APPLICANT CAN KEEP THIS PAGE FOR TESTING INFORMATION

Warsaw Police Department Application

Application/Process Open/Posted: December 14, 2015
Application/Process Closing/Ending: January 15, 2016

ALL APPLICATIONS MUST BE RECEIVED "NO LATER" THAN JANUARY 15, 2016

MAIL/DELIVER: City of Warsaw Human Resources, 102 S Buffalo Street, Warsaw, IN 46580

Questions about the current process may be directed to Deputy Chief Sherwin at 574-372-9515.

Misrepresentation of any information, including incomplete applications or failure to submit the required attachments at the time of application will be cause for the application rejection for the hiring pool. Please DO NOT attach un-requested documents to this application; instead bring them to scheduled interviews if selected to proceed further.

This application is part of the selection process for a Patrol Officer and responsible for enforcing state and local laws, serving and protecting individuals, their rights and property, for responding to various emergency situations including but not limited hazardous materials incidents.

The City of Warsaw, Indiana is an equal opportunity employer. Applicants are considered for employment without regard to race, color, religion, sex, age, disability, national origin, or any other basis prohibited by law, unless such basis constitutes a bona fide occupational qualification. The City of Warsaw will comply with its legal obligation to provide reasonable accommodation to qualified individuals with disabilities. For auxiliary aid or services relating to employment issue for current, prospective employment opportunities, please contact the Human Resources Director, Jennifer Whitaker, 102 S Buffalo Street, Warsaw, IN 46580 / Phone number 574-372-3373, as soon as possible, but no later than 48-hours before review of opportunities, an scheduled interview, or required employment testing.

Very Important

- Testing is Sunday, January 24, 2016 starting at 9:00 am at the Warsaw Community High School Cafeteria.
- If you pass the written testing portion, you will immediately proceed to the physical agility test.
- Oral Interviews will be scheduled for February 9-Wednesday February 10, 2016. You will be given a paper advising you of your time when you pass your physical agility test on January 24, 2016.

If you are unable to attend the written/physical agility test date, or not available for at least one of the interview dates, please do not apply at this time UNLESS prior arrangements or reasons for missed testing requirements are protected under law *(i.e. Military or Medical obligations-Please call HR 372-3373 for arrangements).* **No other notice will be sent for this testing dates.** Thank You.

Basic Eligibility Requirements

- *Current ILEA Graduates, Currently Employed, Will Take Precedence in the Hiring Pool.*
- *Current ILEA Graduates may qualify for our Longevity or Lateral Transfer policy.*
- Shall be at least 21 years of age, and under age 36.
- Shall be a United States Citizen.
- Shall establish and comply with state law residency requirements.
- Shall be a high school graduate as evidenced by a high school diploma from an accredited HS/General Equivalency Diploma (GED).
- Shall possess or obtain a valid Indiana Driving License (or obtain one within 60 days of becoming an Indiana resident), have a clean driving record with the ability to be insured at a reasonable rate.
- Shall be eligible to carry a handgun under Indiana State law.
- Shall pass criminal record check including fingerprinting and be able to discuss all criminal arrests.
- Shall pass drug test and adhere to policy.
- Shall pass State Pension Board Physical, Physical Agility Test outlined by Indiana Law Enforcement Academy (ILEA) exit standards, Mental Evaluation and Aptitude Testing, and pass Polygraph Examination after contingent offer of employment.

Selection Process *(not necessarily in order)*

- Application
- Aptitude Examination
- Physical Agility Test By ILEA Exit Standards
- Review Board Interview(s)
- Background Investigation(s)
- Polygraph Examination
- Physical, Psychological Examination
- Chief of Police Interview(s)

POLICE APPLICATION FOR EMPLOYMENT

The City of Warsaw, Warsaw Indiana is an equal opportunity employer. Applicants are considered for employment without regard to race, color, religion, sex, age, disability, national origin, or any other basis prohibited by law, unless such basis constitutes a bona fide occupational qualification. The Warsaw-Wayne Fire Territory will comply with its legal obligation to provide reasonable accommodation to qualified individuals with disabilities.

Please type or print in legible handwriting responses to ALL questions on the application form. **Any application not completed in its entirety, including phone numbers, addresses, and attachments where required, will be disqualified and you will not continue with the Hiring Pool**. INITIAL HERE _____ TO ACKNOWLEDGE THIS STATEMENT. If information is not applicable to you, please indicate as such (NA). Submission of an application to the City does not guarantee a position or interview.

Personal Information:

Last Name		First Name		Middle		Salutation	
Are you called by, or go by, any other name:		Telephone No.		Alternate No.			
Address		Apt No.		City		State		Zip	
County		Date of Birth:		Are You A Current ILEA Graduate?		Dept Currently Employed?	
On what date would you be available for work?		Are you fluent in any foreign language?		What?			
Are you on a layoff and subject to recall at another employer?		Have you filed an application here before?		When?			
Do you have any relatives or friends that are employed here?		If yes, please list by name and relationship.					
Why did you apply for a position with the City of Warsaw?							
Why do you think you would make a valuable employee of the City of Warsaw?							
Are you legally authorized to work in the United States?		Will you now or in the future require sponsorship for employment visa status (e.g. H-1B visa status)?					
Have you served in any of the military services?		When were you discharged?		Discharge code?		War Veteran?		What War?	
Do you have any relatives who are or were in the Police Service?		List Who (name & relationship)					
When was the last time you used any illegal drug(s)?		What was the circumstance of you taking the illegal drug(s)?					
List the illegal drug used, including prescriptions not in your name:							

Previous Addresses:

If you need additional space, please continue on a separate sheet of paper and place directly behind this page.

1	Address		Apt No.		City/State/Zip		Reason for move	
2	Address		Apt No.		City/State/Zip		Reason for move	
3	Address		Apt No.		City/State/Zip		Reason for move	
4	Address		Apt No.		City/State/Zip		Reason for move	
5	Address		Apt No.		City/State/Zip		Reason for move	

CURRENT Employer Record: (if not currently employed, proceed to next page)

Business Name		Employment Dates (not just years)		Position / Title	
Address		Start		Received Promotions?	
City/State/Zip		End		If Yes, Explain	
Phone No		Starting Wage		Current Duties	
Still Employed Here?		Final Wage		Supervisor	
What will your immediate supervisor tell me about you?					
May we contact this employer?		If no, why?			

Previous Employers for the last fifteen years, listed by most recent, first. You may include any military service assignments or volunteer work on a separate sheet of paper.

Business Name		Employment Dates (not just years)		Position / Title	
Address		Start		Received Promotions?	
City/State/Zip		End		If Yes, Explain	
Phone No		Starting Wage		Current Duties	
Still Employed Here?		Final Wage		Supervisor	
What will your immediate supervisor tell me about you?					
Did you voluntarily resign from this employer?		Why:			
Were you discharged and/or involuntarily asked to leave this employer?		Explain			
Were you permitted to resign, rather than be discharged?		Explain			
May we contact this employer?		If no, why?			

Business Name		Employment Dates (not just years)		Position / Title	
Address		Start		Received Promotions?	
City/State/Zip		End		If Yes, Explain	
Phone No		Starting Wage		Current Duties	
Still Employed Here?		Final Wage		Supervisor	
What will your immediate supervisor tell me about you?					
Did you voluntarily resign from this employer?		Why:			
Were you discharged and/or involuntarily asked to leave this employer?		Explain			
Were you permitted to resign, rather than be discharged?		Explain			
May we contact this employer?		If no, why?			

Business Name		Employment Dates (not just years)		Position / Title	
Address		Start		Received Promotions?	
City/State/Zip		End		If Yes, Explain	
Phone No		Starting Wage		Current Duties	
Still Employed Here?		Final Wage		Supervisor	
What will your immediate supervisor tell me about you?					
Did you voluntarily resign from this employer?		Why:			
Were you discharged and/or involuntarily asked to leave this employer?		Explain			
Were you permitted to resign, rather than be discharged?		Explain			
May we contact this employer?		If no, why?			

Education:

If you need additional space, please continue on a separate sheet of paper and place directly behind this page.

High School		**College or University**	
Name		Name	
Address		Address	
City/State/Zip		City/State/Zip	
Phone No		Phone No	
Courses Studied		Courses Studied	
Did you graduate?		Did you graduate?	
Did you obtain a GED?		Degree(s)	

Business, Trade, Technical, or Correspondence School or College		**Police/ Law Academy**	
Name		Name	
Address		Address	
City/State/Zip		City/State/Zip	
Phone No		Phone No	
Courses Studied		Year(s) Attended	
Did you graduate?		Sponsor	

Workshops/ Other			
Name		Course Pursued / Certificate Granted (CPR, First Aid, Water Rescue, Etc.)	
Name		Course Pursued / Certificate Granted (CPR, First Aid, Water Rescue, Etc.)	
Name		Course Pursued / Certificate Granted (CPR, First Aid, Water Rescue, Etc.)	

Emergency Contact:

Name		Address		City/State/Zip	
Phone No		Phone No		Relationship	

Other:

Have you ever been charged with, convicted of, or pled guilty to a felony or misdemeanor **including** minor traffic-related infractions?		If yes, list below

(A conviction or plea will not necessarily disqualify you from consideration for employment. The effect of a conviction will be assessed with respect to time, circumstances, seriousness of the offense, and job responsibilities and duties.) ***However, your failure to list a conviction may disqualify you from consideration for employment or will result in termination if employed and subsequently discovered.***

Date		Charging Agency / Department		Disposition / Outcome (include deferments)	
Date		Charging Agency / Department		Disposition / Outcome (include deferments)	
Date		Charging Agency / Department		Disposition / Outcome (include deferments)	
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Date		Charging Agency / Department		Disposition / Outcome (include deferments)	
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Date		Charging Agency / Department		Disposition / Outcome (include deferments)	
Date		Charging Agency / Department		Disposition / Outcome (include deferments)	

References:

List two-three by name, complete address, phone number including area code, references that are NOT related to you and are NOT previous employers.					
Reference One		**Reference Two**		**Reference Three**	
Name		Name		Name	
Address		Address		Address	
City/State/Zip		City/State/Zip		City/State/Zip	
Phone No		Phone No		Phone No	
Years Known		Years Known		Years Known	
How do you know this person?		How do you know this person?		How do you know this person?	

List two-three by name, complete address, phone number including area code, three references that are previous employers or supervisors.					
Reference One		**Reference Two**		**Reference Three**	
Name		Name		Name	
Address		Address		Address	
City/State/Zip		City/State/Zip		City/State/Zip	
Phone No		Phone No		Phone No	
Years Known		Years Known		Years Known	
How do you know this person?		How do you know this person?		How do you know this person?	
From What Employer?		From What Employer?		From What Employer?	

List two-three by name, complete address, phone number including area code, three references that are related to you.					
Reference One		**Reference Two**		**Reference Three**	
Name		Name		Name	
Address		Address		Address	
City/State/Zip		City/State/Zip		City/State/Zip	
Phone No		Phone No		Phone No	
Years Known		Years Known		Years Known	
Relationship		Relationship		Relationship	

APPLICANT'S STATEMENT

Please indicate that you have read and understand each paragraph of the Applicant's Statement by placing your initials beside each paragraph.

Initials	
	I understand that I am to type or print in legible handwriting responses to ALL questions on the application form. Any application not completed in its entirety, including phone numbers and addresses where required, **will be disqualified** for consideration of this hiring pool. If information is not applicable to me, I am to indicate as such (NA).
	I certify that this application was completed by me and that all entries and information in it are TRUE and COMPLETE to the best of my knowledge. I understand that false, misleading or omitted information in my application may result in the rejection of my application, the revocation of an offer of employment, or discharge.
	I authorize investigation of all statements contained in this application as may be necessary in arriving at an employment decision. I understand that an investigation may be made and information may be obtained through interviews with personal references and past employers, through a credit check, a criminal check and/or driver's record check. This inquiry may include information as to, among other things, my character, general reputation and personal characteristics, as well as information about my work performance and workplace conduct. I consent to this investigation and to the consideration of any statement of references, former employers or others that are given in response to the inquiry. If the City of Warsaw decides to obtain a consumer credit report, I understand that the City of Warsaw will provide, at my request, the name and address of the reporting agency so I may obtain from such reporting agency the nature and substance of information contained in such report.
	I hereby release all parties, including but not limited to the City of Warsaw, personal references and previous employers, from liability for any injury or damage that may result from their furnishing information concerning me or any action the City of Warsaw takes on the basis of such information.
	I understand that, if I am offered a job, as a condition of beginning my employment, I will be required to undergo a physical and physiological examination and will be required to undergo a drug screen. I hereby authorize a doctor, hospital, clinic, laboratory and/or other medical facility to furnish any medical information with reference to me as may be necessary in conjunction with that examination and related considerations. I recognize that my future employment with the employer will be jeopardized if I engage in substance abuse, illegal drug use, or alcohol abuse, as the City is a drug and alcohol free employer.
	I understand that, according to federal law, all individuals who are hired must, as a condition of employment, produce certain documentation to verify their identity and United States citizen status or, if aliens, their legal authorization to work in the United States. As a consequence, I understand that any offer of employment to me is contingent upon my ability to produce the required documentation within the time period required by law.
	I understand that this application is not, and is not intended to be, a contract of employment and that any resulting employment is for no fixed period of time and is terminable at any time and for any reason by me or by the City of Warsaw. I further understand that statements which may be contained in policies, practices, handbooks or any other material do not create any guarantee of employment and that the City of Warsaw has the right to modify, amend or terminate policies, practices, benefits plans or other programs within the limits and requirements imposed by law. I understand that no representative of the City of Warsaw, other than an officer, has the authority to enter into any agreement for any specific period of time or to make any agreement contrary to the foregoing and that any such agreement must be in writing to be binding.
	I understand that, upon employment, I will sign an agreement relating to confidential information, if required.
	I certify that I am not bound by any employment contract or non-competition agreement that would be breached by any employment that might be offered to me by the City of Warsaw, nor am I in possession of nor will I at any time reveal to the City of Warsaw, under any circumstances, any proprietary or confidential information that is the subject of any contract, non-disclosure agreement or prior work relationship involving any other person or entity.
	I understand that the Police Department with the City provides service seven days per week and twenty-four hours per day, and therefore, if employed by such a department, I may be required to work day, evening, or night shifts, including weekends and holidays.
	I understand that if I am hired as an employee of the Warsaw Police Department, that I must successfully complete required training and courses specified and be certified by the State of Indiana to be a Police Officer. I also understand that I must subsequently complete the mandatory continuing education for Police Officer and other mandatory training for Police Officer each year thereafter.

Signature of Applicant _____ Date _____

THIS APPLICATION WILL NOT BE CONSIDERED ACTIVE AFTER HIRING PROCESS IS COMPLETED

We Are An Equal Opportunity Employer

CITY OF WARSAW

Employment Reference Request Current/Former Employer

We Are An Equal Opportunity Employer

I authorize the City of Warsaw to check my employment and personal references, and to seek the release of investigatory information possessed by any private or public employer, and local, state, or federal agencies to provide the City any information they may release concerning the matters described below, and I will cooperate so that the information is released in a timely manner.

I understand that this information will be obtained by personal interview, contacting former or current employers, reference forms with third parties, law enforcement agencies, co-workers and others. This inquiry may include information as to my character, general reputation, personal characteristics, work habits and mode of living, which may be applicable.

I hereby release from liability, the employer and its representatives from seeking, gathering and using such information and all other persons, corporations or organizations for furnishing such information.

In addition, I waive in connection with any request for, or provisions of such information, and claims or cause of actions, including without limitation, defamation, infliction or emotional distress, invasion of privacy, or interference with contractual relations that I might claim or otherwise have against the City of Warsaw, its officials, employees, elected officials, or against any provider of information related to this application or the application process.

_____ _____

Signature of Applicant **Date**

Social Security Number: _____

Release To Order Motor Vehicle Report

I understand that having a valid/current Drivers License with the ability to be insurable at a reasonable cost may be required to fulfill my job requirements. By my signature, I acknowledge the City of Warsaw will obtain a report of my driving record from the Bureau of Motor Vehicles, and the information contained therein will be used to determine my eligibility for employment.

Signature:_____

Name Printed:_____

DL Number:_____

Copy Of License In Box

EMPLOYMENT APPLICATION
CRIMINAL HISTORY ADDENDUM

A conviction, plea, or pending charges will not necessarily disqualify you from consideration for employment. The effect of a conviction, plea, or pending charges will be assessed with respect to time, circumstances, seriousness of the offense, and job responsibilities and duties. However, your failure to disclose a conviction, plea, or pending charge (except convictions, pleas, or pending charges protected from disclosure by state or local law) will disqualify you from consideration for employment or will result in termination of employment if subsequently discovered.

I. Do you have any pending charges for a felony or misdemeanor? ☐Yes ☐No

a. If yes, state the nature of the pending charges, the date, the court and jurisdiction in which they are pending, and the cause (or other identifying) number, and fully explain: _____

_____

_____

_____

_____

_____

II. Have you been convicted of or pled guilty or no contest to a felony or misdemeanor other than a minor traffic- related infraction? **Do not answer "yes" if your conviction record has been annulled, expunged, sealed, pardoned, erased, restricted, eradicated, or impounded or is otherwise protected from disclosure by law.** ☐ Yes ☐ No

a. If yes, state the nature of the conviction or plea, the date, the court and the jurisdiction, the cause (or other identifying) number, and fully explain: _____

_____

_____

_____

_____

VOLUNTARY
AFFIRMATIVE ACTION SURVEY

TO BE COMPLETED BY APPLICANT – TO BE FILED SEPARATELY FROM APPLICATION

City of Warsaw, located in Indiana / An Equal Opportunity Employer

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

**** Completion Of Information Below Is Voluntary ****

Please be advised that your survey is considered confidential information and it is NOT a part of your official application for employment. Inclusion or exclusion of any data will NOT affect any employment decision.

In an effort to comply with government requirements regarding recordkeeping, reporting and other legal obligations, we ask that you complete this application data survey. *Thank you for your cooperation.*

- **PERSONAL INFORMATION**

  Date_____

  Applicant's Name_____

  Address_____City/State/Zip_____

  Position Applied For_____

- **REFERRAL SOURCE**

  Check The Following That Are Applicable:

Advertisement	
City Employee	
Relative	
Walk-In	
School	
Other	
Name of Source (if applicable)	
Government Employment Agency	
Private Employment Agency	

- **GOVERNMENT REQUESTED INFORMATION**

  Male _____ Female_____

  Check One Of The Following Race / Ethnic Groups:

Black or African American	
White	
Asian	
Native Hawaiian or Other Pacific Islander	
Native American or Alaskan Native	
Hispanic or Latino	
Two Or More Races	

  Check The Following That Are Applicable:

Veteran	
Disabled Veteran	
Vietnam Era Veteran	
Disabled Individual	