



**APPLICATION FOR EMPLOYMENT  
FLORA POLICE DEPARTMENT  
Flora, Indiana  
AN EQUAL OPPORTUNITY EMPLOYER**

The Flora Police Department does not discriminate on the basis of race, color, national origin, religion, age or disability in employment or the provision of services.

Please type or print responses to ALL questions. It is your responsibility to complete this form in its entirety and provide accurate and truthful answers. Any application not completed in its entirety may be disqualified.

**BASIC ELIGIBILITY REQUIREMENTS**

Must be a citizen of the United States of America.

Applicant must be at least 21 years of age.

The applicant shall be a high school graduate, as evidenced by a diploma issued by a state accredited high school. An equivalency diploma issued by an accredited high school is acceptable.

Must possess, at minimum, visual acuity that is corrective to 20/30 in both eyes.

Must possess a valid motor vehicle driver's license.

Must possess, at minimum, auditory acuity that is within normal range in both ears

Applicant's body weight must be in proportion to the applicant's height as standardized in the criteria maintained by the Indiana Law Enforcement Training Board.

Must be of such physical state so as to sustain the rigors and demands of law enforcement and police service. "Physical state" means to be in such physical condition and health to meet the minimum standards of the department's physical agility test.

Must be of such mental state so as to sustain the rigors and demands of law enforcement and police service. "Mental State" means having the ability to exercise good judgement; having a balanced temperament; being free of debilitating psychological disorders and being of such psychological health to adequately complete psychological testing.

Must be a person of excellent character having favorable references from previous employers and personal references. Excellent character includes an absence of pattern or practice of substance abuse or criminal misdemeanor convictions and no history of felony convictions.

Applicant must not been arrested or charged with a misdemeanor conviction involving domestic violence under [18 USC §922 (g)], that has not been expunged by a court, even if charges were later dropped or dismissed.

Applicant must have a good work history with recommendations from previous employers. Applicant must meet current Indiana Law Enforcement Academy physical standards and general requirements for appointment as a police officer in the State of Indiana.

Applicant must submit to in-depth background investigation: polygraph, psychological testing, and pass a mandatory drug screening. Military discharge (if applicable) cannot be characterized as "other than honorable", "bad conduct", or "dishonorable"

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_  
(If Applicable)

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

City/State/Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cellular Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Spouse / Significant Other: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Have you ever applied for employment with the Flora Police Department prior to this application?

Yes: \_\_\_\_\_ No: \_\_\_\_\_ if yes, give date of application: \_\_\_\_\_

Have you ever applied for employment with any other law enforcement agencies?

Yes: \_\_\_\_\_ No: \_\_\_\_\_ if yes, list agency name and date of application:

(1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

(4) \_\_\_\_\_

(5) \_\_\_\_\_

(6) \_\_\_\_\_

### **CRIMINAL HISTORY**

Have you ever been charged with a felony? Yes: \_\_\_\_\_ No: \_\_\_\_\_

if yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Are you currently being investigated for ANY criminal offenses or have ANY pending criminal charges against you? Yes: \_\_\_\_\_ No: \_\_\_\_\_ if yes, please explain: \_\_\_\_\_

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Have you ever been charged with and/or convicted of a domestic violence related offense, either a misdemeanor or felony?

Yes: \_\_\_\_\_ No: \_\_\_\_\_ if yes, please explain: \_\_\_\_\_

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Have you ever been charged with and/or convicted of a misdemeanor offense?

Yes: \_\_\_\_\_ No: \_\_\_\_\_ if yes, please explain: \_\_\_\_\_

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Have you ever been the subject of a protective and/or restraining order?

Yes: \_\_\_\_\_ No: \_\_\_\_\_ if yes, please explain: \_\_\_\_\_

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Have you ever received a citation/ticket (i.e., parking, speeding, seatbelt, etc.)?

Yes: \_\_\_\_\_ No: \_\_\_\_\_ if yes, please explain (include date and county of occurrence): \_\_\_\_\_

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Have you ever been or are you currently involved in any civil actions and/or litigation?

Yes: \_\_\_\_\_ No: \_\_\_\_\_ if yes, please explain: \_\_\_\_\_

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## EMPLOYMENT HISTORY AND WORK EXPERIENCE

In this section, list all employment history and work experience beginning with your current employer. Use additional paper as necessary. Failure to include all past employment may be grounds for disqualification.

**CURRENT Employer:** \_\_\_\_\_

May we contact your current employer prior to employment? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Current employers address: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Date employed: \_\_\_\_\_ To \_\_\_\_\_

Job title: \_\_\_\_\_

Supervisor's name: \_\_\_\_\_

Salary: \_\_\_\_\_ per \_\_\_\_\_

Describe your work duties, responsibilities, equipment operated, promotions, etc.:

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**PREVIOUS Employer:** \_\_\_\_\_

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

Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Date employed: \_\_\_\_\_ To \_\_\_\_\_

Job title: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Salary: \_\_\_\_\_ per \_\_\_\_\_

Describe your work duties, responsibilities, equipment operated, promotions, etc.:

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Why did you leave? \_\_\_\_\_

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**PREVIOUS Employer:** \_\_\_\_\_

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

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Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Date employed: \_\_\_\_\_ To \_\_\_\_\_

Job title: \_\_\_\_\_

Supervisor's name: \_\_\_\_\_

Salary: \_\_\_\_\_ per \_\_\_\_\_

Describe your work duties, responsibilities, equipment operated, promotions, etc.:

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Why did you leave? \_\_\_\_\_

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**PREVIOUS Employer:** \_\_\_\_\_

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

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Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Date employed: \_\_\_\_\_ To \_\_\_\_\_

Job title: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Salary: \_\_\_\_\_ per \_\_\_\_\_

Describe your work duties, responsibilities, equipment operated, promotions, etc.:

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Why did you leave? \_\_\_\_\_

**PREVIOUS Employer:** \_\_\_\_\_

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

Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Date employed: \_\_\_\_\_ To \_\_\_\_\_

Job title: \_\_\_\_\_

Supervisor's name: \_\_\_\_\_

Salary: \_\_\_\_\_ per \_\_\_\_\_

Describe your work duties, responsibilities, equipment operated, promotions, etc.:

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Why did you leave? \_\_\_\_\_

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If you need to list any additional previous employers, please use a blank sheet of paper to do so.

## EDUCATION AND TRAINING

This section is intended to give the employer information about the education and training that you have completed, and to demonstrate your skills, knowledge and abilities to perform the job duties of the position.

High School Attended: \_\_\_\_\_

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

Did you graduate? Yes: \_\_\_\_\_ No: \_\_\_\_\_

High School Equivalent? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Activities, awards, sports, etc. (You may exclude any which indicate race, color, religion, sex, age, national origin or disability):

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

College or trade school attended: \_\_\_\_\_

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

\_\_\_\_\_

Dates of Attendance: \_\_\_\_\_ to \_\_\_\_\_

Did you graduate? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Course of study: \_\_\_\_\_

Graduate school(s) attended: \_\_\_\_\_

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

\_\_\_\_\_

Dates of Attendance: \_\_\_\_\_ to \_\_\_\_\_

Did you graduate? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Please list any seminars or special training which you believe would be relevant to law enforcement:

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**MILITARY HISTORY AND STATUS**

Are you registered with the draft? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Have you ever served in the military on active duty? (Include initial active-duty training with the National Guard and/or Reserves) Yes: \_\_\_\_\_ No: \_\_\_\_\_ if yes, (**ATTACH COPY OF DD214**)

Military Branch: \_\_\_\_\_

Dates of Service: \_\_\_\_\_

Highest rank attained: \_\_\_\_\_

Type of discharge: \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_ and rank at separation and reenlistment code:

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Are you eligible to reenlist? Yes: \_\_\_\_\_ No: \_\_\_\_\_

List any citations and awards received: \_\_\_\_\_

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Were you ever disciplined (court martial, Article 15, etc.) while on active duty?

Yes: \_\_\_\_\_ No: \_\_\_\_\_ if yes, explain fully on a separate sheet.





## MISCELLANEOUS

Do you own your own home? Yes: \_\_\_\_\_ No: \_\_\_\_\_ if yes, how much is your current mortgage indebtedness? If no, list your monthly rent payment.

\$ \_\_\_\_\_

What is the amount of your indebtedness, other than your home?

\$ \_\_\_\_\_

Annual Income

Applicant: \$ \_\_\_\_\_ Spouse: \$ \_\_\_\_\_

Are you a proprietor or part owner of any business and/or firm?

Yes: \_\_\_\_\_ No: \_\_\_\_\_ if yes, describe nature of the business: \_\_\_\_\_

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

Have you ever applied for a permit to carry a handgun? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Reason: \_\_\_\_\_

\_\_\_\_\_ Status? \_\_\_\_\_

## PERSONAL INFORMATION

Do you have any commitments (i.e., second job, school, etc.) which might interfere with, or adversely affect, your employment should we select you for a position?

Yes: \_\_\_\_\_ No: \_\_\_\_\_ if yes, please explain: \_\_\_\_\_

\_\_\_\_\_

## PRIOR RESIDENCES

List **ALL** your former places of residency going back to the age of fifteen (15). (List in descending order).

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

City/State/County/Zip-Code: \_\_\_\_\_

How long resided at location? \_\_\_\_\_ ( ) Rent ( ) Owned/Purchasing

If rented, name of Landlord/Leasing Company: \_\_\_\_\_

Property Owner's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip-Code: \_\_\_\_\_

Landlord Phone Number: \_\_\_\_\_

Landlord Email: \_\_\_\_\_

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

City/State/County/Zip-Code: \_\_\_\_\_

How long resided at location? \_\_\_\_\_ ( ) Rent ( ) Owned/Purchasing

If rented, name of Landlord/Leasing Company: \_\_\_\_\_

Property Owner's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip-Code: \_\_\_\_\_

Landlord Phone Number: \_\_\_\_\_

Landlord Email: \_\_\_\_\_

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

City/State/County/Zip-Code: \_\_\_\_\_

How long resided at location? \_\_\_\_\_ ( ) Rent ( ) Owned/Purchasing

If rented, name of Landlord/Leasing Company: \_\_\_\_\_

Property Owner's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip-Code: \_\_\_\_\_

Landlord Phone Number: \_\_\_\_\_

Landlord Email: \_\_\_\_\_

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

City/State/County/Zip-Code: \_\_\_\_\_

How long resided at location? \_\_\_\_\_ ( ) Rent ( ) Owned/Purchasing

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Property Owner's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip-Code: \_\_\_\_\_

Landlord Phone Number: \_\_\_\_\_

Landlord Email: \_\_\_\_\_

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

City/State/County/Zip-Code: \_\_\_\_\_

How long resided at location? \_\_\_\_\_ ( ) Rent ( ) Owned/Purchasing

If rented, name of Landlord/Leasing Company: \_\_\_\_\_

Property Owner's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip-Code: \_\_\_\_\_

Landlord Phone Number: \_\_\_\_\_

Landlord Email: \_\_\_\_\_

If you need to list any additional previous addresses, please use a blank sheet of paper to do so.

## REFERENCES

Please list **FIVE (5)** references who are not related to you:

Name: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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

Name: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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

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Name: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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

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Name: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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

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Name: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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

**I solemnly swear that all of the information furnished in this employment application is true, accurate and complete to the best of my knowledge. I authorize investigation of all statements contained in this application. I understand that my misrepresentations or falsification of the information provided may lead to withdrawal of an employment offer or termination following employment.**

**By the submission of this document, I hereby agree that I shall execute the employer's conditional and post-employment offer medical examination, psychological testing and drug testing consent requirements. I recognize that my future employment with the employer will be jeopardized if I engage in substance abuse, illegal drug use, or alcohol abuse.**

**Applicant's Signature** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### **APPLICANT CERTIFICATION**

Please read each of the following paragraphs carefully. Indicate your understanding of, and consent to, the contents and conditions of each paragraph by placing your initials at the end of each paragraph. If you have any questions regarding these paragraphs, contact the employer before initialing the paragraph.

I understand and accept that, if I am hired, I may be hired conditional upon passing any medical and/or psychological examinations that the employer or the hiring board deems to be necessary to determine my ability to perform the essential functions of the position. I understand and accept that this may include drug, alcohol or substance abuse testing, psychological testing, and a polygraph.

Initials: \_\_\_\_\_

I understand that it may be necessary for me to approve and sign any waivers necessary in order for the employer to obtain information from my current and former employers.

Initials: \_\_\_\_\_

I understand that the employer provides a seven day per week and twenty-four hour per day service, and therefore, if employed, I may be required to work evening shifts or night shifts, including weekends and holidays.

Initials: \_\_\_\_\_

I understand that if hired as a sworn peace officer with the Flora Police Department that I must successfully complete required training and courses specified by the Indiana Law Enforcement Training Board.

Initials: \_\_\_\_\_

I understand and accept that if any information required in this application is found to be falsified or excluded, my application may be disqualified from further consideration. I further understand and accept that, if I am employed by the employer, I may be subject to disciplinary action, including termination, if any information required by this application has been falsified or intentionally excluded.

Initials: \_\_\_\_\_

I acknowledge that I have received a copy of the duties and responsibilities, and understand that it is not a contract of employment. I am responsible for reading the duties and responsibilities and complying with all requirements and responsibilities contained herein, and any subsequent revisions.

Initials: \_\_\_\_\_

Is there anything that would keep you from meeting the job duties and requirements as outlined?

Yes \_\_\_\_\_ No \_\_\_\_\_

### **DOCUMENTS THAT MUST BE RETURNED WITH THIS APPLICATION**

1. ORIGINAL certified certificate of live birth.
2. Copy of valid driver's License.
3. A copy of your social security card.
3. Copy of high school diploma or GED certificate.
4. Transcript of high school grades.
5. Copy of college degree, if applicable.
6. Transcript of college grades, if applicable.
7. Copy of Military discharge and service record form DD214, if applicable.

**Documents may be mailed or personally delivered to:**

**Flora Police Department**

4 East Main Street  
Flora, Indiana 46929

Note: All documents submitted to the Flora Police Department become the property of the Flora Police Department and will not be returned.



