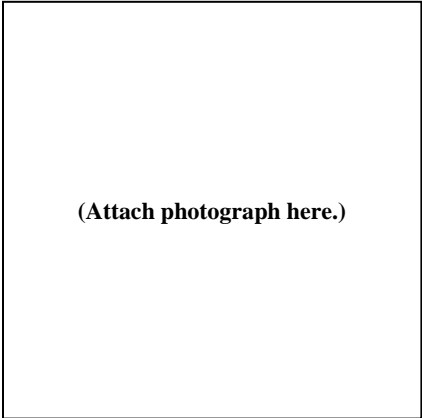




Application  
for  
the position of Bargersville

**POLICE OFFICER**



(Attach photograph here.)

DATE: \_\_\_\_\_

POLICE OFFICER POSITON BEING APPLIED FOR: (circle one)

Only Full-Time

Only Reserve

Both

LAST NAME \_\_\_\_\_ FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ EMAIL \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_

City and State

HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_ COLOR EYES \_\_\_\_\_ COLOR HAIR \_\_\_\_\_

SCARS OR MARKS \_\_\_\_\_

MILITARY HISTORY: (circle the answer that applies)

Have you ever served in the U.S. Armed Forces? Yes No

(If yes, attach copy of DD-214)

Are you presently a member of the National Guard or Military Reserves? Yes No

Have you ever received a ticket for a traffic offense?

DATE	LOCATION	CHARGE

**EDUCATION:**

Name of high school: \_\_\_\_\_

Graduation or GED? \_\_\_\_\_ Date: \_\_\_\_\_

**VEHICLE OPERATOR'S LICENSE INFORMATION:**

Type of License	State of issue	Date of expiration	Restrictions
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Current driver's license number: \_\_\_\_\_

Have you ever been denied issuance of a license?                      Yes      No

Has your driver's license ever been suspended or revoked?      Yes      No

Have you ever been denied automobile insurance?                      Yes      No

Name, address and phone # of your auto insurance company or agent:

\_\_\_\_\_

\_\_\_\_\_

EMPLOYMENT: (Begin with your **most recent** job and list your work history.)

\_\_\_\_\_  
From/To Date                      Name and address of employer                      Why did you leave?

\_\_\_\_\_  
Description of your duties

\_\_\_\_\_  
Salary                      Name of Supervisor                      Name of co-worker

\_\_\_\_\_  
From/To Date                      Name and address of employer                      Why did you leave?

\_\_\_\_\_  
Description of your duties

\_\_\_\_\_  
Salary                      Name of Supervisor                      Name of co-worker

\_\_\_\_\_  
From/To Date                      Name and address of employer                      Why did you leave?

\_\_\_\_\_  
Description of your duties

\_\_\_\_\_  
Salary                      Name of Supervisor                      Name of co-worker

\_\_\_\_\_  
From/To Date                      Name and address of employer                      Why did you leave?

\_\_\_\_\_  
Description of your duties

\_\_\_\_\_  
Salary                      Name of Supervisor                      Name of co-worker

(Attach additional sheet of paper if necessary to complete the Employment section.)

Have you ever been discharged, asked to resign, furloughed, or put on inactive status for cause, or subjected to disciplinary action while in any position?

Yes                      No

If yes, explain circumstances \_\_\_\_\_

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**ARREST, DETENTION, AND LITIGATION:**

Have you ever been arrested or detained by a law enforcement agency?      Yes      No

Have you ever been subject to disciplinary actions by the U.S. Military?      Yes      No

Have you been a defendant in any criminal action?      Yes      No

Have you ever been a plaintiff or defendant in any civil litigation?      Yes      No

Have you ever been fingerprinted for any reason?      Yes      No

If the answer to any of the above questions is **Yes**, explain below:

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RESIDENCY:

Would you be willing to relocate your primary residence as specified by the Town of Bargersville within 1 year of being hired by the Bargersville Police Department?

Yes      No

List all addresses in the past 10 years, beginning with your current address:

From/To (Month and Year)	Address	City	State
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

REFERENCES: (3 required)

Name	Address	Years Known	Daytime Phone	Nighttime Phone
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Do you object to your present employer being interviewed concerning this application?

Yes      No

Do you have special skills for employment as a police officer? If so, please list them:

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REMARKS: (Is there anything else you would like us to know about you?)

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I certify that there are no misrepresentations, omissions, or falsifications in the foregoing statements and answers, and that the entries made by me above are true, correct, and complete to the best of my knowledge and belief.

I further agree and consent in advance to be removed from the application process, without notice or hearing, if any of the above information is found to contain any misrepresentations or falsifications or if any information has been omitted.

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Signature of Applicant

# Authorization for Release of Information for Employment Application

(Please print)

Full Name: \_\_\_\_\_

Maiden/Other Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Years at this address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Driver's License/ID#: \_\_\_\_\_

By signing below, I hereby authorize the Bargersville Police Department to conduct a background investigation on me, using such sources as: NCIC, IDACS, Triple I and BMV records as well as any other sources of information they determine to use in conducting said background investigation. By signing this form I hereby give my permission for any agency/source to release any information concerning me to the Bargersville Police Department.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_ Franklin PD    \_\_\_\_ Johnson County Sheriff    \_\_\_\_ Trafalgar PD    \_\_\_\_ Edinburgh PD

\_\_\_\_ N Whiteland PD    \_\_\_\_ Whiteland PD    \_\_\_\_ Princess Lakes PD    \_\_\_\_ Greenwood PD

\_\_\_\_\_ No Record Found

\_\_\_\_\_ Record(s) Found see below

Date	Arrest

Completed by: \_\_\_\_\_



# Bargersville Police Department

## MEDICAL WAIVER

(This completed form must be signed by a physician and returned with your application.)

I have examined \_\_\_\_\_ and I find no medical restrictions or limitations that would prevent or inhibit him/her from full participation in the physical agility entry test for the Bargersville Police Department's hiring process. I understand the applicant test will consist of the following:

<b>Task</b>	<b>May Participate</b> (circle one)	
16 inch vertical jump	YES	NO
Within one minute, do at least 29 sit-ups	YES	NO
Run 300 meters in 71 seconds or less	YES	NO
Minimum of 25 push-ups	YES	NO
Run 1.5 miles in 16 minutes and 28 seconds or less	YES	NO

Physician's Name: \_\_\_\_\_  
(Please print)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone number: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ M.D.

Date: \_\_\_\_\_