BEDFORD

POLICE

DEPARTMENT



APPLICATION FOR EMPLOYMENT

Applicant Name:

Date of application:

Email: _____

BEDFORD POLICE DEPARTMENT

EQUAL OPPORTUNITY EMPLOYER

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

INSTRUCTIONS FOR APPLICATION

1. Please read each section carefully before beginning. Each section of the application must be filled out in full in order for the application to be processed. All pertinent papers must accompany the application before it can be processed. A list of items needed appears on the following page.

2. Your application must be typed or hand printed in black ink so that no confusion should exist when the application is being processed.

3. Applications will be held by the Bedford Police Department for the period of **ONE YEAR ONLY!** If the applicant wishes to remain eligible for consideration, the file must be updated after that.

ITEMS NEEDED WITH APPLICATION

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

Copies of:

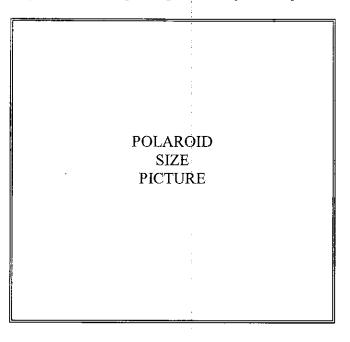
- 1. Birth Certificate
- 2. Transcripts of High School grades.

A. Copy of High School diploma or GED certificate.

- 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. Two letters of recommendation.
- 7. Copy of 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, but the picture must be from the shoulders up and must be large enough to fill the provided space.



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PERSONAL INFORMATION

NAME	- 		
LAST	FIRST	MIDDLE	
SOCIAL SECURITY NUMB	ER		
PRESENT ADDRESS			
TELEPHONE NUMBER			
DATE OF BIRTH			
Were you previously employed by us	? If so, w	rhen?	
List any friends or relatives that are cu Bedford:	irrently employed	with the Bedford Police Dep	partment or the City of
	•		
On what date will you be available to			
Are you a U.S. Citizen?		·	
Have you ever had your name legally	1		
If yes, list all names used other than li			
	<u> </u>		
	······································	·	

FAMILY DATA

Marital Status: Married_Single_Divorced_Separated Spouse's Name (if applicable) Dependents (if applicable):

NAME	AGE	RELATIONSHIP
	:	
· <u>··</u> ·		
·····		

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

Are you current on child support payments?	If no, explain	
	I	
	· · · · · · · · · · · · · · · · · · ·	
	,	
	:	
	:	
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RECORD OF EDUCATION

<u>SCHOOL</u>	NAME AND ADDRESS OF SCHOOL	COURSE OF STUDY	DEGREE
Elementary		· · · · · · · · · · · · · · · · · · ·	
-		· · · · · · · · · · · · · · · · · · ·	
High:		:	
		· ••• ••• • • • • • • • • • • • • • • •	
-		·	
		:	
College:		:	·
_			<u>_</u>
-			
-	· · ·	n	···-
Other:			
returned to t If you did no	These transcripts will become the property of the applicant at the end of the process. ot finish high school, did you receive a G.E. wed a G.E.D., please list the date and locatio	D.?	
Have you ev	ver been certified as a law enforcement offic	er?	
If so, please	list the academy attended, location, and dat	es attended.	
		;	
		· · · · · · · · · · · · · · · · · · ·	
· · · · · · · · · · · · · · · · · · ·	5	* ************************************	
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FOREIGN LANGUAGE: Enter foreign language and indicate your knowledge of each by placing "X" in proper column.

	REA	DING/W	RITING	- 	SPEAKIN	NG	COM	IPREHEN	ISION
LANGUAGE	EXC.	GOOD	FAIR	EXC.	GOOD	FAIR	EXC.	GOOD	FAIR
				-					
								<u> </u>	

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?_	I	f no,	explain f	fully on	separate s	sheet.
T •	• 4 4 •	1 1	• •					

List any citations and awards received.

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

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

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1)	Company Name	
	Phone	
	Type of Business	
	Dates employed	
	Title held and work description	
	Weekly salary	
	Reason for leaving	
2)	Company Name	
	Address	:
	Phone	· · · · · · · · · · · · · · · · · · ·
	Dates employed	
	Title held and work description	
		:
	Reason for leaving	
	Name of supervisor	

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3)	Company Name	
	Address	
		·····
	Phone	
	Type of Business	
	Dates employed	
	Title held and work description	
	Weekly salary	
	Reason for leaving Name of supervisor	
	•	
4)	Company Name	
	Address	
	Phone	
	Type of Business	
	Dates employed	
	Title held and work description	
	Weekly salary	
	Reason for leaving	
	Name of supervisor	
May	y we contact the employers listed above? If not, in	ndicate which one(s) you do not wish us to
cont	tact and why.	
	t.	

Have you ever been discharged or resigned to prevent being discharged from a position of employment?

If yes, please explain fully on separate sheet.

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PERSONAL REFERENCES

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

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Address:	Name:	
Occupation:	Address:	
Phone Number: Years known: Upon which of the following conditions is your acquaintance with this person based: () social () business () education () neighbor Name:		
Upon which of the following conditions is your acquaintance with this person based: () social () business () education () neighbor Name:		
Name:		
Address:	() social () business () education () neighbor	
Address:		
Address:	Name:	
Occupation:	Address:	
Phone Number: Years known: Upon which of the following conditions is your acquaintance with this person based: () social () business () education () neighbor Name: Address: Occupation: Phone Number: Years known: Upon which of the following conditions is your acquaintance with this person based: () social () business () education () neighbor Name: Address: Occupation: Upon which of the following conditions is your acquaintance with this person based: () business () education () neighbor Name: Address: Occupation: Occupation:		
() social () business () education () neighbor Name:		
Name:	Upon which of the following conditions is your acquainta	nce with this person based:
Address:	() social () business () education () neighbor	
Address:		
Address:	Name:	
Phone Number: Years known: Upon which of the following conditions is your acquaintance with this person based: () social () business () education () neighbor Name: Address: Occupation:	Address:	
Phone Number: Years known: Upon which of the following conditions is your acquaintance with this person based: () social () business () education () neighbor Name: Address: Occupation:	Occupation:	
() social () business () education () neighbor Name:	Phone Number: Years known:	
Name:	Upon which of the following conditions is your acquainta	nce with this person based:
Address: Occupation:	() social () business () education () neighbor	
Address: Occupation:		
Address: Occupation:	Name:	
Occupation:		
	Occupation:	
	Phone Number: Years known:	
Upon which of the following conditions is your acquaintance with this person based:		
() social () business () education () neighbor	() social () business () education () neighbor	

CRIMINAL HISTORY

Date of Arrest	Agency	Charge	Disposition
	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
·	-		

Have you ever been arrested for any crime, misdemeanor, or feldny, since your 18th birthday?

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Have you ever been arrested for an act that would have been a crime had it been committed by an adult?____ 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.

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TRAFFIC OFFENSES

Do you ha	ve a valid Indiana dr	iver's license?	
Туре	License #	Expiration Date	Restrictions
•	received any traffic o below (exclude park	citations since your 18th birt ing meter tickets):	hday? () yes () no
Date	Agency	Charge Dist	position
	· · · · · ·	· · · ·	
Has your o If yes, giv		been suspended, revoked, or	restricted? () yes () no

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

Date	Agency	Location	At Fault
			1

List all states that you have ever held a license with. Include military licenses.

MISCELLANEOUS

1) Do you own your home?____ If yes, amount of current mortgage indebtedness

2) What is the amount of your indebtedness, other than home?

3) Annual Income: Applicant <u>\$</u> Spouse <u>\$</u>

4) Are you a proprietor or part-owner of any business or firm? ____ If yes, describe nature of business: ______

Are there any licenses for this/these business(es) in your name; i.e., liquor license? If yes, explain:______

- 5) Have you ever applied for a permit to carry a handgun?____ Reason:_____ Status
- 6) What special skills have you developed through hobbies, education, occupation, or other special interests?_____

WRITING TEST

In the space provided, please write in your own handwriting the reasons why you wish to become a police officer with the Bedford Police Department. You may use the back of the application if you need more space.

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AUTHORIZATION TO RELEASE INFORMATION

I, _______, hereby authorize any person, agency, partnership, or corporation having any information concerning my CREDIT RECORD, EDUCATIONAL RECORD, MEDICAL RECORD, EMPLOYMENT RECORD, MILITARY RECORD, OR SELECTIVE SERVICE RECORD, to release such information to the Bedford Police Department. This information is to be used for possible employment with the Bedford Police Department and will not be available for public inspection

Signature of Applicant

Date

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. I also understand that any false information contained within this document will eliminate me for consideration in all future employment processes conducted by the Bedford Police Department.

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, if made, may include information as to my character, general reputation, personal characteristics, and mode of living. I understand that I have the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of any such investigative report.

Signature of Applicant	Date
STATE OF INDIANA)	
) ss:	
COUNTY OF)	
Subscribed and sworn to before me, a above named, by the said (applicant)	Notary Public in and for the State of Indiana and County who is personally known,
on this day of, $20_$.	
Notary's signature and seal	SEAL
Notary's name (type of print)	
County of Residence	Commission expiration date:

SHAWNA M. GIRGIS Mayor



CITY OF BEDFORD POLICE DEPARTMENT

Our policy of maintaining a drug-free workplace:

The unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace. The workplace consists of city property, rights-of-way, vehicles, and equipment.

In addition to the risk of criminal sanctions, violating employees face personnel action up to and including termination consistent with the requirements of the Rehabilitation Act of 1973, as amended, and our Personnel Policies, or a requirement that the employee participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency.

In addition, an employee must, as a condition of continued employment, abide by the terms of this policy, and notify the city in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction.