



# Cedar Lake Police Department

7408 Constitution / P.O. Box 305  
Cedar Lake, Indiana 46303  
Phone 219-374-5416 Fax 219-374-9231

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## 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.

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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. Have you ever legally changed your name? (other than by marriage) \_\_\_\_ Yes \_\_\_\_ No  
If yes, then Date \_\_\_\_\_ Place \_\_\_\_\_  
Court \_\_\_\_\_



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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

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

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

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**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

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**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

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**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

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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. 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 \_\_\_\_\_

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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

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 \_\_\_\_\_

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## 12. ORGANIZATION MEMBERSHIP

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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 \_\_\_\_\_

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## 13. RELATIVES

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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

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### 14. ADDITIONAL INFORMATION

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

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**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



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## 15. CERTIFICATIONS

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I certify that:

1. All required items are included with this application, if applicable;
  - A. Certified copy of a Birth Certificate
  - B. Certified copies of your High School and College Transcripts / GED Certificates
  - C. Military DD214 #2 or #4 or NGB22 (National Guard), if applicable
  - D. A recent photograph as described below
  - E. Any Certification of Law Enforcement Training, if applicable
  - 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 (ex. Passport photo). 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: **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.

## **Application Packet Check List**

- ( ) Eight Page Application
- ( ) Photocopy of Birth Certificate
- ( ) Photocopy of High School or GED Certificates
- ( ) Photocopy of Military DD214 #2 or #4 or NGB22 (National Guard), if applicable
- ( ) Proof of PERF membership, if applicable
- ( ) Any additional Law Enforcement Training Certifications, if applicable
- ( ) Naturalization Papers, if applicable
- ( ) Copy of Driver's License
- ( ) Recent Photograph, see requirements on previous page
- ( ) Notarized Personal Inquiry Waiver

**NOTE:** *All Forms must be returned together.*



# Cedar Lake Police

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(219) 374-5416 FAX (219) 374-9231



[www.cedarlakein.org](http://www.cedarlakein.org)

## Authority for Release of Information

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

RE: APPLICANT'S NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

I respectfully request and authorize you to furnish the Cedar Lake Police Department any and all information that you may have concerning my work record, school record, military record, criminal history, reputation, and financial and credit status. This information is to be used to assist the Department in determining my qualifications and fitness for the position I am seeking with the Cedar Lake Police Department. 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's Signature Date

\_\_\_\_\_  
Street Address City State Zip Code

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### AFFIDAVIT

STATE OF: \_\_\_\_\_

COUNTY OF: \_\_\_\_\_

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

Sworn to and prescribed to in my presence this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

My Commission Expires: \_\_\_\_\_

Notary Signature: \_\_\_\_\_

Notary Public Seal

**THIS WAIVER MUST BE NOTORIZED AND RETURNED WITH APPLICATION**