

# **Hamilton Police Department**

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

### 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 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 psychomotor 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 basic training requirements.
- 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 perform duties despite the stress of potential personal injury or loss of life. Ability to serve on 24 hour call and appropriately respond to emergencies from off-duty status as assigned or directed.



## **Hamilton Police Department**

P.O. Box 249 Hamilton, Indiana 46742 Joseph S. Patterson, Town Marshal Phone: 260-488-3721 Fax: 260-488-2577 E-mail: hampd@locl.net

## **APPLICANT INSTRUCTIONS**

No exceptions will be made for anyone not meeting all requirements.

If you wear glasses or contact lens, a doctor's certification of uncorrected and corrected eye acuity must be attached to the application.

This application MUST be completed, by the applicant, in ink. It must be HAND-PRINTED.

Answer all questions. If a question does not apply state: "NONE" or "DOES NOT APPLY"

Place any additional information that you wish to add on a separate page(s) and attach to the application with the appropriate reference marks.

Applications must be complete in every respect. Any misrepresentation of fact will disqualify the applicant. Incomplete applications *WILL NOT* be considered and will be destroyed. Completed applications will be retained for one year and will then be destroyed.

Notification of additional testing or examination will be made, by mail, in due time. It is, therefore, important you provide accurate address and telephone information. Should you change your address or telephone number after submitting your application, you must notify us, by mail, immediately.

PLEASE DO NOT MAKE INQUIRY REGARDING THE STATUS OF YOUR APPLICATION. YOU WILL RECEIVE APPROPRIATE INFORMATION CONCERNING YOUR APPLICATION IN DUE TIME.



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# **POLICE** APPLICATION

Name				
Last	First	Middle	Maiden (	îf applicable)
Permanent Address				
24	Street or Rural 1	Route	Apr	. Number
City	County		State	Zip
Talanhana (Hama)		Business) (	,	
Telephone (Home) ()		Dusiness) [		

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER COMPLYING WITH ALL PROVISIONS OF

THE AMERICANS WITH DISABILITIES ACT

I. INITIAL	REQUIREMENT DATA							
A.	Are you a U.S. Citizen?	If no, explain on a separ	ate sheet and a	attach docun	nentation.			
	Social Security Number:			For backgrou	nd clearance and	, 2		
	payroll information this number is requ							
В.	Your Age Date of Birth Sex (Attach copy of Birth Certificate)							
	7							
	Race (Information requested for EEO compliance only)							
C,	Are you willing to reside in Indiana	within a fifteen (15) - min	utes response ti	ime?				
II. FAMIL	Y DATA							
Α.	Discount Discount					eparated		
В.	Spouse's Name (if applicable)							
C.	Dependents (If applicable)							
0.	NAME			AGE	REI	ATIONSHIP		
D.	If divorced, are you legally required	d to make child support pay	yments?					
	Are you current on child support p					received the Asset		
	If no, explain							
=5116	ATION DATA (Attack Transce	into for all						
III. EDUC	ATION DATA (Attach Transcr List all accredited Colleges/University							
	List all accredited Coneges/ Offiver	skies you have attended.	Number	of Hours	GPA on	List Diploma		
N	ame and Address of School	Course of Study	Comp	oleted	4.0 Scale	or Degree		
					<u> </u>			

#### 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 Busi			Dutles			
Your Title			Duties_			
Dates of Employment:	(From)	Month	Year	(To)	Month	Year
Reason for Leaving						
Address of Business						
City				Phone #		
Name of Employer or Bus						
Your Title			Duties _			
Dates of Employment:	(From)		Year	(To)	Month	V
Reason for Leaving		Month			Month	Year
Address of Business						
Address of Business City		State & Zip		Phone #		
Name of Employer or Bus						
Your Title			Duties			
Dates of Employment:	(From)	Month	Year	(٢٥)	Month	Year
Reason for Leaving		World				
Address of Business						
Address of Business City		State & Zip		Phone #		
Name of Employer or Bus						
Your Title			Duties			
Dates of Employment:	(From)			(To)		
	_	Month	Year		Month	Year
Reason for Leaving						
Address of Business		A		01		the same
City		State & Zip		Phone #		
Name of Employer or Bus	iness					
Your Title			Duties _			
Dates of Employment:	(From)	Marile	Voca	(To)	Month	Year
		Month	Year		WOUTU	rear
Reason for Leaving						
Reason for Leaving  Address of Business						

## IV. EMPLOYMENT DATA (Continued)

	Your Title			Duties _			
	Dates of Employment:	(From)	Usab	Year	(To)	Month	Year
	Reason for Leaving		Month				rear
	Address of Business						
	City		State & Zip		Phone #		
	Name of Employer or Bu			Dution			
	Your Title			Duties_		-	
	Dates of Employment:	(From)	Month	Year	(To)	Month	Year
	Reason for Leaving						
	Address of Business						
	City		State & Zip		Pnone #	,	
	Name of Employer or Bu Your Title			Duties_			
	Dates of Employment:	(From)	Month	Year	(To)		Year
	Reason for Leaving						
	Address of Business City		State & Zip		Phone #		
	City		State & Zip				
	Address of Business City  Have you ever been disc If yes, Please explain full	harged or resign	State & Zip ned to prevent being sheet.	discharged from a	a position of emp		
_	CityHave you ever been disc	harged or resign	State & Zip ned to prevent being sheet.	discharged from a	a position of emp		
	Have you ever been disci If yes, Please explain full FERENCES: (Please	harged or resign	State & Zip ned to prevent being sheet.	discharged from a	a position of emp		
El	Have you ever been discl If yes, Please explain full FERENCES: (Please	harged or resign	State & Zip ned to prevent being sheet.	discharged from a	a position of emp		
El	Have you ever been disci If yes, Please explain full FERENCES: (Please	harged or resign	State & Zip ned to prevent being sheet.	discharged from a	a position of emp		
EI	Have you ever been disc.  If yes, Please explain full  FERENCES: (Please  Name:  Street:	harged or resign	State & Zip ned to prevent being sheet.	discharged from a	a position of emp		
El	Have you ever been disc.  If yes, Please explain full  FERENCES: (Please  Name:  Street:  City:	harged or resign	State & Zip ned to prevent being sheet.	discharged from a	a position of emp		
EI	Have you ever been disclifyes, Please explain full  FERENCES: (Please  Name: Street: City:	harged or resign	State & Zip ned to prevent being sheet.	discharged from a ces)  Phone: Phone:	a position of emp		
E	Have you ever been disc.  If yes, Please explain full  FERENCES: (Please  Name:  Street:  City:  Name:  Street:	harged or resign	State & Zip ned to prevent being sheet.	discharged from a ces)  Phone:  State:  State:	a position of emp		Zip:
EI	Have you ever been disc.  If yes, Please explain full  FERENCES: (Please  Name: Street: City:  Name: Street: City:	harged or resign	State & Zip ned to prevent being sheet.	discharged from a ces)  Phone: Phone:	a position of emp		Zip:

### V. REFERENCES (Continued)

Residence last five years other than present:

			DA	TES
STREET	CITY	STATE	FROM	TO

		Date of S	Service	Highest Rank Attained	Type of Discharge and
	Military Branch	From	То	And Rank at Separation	Reenlistment Code
В.	Are you eligible to ree	alist?	If	no, explain fully on a separate sheet.	
C.	List any sitations and	awards received			
C.	List any citations and	awalus lecelved.			

		State If yes, expla	
Has your drivers	ncense ever been suspendedr_	If yes, expir	ann
B. List vehicle accid	ents in which you have been inv	olved as a driver: Give date(s) and loca	tion(s).
DATE	LOCATION		WHAT HAPPENED
C. Have you ever re	ceived a ticket for a traffic offens	se? If yes, describe be	dow:
DATE	LOCATION	CHARGE	FINE OR SENTENCE
-		se? If yes, describe be	
DATE	LOCATION	CHARGE	FINE OR SENTENCE
	en arrested for an act that would If yes, describe below.	I have been a crime had it been commit	ited by an
DATE	LOCATION	CHARGE/OFFENSE	DISPOSITION OF CASE

### VIII. MISCELLANEOUS

A.	Do you own your own home? If yes, how much is current mortgate indebtedness?
B.	What is the amount of your indebtedness other than home?
C.	Annual Income: Applicant Spouse
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?

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:

- 1. All required items are included with the application
  - A. Birth Certificate (copy only)
  - B. College Transcripts (Grade Reports not accepted)
  - C. Military -- DD214 if veteran
  - D. Photograph -- 2 1/2" X 2 1/2" head and shoulders
- 2. I have personally completed this application.

my knowledge.				
Signature	 	 	 	
Date				

I swear and affirm under penalty of perjury that all information

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

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.

Town of Hamilton

7750 S Wayne, PO Box 249 Hamilton IN 46742

# **Authorization to Release Information**

I,	hereby authorize any person, agency,
partnership, or corp	poration having any information concerning my:
	Credit Record
	Educational Record
	Medical Record
	Employment
	Military Record
	Selective Service Record
	rmation to the Hamilton Police Department. This information is to be used for nt with the Hamilton Police Department.
	ch person, agency, partnership, or corporation from any liability which may be ag this information to the Hamilton Police Department, including liability under
	(Signature)
	(Date)
	(Witness)