

# PLYMOUTH POLICE DEPARTMENT

## POLICE OFFICER EMPLOYMENT POLICIES

### REQUIREMENTS

- Must be a citizen of the United States of America
- Must be at least 21 and may not have reached your 40th birthday by date of appointment
- Must have a high school diploma or equivalent by an accredited school
- Must be of good moral character
- Must possess a valid operator's license for the current state of residence
- Must have a honorable discharge from military branch (if applicable)
- Must be able to pass all competitive written examinations required of the position
- Must be able to pass all physical agility assessment tests required of the position
- Must pass an extensive background investigation
- Must pass an oral interview before a panel of officers of the Plymouth Police Department
- Must pass an oral interview before the City of Plymouth Board of Public Works & Safety
- Must pass a drug screen examination
- Must pass a medical examination
- Must pass a psychological examination
- Must be eligible for acceptance into the 1977 Police Officers' & Firefighters' Pension Fund
- Must be able to achieve certification through the Indiana Law Enforcement Academy
- Must be fluent in reading and speaking of the English language

**Submission Deadline: Thursday, September 15, 2022, 3:00 p.m.**  
(\*Applications received after 3:00 p.m. on 9/15/2022 will be ineligible for consideration)

**Completed applications must be returned to: Plymouth Police Department  
215 W. Washington Street  
Plymouth, IN 46563**

Email questions about the hiring process to: [dbaconppd@plymouthin.com](mailto:dbaconppd@plymouthin.com)

An Equal Opportunity Employer and Program Provider

# PLYMOUTH POLICE DEPARTMENT

## POLICE OFFICER EMPLOYMENT POLICIES

**Application MUST include the following:**

- A copy of your valid operator's license
- A copy of your high school or G.E.D. diploma
- A transcript from all high schools attended
- A copy of your college or university diploma (if applicable)
- A transcript from all colleges or universities attended (if applicable)
- A copy of your military discharge record (DD214, if applicable)
- A copy of your birth certificate
- The signed AUTHORIZATION TO RELEASE INFORMATION form (enclosed)
- A photograph taken within the last six months (attached to form)
- **The above listed items will not be returned; therefore, submit legible copies.**

**\*\*Application must be completed by printing in black ink. Failure to complete the application completely and/or attach the required documents will be grounds for rejection of the application.**

## AUTHORIZATION TO RELEASE INFORMATION

I, \_\_\_\_\_, hereby authorize any person, agency, partnership, or corporation having information concerning my CRIMINAL RECORD, CREDIT REPORT RECORD, EDUCATIONAL RECORD, MEDICAL RECORD, EMPLOYMENT RECORD, MILITARY RECORD, or SELECTIVE SERVICE RECORD, to release such information to the **PLYMOUTH POLICE DEPARTMENT**. This information will be used in the employment screening process with the **PLYMOUTH POLICE DEPARTMENT** and will not be available for public inspection.

I hereby release such person, agency, partnership, or corporation from any liability, which may be incurred in releasing this information to the **PLYMOUTH POLICE DEPARTMENT**, including liability under any Federal Law.

<b>SIGNATURE</b>		<b>TODAY'S DATE</b>
<b>PRINTED NAME</b>	<b>DATE OF BIRTH</b>	

State of \_\_\_\_\_ )

) SS:

County of \_\_\_\_\_ )

Subscribed and sworn to before me, a Notary Public, in and for said county and state,

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

My Commission Expires:

\_\_\_\_\_

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Printed

\_\_\_\_\_  
County of Residence

**NOTE: THIS PAGE MUST BE NOTARIZED, SIGNED, AND RETURNED WITH THE APPLICATION**



**MILITARY SERVICE:** List information for all military service. Include current Reserve or National Guard obligations.

DATES SERVED FROM / TO	BRANCH OF SERVICE	MILITARY OCCUPATIONAL SPECIALTY (MOS) GIVE DESCRIPTION OF DUTIES	HIGHEST RANK ATTAINED	TYPE OF DISCHARGE

While in the military service, were you ever convicted for an offense, which resulted in a trial by deck court or by summary, special or general court-martial? YES NO If YES, attach additional sheet(s) describing each incident. Give date, location, charge(s), actions taken, etc.

List all military award(s) and/or decoration(s) received: \_\_\_\_\_

**EDUCATION:** List all elementary, junior high, and high schools attended.

NAME & LOCATION OF SCHOOL	DATES ATTENDED FROM / TO	GRADUATE?	
		YES	NO

**CONTINUED EDUCATION:** List information for all colleges/universities attended.

NAME & LOCATION OF COLLEGE OR UNIVERSITY	DATES ATTENDED FROM / TO	MAJOR / MINOR COURSE OF STUDY	TYPE OF DEGREE & DATE RECEIVED	CREDIT HOURS COMPLETED

**OTHER SCHOOLS OR TRAINING:** (i.e. trade, vocational, military, etc.) Give for each the name and location of the school, dates attended, subjects studied, certificate attained and any other pertinent information.

**SPECIAL QUALIFICATIONS, SKILLS, LICENSES:** List any special qualifications, skills, or licenses that you possess which are pertinent for the position for which you are applying. Include any foreign language(s) that you can speak, write, or read fluently.

**EMPLOYMENT:** Start with your most recent employer and list your work history for the past TEN (10) years. Include part-time, temporary, and seasonal employment.

FROM DATE	NAME & ADDRESS OF EMPLOYER		REASON FOR LEAVING	JOB TITLE
TO DATE			DESCRIPTION OF DUTIES	
SALARY	BUSINESS PHONE NUMBER	NAME OF SUPERVISOR		

FROM DATE	NAME & ADDRESS OF EMPLOYER		REASON FOR LEAVING	JOB TITLE
TO DATE			DESCRIPTION OF DUTIES	
SALARY	BUSINESS PHONE NUMBER	NAME OF SUPERVISOR		

FROM DATE	NAME & ADDRESS OF EMPLOYER		REASON FOR LEAVING	JOB TITLE
TO DATE			DESCRIPTION OF DUTIES	
SALARY	BUSINESS PHONE NUMBER	NAME OF SUPERVISOR		

FROM DATE	NAME & ADDRESS OF EMPLOYER		REASON FOR LEAVING	JOB TITLE
TO DATE			DESCRIPTION OF DUTIES	
SALARY	BUSINESS PHONE NUMBER	NAME OF SUPERVISOR		

FROM DATE	NAME & ADDRESS OF EMPLOYER		REASON FOR LEAVING	JOB TITLE
TO DATE			DESCRIPTION OF DUTIES	
SALARY	BUSINESS PHONE NUMBER	NAME OF SUPERVISOR		

FROM DATE	NAME & ADDRESS OF EMPLOYER		REASON FOR LEAVING	JOB TITLE
TO DATE			DESCRIPTION OF DUTIES	
SALARY	BUSINESS PHONE NUMBER	NAME OF SUPERVISOR		

FROM DATE	NAME & ADDRESS OF EMPLOYER		REASON FOR LEAVING	JOB TITLE
TO DATE			DESCRIPTION OF DUTIES	
SALARY	BUSINESS PHONE NUMBER	NAME OF SUPERVISOR		

FROM DATE	NAME & ADDRESS OF EMPLOYER		REASON FOR LEAVING	JOB TITLE
TO DATE			DESCRIPTION OF DUTIES	
SALARY	BUSINESS PHONE NUMBER	NAME OF SUPERVISOR		

Have you ever been discharged (terminated or fired), asked to resign, furloughed, or put on inactive status for cause or subject to disciplinary action while employed in any position (excluding the military)?  YES  NO

If YES, explain circumstances: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Have you ever resigned (quit) after being informed that your employer intended to discharge (fire or terminate) you for any reason? YES NO

If YES, explain circumstances: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**CONVICTIONS:** List all felony, misdemeanor, and traffic convictions.

DATE CONVICTED	LOCATION OCCURRED (City, County, State)	OFFENSE

**REFERENCES:** Do NOT list relatives, former employers, or supervisors. List only character references that have DEFINITE KNOWLEDGE of your qualifications and fitness for the position for which you are applying. List THREE (3) references.

NAME	ADDRESS	PHONE NO.	YRS. KNOWN

**PAST AND/OR PRESENT ORGANIZATIONS/CLUBS TO WHICH YOU BELONG:**

NAME & LOCATION	TYPE OF CLUB/ORGANIZATION (SOCIAL, FRATERNAL, PROFESSIONAL, ETC.)	OFFICE HELD	DATES FROM / TO

**HOBBIES, SPORTS, AND/OR PERSONAL INTERESTS:**

**ADDITIONAL INFORMATION:**

Are you now or have you ever been a member of any organization, association, movement, or group that advocates the overthrow of our constitutional form of government? YES NO

Are you now or have you ever been affiliated or associated with individuals, INCLUDING relatives, you know or have reason to believe are or have been members of any organization or group identified above? YES NO

If YES to either of the above questions, attach additional sheet(s) describing the circumstances in full.

Are you registered with the Selective Service System or do you have a valid exemption from registration? YES NO N/A  
(NOTE: If you are a female, or a male born before December 31, 1959, this question does not apply).

If YES, list the following Selective Service information:

SELECTIVE SERVICE NO.	LAST CLASSIFICATION	DATE CLASSIFIED
-----------------------	---------------------	-----------------

Are you willing to submit to a psychological test? YES NO

Are you willing to submit to a polygraph or voice stress analysis test? YES NO

Do you object to your present employer being interviewed concerning this application? YES NO

Have you applied for a position with ANY law enforcement agency in the past three (3) years? YES NO

If YES, list each agency and date applied: \_\_\_\_\_

Are there any incidents in your life, not mentioned on this application, which might reflect upon your suitability to perform the duties which you might be called upon to take or which may require further explanation? YES NO

If YES, list details: \_\_\_\_\_

I certify that, to the best of my knowledge and belief, all of the information provided by me on this application is true, accurate, and complete and that this application for employment with the **PLYMOUTH POLICE DEPARTMENT** is made in good faith.

I further understand that this information is subject to a background investigation and a polygraph or a computer voice stress test analysis. Additionally, I agree and consent in advance to being summarily discharged (terminated) without cause or hearing if ANY of the above information provided by me contains any misrepresentations or falsifications or if any material information has been omitted.

APPLICANT'S SIGNATURE	DATE
-----------------------	------



**ADDITIONAL INFORMATION:** Use this page to list any additional information that needs further explanation concerning your application. If more space is still needed, use additional sheets.

**Place photograph in the space below.**

**Photograph is a front, head and shoulders view taken  
within the past six months.**

**Place photograph in this space. Affix securely.**

Signature

Printed Name

Date