



City of New Castle, Indiana

NEW CASTLE POLICE DEPARTMENT



APPLICATION OF EMPLOYMENT

NAME: _____ DOB: _____ SSN: _____

ADDRESS: _____ PH: _____

E-MAIL: _____ DRIVER'S LIC NO: _____

NOTICE TO APPLICANT:

- The City of New Castle is an equal opportunity employer.
- The application must be entirely completed in blue or black ink. Answer every question, use 'N/A' or 'None' if necessary.
- Any dishonesty or a failure to report any information will immediately disqualify the applicant.
- The applicant must either reside in, or relocate to, Henry County, Indiana or an adjacent county if offered employment.
- A felon is ineligible for employment per Indiana State Law. Non-felony criminal convictions will be individually considered.
- The applicant must pass a written and physical agility test. For the required fitness, see 'ILEA Exit Standards' at www.in.gov/ilea/physical-fitness-standards.
- The applicant must pass a thorough background/credit check, employment/residence history, and a polygraph interview.
- The applicant must pass a mental and medical exam, and be approved by PERF (Public Employee Retirement Fund).
- The department will make every reasonable effort to keep the applicant's information and answers confidential.

ATTACH TO APPLICATION:

(Duplicate/Copy)

- Birth Certificate, Driver's License, and Social Security Card
- High School Diploma (or GED Certificate), include Transcript(s)
- College Diploma(s), Technical Degree(s), and/or Professional Certification(s), include Transcript(s)
- Military service and discharge status (DD Form 214)
- A professional résumé or curriculum vitae (CV)
- Two most recent paychecks, include copies of any garnishment(s) (child support, civil judgements, small claims, etc.)
- Current credit report, credit score, and checking and/or savings bank account(s) statement(s)
- Current statement(s) on all loans and/or financial liabilities (mortgage, auto loan(s), credit card(s), etc.)



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APPLICANT'S REQUEST / WAIVER TO RELEASE PERSONAL INFORMATION

I hereby authorize and request all persons to whom this request (original or reproduction) is presented, having any information relating to or concerning me, to furnish such information to a duly appointed Officer of the New Castle Police Department.

I am aware that this information may be of a personal nature and may otherwise be protected from disclosure by my constitutional, statutory, and/or common law privileges. I hereby expressly waive all privileges which may attach to such communication or disclosure and release all persons, firms, and/or corporations from all claims, of any nature, as a result of said communication and/or disclosure.

Information to be disclosed:

- Medical Records
- Mental Health Records
- Criminal History Records
- Financial Records
- Education Records
- Employment Records (past or present)
- Organizational Memberships
- Any other information relevant to reputation, morals, and/or character

SIGNATURE: _____ DATE: _____

STATE OF INDIANA)

) SS

COUNTY OF HENRY)

Subscribed and sworn to before me, a Notary Public, in and for said County and State

This _____ day of, _____ year of _____.

My Commission Expires:

Notary Public

Printed

County of Residence

SECTION I – PERSONAL & FAMILY

Are you a U.S. Citizen? _____ Alias(es) or former/maiden name(s): _____

Are you a felon? _____ Do you have a high school diploma or GED? _____ Do you possess a valid driver's license? _____

Do you own, or partially own, a business or firm? _____ List the name(s) and nature of the business(es) or firm(s): _____

List your past and current organizational or club memberships (fraternal, social, political/religious action group, professional, etc.):

Do you have any physical or mental diagnoses for which you are being, or have been, treated? _____ If yes, explain: _____

List all major surgeries, physical defects, and/or any mental health issues: _____

Marital Status: Single _____ Divorced _____ Separated _____ Married _____ Widowed _____

NAME	ADDRESS	PHONE
Spouse:		
Ex-Spouse:		
Your Father:		
Your Mother:		

Spouse's Employer/Position: _____ Spouse's Salary: _____

List all dependants:

NAME	AGE	RELATIONSHIP / CUSTODY

SECTION II – EDUCATION

High School(s) Attended:

NAME & LOCATION	FROM	TO	GRADE COMPLETED	DIPLOMA

College, University, and/or Technical/Trade School(s) Attended:

NAME & LOCATION	FROM	TO	MAJOR	DEGREE

** If additional space is needed, use the back of this page. **

What was your final High School GPA? ____ out of ____ . At what position did you graduate in your class? ____ out of ____ .

What was your final College/University/Tech GPA? ____ out of ____ . Were you disciplined in College/University/Tech? ____

If yes, explain: _____

Do you speak, read, and/or write any other languages? ____ List and level of fluency: _____

List any additional training, education, or experience related to law enforcement: _____

SECTION III – MILITARY

FROM	TO	BRANCH	RANK	SALARY
NAME & PHONE NUMBER OF FIRST LINE LEADER			DISCHARGE STATUS	

** If additional space is needed, use the back of this page. **

List military duties and training related to law enforcement: _____

Are you now a member of an Organized Reserves Unit? _____ List your rank, the name, and location of unit: _____

List military citations or awards received: _____

Were you ever disciplined? _____ If yes, explain: _____

SECTION IV – EMPLOYMENT

List all employers chronologically, beginning with your current employer to your first employment as an adult:

FROM	TO	NAME & LOCATION	JOB TITLE	SALARY
NAME & PHONE NUMBER OF DIRECT SUPERVISOR			REASON FOR LEAVING	

FROM	TO	NAME & LOCATION	JOB TITLE	SALARY
NAME & PHONE NUMBER OF DIRECT SUPERVISOR			REASON FOR LEAVING	

FROM	TO	NAME & LOCATION	JOB TITLE	SALARY
NAME & PHONE NUMBER OF DIRECT SUPERVISOR			REASON FOR LEAVING	

FROM	TO	NAME & LOCATION	JOB TITLE	SALARY
NAME & PHONE NUMBER OF DIRECT SUPERVISOR			REASON FOR LEAVING	

FROM	TO	NAME & LOCATION	JOB TITLE	SALARY
NAME & PHONE NUMBER OF DIRECT SUPERVISOR			REASON FOR LEAVING	

** If additional space is needed, use the back of this page. **

Were you ever disciplined? _____ If yes, explain: _____

Were you ever disciplined due to an attendance issue? _____ If yes, explain: _____

Were you ever terminated? _____ If yes, explain: _____

Have you ever left a position due to a mental or physical health reason? _____ If yes, explain: _____

List any awards or commendations received: _____

SECTION V – RESIDENCE HISTORY

List all residences chronologically, beginning with your current residence to your first residence as an adult:

FROM	TO	ADDRESS	RENT / OWN	PROPERTY MGR / BANK PHONE NO

** If additional space is needed, use the back of this page. **

Have you ever been evicted or foreclosed on? _____ If yes, explain: _____

Have you ever been the subject of any other civil lawsuit due to a residence? _____ If yes, explain: _____

SECTION VI – FINANCIAL

List all personal liabilities (mortgages, vehicle loans, personal loans, credit cards, judgements, etc.):

LENDER NAME AND PHONE NO	LOAN TYPE	BALANCE	MONTHLY PAYMENT
TOTAL:			

** If additional space is needed, use the back of this page. **

Have you ever filed bankruptcy? _____ If yes, explain: _____

Have you ever defaulted on a loan? _____ If yes, explain: _____

Have you ever been the subject of a civil lawsuit? _____ If yes, explain: _____

What is your total combined household income? _____ Combined savings? _____

List any sources of income other than salary: _____

SECTION VII – REFERENCES

Provide personal character references below. Choose your references from a variety of walks of life and relationships to you. Choose references that know you well enough to speak of your character. Do not use relatives as personal references.

NAME AND ADDRESS	RELATIONSHIP	PHONE NO

** If additional space is needed, use the back of this page. **

SECTION VIII – CRIMINAL AND DRIVING RECORD

List all vehicle accidents you have been involved in:

DATE	LOCATION	DESCRIBE INCIDENT	AT FAULT

** If additional space is needed, use the back of this page. **

List all traffic tickets or citations that you have received, regardless of conviction:

DATE	LOCATION	CHARGE / DESCRIBE INCIDENT	DISPOSITION

** If additional space is needed, use the back of this page. **

List all arrests, criminal charges, criminal investigations, and indictments, regardless of conviction, include expungements:

DATE	LOCATION	CHARGE / DESCRIBE INCIDENT	DISPOSITION

** If additional space is needed, use the back of this page. **

Have you ever, or do you currently, use marijuana? _____ If yes, explain: _____

Have you ever, or do you currently, abuse prescription drugs or illicit drugs? _____ If yes, explain: _____

Have you ever, or do you currently, abuse alcohol? _____ If yes, explain: _____

SECTION IX – CERTIFICATION & SIGNATURE

Please review your above answers and carefully read the statement below before signing. If you have any questions regarding the following statement or about any of the questions contained in this application, contact the department prior to signing and submitting your application.

I, _____, certify that all of the information contained within and submitted in this application is correct, complete, and true in both fact and representation to the best of my knowledge and ability. I agree to inform the department of any additional information relating to the questions asked on this application which may occur subsequent to the completion of this application. I understand that any misrepresentation of facts or failure to update any information will be cause for rejection or dismissal after employment. Final employment is contingent upon satisfactorily completing all pre-employment procedures, including: all examinations (health/mental/physical agility/written), verification of all information, interviews, drug testing, and any applicable statutory provisions. I acknowledge that I have read and fully understand the above statement.

SIGNATURE: _____ DATE: _____

STATE OF INDIANA)

) SS

COUNTY OF HENRY)

Subscribed and sworn to before me, a Notary Public, in and for said County and State

This _____ day of, _____ year of _____.

My Commission Expires:

Notary Public

Printed

County of Residence