



Middlebury Police Department

418 N. Main Street • P.O. Box 812 • Middlebury, Indiana 46540-0812
Phone: 574-825-9111 • Fax: 574-825-1489

Robert G. Baker
Town Marshal

AUTHORIZATION TO RELEASE INFORMATION

I, _____, hereby authorize any persons, agency, partnership, or corporation having any information concerning my CREDIT RECORD, EDUCATIONAL RECORD, MEDICAL RECORD, EMPLOYMENT RECORD, MILITARY RECORD or SELECTIVE SERVICE RECORD, to release such information to the Middlebury Indiana Police Department or its agent. This information is to be used for the possible employment or placement with the Middlebury Police Department and will not be available for public inspection.

I hereby release such person, agency, partnership, or corporation from any liability which may be incurred in releasing this information to the Middlebury Indiana Police Department, including liability under any State or Federal Law.

Applicant's Signature: _____

Subscribed and sworn to before me, a Notary Public, at _____

Date: _____

Signed: _____

(Notary Public)



Robert G. Baker
Town Marshal

Middlebury Police Department

418 N. Main Street • P.O. Box 812 • Middlebury, Indiana 46540-0812
Phone: 574-825-9111 • Fax: 574-825-1489

APPLICATION FOR EMPLOYMENT

MIDDLEBURY POLICE DEPARTMENT

Middlebury, Indiana

The Middlebury Police Department is an Equal Employment Opportunity Employer.

Federal, State, and Local laws prohibit discrimination in matters affecting employment against any person because of race, religion, ancestry, national origin, age, or sex. If you feel that you have been discriminated against, contact the Chief of Police for assistance and complaint information. Any inquiries will be strictly confidential.

This application will be considered for any employment vacancy (vacancies) presently existing within the Middlebury Police Department and will be valid **ONLY** for any current employment vacancy (vacancies). If you should be interested in filling any employment that develops in the future you will be required to reapply at that time.

When completing this application use black ink and print.

(NOTE! Any intentional misrepresentation of information or failure to respond completely to any question, provide supplemental documents, follow instructions, or to have this application notarized will be cause for rejection of the application!)

Read through the application in its entirety before filling in any information.

Date: _____ Date of Birth _____

Name: _____ Social Security _____
(Last) (First) (Middle)

Address: _____

City: _____ State: _____ Zip: _____

How long at this address? _____ Telephone #: (____) _____

Are you 21 years of age or older? [] Yes [] No Are you 36 years of age or older? [] Yes [] No

[Attach one copy of your birth certificate]

Are you a citizen of the United States? [] Yes [] No

Can you operate an automobile? [] Yes [] No Do you possess a valid drivers license? [] Yes [] No

Drivers License Number and State: _____

Other Addresses For Past Ten Years:

Number and Street/Road	City and State	From: Month & Year	To: Month & Year

[If provided space is not sufficient, please attach a separate sheet of paper using the above format.]

Family Background:

1. Married [] Yes [] No Single [] Yes [] No
Divorced [] Yes [] No Widowed [] Yes [] No

2. Spouses Name _____

3. Former marriages:

Date of divorce from former spouse (s) _____
(Month) (Day) (Year)

Are there any children by former marriage(s)? [] Yes [] No

How many? _____

Are you responsible for child support payments? [] Yes [] No

If yes, indicate monthly payment: _____

Are you responsible for paying alimony? [] Yes [] No

If yes, indicate monthly payment: _____

If you are responsible for making child payments or paying alimony, has legal action ever been taken against you for either failing to make payment or delaying payments? [] Yes [] No

Are you current in support payments? [] Yes [] No

4. Children (for which you are financially responsible to include child support payments that are not listed on the application - Family Data:

Name	Relationship	Age

5. Have you ever been arrested and/or convicted of a felony?

Crime	Date	Disposition

Educational Background:

Name of School	Location (City & State)	From Month & Year	To Month & Year	Highest Grade Completed
Elementary School:				
Elementary School:				
Junior High:				
Junior High:				
High School:				
High School:				
Post High School:				

[If provided space is not sufficient, please attach a separate sheet of paper using the above format.]

Did you graduate from high school? [] Yes [] No If not, do you have a G.E.D. certificate? [] Yes [] No

[Attach one copy of your high school diploma, or G.E.D. certificate.]

Employment History:

Starting with the place you are now employed, or where you were last employed, and give a regressing account of your employment history since you first started to work. **SHOW ALL PERIODS OF UNEMPLOYMENT!** If former employers are out of business, indicate same. If you were in business for yourself give nature of business and location.

Employer, Address and Phone #	From Month Year	To Month Year	Position Held and Nature of Duties	Reason for Leaving
Name ----- Address			-----	
Name ----- Address			-----	
Name ----- Address			-----	
Name ----- Address			-----	

Employer and Address	From Month Year	To Month Year	Position Held and Nature of Duties	Reason for Leaving
Name ----- Address			-----	
Name ----- Address			-----	

Financial History:

1. What is your present annual salary? _____
2. Do you or your spouse have any other income? Yes No
If yes, give total amount and source: _____

3. Have you ever had property repossessed or turned back to
a finance company? Yes No
If yes, explain : _____
4. Have your wages ever been garnished? Yes No
If yes, explain : _____

5. Present monthly payments (List all debts including personal loans from friends and relatives):

Lender	Address	Reason for Loan	Monthly Pay.	Balance

Total Indebtedness \$_____ \$_____

 Monthly Balance

 Payments

References:

Give the names of three responsible persons, other than relatives or past employers, who know you well enough to give information about you.

Name	Address & Phone #	Occupation	How long acquainted

Give the names of three persons whom you consider to be your closest friends, they may be relatives, with whom you frequently socialize. List your closest or best friend first.

Name	Address & Phone #	Occupation	How long acquainted

Military Record:

1. Have you served in the U.S. Armed Forces? Yes No
 If yes, is DD214 attached? Yes No

2. Were you ever disciplined while in the Military Service
 (Include court-martial, Captain's Masts, etc.)? Yes No
 If yes, explain:

3. If discharge is other than honorable, give complete details: _____

Medical History:

1. Name of family physician _____

2. Address of family physician _____

3. Have you been to a physician for treatment during the past 3 years? Yes No
If yes, explain: _____

4. Have you ever been rejected from military service or any employment for physical, mental or other reasons? Yes No
If yes, explain: _____

5. Have you ever been rejected as an applicant for health or life insurance? Yes No
If yes, explain: _____

6. Have you ever been under the care of psychiatrist, psychologist, or counselor? Yes No
If yes, explain: _____

7. Are you presently taking any kind of prescribed medication? Yes No
If yes, explain: _____

8. Have you ever taken any medication or received treatment for a nervous or psychological condition? Yes No
If yes, explain: _____

9. Have you ever suffered epileptic seizures? Yes No
If yes, explain: _____

10. Indicate type and approximate dates of any major surgery during your lifetime:

11. Tattoos, scars, distinguishing marks: _____

In this area paste an individual photograph of yourself, not in a group, which has been taken in the last two years.

Write your name on the back of the photograph.

I hereby certify that there are no willful misrepresentations or falsifications in any preceding information and answers to questions. I am aware that should investigation disclose any such misrepresentations or falsifications my application will be rejected and that I may be disqualified from applying for any future position in the service of the Middlebury Police Department.

I also authorize my former employers to give any information regarding my employment or other pertinent information that they may have. I hereby release them personally and their company from any liability or damage that may result from furnishing same.

In addition I authorize any educational institution that I have attended to release copies of transcripts of my grades to the Middlebury Police Department.

Applicant's Signature: _____

Subscribed and sworn to before me, a Notary Public, at _____

Date: _____

Signed: _____

(Notary Public)

Any attachments that have been requested, or additional sheets of papers containing necessary information should be attached after this page.

Should you become an employee of the Middlebury Police Department, this application and accompanying attached documents will become property in your personnel file.