

**ORLEANS  
POLICE  
DEPARTMENT**



**APPLICATION FOR EMPLOYMENT  
(Police Officer)**

**APPLICANT NAME:** \_\_\_\_\_

**DATE OF APPLICATION:** \_\_\_\_\_

# **Orleans Police Department**

## **EQUAL OPPORTUNITY EMPLOYER**

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The Orleans Police Department shall not discriminate against, or show favor with respect to a person's hire, tenure, conditions, or privileges of employment or any matter directly or indirectly related to employment because of his or her race, color, sex, religion, national origin, ancestry, age or for any reason. Each applicant and employee will be limited only by his or her abilities and qualifications, and the Orleans Police Department shall endeavor to select, hire, and retain in its employee only the most qualified persons for the position.

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### **REQUIREMENTS**

1. Must be a resident of the United States.
2. Must be 21 years of age to apply.
3. Must have a high school diploma or GED certificate.
4. Cannot have a felony conviction.
5. Cannot have a misdemeanor conviction involving domestic violence.
6. Cannot have a dishonorable discharge from the military.
7. Must have a valid driver's license from state of residency.
8. Must successfully complete the Indiana Law Enforcement Academy within one year of appointment if not already completed.

### **INSTRUCTIONS FOR COMPLETING APPLICATION**

1. Please read each section carefully before beginning. Each section of the application must be filled in order for the application to be processed. All pertinent papers must accompany the application before it can be processed. A list of items required appears on the following page.
2. Your application must be typed or hand printed in black ink so that no confusion should exist when application is processed.
3. The Orleans Police Department will hold all applications for a period of one year. It shall be the duty of the applicant to update his or her application yearly should they still desire employment.
4. Incomplete applications or those missing required items shall immediately be disposed of with no further consideration or notification. This does not mean you cannot later submit a completed application with all required documentation.
5. The information contained in this application is confidential.

**ITEMS NEEDED WITH APPLICATION**

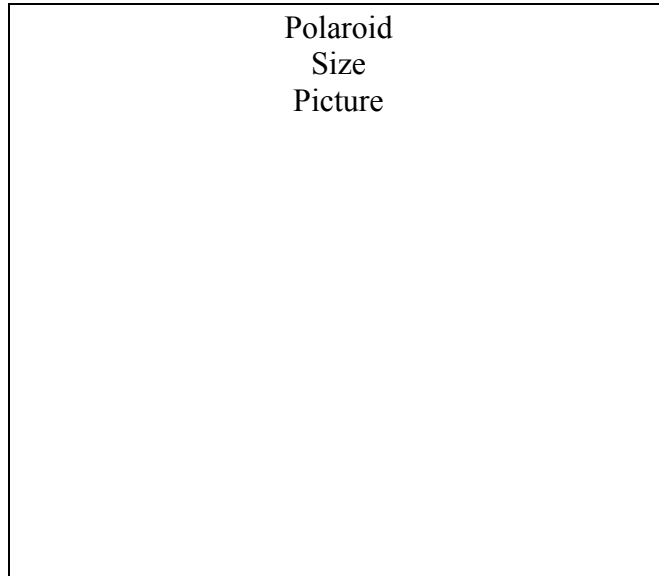
The following is a list of items that need to be with your application when it is presented as completed to be considered by the Orleans Police Department.

Copies of:

1. Birth certificate.
2. Transcripts of high school grades.
3. Transcripts of college grades, if applicable.
4. Certificates pertaining to other schools or classes you may have taken.
5. DD214, if you served in the armed forces.
6. Current driver's license.

**NO APPLICATION WILL BE PROCESSED UNLESS ALL ITEMS ARE TURNED IN WITH THE APPLICATION!!!!!!!!!!**

In the space provided, include a photograph of yourself taken within the last six months. A Polaroid photo is best. The photograph must be from the shoulders up and must be large enough to fill the provide space.





**FAMILY DATA**

**Marital Status:** Married \_\_\_\_\_, Single \_\_\_\_\_, Divorced \_\_\_\_\_, Separated \_\_\_\_\_

**Spouse's Name (if applicable)** \_\_\_\_\_

**Dependents (if applicable)**

<b>NAME:</b>	<b>AGE:</b>	<b>RELATIONSHIP:</b>

**If divorced, are you legally required to make child support payments?** \_\_\_\_\_

**Are you current on child support payments?** \_\_\_\_\_ **If no, explain:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**RECORD OF EDUCATION**

SCHOOL	NAME AND ADDRESS OF SCHOOL	COURSE OF STUDY	DEGREE
Elementary:	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
High School:	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
College:	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
Other:	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

You must include copies of all transcripts from schools attended in order to prove status with the institution. These transcripts will become the property of the Orleans Police Department and will not be returned to the applicant at the end of the process.

If you did not finish high school, did you receive your G.E.D.? \_\_\_\_\_

If you received a G.E.D., please list the date and location the test was taken. \_\_\_\_\_

Have you ever been certified as a law enforcement officer? \_\_\_\_\_

If yes, please list the academy attended, location, and date attended. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**FOREIGN LANGUAGE:** Enter foreign language and indicate your knowledge of each by placing an “X” in the proper column.

LANGUAGE	Reading/Writing			Speaking			Comprehension		
	EXC	GOOD	FAIR	EXC	GOOD	FAIR	EXC	GOOD	FAIR

**MILITARY HISTORY AND STATUS**

Have you ever served in the Armed Forces? \_\_\_\_\_ If Yes, attach a copy of your DD214.

MILITARY BRANCH	DATES OF SERVICE FROM: TO:	HIGHEST RANK ATTAINED AND RANK AT SEPARATION	TYPE OF DISCHARGE REENLISTMENT CODE

Are you eligible to reenlist? \_\_\_\_\_ if no, explain fully on a separate sheet.  
List any citations and awards received. \_\_\_\_\_

Were you ever disciplined (court martial, article 15, captain’s mast, etc.) while on duty? \_\_\_\_\_  
If yes, explain on a separate sheet of paper.

List duties in service including specialized training. \_\_\_\_\_

**SPECIALIZED TRAINING FOR POLICE WORK**

Have you had any specialized training pertinent to police work that you have not previously listed? \_\_\_\_\_  
If yes, please describe here: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## EMPLOYMENT RECORD

List below all present and past employment, beginning with your most recent job.

1)           Company Name

Address \_\_\_\_\_

\_\_\_\_\_

Type of Business \_\_\_\_\_

Dates employed \_\_\_\_\_

Title held and work description \_\_\_\_\_

\_\_\_\_\_

Weekly salary \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Name of Supervisor \_\_\_\_\_

2)           Company Name

Address \_\_\_\_\_

\_\_\_\_\_

Type of Business \_\_\_\_\_

Dates employed \_\_\_\_\_

Title held and work description \_\_\_\_\_

\_\_\_\_\_

Weekly salary \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Name of Supervisor \_\_\_\_\_

3)           Company Name

Address \_\_\_\_\_

\_\_\_\_\_

Type of Business \_\_\_\_\_

Dates employed \_\_\_\_\_

Title held and work description \_\_\_\_\_

\_\_\_\_\_

Weekly salary \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Name of Supervisor \_\_\_\_\_

4)           Company Name

Address \_\_\_\_\_

\_\_\_\_\_  
Type of Business \_\_\_\_\_  
Dates employed \_\_\_\_\_  
Title held and work description \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Weekly salary \_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
Name of Supervisor \_\_\_\_\_  
5)           Company Name

\_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Type of Business \_\_\_\_\_  
Dates employed \_\_\_\_\_  
Title held and work description \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Weekly salary \_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
Name of Supervisor \_\_\_\_\_

6)           Company Name

\_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Type of Business \_\_\_\_\_  
Dates employed \_\_\_\_\_  
Title held and work description \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Weekly salary \_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
Name of Supervisor \_\_\_\_\_

May we contact the employers listed above? \_\_\_\_\_ If not, indicate which one(s) you do not wish us to contact and why.  
\_\_\_\_\_

Have you ever been discharged or resigned to prevent being discharged from a previous position of employment? \_\_\_\_\_  
If yes, please explain why on a separate sheet of paper.

**PERSONAL REFERENCES**

Please list the names of three references that are not past employers or relatives. These people may be called to answer questions about your personal background.

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Phone number: \_\_\_\_\_ Years known: \_\_\_\_\_  
Upon which of the following conditions is your acquaintance with this person based?  
 Social,  Business,  Education,  Neighbor,  Other \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Phone number: \_\_\_\_\_ Years known: \_\_\_\_\_  
Upon which of the following conditions is your acquaintance with this person based?  
 Social,  Business,  Education,  Neighbor,  Other \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Phone number: \_\_\_\_\_ Years known: \_\_\_\_\_  
Upon which of the following conditions is your acquaintance with this person based?  
 Social,  Business,  Education,  Neighbor,  Other \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Phone number: \_\_\_\_\_ Years known: \_\_\_\_\_  
Upon which of the following conditions is your acquaintance with this person based?  
 Social,  Business,  Education,  Neighbor,  Other \_\_\_\_\_

**LIST THE LAST SIX ADDRESSED WHERE YOU HAVE RESIDED**

1) Address: \_\_\_\_\_  
\_\_\_\_\_

2) Address: \_\_\_\_\_

- \_\_\_\_\_
- 3) Address: \_\_\_\_\_  
\_\_\_\_\_
- 4) Address: \_\_\_\_\_  
\_\_\_\_\_
- 5) Address: \_\_\_\_\_  
\_\_\_\_\_
- 6) Address: \_\_\_\_\_  
\_\_\_\_\_

**CRIMINAL HISTORY**

Have you ever been arrested for any crime, misdemeanor, or felony, since your 18<sup>th</sup> birthday?

Date of Arrest	Agency	Charge	Disposition

Have you ever been arrested for an act that would have been a crime had an adult committed it? \_\_\_\_\_ if yes, describe: \_\_\_\_\_

Have you ever been or are you currently involved as a plaintiff, defendant, petitioner, or respondent in any civil court action? \_\_\_\_\_ if yes, explain fully on a separate sheet of paper.

**TRAFFIC OFFENSES**

Do you have a valid Indiana driver's license? \_\_\_\_\_

Type	License Number	Expiration Date	Restrictions

Have you received any traffic citations since your 18<sup>th</sup> birthday?  Yes  No  
If yes, list below (exclude parking tickets).

Date	Agency	Charge	Disposition

Has your driver's license ever been suspended, revoked, or restricted?  Yes  No  
If yes, please explain below.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List all traffic accidents you have been involved in as a driver since your 18<sup>th</sup> birthday.

Date	Agency	Location	At-fault	Comments

List all states you have held a driver's license in and include military licenses.

Date	State	Type	License number

**MISCELLANEOUS**

1. Are you a proprietor or part owner of any business or firm? \_\_\_\_\_ if yes, describe the nature of the business: \_\_\_\_\_

Are there any licenses for this/those businesses in your name; i.e. liquor licenses? \_\_\_\_\_

2. What special skills have developed through hobbies, educations, occupation, or other special interests? \_\_\_\_\_

### REQUIREMENTS FOR EMPLOYMENT

All prospective employees must be able to meet the minimum physical fitness standards as set by the Indiana Law Enforcement Academy. The minimum standards are as follows:

TEST	STANDARD
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

More information on the standards is available by request.

We reserve the right to establish or amend any standards for employment unless prohibited by law as we deem necessary to ensure that all required standards are met.



