

# GEORGETOWN POLICE DEPARTMENT



## **Employment Application** **An Equal Opportunity Employer**

Revised: June 26, 2020

## **Georgetown Police Department Application Information.**

### **I. COMPLETING YOUR APPLICATION:**

- A. THE APPLICATION SHOULD BE COMPLETE AND ACCURATE BEFORE SIGNING. **INCOMPLETE APPLICATIONS CANNOT BE ACCEPTED.** Any misrepresentations, falsifications or material omissions in any form may result in the Town of Georgetown's exclusion of the individual from further consideration for employment. Such misrepresentation or falsification may result in termination even after the applicant is hired.
- B. YOUR SOCIAL SECURITY NUMBER **MUST BE INCLUDED** for record control purposes. Federal law requires that all employed persons have a Social Security Number.
- C. To receive APPROPRIATE CREDIT, include a copy of your diploma, transcript, certificate or license as directed on the application.
- D. If additional space is needed to list Education, Trainings, certifications is needed please attach to this application on a separate sheet(s) of paper.
- E. Attached a minimum of 3 professional references and 3 personal (not family) references on a separate piece(s) of paper.
- F. Please attach a copy of any and all criminal convictions and citations received. To included, but not limited to: Felony and misdemeanor convictions, and traffic citations. Court summary is acceptable.

### **II. MINIMUM OR SELECTION REQUIREMENTS**

- A. YOUR APPLICATION WILL BE ACCEPTED **ONLY** IF IT CLEARLY SHOWS YOU MEET THE REQUIREMENTS. The information you provide will determine your eligibility and is subject to verification at any time.
- B. If applying for a police officer position you must be at least 21 years of age by completion of the Indiana Law Enforcement Academy (ILEA). The Federal Age Discrimination in Employment Act (ADEA) of 1967, as amended, prohibits discrimination on the basis of age for any individual over age 40.

### III. EQUAL EMPLOYMENT OPPORTUNITY/NON- DISCRIMINATION POLICY

- A. It is the policy of the Town of Georgetown to provide equal opportunity in employment to all employees and applicants for employment and to prohibit discrimination in employment because of race, religion, color, sex, age, national origin, disability, military status or any other classification protected under applicable law. This policy applies to all terms, conditions and privileges of employment, including, but not limited to, hiring, promotion, transfer, compensation, benefits, layoff, recall, employee facilities, discharge and retirement.
  
- B. It is the policy of Town of Georgetown not to discriminate against a qualified individual with a disability in: job, application procedures, the hiring, advancement, or discharge of employees, employee compensation, job training and other terms, conditions and privileges of employment. It is the intent of Town of Georgetown to comply with all applicable requirements of the Americans with Disabilities Act.

#### IV. AUTHORIZED ALIEN STATUS AND CITIZENSHIP

- A. All new hires must cooperate with the Town of Georgetown in its compliance with the Immigration Reform and Control Act of 1986 and in verifying employment eligibility. New employees shall complete an I-9 form and show proof of identity and employment eligibility within the first three (3) days of employment. Employees who refuse to or are unable to supply the documentation necessary to prove that they are American citizens or aliens authorized to work in this country will be terminated. If a person is not able to perform the essential functions of a job, even with reasonable accommodations, then the person is not qualified for the position. The Town of Georgetown will reasonably accommodate persons with a disability.

#### V. RECORD OF CONVICTIONS

- A. A full disclosure of all convictions is required. Failure to disclose convictions will result in disqualification. Not all convictions constitute an automatic bar to employment. Factors such as your age at that time of the offense(s), and the recency of offense(s) will be taken into account, as well as the relationship between the offense(s) and the job(s) for which you apply. ANY CONVICTIONS OR COURT RECORDS WHICH ARE EXEMPTED BY A VALID COURT ORDER DO NOT HAVE TO BE INCLUDED.

\* Placement of an employment application with the Town of Georgetown *does not* mean that an applicant will be interviewed. Equal consideration will be given to all applicants based on qualifications listed for the job.

\* Applications will be retained in active files for six (6) months or for the duration of applicant recruitment lists when use.

**Be sure the application is complete, and all required documentation is included. Completed applications may be mailed to:**

**Georgetown Town Hall**

**Attn: Julia Keibler**

**P.O. Box 127**

**Georgetown, IN 47122**

## EQUAL EMPLOYMENT OPPORTUNITY QUESTIONNAIRE

The following **voluntary** information is requested for the Town of Georgetown to evaluate its hiring practices required by law for the State and Federal Government. This form will be detached from the employment application. This information will be confidential and will **NOT** be used to make a decision about your employment.

A. Please mark the group that best describes your race/ethnicity:

1. \_\_\_\_\_ White
2. \_\_\_\_\_ Black/African American (Not of Hispanic Origin)
3. \_\_\_\_\_ Hispanic/Latino (Mexican, Puerto Rico, Cuban, Central or South American, or Spanish culture or origin)
4. \_\_\_\_\_ American Indian (subject to verification)
5. \_\_\_\_\_ Asian or Pacific Islander (excluding Filipino)
6. \_\_\_\_\_ Filipino

B. Gender

1. \_\_\_\_\_ Male
2. \_\_\_\_\_ Female

C. Disabled \_\_\_\_\_ A person with a disability is an individual who: (1) has a physical or mental impairment or medical condition that limits one or more life activities, such as walking, speaking, breathing, performing manual tasks, seeing, hearing, learning, caring for or oneself or working; (2) has a record or history of such impairment or medical condition; (3) is regarded as having such an impairment or medical condition.

Date of Birth: \_\_\_\_\_ Name: \_\_\_\_\_

**Authorization for Release of  
Criminal Records, Employment  
Records**

Printed Full Name (Last, First, Middle): \_\_\_\_\_

---

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

I, \_\_\_\_\_, respectfully request and authorize you to furnish the Georgetown Police Department any and all information that you may have concerning me including arrests, my work record, personnel record, including any disciplinary actions, my reputation, my financial and credit status. Please include any and all medical, physical, and mental records or reports, including all information of a confidential or privileged nature, and photocopies of same if requested. This information is to be used in determining my qualifications and fitness for the position I am seeking with the Georgetown Police Department I hereby release you, your organization or others from any liability or damage which may result from furnishing the information requested above.

\*NOTE THIS FORM WILL BE RETAINED FOR NCIC/IDACS PURPOSES.

Position Applying for: \_\_\_\_\_

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

Signature: \_\_\_\_\_

---

DO NOT WRITE BELOW THIS LINE -- FOR OFFICE USE ONLY

Requestor (printed): \_\_\_\_\_

Signature of Requestor: \_\_\_\_\_

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

**Position Applying For:** **Town Marshall** \_\_\_\_ **Patrolman** \_\_\_\_ **Reserve** \_\_\_\_

**Date Available:** \_\_\_\_\_

**Date Completed:** \_\_\_\_\_

<b>Contact Information</b>	
Name of Applicant (Last, First, Middle Initial):	
Nick names or Aliases:	
Address:	
Home Phone: ( )	Cell: ( )                      Alternate: ( )
Primary Email:	Secondary Email:
<b>Personal Data</b>	

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_      Age: \_\_\_\_      SS#: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Are you a United States Citizen? Yes:       No:

If you are not a US Citizen, have you applied for citizenship?      Yes:       No:

Martial Status: \_\_\_\_\_

Height: \_\_\_\_\_      Weight: \_\_\_\_\_      Hair Color: \_\_\_\_\_      Eye Color: \_\_\_\_\_

Driver's License State: \_\_\_\_\_      License # \_\_\_\_\_      Exp. Date: \_\_\_\_\_

Please provide a photograph of yourself and a copy of your driver's license in the spaces below:

Photograph
Copy of Driver's License



**Education**

**\* Please include transcripts, diplomas or other proof to support all your educational claims.**

**High School:** \_\_\_\_\_ **City/ State:** \_\_\_\_\_

Year of Graduation: \_\_\_\_\_

Diploma or GED? \_\_\_yes\_\_\_no

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

Phone # \_\_\_\_\_

\_\_\_\_\_

**Current /Most Recent College:** \_\_\_\_\_

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

Phone #: \_\_\_\_\_

\_\_\_\_\_

Highest Degree Earned: \_\_\_\_\_

Overall Grade Point Average: \_\_\_\_\_

Credit Hours Earned: \_\_\_\_\_

**College or University #2:** \_\_\_\_\_

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

Phone #: \_\_\_\_\_

\_\_\_\_\_

Highest Degree Earned: \_\_\_\_\_

Overall Grade Point Average: \_\_\_\_\_

Credit Hours Earned: \_\_\_\_\_

**College or University #3:**

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
\_\_\_\_\_

Highest Degree Earned: \_\_\_\_\_

Overall Grade Point Average: \_\_\_\_\_

Credit Hours Earned: \_\_\_\_\_

**High School:**

Address: \_\_\_\_\_ Dates Attended: \_\_\_\_\_  
\_\_\_\_\_ Phone # \_\_\_\_\_

Diploma (Yes/No) \_\_\_\_\_ GED(Yes/No) \_\_\_\_\_

**Trade, Vocational , or other Technical School Information.**

1) Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone#: \_\_\_\_\_  
\_\_\_\_\_

Dates Attended ( Month/Year) : \_\_\_\_\_

Type of Certificate or Degree Earned: \_\_\_\_\_

2) Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone#: \_\_\_\_\_

\_\_\_\_\_

Dates Attended ( Month/Year) : \_\_\_\_\_

Type of Certificate or Degree Earned: \_\_\_\_\_

3) Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone#: \_\_\_\_\_

\_\_\_\_\_

Dates Attended ( Month/Year) : \_\_\_\_\_

Type of Certificate or Degree Earned: \_\_\_\_\_

4) Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone#: \_\_\_\_\_

\_\_\_\_\_

Dates Attended ( Month/Year) : \_\_\_\_\_

Type of Certificate or Degree Earned: \_\_\_\_\_

## Prior Law Enforcement Experience

1) Most Recent Police Academy Attended: \_\_\_\_\_

Address: \_\_\_\_\_ Phone# \_\_\_\_\_

\_\_\_\_\_

Department /Agency : \_\_\_\_\_

2) Law Enforcement Agency: \_\_\_\_\_

Address: \_\_\_\_\_ Phone#: \_\_\_\_\_

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

Supervisor Name: \_\_\_\_\_

May we contact previous employer : Yes/No \_\_\_\_\_

3) Law Enforcement Agency: \_\_\_\_\_

Address: \_\_\_\_\_ Phone#: \_\_\_\_\_

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

Supervisor Name: \_\_\_\_\_

May we contact previous employer : Yes/No \_\_\_\_\_

## Military Service

Have you ever served, in a Military Organization? Yes \_\_\_\_\_ No \_\_\_\_\_

Military Branch: \_\_\_\_\_ Highest Rank Held \_\_\_\_\_

Last M.O.S. \_\_\_\_\_ Type of Discharge \_\_\_\_\_

Dates of Service (Years) From : \_\_\_\_\_ to \_\_\_\_\_

Supervisor 's Name and Phone # \_\_\_\_\_

Military Awards Received: \_\_\_\_\_

---

---

Certificates Received:

---

---

---

\*Please attach DD214

## Employment

List all of employment starting with most recent

1) Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

\_\_\_\_\_

Supervisor Name : \_\_\_\_\_ Phone # \_\_\_\_\_

Last Position Held: \_\_\_\_\_

Dates of Employment: (Month/Year): From \_\_\_\_\_ To: \_\_\_\_\_

Reason for Separation: \_\_\_\_\_

---

May we contact your supervisor? Yes \_\_\_\_\_ No \_\_\_\_\_

2) Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

\_\_\_\_\_

Supervisor Name : \_\_\_\_\_ Phone # \_\_\_\_\_

Last Position Held: \_\_\_\_\_

Dates of Employment: (Month/Year): From \_\_\_\_\_ To: \_\_\_\_\_

Reason for Separation: \_\_\_\_\_

May we contact your supervisor? Yes \_\_\_\_\_ No \_\_\_\_\_

3)Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

\_\_\_\_\_

Supervisor Name : \_\_\_\_\_ Phone # \_\_\_\_\_

Last Position Held: \_\_\_\_\_

Dates of Employment: (Month/Year): From \_\_\_\_\_ To: \_\_\_\_\_

Reason for Separation: \_\_\_\_\_

May we contact your supervisor? Yes \_\_\_\_\_ No \_\_\_\_\_

4)Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

\_\_\_\_\_

Supervisor Name : \_\_\_\_\_ Phone # \_\_\_\_\_

Last Position Held: \_\_\_\_\_

Dates of Employment: (Month/Year): From \_\_\_\_\_ To: \_\_\_\_\_

Reason for Separation: \_\_\_\_\_

May we contact your supervisor? Yes \_\_\_\_\_ No \_\_\_\_\_

## 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 6 months. 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: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_