

HANCOCK COUNTY SHERIFF'S DEPARTMENT

Reserve Deputy Application

123 EAST MAIN STREET

GREENFIELD, INDIANA 46140

AN EQUAL OPPORTUNITY EMPLOYER

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP CODE: _____

HOME TELEPHONE NUMBER: _____

WORK TELEPHONE NUMBER: _____

CURRENT EMPLOYER: _____

EMPLOYER ADDRESS: _____

CITY/STATE/ZIP CODE: _____

IN ORDER TO INSURE THE PERPETUATION OF THE PRESTIGE AND REPUTATION OF THE DEPARTMENT, EACH APPLICANT WILL COMPETE AGAINST OTHER APPLICANT'S IN EACH STEP OF THE SELECTION PROCESS. ONLY THOSE WHO POSSESS THE BEST MENTAL, PHYSICAL, MORAL AND EMOTIONAL FITNESS FOR THE PERFORMANCE OF POLICE DUTIES WILL BE CONSIDERED. FAILURE TO MEET ANY OF THE BASIC ELIGIBILITY REQUIREMENTS LISTED IN THIS APPLICATION WILL RESULT IN IMMEDIATE DISQUALIFICATION.

BASIC ELIGIBILITY REQUIREMENTS:

- 1) BE AN AMERICAN CITIZEN.
- 2) MUST BE AT LEAST 21 YEARS OF AGE.
- 3) HAVE A HIGH SCHOOL DIPLOMA OR ACCEPTABLE G.E.D.
- 4) CANNOT HAVE A RECORD OF A FELONY CONVICTION.
- 5) PASS A PHYSICAL FITNESS TEST.
- 6) SUBMIT TO DRUG SCREENING AND PSYCHOLOGICAL TESTING.
- 7) SUBMIT TO BEING FINGERPRINTED.
- 8) SUBMIT TO THOROUGH CHARACTER INVESTIGATION BY DEPARTMENT PERSONNEL WHICH WILL INCLUDE, BUT NOT LIMITED TO:
 - A. CREDIT RATING
 - B. PREVIOUS EMPLOYMENT
 - C. DRIVING RECORD
 - D. CURRENT AND VALID DRIVERS LICENSE
- 9) HAVE A THOROUGH PHYSICAL EXAM BY A PHYSICIAN.
- 10) APPEAR FOR AN ORAL INTERVIEW.
- 11) BE A RESIDENT OF HANCOCK COUNTY UPON DATE OF APPLICATION AND DURING YOUR APPOINTMENT TO A RESERVE POSITION
- 12) BE WILLING TO WORK A REVOLVING SHIFT SCHEDULE.
- 13) APPLICATION WILL BE SUBMITTED TO THE MEMBERS OF THE RESERVE DIVISION FOR FINAL APPROVAL.

NO APPLICANT WILL BE DISCRIMINATED AGAINST OR FAVORED WITH RESPECT TO HIS/HER HIRE, TENURE, TERMS, CONDITIONS OR PRIVILEGES OF EMPLOYMENT OR ANY MATTER DIRECTLY OR INDIRECTLY RELATED TO EMPLOYMENT BECAUSE OF HIS/HER RACE, SEX, COLOR, RELIGION, NATIONAL ORIGIN OR ANCESTRY. EACH APPLICANT WILL BE LIMITED BY HIS/HER OWN ABILITIES AND QUALIFICATIONS AND THE DEPARTMENT WILL ENDEAVOR TO SELECT, HIRE AND MAINTAIN IN ITS EMPLOYMENT ONLY THE BEST QUALIFIED PERSON AVAILABLE.

PROBATIONARY PERIOD:

DURING THE OFFICER'S FIRST YEAR AS A SWORN POLICE OFFICER, THE OFFICER IS ON PROBATION AND MAY BE DISCHARGED AT ANY TIME WITHOUT RECOURSE TO A FORMAL HEARING. UPON SATISFACTORY COMPLETION OF THE FIRST YEAR AS A SWORN OFFICER EMPLOYEE, THE OFFICER MAY RECEIVE A PERMANENT APPOINTMENT AND THEN CAN BE DISCHARGED ONLY UPON PREFERMENT OF FORMAL CHARGES IN WRITING AND A PUBLIC HEARING BEFORE THE HANCOCK COUNTY MERIT BOARD.

GENERAL INFORMATION:

APPLICANTS ARE RESPONSIBLE FOR ALL EXPENSES INCURRED IN CONNECTION WITH THIS APPLICATION.

INITIAL REQUIREMENT INFORMATION:

- A. ARE YOU A CITIZEN OF THE UNITED STATES? **YES** **NO**
B. AGE: _____
C. SEX: **FEMALE** **MALE**
D. RACE: _____
E. HEIGHT (WITHOUT SHOES): _____ FEET _____ INCHES
F. WEIGHT (STRIPPED): _____ LBS.
G. ARE YOU A GRADUATE OF AN ACCREDITED HIGH SCHOOL: **YES** **NO**
H. DO YOU POSSESS A VALID DRIVERS LICENSE: **YES** **NO**
I. DRIVERS LICENSE NUMBER: _____ STATE: _____
J. IS YOUR LICENSE RESTRICTED: **YES** **NO**
 IF YES, FOR WHAT REASON: _____
K. NUMBER OF YEARS DRIVING EXPERIENCE: _____
L. SOCIAL NETWORKS USED;
 FACEBOOK____ TWITER____ INSTAGRAM____ SNAPCHAT____
 LIST ANY OTHERS: _____

FAMILY INFORMATION:

- A. MARITAL STATUS: (circle one)
MARRIED SINGLE WIDOWED DIVORCED SEPARATED
- B. DEPENDENTS:
- | NAME | AGE | RELATIONSHIP |
|-------|-----|--------------|
| _____ | | |
| _____ | | |
| _____ | | |
| _____ | | |
| _____ | | |
| _____ | | |
| _____ | | |
- C. FATHER (FULL NAME): _____
 PLACE OF HIS BIRTH: _____
 PRESENT ADDRESS (IF LIVING): _____

MOTHER (MAIDEN NAME): _____
 PRESENT ADDRESS (IF LIVING): _____

SPOUSE (MAIDEN NAME, IF APPLICABLE): _____
 WHERE BORN: _____
 PRESENT ADDRESS (IF LIVING): _____

- D. IS SPOUSE EMPLOYED: **YES** **NO**
 IF YES, WHAT IS ANNUAL SALARY: _____

EDUCATION INFORMATION:

	NAME/ADDRESS OF SCHOOL	COURSE OF STUDY	YEARS COMPLET
HIGH SCHOOL:	_____	_____	_____
	_____	_____	_____
COLLEGE:	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
OTHER (SPECIFY):	_____	_____	_____
	_____	_____	_____

EMPLOYMENT INFORMATION:

A. RECORD YOUR EMPLOYMENT STARTING WITH GRADUATION FROM HIGH SCHOOL:

NAME & ADDRESS OF EMPLOYER

DATES EMPLOYED _____

POSITION HELD & ANNUAL SALARY _____

REASON FOR LEAVING: _____

NAME & ADDRESS OF EMPLOYER

DATES EMPLOYED _____

POSITION HELD & ANNUAL SALARY _____

REASON FOR LEAVING: _____

NAME & ADDRESS OF EMPLOYER

DATES EMPLOYED _____

POSITION HELD & ANNUAL SALARY _____

REASON FOR LEAVING: _____

USE ADDITIONAL PAGES FOR MORE EMPLOYMENT HISTORY

B. HAVE YOU EVER LEFT A POSITION DUE TO ILL HEALTH, THE NATURE OF WHICH WAS EITHER MENTAL OR PHYSICAL: YES NO
IF YES, EXPLAIN FULLY ON BACK OF PAGE OR ATTACHED PAGE.

C. HAVE YOU EVER BEEN DISCHARGED FROM A POSITION OF EMPLOYMENT: YES NO
IF YES, EXPLAIN FULLY ON BACK OF PAGE OR ATTACHED PAGE.

D. REFERENCES (PLEASE DO NOT USE RELATIVES AS REFERENCES):

NAME: _____	PHONE NUMBER: _____
ADDRESS: _____	CITY/STATE: _____
NAME: _____	PHONE NUMBER: _____
ADDRESS: _____	CITY/STATE: _____
NAME: _____	PHONE NUMBER: _____
ADDRESS: _____	CITY/STATE: _____

E. PLACE OF RESIDENCES LAST FIVE YEARS (OTHER THAN PRESENT):

STREET	CITY	STATE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

MILITARY HISTORY AND STATUS:

A. MILITARY HISTORY: PROVIDE COPY OF DD214

ORGANIZATION	DATE OF SERVICE	RANK/ GRADE	REASON FOR LEAVING
_____	_____	_____	_____
_____	_____	_____	_____

B. MILITARY CITATIONS OR OTHER AWARDS RECEIVED:

**C. ARE YOU NOW A MEMBER OF ORGANIZED RESERVES: YES NO
IF YES, RANK AT PRESENT TIME: _____**

NAME AND LOCATION OF UNIT: _____

MISCELLANEOUS INFORMATION:

**A. HAVE YOU VISITED OR RECEIVED TREATMENT FROM A PHYSICIAN OR OTHER PRACTITIONER DURING THE LASTTHREE YEARS: YES NO
IF SO, EXPLAIN: _____**

**B. DO YOU HAVE ANY SPECIFIC WORK LIMITATIONS AS THE RESULT OF A MENTAL OR PHYSICAL PROBLEM: YES NO
IF YES, EXPLAIN: _____**

C. LIST PAST OR PRESENT MEMBERSHIP IN ALL CLUBS AND/OR ORGANIZATIONS (POLITICAL, FRATERNAL, SOCIAL, ETC.):

D. DO YOU HAVE A CHURCH AFFILIATION: **YES** **NO**
IF YES, WHAT CHURCH: _____

E. VEHICLE ACCIDENT RECORD:
LIST DATE AND TIME OF VEHICLE ACCIDENTS IN WHICH YOU
HAVE BEEN INVOLVED IN AS A DRIVER: _____

F. HAVE YOU EVER BEEN ARRESTED FOR A CRIMINAL OFFENSE
OR RECEIVED A TICKET FOR A TRAFFIC OFFENSE: **YES** **NO**
IF YES, EXPLAIN DATE/LOCATION/CHARGE/FINE OR SENTENCE:

G. DO YOU OWN YOUR OWN HOME: **YES** **NO**
IF YES, HOW MUCH IS CURRENT MORTGAGE INDEBTEDNESS:

H. WHAT IS THE AMOUNT OF YOUR INDEBTEDNESS OTHER
THAN HOME: _____

I. ARE YOU A PROPRIETOR OR PART OWNER OF ANY BUSINESS OR FIRM: **YES** **NO**
IF YES, EXPLAIN NATURE OF BUSINESS:

J. WHAT SPECIAL SKILLS HAVE YOU DEVELOPED THROUGH
HOBBIES, EDUCATION, OCCUPATION OR OTHER SPECIAL
INTERESTS: _____

MOUNT PHOTOGRAPH

IN THIS SPACE

AFFIX SECURELY

(PHOTOGRAPHS TO BE FRONT VIEW, HEAD AND SHOULDERS,
(2 ½ " SQUARE AND TAKEN WITHIN THE LAST SIX MONTHS)

THE FACTS SET FORTH IN MY APPLICATION FOR EMPLOYMENT
WITH THE HANCOCK COUNTY SHERIFF'S DEPARTMENT ARE TRUE
AND COMPLETE. I UNDERSTAND THAT FALSE STATEMENTS ON
THIS APPLICATION SHALL BE CONSIDERED SUFFICIENT CAUSE
FOR ELIMINATION FROM FURTHER CONSIDERATION.

DATE

SIGNATURE OF APPLICANT

**CHECK APPLICATION CAREFULLY
BE CERTAIN ALL ITEMS ARE COMPLETE BEFORE MAILING**

MAIL OR RETURN TO:

HANCOCK COUNTY SHERIFF'S DEPARTMENT
123 EAST MAIN STREET
GREENFIELD, INDIANA 46140
317-477-1147

ATTENTION: RECORDS DEPARTMENT