

# **Mentone Police Department**

## **Application For Employment**

**201 W Main Street, PO Box 298  
Mentone, IN, 46539-0298  
Phone: 574-353-7255  
Fax: 574-353-7256**

### **Mentone Police Department**

We consider applications for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job related medical condition or handicap/disability, or any other legally protected status. The Town of Mentone is an equal opportunity employer.

***The Town of Mentone Police Department is located at 201 W Main St, Mentone, IN, and can be reached at Phone: 574-353-7255 Fax: 574-353-7256 Email: mentonepd@rtcol.com***

APPLICANT NAME: \_\_\_\_\_

DATE SUBMITTED: \_\_\_\_\_

POSITION APPLIED FOR: \_\_\_\_\_

Federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity within 3 days of being hired. Failure to submit such proof within the required time shall result in immediate employment termination.

### **NOTICE**

You are hereby informed that all statements and information submitted may be investigated and are subject to verification. You are also advised that each applicant may be fingerprinted to determine any criminal record and for further identification purposes.

**Important!! This application form must be completed by the applicant in black ink and sworn to before a notary public or by an officer authorized to administer oaths.**

**Upon completing this application, the following documents must be attached:**

1. A copy of your birth certificate (or naturalization verification, if applicable)
2. A copy of your high school diploma or state equivalency certificate
3. A copy of your social security card
4. A copy of your driver's license
5. A copy of your military DD-214 form (reflecting discharge status), if applicable
6. A copy of any additional schooling, training, certificates, or degrees
7. Any record of a name change (excluding marriage), if applicable
8. May be asked to sign a three (3) year contract with the Mentone Police Department

**Note: Other documents may be required depending on the results of the verification of the data.**

All supporting documents and information in this application must be clear and legible. All applicable areas must be completed to include all names, addresses and telephone numbers. Any portion of this application that is not applicable should be marked as "NA".

### Personal Data

<b>NAME</b> _____			
(Last)	(First)	(Middle)	(Maiden)
Home Phone # _____		Other Phone # _____	
Best time to reach at this # _____		Best time to reach at this # _____	
Residence _____			
(Street address)	(City)	(State)	(Zip code) (County)
Social Security # _____		Driver's License # _____	
Do you possess a valid Indiana State driver's license?		____ Yes	____ No
If not, do you possess a valid driver's license from another state?		____ Yes	____ No
If yes, which state: _____			
Are you able to perform the essential functions of the position you are applying for?		____ Yes	____ No
If no, will you be able to perform the functions with a an accommodation?		____ Yes	____ No

### Education

High School Graduate _____ GED _____ (Check one)			
Name and address of School or Authority issuing certificate:			
_____			
(School/Authority)	(Address)	(City/State)	(Year awarded)
<b>College/University</b>			
<b>Name</b>	<b>City/State</b>	<b>From/To (Year)</b>	<b>Hours* or Degree completed</b>
*indicate quarter or semester hours			

### Special Skills and Training

List any additional skills, training or experience related to the public safety field:			
List any office equipment, business machines and/or other relevant equipment you can operate:			

[illegible]

<b><u>Military Service</u></b>	
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Type of Discharge (If other than honorable, explain): \_\_\_\_\_

Name of Unit	Rank/Position
Address of Unit	Phone #

<b><u>Personal References</u></b>	
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Name_____		Phone #_____	
Address_____		Relationship_____	
City_____	State_____	Zip Code_____	Time Known_____

Address \_\_\_\_\_ Relationship \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Time Known \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Time Known \_\_\_\_\_

<b><u>Employment History</u></b>
<div style="border-bottom: 1px solid black; margin-bottom: 5px;">Current or Previous Employer</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">Address(City,State,Zip)</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">Dates of Employment: From _____ To _____ Job Title _____</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">Immediate Supervisor _____ Phone# _____</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">Describe Duties _____</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">Reason for Leaving _____</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">If we contact this employer, will your employment be endangered? _____ Yes _____ No (A "No" answer will not affect consideration for employment.)</div>
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## **Authorization and Acknowledgement For Employment**

### **Read the following carefully before signing**

I certify that the answers given by me in this application are true and correct without omissions of any kind. I understand that any misleading or incorrect statements may render this application void. If I am employed and it is subsequently discovered that any answer given by me is incomplete, misleading, or incorrect, I may be terminated. I agree that the Town of Mentone shall not be held liable in any respect if my employment is terminated because of false, incomplete or misleading statements, answers or omissions made by me in this application.

I authorize pertinent companies, schools, agencies, municipalities, or persons to give the Town of Mentone any information requested regarding my employment, character, experience, and qualifications and/or suitability for employment with the Town of Mentone including a check of my fingerprints and police record for the purpose of considering my suitability for hire. I hereby forever release, discharge and covenant not to sue any person or organization for any result of providing, obtaining, or acting upon such information. I understand that such is sought with confidentiality and will not be released to me in any form whatsoever.

In addition, a copy of this authorization is as valid as the original and should be recognized as such.

I further understand that I may be asked to undergo physical examination, including substance screening, prior to appointment to a position with the Town of Mentone. Refusal to participate will result in the withdrawal of any offer of employment.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

Subscribed and sworn before me by the above person on this\_\_\_\_, \_\_\_\_\_ of 20\_\_\_\_, in the  
county of \_\_\_\_\_, State of\_\_\_\_\_.

Notary Public\_\_\_\_\_My commission expires\_\_\_\_\_

# **Mentone Police Department**

## **Authorization for Release of information**

(for official use only, not to be released to unauthorized persons)

TO WHOM IT MAY CONCERN: I, \_\_\_\_\_, am an applicant for a position with the Mentone 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 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 Mentone Police Department bearing this release to obtain any 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 Mentone 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 Mentone 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, educational records, my financial status, my criminal history record, including any arrest records, any information contained in investigatory files, efficiency ratings, complaints or grievances filed by or against me, the records or recollections of attorneys at law, or other counsel, whether representing me or another person in my case, either criminal or civil, in which I presently have, or have had an interest, attendance records, polygraph examinations, and any internal affairs investigations and discipline, including any files which are deemed to be confidential, and/or sealed

I hereby release you, your organization, and all others from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I hereby release you, as the 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 attempt to comply with it. I direct you to release such information upon request of the duly accredited representative of the Mentone Police Department regardless of any agreement I may have made with you previously to the contrary. The police department organization requesting the information pursuant to this release will discontinue processing my application if you refuse to disclose the information requested.

For and in consideration of the Mentone Police Department's acceptance and processing of my application for employment, I agree to hold the Mentone Police Department, 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 Mentone Police Department. I understand that should information of a serious criminal nature surface as a result of this investigation, such information may be turned over to the proper authorities.

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

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

The waiver is valid for a period of one (1) year from the date of my signature.

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

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (Full Name)

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Address (Number and Street)

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Telephone Number

**Signature must be notarized by a notary of the public.**