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## **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](mailto:ttuttle@greensburg.in.gov)

Phone: (812) 663-3131

## **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.

### **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.



PERSONAL DATA APPLICATION

PLEASE PRINT CLEARLY

LAST NAME FIRST NAME MIDDLE NAME (Full) SUFFIX

List any Name Changes:

ALIAS BIRTH NAME NICK NAME

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: YES NO OTHER BY BIRTH: YES NO BY NATURALIZATION: YES NO

PRESENT ADDRESS: STREET APT. CITY STATE 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? Yes No If yes, please explain:





If you have never served in the military on active duty, check here \_\_\_\_\_ and skip to the next section.

#### MILITARY DATA

BRANCH OF MILITARY: \_\_\_\_\_ PRIMARY MOS/AFSC: \_\_\_\_\_

DATES YOU WERE ACTIVE/INACTIVE: \_\_\_\_\_ to \_\_\_\_\_

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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### 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
- \_\_\_\_\_ RESIDED FROM RESIDED TO
2. \_\_\_\_\_  
STREET APT. CITY STATE ZIP CODE
- \_\_\_\_\_ RESIDED FROM RESIDED TO
3. \_\_\_\_\_  
STREET APT. CITY STATE ZIP CODE
- \_\_\_\_\_ RESIDED FROM RESIDED TO

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### 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<sup>th</sup>) 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.

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

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

DID YOU PASS A STATE CERTIFIED HSE 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 CURRENT EMPLOYER PHONE NUMBER

\_\_\_\_\_  
CURRENT EMPLOYER ADDRESS CITY STATE ZIP CODE

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 PHONE NUMBER

\_\_\_\_\_  
PREVIOUS EMPLOYER ADDRESS CITY STATE ZIP CODE

DATES OF EMPLOYMENT: \_\_\_\_\_ - \_\_\_\_\_ SUPERVISOR'S NAME: \_\_\_\_\_

3. \_\_\_\_\_  
PREVIOUS EMPLOYER PREVIOUS EMPLOYER PHONE NUMBER

\_\_\_\_\_  
PREVIOUS EMPLOYER ADDRESS CITY STATE ZIP CODE

DATES OF EMPLOYMENT: \_\_\_\_\_ - \_\_\_\_\_ SUPERVISOR'S NAME: \_\_\_\_\_

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

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LIST ANY PERIODS OF UNEXPLAINED UNEMPLOYMENT IN THE LAST 5 YEARS BELOW:

TIMEFRAME: \_\_\_\_\_ - \_\_\_\_\_ REASON: \_\_\_\_\_

TIMEFRAME: \_\_\_\_\_ - \_\_\_\_\_ REASON: \_\_\_\_\_

TIMEFRAME: \_\_\_\_\_ - \_\_\_\_\_ REASON: \_\_\_\_\_

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.)

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#### DRIVING RECORD DATA

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OPERATOR LICENSE NUMBER

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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/TICKET 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



If answered yes to any of the questions on page 8, 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

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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## 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.

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Applicant Signature

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Date

## 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. Initial \_\_\_\_\_

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 \_\_\_\_\_

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Applicant's signature \_\_\_\_\_

Date \_\_\_\_\_



# GREENSBURG POLICE DEPARTMENT

201 SOUTH BROADWAY STREET GREENSBURG, IN 47240

PHONE: 812 663 3131 FAX 812 663 3258

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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)