POLICE OFFICER
APPLICATION ATTACHMENT

1. Applicant must be 21 years of age by date of hire, and no more than 35 years of age, therefore, must state date of birth _____ and supply a copy of birth certificate with application.
2. Applicant must have high school diploma or equivalent. _____.
3. Applicant's driver's license number _____, type _____, State _____. **Must have Indiana Driver's License number at time of hire.**
4. Applicant must take written aptitude test.
5. Applicant must pass physical agility test.
6. Fingerprints: Subject to NCIC / IDACS clearance.
7. Background check: An extensive background investigation involving interviews with associates, employment records, military record, extensive questionnaire and financial report. Applicant must sign a waiver to allow investigation.
8. Interviews will be conducted by Police Department Hiring Committee.

AFTER A CONDITIONAL OFFER OF EMPLOYMENT, THE NEXT PHASES ARE AS FOLLOWS:

1. POLYGRAPH TEST: Will be conducted at the Columbus Police Department.
2. PSYCHOLOGICAL EXAMINATION: State law requirement.
3. PHYSICAL EXAMINATION: State law requirement – an extensive physical examination.
4. POLICE ACADEMY: Successful completion of all phases of Law Enforcement Training at the Indiana Law Enforcement Academy in Plainfield, Indiana – 15 Week Program.
5. FTO PROGRAM: Successful completion of all phases of the Columbus Police Department 16 week Field Training Officer Program.

City of Columbus
Personnel Office
123 Washington Street
Columbus, IN 47201
812-376-2570 Fax 812-376-2579

ColumbusIndiana
Unexpected. Unforgettable.

Application Number: _____

Application Form

Equal Opportunity Employer- Discrimination in employment because of race, religion, creed, color, natural origin, ancestry, disability, age, sex, or liability for service in the Armed Forces of the United States is prohibited by City policy. In addition, the City employment policy requires compliance with national and state employment practices, laws, and regulations. The City is an equal opportunity employer.

Date: _____

_____
Last Name First Name M.I.

_____
Address1

_____
Address2

_____
City State Zip

_____
Day Phone Night Phone Cell Phone

Email Address:_____ Social Security #: _____

Position Applied For: _____ Department: _____

Are you 18 years or older? ☐ Yes ☐ No If no, state age: _____

Have you ever worked for the City of Columbus? ☐ Yes ☐ No
If yes, Name used when employed:_____

Department Worked In: _____ Dates of Employment: _____

Is any member of you family employed by the City of Columbus? ☐ Yes ☐ No
If yes, provide Name, Relation, and Department: _____

Have you ever been convicted, pled nolo contendere, plead guilty, or had the adjudication of guilt withheld for any offense(s) other than Minor Traffic Violations?
☐ Yes ☐ No
If yes, what charge(s)? _____

Country/ State:_____ Date(s): _____

Can you show proof of eligibility to work in the United States?
☐ Yes ☐ No
If offered employment with the City, you will be required by federal law, to furnish documents showing you are eligible to work in the U.S. Individuals who do not furnish these documents can not work for the City.

Education

High School:_____

Address: _____

Received: ☐ Diploma ☐ Certificate of Completion ☐ G.E.D.

College, University or Professional School:

Address: _____

Major/Minor Course of Study _____ Did you graduate? ☐ Yes ☐ No

Type of Degree received? _____

Experience

Describe your work experience beginning with your current or most recent job. Use a separate block to describe each position. Include volunteer work, if applicable. Indicate number of employees supervised. Provide an explanation of any gaps of employment. If needed, attach additional sheets, using the same format as on the application. Resumes are acceptable for the description of duties and responsibilities. All information in this section must be completed.

Name of Present or Last Employer:_____

Street/City/State/Zip: _____

Telephone:_____ Job Title:_____ Dates:_____

Supervisor's Name: _____

Duties and Responsibilities:_____

_____

_____

Reason(s) for Leaving: _____

May we contact your employer? ☐ Yes ☐ No ☐ Later

Wage/Salary: $ _____ ☐ Part Time ☐ Full Time

Name of Previous Employer:

Street/City/State/Zip: _____

Telephone:_____ Job Title:_____ Dates:_____

Supervisor's Name: _____

Duties and Responsibilities:_____

_____

_____

Reason(s) for Leaving: _____

May we contact your employer? ☐ Yes ☐ No ☐ Later

Wage/Salary: $ _____ ☐ Part Time ☐ Full Time

Name of Previous Employer:

Street/City/State/Zip: _____

Telephone: _____ Job Title: _____ Dates: _____

Supervisor's Name: _____

Duties and Responsibilities: _____

_____

_____

Reason(s) for Leaving: _____

May we contact your employer? ☐ Yes ☐ No ☐ Later

Wage/Salary: $ _____ ☐ Part Time ☐ Full Time

Name Previous Employer:

Street/City/State/Zip: _____

Telephone: _____ Job Title: _____ Dates: _____

Supervisor's Name: _____

Duties and Responsibilities: _____

_____

_____

Reason(s) for Leaving: _____

May we contact your employer? ☐ Yes ☐ No ☐ Later

Wage/Salary: $ _____ ☐ Part Time ☐ Full Time

Comments including explanation of any gaps in employment:

_____

_____

Military Service

Branch: _____ Dates: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Drivers License

Please complete only if applying for a position which requires driving as stated in posted job requirements.

Issuing State: _____ License #: _____

CDL Classification, if applicable: _____

With previous employment, within the last 2 years, have you participated in random testing for substance abuse? ☐ Yes ☐ No

Other Licensure, Registration, Certification: *Examples PE, CPA, Wastewater-Drinking Classification*

Type of License:_____ Issuing State:_____

License or Certification #: _____

List experience, education, or training you have had which particularly qualifies you for the job for which you are applying?

_____

_____

List any machinery or motor equipment you operate efficiently:

_____

_____

List Clerical Skills, Interaction Skills, Organizational Skills:

_____

_____

List Computer Skills/Knowledge:

_____

_____

Personal References

Please list three individuals who are not related to you and do not live with you.

Name 1: _____

Address: _____

Phone #: _____ Relationship: _____

How Do You Know This Person? _____ How Long Have You Known?_____

Name 2: _____

Address: _____

Phone #: _____ Relationship: _____

How Do You Know This Person? _____ How Long Have You Known?_____

Name 3: _____

Address: _____

Phone #: _____ Relationship: _____

How Do You Know This Person? _____ How Long Have You Known?_____

Conclusion

I hereby certify that to the best of my knowledge all of the information contained in this application is true.

All statements on the application and attachment are subject to verification. Exaggerated, false or misleading statements and the omission of facts called for on this application may be cause for rejection of the application and / or termination of employment.

I authorize anyone to whom request is made to supply the City with any relevant information concerning my background in connection with employment consideration. I hereby release all parties including, but not limited to the City and my prior employers, from any and all liability for damage that may result from their furnishing information concerning me.

I voluntarily agree to submit to a drug test as part of my application for employment. I understand that either my refusal to submit or failure to pass the drug test will disqualify me from further consideration of employment.

I understand that if the City employs me, my employment will be at the will and pleasure of the City and may be terminated by the City at any time.

I understand that my employment, if for a driving position, is contingent upon having a clean driving record for the immediate past three years, and I hereby give my permission to the City to make investigations related to this contingency.

Columbus has a policy on residency- as applicable with local ordinance and State law. I understand that if offered employment, I will have six (6) months to meet this requirement.

_____

Applicant Signature **Date**

An Equal Opportunity Employer
M/F/V/H

City of Columbus
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An Equal Opportunity Employer
M/F/V/H

The following statistical information is required for compliance with Federal Laws.
The information requested is voluntary and will remain separate from your application for employment.

Position Applied For:_____ **Department:** _____

Category:

- ☐ Exec / Sr. Lvl Officials & Mgrs
- ☐ First / Mid Lvl Officials & Mgrs.
- ☐ Professional
- ☐ Technician
- ☐ Sales
- ☐ Office and Clerical
- ☐ Craft Workers (Skilled)
- ☐ Operatives (Semi-Skilled)
- ☐ Labors & Helpers (Unskilled)
- ☐ Service Workers

EEO Codes:

- ☐ Male
- ☐ Female

- ☐ Non Hispanic White
- ☐ Non Hispanic Black
- ☐ Hispanic (Spanish Origin)
- ☐ American Indian / Alaskan Native
- ☐ Asian or Pacific Island
- ☐ Other (Two or More)

Are you a Veteran?

☐ Yes ☐ No

If yes, are you a Vietnam Era Veteran?

☐ Yes ☐ No

Referral Source:

- ☐ Bulletin Board
- ☐ Walk-In
- ☐ Agency Referral
- ☐ Advertising / Newspaper
- ☐ Website / Internet
- ☐ Friend / Employee
- ☐ Radio
- ☐ Other