



GREENSBURG POLICE DEPARTMENT

201 SOUTH BROADWAY STREET GREENSBURG, IN 47240

PHONE: 812 663 3131 FAX 812 663 3258

PERSONAL DATA APPLICATION

Please Print Clearly

LAST NAME FIRST NAME MIDDLE NAME (Full) SUFFIX

HAVE YOU EVER HAD A NAME CHANGE? ☐ YES ☐ NO

ALIAS BIRTH NAME NICK NAME

PLACE OF BIRTH: CITY COUNTY STATE

HEIGHT WEIGHT HAIR COLOR EYE COLOR SCARS/MARKS/TATTOOS

SOCIAL SECURITY NUMBER DATE OF BIRTH

U.S. CITIZEN: ☐ YES ☐ NO ☐ OTHER BY BIRTH: ☐ YES ☐ NO BY NATURALIZATION: ☐ YES ☐ NO

PRESENT ADDRESS: STREET APT. CITY STATE ZIP CODE

PHONE NUMBER EMAIL ADDRESS

MARITAL STATUS: ☐ MARRIED ☐ SINGLE ☐ DIVORCED ☐ SEPERATED

FULL NAME OF CURRENT SPOUSE: LAST NAME FIRST NAME MIDDLE NAME (Full)

DEPENDANTS: LAST NAME FIRST NAME MIDDLE NAME (Full) AGE
LAST NAME FIRST NAME MIDDLE NAME (Full) AGE
LAST NAME FIRST NAME MIDDLE NAME (Full) AGE
LAST NAME FIRST NAME MIDDLE NAME (Full) AGE



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MILITARY DATA

BRANCH OF MILITARY: _____ PRIMARY MOS/AFSC: _____

DATES YOU WERE ACTIVE/INACTIVE: _____

INACTIVE RESERVE COMMITMENT UNTIL: _____ ☐ NONE

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? ☐ YES ☐ NO

IF YES, PLEASE EXPLAIN _____

HAVE YOU EVER BEEN DISCHARGED FROM THE ARMED FORCES THAT WAS OTHER THAN HONORABLE? ☐ YES ☐ NO

IF YES, PLEASE EXPLAIN _____

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 MILITARY AUTHORITIES? ☐ YES ☐ NO

IF YES, PLEASE EXPLAIN _____

HAS YOUR DISCHARGE EVER BEEN CORRECTED, UPGRADED, OR CHANGED? ☐ YES ☐ NO

IF YES, PLEASE EXPLAIN _____



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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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ASSOCIATES AND FRIENDS

Give the data requested below on three people with whom you have associated (people you see frequently) during the past three years, not including relatives, former employers, nor people mentioned elsewhere in this packet.

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 end with your earliest. Please use additional page if necessary.

1. _____

STREET	APT.	CITY	STATE	ZIP CODE
_____	_____	<input type="checkbox"/> RENT	<input type="checkbox"/> OWN	<input type="checkbox"/> RESIDE AT NO COST
RESIDED FROM	RESIDED TO			
<input type="checkbox"/> RESIDE ALONE	<input type="checkbox"/> RESIDE WITH SPOUSE/CHILDREN	<input type="checkbox"/> RESIDE WITH OTHER(S)		

2. _____

STREET	APT.	CITY	STATE	ZIP CODE
_____	_____	<input type="checkbox"/> RENT	<input type="checkbox"/> OWN	<input type="checkbox"/> RESIDE AT NO COST
RESIDED FROM	RESIDED TO			
<input type="checkbox"/> RESIDE ALONE	<input type="checkbox"/> RESIDE WITH SPOUSE/CHILDREN	<input type="checkbox"/> RESIDE WITH OTHER(S)		

3. _____

STREET	APT.	CITY	STATE	ZIP CODE
_____	_____	<input type="checkbox"/> RENT	<input type="checkbox"/> OWN	<input type="checkbox"/> RESIDE AT NO COST
RESIDED FROM	RESIDED TO			
<input type="checkbox"/> RESIDE ALONE	<input type="checkbox"/> RESIDE WITH SPOUSE/CHILDREN	<input type="checkbox"/> RESIDE WITH OTHER(S)		



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EDUCATION

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

1.	<hr/>				
	SCHOOL NAME				
	<hr/>				
	STREET ADDRESS	CITY	STATE	ZIP	
	<hr/>				
	SCHOOL PHONE NUMBER	ATTENDED FROM	ATTENDED TO	DIPLOMA/DEGREE	
				GPA	
	<hr/>				
2.	<hr/>				
	SCHOOL NAME				
	<hr/>				
	STREET ADDRESS	CITY	STATE	ZIP	
	<hr/>				
	SCHOOL PHONE NUMBER	ATTENDED FROM	ATTENDED TO	DIPLOMA/DEGREE	
				GPA	
	<hr/>				
3.	<hr/>				
	SCHOOL NAME				
	<hr/>				
	STREET ADDRESS	CITY	STATE	ZIP	
	<hr/>				
	SCHOOL PHONE NUMBER	ATTENDED FROM	ATTENDED TO	DIPLOMA/DEGREE	
				GPA	
	<hr/>				

DID YOU GRADUATE FROM HIGH SCHOOL AND RECEIVE A DIPLOMA? ☐ YES ☐ NO

DID YOU PASS A STATE CERTIFIED G.E.D. TEST? ☐ YES ☐ NO

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 SUPERVISOR _____
_____/_____/____ to ____/____/____
TIME FRAME

PHONE NUMBER EMPLOYER ADDRESS CITY STATE ZIP CODE

WOULD THERE BE A PROBLEM IF WE CONTACTED YOUR CURRENT EMPLOYER DURING YOUR BACKGROUND?

☐ YES ☐ NO IF YES, PLEASE EXPLAIN: _____

2. _____
PREVIOUS EMPLOYER SUPERVISOR _____
_____/_____/____ to ____/____/____
TIME FRAME

PHONE NUMBER ADDRESS CITY STATE ZIP CODE

3. _____
PREVIOUS EMPLOYER SUPERVISOR _____
_____/_____/____ to ____/____/____
TIME FRAME

PHONE NUMBER ADDRESS CITY STATE ZIP CODE

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:

EVER BEEN DISCHARGED FROM EMPLOYMENT FOR ANY REASON? ☐ YES ☐ NO

EVER RESIGNED AFTER BEING TOLD YOU WERE GOING TO BE DISCHARGED? ☐ YES ☐ NO

EVER RESIGNED AFTER BEING TOLD YOUR EMPLOYER WAS GOING TO TAKE DISCIPLINARY ACTION ON YOU?
☐ YES ☐ NO

EVER RESIGNED AFTER SUSPECTING YOUR EMPLOYER WAS GOING TO DISCHARGE YOU? ☐ YES ☐ NO

EVER RESIGNED BECAUSE YOU SUSPECTED YOUR EMPLOYER WAS GOING TO TAKE DISCIPLINARY ACTION? ☐ YES ☐ NO



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DRIVING RECORD DATA

OPERATOR LICENSE NUMBER

STATE

HAS YOUR LICENSE TO DRIVE EVER BEEN OR CURRENTLY IS:

☐ 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:

ARRESTED? ☐ YES ☐ NO

CHASED BY LAW ENFORCEMENT OR SECURITY PERSONNEL? ☐ YES ☐ NO

BROUGHT TO A POLICE STATION OR OTHER LAW ENFORCEMENT OFFICE AS A SUSPECT? ☐ YES ☐ NO

CHARGED WITH ANY TYPE OF VIOLATION OR CRIME BY ANY LAW ENFORCEMENT AGENCY? ☐ YES ☐ NO

ISSUED A CITATION FOR A CIVIL OR CRIMINAL OFFENSE? ☐ YES ☐ NO

GIVEN ANY COURT DOCUMENTS ORDERING TO STAY AWAY FROM A PERSON OR PLACE? ☐ YES ☐ NO

REQUIRED TO FORFEIT COLLATERAL IN CONNECTION WITH AN ARREST OR OTHER COURT ACTION? ☐ YES ☐ NO

EVER BEEN PLACED ON FORMAL OR INFORMAL PROBATION? ☐ YES ☐ NO



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BACKGROUND INVESTIGATION FORM

TO BE COMPLETED BY APPLICANT – NOT FOR INTERVIEW PURPOSES – TO BE FILED SEPERATELY 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 handles in a private, confidential manner. Therefore, this form will be maintained separate from your application form and will be handled only be 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.

Applicant Signature

Date



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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

ADDRESS: _____
STREET CITY STATE ZIP CODE

POSITION APPLIED FOR: _____

• REFERRAL SOURCE

☐ ADVERTISEMENT ☐ EMPLOYEE ☐ RELATIVE ☐ WALK-IN ☐ SCHOOL
☐ GOVERNMENT EMPLOYMENT AGENCY ☐ PRIVATE EMPLOYMENT AGENCY ☐ OTHER _____

• GOVERNMENT REQUESTED INFORMATION

Check one

☐ MALE ☐ FEMALE

Check one of the following race/ethnic groups:

☐ BLACK ☐ WHITE ☐ NATIVE AMERICA/ALASKAN NATIVE ☐ ASIAN/PACIFIC ISLANDER
☐ HISPANIC (MEXICAN-AMERICAN, PUERTO RICAN & OTHER SPANISH ORIGIN)

Check the following that are applicable:

☐ VETERAN ☐ VIETNAM ERA VETERAN ☐ DISABLED VETERAN ☐ DISABLED INDIVIDUAL



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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 has been furnished to you, which you must read, sign off on, and return along with your application.
- Person(s) must pass all interview, written, physical, and psychological examinations and drug testing at the scheduled times to be eligible for employment.
- An eligibility list of applicants shall be established upon successful completing of all hiring requirements, from which the department may select appointments over a period of two (2) years.
- Person(s) hired are subject to a one (1) year probationary period that 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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APPLICANT'S REQUEST FOR INFORMATION

WAIVER TO RELEASE INFORMATION

I hereby authorize and request all persons to whom this Request/Waiver Form (original or reproduction) is presented, having information relating to or concerning me, to furnish such information to a duty appointed representative of the City of Greensburg Police Department.

I am aware that this information may be of a personal and confidential nature and may otherwise be protected from disclosure by my constitutional, statutory or common law rights and privileges. I hereby expressly waive all rights and privileges which may attach such communication of disclosure and release all persons, firms and corporations from all claims, of any nature, as a result of said communications or disclosures.

The following information shall be disclosed to give the department a complete background on each applicant. The information provided shall, standing alone, not guarantee or bar selection, but will be considered along with any attendant facts and application as a whole.

- * Past/Present Employment Records
- * Criminal History Records
- * Educational Records
- * Any and all background material/information relevant to reputation and/or character
- * Organizational Memberships
- * Financial Records
- * Military Records

These records will be retained in a confidential file in the City of Greensburg Police Department, separate from the employment application. Form must be filled out before turning your application back in.

Name of applicant requesting/waiving the release of information:

Signature

Date

Name Printed or Typed

STATE OF INDIANA)
) SS:
CITY OF GREENSBURG)

Subscribed and sworn before me, a Notary Public, for said City and State this _____ day of _____, _____

County of Residence

Notary Public (Signature)

Commission Expiration Date

Notary Public (Printed, Typed, or Stamped)