



# Zionsville Police Department

1075 Parkway Drive  
Zionsville, IN 46077

T: 317-873-5967 Fax: 317-873-8026



## Application Instructions:

Answer all questions. If the question does not apply to you, mark the question "NA". Any further information you may wish to add may be placed on the reverse side of the page with reference to the question you are expanding on. **Applications will not be considered until complete in every aspect.** Any false information provided on the application or information omissions will disqualify the candidate from the employment screening process. Any false or omitted application information will be cause for immediate disqualification. Completed applications will be kept for one full year from the date of employment screening process. Please do not make inquiry regarding the status of your application. You will receive appropriate information regarding your screening process in due time.

### Minimum Requirements for Zionsville Police Officer Applicants:

1. Must be a high school graduate or equivalent.
2. Shall possess an Indiana Driver's License or have the ability to obtain one if a conditional offer is extended.
3. Shall be a U.S. Citizen.
4. Shall be at least 21 years of age, and for full time status, must not have reached age 36 by date of hire. Applicants with 20 years of credible military service have the maximum age waived to 40 years and 6 months.
5. If offered a position, candidate must obtain residence within a contiguous county to Boone County, Indiana within 180 days of hire.

Applicants are responsible for all expenses incurred for travel, meals, etc. when reporting for tests and interviews; as well as all expenses incurred in obtaining records or other materials necessary for the investigative process. **Upon return of the application, the following documents are REQUIRED:**

1. Birth Certificate
2. High School Diploma or equivalent and transcripts
3. College or University Degree Transcript (If Applicable)
4. DD214 (member 4 copy) and Citations (for those applicants with military background).
5. Law Enforcement Academy Graduation Certificate (If Applicable)
6. Copy of Driver's License (Front and Back)
7. Copy of Social Security Card
8. Any Court Order requesting a name change (If Applicable)

*These copies become the property of the Zionsville Police Department and are not subject to return.*

After an offer of employment, the candidate will be required to undergo a physical and psychological examination by a Department appointed physician. The candidate must also pass a polygraph exam and full time candidates must pass a physical agility test per the ILEA exit standard. The Zionsville Police Department will pay for the above.

**I UNDERSTAND AND AGREE TO ALL OF THE ABOVE TERMS AND INFORMATION**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

How did you hear about this opening?

- |   |   |                                |
|---|---|--------------------------------|
| <input type="checkbox"/> Social Media   | <input type="checkbox"/> Town of Zionsville Website                           | <input type="checkbox"/> Other |
| <input type="checkbox"/> Friends/Family | <input type="checkbox"/> ILEA Website   | Explain: <input type="text"/>  |
| <input type="checkbox"/> Career Fair    | <input type="checkbox"/> Other Employment Website (Indeed, Monster.com, etc.) |                                |

## GENERAL INFORMATION:

Last Name: _____		First Name: _____		Middle Name: _____	
Address: _____			City: _____		State: _____
Date of Birth: _____		Social Security Number: _____		E-mail Address: _____	
Drivers License Number: _____		State: _____	Expiration Date: _____		Prev. Last Name: _____
Primary Phone Number: _____			Secondary Phone Number: _____		

Are you eligible to work in the United States? (Check)					<input type="checkbox"/> Yes <input type="checkbox"/> No
Can you with or without reasonable accommodation perform the essential functions of this job (Check)					<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever applied for a position with the Town of Zionsville?		If yes, when: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever worked for the Town of Zionsville?		If yes, when: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is anyone related to you employed by the Town of Zionsville?		If yes, who: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	

### Employment History: *(List Current/Most Recent First)*

Company Name: _____		Dates Employed: _____		To _____
Address: _____		City: _____		State: _____
Zip Code: _____	Phone Number: _____		Supervisor/Title: _____	
Last Position Held: _____		Duties: _____		

Reason for Leaving:  Pay/Benefits  Personal Conflict  Asked to Resign  Fired/Let Go  New Employment Opportunity  
 Position Eliminated  Other (Explain) \_\_\_\_\_

Company Name: _____		Dates Employed: _____		To _____
Address: _____		City: _____		State: _____
Zip Code: _____	Phone Number: _____		Supervisor/Title: _____	
Last Position Held: _____		Duties: _____		

Reason for Leaving:  Pay/Benefits  Personal Conflict  Asked to Resign  Fired/Let Go  New Employment Opportunity  
 Position Eliminated  Other (Explain) \_\_\_\_\_

Company Name: _____		Dates Employed: _____		To _____
Address: _____		City: _____		State: _____
Zip Code: _____	Phone Number: _____		Supervisor/Title: _____	
Last Position Held: _____		Duties: _____		

Reason for Leaving:  Pay/Benefits  Personal Conflict  Asked to Resign  Fired/Let Go  New Employment Opportunity  
 Position Eliminated  Other (Explain) \_\_\_\_\_



## EDUCATION AND SKILLS:

Please include copies of all transcripts and diplomas

High School name: _____		Address: _____	
City: _____	State: _____	Zip Code: _____	
Dates Attended: _____	To _____	Degree / Diploma: _____	

College Undergraduate Name: _____			
Address: _____			
City: _____	State: _____	Zip Code: _____	Did you Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No
Dates Attended: _____	To _____	Degree / Diploma: _____	
Major / Course of Study: _____			

College Undergraduate Name: _____			
Address: _____			
City: _____	State: _____	Zip Code: _____	Did you Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No
Dates Attended: _____	To _____	Degree / Diploma: _____	
Major / Course of Study: _____			

College Grad School Name: _____			
Address: _____			
City: _____	State: _____	Zip Code: _____	Did you Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No
Dates Attended: _____	To _____	Degree / Diploma: _____	
Major / Course of Study: _____			

**Criminal Justice Education / Training: Include certificates of basic compliance:**

Type of Education: _____	School Name: _____		
Address: _____		Did you Graduate? (check)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Phone Number: _____	Dates Attended: _____	To _____	ILEA Class Number: _____

**Other Schools (Trade, Vocational, Business, or Military):**

Type of Education: _____	School Name: _____		
Address: _____			
Phone Number: _____	Dates Attended: _____	To _____	Did you Graduate? (check) <input type="checkbox"/> Yes <input type="checkbox"/> No

List languages other than English (including sign language) and indicate your knowledge in each area by rating from 1-5 (5 rated as fluent)

LANGUAGE	READING	WRITING	SPEAKING	UNDERSTANDING

In the space below, indicate any special skills you possess and equipment you can use which may be related to law enforcement work. ( For example: two-way radio communications, Breathalyzer, firearms, computers, Etc.):

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### PAST RESIDENCES:

If rental, list name, address and phone number of landlord and name of apartment complex (if applicable). if military addresses are listed, include town / city located in the immediate vicinity of the military base.

**Current Residence:**

Address: _____	City: _____	State: _____
Zip Code: _____	Phone Number: _____	Landlord Name/Number: _____

**Former Addresses - Last ten years (include Dates and Addresses):**

Address: _____	City: _____	State: _____
Zip Code: _____	Dates: _____	To _____
Landlord Name/Number: _____		

Address: _____	City: _____	State: _____
Zip Code: _____	Dates: _____	To _____
Landlord Name/Number: _____		

Address: _____	City: _____	State: _____
Zip Code: _____	Dates: _____	To _____
Landlord Name/Number: _____		

Address: _____	City: _____	State: _____
Zip Code: _____	Dates: _____	To _____
Landlord Name/Number: _____		

### PERSONAL HISTORY:

Family Data - List all family members (living or deceased) in the following order: Parents; Step-parents; brothers; sisters; spouse; children; step-children; parents-in-law; ex-spouse

Name: _____	Relationship: _____
Address: _____	City: _____
State: _____	
Zip Code: _____	Phone: _____

Name: _____	Relationship: _____
Address: _____	City: _____
State: _____	
Zip Code: _____	Phone: _____

Name: _____	Relationship: _____
Address: _____	City: _____
State: _____	
Zip Code: _____	Phone: _____

Name: _____	Relationship: _____
Address: _____	City: _____
State: _____	
Zip Code: _____	Phone: _____

Name: _____	Relationship: _____
Address: _____	City: _____
State: _____	
Zip Code: _____	Phone: _____

Name: _____		Relationship: _____	
Address: _____		City: _____	State: _____
Zip Code: _____	Phone: _____		

Name: _____		Relationship: _____	
Address: _____		City: _____	State: _____
Zip Code: _____	Phone: _____		

Name: _____		Relationship: _____	
Address: _____		City: _____	State: _____
Zip Code: _____	Phone: _____		

Name: _____		Relationship: _____	
Address: _____		City: _____	State: _____
Zip Code: _____	Phone: _____		

Name: _____		Relationship: _____	
Address: _____		City: _____	State: _____
Zip Code: _____	Phone: _____		

### REFERENCES:

Neighbor References (List three (3) in the last three (3) years):

Name: _____			
Address: _____		State: _____	City: _____
Zip Code: _____	Phone: _____	Dates Known: _____	To _____

Name: _____			
Address: _____		State: _____	City: _____
Zip Code: _____	Phone: _____	Dates Known: _____	To _____

Name: _____			
Address: _____		State: _____	City: _____
Zip Code: _____	Phone: _____	Dates Known: _____	To _____

Character References (Minimum of three - not family-related):

Name: _____		Relationship: _____	
Address: _____		State: _____	City: _____
Zip Code: _____	Phone: _____	Dates Known: _____	To _____

Name: _____		Relationship: _____	
Address: _____		State: _____	City: _____
Zip Code: _____	Phone: _____	Dates Known: _____	To _____

Name: _____		Relationship: _____	
Address: _____		State: _____	City: _____
Zip Code: _____	Phone: _____	Dates Known: _____	To _____

Name: _____		Relationship: _____		
Address: _____		State: _____	City: _____	
Zip Code: _____	Phone: _____	Dates Known: _____	To	_____

Work Related References (minimum of three):

Name: _____		Employed By: _____		
Address: _____		State: _____	City: _____	
Zip Code: _____	Phone: _____	Years known: _____	Job Title: _____	

Name: _____		Employed By: _____		
Address: _____		State: _____	City: _____	
Zip Code: _____	Phone: _____	Years known: _____	Job Title: _____	

Name: _____		Employed By: _____		
Address: _____		State: _____	City: _____	
Zip Code: _____	Phone: _____	Years known: _____	Job Title: _____	

Name: _____		Employed By: _____		
Address: _____		State: _____	City: _____	
Zip Code: _____	Phone: _____	Years known: _____	Job Title: _____	

Name: _____		Employed By: _____		
Address: _____		State: _____	City: _____	
Zip Code: _____	Phone: _____	Years known: _____	Job Title: _____	

**MILITARY HISTORY:**

1. Have you ever served in the Armed Forces for the United States of America? (Check)	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are you now or have you ever been a member of a U.S. reserve unit or the National Guard? (Check)	<input type="checkbox"/> Yes <input type="checkbox"/> No
State the branch of service, name and location of your unit: _____	
_____	

3. If you served in the Armed forces, you must provide copies of all DD214s	
Branch of Service: _____	Highest Rank: _____
Duty Dates - From: _____	To _____

4. Indicate type of discharge: _____
--------------------------------------

5: List any citations / awards: _____
_____

6. Was any type of disciplinary action taken against you in the service? Includes, but not limited to, a letter of reprimand, forfeiture of pay or demotion?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide:	
Date: _____	Location: _____
Nature of Offense: _____	
Action Taken: _____	

## ARREST HISTORY:

If you answer "yes" to any of the following questions, please explain in the space provided. An affirmative response may not disqualify.

1. Have you ever committed a crime (misdemeanor or felony) for which you were not arrested or convicted? (check)	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

If Yes, Explain: \_\_\_\_\_

2. Have you ever been charged (plead guilty, nolo contendere) of a crime other than a traffic violation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

Police Agency: \_\_\_\_\_ Date: \_\_\_\_\_

Crime Committed: \_\_\_\_\_

Sentence: \_\_\_\_\_

Police Agency: \_\_\_\_\_ Date: \_\_\_\_\_

Crime Committed: \_\_\_\_\_

Sentence: \_\_\_\_\_

Police Agency: \_\_\_\_\_ Date: \_\_\_\_\_

Crime Committed: \_\_\_\_\_

Sentence: \_\_\_\_\_

3. Have you ever been charged, investigated, arrested or convicted of Domestic Violence? (Check)	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Police Agency: \_\_\_\_\_ Date: \_\_\_\_\_

Crime Committed: \_\_\_\_\_

Sentence: \_\_\_\_\_

4. Have you ever been detained by any law enforcement agency for any reason? (check)	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

If yes, Explain: \_\_\_\_\_

5. To the best of your knowledge, have you ever been the subject of, or a suspect in, any criminal investigation? (check)	<input type="checkbox"/> Yes <input type="checkbox"/> No
---	--

If yes, Explain: \_\_\_\_\_

6. Have you ever been fingerprinted for any reason? (arrest, job application, military, etc.) (Check)	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Name of Organization: \_\_\_\_\_ Date: \_\_\_\_\_

Reason: \_\_\_\_\_

7. Have you ever been placed on probation? (check)	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

If yes, Explain: \_\_\_\_\_



## DRIVING HISTORY:

Have you ever been denied issuance of a driver's license or have you ever had a driver's license suspended or revoked? (Check)	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

If yes, Explain: \_\_\_\_\_

List all vehicles you currently own or operate (include Make, Model, Year, Plate Number and Color):

--

Do you presently have automobile liability insurance in accordance with Indiana State Statutes? (Check)	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If no, Explain: \_\_\_\_\_

In the space below, give name, policy number, agent name, address and phone number for insurance:

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Have you ever received a ticket or been convicted of a traffic violation (Exclude parking tickets)? Check	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If yes, Explain:  
\_\_\_\_\_

Have you ever had automobile insurance withdrawn or revoked or have you ever been refused automobile insurance? (Check)	<input type="checkbox"/> Yes <input type="checkbox"/> No
---	--

If yes, Explain:  
(Include Date) \_\_\_\_\_

List all traffic accidents within the last seven years (Include dates):

--

Were any accidents job related? (Check)	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Did any accidents result in disciplinary action? (Check)	<input type="checkbox"/> Yes <input type="checkbox"/> No
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## Miscellaneous:

1. Are you now or have you ever been issued a license to engage in a business or profession? (Check)	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, Explain: _____	

2. Was your business or occupational license ever cancelled, suspended or revoked? (Check)	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, Explain: _____	

3. Do you have any sources of income other than your salary or the salary of your spouse? (Check)	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, Explain: _____	

4. Do you now, or have you ever used, purchased, possessed, supplied or sold marijuana or hashish? (Check)	<input type="checkbox"/> Yes <input type="checkbox"/> No
a) Circumstances: _____	
b) Number of times used, purchased, possessed, supplied, sold: _____	
c) First time used, purchased, possessed, supplied, or sold _____	
d) Last time used, purchased, possessed, supplied, or sold _____	

5. Do you now, or have you ever used, purchased, possessed, supplied, and / or sold any narcotic or controlled substance such as, but not limited to, cocaine, LSD, amphetamines, heroin, steroid, or any drug of similar nature? (Check)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Drug(s): _____	
a) Circumstances: _____	
b) Number of times used, purchased, possessed, supplied, sold: _____	
c) First time used, purchased, possessed, supplied, or sold _____	
d) Last time used, purchased, possessed, supplied, or sold _____	

6. Describe any special skills that you believe would benefit you as a police employee:
_____

7. List past or present memberships in clubs and or organizations( do not list any with political affiliation):
_____

8. Are you a U.S. Citizen? (Check)	<input type="checkbox"/> Yes <input type="checkbox"/> No
------------------------------------	--

9. Have you ever had criminal records expunged? (Check)	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, Explain: _____	

**Authorization for Release of Information Agreement:**

**\*PLEASE READ CAREFULLY BEFORE SIGNING\***

I hereby certify that all of the information provided by me in this application (or any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in said documents will be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.

I have reviewed the direct line of supervision for the position I am seeking with the Town of Zionsville and am not a relative of any employee who will be in my direct line of supervision. I understand that relative means my spouse, parent or stepparent, child or stepchild, brother, sister, stepbrother, stepsister, niece, nephew, aunt, uncle, daughter - or son-in-law (including half-bloods and adopted children).

I understand that submission of an application does not guarantee employment. I further understand that, should an offer of employment be extended by The Town of Zionsville ( hereafter referred to as The Town) that such employment with The Town is at will, for no specified duration and may be terminated by either The Town or myself at any time, with or without cause or notice. I understand that none of the documents, policies, procedures, actions, statements of The Town or its representatives used during the employment process is deemed a contract of employment real or implied. I understand that no representative of The Town except the President of the Town Council has the authority to enter into any agreement guaranteeing any conditions of employment or any agreement contrary to the foregoing statements and that any such agreements must be made in writing and signed by the President of the Town Council.

In consideration for employment with The Town, if employed, I agree to conform to the rules, regulations, policies and procedures of The Town at all times and understand that such obedience is a condition of employment. I understand that due to the nature of The Town business, attendance and punctuality are considered essential requirements of every job at The Town and that poor attendance or tardiness will result in disciplinary action.

I understand that if offered a position with The Town, I may be required to submit to a pre-employment medical examination, drug screening and background check as a condition of employment. I understand unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of these pre-employments tests and checks will result in withdrawal of any employment offer or termination of employment if already employed.

I hereby authorize any and all schools, former employers, references, courts and any others who have information about me to provide such information to The Town and/or any of its representatives, agents or vendors and I release all parties involved from any and all liability for any and all damage that may result from providing such information.

**SIGNATURE MUST BE NOTORIZED**

BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ABOVE STATEMENTS.

Signature: _____	Date: _____
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Name and Number of person completing this form if other than applicant:

Name: _____	Phone Number: _____
STATE OF: _____	COUNTY: _____

Before me, a Notary Public in and for Said County and State, personally appeared \_\_\_\_\_ who acknowledged the execution of the foregoing Authorization for Release of Information Agreement, and who being first sworn under oath that the matters contained therein are true. Subscribed and sworn before me.

WITNESS my hand and Notarial Seal this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Notary Public Printed Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ / County: \_\_\_\_\_

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

THE TOWN OF ZIONSVILLE IS PROUD TO BE AN EQUAL OPPORTUNITY EMPLOYER. ALL QUALIFIED APPLICANTS WILL RECEIVE CONSIDERATION WITHOUT REGARD TO RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, AGE, DISABILITY, GENETIC INFORMATION, HANDICAP, VETERAN STATUS OR ANY OTHER STATUS PROTECTED BY LAW.