



EDGEWOOD POLICE DEPARTMENT

Andrew S. Ellingwood, Chief of Police

APPLICATION FOR EMPLOYMENT (Please Print Clearly Using Black Ink Only)

3405 Nichol Avenue
Anderson, Indiana 46011

Phone 765-642-3200
Fax 765-642-3246



Date: _____

Position applied for: _____ **Full Time, Part Time, Reserve**
(Please circle one)

Name: _____ Phone: _____
Last First Middle

Address: _____ City: _____ County: _____ State: _____ Zip: _____

Have you applied with this department in the past? _____

List any friends or relatives employed by us:

Personal Information:

Social Security #: _____ Driver's License #: _____ State: _____ U.S. Citizen: _____

Sex: _____ Height: _____ Weight: _____ DOB: _____ Place of Birth: _____

Identifying scars, marks or tattoos: _____

Have you had any lengthy absences from work in the past 5 years? _____ If yes, please explain: _____

Have you ever received compensation for injuries? _____ If yes, please explain: _____

Do you have any physical defects which preclude you from performing certain types of work? _____ If yes, please explain: _____

Have you ever been cited for any traffic violation? _____ If yes, please explain: _____

Have you ever been arrested? _____ If yes, please explain: _____

Do you have previous law enforcement experience? _____ If yes, please explain: _____

Record of Education:

<u>Name of School</u>	<u>Address</u>	<u>Course of Study</u>	<u>Year Completed</u>	<u>Diploma or Degree</u>
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Elementary: _____

High School: _____

College/Other: _____

Military Service Record:

Were you in the U. S. Armed Forces? _____ Which Branch of Service? _____

Dates of Duty: From _____ To _____ Rank at Discharge: _____ Type of Discharge: _____

List duties in the service, including special training: _____

Employment Record:

Name of employer: _____ Phone number: _____

Address: _____ Type of business: _____

Name of supervisor: _____ Hire date: _____ End date: _____

Starting salary: _____ Ending Salary: _____ Reason for leaving: _____

Name of employer: _____ Phone number: _____

Address: _____ Type of business: _____

Name of supervisor: _____ Hire date: _____ End date: _____

Starting salary: _____ Ending Salary: _____ Reason for leaving: _____

Name of employer: _____ Phone number: _____

Address: _____ Type of business: _____

Name of supervisor: _____ Hire date: _____ End date: _____

Starting salary: _____ Ending Salary: _____ Reason for leaving: _____

(If additional pages are needed, please attach)

References: (Please do not list relatives or previous employers as references.)

Name: _____ Phone no.: _____

Street: _____

City: _____ State: _____ Zip: _____

Name: _____ Phone no.: _____

Street: _____

City: _____ State: _____ Zip: _____

Name: _____ Phone no.: _____

Street: _____

City: _____ State: _____ Zip: _____

MOUNT PHOTOGRAPH
IN
THIS SPACE
AFFIX SECURELY

Photograph are to be front view (head and shoulders)
2 ½ inches square, taken within the past
six months.

OTHER PHOTOGRAPHS ARE NOT ACCEPTABLE

I swear that the facts set forth in my application for employment are true and complete. I understand that if employed, false statements on this application shall be considered sufficient cause for dismissal. You are hereby authorized to make any investigation of my personal history, financial and credit record through any investigative or credit agencies or bureaus of your choice. In making this application for employment, I also understand that an investigative consumer report may be made whereby information is obtained through personal interviews with my neighbors, friends or others with whom I am acquainted. This inquiry includes information as to character, general reputation, personal characteristics, and mode of living. I understand that I have a right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigative consumer report. In accordance with IC Code 5-2-1-1, I acknowledge that failure to meet the physical fitness standards set forth by the Indiana Law Enforcement Academy will render myself ineligible for employment.

Signature of Applicant

Date

Return applications to:

Edgewood Police Department
3405 Nichol Avenue
Anderson, Indiana 46011
Phone: 765-642-3200

AN EQUAL OPPORTUNITY EMPLOYER