



# Cedar Lake Police Department

7408 Constitution / P.O. Box 305

Cedar Lake, Indiana 46303

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

## POLICE OFFICER APPLICATION

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**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.

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### 1. PERSONAL HISTORY

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- 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 \_\_\_\_\_

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## 2. RESIDENCES

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

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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.

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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

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## 3. CITIZENSHIP

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**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

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## 4. EDUCATION

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

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### 5. REFERENCES

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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

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### 6. AUTOMOBILE INSURANCE / ACCIDENTS

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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

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## 7. EMPLOYMENT

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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

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

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Non-Medical reason for leaving \_\_\_\_\_

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**B.** \_\_\_\_\_  
Name of Employer      Complete Address      Business Phone Number

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

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Non-Medical reason for leaving \_\_\_\_\_

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**C.** \_\_\_\_\_  
Name of Employer      Complete Address      Business Phone Number

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

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Non-Medical reason for leaving \_\_\_\_\_

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**D.** \_\_\_\_\_  
Name of Employer      Complete Address      Business Phone Number

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

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Non-Medical reason for leaving \_\_\_\_\_

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**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. \_\_\_\_\_

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## 8. MILITARY RECORD

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**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 \_\_\_\_\_

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

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**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 \_\_\_\_\_

\_\_\_\_\_

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**10. CREDIT RECORD**

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**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. \_\_\_\_\_

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**11. COURT RECORD**

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**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
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3. \_\_\_\_\_

Date	Place	Agency	Charge	Final Disposition	Details
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4. \_\_\_\_\_

Date	Place	Agency	Charge	Final Disposition	Details
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**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 \_\_\_\_\_



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

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**14. ADDITIONAL INFORMATION**

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**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
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



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## 15. CERTIFICATIONS

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I certify that:

1. All required items 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 must be hand delivered. Applications not received by the specified due date shall not be considered.

Please hand deliver 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.