

# CHARLESTOWN CITY POLICE DEPARTMENT

CITY OF CHARLESTOWN

703 MAIN STREET, CHARLESTOWN, INDIANA 47111 (812) 256-6345



## Application for Employment

The Charlestown Police Department is an Equal Opportunity Employer. The Department is interested in good citizens who are seeking a career in law enforcement. From time to time the City will have openings for police officers. The active pool of applicants will include all individuals who have submitted an application prior to the posted deadline and who meet the minimum qualifications for the position.

### **Qualifications and Requirements for Police Patrolman Employment:**

The minimum initial requirements for appointment as a regular full-time police officer of the Department shall be:

1. Applicant must be a citizen of the United States of America per Indiana Code 36-8-3.5-12 (a) (1);
2. Applicant must be at least twenty-one (21) years of age to apply and not have reached their 39<sup>th</sup> birthday by the date of appointment;
3. Applicant must have a high school diploma or GED certificate;
4. Applicant cannot have a felony conviction;
5. Applicant cannot have a misdemeanor conviction involving domestic violence under [18 USC §922 (g)];
6. Applicant must be drug-free, and have no convictions for driving under the influence of drugs;
7. Applicant cannot have a conviction for operating a vehicle while intoxicated (OWI), or operating a vehicle with a breath alcohol content (B.r.A.C.) in excess of 0.08%;
8. Applicant must be of good moral character;
9. Applicant shall not have received other than an honorable discharge from the military, or other discharge with honorable conditions;
10. Applicant shall, if appointed, establish residency as required by state law or local ordinance.
11. Applicant must possess a valid driver's license from their state of residence;
12. Applicant must submit to a background investigation, including but not limited to, a credit check, reference check, and/or complete criminal history inquiry;
13. Applicant must submit to a physical fitness evaluation, parallel with the Indiana Law Enforcement Training Board's Basic Course Academy exit standards.
14. Applicant must achieve a minimum score of 75% on a comprehensive written exam.

### **Appointment Process:**

It is the policy of the Charlestown Police Department to conduct an open, extensive hiring process which identifies and retains highly qualified persons for the position of police patrolman. When police officer positions become available, the department will conduct an appointment process for purposes of creating a hiring list. The hiring list will consist of the top scoring process applicants, in descending order from highest process point total. The first position vacancy shall be offered to the first position on the hiring list, the second position vacancy shall be offered to the second position on the hiring list, and so on and so forth.

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Position Applying for: Police Officer



Full- time  Reserves *(check one or both)*

**Directions:** Application must be completed by the applicant, in printed black ink only, do not type. Applications not properly completed may not be accepted. Complete each section, using "N/A" for questions that do not apply. Judgment will be made regarding neatness and professionalism of content. All applications must be submitted to the Office of the Chief upon completion. Failure to complete this application according to these instructions may result in applicant disqualification.

1.) Name: \_\_\_\_\_ Gender: \_\_\_\_\_  
Last First Middle

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

3.) Phone Number(s): \_\_\_\_\_ Amount of Time at Current Address: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

4.) List past four (4) addresses: *(In chronological order, last first, do not include current address)*

Street	Apt. #	City	State	Zip	Date= From:	To:

5. Social Security Number: \_\_\_\_\_ Marital Status: \_\_\_\_\_

6. Date of Birth: \_\_\_\_\_ Birthplace (including city & state): \_\_\_\_\_

7. Are you a citizen of the United States of America? *(circle one)* Yes / No  
*(If Naturalized, give details on a separate sheet (date of final papers, country of birth, date & port of entry, etc.))*

8. Current Age: \_\_\_\_\_ Height: \_\_\_\_\_ *(without shoes)* Weight: \_\_\_\_\_ lbs.

9. Have you ever applied for any other law enforcement agency? Yes / No

Where? _____ When? _____	Where? _____ When? _____
Where? _____ When? _____	Where? _____ When? _____

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10. Is your spouse employed? \_\_\_\_\_ Where? \_\_\_\_\_

11. Names & ages of children: \_\_\_\_\_

12. What chronic diseases or conditions have your family been diagnosed with? *(Specify below)*

\_\_\_\_\_

13. List the following

Father's

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

Mother's

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

Spouse's

(Maiden) Name: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Age: \_\_\_\_\_

14. Have you ever been in the Military? \_\_\_\_\_ Branch: \_\_\_\_\_

Date of Discharge \_\_\_\_\_ Type of Discharge *(attach DD-214)*: \_\_\_\_\_

If medical, state type and percentage of disability: \_\_\_\_\_

15. Can you speak, read or write any foreign languages? *(Specify below, and to what degree.)*

\_\_\_\_\_

\_\_\_\_\_

16. Are you a member, or have you ever been associated with any Communist group; or, any group/organization advocating to over throw of the United States Government by force?

*(circle one)*      Yes      /      No      *(If Yes, explain on a separate sheet)*

17. Do you use any intoxicating liquor? \_\_\_\_\_ If Yes, How often? \_\_\_\_\_

18. Have you ever used illegal drugs? (To include marijuana, psychedelics, amphetamines, and or any controlled substance which you were not prescribed) \_\_\_\_\_ If Yes, What and When Was The Last Time? \_\_\_\_\_

19. Do you rent, own your home, or live with relatives? \_\_\_\_\_

If applicable, list the name & address of your landlord: \_\_\_\_\_

20. Have you ever been sued, filed bankruptcy, or had your wages garnished?    Yes / No

*(If Yes, explain on a separate sheet)*

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21. Have you ever been arrested, FOR ANY REASON? Yes/No (Circle Appropriate Answer).  
(If Yes, list the date(s), arresting agency, charge and case disposition on the following lines.)  
\_\_\_\_\_

22. Have you ever received a traffic citation? Yes/No (Circle Appropriate Answer).

23. Have you ever received any firearm familiarization or orientation training? Yes / No  
Where & from whom? \_\_\_\_\_

24. What are your hobbies? \_\_\_\_\_  
\_\_\_\_\_

25. Give the names of any relatives employed by the City of Charlestown, including  
relationship and department employed: \_\_\_\_\_  
\_\_\_\_\_

26. Do you know of anything that might possibly disqualify you for appointment to or prevent  
the full discharge of the duties of the position applying for? Yes / No  
(If Yes, explain on a separate sheet)

27. Indicate, in the space provided or on additional sheets, any experience, training or ability  
that you believe will qualify you for a law enforcement position.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

28. Provide Social Media Account Handles/Usernames.

Facebook \_\_\_\_\_ Instagram \_\_\_\_\_ Twitter (X) \_\_\_\_\_

TikTok \_\_\_\_\_ Youtube \_\_\_\_\_ Other \_\_\_\_\_

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29. Education:					
	Name	City/State	From (mo/yr)	To (mo/yr)	Diploma/Degree
Grade School	_____	_____			
Jr. High	_____	_____			
High School	_____	_____			
College/Tech	_____	_____			
Other	_____	_____			
Did you graduate from high school (grade 12)?		YES	NO	<i>(circle one)</i>	
If applicable, list College major and minor courses of study: _____					
If applicable, list all degrees or educational certificates received: _____					
_____					

30. References:				
List the names, addresses, occupation and acquaintance time of at least six (6) people, <b>other than relatives or past employers</b> , who know you well enough to give information about you, your work ethic and personality.				
<i>Name</i>	<i>Address</i>	<i>Phone #</i>	<i>Occupation</i>	<i>Years Acquainted</i>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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## 31. Employment History:

*Starting with your current employer, list all previous employers since you began working. Show all periods of unemployment. If former employers are out of business, please indicate appropriately. If self employed, indicate the nature of business, location, and names of two clients. Be accurate, all time must be accounted for. If additional space is needed, attach a sheet and continue as shown below.*

Company Name & Address	From	To	Total in Months	Salary/Wage	Position/Duties	Reason for Leaving
Last or Present Employer	Month	Month	_____	_____	_____	_____
Address	Year	Year	_____	_____	_____	_____
Previous Employer	Month	Month	_____	_____	_____	_____
Address	Year	Year	_____	_____	_____	_____
Previous Employer	Month	Month	_____	_____	_____	_____
Address	Year	Year	_____	_____	_____	_____
Previous Employer	Month	Month	_____	_____	_____	_____
Address	Year	Year	_____	_____	_____	_____
Previous Employer	Month	Month	_____	_____	_____	_____
Address	Year	Year	_____	_____	_____	_____
Previous Employer	Month	Month	_____	_____	_____	_____
Address	Year	Year	_____	_____	_____	_____

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## 32. Authorization to Release Information:

I, \_\_\_\_\_, hereby authorize any person, 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 Charlestown Police Department, Charlestown, Indiana. This information is to be used for possible employment with the Charlestown Police Department.

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

**(This form must be completed and witnessed by a Notary; failure to do so will result in disqualification from the hiring process).**

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(date)

\_\_\_\_\_  
(notary witness signature)

\_\_\_\_\_  
(printed notary name)

\_\_\_\_\_  
(notary address)

\_\_\_\_\_  
(Commission Expires)

\_\_\_\_\_  
(County & State of Commission)

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## 33. Charlestown Police Department Fitness Test Waiver

### **Applicant Release and Waiver of Liability**

I, \_\_\_\_\_, hereby acknowledge that I am voluntarily applying for a position with the Charlestown Police Department, which requires me to undergo a physical fitness test as part of the application process. I understand that participation in this fitness test involves various physical activities that carry inherent risks, including but not limited to, the risk of injury, physical exertion, and adverse health events.

In consideration of being allowed to participate in the physical fitness test, I hereby release, discharge, and hold harmless the Charlestown Police Department, its officers, agents, employees, and representatives from any and all claims, demands, actions, or causes of action, of whatever nature or kind, including but not limited to, those arising from any injury, illness, damage, or loss that I may sustain as a result of my participation in the fitness test, whether caused by negligence or otherwise.

I further agree to indemnify and hold harmless the Charlestown Police Department, its officers, agents, employees, and representatives from any and all costs, expenses, and liabilities, including attorney's fees, arising out of or related to any claim, demand, or action brought by or on behalf of myself or any third party in connection with my participation in the physical fitness test.

I certify that I am in good physical condition and have no known medical conditions that would prevent me from safely participating in the physical fitness test. I understand and acknowledge that I have been advised to seek medical clearance from a healthcare professional before participating in any strenuous physical activity.

By signing below, I affirm that I have read and fully understand the terms of this waiver, and I voluntarily agree to its terms, intending to be legally bound thereby.

Applicant Name (Printed): \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

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

### ***Charlestown Police Department Representative***

Name (Printed): \_\_\_\_\_

Signature: \_\_\_\_\_

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



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### 34. Certification & Supporting Documents:

Attach to this application form, one (1) photocopy of each of the following:

\_\_\_\_\_ Birth Certificate                      \_\_\_\_\_ College Degree(s)                      \_\_\_\_\_ Military Discharge (if applicable)  
\_\_\_\_\_ High School Diploma                      \_\_\_\_\_ Trade Certificate(s)                      \_\_\_\_\_ Indiana Drivers License  
\_\_\_\_\_ Indiana LETB Pre-Basic Course Certificate

#### Certificate:

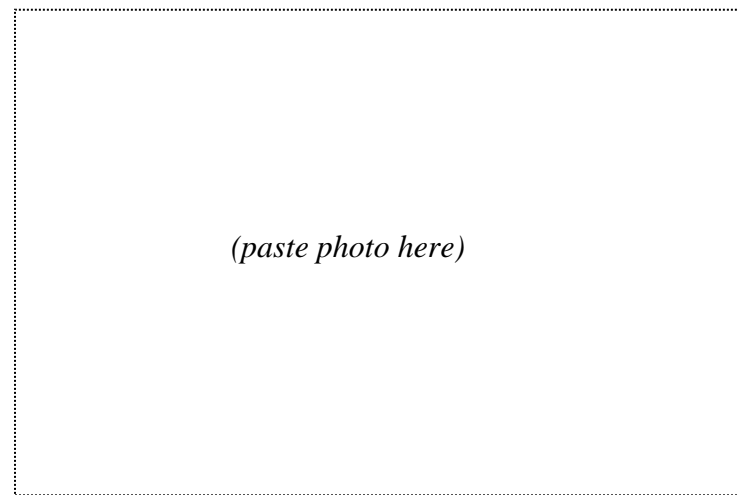
I hereby certify that there are no willful misrepresentations or falsifications in the previous statements and answers to questions of this application for employment. I am aware that should investigation disclose such misrepresentations or falsifications, my application will be rejected and I will be disqualified from applying in the future for any position in the service of the Charlestown Police Department. I also authorize my former employers to give information regarding my employment history, together with any information they may have regarding me, whether or not it is on record. I hereby release them and their company for any damage whatsoever for issuing the same.

*Applicant Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

### 35. Application Photograph:

Paste, within the space provided below, an individual photograph of yourself, taken within the last two (2) years. Print your name, age and date taken, in ink, on the back of the photograph.

Application photograph will not be returned, and become the property of the Charlestown Police Department.



Date taken: \_\_\_\_\_

Age: \_\_\_\_\_