



GREENSBURG POLICE DEPARTMENT

201 SOUTH BROADWAY STREET GREENSBURG, IN 47240

PHONE: 812 663 3131

FAX: 812 663 3258

POLICE OFFICER APPLICATION

The Greensburg Police Department is an Equal Opportunity Employer.

The Greensburg Police Department periodically conducts hiring processes to fill an open position and to establish an eligibility list for full time police officers.

Candidates meeting the minimum requirements who have submitted an application prior to the deadline will be invited to participate in the hiring process. The invitation will include the date, location, and time of the initial step of the process. Failure to participate in any step of the employment screening process will result in the candidate's disqualification. Continuation in the process will be based on the candidate's earned score at each step of the process and relevant application background information. (Process may be different for lateral transfers).

The hiring process could take up to several months and your application will be on file for up to one year. Hire dates are based on openings at the Indiana Law Enforcement Academy and/or dates set by the Greensburg Police Department.

If you have any questions about employment benefits or specific questions about the hiring process, please feel free to contact Sgt. Tuttle.

Sgt. Thomas Tuttle

Greensburg Police Department

Email: ttuttle@greensburg.in.gov

Phone: (812) 663-3131



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APPLICATION INSTRUCTION

SHEET READ THESE INSTRUCTIONS CAREFULLY BEFORE COMPLETING YOUR APPLICATION BACKGROUND

INVESTIGATION FORM INSTRUCTIONS:

- You must complete the Background Investigation Form.
- Staple a copy of your Birth Certificate and Indiana Driver's License to the back of the form.
- Do not leave any spaces blank. If a question does not apply to you, write "N/A" in the space provided.
- Answer all questions completely and accurately, providing all requested information, including names, addresses, phone numbers, zip codes, and dates.
- Insert the completed Background Information Form into your application packet for submittal by the stated deadline.

GENERAL INSTRUCTION FOR APPLICATION:

- Fill out the application completely and accurately.
- Do not leave any section blank. If a question does not apply to you, write "N/A" in the space provided.
- If an address is requested, be sure to give the complete address including street or P.O. Box, city, state, and zip code.
- If a phone number is requested, be sure to include the area code.
- You must provide copies of all requested documentation, including but not limited to birth certificate, driver's license, diploma and transcripts. If documentation is not immediately available, you must make arrangements to submit the needed documentation at a later date and provide a note stating such arrangements with the application at the time it is submitted.
- You must provide all requested documentation such as addresses, phone numbers and/or transcripts for all schools, employers and references you list on the application.
- You must submit the completed application by the stated deadline. Late applications will not be accepted.
- Failure to follow any of these instructions may result in your disqualification from the selection process.

POSITION DESCRIPTION INSTRUCTIONS:

- You must read the job description provided with your application.
- Sign the "Applicant/Employee Acknowledgment Form" on the last page of the job description.
- Insert the signed "Applicant/Employee Acknowledgment Form" only into your application packet.



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ESTABLISHED REQUIREMENTS FOR APPOINTMENT

- Person(s) hired must be between 21 and 39 years of age and have not reached 40 years of age at the time of their appointment. Contact the Chief of Police for exceptions to the age requirements. (Copy of documentation is required.)
- Person(s) hired must possess a valid Indiana driver's license. (Copy of documentation is required.)
- Person(s) hired must have graduated from an accredited high school or possess an equivalency certificate. (Copy of diploma or certificate required.)
- An applicant shall be ineligible if her/she has been found guilty of a felony in any court without the same being reversed by a higher court.
- Person(s) hired must be able to legally carry a handgun.
- Person(s) hired must meet all department hiring and retention requirements and possess the ability to effectively perform the essential functions and duties of the job. A copy of the job description will be furnished to you, which you must read, sign off on, as part of your conditional job offer.
- Person(s) must pass all interview, written, physical, and psychological examinations, and drug testing at the scheduled times to be eligible for employment.
- Person(s) hired are subject to a one (1) year probationary period. Employees must have the ability to achieve a satisfactory level of performance as stated in the Field Training Policy. If the Probationary Officer does not meet the expectations of the employer, he/she will be terminated without a hearing and without the right to appeal. The probationary period will not be extended.



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PERSONAL DATA APPLICATION (please print clearly)

Last Name		First Name		Middle Name (full)	Suffix
List any Name Changes					
Alias		Birth Name		Nicknames	
Place of Birth (City/County, State)					
Height	Weight	Hair Color	Eye Color	Scars/Marks/Tattoos	
Date of Birth		This information is requested solely for identity verification and background screening purposes as required by the hiring process for sworn law enforcement positions. It will be kept confidential and used only by authorized personnel.			
U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other _____			U.S. Citizen by Birth <input type="checkbox"/> Yes <input type="checkbox"/> No		U.S. Citizen by Naturalization <input type="checkbox"/> Yes <input type="checkbox"/> No
Present Address (Street, Apt, City, State and Zip Code)					
Phone Number		Email Address			
Do you have any commitments which might interfere with or adversely affect your employment with us, such as a second job or school? (if yes, please explain) <input type="checkbox"/> Yes <input type="checkbox"/> No					

MILITARY DATA

If you have never served in the military on active duty, check here <input type="checkbox"/> and skip to the next section.	
Branch of Military	Primary MOS/AFSC
Dates you were active/inactive	Inactive Reserve Commitment Until <input type="checkbox"/> If none, check box
Type of Discharge	If you are still Active, what will be the date of Discharge?
Rank at Discharge	Highest Rank Attained
Have you ever been barred from Re-Enlistment? <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes, please explain)	
Have you ever been discharged from the Armed Forces that was other than Honorable? <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes, please explain)	



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MILITARY DATA (continued)

Have you ever been subject to any Military Disciplinary Action (Judicial or Non-Judicial)? ☐ Yes ☐ No (if yes, please explain)

Have you ever been subject to any investigation by the Military Authorities? ☐ Yes ☐ No (if yes, please explain)

Has your discharge ever been corrected, upgraded, or changed? ☐ Yes ☐ No (if yes, please explain)

REFERENCES

Give the data requested below on three personal references. These references cannot be related to you by blood or marriage. Do not list past employers, nor anyone mentioned elsewhere in this application. Do not list any law enforcement officer employed by the Greensburg Police Department, Decatur County Sheriff Department, or any other agency connected to law enforcement within Decatur County. Please only list adults who you have known for at least five years.

1.			
Last Name	First Name	Middle Name (Full)	Suffix
Present Address			
Phone Number		How long have you known this person?	
2.			
Last Name	First Name	Middle Name (Full)	Suffix
Present Address			
Phone Number		How long have you known this person?	
3.			
Last Name	First Name	Middle Name (Full)	Suffix
Present Address			
Phone Number		How long have you known this person?	



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RESIDENCE DATA

Give the data requested for the last five years. Please list in chronological order starting with your current address and ending with your earliest. Please use an additional page if necessary.

1.				
Street	Apt.	City	State	Zip
Resided From		Resided To		
2.				
Street	Apt.	City	State	Zip
Resided From		Resided To		
3.				
Street	Apt.	City	State	Zip
Resided From		Resided To		

PROFESSIONAL AFFILIATIONS

List current or previous affiliations/organizations and related offices/positions.

Organization Name	Address	Phone	Office/Position



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EDUCATION

Give the data requested for ALL schools you have attended since the ninth (9) grade. Begin with the most recent; include college(s) and universities, as well as business, trade and military schools. Please use an additional page if necessary

1.				
School Name				
Street Address		City	State	Zip
School Phone Number	Attended From	Attended To	Diploma/Degree	GPA
2.				
School Name				
Street Address		City	State	Zip
School Phone Number	Attended From	Attended To	Diploma/Degree	GPA
3.				
School Name				
Street Address		City	State	Zip
School Phone Number	Attended From	Attended To	Diploma/Degree	GPA
a. Did you graduate from high school and receive a Diploma? <input type="checkbox"/> Yes <input type="checkbox"/> No				
b. Did you pass a state certified High School Equivalency test? <input type="checkbox"/> Yes <input type="checkbox"/> No				
c. Any other certifications/qualifications				



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EMPLOYMENT

Give the data requested for your last three employers. Please list in chronological order starting with your current employer and end with your earliest.

1. Current Employer

Current Employer		Current Employer Phone Number	
Current Employer Address	City	State	Zip
Dates of Employment		Supervisor's Name	

Would there be a problem if we contacted your current employer during your background? ☐ Yes ☐ No
(if yes, please explain)

2. Previous Employer

Previous Employer		Previous Employer Phone Number	
Previous Employer Address	City	State	Zip
Dates of Employment		Supervisor's Name	

3. Previous Employer

Previous Employer		Previous Employer Phone Number	
Previous Employer Address	City	State	Zip
Dates of Employment		Supervisor's Name	



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EMPLOYMENT (continued)

Have you, regardless of whether the matter is or was appealed, is part of your official record, or think that it might not still be in your file:

- | | | |
|---|------------------------------|-----------------------------|
| a. Ever been discharged from employment for any reason? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Ever resigned after being told you were going to be discharged? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Ever resigned after being told your employer was going to take disciplinary action on you? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Ever resigned after suspecting your employer was going to discharge you? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. Ever resigned because you suspected your employer was going to take disciplinary action? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If answered yes to any of the questions above, please explain

Use the following space to describe other training, education, skills, abilities, hobbies, volunteer work or other information that may be helpful in evaluating your application. (You may exclude any which indicates race, color, religion, gender, age, national origin, or disability.)

DRIVING RECORD DATA

Operator License Number

State

Has your license to drive ever been or is currently: ☐ Suspended ☐ Revoked ☐ Conditional ☐ HTV (5yr, 10yr, life)

Is your Driver's License valid at this time?

☐ Yes ☐ No

Have you ever been involved in a traffic accident?

☐ Yes ☐ No

PUBLIC SAFETY CONTACTS

Have you ever been, as a juvenile or adult, regardless of whether you were convicted or not:

- | | | |
|--|------------------------------|-----------------------------|
| a. Arrested | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Chased by Law Enforcement or Security personal | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Brought to a Police Station or Other Law Enforcement office as a suspect | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Charged with any type of violation or crime by any Law Enforcement Agency | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. Issued a citation for a civil or criminal offense | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| f. Given any court documents ordering to stay away from a person or a place | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| g. Required to forfeit collateral in connection with an arrest or other court action | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| h. Ever been placed on formal or informal probation | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If answered yes to any of the questions above, please explain



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VOLUNTARY AFFIRMATIVE ACTION SURVEY

TO BE COMPLETED BY APPLICANT – TO BE FILED SEPARATELY FROM APPLICATION

The City of Greensburg does not discriminate on the basis of race, color, gender, national origin, age, religion, or disability in employment or the provision of services.

Completion of information below is voluntary.

Please be advised that your survey is considered confidential information and it is not a part of your official application for employment. Inclusion or exclusion of any data will not affect any employment decision.

In an effort to comply with government requirements regarding record keeping, reporting and other legal obligations, we ask that you complete this application data survey. Thank you for your cooperation.

PERSONAL DATA

Date	Applicant Name (Last, First, Middle)			
Street Address		City	State	Zip
Position Applied For				

REFERRAL SOURCE

<input type="checkbox"/> Advertisement	<input type="checkbox"/> Employee	<input type="checkbox"/> Relative	<input type="checkbox"/> Walk-in	<input type="checkbox"/> School	<input type="checkbox"/> Government Employment Agency
<input type="checkbox"/> Private Employment Agency		<input type="checkbox"/> Other _____			

REGOVERNMENT REQUESTED INFORMATION

Check one: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Check one of the following race/ethnic groups: <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Native America/Alaskan Native <input type="checkbox"/> Asian/Pacific Islander	
<input type="checkbox"/> Hispanic (Mexican-American, Puerto Rican & Other Spanish Origin)	
Check the following that are applicable: <input type="checkbox"/> Veteran <input type="checkbox"/> Vietnam Era Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Disabled Individual	



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BACKGROUND INVESTIGATION FORM

TO BE COMPLETED BY APPLICATION – NOT FOR INTERVIEW PURPOSES – TO BE FILED SEPARATELY FROM APPLICATION

This is to inform you that as part of our procedure for processing your employment application, an investigation will be made where by information will be obtained through a computer criminal records check from the National Crime Information Center (NCIC), the Indiana Date Communications System (IDACS), Child Abuse Registry, court records, credential verifications and through personal interviews with neighbors, friends or others with whom you are acquainted. This inquiry includes information as to the existence of a criminal record, your character, general reputation, personal characteristics and mode of living. Criminal convictions other than felonies are not an absolute bar to employment and will only be considered with respect to the specific requirements of the job for which you are applying.

The nature of services provided by the Greensburg Police Department requires that such information obtained through this background investigation can be handled in a private, confidential manner. Therefore, this form will be maintained separate from your application form and will be handled only by a qualified recipient. You have the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of this investigation.

I, the undersigned, understand and authorize the use of all information provided for the purpose of conducting a background investigation as outlined on this form.

Sign Here	Applicant Signature	Date
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APPLICANT CERTIFICATION

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

I understand and accept that, if I am hired, I may be hired conditionally on passing any medical and/or psychological examinations that the employer deems 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.

Initial

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 current and former employers.

Initial

I understand and accept that, if I am hired, I may be hired conditionally on passing a criminal background check.

Initial

I understand and accept that if any information required in this application is found to be falsified or intentionally 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.

Initial

I solemnly swear that all 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 the withdrawal of an employment offer or termination following employment.

Initial

By submitting this document, I hereby agree that I shall execute the employer's conditional and post-employment medical examination 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.

Initial

Sign
Here

Applicant Signature

Date

