

Frankfort Police Department Application and Information Package



THE FRANKFORT POLICE DEPARTMENT IS AN EQUAL OPPORTUNITY EMPLOYER

The City of Frankfort provides equal employment opportunities (EEO) to all employees and applicants for employment without regard to race, color, religion, gender, sexual orientation, gender identity, national origin, age, disability, genetic information, marital status, amnesty or status as a covered veteran in accordance with applicable federal, state and local laws. This applies to all terms and conditions of employment, including hiring, placement, promotion, termination, layoff, recall, and transfer, leaves of absence, compensation and training.

STANDARDS FOR APPOINTMENT **TO THE DEPARTMENT**

For appointment as a police officer with the City of Frankfort, Indiana, the following requirements must be met by the applicant:

- * The applicant must be at least twenty-one (21) years of age and less than thirty six (36) years of age before appointment to the department.
- * The applicant must be a high school graduate as evidenced by a diploma issued by a high school accredited by the department or agency of the State authorized to accredit high schools or have certification of an equivalent education. A college degree is preferred.
- * The applicant must reside in Clinton County or a county adjacent to Clinton County and maintain telephone service at the time of appointment to the department.
- * The applicant shall possess a valid driving license from the State of Indiana at the time of appointment.
- * The applicant must submit to oral interviews before the Police Hiring Board, Executive Staff Interview, and the Board of Public Safety for the purpose of determining such characteristics as the applicant's ability to communicate and handle stress and to examine the applicant's experience and background.
- * The applicant must be of good moral character as determined by a thorough background investigation and must submit to a polygraph exam and drug screening exam.
- * Applicants must successfully pass a general aptitude test and the physical agility test per statewide guidelines.
- * After a job offer is made, the applicant must pass a psychological screening and physical examination performed by a licensed physician or surgeon, chosen by the Police Pension Board, and be accepted into the Public Employees' Retirement Fund. Additionally, after selection the applicant must pass the physical fitness standards of the Indiana Police Academy, and must meet and maintain the physical fitness standards of the Frankfort Police Department throughout employment with the City of Frankfort.

INSTRUCTIONS

1. Read each item carefully.
2. This form must be typed or printed neatly in ink.
3. All items must be completed and necessary documentation attached.
4. If additional space is needed, use the supplemental page at the end of the form, referencing the question being answered each time.
5. The completed form must be returned to the City of Frankfort Police Department, 201 West Washington Street, Frankfort, IN 46041, by the specified deadline.

POLICY REGARDING THE APPLICANT INFORMATION SUMMARY

1. Failure to comply with instructions and policy regarding the Applicant Screening Process stage will result in the rejection of the application.
2. Failure to accurately and truthfully complete this form will result in the rejection of the application.
3. Failure to return this form by the specified date will result in the rejection of the application.
4. Applicants who are rejected during the Applicant Screening Process stage may not reapply for a period of one year from the date of rejection.
5. Applications will not be accepted without complete addresses, phone numbers and **zip codes**.

If you need assistance in completing this form, please contact the City of Frankfort Police Department at (765) 654-4242.

USE ZIP CODES ON ALL ADDRESSES

I. PERSONAL HISTORY

- A. Full Name (last, first, middle) _____
- B. Social Security Number _____
- C. List all other names you have used including nicknames. If applicable, furnish maiden name. If you have ever used any last name other than your true name, during what period and under what circumstances were these names used? If you have ever legally changed your name, give date, place and court. (This information is being collected to assist the department in conducting a thorough background investigation, i.e., felony conviction check.)

- D. Birth Date (month, day, year) _____
- Birth Place (city, state) _____

Attach a copy of your Birth Certificate. This will be used to verify your age for statutory requirements and pension purposes.

- E. Are you a U.S. Citizen? Yes No
(All applicants will be required to provide proof of eligibility to work in the U.S. before beginning employment.)

II. RESIDENCES

- A. Current residence (number, street, city, county, state, zip code, telephone; if apartment, include name and location of complex):

Address _____

City	State	Zip	Telephone #
_____	_____	_____ (____)	_____

Cellular telephone# E-mail address

- B. List chronologically (most current first) all of your residences in the past ten years. Include addresses while attending school if away from home and ALL military addresses, including off base locations. Also include towns or cities located in the immediate vicinity of military complexes. If apartment, include name and location of complex.

Date	Number Street	City	State/Zip Code
From/To			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

III. EDUCATION

List all schools attended at the high school level and above. **Include copies of all diplomas/degrees and certifications.**

	Years attended from/to	Address	Degree Diploma
High Schools			

Colleges/Universities			

Graduate Schools			

Other: Vocational, Technical			

Law Enforcement Certification			

IV. EMPLOYMENT RECORD

List chronologically (most current first) **all** employers. Include full-time, part-time, and temporary/seasonal work, and all periods of unemployment. Present employers will be contacted prior to any appointment. Make sure all phone numbers are correct including extension numbers.

1. Employment Dates: From _____ to _____
Current Employer _____
Address _____
Zip Code _____ Phone Number and Extension _____
Position Held _____
Name of Supervisor _____
Current Salary _____
Reason for Leaving _____

2. Employment Dates: From _____ to _____
Current Employer _____
Address _____
Zip Code _____ Phone Number and Extension _____
Position Held _____
Name of Supervisor _____
Current Salary _____
Reason for Leaving _____
3. Employment Dates: From _____ to _____
Current Employer _____
Address _____
Zip Code _____ Phone Number and Extension _____
Position Held _____
Name of Supervisor _____
Current Salary _____
Reason for Leaving _____
4. Employment Dates: From _____ to _____
Current Employer _____
Address _____
Zip Code _____ Phone Number and Extension _____
Position Held _____
Name of Supervisor _____
Current Salary _____
Reason for Leaving _____
5. Employment Dates: From _____ to _____
Current Employer _____
Address _____
Zip Code _____ Phone Number and Extension _____
Position Held _____
Name of Supervisor _____
Current Salary _____
Reason for Leaving _____

6. Employment Dates: From _____ to _____
Current Employer _____
Address _____
Zip Code _____ Phone Number and Extension _____
Position Held _____
Name of Supervisor _____
Current Salary _____
Reason for Leaving _____

7. Employment Dates: From _____ to _____
Current Employer _____
Address _____
Zip Code _____ Phone Number and Extension _____
Position Held _____
Name of Supervisor _____
Current Salary _____
Reason for Leaving _____

8. Employment Dates: From _____ to _____
Current Employer _____
Address _____
Zip Code _____ Phone Number and Extension _____
Position Held _____
Name of Supervisor _____
Current Salary _____
Reason for Leaving _____

9. Employment Dates: From _____ to _____
Current Employer _____
Address _____
Zip Code _____ Phone Number and Extension _____
Position Held _____
Name of Supervisor _____
Current Salary _____
Reason for Leaving _____

V. **MILITARY SERVICE**

A. Are you registered for Selective Service? Yes No
Selective Service Number: _____

B. Have you ever served on active duty in the armed forces of the United States?
Yes No
Branch of Service: _____
Date of Active Duty (month, day, year): _____
Serial Number: _____
Type of Discharge (other than Medical*): _____

** No applicant will be automatically rejected because of a less than honorable discharge (except a dishonorable one). But the discharge may be considered in connection with other information. If your discharge is less than honorable, explain on the supplemental page.*

C. Are you currently or have you ever been a member of any United States Armed Forces Reserve or National/State Guard Unit? Yes No

D. While in military service, were you ever convicted of any offense?
Yes No
When? _____
Explain: _____

E. **Attach a copy of your DD214 (Military Service Record).**

VI. FINANCIAL REPORT

A. Credit References

List all current accounts (checking, savings) with financial institutions.

Name/Address of Company

Type of Account

B. Credit Obligations:

Name/Address

Type of Account

C. Have you ever filed bankruptcy? Yes No

If yes, date filed and where _____

VII. DRIVER'S RECORD

A. List all vehicle operator licenses you now hold or have held (**attach copies**):

Type (Driver's/ Chauffeur's, CDL)	State of Issuance	License Number	Expiration Date	Restrictions
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B. List all traffic citations you have received in the past three years:

Date	Location	Charge
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C. Has your driver's license ever been suspended or revoked? Yes No

If yes, explain: _____

VIII. ARREST/FELONY CONVICTION RECORD

A. Have you ever been arrested, detained or summoned to appear in court by a law enforcement agency?*

Yes No

If yes, provide date(s), place(s), and disposition(s) on supplemental page.

B. Have you ever been convicted of a felony? Yes No

If yes, explain in supplemental information section.

**** NO APPLICANT WILL BE AUTOMATICALLY REJECTED BECAUSE OF AN ARREST RECORD.
THIS INFORMATION IS BEING OBTAINED ONLY TO ASSIST IN COMPLETION OF A
BACKGROUND INVESTIGATION.***

XI. GENERAL INFORMATION

- A. Do you object to wearing a uniform? Yes No
- B. Do you object to working nights, weekends, or holidays? Yes No
- C. Do you object to working any shift assigned or changing shifts whenever deemed necessary by the Police Department? Yes No

XII. REFERENCES

List five current references (other than relatives and former or current employers):

1. Name _____
Occupation _____
Address and Zip Code _____
Daytime Phone _____ Years Known _____
2. Name _____
Occupation _____
Address and Zip Code _____
Daytime Phone _____ Years Known _____
3. Name _____
Occupation _____
Address and Zip Code _____
Daytime Phone _____ Years Known _____
4. Name _____
Occupation _____
Address and Zip Code _____
Daytime Phone _____ Years Known _____
5. Name _____
Occupation _____
Address and Zip Code _____
Daytime Phone _____ Years Known _____

XV. CRIMINAL RECORDS AND BACKGROUND CHECK

I, _____, acknowledge that I have been advised and understand that my employment and/or continuation of employment by the City of Frankfort Police Department is contingent upon, but not limited to, the following:

1. A security clearance from both the Federal Bureau of Investigation and the Indiana State Police. Clearance is necessary to complete computer training involving access to confidential information.
2. I understand and agree that the background check may include but shall not be limited to investigation of my character, personal history, credit history and financial condition.
3. Verification that the application of the undersigned has not been falsified and/or no criminal record exists.
4. I hereby waive the restrictions on access to any and all records of any juvenile courts or law enforcement agencies relating to me when I was a juvenile pursuant to Indiana Code Section 31-39-2-15. I understand that any information gathered as a result of this waiver will be kept confidential, and will be used solely to determine my fitness as an applicant. I make this waiver knowingly and voluntarily.

Signature

Witness

XVI.SIGNATURE

Read the following statement carefully. If you have any questions, please contact the Personnel Department before signing the form.

I hereby authorize and give my consent to the release of any and all background information and/or records about me, by any person, business, agency or other entity in possession of the same, to the City of Frankfort Police Department, for the purpose of conducting a background check. I authorize the City of Frankfort to make photocopies of this document, and such copies shall suffice in place of the original to notify persons or other entities in possession of information about me that I have freely and voluntarily agreed and consented to the matters herein.

I certify that the information contained in this form is true. I realize that misrepresentation of facts is cause for rejection of my application or dismissal after appointment. I understand that final employment is contingent in part upon satisfactory completion of all phases of the Applicant Screening Process.

I hereby waive, release, and surrender any and all rights to claims which I may have against the City or County, or any of its officers, employees, or agents as a result of the release of such records.

Signature of Applicant

Date of Signature

YOUR SIGNATURE MUST BE NOTARIZED

Subscribed and sworn before me, a Notary Public in the County _____
State of _____, this _____ day of _____, 20____.

Notary Public: _____

My Commission Expires: _____

RELEASE AND HOLD HARMLESS AGREEMENT

I have submitted my application for the position of public safety officer with the City of Frankfort. I wish to take the physical agility test which each applicant is required to pass in order to have his or her application considered for said position. I understand that current statewide physical agility testing for police officers includes muscular strength, muscular endurance, cardiovascular endurance and musculoskeletal flexibility.

In consideration for being permitted to take this physical fitness test, I hereby release, discharge and agree to hold harmless the City of Frankfort Police Department and its officers, agents, employees, successors and assigns, from any and all liability for personal injury or property damage which I may sustain in any way as a result of my taking this test, whether such injury or damage occurs before, during or after the test, and whether or not such injury or damage occurs in, on or about the premises where the test is conducted. I will assume full responsibility for any such injury or damage and I do hereby fully and forever release and discharge the City of Frankfort Police Department and its officers, agents, employees, successors and assigns from any and all claims, demands, damages, rights of action or causes of action present or future, whether the same be known, anticipated or unanticipated, resulting from or arising out of my taking this physical agility test.

In the event that my taking this test should result in injuries or damages to person or property and a claim is asserted against the City of Frankfort Police Department, I will hold harmless, defend and indemnify the Police Departments against any claim, demand, damage right of action or cause of action present or future, whether the same be known, anticipated or unanticipated, resulting from my taking this test.

I further state that I voluntarily take this physical agility test, and that I recognize and voluntarily assume the risks inherent in taking the test, and that I have to my knowledge no medical condition or risk factor that would prevent my taking this test.

This Release and Hold Harmless Agreement shall be binding upon my heirs, assigns, executors and administrators.

Date

Printed Name

Signature

Voluntary Affirmative Action Information

The City of Frankfort is attempting to gather data regarding its Affirmative Action/Equal Opportunity efforts. Such information will enable the City to design affirmative action efforts that may be more successful than those currently used and to evaluate the success of the present programs. The information on this form is strictly confidential and will not be matched with any application for employment. The data is used for statistical purposes only. Completion of the information below is voluntary.

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, handicap, sexual orientation, number of dependents, or any other legally protected status.

Date _____

Position(s) Applied For: _____

Where did you learn of the job vacancy:

Newspaper Advertisement

Word of Mouth

Unemployment Office

City Job Posting Bulletin Board

Other _____

Applicant's Name _____

(Last)

(First)

(Middle)

Social Security Number _____

Address _____

Date of Birth _____ Age _____ Sex _____

Race:

White/Caucasian

African American

American Indian

Spanish Surname

Asian American

Other _____

If you are a disabled veteran, a Vietnam Era veteran, or have a physical or mental disability, you are invited to volunteer the information below. The purpose is to provide information regarding proper placement and appropriate accommodation to enable you to perform the job to the best of your ability in a proper and safe manner. The information will be treated as confidential. Failure to provide the information will not jeopardize or adversely affect your consideration in employment.

Disabled Individual Disabled Veteran

Vietnam Era Veteran

EXPLANATION OF DISABILITY _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

APPLICANT CHECK LIST

Please use the following list as a guide in completing your application.

Full names and address of family members (mother, father, step-parents, foster-parents, guardians, brothers, sisters, spouse, children, in-laws, ex-spouses)

Addresses and dates pertaining to all prior residences in the last ten years

Information pertaining to all present and former employers. Include dates, names, addresses, and phone numbers of companies.

Selective Service Number, Dates of Active Duty, Serial Number and Reserve Obligation

Savings and checking information and name of institution(s) holding the account(s).

Credit obligations (Name of institutions, type of accounts)

Type, expiration date, number and restrictions relating to driver's license

Dates, locations, descriptions of any vehicle accidents in the last three years. Note any citations.

Date, place, charge and the disposition of any arrest (Adult/Juvenile), local/non-local.

Information relating to five personal references (name, addresses, telephone number during the day, occupation, length of time known and **zip codes**). References shall include neither relatives nor former/current employers.

Zip Codes

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

Birth Certificate

High School/GED and College diplomas

DD214 Form and Military Records if applicable

Driver's License

Law Enforcement Certification if applicable

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