

Internal Use Only

Name: \_\_\_\_\_  
(Print or Type)

Date: \_\_\_\_\_

Social Security No: \_\_\_\_\_

Time: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Email Address: \_\_\_\_\_

Application Information Summary  
**POLICE DEPARTMENT**  
City of Columbia City



**STATEMENT OF EQUAL EMPLOYMENT OPPORTUNITY**

The City of Columbia City is an Equal Opportunity Employer and will accept applications, hire qualified applicants, administer all terms and conditions of employment and make available all benefits and compensation of employment without regard to race, color, creed, religion, sex, national origin, disability, or age, except when such constitutes a bona fide occupational qualification necessary for proper and efficient administration of the agency.

### INSTRUCTIONS

1. **Read each item carefully.**
2. **This application must be typed or printed neatly in ink.**
3. ***All items must be completed and necessary documentation included.***
4. **If additional space is needed, attach a supplemental page at the end of the application.**
5. **The completed application must be returned to:**

Columbia City Police Department  
112 S. Chauncey St.  
Columbia City, IN 46725

### POLICY REGARDING THE APPLICANT INFORMATION SUMMARY

1. The failure to comply with instruction and policy regarding this phase of the applicant selection process may result in the rejection of the application.
2. The failure to accurately and truthfully complete this application may result in the rejection of the application.
3. The failure to return this application by the specified date may result in the rejection of the application.
4. Applications will not be accepted without complete addresses, phone numbers, and zip codes.
5. It is the responsibility of the applicant to notify the City of changes relative to applicant's name, address and phone number.

If you are in need of assistance in completing the application form, feel free to contact the Administrative Offices of the Columbia City Police Department at 260-248-5121.



### III. RESIDENCES

A. Present Residence:

\_\_\_\_\_ (number) \_\_\_\_\_ (street) \_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip)

Telephone number: ( ) \_\_\_\_\_ - \_\_\_\_\_

Cell phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

B. List in chronological order, with the most current first, all of your residences in the last five years.

<u>Dates</u>	<u>Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
From ---- To	Number Street			
____ - ____	_____			
____ - ____	_____			
____ - ____	_____			
____ - ____	_____			
____ - ____	_____			
____ - ____	_____			
____ - ____	_____			

### IV. EDUCATION

List all schools attended at the high school level and above. **Include COPIES of all transcripts and diplomas & degrees.**

	<u>Years Attended</u>		<u>Address</u>	<u>Degree / Diploma</u>
	From	To		
High Schools				
_____	____	____	_____	_____
_____	____	____	_____	_____
Colleges / Universities				
_____	____	____	_____	_____
_____	____	____	_____	_____
_____	____	____	_____	_____
Other, Vocational, Technical, etc.				
_____	____	____	_____	_____
_____	____	____	_____	_____

**V. EMPLOYMENT RECORD**

List in chronological order, most recent first, all former and current employers. Include full-time, part-time, and temporary/seasonal work, and all periods of unemployment. Present employers may be contacted prior to any appointment. Make sure all telephone numbers are correct.

- 1. Employment Dates: From \_\_\_\_\_ To \_\_\_\_\_  
Name of Company: \_\_\_\_\_  
Address & ZIP code: \_\_\_\_\_  
Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_  
Position Held: \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_ Final Salary \_\_\_\_\_
  
- 2. Employment Dates: From \_\_\_\_\_ To \_\_\_\_\_  
Name of Company: \_\_\_\_\_  
Address & ZIP code: \_\_\_\_\_  
Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_  
Position Held: \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_ Final Salary \_\_\_\_\_
  
- 3. Employment Dates: From \_\_\_\_\_ To \_\_\_\_\_  
Name of Company: \_\_\_\_\_  
Address & ZIP code: \_\_\_\_\_  
Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_  
Position Held: \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_ Final Salary \_\_\_\_\_
  
- 4. Employment Dates: From \_\_\_\_\_ To \_\_\_\_\_  
Name of Company: \_\_\_\_\_  
Address & ZIP code: \_\_\_\_\_  
Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_  
Position Held: \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_ Final Salary \_\_\_\_\_

5. Employment Dates: From \_\_\_\_\_ To \_\_\_\_\_  
Name of Company: \_\_\_\_\_  
Address & ZIP code: \_\_\_\_\_  
Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_  
Position Held: \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_ Final Salary \_\_\_\_\_
6. Employment Dates: From \_\_\_\_\_ To \_\_\_\_\_  
Name of Company: \_\_\_\_\_  
Address & ZIP code: \_\_\_\_\_  
Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_  
Position Held: \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_ Final Salary \_\_\_\_\_
7. Employment Dates: From \_\_\_\_\_ To \_\_\_\_\_  
Name of Company: \_\_\_\_\_  
Address & ZIP code: \_\_\_\_\_  
Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_  
Position Held: \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_ Final Salary \_\_\_\_\_
8. Employment Dates: From \_\_\_\_\_ To \_\_\_\_\_  
Name of Company: \_\_\_\_\_  
Address & ZIP code: \_\_\_\_\_  
Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_  
Position Held: \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_ Final Salary \_\_\_\_\_

**VI. MILITARY SERVICE**

A. Have you ever served on active duty in the Armed Forces of the United States?

Yes \_\_\_\_\_ No \_\_\_\_\_

Branch of Service:

Air Force \_\_\_\_\_

Army \_\_\_\_\_

Coast Guard \_\_\_\_\_

Marine Corps \_\_\_\_\_

Navy \_\_\_\_\_

Dates of Active Duty: \_\_\_\_\_  
(Month, Day, Year)

Serial Number: \_\_\_\_\_ Last Rank Held: \_\_\_\_\_

Type of Discharge: \_\_\_\_\_

B. While in the Military Service, were you ever convicted of any offense (Civil or Military)?

Yes \_\_\_\_\_ No \_\_\_\_\_

When? \_\_\_\_\_

Explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

C. **Include a COPY of your DD214 – (Armed Services Discharge)**

**VII. DRIVER RECORD**

A. List all vehicle operator's licenses you currently hold or have held:  
**Include a COPY of your current operator's license**

License Type (Oper./Chauf/CDL)	Licensing State	License Number	Expiration Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

B. List all vehicle accidents that you have been involved in over the last five years.

Date	Location	Description
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

C. List all traffic citations you have received in the past three years.

Date	Location	Description
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

D. Has your driver's license ever been suspended or revoked?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**VIII. ARREST / FELONY / MISDEMEANOR CONVICTION RECORD**

A. Have you ever been convicted or detained by a Law Enforcement Agency?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, provide the following:

Date	Place	Disposition
_____	_____	_____
_____	_____	_____
_____	_____	_____

B. Have you ever been convicted of a felony offense?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, provide the following:

Date	Place	Disposition
_____	_____	_____
_____	_____	_____
_____	_____	_____

C. Have you ever been convicted of a misdemeanor offense?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, provide the following:

Date	Place	Disposition
_____	_____	_____
_____	_____	_____
_____	_____	_____

D. Use this area for further clarification regarding any of the above:

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## IX. REFERENCES

List three current references. (DO NOT use relatives, current or former employers):

1. Name: \_\_\_\_\_  
Address and ZIP code: \_\_\_\_\_  
Daytime Telephone Number: ( \_\_\_\_\_ ) \_\_\_\_\_  
Cell Phone: ( \_\_\_\_\_ ) \_\_\_\_\_  
Occupation: \_\_\_\_\_  
How long have you known this individual? \_\_\_\_\_
  
2. Name: \_\_\_\_\_  
Address and ZIP code: \_\_\_\_\_  
Daytime Telephone Number: ( \_\_\_\_\_ ) \_\_\_\_\_  
Cell Phone: ( \_\_\_\_\_ ) \_\_\_\_\_  
Occupation: \_\_\_\_\_  
How long have you known this individual? \_\_\_\_\_
  
3. Name: \_\_\_\_\_  
Address and ZIP code: \_\_\_\_\_  
Daytime Telephone Number: ( \_\_\_\_\_ ) \_\_\_\_\_  
Cell Phone: ( \_\_\_\_\_ ) \_\_\_\_\_  
Occupation: \_\_\_\_\_  
How long have you known this individual? \_\_\_\_\_

## Applicant Checklist

Please use the following list as a guide in completing your application. Supply COPIES of all documents (not originals).

\_\_\_\_\_ Records Check Authorization Release (MUST BE NOTARIZED)

\_\_\_\_\_ Birth Certificate (copy)

\_\_\_\_\_ High School and College Transcripts (copies)

\_\_\_\_\_ High School and College Diplomas (copies)

\_\_\_\_\_ DD214 (if applicable) \*Armed Services Discharge

\_\_\_\_\_ Driver License (copy – picture side only)

\_\_\_\_\_ Full Names and Complete Addresses of Family Members

\_\_\_\_\_ Full Addresses and Dates of Prior Residences (past five years)

\_\_\_\_\_ Complete Information Pertaining to Employers

\_\_\_\_\_ Complete Driver License Information

\_\_\_\_\_ Information Concerning any Accidents

\_\_\_\_\_ Information Concerning any Arrests

\_\_\_\_\_ Complete Information Relating to Three References

\* If you are unable to provide some of this information or if you are waiting for information that you have requested, provide a written explanation on your application.



**RECORDS CHECK**

**GENERAL AUTHORIZATION FOR RELEASE**

I hereby authorize any and all schools, physicians, hospitals, Armed Services, employers, law enforcement agencies, credit information agencies, or any other person or organization or agency to furnish to the Columbia City Police Department, or its designated agent(s), any and all information, opinions, or documents which may be requested; to allow the visual inspection and copy of all reports, photographs, or other documents.

I hereby waive any objection to the release of said information and grant the Columbia City Police Department, or its designated agent(s), any right I may have to said information.

I also authorize investigation or all statements made in my application for employment.

\_\_\_\_\_  
Applicant's Signature (Full Legal Name)

**REFERENCE CHECK  
AUTHORIZATION AND WAIVER**

I hereby authorize all schools which I attended and my current and all previous employers to furnish the City of Columbia City my record, reason for leaving, and all information they may have concerning me, and I hereby release them and the City of Columbia City and its employees from liability for any damage whatsoever arising therefrom. I also authorize investigation of all statements made in the application. I understand that in the event of my employment with the City of Columbia City, I shall be subject to dismissal if any of the information I have given in this application is false or if I have failed to give any material information herein requested.

\_\_\_\_\_ Date \_\_\_\_\_ Applicant's Signature (Full Legal Name)

S) State of Indiana

S) County of \_\_\_\_\_

Before me, the undersigned, a Notary Public, for \_\_\_\_\_ County.

State of Indiana, personally appeared the above subject, \_\_\_\_\_

And acknowledged the execution of the foregoing instrument this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public(\_\_\_\_\_) )  
Print Name

Resident of \_\_\_\_\_ County

Commission Expires \_\_\_\_\_

PLEASE READ EACH OF THE FOLLOWING PARAGRAPHS CAREFULLY. INDICATE YOUR UNDERSTANDING OF, AND CONSENT TO, THE CONTENTS AND CONDITIONS OF EACH PARAGRAPH BY PLACING YOUR INITIALS AT THE END OF EACH PARAGRAPH. IF YOU HAVE ANY QUESTIONS REGARDING THESE PARAGRAPHS, CONTACT THE EMPLOYER BEFORE INITIALING THE PARAGRAPH.

1. *I understand and accept that if I am hired, I may be hired conditional upon passing any medical/or psychological examinations that the employer, the Pension Board or the Police Academy deems to be necessary to determine my ability to perform the essential functions of the position. I understand and accept that this may include drug, alcohol or substance abuse testing.*

Initials \_\_\_\_\_

2. *I understand and accept that the employer requires a high degree of integrity and confidentiality of its employees. I also understand and accept that the various law enforcement and informational agencies that exchange information and data with the employer require that the employer's employees do not have a past record of unlawful activities. Therefore, I understand and accept that it will be necessary for the employer to investigate my background, including background checks for criminal or unlawful activity or credit checks.*

Initials \_\_\_\_\_

3. *I understand that it may be necessary for me to approve and sign any waivers necessary order for the employer to obtain information from your current and former employers and educational transcripts from schools, colleges, or universities I attended.*

Initials \_\_\_\_\_

4. *I understand that the employer provides a seven day per week and twenty four hour per day service, and therefore, if employed, I may be required to work evening shifts or night shifts, including weekends.*

Initials \_\_\_\_\_

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 employer, I may be subject to disciplinary action, including termination, if any information required by this application has been falsified or intentionally excluded.*

Initials \_\_\_\_\_

I SOLEMNLY SWEAR THAT ALL OF THE INFORMATION FURNISHED IN THIS EMPLOYMENT 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. I AUTHORIZE INVESTIGATION OF MY BACKGROUND, INCLUDING FOR ANY CRIMINAL OR UNLAWFUL ACTIVITY OR CREDIT CHECKS.

BY THE SUBMISSION OF THIS DOCUMENT, I HEREBY AGREE THAT I SHALL EXECUTE THE EMPLOYER'S CONDITIONAL AND POST-EMPLOYMENT MEDICAL EXAMINATION AND DRUG TESTING CONSENT FORMS. I RECOGNIZE THAT MY FUTURE EMPLOYMENT WITH THE EMPLOYER WILL BE JEOPARDIZED IF I ENGAGE IN SUBSTANCE ABUSE, ILLEGAL DRUG USE OR ALCOHOL ABUSE.

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(Applicant's signature)

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(Date)

*This application will only be under active consideration for ninety (90) days.*

## KEEP THIS PAGE FOR YOUR RECORDS

### 1. WRITTEN EXAMINATION FOR POLICE APPLICANTS: \*

After receiving and reviewing all applications for the police department, the applicants will be notified by letter regarding the next stage of the application process, which is the written examination. The police department administration will approve the written examination. The written examination will measure and grade qualities and skills deemed necessary in good police candidates. The specific written instrument or test may vary or change from process to process taking into consideration the intent of the department to stay current with the latest standards and professional thought processes dealing with applicant selection and additionally any legal considerations deemed appropriate by the city legal department.

Due to the number of individuals normally applying as applicants, it is imperative that the police department controls the applicant process for the best results and considerations for all applicants, and to assure that the process proceed in the most expeditious manner possible. For those reasons, applicants will be given adequate notification of the written testing process and are expected to attend the testing as outlined in the notification at the exact time and date(s) assigned by the department. Exceptions to this requirement will be made in only the most exigent circumstances.

### 2. AGILITY TESTING: \*

All individuals applying for a position with the Columbia City Police Department must participate in physical agility testing as outlined by state law. This testing procedure must measure muscular strength; muscular endurance; cardiovascular endurance and muscular skeletal flexibility In addition every attempt is made to assure that the events which comprise the test are job specific and are reviewed by the law enforcement training board as established under Indiana Code 5-2-1-3.

Each applicant who successfully passes the written test, is eligible to participate in the agility testing and will be given ample time to prepare for the test. Attached is a list of the minimum standard required. This will serve as notification to all applicants to allow time to prepare. Notification of the testing will be made by mail to each applicant indicating a date and time for the testing. Notification will include a complete package reviewing all agility tests to be conducted. A waiver or disclaimer will also be included and must be signed by the applicant and turned in on the day of testing. This disclaimer will release the city and police department from all liability should any injury occur during the agility testing process.

**\* Physical and Agility testing may occur on the same day.**

### 3. BOARD OF REVIEW

After completion of the agility testing all applicants' progress to date will be reviewed by a board comprised of upper level administrators of the police department as determined by the Chief of Police. Individual applicants will be notified subsequent to the meeting of the review board if they are to continue in the application process. If it should be determined that any applicant shall not continue in the hiring process, they will be notified in writing.

### 4. BACKGROUND INVESTIGATION

After completion of the steps outlined thus far, each applicant will undergo an extensive background investigation. Areas included in this investigation will include but not be limited to verification of all information included in the employment application; person reference checks; employee checks; neighborhood checks; spouse or family interviews, and other areas that are deemed appropriate and allowable by law.

## **KEEP THIS PAGE FOR YOUR RECORDS**

### **5. APPLICANT'S APPEARANCE BEFORE INTERVIEW BOARD**

Following the completion of a background investigation it is required that each applicant personally appear before a board of review comprised of members of the Columbia City Police Department command and patrol staff. All information pertaining to the applicants to this point will be available for the board's consideration, and each applicant may be asked questions concerning this information during their appearance. In addition, the board will be considering the demeanor of each applicant and his or her maturity and confidence, as well as answers to questions posed to them.

### **6. APPLICANT APPEARANCE BEFORE SAFETY BOARD**

Following the appearance before the interview board, selected applicants will need to make an appearance before the Safety Board comprised of the City's Board of Works Members. Following the appearance of each applicant before the Safety Board, they will receive notification indicating one of three possible board decisions:

1. A conditional offer of employment will be offered to the applicant;
2. An offer to join our volunteer reserve program, if applications were being accepted for this;
3. The applicant will be eliminated from further consideration for employment at this time.

Once a conditional offer of employment is tendered to the applicant, he or she will continue in the process and must complete all remaining steps before being hired by the Columbia City Police Department.

### **7. PHYSICAL AND PSYCHOLOGICAL EXAMINATION**

Indiana State law mandates that each police applicant who receives a conditional offer of employment successfully pass a complete medical and psychological examination given by approved PERF (Public Employee Retirement Fund), physicians and psychologist. Once a conditional offer of employment is given, the department will make all arrangements for candidates to undergo examinations. The costs of the examinations are covered by the local Pension Board. Once received by the department, the examination results become property of the department. It is required that a PERF approved licensed physician and psychologist, "sign-off" on the PERF plan. Should the examining physician or psychologist not sign the PERF booklet (indicating unsuccessful completion of the PERF examination), the candidate CANNOT BE HIRED by the department.

### **8. APPROVAL BY THE LOCAL PENSION BOARD**

Once signed PERF forms are received by the department from the examining physicians, the local Pension Board must also meet to sign the PERF booklet, The local Pension Board is also responsible for ensuring that the applicant meets any local standards or requirements adopted by the local board and the Board of Works.

### **9. FINAL APPROVAL BY STATE PERF BOARD**

After THE LOCAL Pension Board signs the PERF booklets, they are sent to the state PERF board for examination and review. The state board will then determine if the applicant is eligible, (based on physicians' statements) to participate in the state PERF. They will further determine whether any excludable conditions exist that would prohibit the applicant from claiming disability pension benefits in the future. Those applicant passing the aforementioned mental and psychological examinations, and receiving endorsements from the local Pension Board and the state PERF board will be given an unconditional offer of employment by the Board of Works, and as soon as practical, be sworn in as a probationary police officer.



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### COLUMBIA CITY POLICE DEPARTMENT

#### Basic Requirements

- \* Applicants must be at least 21 years of age when they apply and under the age of 36 years at the time of hire.
- \* The applicant must possess a high school diploma or verifiable GED equivalents.
- \* The applicant must have or be able to obtain a valid Indiana driver's license.

#### Procedures:

1. Submit completed application with specified certificates and documents
2. Participate in written/aptitude examination
3. Participate in agility testing
4. Undergo background investigation
6. Board reviews applicants' packets and schedules personal interviews for successful applicants.
7. Board extends conditional offers of employment to successful candidates. Candidates must then meet the State's physical and psychological standards as required by the Public Employment Retirement Fund (PERF) and the local pension board.

#### Training Requirements:

##### Reserve officers

\* Pre-basic training, you will receive basic instruction in every area of the police department. You will also observe all areas of the department.

\*Training continues after you have completed the pre-basic. At this time, you will be assigned a training officer and will ride on each of the three shifts. Additionally, you will have the opportunity to observe and participate in daily police activities. Activities include, but are not limited to, patrol, report writing, arrest procedures, accident investigation, and crime detection. After you have had a chance to complete these activities, you will be evaluated by your training officer.

##### Full-Time officers

\* Pre-basic training, you will receive basic instruction in every area of the police department. You will also observe all areas of the department.

\* Basic Law Enforcement training is conducted at Indiana Law Enforcement Academy in Plainfield, Indiana. You will learn about the law, first aid, and arrest tactics. You will also have extensive instruction in firearms, self-defense, and crime scene investigation. Training lasts 16 weeks. You must successfully complete this training.

\*Training continues after you have completed the pre-basic and basic law enforcement training. At this time, you will be assigned a training officer and will ride on each of the three shifts. Additionally, you will have the opportunity to observe and participate in daily police activities. Activities include, but are not limited to, patrol, report writing, arrest procedures, accident investigation, and crime detection. After you have had a chance to complete these activities, you will be evaluated by your training officer. Once you have completed field training you will be assigned to the uniform division. You are on probation for one year.

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**MINIMUM PHYSICAL STANDARD**

<b>Test</b>	<b>Standard</b>
Vertical Jump	16 Inches
One Minute Sit-ups	29
300 Meter Run	71 Seconds
Maximum Push-ups	25
1.5 Mile Run	16 Minutes 28 Seconds

**\*Additional events may be included at the discretion of the Chief of Police**