TOWN OF GRIFFITH &

GRIFFITH POLICE DEPARTMENT

APPLICATION FOR EMPLOYMENT

Full Name:_____

Address:_____

Hm Phone:(____)_____ Wk Phone: (____)_____ Cell Phone: (____)_____

Email:_____

DOB:____-____-____ SSN:_____-____ -_____

Driver's License #:_____State:_____

Emergency Contact Name: _____

Address: _____

Phone#1: (____)_____ Phone #2: (____)_____

Employer:_____

Address:_____

Wk Phone: (____)_____ Cell Phone: (____)_____ Email:_____

Job Description:_____

Have you ever been arrested? YES ◯ NO ◯

If yes, please explain (what, where, when, and what was the final outcome?)

_____

_____

_____

_____

Are you now or have you ever been an abuser of alcohol or drugs? ◯ ◯

If yes, please explain …

_____
_____
_____
_____

Please provide three (3) character references NOT related to you.

#1 Name:_____
Address:_____
Hm Phone: (____)_____ Wk Phone:(____)_____: Cell Phone: (____)_____
Email:_____ Relationship: _____ How Long?_____

#2 Name:_____
Address:_____
Hm Phone: (____)_____ Wk Phone:(____)_____: Cell Phone: (____)_____
Email:_____ Relationship: _____ How Long?_____

#3 Name:_____
Address:_____
Hm Phone: (____)_____ Wk Phone:(____)_____: Cell Phone: (____)_____
Email:_____ Relationship: _____ How Long?_____

GENERAL RELEASE

I _____ am applying for a contracted employment position with the Town of Griffith/Griffith Police Department, Lake County, Indiana. I respectfully request that you forward and/or release any and all information that you may have concerning my employment and/or education record, my reputation, or myself. Also please release any information that may appear in my personnel file of a non-medical nature. This information is to be used to determine my eligibility and fitness for employment with the Griffith Police Department.

I hereby release and hold harmless you from liability and damage of whatever nature as a result of furnishing the information requested above.

Applicant:
Print Name:_____ Signature: _____
Date:_____

Witness:
Print Name:_____ Signature: _____
Date:_____

Notary:
Print Name:_____ Signature: _____
Date:_____ Notary ID# :_____ Expiration:_____