



LAPEL POLICE DEPARTMENT

Kelly Naselroad, Chief of Police

APPLICATION FOR EMPLOYMENT

(Please Type or Print Clearly Using Black Ink Only)

720 Ford Street
Lapel, Indiana 46051

Phone 765-534-4600

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 the Town of Lapel:

Personal Information:

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

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

Email: _____

Identifying scars, marks or tattoos and location: _____

Do you have any physical limitations 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: _____

Have you ever been convicted of a Misdemeanor or Felony? _____ If yes, please explain: _____

Social Media

Please list usernames for any social media sites you use. These sites may be reviewed during background investigations.

Facebook: _____ Twitter: _____

Instagram: _____ LinkedIn: _____

Snapchat: _____ TikTok: _____

Other: _____
Site Username

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>
Elementary: _____				
High School: _____				
College/Other: _____				

ILEA Certification:

Academy attended: _____ Class #: _____

Date Completed: _____ PSID # (if known) _____

Type of Certification: ___ Tier I ___ Tier II ___ Other _____

If you have a gap in employment as a sworn officer, provide your last date of employment: _____

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 For Last 5 Years, Except Law Enforcement Employment:

(In accordance Indiana HB1006 you are required to provide any previous Law Enforcement employment. Failure to provide such information will result in the immediate removal from our hiring process.)

Name of employer: _____ Phone number: _____
Address: _____ Type of business: _____
Name of supervisor: _____ Hire date: _____ End date: _____
Starting salary: _____ Ending Salary: _____ Reason for leaving: _____

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(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: _____

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City: _____ State: _____ Zip: _____

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Street: _____
City: _____ State: _____ Zip: _____

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. I acknowledge that physical fitness testing maybe required as a condition of hire and that if required, 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 me ineligible for employment.

Signature of Applicant

Date

AN EQUAL OPPORTUNITY EMPLOYER