



Cedar Lake Police

7408 Constitution P.O. Box 305
Cedar Lake, IN 46303
(219) 374-5416 FAX (219) 374-9231



www.cedarlakein.org

Application Packet Check List

- () Authority for Release of Information
- () Nine Page Application
- () Photocopy of Birth Certificate
- () Photocopy of High School & College Transcripts/GED Certifications
- () Photocopy Military DD214, if Applicable
- () Proof of PERF membership
- () Indiana Law Enforcement Certifications & Training Certificates
- () Naturalization Papers, if applicable
- () Copy of Driver's License
- () Recent Photograph (as described on page 9 of application)

NOTE: All Forms in this packet must be returned together.



Cedar Lake Police

7408 Constitution P.O. Box 305
Cedar Lake, IN 46303
(219) 374-5416 FAX (219) 374-9231



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

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 Public Seal

THIS WAIVER MUST BE NOTORIZED AND RETURNED WITH APPLICATION



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

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. 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
----------------	---------	------	-------	----------

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
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

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. 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				

8. 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. _____

9. 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 _____

10. 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 _____

11. 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

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 item are included with this application, if applicable;
 - A. **Notarized** Personal Inquiry Waiver
 - B. Photocopy of Birth Certificate
 - C. Photocopy of your High School Diploma or GED Certificates
 - D. Photocopy of your Military DD214, if applicable
 - E. A recent photograph, as described below
 - F. Any Certification of Law Enforcement Training
 - G. Naturalization Papers, if applicable
 - H. Proof of current membership in PERF (Current Statement or Email).
 - I. Photocopy of your Driver's License

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, hand delivery, or Email. Applications not received by the specified due date shall not be considered.

Mail or Hand deliver to: **Cedar Lake Police Department
7408 Constitution / P.O. Box 305
Cedar Lake, Indiana 46303**

or

Email full application and required documentation to: **pdapps@cedarlakein.org**

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



Cedar Lake Police

7408 Constitution P.O. Box 305
Cedar Lake, IN 46303
(219) 374-5416 FAX (219) 374-9231



www.cedarlakein.org

The ***Cedar Lake Police Department*** is taking applications for an emergency hire to fill an immediate vacancy.

Only applicants who are Indiana Law Enforcement Academy Certified will be eligible for the Emergency Hire. You must also be currently enrolled in Indiana PERF.

- ❖ You must be a graduate of the Indiana Law Enforcement Academy at the time you are appointed.
- ❖ You must be a current member of Indiana PERF.
- ❖ You must not have had any convictions for:
 - Felonies
 - Domestic Violence
- ❖ You must be a resident of Indiana;
- ❖ You must have a valid Indiana driver's license;
- ❖ (If applicable) Must possess an Honorable Discharge from the United State Military.

Respectfully,
William Fisher
Chief of Police



Cedar Lake Police Department

7408 Constitution / P.O. Box 305

Cedar Lake, Indiana 46303

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

The following is a list of preliminary dates for the respective steps in the application screening process. **It is important that each applicant supply a valid telephone number (home and cell) AND email address for short or emergency notice notification purposes.**

APPLICATION DEADLINE:

All applications must be returned to the Cedar Lake Police Department by:

4:00 p.m. on Friday, March 3.

Applications received or delivered after that date will not be accepted.

*EMAILED applications need to be sent prior to 4:00 pm on the same date above

*Mailed applications need to be postmarked prior 4:00 p.m. on the same date above.

PHYSICAL AGILITY TESTING:

TBA along with location

WRITTEN EXAMINATION:

TBA along with location

PERSONNEL BOARD INTERVIEW:

TBA at the Cedar Lake Town Hall.

POLICE COMMISSION INTERVIEW:

TBA at the Cedar Lake Town Hall.

William T Fisher
Chief of Police