

CICERO METROPOLITAN POLICE DEPARTMENT
PO Box 42, 70 South Byron Street
Cicero, Indiana 46034
(317) 984-3648

Applicant Name: _____

Date Returned: _____ **Received by:** _____

Application: Fulltime Officer Reserve Officer

Due Back No Later Than: _____

THE CICERO METROPOLITAN POLICE DEPARTMENT IS AN EQUAL OPPORTUNITY EMPLOYER.

APPLICATION INSTRUCTIONS

Print legibly or type all answers. Answer all questions COMPLETELY AND TRUTHFULLY. If the question does not apply, state NO or DOES NOT APPLY. Any further information you wish to add should be placed on a separate sheet of paper, with the proper identifying reference marks, and attached at the end of the application. You will be required during the investigative process, to divulge your use of alcohol and/or illegal drugs. Information secured by the Cicero Metropolitan Police Department through testing and investigation will be held in strictest confidence, except for outstanding criminal and/or civil warrants or evidence of serious criminal activity.

Applicants are responsible for all expenses incurred in obtaining records or other materials necessary for the investigative process. Upon return of the application, copies of the following documents must be attached.

- 1) Births certificate (certified copy)
- 2) High School Diploma (or GED certificate) and Transcript
- 3) College or University Degree and Transcript
- 4) DD214 (member 4 copy) and Citations (for those applicants with military service)
- 5) Marriage License, certified copy of county clerk (if applicable)
- 6) Divorce Decree (if applicable)
- 7) Drivers License (front and back)
- 8) Any Court Order requesting Name Change
- 9) Social Security Card

All material provided becomes the property of the Cicero Metropolitan Police Department and is not subject to return.

Applications must be returned to the department by the date noted on the cover page. Any omission or misrepresentation of a material fact will disqualify an applicant.

I have read and I understand and agree to the above terms and guidelines.

Signature of Applicant

Date

PERSONAL HISTORY

1) FAMILY DATA

List all family members (living or deceased) in the following order: parents, step-parents, brothers, sisters, spouse, children, step-children, parents-in-law, ex-spouses. Use additional sheets if necessary.

Name: _____
Relationship: _____
Address/Phone Number: _____

Name: _____
Relationship: _____
Address/Phone Number: _____

Name: _____
Relationship: _____
Address/Phone Number: _____

Name: _____
Relationship: _____
Address/Phone Number: _____

Name: _____
Relationship: _____
Address/Phone Number: _____

Name: _____
Relationship: _____
Address/Phone Number: _____

Name: _____
Relationship: _____
Address/Phone Number: _____

Name: _____
Relationship: _____
Address/Phone Number: _____

2) FORMER ADDRESSES (last 10 years)

If apartment addresses are listed, provide name and location of complex. If military addresses are listed, include towns or cities located in the immediate vicinity of military bases.

<u>DATES</u>	<u>STREET</u>	<u>CITY</u>	<u>STATE</u>	<u>ZIP</u>

3) EDUCATION (Include copies of all transcripts and diplomas/certificates)

High School _____ Address _____
City _____ State _____ Zip _____
Date graduated (m/y) _____

College _____ Address _____
City _____ State _____ Zip _____
Major _____ Yrs Completed _____ Credit hours _____ Degree _____

College _____ Address _____
City _____ State _____ Zip _____
Major _____ Yrs Completed _____ Credit hours _____ Degree _____

Other schools attended or training course taken:

Name _____ Address _____
City _____ State _____ Zip _____

Name _____ Address _____
City _____ State _____ Zip _____

4) EMPLOYMENT

a) Record your employment history, starting with your present employer. Use additional sheets if necessary.

PRESENT Employment Dates _____ to _____ Employer _____
 Position Held _____
 Address _____
 Phone (____) _____ Last Supervisor _____
 Duties _____

PREVIOUS Employment Dates _____ to _____ Employer _____
 Position Held _____
 Address _____
 Phone (____) _____ Last Supervisor _____
 Duties _____

PREVIOUS Employment Dates _____ to _____ Employer _____
 Position Held _____
 Address _____
 Phone (____) _____ Last Supervisor _____
 Duties _____

PREVIOUS Employment Dates _____ to _____ Employer _____
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 Duties _____

PREVIOUS Employment Dates _____ to _____ Employer _____
 Position Held _____
 Address _____
 Phone (____) _____ Last Supervisor _____
 Duties _____

PREVIOUS Employment Dates _____ to _____ Employer _____
 Position Held _____
 Address _____
 Phone (____) _____ Last Supervisor _____
 Duties _____

4) EMPLOYMENT (Cont'd.)

b) Have ever been discharged from a position of employment? Yes ___ No ___
If yes, please explain fully on a separate sheet of paper.

c) Do you currently have an application pending with any other law enforcement agency?
Yes _____ No _____

Agency _____ State _____ Date _____
Agency _____ State _____ Date _____
Agency _____ State _____ Date _____

d) Have you ever applied for employment with a law enforcement agency? Yes ___ No ___

Agency _____ State _____ Date _____
Agency _____ State _____ Date _____
Agency _____ State _____ Date _____

5) MILITARY HISTORY AND STATUS

a) Military History

Organization	Dates of Service From To	Rank or Grade	Reason for Leaving
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b) Military citations and awards:

c) Are you now a member of the organized Reserves or National Guard? Yes ___ No ___
If yes, please provide the unit name and location assigned.

d) Were you ever disciplined (court martial, Article 15, captain's mast, etc.) while in the military? Yes ___ No ___ If yes, please explain fully on a separate sheet of paper.

6) DRIVING / ARREST RECORD

a) Drivers License Number _____ State _____ Exp. Date _____

b) Number of years driving experience _____

c) Is your license restricted? Yes ___ No ___ If yes, for what reason? _____

d) Have you ever been issued a driver's license in another state? Yes ___ No ___

e) Has your driver's license ever been suspended or revoked? Yes ___ No ___

If yes, please explain: _____

f) Have you ever been arrested or received a ticket for a traffic offense? Yes ___ No ___

If yes, explain below. (Use a separate sheet of paper if necessary)

DATE	LOCATION	CHARGE	FINE OR SENTENCE

g) List all accidents in which you have been involved as a driver. (Use a separate sheet of paper if necessary.)

DATE	LOCATION	DESCRIPTION OF INCIDENT

h) Have you ever been arrested for and/or convicted of a criminal offense?

(Including those that were either not filed or dismissed) Yes ___ No ___

(Use a separate sheet of paper if necessary)

DATE	LOCATION	CHARGE	FINE OR SENTENCE

7) MISCELLANEOUS

a) If you rent, list your landlord's name, address and phone _____

b) Are you a proprietor or part owner of any business? Yes ___ No ___
If yes, please describe the nature of the business _____

c) Describe any special skills that you believe would benefit you as a police officer
and/or the department. _____

GENERAL INFORMATION

Character references (minimum of 3). Provide names, addresses, (including city, state, zip code) and telephone numbers (including area code). You must provide the full names, addresses and phone numbers. Without this information, it is impossible to complete the background check. Incomplete information may affect your chances for hire.

List at least 3 co-workers from past and present jobs, which of your employers they worked for, and their present addresses and telephone numbers.

Why do you want to become a member of the Cicero Metropolitan Police Department? (Use an additional sheet if necessary.)

**CHECK APPLICATION CAREFULLY
BE CERTAIN THAT ALL ITEMS ARE COMPLETE BEFORE RETURNING**

Return by personal delivery or mail:

**Attn: Major Jim Hunter
Cicero Metropolitan Police Department
PO Box 42, 70 South Byron Street
Cicero, Indiana 46034**