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: Wednesday, February 15, 2023, 3:00 p.m.

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

An Equal Opportunity Employer and Program Provider

PLYMOUTH POLICE DEPARTMENT POLICE OFFICER EMPLOYMENT POLICIES

Application <u>MUST</u> 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.

SIGNATURE			TODAY'S DATE
PRINTED NAME		DATE OF BIRTH	
State of)			
) County of)	SS:		
Subscribed and sworn to before	me, a Notary Pu	blic, in and for said county and star	te,
Thisday of	, 20		
My Commission Expires:		Notary Public	
		Printed	
		County of Residence	

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

PLYMOUTH POLICE DEPARTMENT APPLICATION FOR EMPLOYMENT

GENERAL INSTRUCTIONS: Hand print an answer to **EVERY** question. Use black ink <u>only</u>. If a question does not apply to you, so state with "N/A". If space available is insufficient, use the blank sheet(s) attached to fully answer the question(s). Do **NOT** misstate or omit material facts.

LAST NAME		FIRST NAME		MIDDLE NAME		SEX MAI	le female
STREET ADDRESS			CITY		STATE	Z	ΊΡ
HOME PHONE	ALTERNATE PHC	DNE	HEIGHT	WEIGHT	HAIR COLOR	E	YE COLOR
SOCIAL SECURITY NUMBER	DATE OF BIRTH	PLACE OF BIRTH (City, County, State	2)		U.S. CI YES	TIZENSHIP? 5 NO

LIST ALL NAME CHANGES, NICKNAMES, & ALIASES USED

EMAIL ADDRESS						
VEHICLE OPERATO	DR'S LICENSE: List the following info	rmation concerning I	NY vehicle operator's	license that you have held or cu	rrently hol	d.
TYPE OF LICENSE	LICENSE NUMBER	STATE OF ISSUE	EXPIRATION DATE	DRIVING RESTRIC	TIONS	
Have you ever been denied issuance of a motor vehicle license or have you ever had a motor vehicle license suspended or revoked? YES NO						
If YES, explain fully:						
Have you ever had motor vehicle insurance withdrawn or revoked or have you ever been refused motor vehicle insurance? YES						NO

If YES, give details including reason, insurance company, date:

RESIDENCES: List all residences for the past ten (10) years, beginning with your present address.

DATE FROM	DATE TO	STREET ADDRESS	CITY	STATE

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 courtmartial? 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 posses 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	
		•		505	
TO DATE			DESCRIPTION OF DUTIES		
TO DATE			DESCRIPTION OF DUTIES		
SALARY	BUSINESS PHONE NUMBER	NAME OF SUPERVISOR			

FROM	DATE	NAME & ADDRESS OF EMPLOYER		REASON FOR LEAVING	JOB TITLE
TO DA	TE			DESCRIPTION OF DUTIES	
SALAR	RΥ	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		

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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? (NOTE: If you are a female, or a male born before December 31, 1959, this question does not apply).	YES	NO	N/A

If YES, list the following Selective Service information:

SELECTIVE SERVICE NO.	LAST CLASSIFICATION	DATE CLAS	SIFIED
Are you willing to submit to a psychological test?		YES	NO
Are you willing to submit to a polygraph or voice s	tress analysis test?	YES	NO
Do you object to your present employer being inte	rviewed concerning this application?	YES	NO
Have you applied for a position with ANY law enfor	rcement agency in the past three (3) years?	YES	NO
If YES, list each agency and date applied:			
	on this application, which might reflect upon your e called upon to take or which may require further explanation?	YES	NO

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