

EMAIL:

Print Name: (Last, First,
Middle) _____
Date Of Birth: _____
Date Application Picked Up: _____
Date Application returned: _____

Butler Police Department
Applicant Information Summary

Butler Police Department
201 North Broadway - Butler, Indiana 46721
260-868-2171 • www.butlerpolice.net



STATEMENT OF EQUAL OPPORTUNITY EMPLOYMENT POLICY

The City of Butler is an equal employment opportunity employer and will accept applications, hire qualified applicants, administer all terms and conditions of employment, and make available all benefits and compensations of employment without regard to race, sex, color, ancestry, national origin, religion, handicap (as defined by law) age, marital status, sexual orientation, or number of dependents except when such constitutes a bona fide occupational qualification necessary to proper and efficient administration.

All applicants and employees are protected from discrimination because of political affiliation and from coercion for partisan political purposes.

No questions on this report are intended to secure information to be used for unlawful discrimination.

**POLICY REGARDING
THE APPLICANT INFORMATION SUMMARY**

1. Failure to comply with instructions and policy regarding the Applicant Screening Process stage will result in the rejection of the application.
2. Failure to accurately and truthfully complete this form will result in the rejection of the application.
3. Failure to return this form by the specified date will result in the rejection of the application.
4. Applicants who are rejected during the Applicant Screening Process stage may not reapply for a period of one year from the date of rejection.
5. Applications will not be accepted without complete addresses, phone number and zip codes.
6. All items must be completed and necessary documentation attached.
7. The completed form must be returned in a sealed 9in x 12in envelope to the office of Chief of Police, Butler Police Department, 201 North Broadway , Butler, Indiana 46721 by the specified deadline listed on the front page.

If you need assistance in completing this form, please contact the office of Chief of Police
(260)868-2171

* If additional space is needed, use the supplemental page at the end of the form, referencing the question being answered each time.

Standards for Appointment

For appointment as a Police Officer with the City of Butler, Indiana, the applicant must meet the following requirements:

- The applicant must be at least (21) years of age and less than (36) years of age at the appointment to the department unless already an Indiana "Police 77 fund" PERF active member.
- The applicant must be a high school graduate as evidenced by a diploma issued by a high school accredited by the department or agency of the State authorized to accredit high school or have certification of an equivalent education. A college degree is preferred.
- The applicant shall possess a valid driving license from the State of Indiana at the time of appointment.
- The applicant must reside in Dekalb County or an adjoining county at the time of appointment.
- The applicant must submit to oral interviews before the Police Merit Board for the purpose of determining such characteristics as the applicant's ability to communicate, handle stress, and to examine the applicant's experience and background.
- The applicant shall agree to provide a certified current personal credit background report upon request.
- The applicant shall agree to participate in a pre-appointment ride along with department personnel.

- * The applicant must be of good moral character as determined by a thorough background investigation and must be willing to submit to a polygraph/voice stress exam and drug screening exam.
- * Applicants must successfully pass a general aptitude test and a physical fitness assessment per statewide guidelines.
- * After a job offer is made, the applicant must pass a psychological screening and physical examination performed by a licensed physician or surgeon, chosen by the Local Police Pension Board, and is accepted into the Public Employees' Retirement Fund. Additionally, after selection the applicant must pass the physical fitness standards of the Indiana Law Enforcement Academy, and must meet and maintain the physical fitness standards of the Butler Police Department throughout employment with the City of Butler.

APPLICANT: READ THESE INSTRUCTIONS FIRST!!!!

No document that you prepare in the application process is more important than this Application Information Summary. You must follow these instructions to the letter. There are many more applicants for public safety jobs than available positions. Neither BPD investigators nor administrative staff will correct your responses. Your answers must be true, correct and complete when you print them.

You must print all entries in black ink. Do not type or otherwise prepare this document except by printing it yourself.

You must have this document notarized on the last page after thoroughly answering each question.

Print an entry in every section of the book. If a section does not apply to you, print "N/A" in that section to indicate that it is not applicable to you. If you do not know the answer to a question after making every reasonable effort to get the information, print "I do not know" in that section.

When mentioning people, always fully identify each person by his/her full correct name. Always give complete addresses. Do not assume investigators will try to discern correct spelling, correct addresses, and correct zip codes or correct telephone numbers. This is your responsibility.

ANSWER EACH QUESTION COMPLETELY AND HONESTLY. ANY OMISSION OR CONCEALMENT OF INFORMATION WILL BE CONSIDERED DECEPTION. WHILE MISTAKES, INDISCRETIONS OR OTHER SITUATIONS IN YOUR LIFE HISTORY MAY OR MAY NOT BE CONDONED, DECEPTION WILL ABSLUTELY NOT BE TOLERATED!!

Emergency Contact Numbers

Relationship/Name/ Number _____

Relationship/Name/ Number _____

Relationship/Name/ Number _____

Relationship/Name/ Number _____

Relationship/Name/ Number _____

Relationship/Name/ Number _____

Relationship/Name/ Number _____

Relationship/Name/ Number _____

Anyone you do not want contacted due to illness
etc. _____

Applicant – You May Detach this page from Application prior to submitting

APPLICANT CHECK LIST

Please use the following list as a guide in completing your application.

- Full names and address of family members (mother, father, step-parents, foster-parents, guardians, brothers, sisters, spouse, children, in-laws, ex-spouses).
- Addresses and dates pertaining to all prior residences in the last ten years.
- Information pertaining to all present and former employers. Include dates, names, addresses, and phone numbers of companies.
- Selective Service Number, Dates of Active Duty, Serial Number and Reserve Obligation.
- Savings and checking information. (Name of Institution(s) holding the account(s))
- Credit obligations. (Name of Institutions, type of accounts).
- Type, expiration date, number and restrictions relating to Driver's License.
- Dates, locations, descriptions of any vehicle accidents in the last three years. Note any citations.
- The date, place, charge and the disposition of any arrest (Adult/Juvenile), local/non-local.
- Information relating to four personal references (name, addresses, telephone number during the day, occupation, length of time known and zip codes). References shall include neither relatives nor former/current employers.

Copies of the following documents should be attached to this completed application:

- Birth Certificate
- Divorce Decree if applicable
- Driver's License
- Indiana Law Enforcement Certification (Required)
- Marriage Certificate if applicable
- High School/GED/College diplomas and Transcripts
- DD214 Form and Military Records if applicable

| ILEA Entry Standards (Beginning January 2003) | |
|---|-----------------------|
| Test | Standard |
| Vertical Jump | 13.5 Inches |
| One Minute Sit-ups | 24 |
| 300 Meter Run | 82 Seconds |
| Maximum Push-ups | 21 |
| 1.5 Mile Run | 18 Minutes 56 Seconds |

Applicant – You May Detach this page from Application prior to submitting

SIGNATURE AND NOTARY AFFIDAVIT

Read the following statement carefully. If you have any questions, please contact the Office of Chief Police before signing the form.

I hereby authorize and give my consent to the release of any and all background information and/or records about me, by any person, business, agency or other entity in possession of the same, to the City of Butler Police Department, for the purpose of conducting a background check. I authorize the City of Butler to make photocopies of the document, and such copies shall suffice in place of the original to notify persons other entities in possession of information about me that I have freely and voluntarily agreed and consented to the matters herein.

I certify that the information contained in this form is true. I realize that misrepresentation of facts in cause for rejection of my application or dismissal after appointment. I understand that final employment is contingent in part upon satisfactory completion of all phases of the Applicant Screen Process.

I hereby waive, release, and surrender any and all rights to claims which I may have against the City or County, or any of its officers, employees, or agents as a result of the release of such records.

Signature of Applicant

Date of Signature

Printed Name

TO BE COMPLETED BY NOTARY PUBLIC:

Subscribed and sworn before me, a Notary Public in the County of _____ State of _____,
this ____ day of _____, 20__.

Notary Public: _____

My Commission Expires: _____

ILEA Entry Standards

(Beginning January 2003)

| Test | Standard |
|--------------------|-----------------------|
| Vertical Jump | 13.5 Inches |
| One Minute Sit-ups | 24 |
| 300 Meter Run | 82 Seconds |
| Maximum Push-ups | 21 |
| 1.5 Mile Run | 18 Minutes 56 Seconds |

RELEASE AND HOLD HARMLESS AGREEMENT

I have submitted my application for the position of police officer with the City of Butler. I wish to take the physical fitness test which each applicant is required to pass in order to have his/her application considered for said position. I understand that current statewide physical fitness testing for police officers includes muscular strength, muscular endurance, cardiovascular endurance and musculoskeletal flexibility.

In consideration for being permitted to take this physical fitness test, I hereby release, discharge and agree to hold harmless the City of Butler Police Department and its officers, agents, employees, successors and assigns, from any and all liability for personal injury or property damage which I may sustain in any way as a result of my taking this test, whether such injury or damage occurs before, during or after the test, and whether or not such injury or damage occurs in, on or about the premises where the test is conducted. I will assume full responsibility for any such injury or damage and I do hereby fully and forever release and discharge the City of Butler Police Department and its officers, agents, employee, successors and assigns from any and all-claims, demands, damages, right of action or causes of action present or future, whether the same be known, anticipated or unanticipated, resulting from or arising out of my taking this physical fitness test.

In the event that my taking this test should result in injuries or damages to person or property and a claim is asserted against the City of Butler Police Department, I will hold harmless, defend and indemnify the Police Department against any claim, demand, damage right of action of cause of action present of future, whether the same is known, anticipated or unanticipated, resulting from my taking this test.

I further state that I voluntarily take this physical fitness test, and that I recognize and voluntarily assume the risks inherent in taking the test, and that I have to my knowledge no medical condition or risk factor that would prevent my taking this test.

This Release and Hold Harmless Agreement shall be binding upon my heirs, assigns, executors and administrators.

Date

Signature

Printed Name

Witness

CRIMINAL RECORDS AND BACKGROUND CHECK

I, _____, acknowledge that I have been advised and understand that my employment and/or continuation of employment by the City of Butler Police Department is continuation upon, but not limited to, the following:

1. A security clearance from the Federal Bureau of Investigation and the Indiana State Police. Clearance is necessary to complete computer training involving access to confidential information.
2. I understand and agree that the background check may include but shall not be limited to investigation of my character, personal history, credit history and financial condition.
3. Verification that the application of the undersigned has not been falsified and/or no criminal record exists.
4. I hereby waive the restrictions on access to any and all records of any juvenile courts or law enforcement agencies relating to me when I was a juvenile pursuant to Indiana Code Section 31-6-8-1(i) and Indiana Code Section 31-6-8-1.2(h). I understand that any information gathered as a result of this waiver will be kept confidential, and will be used solely to determine my fitness as an applicant. I make this waiver knowingly and voluntarily.

Signature

Printed Name

Witness Name and Signature

Date

Butler Police Department
City of Butler, Indiana

Candidate ride along Program
Waiver of Liability

I, _____ Hereby release the Butler Police Department and the City of Butler from liability for damages or costs resulting from any injury or damage, both mental and physical, that I may incur in participating in the Butler Police Department "Ride along Program" for Police Officer Candidates.

I understand that there is an inherent danger associated with the job of Police Officer and agree to a comprehensive release of all liability, the City of Butler or the Butler Police Department and its individual members for any injuries I may suffer during the "Ride along Program" for Police Officer Candidate.

Dated: _____

Printed Name Candidate _____

Signature of Candidate _____

Witness: _____

PERSONAL DATA

Full Name (Last, First, Mi)

Social Security Number

Date of Birth

List all other names you have used including nicknames. If female, furnish maiden name. If you have ever used any last name other than your true name, during what period and under what circumstances were these names used? If you have ever legally changed your name, give date, place, and court. (This information is being collected to assist the department in conducting a thorough background investigation, i.e., felony conviction check.)

Place of Birth _____ (City/State/Country)

Are you a U.S. Citizen? Yes No → By Birth By Naturalization
If by Naturalization...documentation of court dates, registration number, certification number will be needed.

Present Address (Street Address Suite City State Zip Code)

Home Telephone Number (Include area code and hours during which you can be reached there)

Work Telephone Number (Include area code and hours during which you can be reached there)

List chronologically (most current first) all of your residences in the past ten years. Include addresses while attending school if away from home and ALL military addresses; including off base locations. Also, towns or cities that is located in the immediate vicinity of military complexes. If apartment, include name and location of complex.

Date From / To Street Address Suite City State Zip/Code

EDUCATION

List all schools attended at the high school level and above. Include copies of all diplomas/degrees, transcripts and certifications.

Did you receive a High School diploma or a GED Certificate? _____

| High Schools | Date From / To | City | State | Zip/Code | Degree/Diploma |
|--------------|----------------|------|-------|----------|----------------|
| | | | | | |
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| College/University | Date From / To | City | State | Zip/Code | Degree/Diploma |
|--------------------|----------------|------|-------|----------|----------------|
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| Graduate Schools | Date From / To | City | State | Zip/Code | Degree/Diploma |
|------------------|----------------|------|-------|----------|----------------|
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| Vocational/Technical | Date From / To | City | State | Zip/Code | Degree/Diploma |
|----------------------|----------------|------|-------|----------|----------------|
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| Law Enforcement | Date From / To | City | State | Zip/Code | Degree/Diploma |
|-----------------|----------------|------|-------|----------|----------------|
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| Other | Date From / To | City | State | Zip/Code | Degree/Diploma |
|-------|----------------|------|-------|----------|----------------|
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EMPLOYMENT

In the employment portion of this book, provide every employer where you have worked in your lifetime. Provide these employers in reverse order from your current employer to the very first job you ever held. If there was ever a period of unemployment, enter it into the book in the same manner as you would enter another employer: simply write "Unemployed" in the block marked "Name of Employer". Further, if you worked more than one job at a time, place the primary job first and enter the part-time or secondary job in the block immediately after the primary job. Failure to list all employers will be considered deception. If you run out of space in the employment section, continue the section in the supplemental page provided at the back of this book.

List chronologically (most current first) all employers. Include full-time, part-time, and temporary/seasonal work, and all periods of unemployment. Present employers will be contacted *prior* to any appointment.

EMPLOYER #1

| | | |
|--|---|---|
| Your Title / Position | Dates Employed Starting Date _____ Ending Date _____ | Check One <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Volunteer <input type="checkbox"/> Seasonal <input type="checkbox"/> Unemployed |
| Current or Past Employer Name | Supervisors Name and Title | |
| Street Address Suite City | State Zip Code Telephone Number | |
| Reason for Leaving <input type="checkbox"/> Voluntarily <input type="checkbox"/> Terminated Please explain: | | Last Salary \$ _____ <input type="checkbox"/> Hour <input type="checkbox"/> Year <input type="checkbox"/> Other |
| Description of Duties | | |

EMPLOYER #2

| | | |
|--|---|---|
| Your Title / Position | Dates Employed Starting Date _____ Ending Date _____ | Check One <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Volunteer <input type="checkbox"/> Seasonal <input type="checkbox"/> Unemployed |
| Current or Past Employer Name | Supervisors Name and Title | |
| Street Address Suite City | State Zip Code Telephone Number | |
| Reason for Leaving <input type="checkbox"/> Voluntarily <input type="checkbox"/> Terminated Please explain: | | Last Salary \$ _____ <input type="checkbox"/> Hour <input type="checkbox"/> Year <input type="checkbox"/> Other |
| Description of Duties | | |

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|--|-------|---|----------------------------|---|--|----------|------------------|
| EMPLOYER #3 | | | | | | | |
| Your Title / Position | | Dates Employed Starting Date _____ Ending Date _____ | | Check One <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Volunteer <input type="checkbox"/> Seasonal <input type="checkbox"/> Unemployed | | | |
| Current or Past Employer Name | | | Supervisors Name and Title | | | | |
| Street Address | Suite | City | State | | | Zip Code | Telephone Number |
| Reason for Leaving <input type="checkbox"/> Voluntarily <input type="checkbox"/> Terminated Please explain: | | | | Last Salary \$ _____ <input type="checkbox"/> Hour <input type="checkbox"/> Year <input type="checkbox"/> Other | | | |
| Description of Duties | | | | | | | |

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|--|-------|---|----------------------------|---|--|----------|------------------|
| EMPLOYER #4 | | | | | | | |
| Your Title / Position | | Dates Employed Starting Date _____ Ending Date _____ | | Check One <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Volunteer <input type="checkbox"/> Seasonal <input type="checkbox"/> Unemployed | | | |
| Current or Past Employer Name | | | Supervisors Name and Title | | | | |
| Street Address | Suite | City | State | | | Zip Code | Telephone Number |
| Reason for Leaving <input type="checkbox"/> Voluntarily <input type="checkbox"/> Terminated Please explain: | | | | Last Salary \$ _____ <input type="checkbox"/> Hour <input type="checkbox"/> Year <input type="checkbox"/> Other | | | |
| Description of Duties | | | | | | | |

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|--|-------|---|----------------------------|---|--|----------|------------------|
| EMPLOYER #5 | | | | | | | |
| Your Title / Position | | Dates Employed Starting Date _____ Ending Date _____ | | Check One <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Volunteer <input type="checkbox"/> Seasonal <input type="checkbox"/> Unemployed | | | |
| Current or Past Employer Name | | | Supervisors Name and Title | | | | |
| Street Address | Suite | City | State | | | Zip Code | Telephone Number |
| Reason for Leaving <input type="checkbox"/> Voluntarily <input type="checkbox"/> Terminated Please explain: | | | | Last Salary \$ _____ <input type="checkbox"/> Hour <input type="checkbox"/> Year <input type="checkbox"/> Other | | | |
| Description of Duties | | | | | | | |

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|--|-------|---|----------------------------|--|---|
| EMPLOYER #6 | | | | | |
| Your Title / Position | | Dates Employed Starting Date _____ Ending Date _____ | | | Check One <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Volunteer <input type="checkbox"/> Seasonal <input type="checkbox"/> Unemployed |
| Current or Past Employer Name | | | Supervisors Name and Title | | |
| Street Address | Suite | City | State | Zip Code | |
| Reason for Leaving <input type="checkbox"/> Voluntarily <input type="checkbox"/> Terminated Please explain: | | | | Last Salary \$ _____ <input type="checkbox"/> Hour <input type="checkbox"/> Year <input type="checkbox"/> Other | |
| Description of Duties | | | | | |

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|--|-------|---|----------------------------|--|---|
| EMPLOYER #7 | | | | | |
| Your Title / Position | | Dates Employed Starting Date _____ Ending Date _____ | | | Check One <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Volunteer <input type="checkbox"/> Seasonal <input type="checkbox"/> Unemployed |
| Current or Past Employer Name | | | Supervisors Name and Title | | |
| Street Address | Suite | City | State | Zip Code | |
| Reason for Leaving <input type="checkbox"/> Voluntarily <input type="checkbox"/> Terminated Please explain: | | | | Last Salary \$ _____ <input type="checkbox"/> Hour <input type="checkbox"/> Year <input type="checkbox"/> Other | |
| Description of Duties | | | | | |

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|--|-------|---|----------------------------|--|---|
| EMPLOYER #8 | | | | | |
| Your Title / Position | | Dates Employed Starting Date _____ Ending Date _____ | | | Check One <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Volunteer <input type="checkbox"/> Seasonal <input type="checkbox"/> Unemployed |
| Current or Past Employer Name | | | Supervisors Name and Title | | |
| Street Address | Suite | City | State | Zip Code | |
| Reason for Leaving <input type="checkbox"/> Voluntarily <input type="checkbox"/> Terminated Please explain: | | | | Last Salary \$ _____ <input type="checkbox"/> Hour <input type="checkbox"/> Year <input type="checkbox"/> Other | |
| Description of Duties | | | | | |

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|--|-------|---|----------------------------|---|------------------|
| EMPLOYER #9 | | | | | |
| Your Title / Position | | Dates Employed Starting Date _____ Ending Date _____ | | Check One <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Volunteer <input type="checkbox"/> Seasonal <input type="checkbox"/> Unemployed | |
| Current or Past Employer Name | | | Supervisors Name and Title | | |
| Street Address | Suite | City | State | Zip Code | Telephone Number |
| Reason for Leaving <input type="checkbox"/> Voluntarily <input type="checkbox"/> Terminated Please explain: | | | | Last Salary \$ _____ <input type="checkbox"/> Hour <input type="checkbox"/> Year <input type="checkbox"/> Other | |
| Description of Duties | | | | | |

PAST EMPLOYMENT (GENERAL)

Have you, regardless of whether the matter is or was appealed, regardless of whether the matter is part of your official record; regardless of whether you believe or think that it might not still be in your file:

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|--|--|
| Ever been discharged from employment (fired) for any reason? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Ever resigned (quit) after being told that your employer intended to discharge (fire) you for any reason? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Ever resigned (quit) after being told that your employer intended to discipline (fire) you for any reason? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Ever resigned (quit) because you suspected your employer intended to discharge (fire) you for any reason? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Ever resigned (quit) because you suspected your employer intended to discipline (fire) you for any reason? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Ever been reprimanded, counseled or otherwise been put on notice by any employer? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you had any extended work absences other than vacations? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are you receiving, have you applied for, do you intend to apply for or have you applied for and been denied one of the following: Unemployment Compensation, Government Assistance, AFDC, Strike Benefits, Other forms of Assistance | <input type="checkbox"/> Yes <input type="checkbox"/> No |

If you answered "yes" to any of the above employment questions, give all details, including name and address, of employer, date(s) and circumstances:

MILITARY

| | |
|--|--|
| Are you registered for the selective service (draft)? <input type="checkbox"/> Yes <input type="checkbox"/> No | Selective Service Number _____ |
| Have you ever served on active duty in the armed forces of the United States? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you ever been denied entrance to any of the Armed Forces? If Yes, Please Explain Below | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are you currently or have you ever been a member of any United States Armed Forces Reserve or National/State Guard Unit? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

*NOTEIf you answered "YES" to any of the above three questions, please continue.
If not, please skip to page eleven.*

| | | |
|---|--|-------------------|
| Branch of Service | Dates of Duty Starting Date _____ Ending Date _____ | Rank Attained |
| Serial Number | Supervisors Name and Title | Type of Discharge |
| Last (or current) military organization: Street Address Suite City State Zip Code Telephone | | |
| What is your latest duty assignment? _____ | | |
| If you are still on active duty, what is the actual date on which you will be discharged? _____ | | |
| If you have a National Guard or Reserve obligation, print the obligation and date it ends _____ | | |

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|---|--|
| Have you ever received a discharge from the Armed Forces that was other than Honorable? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Were you ever barred from re-enlistment? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Were you subject to any military disciplinary action (judicial or non-judicial)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Were you ever counseled, reprimanded, or otherwise put on notice? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Were you ever the subject of any investigation by any military authorities? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Has your discharge ever been corrected, upgraded or changed? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

If you answered "Yes" to any of the above Military questions, give all details below:

No applicant will be automatically rejected because of a less than honorable discharge (except a dishonorable one). But the discharge may be considered in connection with other information.

FINANCIAL REPORT

CREDIT REFERENCE- List all Credit References (Checking, Savings, other...with financial institutions)

CREDIT OBLIGATIONS- List all Credit Obligations (Mortgage, Car, Friends, other...)

| <u>Name/Company</u> | <u>Type of Account</u> |
|---------------------|------------------------|
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| <u>Name/Company</u> | <u>Type of Account</u> |
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| Have you ever filed for or declared bankruptcy? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you ever had any real or personal property repossessed? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you now have any judgments or other credit matters pending? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you ever had any collections or liens against you? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you ever been delinquent on income tax or other tax payments? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you now have or have you ever had any wage garnishment or your salary? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you presently hold active or silent controlling interest in any company? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

If you answered "Yes" to any of the above financial questions, give all details, including name and address of employer, date(s) and circumstances:

DRIVERS RECORD

Do you currently have a valid driver's license? Yes No Drivers License Number _____

Is your license to drive or privilege to drive now, or has your license to drive or privilege to drive, ever been:
 Denied Refused Suspended Revoked Restricted for employment only Subject to any other action
If you checked any of the above, explain completely below:

Are your vehicle license plates now or have they ever been:
 Denied Refused Suspended Revoked Flagged Subject to any other action
If you checked any of the above, explain completely below:

Give the data requested below on all traffic violations or citations (except parking tickets) that you have ever received. Include all charges for moving violations or other violations, such as defective equipment:

| <u>Date:</u> | <u>Charge:</u> | <u>City & State:</u> | <u>Police Agency</u> | <u>Disposition:</u> |
|--------------|----------------|--------------------------|----------------------|---------------------|
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Give the data requested below on all driver licenses that are now or have even been issued to you from any jurisdiction, even if a license is currently expired, suspended, revoked or otherwise not valid:

| <u>Issuing Jurisdiction:</u> | <u>License Number:</u> | <u>Expiration Date:</u> | <u>Type of License:</u> |
|------------------------------|------------------------|-------------------------|-------------------------|
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Were you ever involved in a traffic accident? Yes No If so, how many? _____

Any further Driver License or Accident Explanations:

PUBLIC SAFETY CONTACT RECORD

Have you ever been convicted of a felony?

Yes No

Have you ever been, as a juvenile or an adult, no matter whether you were convicted:

| | |
|---|--|
| Arrested? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Fingerprinted by a law enforcement or security official for reasons other than employment? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Photographed by a law enforcement or security official for reasons other than employment? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Chased by a law enforcement or security official? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Brought to a police station or other law enforcement agency office as a suspect? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Asked by a law enforcement officer to come to a police station or other law enforcement agency? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Charged with any type of violation or crime by any law enforcement authority? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Issued a citation for a civil or criminal offense? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Summoned to any court as a defendant? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Given any type of court document ordering you to stay away from any person or place? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Convicted of any offense? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Required to forfeit collateral in connection with an arrest or other court action? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Placed on probation or parole? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Required to appear in juvenile court for an act that would be a crime if committed by an adult? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| A plaintiff, defendant, or respondent in any civil court action? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| On bail or on personal recognizance, or other conditional release from court-ordered custody? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | |

If you answered "Yes" to any of the above Public Safety Contact questions, give all details below:

*****NO APPLICANT WILL BE AUTOMATICALLY REJECTED BECAUSE OF AN ARREST RECORD.
THIS INFORMATION IS BEING OBTAINED ONLY TO ASSIST IN COMPLETION OF A
BACKGROUND INVESTIGATION*****

ORGANIZATION-MEMBERSHIP

List all organizations, clubs, unions, associations, academic, business, fraternal, labor, professional, of which you are or have been associated, including positions held:

Organization City & State: Position Held Member Since

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Do you belong to any organization or institution or do you adhere to any belief(s) that in any way:

| | |
|---|--|
| Would limit or prohibit your use of weapons or firearms? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Would restrict or prohibit you from working on particular days or during particular hours? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Would restrict you from conforming to agency grooming standards? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are you now, have you ever been, or have you ever applied to any organization that seeks to overthrow the constitutional form of government of the United States by force, violence or other means? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you ever or do you now support or adhere to the philosophies of any organization that seeks to overthrow the constitutional form of government of the United States by force, violence or other means? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

If you answered "Yes" to any of the above Organizational questions, give all details below:

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PRIOR APPLICATIONS

Have you ever applied for a position with any federal, state or local law enforcement agency or fire department?

Organization City & State: Position Approx Month/Year

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HOBBIES, SPECIAL SKILLS (NON-LAW ENFORCEMENT)

List all hobbies, special skills and abilities, including any foreign languages you speak.

FAMILY HISTORY

Give the name of your father, mother, step-parents, foster parents, guardians, sisters, brothers, spouse, children, in-laws and ex-spouses who are still living:

Name Address Relationship Occupation Phone

Give data on personal references that are not related to you or are mentioned anywhere else in this application. References may include, but are not limited to, teachers, counselors, homeowners, clergy, public safety, or business people.

REFERENCES

| | | | | | |
|------------------------|-------|------|-------------------------|----------|----------------------------|
| Name (Last, First, Mi) | | | Occupation of Reference | | Years Known _____ |
| Street Address | Suite | City | State | Zip Code | Telephone Number (Daytime) |

REFERENCE #2

| | | | | | |
|------------------------|-------|------|-------------------------|----------|----------------------------|
| Name (Last, First, Mi) | | | Occupation of Reference | | Years Known _____ |
| Street Address | Suite | City | State | Zip Code | Telephone Number (Daytime) |

REFERENCE #3

| | | | | | |
|------------------------|-------|------|-------------------------|----------|----------------------------|
| Name (Last, First, Mi) | | | Occupation of Reference | | Years Known _____ |
| Street Address | Suite | City | State | Zip Code | Telephone Number (Daytime) |

REFERENCES #4

| | | | | | |
|------------------------|-------|------|-------------------------|----------|----------------------------|
| Name (Last, First, Mi) | | | Occupation of Reference | | Years Known _____ |
| Street Address | Suite | City | State | Zip Code | Telephone Number (Daytime) |

REFERENCES #5

| | | | | | |
|------------------------|-------|------|-------------------------|----------|----------------------------|
| Name (Last, First, Mi) | | | Occupation of Reference | | Years Known _____ |
| Street Address | Suite | City | State | Zip Code | Telephone Number (Daytime) |

GENERAL INFORMATION

| | |
|--|--|
| Do you object to wearing a uniform? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you object to working nights, weekends, or holidays? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you object to working any shift assigned or changing shifts whenever deemed necessary by the Police Department? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

SPECIAL SKILLS

List skills, experiences or certifications that may be applicable to the position for which you applied:

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DISCLOSURE

Is there any information not mentioned in this report that may reflect upon your suitability to perform the duties you may be called upon to perform, or that might require further explanation? If so, Please explain...

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SUPPLEMENTAL INFORMATION

List any supplemental information that you would like to add to this application:

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Public Safety Officers' Benefits (PSOB) Program Beneficiary Form

I, _____ (full name), as a member of _____
 _____ (name of agency), hereby designate the following
 beneficiary(s) for any PSOB benefits that may be paid in the event of my death:

| Name | Address | Relationship | Percent (must total 100) |
|------|---------|--------------|--------------------------|
| | | | |
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| | | | |
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Signed _____ Date: ____/____/____

Witness _____

This form must be in your personnel file with the agency to be valid.

WHO RECEIVES PSOB BENEFITS IF THE CLAIM IS APPROVED?

Benefits are paid to survivors according to the following criteria:

\$ 311,810
Benefit

1. If there is a spouse and no child* or children, all to the spouse.
2. If there is a spouse and child or children, one-half to the spouse and one-half to the child or children in equal shares.
3. If no spouse, and children only, all to the child or children in equal shares.
4. If no spouse or children, then to the individual(s) designated by the officer as PSOB beneficiary on file with the officer's agency, or if no designation then to the individual designated as the beneficiary on the most recently executed life insurance policy on file with the officer's agency.
5. If none of the above, to the officer's parents in equal shares.

*"Child" is defined as any natural, illegitimate, adopted, or posthumous child or stepchild of a deceased public safety officer who, at the time of the officer's death, is 18 years old or under; 19-22 and a full-time student; or 19 and older, and incapable of self-support due to a physical or mental disability.

The Public Safety Officers' Benefit for line-of-duty death will be \$311,810 as of October 1, 2009

318,111.64