

**Griffith Police Department
Emergency Hire Police Applicant**

EMPLOYMENT APPLICATION



Applicant's Full Name: _____

Applicant's Address: _____

Date: _____ / _____ / _____

Table of Contents

Cover Page

Table of Contents

Applicant Portion

- Instructions
- Personal and Physical Agility Waiver Inquiry
- Information Certification
- Basic Essential Job Functions
- Part I: Personal Data/Credit References
- Part II: Employment History
- Part III: Military Service
- Part IV: Education
- Part V: Driving Record
- Part VI: Arrest/Conviction Data
- Part VII: Current/Former Police Officers
- Part VIII: Drug Experimentation /History

Interviews and Hiring Procedures

Thank you for applying to the Griffith Police Department. On behalf of our officers and staff, I want to express our appreciation for your interest in joining our team, and we wish you success in the selection process.

The selection process begins with interviews, which will take place on a designated evening. These interview sessions will be conducted as group interviews, facilitated by panels composed of civilian members and sworn officers. Before your interview, you are welcome to meet with me and my command staff to ask any questions you may have about the inner workings of the Griffith Police Department, our law enforcement philosophy, and our department's culture.

Candidates who successfully pass the interview process will be ranked and placed on an emergency hiring list. As emergency openings within the department arise, selected candidates will be contacted to initiate a background investigation. Currently, we anticipate hiring two officers in January 2025 due to upcoming retirements.

If you have any questions or concerns regarding your application, the interview process, or the Griffith Police Department, please feel free to contact me or any member of my administrative team.

Sincerely,

Gregory S. Mance
Chief of Police

Instructions

1. Read this Application in its entirety prior to completing any portion of the packet.
2. Answers must be typed or handwritten legibly in black ink.
3. Answer ***all*** questions completely and accurately. Incomplete packets will not be accepted or processed.
4. Answer each question thoroughly and honestly. Untruthful statements may be cause for removal from the hiring process.
5. The following documents must be submitted with the Application (if you have not already provided them).
 - DD-214 (Military Personnel Only)
 - Sealed School Transcripts (High School/College)
 - Indiana Law Enforcement Academy Certificate
 - Copy of your valid driver's license
 - A color picture of applicant (wallet size is sufficient)
 - Copy of Social Security card
6. If you become aware that you are the subject of an investigation with any law enforcement agency during any phase of the selection process, immediately notify the recruiting investigator assigned to your background.
7. If you receive any adverse actions from your current employer, you ***must*** contact your investigator immediately.
8. All applications must be returned *by noon on December 2, 2024*

PART I
Personal Data

Name: _____
 Last First Middle (Maiden)

Current Address: _____
 Street Apt. #

 City State Zip Code

List all persons, and their ages, living with you at this address:

Social Security Number: _____

Date of Birth: _____

Martial Status: _____

If married or have a live-in partner, list spouses name and age:

Home Phone (with area code): _____

Work Phone (with area code): _____

Cell Phone (with area code): _____

Email address: _____

Social Media Accounts: _____

Give the following information of three character references not related to you.

NAME	ADDRESS	HOME PHONE	WORK PHONE
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

**PART I Personal
Data (cont.)**

Previous Addresses Over the Last 10 Years:

Previous Address 1 _____
Street Apt#

City State Zip Code

Previous Address 2 _____
Street Apt#

City State Zip Code

Previous Address 3 _____
Street Apt#

City State Zip Code

Previous Address 4 _____
Street Apt#

City State Zip Code

Griffith Police Department

Do you have relatives employed by this agency? YES {} NO {}

Are you applying to other law enforcement agencies? YES {} NO {}

If YES, indicate *all* agencies and your current status on their list: _____

Have you ever been passed over on a law enforcement agency's hiring list? YES {} NO {}

Do you speak any foreign languages? YES {} NO {}

If, YES, to what proficiency? _____

How often do you consume alcohol?

Daily {} Weekly {} Weekends only {} Social Drinker {} Non Drinker {}

Do you have any civil judgments against you? YES {} NO {}

Do you have any relative or close associates with criminal convictions? YES {} NO {}

If YES, state the convictions: _____

Are you an honest person? YES {} NO {}

Are you reliable? YES {} NO {}

Are you able to manage your personal finances? YES {} NO {}

Are you skilled, open-minded, and prepared to communicate effectively with a diverse range of people?
YES {} NO {}

Can you maintain your composure under high stress, even when faced with insults and threats?
YES {} NO {}

Are you able to function effectively under temporary or prolonged stress?
YES {} NO {}

Are you willing to work rotating shifts? YES {} NO {}

Are you willing to meet department grooming standards? YES {} NO {}

Are you willing and able to wear a uniform? YES {} NO {}

Are you willing and able to render aid to trauma victims? YES {} NO {}

Are you willing to work additional hours beyond your regular shifts as required?
YES {} NO {}

Are you willing and able to use deadly force, if necessary, to protect your life or the life of another?
YES {} NO {}

Are you prepared and capable of assisting citizens and upholding the law impartially and fairly, regardless of factors such as race, gender (including sexual orientation or gender identity), disability, age, national origin, religion, or political affiliation?
YES {} NO {}

With proper training and supervision, do you believe that you can perform *all* of the essential job functions of a law enforcement officer, unassisted, and without delay? YES {} NO {}

Do you currently own a firearm or possess a firearm permit? YES {} NO {}

Do you rent or own your present home? Rent _____ Own _____

If you rent, list your landlord's name, address and phone number: _____

Are you a proprietor or part owner of any business? YES {} NO {}

If YES, describe the nature of the business: _____

Describe any special skills that you believe would benefit you as a police officer and/or the department:

List past/present memberships in clubs and/or organizations (Do not include organizations that indicate political affiliation) _____

Please list community service or volunteer work you have participated in during the last three years:

**Griffith Police Department
Credit References**

Credit Check

(All credit card accounts should depict current balance.)

Banks:

Savings Account Numbers and Average Monthly Balance:

1. _____
2. _____
3. _____

Checking Account Numbers and Average Monthly Balance:

1. _____
2. _____
3. _____

Outstanding Loans (mortgage, vehicle, school, personal, etc.) and Average Monthly Balance:

1. _____
2. _____
3. _____

Adverse Activity (Overdrafts, checks issued and closed accounts, late payments, fraudulent activity, etc.):
YES {} NO {}

Bank Representative: _____

Bankruptcy Information:

(obtained through Entersect Inquiry and Federal Courts)

PART II
Employment History

Current Employer: _____

Address: _____

Phone (with area code): _____

Dates of Employment From: ____/____/____ To: ____/____/____

Reason for Leaving (Exclude Medical Reasons):

Supervisor's name and title:

Have you ever been fired from any position? YES {} NO {}

If YES, explain fully:

Current Co-Workers

List two co-workers with whom you presently work, and who are not listed elsewhere in this packet.

1. Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

Occupation: _____

2. Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

Occupation: _____

Past Employment History

Company Name	Telephone ()
Address	Employed (mth & yr) From To
Name and Supervisor	Weekly Pay
State Job Title and Describe Your Work	Reason for Leaving:

Company Name	Telephone ()
Address	Employed (mth & yr) From To
Name and Supervisor	Weekly Pay
State Job Title and Describe Your Work	Reason for Leaving:

Company Name	Telephone ()
Address	Employed (mth & yr) From To
Name and Supervisor	Weekly Pay
State Job Title and Describe Your Work	Reason for Leaving:

Company Name	Telephone ()
Address	Employed (mth & yr) From To
Name and Supervisor	Weekly Pay
State Job Title and Describe Your Work	Reason for Leaving:

PART III
Military Service

If these questions do not apply to you, put N/A in the response line.

Are you registered with the Selective Service System? YES {} NO {}

Have you served in the United States Armed Forces? YES {} NO {}

If yes, which Branch of Service? _____

Dates of service: _____

Type of discharge (exclude Medical): _____

Job title and rank at time of separation: _____

Do you have any current Military Reserve obligations? YES {} NO {}
ACTIVE {} INACTIVE {}

Were you ever subjected to any disciplinary action (Judicial or Non-Judicial)? YES {} NO {}

if YES, explain: _____

If you received anything less than an Honorable Discharge, explain below:

What specialized training did you receive in the Armed Forces?

**PART IV
Education**

Did you graduate from high school? YES {} NO {}

If YES, list name and address of high school: _____

If NO, did you receive a GED? YES {} NO {}

If you attended college, list your area(s) of concentration:

What, if any, degrees or certifications have been earned, beyond the high school level?

If you attended college but did not graduate, provide a brief explanation:

Have you ever been suspended, expelled or placed on academic probation from any school or educational facility? YES {} NO {}

If YES, explain why: _____

Have you ever been interviewed, cited, detained, arrested or had any other contact with any college police agency? YES {} NO {}

If YES, explain the circumstances: _____

PART V
Driving Record

Has your auto insurance ever been cancelled for non-medical reasons? YES {} NO {}

If YES, explain: _____

Have you ever been denied auto insurance for non-medical reasons? YES {} NO {}

If YES, explain: _____

Has your license or privilege to operate a motor vehicle ever been revoked, refused, suspended, or cancelled for non-medical reasons? YES {} NO {}

If YES, explain: _____

Has your vehicle registration ever been cancelled, revoked or suspended for any non-medical reason? YES {} NO {}

If YES, explain (include dates, location, disposition, etc.): _____

List all traffic citations and/or warnings received during the past 5 years (include dates, locations and dispositions): _____

Have you ever been detained, arrested, or charged with Operating While Intoxicated (OWI)? YES {} NO {}

If YES, explain (include date, location, arresting agency, disposition, etc.): _____

Have you ever been involved in an accident? YES {} NO {}

If YES, provide the following information:

Date and Location of Accident: _____

Was anyone injured? YES {} NO {}

Was the accident reported to the police? YES {} NO {}

Did you file a claim with an insurance company? YES {} NO {}

What was the outcome? (court appearance, court finding, etc.) _____

PART VI
Arrest/Conviction Data

When answering these questions include any law enforcement agencies as well as campus police and security agencies.

Have you ever been? (Check all that apply)

Arrested { } Interviewed { } Interrogated { } Detained { } Indicted { }
Convicted { } Received a Criminal Summons { } Received a Civil Citation { }

If you checked any of the above, explain in detail including the date, reason, agency, and disposition:

Are you now or have you ever been involved as a plaintiff or defendant in any civil court action?

YES { } NO { }

If YES, explain:

Have you ever been convicted of a criminal offense, including petty offense citations such as noise violations or underage drinking?

YES { } NO { }

If YES, provide all details such as dates, locations, arresting agency and court dispositions:

Have you ever:

Been a member of a street or motorcycle gang?	YES { }	NO { }
Committed a crime for which you were not caught?	YES { }	NO { }
Been involved in, or accused of, date rape?	YES { }	NO { }
Patronized the act of prostitution?	YES { }	NO { }
Participated in any incidences involving hazing or rituals?	YES { }	NO { }
Misused or mistreated anyone via the telephone/internet?	YES { }	NO { }
Been charged with or convicted of domestic violence?	YES { }	NO { }
Been a "restrained person" as the result of a restraining order or protection order	YES { }	NO { }

PART VII
Current/Former Police Officers Only

If these questions do not apply to you, put N/A in the response lines.

What law enforcement agency are you currently, or were previously, employed by?

Dates of employment: From _____ / _____ / _____ To _____ / _____ / _____

Have you been subject to any internal investigations/citizen complaints? YES {} NO {}

If YES, explain fully: _____

Disposition: _____

Have you ever been suspended from duty, with or without your police powers, for any reason except medical? YES {} NO {}

If YES, explain fully: _____

Have you been subject to any departmental disciplinary actions? YES {} NO {}

If YES, explain fully: _____

Have you ever been involved in any traffic accidents while operating departmental or government vehicles: YES {} NO {}

If YES, how many? _____

What was the disposition of each? _____ 5 _____

How have you been rated on your evaluations? (Check all that apply)

- Excellent
- Above Satisfactory
- Satisfactory
- Below Satisfactory
- Unsatisfactory

Explain any performance evaluations which you received less than satisfactory. (Provide copies of performance evaluations for the past two years)

Have you ever been questioned, interviewed or interrogated by your department's Internal Affairs Unit?

YES {} NO {}

If YES, explain fully: _____

Have you ever discharged your service weapon, either on-duty or off-duty, other than for training purposes or for authorized animal destruction?

YES {} NO {}

If YES, explain fully: _____

Have you ever been charged or investigated for the use of excessive force or police brutality?

YES {} NO {}

If YES, explain fully: _____

Have you ever been investigated by your current/past agency for an allegation of domestic violence/spousal abuse? YES {} NO {}

If YES, explain in full, all circumstances: _____

Are you resigning or have you been asked by a current or former agency to resign in lieu of termination? YES {} NO {}

If YES, explain fully: _____

PART VIII

Drug Experimentation/History

Have you ever smoked/experimented/tasted/ingested/used/injected/sniffed or been exposed to any of the following (check all that apply):

Marijuana/Hashish	YES <input type="checkbox"/>	NO <input type="checkbox"/>	How Often? _____	Date _____
Cocaine (Powder, Crack)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	How Often? _____	Date _____
Heroin	YES <input type="checkbox"/>	NO <input type="checkbox"/>	How Often? _____	Date _____
Morphine	YES <input type="checkbox"/>	NO <input type="checkbox"/>	How Often? _____	Date _____
Codeine (Non-prescribed)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	How Often? _____	Date _____
Amphetamines (Speed)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	How Often? _____	Date _____
Barbiturates (Downers)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	How Often? _____	Date _____
Inhalants (Solvents, Aerosols)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	How Often? _____	Date _____
Anabolic Steroids	YES <input type="checkbox"/>	NO <input type="checkbox"/>	How Often? _____	Date _____
LSD	YES <input type="checkbox"/>	NO <input type="checkbox"/>	How Often? _____	Date _____
PCP	YES <input type="checkbox"/>	NO <input type="checkbox"/>	How Often? _____	Date _____
Mushrooms (Hallucinogenic)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	How Often? _____	Date _____
Ecstasy	YES <input type="checkbox"/>	NO <input type="checkbox"/>	How Often? _____	Date _____
Special K	YES <input type="checkbox"/>	NO <input type="checkbox"/>	How Often? _____	Date _____
Quaaludes	YES <input type="checkbox"/>	NO <input type="checkbox"/>	How Often? _____	Date _____
Valium (Non-prescribed)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	How Often? _____	Date _____

Any other drug/narcotic not specifically listed above? _____

Have you ever purchased any of the above listed substances? YES NO

If YES, explain fully: _____

Have you ever used a prescribed medication not issued to you? YES NO

If YES, explain fully: _____

Have you ever sold or abused any type of drug/illegal substance? YES NO

If YES, explain fully: _____

Have you ever used prescription drugs or alcohol excessively? YES NO

If YES, explain fully: _____

ADDITIONAL INFORMATION PAGE

Personal Inquiry Waiver
Authority for Release of Information

To: Concerned Person or Authorized Representative of any Organization, Institution or Repository of Records

Re: Applicant Name: _____

Date of Birth: _____

Social Security Number: _____

I respectfully request and authorize you to furnish the Griffith Police Department any and all information that you may have concerning my criminal background, employment history, military record, scholastic information and financial/credit status. This information is to be used to assist the Town of Griffith in determining my qualifications and fitness for the position which I am seeking. A copy of this form may substitute for the original.

I hereby release you, your organization or others from any liability or damage that may result from furnishing the information requested above.

Applicant Signature

Date

Street Address

City

State

Zip Code

Affidavit

STATE OF: _____

COUNTY OF: _____

Before me personally appeared the said _____ who says that he/she executed the above instrument of his/her free will and accord, with full knowledge of the purpose therefore.

Sworn and prescribed to in my presence the _____ day of _____, 20 ____

My commission expires: _____

Notary Public

5
THIS WAIVER MUST BE RETURNED WITH APPLICATION

WAIVER OF LIABILITY

_____, waiver all claims against the Griffith Police Department, the Civil Town of Griffith, the School Town of Griffith, and their employees, from any and all claims, demands, damages, rights of action, present or future, whether the same be known or unknown, anticipated, or unanticipated resulting from or rising out of the applicants' participation in the Griffith Police Department physical ability exam.

Signature _____ Date _____

Witness _____ Date _____