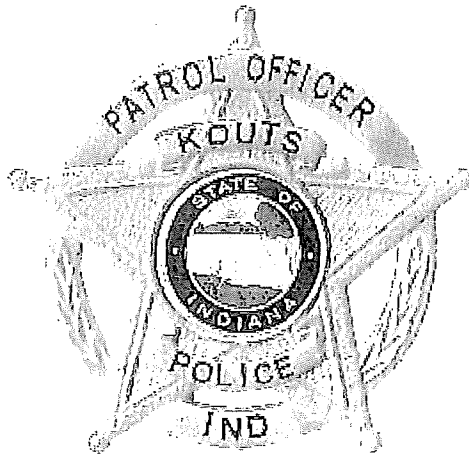


Kouts Police Department Application



Name _____

Date _____

Position applying for:

Full time _____ Part time _____ Reserve _____

Application may be kept on file for a period of three years from above date

APPLICATION CHECKLIST

- _____ A copy of your current resume
- _____ A copy of your birth certificate
- _____ A copy of your high school diploma or G.E.D. certificate and copy of your college or university diploma (if applicable)
- _____ A copy of your DD214 military discharge record (if applicable)
- _____ A copy of any Indiana academy certifications (if applicable)
- _____ The signed *Authorization to Release Information* sheet (enclosed)

The above listed items will not be returned; therefore, submit legible copies only. Incomplete applications will be destroyed.

Contact Town Marshal Michael Miller at 219-766-2332 (Kouts Police Department) for any questions.

Thank you for your interest in becoming a member of the Kouts Police Department.

MINIMUM REQUIREMENTS FOR EMPLOYMENT

- Must be a citizen of the United States
- Must be at least twenty-one (21) years of age at the time of appointment
- Must have a high school diploma or equivalent by an accredited school
- Must possess a valid operator's license
- Must possess, at a minimum, visual acuity that is correctable to 20/40 in both eyes
- Must possess, at a minimum, auditory acuity that is within normal range in both ears
- Must pass an extensive background investigation
- Must pass multiple interviews, drug screen, and basic agility testing upon request

Reserve Officers

Reserve officers are non-paid volunteer police officers who, upon completion of training, will be required to work a minimum of three shifts per month for the department.

Reserve officers must have obtained the Indiana 40-hour Pre-Basic certification (through a certified law enforcement instructor from any approved Pre-Basic course in the State of Indiana).

Reserve officers must provide all of their own equipment, at their own expense, to include a handgun (9mm), duty gear, ammunition, and other equipment as required by the department.

Part-Time Officers

Part-time officers are paid police officers who have obtained the required Indiana Basic Academy certification. Applicants who have been separated from law enforcement for a period of time should verify they are current with certification.

Part-time officers must provide all of their own equipment, at their own expense.

Officers who are employed full-time by other police departments should check with their primary department for approval, prior to seeking employment with the Kouts Police Department on a part-time basis.

Full-Time Officers

Full-time officer positions will be filled as these become available. *Reserve and Part-time officers with the department will be considered prior to applicants outside of the department.*

APPLICATION

GENERAL INSTRUCTIONS: Answer EVERY question below. Print and use black ink only. State "N/A" if a question does not apply to you. Do NOT mis-state or omit material facts.

| | | | |
|-----------|------------|-------------|-----------|
| Last Name | First Name | Middle Name | Sex (M/F) |
| | | | |

| | | | |
|----------------|------|-------|----------|
| Street Address | City | State | Zip Code |
| | | | |

| | | | | | |
|--------------|---------------|--------|--------|------------|-----------|
| Phone Number | Email Address | Height | Weight | Hair Color | Eye Color |
| | | | | | |

| | | | | |
|---------------------|-----------|----------------|----------|--------------------|
| Social Security No. | Birthdate | Place of Birth | PSID No. | U.S. Citizen (Y/N) |
| | | | | |

| |
|---|
| List all name changes, nicknames, and aliases used: |
|---|

VEHICLE OPERATOR INFORMATION: List the following information concerning ANY vehicle operator's license you have held or currently hold.

| Type of License | License Number | State of Issue | Expiration Date | Restrictions |
|-----------------|----------------|----------------|-----------------|--------------|
| | | | | |
| | | | | |

Have you ever been denied issuance of a motor vehicle license or have you ever had a motor vehicle license suspended or revoked? Y N If YES, explain fully on the next page.

Have you ever had motor vehicle insurance withdrawn or revoked or have you ever been refused motor vehicle insurance? Y N If YES, give details, including reason, insurance company, and date on the next page.

(This page left blank for further information/explanation)

RESIDENCES: List all residences.

| Date From | Date To | Street Address | City | State |
|-----------|---------|----------------|------|-------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

MILITARY SERVICE: List all military service. Include Reserve or National Guard obligations.

| Dates Served From/To | Branch of Service | Military Occupational Specialty (MOS) | Highest Rank Attained | Type of Discharge |
|----------------------|-------------------|---------------------------------------|-----------------------|-------------------|
| | | | | |
| | | | | |

While in the military service, were you ever convicted for an offense, which resulted in a trial by court-martial, or by summary, special or general court-martial? Y N If YES, describe any and each incident below. Give date, location, charge(s), actions taken, etc.

(Use back of this page, if necessary)

List all military award(s) and/or decoration(s) received:

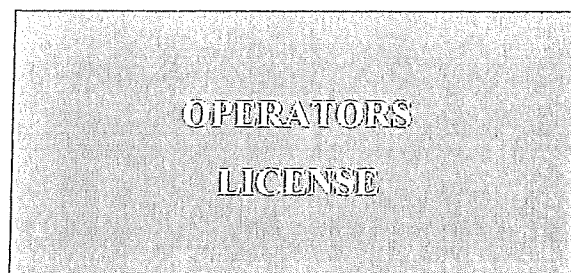
EDUCATION: Attach all diplomas, certificates, degrees, etc. related to High School, College/University, specialized vocational/trade, and/or law enforcement training and education.

| High School/Continuing Education/Law Enforcement | Diploma/Degree/Certification | Dates Attended |
|--|------------------------------|----------------|
| | | |
| | | |
| | | |

ATTACH A CURRENT PASSPORT-SIZED PHOTO OF YOURSELF HERE:



ATTACH A COPY OF YOUR CURRENT OPERATORS LICENSE HERE:



EMPLOYMENT HISTORY: Start with your most recent employer and list all work history. Include part-time, temporary and seasonal employment.

| Dates of Employment (To/From) | Job Title and Salary | Employer Name/Address & Phone No. | Description of Duties | Reason for Leaving |
|-------------------------------|----------------------|-----------------------------------|-----------------------|--------------------|
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SPECIAL QUALIFICATIONS/SKILLS/LICENSES: List any special skills or certifications that you possess which may be pertinent for this position.

PAST AND/OR PRESENT ORGANIZATIONS/CLUBS IN WHICH YOU BELONG:

| Name & Location | Type of Organization (Social, Professional, Fraternal, etc.) | Office Held | Dates From/To |
|-----------------|--|-------------|---------------|
| | | | |
| | | | |

HOBBIES, SPORTS, AND/OR PERSONAL INTERESTS:

Have you ever been discharged (terminated/fired), asked to resign, furloughed, resigned after being informed that your employer intended to terminate, or put on inactive status for cause or subject to disciplinary action while employed in any position (excluding the military)? Y N

If YES, explain circumstances below:

CONVICTIONS: List all felony, misdemeanor, and traffic convictions, excluding only court-ordered expungements.

| Date Convicted | Location of Occurrence | Offense |
|----------------|------------------------|---------|
| | | |
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REFERENCES: Do NOT list relatives, former employers, or supervisors. List only character references that have definite knowledge of your qualifications and fitness for the position for which you are applying. List three (3) references.

| Name | Address | Phone Number | Years Known |
|------|---------|--------------|-------------|
| | | | |
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ADDITIONAL INFORMATION:

Are you now, or have you ever been, a member of any organization, association, movement, or group that advocates the overthrow of our constitutional form of government? Y N

Are you now, or have you ever been, affiliated or associated with individuals, including relatives, you know, or have reason to believe, are or have been members of any organization or group identified above? Y N

Are you registered with the Selective Service System, or do you have a valid exemption from registration? (Note: If you are female, or a male born before December 31, 1959, this question does not apply.) Y N N/A

If YES, list the following information:

| Selective Service Number | Last Classification | Date Classified |
|--------------------------|---------------------|-----------------|
| | | |

Are you willing to submit to a psychological test? Y N

Are you willing to submit to a polygraph or voice stress analysis test? Y N

Have you applied for a position with ANY law enforcement agency in the past three (3) years?
Y N If YES, list each agency and date applied:

| Agency | Date Applied |
|--------|--------------|
| | |
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| | |

Are there any incidents in your life, not mentioned on this application, which might reflect upon your suitability to perform the duties which you might be call upon to be assigned or which may require further explanation? Y N

If YES, explain below:

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I certify that, to the best of my knowledge and belief, all of the information provided by me on this application is true, accurate, and complete, and that this application for employment was completed by me and made in good faith.

I further understand that this information is subject to a background investigation and a polygraph or computer voice stress test analysis. Additionally, I agree and consent in advance to being summarily discharged (terminated) without cause or hearing if ANY of the information provided by me contains any misrepresentations or falsifications, or if any material information has been omitted.

APPLICANT'S SIGNATURE

DATE

We are an equal opportunity employer. Federal and State laws and our own Department policy prohibits discrimination of employment on the basis of age, sex, race, national origin, religion, marital status, sexual orientation, or disabilities unrelated to job performance. Persons who believe that they were denied employment based on any of these conditions may file a complaint with our department and/or with Federal or State authorities.

