

MOORESVILLE METROPOLITAN POLICE DEPARTMENT

Sworn Employment Application



APPLICANT INFORMATION									
Last Name			First			M.I		Date	
Street Address						Apartment/Unit #			
City			State			ZIP			
Phone			E-mail Address						
Date Available			Social Security No.			Date of Birth			
Position Applied for:		Full-Time Probationary Police Officer				Reserve Police Officer			
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Have you ever worked for this company?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?					
Have you ever been charged or convicted of a misdemeanor and/or felony?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain					
Have you ever had your name legally changed? _____ If yes, please list all names other than listed above:									

Have you ever filed a lawsuit against an individual, business, or police department? _____ If yes, please explain below:									

EDUCATION									
High School			Address						
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				
College			Address						
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				
Other			Address						
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				
<p>You must include copies of all transcripts from schools attended in order to prove your status with the institution. These transcripts will become the property of the Mooresville Metropolitan Police Department and will not be returned to the applicant at the end of the process.</p> <p>If you did not finish high school, did you receive a G.E.D.? _____</p> <p>If you did receive a G.E.D, please list the date and location the test was taken.</p> <p>_____</p> <p>_____</p>									

REFERENCES*Please list three professional references.*

Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			

PREVIOUS EMPLOYMENT

Company		Phone	
Address		Supervisor	
Job Title		Starting Salary	\$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company		Phone	
Address		Supervisor	
Job Title		Starting Salary	\$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company		Phone	
Address		Supervisor	
Job Title		Starting Salary	\$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

MILITARY SERVICE

Branch		From	To
Rank at Discharge		Type of Discharge	
If other than honorable, explain			

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 below:

Traffic Offenses

Do you have a valid Indiana driver's license? _____ Please list the type of driver's license, license number, expiration date, and restrictions below:

Have you ever been issued a traffic citation? _____ If yes, please list the date, agency, charge, and disposition of all traffic citations received below:

Has your driver's license ever been suspended, revoked, or restricted? _____ If yes, please explain below:

List all traffic accidents that you have been involved in as a driver. (Please list date, agency, location, whether at fault or not and any additional comments)

Please list any other states in which you have held a driver's license, including military licenses.

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature		Date
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Mooresville Metropolitan Police Department Information Consent and Release Form

I, _____, an applicant for the position of probationary police officer with the Mooresville Metropolitan Police department, agree to assist and cooperate with the department and any representative thereof in obtaining the following information: Educational records, medical records, driving records and criminal history background records. I also agree to authorize and request all person to whom this request is presented, having information relating to or concerning me, to furnish any duly appointed officer of the Mooresville Metropolitan Police Department with the same.

I am aware that this information may be of personal nature and may otherwise be protected by me constitutionally or be treated in a strictly confidential manner and therefore expressly waive all privileges which may attach to such disclosure and shall hold no individual or organization liable for the legal action for disclosing any of the above information to the Mooresville Metropolitan Police Department.

Further, I understand that misrepresentation, falsification of information, or failure to assist and cooperate with this department in obtaining the above-requested information will be cause for disqualification from consideration; and if already affiliated will be grounds for termination.

Signed this _____ Day of _____.

Applicant's Signature _____