



Cedar Lake Police Department

7408 Constitution Avenue
Cedar Lake, Indiana 46303

CHIEF OF POLICE 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 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 (most current first) all of your residences for the past ten (10) years, 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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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.	<hr/>		
	Complete Name	Complete Address	Home Telephone Number
	<hr/>		
	Number Years Known	Occupation	Business Telephone Number
	<hr/>		
2.	<hr/>		
	Complete Name	Complete Address	Home Telephone Number
	<hr/>		
	Number Years Known	Occupation	Business Telephone Number
	<hr/>		
3.	<hr/>		
	Complete Name	Complete Address	Home Telephone Number
	<hr/>		
	Number Years Known	Occupation	Business Telephone Number

6. DRIVER RECORD

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.	<hr/>		
	Date	Reporting Police Department	What Happened
	<hr/>		
B.	<hr/>		
	Date	Reporting Police Department	What Happened
	<hr/>		
C.	<hr/>		
	Date	Reporting Police Department	What Happened
	<hr/>		
D.	<hr/>		
	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. If no, explain why below:

B. Have you ever served in the Armed Forces of the United States? ___ Yes ___ No (if no, skip to section 9)

Dates of Service: _____

What Branch of Military: _____

What was/is your Military Occupational Specialty (MOS): _____

Highest rank/pay grade achieved: _____

Last duty station: _____

Are you a current member of the National Guard or Reserves? ___ Yes ___ No

Type of Discharge: _____

C. Were you ever court marshaled or charged with any violation of the Uniform Code of Military Justice? This includes Article 15s, Office Hours, and Non-Judicial Punishment Mast. ___ Yes ___ No

If yes, Date _____ Place _____

Article/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. 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

2. _____
Date Place Agency Charge Final Disposition Details

B. List all traffic citations. If none, state so.

1. _____
Date Place Agency Charge Final Disposition Details

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

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 _____

11. 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 _____

12. 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
Agency	State of Certification	Dates Served
Agency	State of Certification	Dates Served
Agency	State of Certification	Dates Served

13. CERTIFICATIONS

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. 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.

Please mail or Hand deliver to: **Town of Cedar Lake**
Attn: Office of the Clerk-Treasurer
PO Box 707
7408 Constitution Avenue
Cedar Lake, IN 46303

OR

Electronically submit your application and supporting documentation to jennifer.sandberg@cedarlakein.org

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

Town of Cedar Lake

7408 Constitution Ave – PO Box 707 – Cedar Lake, IN 46303

Tel (219) 374-7400 – Fax (219) 374-8588



AUTHORIZATION FOR RELEASE OF INFORMATION AGREEMENT

TO WHOM IT MAY CONCERN: I am an applicant for a position with the Town of Cedar Lake Police Department. The Department needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I have applied. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed to the above Department.

I hereby authorize any representative of the Town of Cedar Lake Police Department bearing this release to obtain any and all information in your files pertaining to my employment records and I hereby direct you to release such information upon request of the bearer. I do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the Town of Cedar Lake Police Department, whether said records are of public, private, or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure. I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation that may provide pertinent data for the Town of Cedar Lake Police Department to consider in determining my suitability for employment in that Department. It is my specific intent to provide access to personnel information, however personal or confidential it may appear to be.

I consent to your release of any and all public and private information that you may have concerning me, my work record, my background and reputation, my military service records, my educational records, my financial status, my criminal history record, including any arrest records, any information contained in any case, either criminal or civil, in which I presently have, or have had an interest, attendance records, polygraph examinations, and any internal affair investigations and discipline, including any files that are deemed to be confidential.

I hereby release you, your organization, and all others from liability or damages that may result from furnishing information requested, including liability or damage pursuant to any state or federal law. I hereby release you as custodian of such records of your organization, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempts to comply with it. I direct you to release such information upon request of the duly authorized representative of the Town of Cedar Lake Police Department regardless of any agreement I may have made with you previously to the contrary. The law enforcement organization requesting the information pursuant to this release may discontinue processing my application if you refuse to disclose the information requested.

For and in consideration of the Town of Cedar Lake Police Department's acceptance and processing of my application for employment, I agree to hold your organization, its agents and employees harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the Town of Cedar Lake Police Department. I understand that should information of a serious criminal nature or regarding an outstanding criminal and/or civil warrant surface as a result of this investigation, such information may be turned over to the proper authorities.

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access and disclosure of records, and I waive those rights with the understanding that information furnished will be used by the Town of Cedar Lake Police Department in conjunction with employment procedures.

A photocopy or fax copy of this release form will be valid as an original thereof, even though the said photocopy or fax copy does not contain an original writing of my signature.

This waiver is valid for a period of **one year** from the date of my signature.

Should there be any questions as to the validity of this release, you may contact me at the address listed on the form.

I agree to indemnify and hold harmless the person to whom this request is presented and his or her agents and employees, from and against all claims, losses, and expenses, including reasonable attorney fees, arising out of or by reason of complying with this request.

Signature (including maiden name, if applicable)

Date of Birth

Address

Social Security Number

City, State, Zip Code

Telephone Number

STATE OF _____

COUNTY OF _____

BEFORE ME, a Notary Public in and for said County and State, personally appeared _____ who acknowledged the execution of the foregoing Authorization for Release of Information Agreement, and who, being first sworn under oath, stated that the matters contained therein are true.

WITNESS my hand and Notarial Seal this _____ day of _____, 20____

NOTARY PUBLIC (Sign in black ink)

NOTARY PUBLIC (Printed)

My Commission Expires: _____