



North Vernon Police Department

101 Madison Avenue
North Vernon, IN 47265
(812) 346-1466



Application for employment Equal Opportunity Employer

- INSTRUCTIONS:
1. Please type or print legibly in black ink
 2. All areas must be completed for consideration.
 3. Return completed form to the North Vernon Police Department

Date: _____ Position Applied For: _____

Name of applicant (last, first, middle): _____

Mailing address (number and street): _____

City: _____ State: _____ Zip: _____

Day Phone: _____ Night Phone: _____ Cell Phone: _____

Date of Birth: _____ Social security #: _____

Drivers License Number: _____ E-mail address: _____

Is any member of your family employed by the City of North Vernon? Yes No

If yes, provide Name, Relation, and Department: _____

Have you ever been arrested, convicted, pled no contest, plead guilty, or had the adjudication of guilt withheld for any offense(s) other than minor traffic violations? Yes No

If yes, what charge(s)? _____

County/State _____ Date: _____

Can you show proof of eligibility to work in the United State? Yes No

If offered employment with the City, you will be required by federal law, to furnish documents showing you are eligible to work in the U.S. Individuals who do not furnish these documents can not work for the City.

Education: (A copy of applicable transcripts may be required)

High School: _____

Address: _____

Received: Diploma Certificate of Completion GED

College, University or Professional School: _____

Major/Minor Course of Study: _____ Number of Semester Hours Completed: _____

Did you graduate? Yes No Type of Degree Received? _____

Experience

Describe your work experience beginning with your current or most recent job. Use a separate block to describe each position. Include volunteer work, if applicable. Indicate number of employee supervised. Provide an explanation of any gaps of employment. If needed, attach additional sheets, using the same format as on the application. Resumes are acceptable for the description of duties and responsibilities.. All information in this section must be completed.

Name of Present or Last Employer: _____

Street/City/State/Zip: _____

Telephone: _____ Job Title: _____ Wage/Salary: _____

Dates: _____ Reason for Leaving: _____

Duties and Responsibilities: _____

Name of Previous Employer: _____

Street/City/State/Zip: _____

Telephone: _____ Job Title: _____ Wage/Salary: _____

Dates: _____ Reason for Leaving: _____

Duties and Responsibilities: _____

Name of Previous Employer: _____

Street/City/State/Zip: _____

Telephone: _____ Job Title: _____ Wage/Salary: _____

Dates: _____ Reason for Leaving: _____

Duties and Responsibilities: _____

Name of Previous Employer: _____

Street/City/State/Zip: _____

Telephone: _____ Job Title: _____ Wage/Salary: _____

Dates: _____ Reason for Leaving: _____

Duties and Responsibilities: _____

Name of Previous Employer: _____

Street/City/State/Zip: _____

Telephone: _____ Job Title: _____ Wage/Salary: _____

Dates: _____ Reason for Leaving: _____

Duties and Responsibilities: _____

Military Service

Branch: _____ Dates: _____ Type of Discharge: _____

Personal References

Please list three individuals who are not related to you and do not live with you

Name: _____

Phone #: _____ Relationship: _____

Name: _____

Phone #: _____ Relationship: _____

Name: _____

Phone #: _____ Relationship: _____

**POLICE OFFICER
APPLICATION ATTACHMENT**

1. Applicants must be at least 21 years of age and no more the 35 years of age by date of hire, therefore, the applicant must provide their date of birth.
2. Applicants must have a high school diploma or equivalent, and must supply a copy of their high school diploma or equivalent with their application.
3. Applicants must have a valid driver's license, and must supply a copy of their driver's license with their application.
4. Applicants must have a valid e-mail address listed on application. Applicants will be contacted via e-mail regarding details of hiring process.

I hereby certify that to the best of my knowledge all of the information contained in this application is true.

All statements on the application and attachment are subject to verification. Exaggerated, false or misleading statements and the omission of facts called for on this application may be cause for rejection of the application and / or termination of employment.

I authorize anyone to whom request is made to supply the North Vernon Police Department with any relevant information concerning my background in connection with employment consideration. I hereby release all parties including, but not limited to the North Vernon Police Department and my prior employers, from any and all liability for damage that may result from their furnishing information concerning me.

I voluntarily agree to submit to a drug test as part of my application for employment. I understand that either my refusal to submit or failure to pass the drug test will disqualify me from further consideration of employment.

I understand that if the North Vernon Police Department employs me, my employment will be at the will and pleasure of the City and may be terminated by the City at any time.

I understand that my employment, if for a driving position, is contingent upon having a clean driving record for the immediate past three years, and I hereby give my permission to the North Vernon Police Department to make investigations related to this contingency.

Applicant Signature

Date



North Vernon Police Department
James Webster
Chief of Police



WAIVER OF LIABILITY
AND
REQUEST FOR INFORMATION RELEASE

I _____, the requestor, do hereby authorize all persons or entities whom receive this instrument, or a reproduction of this instrument, having information relating to or concerning the requestor, to furnish such information to the North Vernon Police Department Chief of Police, or designee.

I am aware that this information may be of a personal nature and may otherwise be protected by constitutional or common law privileges. I hereby expressly waive all privileges which may attach to such communications or disclosures and release all persons, firms, and corporations from all claims, of any nature as a result of said communication or disclosure.

Information to be disclosed

- Medical Records
Mental Records
Financial Records
Criminal History Check
Educational Records
Organizational Memberships
Past and Present Employment Records
*Any Background material/Information relevant to reputation and or moral character

*These Records will be maintained on file in the North Vernon Police Department Personnel Section.

Signature of Requestor

Date

STATE OF INDIANA)
) SS:
COUNTY OF JENNINGS)

Subscribed and sworn to before me, a Notary Public, in and for said county and state, this _____ day of _____, 20_____.

My Commission Expires:

Notary Public

Printed

County of Residence