

GEORGETOWN POLICE DEPARTMENT



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

Revised: July 2024

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 Police Department

Attn: Chief Travis Speece

P.O. Box 455

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 of 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: _____

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

Personal Data

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# _____

2. Law Enforcement Agency: _____

Address: _____ Phone#: _____
_____ Hire Date: _____
End date: _____

Supervisor Name: _____

Reason for separating: _____

3. Law Enforcement Agency: _____

Address: _____ Phone#: _____
_____ Hire Date: _____
End Date: _____

Supervisor Name: _____

Reason for separating: _____

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: _____

