



Cedar Lake Police Department

7408 Constitution / P.O. Box 305

Cedar Lake, Indiana 46303

Phone 219-374-5416 Fax 219-374-9231

RESERVE POLICE OFFICER APPLICATION

NOTICE: Applications must be typewritten or printed legibly in black ink. All questions must be answered; if a question is not applicable, state so and indicate NA (Not Applicable). **APPLICATIONS WHICH ARE NOT COMPLETE AND LEGIBLE WILL NOT BE CONSIDERED.** If the space provided is not sufficient for a complete answer, or you wish to furnish additional information, attach sheets of the same size paper as this application (8 ½ X 11), and number the answers to correspond with the questions.

1. PERSONAL HISTORY

- A. Name in full _____
Last Name First Middle
- B. List all other names you have used including nicknames. If female, furnish your maiden name. If you have ever used any surname other than your true name, provide the names used and explain under what period and circumstances these names were used.

- C. Date of Birth _____
Month Day Year
- D. Place of Birth _____
- E. Social Security Number _____
- F. PSID _____
- G. Have you ever legally changed your name? (other than by marriage) _____ Yes _____ No
If yes, then Date _____ Place _____
Court _____

2. RESIDENCES

A. YOUR present address, residence, and business telephone numbers.

Street Address/ Apt. No.	City	State	Zip Code
Home Phone No	Business Phone No	Cellular Phone No	
Email address			

B. Complete address to which you wish mail be sent. Please include telephone number if different from above.

Street Address	Apt. No	City	State	Zip Code
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C. List chronologically all of your former residences, including addresses while attending school if away from home.

1.	Dates From/To	Street Address	City	State	Zip Code
2.	Dates From/To	Street Address	City	State	Zip Code
3.	Dates From/To	Street Address	City	State	Zip Code
4.	Dates From/To	Street Address	City	State	Zip Code
5.	Dates From/To	Street Address	City	State	Zip Code

3. CITIZENSHIP

A. Are you a United States Citizen? Yes No **B.** By Birth? Yes No

C. Naturalized? Yes No If yes, _____
Date Place Court Naturalization Number

4. EDUCATION

Name of School	Complete Address	Dates From/To	Degree or Credit Hours
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Name of School	Complete Address	Dates From/To	Degree or Credit Hours
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Name of School	Complete Address	Dates From/To	Degree or Credit Hours
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Name of School	Complete Address	Dates From/To	Degree or Credit Hours
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5. REFERENCES

Give three references, not relatives, whom are responsible adults of reputable standing in their communities, such as property owners, business or professional men or women including your family physician, if you have one, who have known you well during the past five years.

1. _____
Complete Name Complete Address Home Telephone Number

Number Years Known Occupation Business Telephone Number

2. _____
Complete Name Complete Address Home Telephone Number

Number Years Known Occupation Business Telephone Number

3. _____
Complete Name Complete Address Home Telephone Number

Number Years Known Occupation Business Telephone Number

6. AUTOMOBILE INSURANCE / ACCIDENTS

1. Have you ever had your driver's license suspended? _____ Yes _____ No If yes, explain. _____

2. Automobile insurance company, local agent, address, and telephone number? If none, explain. _____

3. Your current driver's license number. _____ State. _____

4. List vehicle accidents in which you have been involved as a driver.

A. _____
Date Reporting Police Department What Happened

B. _____
Date Reporting Police Department What Happened

C. _____
Date Reporting Police Department What Happened

D. _____
Date Reporting Police Department What Happened

7. EMPLOYMENT

List chronologically all employment beginning with present employer, including summer and part-time employment while attending school. All time must be accounted for. If unemployed for a period, please indicate so and record dates of unemployment.

A. _____
Name of Employer Complete Address Business Phone Number

From Mo/Yr / To Mo/Yr Salary Position Full/Part-Time Immediate Supervisor

Non-Medical reason for leaving _____

B. _____
Name of Employer Complete Address Business Phone Number

From Mo/Yr / To Mo/Yr Salary Position Full/Part-Time Immediate Supervisor

Non-Medical reason for leaving _____

C. _____
Name of Employer Complete Address Business Phone Number

From Mo/Yr / To Mo/Yr Salary Position Full/Part-Time Immediate Supervisor

Non-Medical reason for leaving _____

D. _____
Name of Employer Complete Address Business Phone Number

From Mo/Yr / To Mo/Yr Salary Position Full/Part-Time Immediate Supervisor

Non-Medical reason for leaving _____

E. May we contact your present employer? Yes No If no, explain _____

F. Have you ever been dismissed, asked to resign, or had any disciplinary action taken against you from any employment or position you have held? No Yes _____

Employer's Name Complete Address

Reason _____

G. Do you have any sources of income other than your present salary, including your spouse's income?

Yes No Please specify each source with amount. _____

8. MILITARY RECORD

- A.** Are you registered for Selective Service? Yes No Selective Service Number (if known) _____
- B.** Have you ever served on active duty in the Armed Forces of the United States? Yes No
- C.** Highest rank attained in military service _____
- D.** What is your current military classification? _____
- E.** Branch of Military Service _____ **F.** Serial Number _____
- G.** Dates of active duty _____
- H.** Type of Discharge (if non-medical) _____ Separation Location _____
- I.** Member of Reserves? Yes No If yes, Ready Standby
- J.** Service Branch _____
- K.** Were you ever court marshaled or charged with any violation of the Uniform Code of Military Justice?
 Yes No If yes, Date _____ Place _____
Nature of Offense _____ Action taken _____

9. FOREIGN TRAVEL- (MILITARY SERVICE, RESIDENCE, VISIT)

- A.** Have you ever visited or resided in any foreign country (including travel in the Armed Forces of the States)?
 Yes No If yes, _____
Date Passport Issued Passport Number Place Issued
1. _____
Foreign Country Date From To Reason for Travel
2. _____
Foreign Country Date From To Reason for Travel
- B.** Have you ever served in the Armed Forces of a foreign country? Yes No
If yes, specify countries and dates _____

10. CREDIT RECORD

A. Has your credit record (including spouse) ever been considered unsatisfactory, or have you ever been refused credit?

___Yes ___No If yes, give dates, places, and names of creditors and circumstances _____

B. Please list all debts that are past due. Indicate number of payments that are past due, account number, and amount of each payment.

C. List three credit references. Include full name, address, account numbers, and type of credit.

1. _____

2. _____

3. _____

11. COURT RECORD

A. Have you ever been arrested or charged with any violations? ___Yes ___No. This includes any criminal, civil, and or minor traffic. List all such matters regardless if a court appearance was required or not. Also include the final disposition indicating whether the verdict was guilty or not guilty. If a plea was, or you were found to be, guilty then indicate this in the detail section (include any fines paid).

1. _____

Date	Place	Agency	Charge	Final Disposition	Details
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2. _____

Date	Place	Agency	Charge	Final Disposition	Details
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B. List all traffic citations. If none, state so.

1. _____

Date	Place	Agency	Charge	Final Disposition	Details
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2. _____

Date	Place	Agency	Charge	Final Disposition	Details
------	-------	--------	--------	-------------------	---------

3. _____

Date	Place	Agency	Charge	Final Disposition	Details
------	-------	--------	--------	-------------------	---------

4. _____

Date	Place	Agency	Charge	Final Disposition	Details
------	-------	--------	--------	-------------------	---------

C. Have you or your spouse ever been a plaintiff or defendant in a court action including divorce actions?

___Yes ___No

Date	Place	Court	Names of Parties	Nature of Action	Final Disposition
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D. Have you or your spouse ever been the subject, to your knowledge, of a criminal investigation? ___Yes ___No

If yes, Please explain in detail _____

12. ORGANIZATION MEMBERSHIP

A. Please list all clubs, organizations, associations, and societies of which you are or have been a member.

1.	Name	Complete Address	Telephone Number	Former	Present	Position Held
2.	Name	Complete Address	Telephone Number	Former	Present	Position Held
3.	Name	Complete Address	Telephone Number	Former	Present	Position Held
4.	Name	Complete Address	Telephone Number	Former	Present	Position Held
5.	Name	Complete Address	Telephone Number	Former	Present	Position Held

B. Have you ever been a member of any foreign or domestic organization, association, movement, group, or combination of persons which is totalitarian, fascist, communist, or subversive, or which has adopted, or shows a policy of, advocating or approving the commission of acts of force or violence to deny other persons their rights under the Constitution of the United States, or which speaks to alter the form of government of the United States by unconstitutional means? Yes No If yes, explain in detail _____

13. RELATIVES

A. If you have been married more than once, give the requested information concerning each former spouse. Even if a relative is deceased, please give all information requested and indicate the last residence and year of death. Include brothers/sisters. Along with information concerning your parents, provide information if you have stepparents, legal guardians, or others who have raised you if other than parents.

1.	Name (Include Maiden Name)	Mother	Complete Address	Telephone Number	
	Date of Birth	Place of Birth	Occupation	Complete Address	Telephone Number
2.	Name	Father	Complete Address	Telephone Number	
	Date of Birth	Place of Birth	Occupation	Complete Address	Telephone Number
3.	Name (Including Maiden Name)	Spouse/Ex-Spouse	Complete Address	Telephone Number	
	Date of Birth	Place of Birth	Occupation	Complete Address	Telephone Number
4.	Name (Including Maiden Name)	Spouse/Ex-Spouse	Complete Address	Telephone Number	
	Date of Birth	Place of Birth	Occupation	Complete Address	Telephone Number

5. _____
 Name (Include Maiden Name) Spouse/Ex-Spouse Complete Address Telephone Number

 Date of Birth Place of Birth Occupation Complete Address Telephone Number

6. _____
 Name (Include Maiden Name) Brother/Sister Complete Address Telephone Number

 Date of Birth Place of Birth Occupation Complete Address Telephone Number

7. _____
 Name (Include Maiden Name) Brother/Sister Complete Address Telephone Number

 Date of Birth Place of Birth Occupation Complete Address Telephone Number

8. _____
 Name (Include Maiden Name) Step-Parent Complete Address Telephone Number

 Date of Birth Place of Birth Occupation Complete Address Telephone Number

9. _____
 Name (Include Maiden Name) Step-Parent Complete Address Telephone Number

 Date of Birth Place of Birth Occupation Complete Address Telephone Number

14. ADDITIONAL INFORMATION

A. Please describe any specialized training, apprenticeship, skills, and extra-curricular activities.

B. List any previous law enforcement experience.

Agency	State of Certification	Dates Served
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

15. CERTIFICATIONS

I certify that:

1. All required item are included with this application, if applicable (Submitted physically or electronically);
 - A. Certified copy of a Birth Certificate
 - B. Certified copies of your High School and College Transcripts / GED Certificates
 - C. Military DD214 if applicable
 - D. A recent photograph as described below
 - E. Any Certification of Law Enforcement Training
 - F. Naturalization Papers, if applicable

Please include a full-face photograph of yourself, not larger than 2 ¾ inches by 2 ½ inches in the envelope provided. Please print your name and date of birth legibly on the back of the photograph. This photograph will be used for background investigation and identification purposes only.

2. I have personally completed this application;

I understand that any appointment tendered to me will be contingent upon the results of a complete character and fitness investigation, and I am aware that willfully withholding information or making false statements on this application will be basis for disqualification from the hiring/ appointing process and/ or dismissal from the Cedar Lake Police Department. I agree to these conditions and I hereby certify that all statements made by me on this application are true and complete to the best of my knowledge.

Signature of Applicant (do not use nicknames)

Date

Full Name of Applicant, PRINTED

Please check your application carefully. Be certain all items are complete. This application will not be considered if all information is not complete, legible, or all required documents are not attached.

Applications may be returned by mail or hand delivery. Applications not received by the specified due date shall not be considered.

**HAND DELIVER ONLY to: Cedar Lake Police Department
7408 Constitution / P.O. Box 305
Cedar Lake, Indiana 46303**

The Cedar Lake Police Department of the Town of Cedar Lake, Indiana, is an equal opportunity employer.