

**Griffith Police Department  
Patrol Officer**

**EMPLOYMENT APPLICATION**



Applicant's Full Name: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

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## Instructions

1. Read this Application in its entirety prior to completing any portion of the packet.
  2. Answers must be typed or handwritten legibly in black ink.
  3. Answer ***all*** questions completely and accurately. Incomplete packets will not be accepted or processed.
  4. Answer each question thoroughly and honestly. Untruthful statements may be cause for removal from the hiring process.
  5. The following documents must be submitted with the Application (if you have not already provided them).
    - DD-214 (Military Personnel Only)
    - Sealed School Transcripts (High School/College)\*
    - Indiana Law Enforcement Academy Certificate
    - Copy of your valid driver's license
    - A color picture of applicant (wallet size is sufficient)
    - Copy of Social Security card
- \*Given the recent school closures due to COVID-19, we realize that transcripts may not be readily available.
6. If you become aware that you are the subject of an investigation with any law enforcement agency during any phase of the selection process, immediately notify the recruiting investigator assigned to your background.
  7. If you receive any adverse actions from your current employer you ***must*** contact your investigator immediately.
  8. All applications must be returned ***by noon on September 13, 2021.***
  9. Applicants may purchase test preparation materials by visiting  
[https://iosolutions.com/shop/?swoof=1&pa\\_examination=ncjosi2](https://iosolutions.com/shop/?swoof=1&pa_examination=ncjosi2)

## PART I Personal Data

Name: \_\_\_\_\_  
                    Last                                    First                                    Middle                                    (Maiden)

Current Address: \_\_\_\_\_  
                                    Street  Apt. #  
\_\_\_\_\_  
                    City                                    State                                    Zip Code

List all persons, and their ages, living with you at this address:

\_\_\_\_\_  
\_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Marital Status: \_\_\_\_\_

If married, list spouses name and age: \_\_\_\_\_

Home Phone (with area code): \_\_\_\_\_

Work Phone (with area code): \_\_\_\_\_

Cell Phone (with area code): \_\_\_\_\_

Email address: \_\_\_\_\_

Social Media Accounts: \_\_\_\_\_

Give the following information of three character references not related to you.

NAME	ADDRESS	HOME PHONE	WORK PHONE
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

**PART I Personal  
Data (cont)**

Previous Addresses Over the Last 10 Years:

Previous Address 1		
	Street	Apt#
	City	State Zip Code
Previous Address 2		
	Street	Apt#
	City	State Zip Code
Previous Address 3		
	Street	Apt#
	City	State Zip Code
Previous Address 4		
	Street	Apt#
	City	State Zip Code

## Griffith Police Department

Do you have relatives employed by this agency? YES { } NO { }

Are you applying to other law enforcement agencies? YES { } NO { }

If YES, indicate **all** agencies and your current status on their list: \_\_\_\_\_

\_\_\_\_\_

Have you ever been passed over on a law enforcement agency's hiring list? YES { } NO { }

Do you speak any foreign languages? YES { } NO { }

If, YES, to what proficiency? \_\_\_\_\_

\_\_\_\_\_

How often do you consume alcohol?

Daily { } Weekly { } Weekends only { } Social Drinker { } Non Drinker { }

Do you have any civil judgments against you? YES { } NO { }

Do you have any relative or close associates with criminal convictions? YES { } NO { }

If YES, state the convictions: \_\_\_\_\_

\_\_\_\_\_

Are you an honest person? YES { } NO { }

Are you reliable? YES { } NO { }

Are you able to manage your personal finances? YES { } NO { }

Are you good at communicating with a diverse group of people? YES { } NO { }

Are you able to control your anger when insulted or threatened? YES { } NO { }

Are you able to function normally when placed under temporary or prolonged stress?  
YES { } NO { }

Are you willing to work rotating shifts? YES { } NO { }

Are you willing to meet department grooming standards? YES { } NO { }

Are you willing and able to wear a uniform? YES { } NO { }

Are you willing and able to render aid to trauma victims? YES { } NO { }

Are you willing and able to view an autopsy? YES { } NO { }

Are you willing and able to use deadly force, if necessary, to protect your life or the life of another?  
YES { } NO { }

Review the Basic Essential Job Functions of a Police Officer. These functions are included in the Application. Are you willing and able to perform the essential job functions of a law enforcement officer?  
YES { } NO { }

With proper training and supervision, do you believe that you can perform **all** of the essential job functions of a law enforcement officer, unassisted, and without delay? YES { } NO { }

Do you currently own a firearm or possess a firearm permit? YES { } NO { }

Do you rent or own your present home? Rent \_\_\_\_\_ Own \_\_\_\_\_

If you rent, list your landlord's name, address and phone number: \_\_\_\_\_

Are you a proprietor or part owner of any business? YES { } NO { }

If YES, describe the nature of the business: \_\_\_\_\_

Describe any special skills that you believe would benefit you as a police officer and/or the department:

List past/present memberships in clubs and/or organizations (Do not include organizations that indicate political affiliation) \_\_\_\_\_

Please list community service or volunteer work you have participated in during the last three years:

## Griffith Police Department Credit References

### **Credit Check**

(All credit card accounts should depict current balance.)

### **Banks:**

Savings Account Numbers and Average Monthly Balance:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Checking Account Numbers and Average Monthly Balance:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Outstanding Loans (mortgage, vehicle, school, personal, etc.) and Average Monthly Balance:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Adverse Activity (Overdrafts, checks issued and closed accounts, late payments, fraudulent activity, etc.):  
YES { } NO { }

Bank Representative: \_\_\_\_\_

### **Bankruptcy Information:**

(obtained through Entersect Inquiry and Federal Courts)

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## PART II Employment History

Current Employer:\_\_\_\_\_

Address:\_\_\_\_\_

Phone (with area code):\_\_\_\_\_

Dates of Employment From:\_\_\_\_/\_\_\_\_/\_\_\_\_ To:\_\_\_\_/\_\_\_\_/\_\_\_\_

Reason for Leaving (Exclude Medical Reasons):

\_\_\_\_\_  
\_\_\_\_\_

Supervisor's name and title:

\_\_\_\_\_

Have you ever been fired from any position?

YES { }

NO { }

If YES, explain fully:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Current Co-Workers

List two co-workers with whom you presently work, and who are not listed elsewhere in this packet.

1. Name:\_\_\_\_\_

Address:\_\_\_\_\_

Home Phone:\_\_\_\_\_ Work Phone:\_\_\_\_\_

Occupation:\_\_\_\_\_

2. Name:\_\_\_\_\_

Address:\_\_\_\_\_

Home Phone:\_\_\_\_\_ Work Phone:\_\_\_\_\_

Occupation:\_\_\_\_\_

## Past Employment History

Company Name	Telephone (    )
Address	Employed (mth & yr) From                  To
Name and Supervisor	Weekly Pay
State Job Title and Describe Your Work	Reason for Leaving:

Company Name	Telephone (    )
Address	Employed (mth & yr) From                  To
Name and Supervisor	Weekly Pay
State Job Title and Describe Your Work	Reason for Leaving:

Company Name	Telephone (    )
Address	Employed (mth & yr) From                  To
Name and Supervisor	Weekly Pay
State Job Title and Describe Your Work	Reason for Leaving:

Company Name	Telephone (    )
Address	Employed (mth & yr) From                  To
Name and Supervisor	Weekly Pay
State Job Title and Describe Your Work	Reason for Leaving:

### **PART III**

#### **Military Service**

*If these questions do not apply to you, put N/A in the response line.*

Are you registered with the Selective Service System? YES { } NO { }

Have you served in the United States Armed Forces? YES { } NO { }

If yes, which Branch of Service? \_\_\_\_\_

Dates of service: \_\_\_\_\_

Type of discharge (exclude Medical): \_\_\_\_\_

Job title and rank at time of separation: \_\_\_\_\_

Do you have any current Military Reserve obligations? YES { } NO { }  
ACTIVE { } INACTIVE { }

Were you ever subjected to any disciplinary action (Judicial or Non-Judicial)? YES { } NO { }

if YES, explain: \_\_\_\_\_

\_\_\_\_\_

If you received anything less than an Honorable Discharge, explain below:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What specialized training did you receive in the Armed Forces?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PART IV**  
**Education**

Did you graduate from high school? YES { } NO { }

If YES, list name and address of high school:\_\_\_\_\_

\_\_\_\_\_

If NO, did you receive a GED? YES { } NO { }

If you attended college, list your area(s) of concentration:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What, if any, degrees or certifications have been earned, beyond the high school level?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If you attended college but did not graduate, provide a brief explanation:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever been suspended, expelled or placed on academic probation from any school or educational facility? YES { } NO { }

If YES, explain why:\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever been interviewed, cited, detained, arrested or had any other contact with any college police agency? YES { } NO { }

If YES, explain the circumstances:\_\_\_\_\_

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**PART V**  
**Driving Record**

Has your auto insurance ever been cancelled for non-medical reasons? YES { } NO { }

If YES, explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever been denied auto insurance for non-medical reasons? YES { } NO { }

If YES, explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has your license or privilege to operate a motor vehicle ever been revoked, refused, suspended, or cancelled for non-medical reasons? YES { } NO { }

If YES, explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has your vehicle registration ever been cancelled, revoked or suspended for any non-medical reason? YES { } NO { }

If YES, explain (include dates, location, disposition, etc.): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List all traffic citations and/or warnings received during the past 5 years (include dates, locations and dispositions): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever been detained, arrested, or charged with Operating While Intoxicated (OWI)? YES { } NO { }

If YES, explain (include date, location, arresting agency, disposition, etc.): \_\_\_\_\_

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Have you ever been involved in an accident?	YES { }	NO { }
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If YES, provide the following information:

Date and Location of Accident:\_\_\_\_\_

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Was anyone injured?	YES { }	NO { }
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Was the accident reported to the police?	YES { }	NO { }
--	---------	--------

Did you file a claim with an insurance company?	YES { }	NO { }
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What was the outcome? (court appearance, court finding, etc.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## PART VI

### Arrest/Conviction Data

*When answering these questions include any law enforcement agencies as well as campus police and security agencies.*

Have you ever been? (Check all that apply)

Arrested { }	Interviewed { }	Interrogated { }	Detained { }	Indicted { }
Convicted { }	Received a Criminal Summons { }		Received a Civil Citation { }	

If you checked any of the above, explain in detail including the date, reason, agency, and disposition:

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Are you now or have you ever been involved as a plaintiff or defendant in any civil court action?

YES { }      NO { }

If YES, explain:

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Have you ever been convicted of a criminal offense, including petty offense citations such as noise violations or underage drinking?

YES { }      NO { }

If YES, provide all details such as dates, locations, arresting agency and court dispositions:

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**Have you ever:**

Been a member of a street or motorcycle gang?	YES { }	NO { }
Committed a crime for which you were not caught?	YES { }	NO { }
Been involved in, or accused of, date rape?	YES { }	NO { }
Patronized the act of prostitution?	YES { }	NO { }
Participated in any incidences involving hazing or rituals?	YES { }	NO { }
Misused or mistreated anyone via the telephone/internet?	YES { }	NO { }
Been charged with or convicted of domestic violence?	YES { }	NO { }
Been a "restrained person" as the result of a restraining or protection order	YES { }	NO { }

**PART VII**  
**Current/Former Police Officers Only**

*If these questions do not apply to you, put N/A in the response lines.*

What law enforcement agency are you currently, or were previously, employed by?

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Dates of employment:                      From \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_                      To \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Have you been subject to any internal investigations/citizen complaints?                      YES { }                      NO { }

If YES, explain fully: \_\_\_\_\_

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Disposition: \_\_\_\_\_

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Have you ever been suspended from duty, with or without your police powers, for any reason except medical?                      YES { }                      NO { }

If YES, explain fully: \_\_\_\_\_

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Have you been subject to any departmental disciplinary actions?                      YES { }                      NO { }

If YES, explain fully: \_\_\_\_\_

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Have you ever been involved in any traffic accidents while operating departmental or government vehicles:                      YES { }                      NO { }

If YES, how many? \_\_\_\_\_



What was the disposition of each?\_\_\_\_\_

How have you been rated on your evaluations? (Check all that apply)

- ☐ Excellent
- ☐ Above Satisfactory
- ☐ Satisfactory
- ☐ Below Satisfactory
- ☐ Unsatisfactory

Explain any performance evaluations which you received less than satisfactory. (Provide copies of performance evaluations for the past two years)

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Have you ever been questioned, interviewed or interrogated by your department's Internal Affairs Unit?  
YES { } NO { }

If YES, explain fully:\_\_\_\_\_

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Have you ever discharged your service weapon, either on-duty or off-duty, other than for training purposes or for authorized animal destruction?  
YES { } NO { }

If YES, explain fully:\_\_\_\_\_

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Have you ever been charged or investigated for the use of excessive force or police brutality?  
YES { } NO { }

If YES, explain fully:\_\_\_\_\_

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Have you ever been investigated by your current/past agency for an allegation of domestic violence/spousal abuse? YES { } NO { }

If YES, explain in full, all circumstances:\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you resigning or have you been asked by a current or former agency to resign in lieu of termination? YES { } NO { }

If YES, explain fully:\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## PART VIII

### Drug Experimentation/History

Have you ever smoked/experimented/tasted/ingested/used/injected/sniffed or been exposed to any of the following (check all that apply):

Marijuana/Hashish	YES { }	NO { }	How Often? _____	Date _____
Cocaine (Powder, Crack)	YES { }	NO { }	How Often? _____	Date _____
Heroin	YES { }	NO { }	How Often? _____	Date _____
Morphine	YES { }	NO { }	How Often? _____	Date _____
Codeine (Non-prescribed)	YES { }	NO { }	How Often? _____	Date _____
Amphetamines (Speed)	YES { }	NO { }	How Often? _____	Date _____
Barbiturates (Downers)	YES { }	NO { }	How Often? _____	Date _____
Inhalants (Solvents, Aerosols)	YES { }	NO { }	How Often? _____	Date _____
Anabolic Steroids	YES { }	NO { }	How Often? _____	Date _____
LSD	YES { }	NO { }	How Often? _____	Date _____
PCP	YES { }	NO { }	How Often? _____	Date _____
Mushrooms (Hallucinogenic)	YES { }	NO { }	How Often? _____	Date _____
Ecstasy	YES { }	NO { }	How Often? _____	Date _____
Special K	YES { }	NO { }	How Often? _____	Date _____
Quaaludes	YES { }	NO { }	How Often? _____	Date _____
Valium (Non-prescribed)	YES { }	NO { }	How Often? _____	Date _____

Any other drug/narcotic not specifically listed above? \_\_\_\_\_

Have you ever purchased any of the above listed substances? YES { } NO { }

If YES, explain fully: \_\_\_\_\_

Have you ever used a prescribed medication not issued to you? YES { } NO { }

If YES, explain fully: \_\_\_\_\_

Have you ever sold or abused any type of drug/illegal substance? YES { } NO { }

If YES, explain fully: \_\_\_\_\_

Have you ever used prescription drugs or alcohol excessively? YES { } NO { }

If YES, explain fully: \_\_\_\_\_

## ADDITIONAL INFORMATION PAGE

**Personal Inquiry Waiver**  
Authority for Release of Information

To: Concerned Person or Authorized Representative of any Organization, Institution or Repository of Records

Re: Applicant Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

I respectfully request and authorize you to furnish the Griffith Police Department any and all information that you may have concerning my criminal background, employment history, military record, scholastic information and financial/credit status. This information is to be used to assist the Town of Griffith in determining my qualifications and fitness for the position which I am seeking. A copy of this form may substitute for the original.

I hereby release you, your organization or others from any liability or damage that may result from furnishing the information requested above.

\_\_\_\_\_  
Applicant Signature Date

\_\_\_\_\_  
Street Address City State Zip Code

**Affidavit**

STATE OF: \_\_\_\_\_

COUNTY OF: \_\_\_\_\_

Before me personally appeared the said \_\_\_\_\_ who says that he/she executed the above instrument of his/her free will and accord, with full knowledge of the purpose therefore.

Sworn and prescribed to in my presence the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_

My commission expires: \_\_\_\_\_  
Notary Public

**THIS WAIVER MUST BE RETURNED WITH APPLICATION**

## **WAIVER OF LIABILITY**

\_\_\_\_\_, waiver all claims against the Griffith Police Department, the Civil Town of Griffith, the School Town of Griffith, and their employees, from any and all claims, demands, damages, rights of action, present or future, whether the same be known or unknown, anticipated, or unanticipated resulting from or rising out of the applicants' participation in the Griffith Police Department physical ability exam.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_