



APPLICATION FOR EMPLOYMENT

**City of Austin Police Department
Austin, IN**
*an Equal Opportunity Employer**

** The City of Austin does not discriminate on the basis of race, color, national origin, religion, age or disability in employment or the provision of services.*

Any application not completed in its entirety will be disqualified.

Please type or print legibly

BASIC ELIGIBILITY REQUIREMENTS

1. Must be a United States Citizen.
2. Must be at least 21 years of age and not over 40 by the date of hire to qualify for pension
3. Must possess a valid driver's license.
4. Must meet all departmental, pension board, and state hiring and retention requirements.

**Completed application must be submitted to the
Austin City Clerks Office or the Austin City Police Dept.**

Full Name: _____

E-mail address _____

Soc. Sec. No.: _____ Date of Birth _____

Telephone No.: _____

Street Address: _____

City, State, Zip Code: _____

Any other Names you are called by: _____

PERSONAL INFORMATION

Do you have any commitments (*i.e. second job, school, etc.*) which might interfere with, or adversely affect, your employment should we select you for a position? Yes or No

If yes, explain _____

Have you ever been convicted of a felony? Yes or No _____

If yes, explain _____

Do you own your own home? Yes or No

Are you a proprietor or part owner of any business or firm? Yes or No

If yes, nature of business _____

Are there any licenses of this/these business(es) in your name (*i.e. liquor license, etc.*)?

List _____

Have you ever applied for a permit to carry a handgun? Yes or No _____

Reason _____ Status _____

LIST FOUR REFERENCES WHO ARE NOT RELATED TO YOU:

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

EDUCATION AND TRAINING

This section is intended to give the Commission information about the education and training you have completed and to demonstrate your skills, knowledge, and abilities to perform the job duties of a police officer.

School	Name & Address	Dates Attended From/To	Graduated Yes/No	Degree or Certificate
High School				
Activities, Awards, Sports, etc.*				
Jr. College				
Activities, Awards, Sports, etc.*				
College				
Activities, Awards, Sports, etc.*				
Post Graduate				
Trade School or Other				

* You may exclude any which indicate race, color, religion, sex, age, national origin, or disability.

List any special training, seminars, etc. you have which you believe would be

relevant to your employment as a police officer. _____

MILITARY HISTORY AND STATUS

Have you ever served in the military on active duty?
(Include initial active-duty training with National Guard and Reserves) _____

If yes, attach a copy of your DD214.

Military Branch	Service Dates From/To	Highest Rank Attained & Rank at Separation	Type of Discharge & Reenlistment Code
Citations/Awards			

Are you eligible to reenlist?
If no, explain fully on a separate sheet. _____

Were you ever disciplined while on active duty?
(Court martial, article 15, captain's mast, etc.) _____
If yes, explain fully on a separate sheet.

PROFESSIONAL OR SPECIALIZED TRAINING

Do you possess any type of professional license or certificate? _____

Type	State	Issuing Authority	License No.	Date Issued	Expiration Date

If not issued in Indiana, have you applied for an Indiana license? _____

Have the above license(s) ever been suspended, revoked or terminated? _____

If yes, explain _____

List any further information on your training, education, skills, abilities, hobbies, volunteer work, etc. which may be helpful in the evaluation of your application. (A separate sheet may be attached if desired.) *You may exclude any which indicates race, color, religion, sex, age, national origin or disability.*

EMPLOYMENT HISTORY

List all employment history and work experience beginning with your current employer. Use additional paper if necessary. Failure to include all past employment may be grounds for disqualification.

Current Employer _____

(Enter "none" if unemployed)

May we contact this employer prior to employment? _____

Address _____ Phone No. _____

Type of Business _____ Employed from _____ to _____

Supervisor _____ Job Title _____

Salary: Beginning _____ Ending _____

Brief description of duties _____

Reason for leaving _____

Previous Employer _____

May we contact this employer prior to employment? _____

Address _____ Phone No. _____

Type of Business _____ Employed from _____ to _____

Supervisor _____ Job Title _____

Salary: Beginning _____ Ending _____

Brief description of duties _____

Reason for leaving _____

Employment History continued on next page
(Attach additional sheet(s) if necessary
to list additional previous employers.)

Previous Employer_____

May we contact this employer prior to employment?_____

Address_____Phone No._____

Type of Business_____Employed from_____to_____

Supervisor_____Job Title_____

Salary: Beginning_____Ending_____

Brief description of duties_____

Reason for leaving_____

Previous Employer_____

May we contact this employer prior to employment?_____

Address_____Phone No._____

Type of Business_____Employed from_____to_____

Supervisor_____Job Title_____

Salary: Beginning_____Ending_____

Brief description of duties_____

Reason for leaving_____

Previous Employer_____

May we contact this employer prior to employment?_____

Address_____Phone No._____

Type of Business_____Employed from_____to_____

Supervisor_____Job Title_____

Salary: Beginning_____Ending_____

Brief description of duties_____

Reason for leaving_____

APPLICANT CERTIFICATION

I solemnly swear that all of the information furnished in this application is true, accurate and complete to the best of my knowledge. I authorize investigation of all statements contained in this application. I understand that any misrepresentations or falsification of the information provided may lead to withdrawal of an employment offer or termination following employment.

By the submission of this document, I hereby agree that I will execute the City of Austin Police Department's conditional and post-employment medical examination and drug testing consent requirements. I recognize that my future employment with the City of Austin Police Department will be jeopardized if I engage in substance abuse, illegal drug use, or alcohol abuse.

Date

Applicant's Signature

Please read each of the following paragraphs carefully. Indicate your understanding of, and consent to, the contents and conditions of each paragraph by initialing in the space provided. If you have any questions regarding these paragraphs, contact the City of Austin Police Department before initialing the paragraph.

1. I understand and accept that I may be hired conditionally upon passing any medical and/or psychological examinations that the City of Austin Police Department or the Pension Board deems necessary to determine my ability to perform the essential functions of a police officer. I understand and accept that this may include drug, alcohol or substance abuse testing.

Initial

2. I understand that it may be necessary for me to approve and sign waivers necessary for the City of Austin Police Department to obtain information from my current and former employers.

Initial

3. I understand that the City of Austin Police Department provides a seven-day, twenty-four-hour service, and if employed, I may be required to work evening or night shifts, including weekends.

Initial

4. I understand that if hired as a sworn police officer of the City of Austin Police Department I must successfully complete required training and courses specified and be certified by the State of Indiana Police Academy.

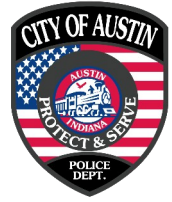
Initial

5. I understand and accept that if any information required in this application is found to be falsified or intentionally excluded, my application may be disqualified from further consideration. I further understand and accept that if I am employed by the City of Austin Police Department, I may be subject to disciplinary action, including termination, if any information required by this application has been falsified or intentionally excluded.

Initial



City of Austin Police Department
21 Wilbur Ave.
Austin, IN 47102
812-794-2496
812-794-2859 Fax



Background Investigation Waiver and Liability Release Form

In consideration of the Austin City Police Department, processing my application for employment,

I, _____, hereby consent to the following:

1. I understand that a thorough and complete background investigation will be conducted to determine my fitness and desirability as a candidate for employment.
2. I understand that a background investigation is conducted by gathering and recording information about my past conduct and associations from any and all sources that the City of Austin Police Department, in its sole discretion, may deem appropriate, including: Criminal or other Governmental files and records, past and present employers, and any other source of information available.
3. I hereby release from liability and agree to hold harmless; under any and all possible causes of legal action, including negligence, the City of Austin Police Department, and any of its officers, agents or employees for any negligent or wrongful statements, acts, omissions made or recorded in the course of my background investigation.
4. I hereby release from liability and agree to hold harmless under any possible cause of legal action, including negligence, any person or entity which furnishes information or opinions to the City of Austin Police Department as a part of my background investigation.
5. I authorize any person or entity contacted by the City of Austin Police Department during the course of my background investigation to furnish any information or opinions such person or entity may have regarding myself, my conduct or associations, regardless of any statutory or other privilege I may have.
6. I understand the need for confidentiality of sources and information in my background investigation and I expressly agree that I will never attempt to obtain access to any part of the background investigation designated as confidential by the City of Austin Police Department.

This release applies to my cause of action of any nature that might accrue to me

Signature of Applicant

Date

Instructions

1. The application form must be filled out completely.
2. The form must be typed or completed with blue or black ink.
3. All items must be completed and necessary documentation attached
4. If additional space is needed, add supplemental pages.
5. The Authorization to Release Information Form must be signed by the applicant.
6. The completed must be signed and dated by the applicant
7. The completed form must be returned to the Austin City Police Department at 21 Wilbur Ave. Austin, IN 47102 by the specified deadline.

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

- Birth Certificated
- High School Diploma/GED
- DD214
- Drivers License
- Law Enforcement Certification if applicable
- Resume