTRUCTIONS:

No exception will be made for anyone not meeting all requirements.

If applicant wears glasses or contacts it is necessary to attach to this application a doctor's certification as to corrected or uncorrected eye acuity.

This form must be filled out in ink in the handwriting of the applicant.

Answer all questions. If a question does not apply state: None or does not apply

Any further information you wish to add may be placed on the reverse of the pages with proper identifying reference marks.

In the event you change your phone number after filing this application, immediately mail your notification of the change.

Applications will not be considered until complete in every respect and any misrepresentation of facts will disqualify the applicant.

Incomplete applications will be kept no longer than one month. After that time the application will be considered inactive and destroyed.

Please do not make inquiry regarding the status of your application; we will contact you when it is deemed necessary.

AUTHORIZATION TO RELEASE INFORMATION

I, _____, hereby authorize any person, agency, partnership or corporation having any information concerning my Credit Record, Educational Record, Medical Record, Employment Record, Military Record or Selective Service Record, to release such information to the Floyd County Sheriff's Department. This information is to be used for possible employment with the Floyd County Indiana Sheriff's Department and will not be available for public inspection.

I hereby release such person, agency, partnership, or corporation from any liability, which may be incurred in releasing this information to the Floyd County Sheriff's Department, including liability under any current Federal Law.

I am furnishing my Social Security Account Number on a voluntary basis with the understanding that such is not required by Federal Law or regulation. Should there be any questions as to the validity of this release, you may contact me as indicated below.

Printed Full Name

Signature

Date of Release

Social Security Number

Telephone Number

Current Address

Witness

INITIAL REQUIREMENT DATA:

1. Are you a US Citizen? _____, Social Security Number _____ - _____ - _____

2. Date of Birth: ____/____/____ Age _____ Sex: M F (Circle One)
Place of Birth: _____

3. Height without shoes: _____ Inches

4. Weight (stripped) _____ pounds

5. Are you a graduate of an accredited High School? Yes No

If no, have you been issued an equivalency diploma from an accredited high school or institution? Yes No

6. Do you possess a valid automobile-driving license? Yes No

License Number _____ State _____

Is your license restricted? Yes No

If yes for what reason

Number of years driving experience? _____

FAMILY DATA:

Married _____ Single _____ Divorced _____ Widowed _____

Separated _____

DEPENDANTS:

NAME	AGE	RELATIONSHIP

Father's Full Name _____

Mother's Full Name _____

Spouse's maiden name if applicable _____

EDUCATIONAL DATA

Name of High School _____

Address _____

Phone Number _____

Did you graduate? Yes No If yes what year? _____

If yes give class-ranking number _____

If no the last grade completed _____

Name of College _____

Address _____

Phone Number _____

Did you graduate? Yes No If yes degree attained: _____

MILITARY HISTORY AND STATUS

Organization Name: _____

Address: _____

Phone Number: _____

Dates of Service: From: _____ To: _____

Rank Held: _____ Discharge Type: _____

PHYSICAL STATUS

Have you visited or received treatment from a physician or other practitioner during the past three years? Yes No If yes, what was reason:

Do you have any specific work limitations as the result of a mental or physical problem? Yes No If yes, what is the reason:

RESIDENCY DATA FOR LAST FIVE YEARS

Date: From _____ **To** _____

Address _____

City _____ **State** _____ **Zip** _____

Landlord/ Mortgage Co. Name _____

Address _____

City _____ **State** _____ **Zip** _____

Phone Number _____

Reason For Leaving _____

Date: From _____ **To** _____

Address _____

City _____ **State** _____ **Zip** _____

Landlord/ Mortgage Co. Name _____

Address _____

City _____ **State** _____ **Zip** _____

Phone Number _____

Reason for Leaving _____

NOTE: If more space is needed for residency information copy this page and attach

REFERENCES

Please provide the following information for three references; these references may not be relatives, boyfriends, girlfriends, or previous employers.

Name _____

Address _____

City _____ **State** _____ **Zip** _____

Phone Number _____

How long have you known this person? _____

Name _____

Address _____

City _____ **State** _____ **Zip** _____

Phone Number _____

How long have you known this person? _____

Name _____

Address _____

City _____ **State** _____ **Zip** _____

Phone Number _____

How long have you known this person? _____

Do you own your own home? Yes No
If yes what is the amount of your indebtedness? _____.

What is the amount of your indebtedness other than your home? _____

Are you a proprietor or part owner of any business or firm? If yes describe nature of business.

What special skills have you developed through hobbies, occupation or other special interest?

MISCELLANEOUS

List past or present membership in all clubs or organizations

Do you have a church affiliation? Yes No If yes, what church?

PHOTOGRAPH

Please provide a photograph of yourself. The photograph must be a front view, head and shoulders, two and one half inches square, and be taken within the last six months. The picture should be mounted securely in the center of this page.

APPLICANT'S STATEMENT

I certify that the answers given herein are true and complete.

I authorize the investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not the applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is that of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of the organization.

In the event of employment. I understand that false or misleading information given in my application or interview(s) may result in my discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Date: _____

Signature of Applicant

CHECK THE APPLICATION CAREFULLY; BE CERTAIN THAT ALL ITEMS ARE COMPLETE BEFORE MAILING.

MAIL COMPLETED APPLICATIONS TO:

**FLOYD COUNTY SHERIFF
 POST OFFICE BOX 1406
 NEW ALBANY, INDIANA 47151-1406**

