

Hamilton Police Department

P.O. Box 249 Hamilton, Indiana 46742 Phone: 260-488-3721 Fax: 260-488-2577 E-mail: marshal@townofhamilton.org

POLICE APPLICATION

Name				
Last	First	Mid	ddle	Maiden (if applicable)
Permanent Address				
		Street or Rural Route		Apt. Number
City		County	State	Zip
Telephone (Home)()		Business()

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

COMPLYING WITH ALL PROVISIONS OF THE AMERICANS WITH DISABILITIES ACT

	y posses a valid automobile drivers li r		
	's license ever been suspended?		
B. List vehicle acci	dents in which you have been involve	d as a driver: Give date(s) and loca	ation(s).
DATE	LOCATION		WHAT HAPPENED
C. Have you ever r	eceived a ticket for a traffic offense? _	If yes, describe be	elow:
DATE	LOCATION	CHARGE	FINE OR SENTENCE
		711 - 2-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	
			L
	een arrested for a criminal offense? _	If yes, describe be	elow:
DATE	LOCATION	CHARGE	FINE OR SENTENCE
-			
			+
	een arrested for an act that would hav	e been a crime had it been commit	ted by an
	If yes, describe below.		
DATE	LOCATION	CHARGE/OFFENSE	DISPOSITION OF CASE
1			

VIII. MISCELLANEOUS

I	Α.	Do you own your own home? If yes, how much is current mortgate indebtedness?
]	В.	What is the amount of your indebtedness other than home?
(C.	Annual Income: Applicant Spouse
Ι	D.	Are you a proprietor or part owner of any business or firm? If yes, describe nature of business:
		Are there any licenses for this/these business(es) in your name, I.e. liquor store?
]	E.	Have you ever applied for a permit to carry a handgun? Reason
		Status
	F.	What special skills have you developed through hobbies, education, occupation, or other special interests?

Authorization to Release Information

1,	nereby authorize any person, agency,
partnership, or corporation having any inform	nation concerning my:
Cr	edit Record
Educa	ational Record
Me	dical Record
Eı	mployment
Mil	itary Record
Selectiv	re Service Record
to release such information to the Hamilton P possible employment with the Hamilton Police	Police Department. This information is to be used for se Department.
7775 3300 43.16 40 40.000	ship, or corporation from any liability which may be Hamilton Police Department, including liability under
-	(Signature)
	(Date)
(Witness)	

IV. EMPLOYMENT DATA (Continued)

	Name of Employer or Bu	_					
	Your Title			Duties _			
	Dates of Employment:	(From)			(To)	Month	
	Reason for Leaving		Month	Year		Month	Year
	Reason for Leaving						
	Address of Business						
	City		State & Zip		Phone #		
	Name of Employer or Bu	ısiness					
	Your Title			Duties _			
	Dates of Employment:	(From)			(To)		
	Reason for Leaving		Month	Year		Month	Year
	Address of Business						
	City						
	Name of Employer or Bu						
	Your Title	***************************************		Duties _			
	Dates of Employment:	(From)			(To)		Year
		W	Month		Marie Carlo		
	Reason for Leaving	::	Month	Year		Month	real
	Reason for Leaving		Month	**************************************			Teal
	Address (D. des						33, 33, 33, 34, 34, 34, 34, 34, 34, 34,
	(E)						33, 33, 33, 34, 34, 34, 34, 34, 34, 34,
В.	Address of Business City		State & Zip		Phone #		
В.	Address (D. des	narged or resign	State & Zip ned to prevent being		Phone #		
В.	Address of Business City Have you ever been disch	narged or resign	State & Zip ned to prevent being		Phone #		
	Address of Business City Have you ever been disch	narged or resign y on a separate	State & Zip ned to prevent being sheet.	discharged from a	Phone #		
	Address of Business City Have you ever been disch If yes, Please explain full	narged or resign y on a separate	State & Zip ned to prevent being sheet.	discharged from a	Phone # position of empl	oyment?	
	Address of Business City Have you ever been disch If yes, Please explain full	narged or resign y on a separate	State & Zip ned to prevent being sheet.	discharged from a	Phone #	oyment?	
	Address of Business City Have you ever been disch If yes, Please explain full FERENCES: (Please of Name:	narged or resign y on a separate	State & Zip ned to prevent being sheet.	discharged from a	Phone # position of empl	oyment?	
	Address of Business City Have you ever been disch If yes, Please explain full FERENCES: (Please Name: Street:	narged or resign y on a separate	State & Zip ned to prevent being sheet.	discharged from a	Phone # position of empl	oyment?	
	Address of Business City Have you ever been disch If yes, Please explain full FERENCES: (Please Name: Street: City: Name:	narged or resign y on a separate	State & Zip ned to prevent being sheet.	discharged from a ces) Phone: State:	Phone # position of empl	oyment?	Zip:
	Address of Business City Have you ever been disch If yes, Please explain full FERENCES: (Please Name: Street: City: Name: Street:	narged or resign y on a separate	State & Zip ned to prevent being sheet.	discharged from a ces) Phone: State: Phone:	Phone #	oyment?	Zip:
	Address of Business City Have you ever been disch If yes, Please explain full FERENCES: (Please Name: Street: City: Name:	narged or resign y on a separate	State & Zip ned to prevent being sheet.	discharged from a ces) Phone: State: Phone:	Phone #	oyment?	Zip:
	Address of Business City Have you ever been disch If yes, Please explain full FERENCES: (Please Name: Street: City: Name: Street: City:	narged or resign y on a separate	State & Zip ned to prevent being sheet.	discharged from a ces) Phone: Phone: State: State:	Phone #	loyment?	Zip:
	Address of Business City Have you ever been disch If yes, Please explain full FERENCES: (Please of the property of th	narged or resign y on a separate	State & Zip ned to prevent being sheet.	discharged from a ces) Phone: Phone: State: State:	Phone #	loyment?	Zip:
	Address of Business City Have you ever been disch If yes, Please explain full FERENCES: (Please Name: Street: City: Name: Street: City:	narged or resign y on a separate	State & Zip ned to prevent being sheet.	discharged from a ces) Phone: Phone: State: Phone:	Phone #	oyment?	Zip:

IV. EMPLOYMENT DATA

A. List chronologically (most recent employment first all past and current employment including part time. (Use additional sheets if necessary.)

Name of Employer or	Business					
-						
Dates of Employment	: (From)	Month	Year	(To)	Month	Year
Reason for Leaving						
Address of Business						
City		State & Zip		Phone #		
Name of Employer or	Business					
Your Title			Duties _			179
Dates of Employment	: (From)	Month	Year	(To)		Year
Reason for Leaving					100521055000000000000000000000000000000	
Address of Business						
Address of Business City		State & Zip		Phone #		
Name of Employer or	Business					
Your Title			Duties			
Dates of Employment	: (From)	Month	Year	(To)	Month	Year
Reason for Leaving		2 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4	,000-988-9800			
Address of Business			And the second s			
City		State & Zip		Phone #		
Name of Employer or	Business					
Your Title			Duties _			
Dates of Employment	: (From)			(To)		
Battos of Employment		Month	Year		Month	Year
Reason for Leaving	-					
Address of Business						
City		State & Zip		Phone #		
Name of Employer or	Business					
Your Title			Duties _			
Dates of Employment	: (From)	Month	Year	(To)	Month	Year
Reason for Leaving						was a second
Address of Business						
City		State & Zip		Phone #		



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Applicants Basic Eligibility Requirements

Each applicant for employment will compete against other applicants in the steps of the selection procedure. Only those who posses the best mental, moral and emotional fitness for the performance of the police duties will be considered.

Listed below are the basic eligibility requirements.

- A. Must be a United States Citizen.
- **B**. Must be twenty-one (21) years of age when appointed as a police officer.
- C. Must possess strength and agility necessary to complete the physical conditioning and psycho-motor skills exit requirements of the Indiana Law Enforcement Academy.
- **D**. Must possess acuity of vision correctable to 20-40 or better in each eye. Must be able to distinguish the colors red, green and amber.
- **E**. Must be free of any inhibiting factors including physical or mental disability that interferes with the ability to successfully complete the basic training requirements at the Indiana Law Enforcement Academy.
- **F**. Must be a high school graduate by an accredited high school. An equivalency diploma issued by an accredited high school is acceptable.
- **G**. Must possess a valid drivers license from the state of residence.
- H. Must be of good reputation and character.
- I. Must not have been convicted of a felony, domestic violence or any crime involving moral turpitude.
- **J**. Must have received an honorable Discharge, if ever enlisted in the United States Armed Forces.
- **K**. Must display emotional maturity and ability to handle stressful and volatile situations associated with police work in a professional manner.
- L. Must be able to adapt to changing weather conditions, work environment, irregular and/or extended hours, and to perform duties despite the stress of potential personal injured and loss of life. Ability to serve on 24 call and appropriately respond to emergencies from off-duty status as assigned or directed.
- M. ILEA Certified officers must complete the ILEA physical exit standards.
- **N.** Must be willing to commit to a minimum five (5) year tour with the Hamilton Police Department.

Sequence for Hiring of Deputy Marshal

- 1. Requirements listed
- 2. Submitting of complete application
- 3. preliminary background investigation Drivers license, Criminal History
- 4. Physical testing
- 5. Individual interview and further background study
- 6. Town Council interview
- 7. Psychological testing

Anyone not meeting the required eligibility requirements will be removed from the process.

I. INITIA	L REQUIREMENT DATA							
A.	A. Are you a U.S. Citizen? If no, explain on a separate sheet and attach documentation.							
	Social Security Number: (For background clearance and							
	payroll information this number is required. The application will not be processed without it.)							
В.	B. Your Age Date of Birth Sex							
	(Attach copy of Birth Certificate)							
	Race		(Information reques	sted for EEO co	mpliance only)		
·			12				,	
II. FAMIL	Y DATA				200 (1000)			
A.	Marital Status:	<i>larried</i>	Single		Divorced		Separated	
В.	Spouse's Name (if applicable)						
C.	Dependents (If applicable)							
	N	AME			AGE	RE	ELATIONSHIP	
								
			-					
D.	If divorced, are you legally re Are you current on child supp If no, explain	oort payments?		et.				
								
III. EDUC	ATION DATA (Attach Tra	nscripts for a	II)					
	List all accredited Colleges/U	niversities you h	ave attended:					
N	ame and Address of School	Со	urse of Study	Number of Comp		GPA on 4.0 Scale	List Diploma or Degree	
							-8	
41							1	

Mount Photograph in this space. Affix securely.	Photograph to be front view, head and shoulders, 2 1/2 inch square, and taken within the past six months. OTHER PHOTOGRAPHS ARE NOT ACCEPTABLE .
I certify that:	
A. Birth Certi B. College Tr. C. Military	ncluded with the application ficate (copy only) anscripts (Grade Reports not accepted) DD214 if veteran h 2 1/2" X 2 1/2" head and shoulders
2. I have personally comp	leted this application.
	I swear and affirm under penalty of perjury that all information contained in this application is true and accurate to the best of my knowledge.

Check application carefully! Be certain all items are complete before mailing.

Date

Signature _____

THIS APPLICATION WILL BE RETURNED TO YOU IF ALL INFORMATION IS NOT COMPLETED AND ALL REQQUIRED DOCUMENTS ARE NOT ATTACHED

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

Complying with all provisions of the Americans with Disabilities Act.

V. REFERENCES (Continued)

Residence last five years other than present:

STREET	CITY	STATE	FROM	TO

VI. MILITARY HISTORY AND STATUS

A.				? (Include initial active duty training with the	. National			
	Guard and the Reserves.) If yes, attach a copy of your DD214.							
	Date of Service Highest Rank Attained Type of Discha							
	Military Branch	From	То	And Rank at Separation	Reenlistment Code			
В.	B. Are you eligible to reenlist? If no, explain fully on a separate sheet.							
C.	List any citations and aw	ards received.			·			
D.	Were you ever disciplined If yes, explain fully on a s		22	, captain's mast, etc.) while on active du	ty?			