

BLOOMFIELD POLICE DEPARTMENT



POLICE APPLICATION

NAME _____
 LAST FIRST MIDDLE MAIDEN

PERMANENT ADDRESS _____

 CITY COUNTY STATE ZIP

TELEPHONE (HOME)-() _____ (BUSINESS)-() _____

I. INITIAL REQUIREMENT DATA

A. Age _____ Date of Birth: _____ (Attach Copy of Birth Certificate)
 Race: Asian Black Hispanic Native American White
 Other (Specify) _____

B. Are you a U.S. citizen? Yes No
 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.)

II. EDUCATION DATA (Attach transcripts for all listed)

List information for high school and all accredited colleges/universities you have attended.

Name and Address of School	Course of study	Number of Hours Completed	GPA on a 4.0 Scale	Did you Graduate?	List of Diploma or Degree

III. LAW ENFORCEMENT EXPERIENCE

A. Have you ever been employed as a sworn or merit police officer by a law enforcement agency?
 Yes No Full Time Reserve/Volunteer
 Did you complete a state certified law enforcement academy? Yes No

If yes, list the date of completion, location and academy name:

Date law enforcement training was completed: _____

Did you receive a certification upon completion of training? Yes No

Number of basic training weeks _____ Total training hours _____

Agency	Dates		List Full Time or Reserve and Highest Rank Held	Reason for Leaving
	From	To		

B. Are you eligible for re-employment? Yes No If no, explain fully on a separate sheet.

C. List any specialty training you have received.

D. Were you ever disciplined? Yes No If yes, explain fully on a separate sheet.

IV. MILITARY HISTORY AND STATUS

A. Have you ever served in the military on active duty?

Include initial active duty training with the National Guard and the Reserves.

Yes No If yes, Attach a copy of your DD214

Military Branch	Dates		Highest Rank Attained and Rank at Separation	Type of Discharge and Re-Enlistment Code
	From	To		

B. Are you eligible to re-enlist? Yes No If no, explain fully on a separate sheet.

C. Are you currently on active duty (full-time)? Yes No

What is your expected end of service obligation date? _____

D. List any citations and awards received.

E. Were you ever disciplined (court martial, article 15, captain’s mast, etc.) while on duty?

Yes No If yes, explain fully on a separate sheet.

V. FAMILY DATA

A. Marital Status: Married Single Divorced Separated

B. Spouse’s Maiden Name (if applicable): _____

C. Dependents (if applicable)

Name	Age	Relationship

D. Are you legally required to make child support payments? Yes No

Are you current on child support payments? Yes No

If no, explain. _____

VI. EMPLOYMENT DATA

- A. Have you ever been discharged from, or resigned to prevent being discharged, from a position of employment? Yes No If yes, explain fully on a separate sheet.
- B. List chronologically (beginning with the most recent employment) all **past and current employment including part-time**. (Use additional sheets, if necessary)

Name of Employer or Business: _____

Title: _____ Duties: _____

Dates of Employment: From _____ To _____
Month Year Month Year

Reason for Leaving: _____

Address of Business: _____

City: _____ State & Zip: _____ Phone: _____

Name of Employer or Business: _____

Title: _____ Duties: _____

Dates of Employment: From _____ To _____
Month Year Month Year

Reason for Leaving: _____

Address of Business: _____

City: _____ State & Zip: _____ Phone: _____

Name of Employer or Business: _____

Title: _____ Duties: _____

Dates of Employment: From _____ To _____
Month Year Month Year

Reason for Leaving: _____

Address of Business: _____

City: _____ State & Zip: _____ Phone: _____

Name of Employer or Business: _____

Title: _____ Duties: _____

Dates of Employment: From _____ To _____
Month Year Month Year

Reason for Leaving: _____

Address of Business: _____

City: _____ State & Zip: _____ Phone: _____

Name of Employer or Business: _____
Title: _____ Duties: _____

Dates of Employment: From _____ To _____
Month Year Month Year

Reason for Leaving: _____
Address of Business: _____
City: _____ State & Zip: _____ Phone: _____

Name of Employer or Business: _____
Title: _____ Duties: _____

Dates of Employment: From _____ To _____
Month Year Month Year

Reason for Leaving: _____
Address of Business: _____
City: _____ State & Zip: _____ Phone: _____

Name of Employer or Business: _____
Title: _____ Duties: _____

Dates of Employment: From _____ To _____
Month Year Month Year

Reason for Leaving: _____
Address of Business: _____
City: _____ State & Zip: _____ Phone: _____

Name of Employer or Business: _____
Title: _____ Duties: _____

Dates of Employment: From _____ To _____
Month Year Month Year

Reason for Leaving: _____
Address of Business: _____
City: _____ State & Zip: _____ Phone: _____

Name of Employer or Business: _____
Title: _____ Duties: _____

Dates of Employment: From _____ To _____
Month Year Month Year

Reason for Leaving: _____
Address of Business: _____
City: _____ State & Zip: _____ Phone: _____

VII. REFERENCES (Do not list relatives as references.)

Name: _____ Phone: _____
 Address: _____
 City: _____ State: _____ Zip: _____

Name: _____ Phone: _____
 Address: _____
 City: _____ State: _____ Zip: _____

Name: _____ Phone: _____
 Address: _____
 City: _____ State: _____ Zip: _____

List all residences during the last five years other than present.

Street	City	State	Dates	
			From	To

VIII. VEHICLE CRASH AND ARREST RECORD

A. Do you currently possess a valid operator driver license? Yes No

Expiration Date: _____ License Number: _____

Has your driver license ever been suspended/revoked? Yes No

B. List all vehicle crashes in which you have been involved as a driver give date(s) and location(s).

Date	Location	Description

C. Have you ever received a ticket for a traffic offense? Yes No If yes, describe below.

Date	Location	Charge/Offense	Disposition of Case

D. Have you ever been arrested for a criminal offense? Yes No If yes, describe below.

Date	Location	Charge/Offense	Disposition of Case

E. Have you ever been convicted of a felony? Yes No
If yes, explain on a separate sheet of paper.

F. Have you ever been arrested for an act that would have been a crime had it been committed by an adult? Yes No If yes, describe below.

Date	Location	Charge/Offense	Disposition of Case

G. Have you ever been or are you currently involved as a plaintiff, defendant, petitioner or respondent in any civil court case? Yes No If yes, fully explain on a separate sheet.

IX. MISCELLANEOUS

A. Do you own your own home? Yes No
If yes, how much is current mortgage 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?
 Yes No If yes, describe nature of business.

E. Do you currently possess a handgun permit? Yes No

F. Have you ever been denied a handgun permit or had a handgun permit revoked?
 Yes No If yes, Why? _____

Mount Photograph

In

This space.

Affix Securely

Photograph to be front view, head and shoulders, 2 ½” square, and taken within the past six months.

Other photographs are not acceptable.

I certify that:

1. All required items are included with this application.
 - A. Birth Certificate (copy only)
 - B. College Transcripts (Grade Reports not accepted)
 - C. Military – DD214 if veteran
 - D. Photograph – 2 ½” X 2 ½” head and shoulders
2. I have personally completed this application.

I swear or affirm under penalty of perjury that all information contained in this application is true and accurate to the best of my knowledge.

Signature _____

Date _____

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 REQUIRED DOCUMENTS ARE NOT ATTACHED.

BLOOMFIELD POLICE DEPARTMENT
12 East Main
Bloomfield, IN 47424

AN EQUAL OPPORTUNITY/AFFIRMATIVE EMPLOYER

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