St. John Police Department

11033 W. 93rd Avenue | St. John, IN 46373-9701 | Tel: (219) 365-6032 | Fax: (219) 365-5120
www.stjohnin.gov

Police Officer General Hire Eligibility List Application

NOTICE: Please read ALL instructions before beginning this application. Applications must be legible and in black ink. All questions must be answered; if a question is not applicable, please indicate NA in corresponding spot. **APPLICATIONS, WHICH ARE NOT COMPLETE AND LEGIBLE, WILL NOT BE CONSIDERED.** If the space provided is not sufficient for a complete answer, or you wish to furnish additional information, attach sheets of the same size paper as this application (8-1/2 X 11), and number the answers to correspond with the questions. Any incomplete application will be immediately disqualified.

---

1. PERSONAL HISTORY

A. Name in full: _____
Last Name First Middle

B. List all other names you have used including nicknames. If female, furnish your maiden name. Also if you have ever used any surname other than your true name, and during what period and under what circumstances were these names used? _____

_____

_____

C. Date of Birth: _____

D. Place of Birth: _____
City State

E. Social Security Number: _____

F. Have you ever legally changed your name (other than marriage)?

☐ Yes ☐ No

If yes, then when? Date _____ Place _____

Court _____

G. Phone Number: _____

Email Address: _____

LEAVE SPACE BELOW BLANK

2. RESIDENCES

A. Current residential address and telephone numbers.

_____
Street Address Apt. No City State Zip Code

(_____)_____ (_____)_____ (_____)_____
Residence Cell Alternate

B. Complete address to which you wish mail be sent, please include telephone number if different from above.

_____
Street Address Apt. No City State Zip Code Telephone

C. List chronologically all of your former residences during the last ten years.

1._____
Dates From / To Street Address City State Zip Code

2._____
Dates From / To Street Address City State Zip Code

3._____
Dates From / To Street Address City State Zip Code

4._____
Dates From / To Street Address City State Zip Code

5._____
Dates From / To Street Address City State Zip Code

3. CITIZENSHIP

A. Are you a United States Citizen? ☐ Yes ☐ No

B. By Birth? ☐ Yes ☐ No

C. Naturalized? ☐ Yes ☐ No If yes, _____
Date Place Court Naturalization Number

4. EDUCATION

_____
Name of School Complete Address Dates From / To Degree or Credit Hours

_____
Name of School Complete Address Dates From / To Degree or Credit Hours

_____
Name of School Complete Address Dates From / To Degree or Credit Hours

_____
Name of School Complete Address Dates From / To Degree or Credit Hours

5. REFERENCES

Give three (3) references, not relatives, whom are responsible adults of reputable standing in their communities, such as house holders, property owners, business or professional men or women including your family physician, if you have one, who have known you well during the past five years.

1. _____
Complete Name | Complete Address | Home Telephone Number

_____
Number Years Known | Occupation | Business Telephone Number

2. _____
Complete Name | Complete Address | Home Telephone Number

_____
Number Years Known | Occupation | Business Telephone Number

3. _____
Complete Name | Complete Address | Home Telephone Number

_____
Number Years Known | Occupation | Business Telephone Number

6. AUTOMOBILE INSURANCE / ACCIDENTS

1. Have you ever had your driver's license suspended? ☐ Yes ☐ No If yes, explain: _____

_____

2. Automobile insurance company, local agent, address, and phone number? If none, explain: _____

_____

3. List vehicle accidents in which you have been involved in as a driver.

	DATE	REPORTING POLICE DEPARTMENT	WHAT HAPPENED?
1.			
2.			
3.			

	DATE	REPORTING POLICE DEPARTMENT	WHAT HAPPENED?
4.			

7. EMPLOYMENT

List chronologically all employment beginning with present employer, including summer and part-time employment while attending school. All time must be accounted for. If unemployed for a period, please indicate so and record dates of unemployment.

1.	**Name of Employer**		**Complete Address**			**Business Telephone No.**
	From Mo / Yr	**To Mo / Yr**	**Salary**	**Position**	**Full / Part-Time**	**Immediate Supv.**
	Non-Medical Reason for Leaving					
2.	**Name of Employer**		**Complete Address**			**Business Telephone No.**
	From Mo / Yr	**To Mo / Yr**	**Salary**	**Position**	**Full / Part-Time**	**Immediate Supv.**
	Non-Medical Reason for Leaving					
3.	**Name of Employer**		**Complete Address**			**Business Telephone No.**
	From Mo / Yr	**To Mo / Yr**	**Salary**	**Position**	**Full / Part-Time**	**Immediate Supv.**
	Non-Medical Reason for Leaving					
4.	**Name of Employer**		**Complete Address**			**Business Telephone No.**
	From Mo / Yr	**To Mo / Yr**	**Salary**	**Position**	**Full / Part-Time**	**Immediate Supv.**
	Non-Medical Reason for Leaving					

A. May we contact your present employer? ☐ Yes ☐ No If no, explain: _____

B. Have you ever been dismissed, asked to resign, or had any disciplinary action taken against you from any employment or position you have held? ☐ No ☐ Yes _____
Employer's Name Complete Address
Reason:_____

C. Do you have any sources of income other than your present salary, including your spouse's income? ☐ Yes ☐ No

Please specify each source with amount: _____

8. MILITARY RECORD

A. Are you registered for Selective Service? ☐ Yes ☐ No

Selective Service Number (if known): _____

B. Have you ever served on active duty in the Armed Forces of the United States? ☐ Yes ☐ No

Highest rank attained in military service: _____

C. What is your current military classification?_____

D. Branch of Military Service: _____

E. Serial Number: _____

F. Dates of active duty: _____

G. Type of Discharge (If Non-Medical): _____ Separation Location: _____

H. Member of Reserves? ☐ Yes ☐ No If yes: _____ Ready _____ Standby

Service Branch: _____

I. Were you ever court marshaled or charged with any violation of the Uniform Code of Military Justice?

☐ Yes ☐ No If yes: Date: _____ Place: _____

Nature of Offense: _____

Action Taken: _____

9. CREDIT RECORD

A. Has your credit record (including spouse) ever been considered unsatisfactory, or have you ever been refused credit?

☐ Yes ☐ No If yes, give dates, places, and names of creditors and circumstances: _____

_____

B. Please list all debts that are past due. Indicate number of payments that are past due, account number, and amount of each payment:

_____

_____

C. List three credit references. Include full name, address, account numbers, and type of credit.

1. _____

2. _____

3. _____

10. COURT RECORD

A. Have you ever been arrested or charged with any violations? ☐ Yes ☐ No

Please list all such matters even if not formally charged or no court appearance, or found not guilty, or matter was settled by payment of fines or forfeiture of collateral. Include all civil matters also.

1._____|_____|_____|_____|_____|_____
Date Place Agency Charge Final Disposition Details

2._____|_____|_____|_____|_____|_____
Date Place Agency Charge Final Disposition Details

B. List all traffic citations but not parking tickets. If none, state so.

1._____|_____|_____|_____|_____|_____
Date Place Agency Charge Final Disposition Details

2._____|_____|_____|_____|_____|_____
Date Place Agency Charge Final Disposition Details

3._____|_____|_____|_____|_____|_____
Date Place Agency Charge Final Disposition Details

4._____|_____|_____|_____|_____|_____
Date Place Agency Charge Final Disposition Details

C. Have you or your spouse ever been a plaintiff or defendant in a court action including divorce actions? ☐ Yes ☐ No

_____|_____|_____|_____|_____|_____
Date Place Court Name of Parties Nature of Action Final Disposition

D. Have you or your spouse ever been the subject, to your knowledge, of a criminal investigation?

☐ Yes ☐ No If yes, please explain in detail: _____

_____

_____

11. ORGANIZATION MEMBERSHIP

A. Please list all clubs and societies of which you are or have been a member.

1._____|_____|_____|_____|_____|_____
Name | Complete Address | Telephone Number | Former | Present | Position Held

2._____|_____|_____|_____|_____|_____
Name | Complete Address | Telephone Number | Former | Present | Position Held

3._____|_____|_____|_____|_____|_____
Name | Complete Address | Telephone Number | Former | Present | Position Held

4._____|_____|_____|_____|_____|_____
Name | Complete Address | Telephone Number | Former | Present | Position Held

5._____|_____|_____|_____|_____|_____
Name | Complete Address | Telephone Number | Former | Present | Position Held

B. Have you ever been a member of any foreign or domestic organization, association, movement, group or combination of persons which is totalitarian, fascist, communist, or subversive, or which has adopted, or shows a policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the Constitution of the United States, or which speaks to alter the form of the government of the United States by unconstitutional means?

☐ Yes ☐ No If yes, please explain in detail: _____

_____

_____

12. RELATIVES

A. If you have been married more than once, give the requested information concerning each former spouse. Even if a relative is deceased, please give all information requested and indicate last residence and year of death. Include brothers/sisters. Along with information concerning your parents, please provide information if you have stepparents, legal guardians or others who have raised you instead of your parents.

1. _____|_____|_____|_____
Name (Include Maiden Name) | Mother | Complete Address | Phone Number

_____|_____|_____|_____|_____
Date of Birth | Place of Birth | Occupation | Complete Address | Phone Number

2. _____|_____|_____|_____
Name | Father | Complete Address | Phone Number

_____|_____|_____|_____|_____
Date of Birth | Place of Birth | Occupation | Complete Address | Phone Number

3. _____|_____|_____|_____
Name (Include Maiden Name) | Spouse/Ex-Spouse | Complete Address | Phone Number

_____|_____|_____|_____|_____
Date of Birth | Place of Birth | Occupation | Complete Address | Phone Number

4. _____|_____|_____|_____
Name (Include Maiden Name) Spouse/Ex-Spouse Complete Address Phone Number

_____|_____|_____|_____|_____
Date of Birth Place of Birth Occupation Complete Address Phone Number

5. _____|_____|_____|_____
Name (Include Maiden Name) Brother/Sister Complete Address Phone Number

_____|_____|_____|_____|_____
Date of Birth Place of Birth Occupation Complete Address Phone Number

6. _____|_____|_____|_____
Name (Include Maiden Name) Brother/Sister Complete Address Phone Number

_____|_____|_____|_____|_____
Date of Birth Place of Birth Occupation Complete Address Phone Number

7. _____|_____|_____|_____
Name (Include Maiden Name) Step-Parent Complete Address Phone Number

_____|_____|_____|_____|_____
Date of Birth Place of Birth Occupation Complete Address Phone Number

8. _____|_____|_____|_____
Name (Include Maiden Name) Step-Parent Complete Address Phone Number

_____|_____|_____|_____|_____
Date of Birth Place of Birth Occupation Complete Address Phone Number

13. ADDITIONAL INFORMATION

A. Please describe any specialized training, apprenticeship, skills and extra-curricular activities.

_____

_____

_____

B. List any previous law enforcement experience.

_____
Agency State of Certification Dates Served

_____
Agency State of Certification Dates Served

14. APPLICATION SUBMISSION INSTRUCTIONS

*Include a full-face photograph of yourself in JPEG format, not smaller than 2-3/4 inches by 2-1/2 inches. This photograph will be used for background investigation and identification purposes only.

I certify that:

1. **All required items, where applicable, are included with this application in PDF format. Check documents included.**

   A. ☐ Copy of Birth Certificate, required.
   B. ☐ Copy of High School Diploma/GED Certificate, required.
   C. ☐ Copy of last College Diploma, if applicable.
   D. ☐ Military - DD214 #2 or #4 or NGB22 (National Guard), if applicable.
   E. ☐ Copy of valid Driver's License, required.
   F. ☐ Photograph as described above, required.
   G. ☐ Copy of Indiana State Law Enforcement Certification, if applicable.
   H. ☐ All additional certification of law enforcement training, if applicable.
   I. ☐ Naturalization papers, if applicable.
   J. ☐ Completed Personal Inquiry Waiver (must be notarized), required.
   K. ☐ Completed Accident Waiver, required.
   L. ☐ Completed Physical Agility Test Informed Consent, required.
   M. ☐ Completed Doctor's Release, required.

2. I have personally completed this application.

I understand that any appointment tendered to me will be contingent upon the results of a complete character and fitness investigation, and I am aware that willfully withholding information or making false statements on this application will be basis for disqualification from the hiring process and/or dismissal from the St. John Police Department. I agree to these conditions and I hereby certify that all statements made by me on this application are true and complete to the best of my knowledge.

_____ _____

Typed signature of applicant as usually written (Do not use nicknames) Date

Check application carefully. Be certain all items are complete. This application will not be considered if all information is not complete, legible, or all required documents are not attached.

Return the application, with all required and applicable documents including photograph, to pdapps@stjohnin.gov

St. John Police Department
Public Safety Facility
11033 W. 93rd Avenue
St. John, IN 46373
219-365-6032
The Police Administrative Office is located on the second floor of the building.
Business hours are Monday through Friday from 8:00 a.m. to 4:00 p.m., except observed holidays.

- AN EQUAL OPPORTUNITY EMPLOYER M/F -