

# **STANDARDS FOR APPOINTMENT** **TO THE DEPARTMENT**

For appointment as a police officer with the City of Bloomington, Indiana, the following requirements must be met by the applicant:

1. Must be at least 21 years of age and not more than 40 years of age, or less than 40 years and six months if the applicant is a veteran with 20 years of armed forces service, at the time of appointment.
2. Must be a high school graduate (G.E.D. is acceptable). A college degree is preferred.
3. Must have adequate means of transportation into the jurisdiction served by the Department and maintain telephone service to communicate with the Department.
4. Must possess a valid driver's license.
5. Must successfully pass a general aptitude test and physical agility test.
6. Must submit to a truth verification examination, and be of good moral character as determined by a thorough background investigation.
7. Must submit to an oral interview before a Hiring Board for the purpose of determining the applicant's ability to communicate, their individual experience, and relevant background information.
8. After a job offer is made, the applicant must pass a psychological screening and physical examination performed by a licensed physician, chosen by the Police Pension Board, and be accepted into the 1977 Police Officers' and Firefighters' Retirement Fund.
9. Must pass the physical fitness standards of the Indiana Law Enforcement Academy, and must meet and maintain the physical standards of the Bloomington Police Department throughout employment.

## ***INSTRUCTIONS***

1. Read each item carefully.
2. This form must be typed or printed neatly in ink.
3. All items must be completed and necessary documentation attached.
4. The completed form must be returned to the City of Bloomington Police Department, 220 East 3rd Street, Bloomington, IN 47401, by the specified deadline.

# ***POLICY REGARDING THE APPLICANT INFORMATION SUMMARY***

1. Failure to comply with instructions and policy regarding the Applicant Screening Process stage will result in the rejection of the application.
2. Failure to accurately and truthfully complete this form will result in the rejection of the application.
3. Failure to return this form by the specified date will result in the rejection of the application.
4. Applicants who are rejected during the Applicant Screening Process stage may not reapply for a period of one year from the date of rejection.
5. Applications will not be accepted without complete addresses, phone numbers and **zip codes**.

If you need assistance in completing this form, please contact the City of Bloomington Police Department at (812) 339-4477.

## **USE ZIP CODES ON ALL ADDRESSES**

### ***I. PERSONAL HISTORY***

- A. Full Name (last, first, middle) \_\_\_\_\_
- B. Social Security Number \_\_\_\_\_
- C. List all other names you have used including nicknames. If applicable, furnish maiden name. If you have ever used any last name other than your true name, during what period and under what circumstances were these names used? If you have ever legally changed your name, give date, place and court. (This information is being collected to assist the department in conducting a thorough background investigation, i.e., felony conviction check.)

D. Birth Date (month, day, year) \_\_\_\_\_

Birth Place (city, state) \_\_\_\_\_

**Attach a copy of your Birth Certificate.** This will be used to verify your age for statutory requirements and pension purposes.

- E. Are you a U.S. Citizen?            Yes            No  
(All applicants will be required to provide proof of eligibility to work in the U.S. before beginning employment.)

## ***II. RESIDENCES***

- A. Current residence (number, street, city, county, state, zip code, telephone; if apartment, include name and location of complex):

Address

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City State Zip Telephone #

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Cellular telephone# E-mail address

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- B. List chronologically (most current first) all of your residences in the past ten years. Include addresses while attending school if away from home and ALL military addresses, including off base locations. Also include towns or cities located in the immediate vicinity of military complexes. If apartment, include name and location of complex.

Date From/To Number Street City State/Zip Code

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## ***III. EDUCATION***

List all schools attended at the high school level and above. **Include copies of all diplomas/degrees and certifications.**

Years attended  
(from/to) Address Degree/Diploma

High Schools

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Colleges/Universities

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Graduate Schools

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Other: Vocational, Technical

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Law Enforcement Certification

_____	_____	_____	_____
_____	_____	_____	_____

## ***IV. EMPLOYMENT RECORD***

List chronologically (most current first) **all** employers. Include full-time, part-time, and temporary/seasonal work, and all periods of unemployment. Present employers will be contacted prior to any appointment. Make sure all phone numbers are correct including extension numbers.

1. Employment Dates: From \_\_\_\_\_ to \_\_\_\_\_  
Current Employer \_\_\_\_\_  
Address \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone Number and Extension \_\_\_\_\_  
Position Held \_\_\_\_\_  
Name of Supervisor \_\_\_\_\_  
Current Salary \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_
  
2. Employment Dates: From \_\_\_\_\_ to \_\_\_\_\_  
Current Employer \_\_\_\_\_  
Address \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone Number and Extension \_\_\_\_\_  
Position Held \_\_\_\_\_  
Name of Supervisor \_\_\_\_\_  
Current Salary \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_
  
3. Employment Dates: From \_\_\_\_\_ to \_\_\_\_\_  
Current Employer \_\_\_\_\_  
Address \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone Number and Extension \_\_\_\_\_  
Position Held \_\_\_\_\_

Name of Supervisor \_\_\_\_\_  
Current Salary \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

4. Employment Dates: From \_\_\_\_\_ to \_\_\_\_\_  
Current Employer \_\_\_\_\_  
Address \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone Number and Extension \_\_\_\_\_  
Position Held \_\_\_\_\_  
Name of Supervisor \_\_\_\_\_  
Current Salary \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

5. Employment Dates: From \_\_\_\_\_ to \_\_\_\_\_  
Current Employer \_\_\_\_\_  
Address \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone Number and Extension \_\_\_\_\_  
Position Held \_\_\_\_\_  
Name of Supervisor \_\_\_\_\_  
Current Salary \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

6. Employment Dates: From \_\_\_\_\_ to \_\_\_\_\_  
Current Employer \_\_\_\_\_  
Address \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone Number and Extension \_\_\_\_\_  
Position Held \_\_\_\_\_  
Name of Supervisor \_\_\_\_\_  
Current Salary \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

7. Employment Dates: From \_\_\_\_\_ to \_\_\_\_\_  
Current Employer \_\_\_\_\_  
Address \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone Number and Extension \_\_\_\_\_  
Position Held \_\_\_\_\_

Name of Supervisor \_\_\_\_\_  
Current Salary \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

8. Employment Dates: From \_\_\_\_\_ to \_\_\_\_\_  
Current Employer \_\_\_\_\_  
Address \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone Number and Extension \_\_\_\_\_  
Position Held \_\_\_\_\_  
Name of Supervisor \_\_\_\_\_  
Current Salary \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

9. Employment Dates: From \_\_\_\_\_ to \_\_\_\_\_  
Current Employer \_\_\_\_\_  
Address \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone Number and Extension \_\_\_\_\_  
Position Held \_\_\_\_\_  
Name of Supervisor \_\_\_\_\_  
Current Salary \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

10. Employment Dates: From \_\_\_\_\_ to \_\_\_\_\_  
Current Employer \_\_\_\_\_  
Address \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone Number and Extension \_\_\_\_\_  
Position Held \_\_\_\_\_  
Name of Supervisor \_\_\_\_\_  
Current Salary \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

11. Employment Dates: From \_\_\_\_\_ to \_\_\_\_\_  
Current Employer \_\_\_\_\_  
Address \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone Number and Extension \_\_\_\_\_  
Position Held \_\_\_\_\_

Name of Supervisor \_\_\_\_\_  
Current Salary \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

12. Employment Dates: From \_\_\_\_\_ to \_\_\_\_\_  
Current Employer \_\_\_\_\_  
Address \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone Number and Extension \_\_\_\_\_  
Position Held \_\_\_\_\_  
Name of Supervisor \_\_\_\_\_  
Current Salary \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

**V. MILITARY SERVICE**

A. Are you registered for Selective Service? Yes No  
Selective Service Number: \_\_\_\_\_

B. Have you ever served on active duty in the armed forces of the United States?  
Yes No  
Branch of Service: \_\_\_\_\_  
Date of Active Duty (month, day, year): \_\_\_\_\_  
Serial Number: \_\_\_\_\_  
Type of Discharge (other than Medical\*): \_\_\_\_\_

*\* No applicant will be automatically rejected because of a less than honorable discharge (except a dishonorable one). But the discharge may be considered in connection with other information. If your discharge is less than honorable, explain on the supplemental page.*

C. Are you currently or have you ever been a member of any United States Armed Forces Reserve or National/State Guard Unit? Yes No

D. While in military service, were you ever convicted of any offense?  
Yes No

When? \_\_\_\_\_

Explain:

E. **Attach a copy of your DD214 (Military Service Record).**

## ***VI. FINANCIAL REPORT***

A. Credit References

List all current accounts (checking, savings) with financial institutions.

Name/Address of Company

Type of Account

_____	_____
_____	_____
_____	_____
_____	_____

B. Credit Obligations:

Name/Address

Type of Account

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
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_____	_____
_____	_____
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_____	_____

C. Have you ever filed bankruptcy? Yes No

If yes, date filed and where \_\_\_\_\_

## VII. DRIVER'S RECORD

A. List all vehicle operator licenses you now hold or have held (**attach copies**):

Type (Driver's/ Chauffeur's, CDL)	State of Issuance	License Number	Expiration Date	Restrictions
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

B. List all traffic citations you have received in the past three years:

Date	Location	Charge
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

C. Has your driver's license ever been suspended or revoked? Yes No

If yes, explain:

## VIII. ARREST/FELONY CONVICTION RECORD

A. Have you ever been arrested, detained or summoned to appear in court by a law enforcement agency?\*

Yes No

If yes, provide date(s), place(s), and disposition(s) on supplemental page.

B. Have you ever been convicted of a felony? Yes No

If yes, explain in supplemental information section.

***\* NO APPLICANT WILL BE AUTOMATICALLY REJECTED BECAUSE OF AN ARREST RECORD. THIS INFORMATION IS BEING OBTAINED ONLY TO ASSIST IN COMPLETION OF A BACKGROUND INVESTIGATION.***

## ***IX. ORGANIZATION MEMBERSHIP***

A. List all organizations, clubs, unions and associations of which you are or have been associated, including positions held:

B. List all hobbies, special skills and abilities, including any foreign languages you speak:

## ***X. FAMILY HISTORY***

A. Give the name of your father, mother, step-parents, foster parents, guardians, sisters, brothers, spouse, children, in-laws and ex-spouses who are still living:

Name	Relation	Address	Occupation	Phone
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____


***XI. GENERAL INFORMATION***

- |    |  |     |    |
|----|--|-----|----|
| A. | Do you object to wearing a uniform?  | Yes | No |
| B. | Do you object to working nights, weekends, or holidays?  | Yes | No |
| C. | Do you object to working any shift assigned or changing shifts whenever deemed necessary by the Police Department? | Yes | No |

***XII. REFERENCES***

List five current references (other than relatives and former or current employers):

1. Name \_\_\_\_\_  
Occupation \_\_\_\_\_  
Address and Zip Code \_\_\_\_\_  
Daytime Phone \_\_\_\_\_ Years Known \_\_\_\_\_
  
2. Name \_\_\_\_\_  
Occupation \_\_\_\_\_  
Address and Zip Code \_\_\_\_\_  
Daytime Phone \_\_\_\_\_ Years Known \_\_\_\_\_
  
3. Name \_\_\_\_\_  
Occupation \_\_\_\_\_  
Address and Zip Code \_\_\_\_\_  
Daytime Phone \_\_\_\_\_ Years Known \_\_\_\_\_
  
4. Name \_\_\_\_\_  
Occupation \_\_\_\_\_  
Address and Zip Code \_\_\_\_\_  
Daytime Phone \_\_\_\_\_ Years Known \_\_\_\_\_

5. Name \_\_\_\_\_  
Occupation \_\_\_\_\_  
Address and Zip Code \_\_\_\_\_  
Daytime Phone \_\_\_\_\_ Years Known \_\_\_\_\_

**XIII.** Is there any information not mentioned in this report that may reflect upon your suitability to perform the duties you may be called upon to perform, or that might require further explanation? If so, explain.

## ***XIV. SUPPLEMENTAL INFORMATION***



## ***XV. CRIMINAL RECORDS AND BACKGROUND CHECK***

I, \_\_\_\_\_, acknowledge that I have been advised and understand that my employment and/or continuation of employment by the City of Bloomington Police Department is contingent upon, but not limited to, the following:

1. A security clearance from both the Federal Bureau of Investigation and the Indiana State Police. Clearance is necessary to complete computer training involving access to confidential information.
2. I understand and agree that the background check may include but shall not be limited to investigation of my character, personal history, credit history and financial condition.
3. Verification that the application of the undersigned has not been falsified and/or no criminal record exists.
4. I hereby waive the restrictions on access to any and all records of any juvenile courts or law enforcement agencies relating to me when I was a juvenile pursuant to Indiana Code Section 31-39-2-15. I understand that any information gathered as a result of this waiver will be kept confidential, and will be used solely to determine my fitness as an applicant. I make this waiver knowingly and voluntarily.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Witness

## ***XVI. SIGNATURE***

I, \_\_\_\_\_, have submitted an application for employment with the Bloomington Police Department.

I authorize the City of Bloomington Police Department to make photocopies of this document, and such copies shall suffice in place of the original to notify persons or other entities in possession of information about me that I have freely and voluntarily agreed and consented to the matters herein. I hereby authorize and request all persons to whom this request (original or reproduction) is presented, having information relating to or concerning me, to furnish such information to duly appointed officers of the Bloomington Police Department.

I am aware that this information may be of a personal nature and may otherwise be protected from disclosure by my constitutional, statutory, or common law privileges. I hereby waive, release, and surrender any and all rights to claims which I may have against the City, or any of its officers, employees, or agents as a result of the release of such records.

Information to be disclosed:

- Personal history
- Educational records
- Employment records (experience, disciplinary, performance, attendance, etc.)
- Military service records
- Financial records
- Criminal history records
- Organizational memberships
- Medical records (physical and psychological)
- Background information
- Truth verification test information (polygraph, voice stress analysis, etc.)
- Other information pertaining to suitability for employment with the Department

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Social Security Number XXX-XX-\_\_\_\_\_

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

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### **YOUR SIGNATURE MUST BE NOTARIZED**

Subscribed and sworn before me, a Notary Public in the County of \_\_\_\_\_, State of \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

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

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

# **RELEASE AND HOLD HARMLESS AGREEMENT**

I have submitted my application for the position of public safety officer with the City of Bloomington. I wish to take the physical agility test which each applicant is required to pass in order to have his or her application considered for said position. I understand that current statewide physical agility testing for police officers includes muscular strength, muscular endurance, cardiovascular endurance and musculoskeletal flexibility.

In consideration for being permitted to take this physical fitness test, I hereby release, discharge and agree to hold harmless the City of Bloomington Police Department and its officers, agents, employees, successors and assigns, from any and all liability for personal injury or property damage which I may sustain in any way as a result of my taking this test, whether such injury or damage occurs before, during or after the test, and whether or not such injury or damage occurs in, on or about the premises where the test is conducted. I will assume full responsibility for any such injury or damage and I do hereby fully and forever release and discharge the City of Bloomington Police Department and its officers, agents, employees, successors and assigns from any and all claims, demands, damages, rights of action or causes of action present or future, whether the same be known, anticipated or unanticipated, resulting from or arising out of my taking this physical agility test.

In the event that my taking this test should result in injuries or damages to person or property and a claim is asserted against the City of Bloomington Police Department, I will hold harmless, defend and indemnify the Police Departments against any claim, demand, damage right of action or cause of action present or future, whether the same be known, anticipated or unanticipated, resulting from my taking this test.

I further state that I voluntarily take this physical agility test, and that I recognize and voluntarily assume the risks inherent in taking the test, and that I have to my knowledge no medical condition or risk factor that would prevent my taking this test.

This Release and Hold Harmless Agreement shall be binding upon my heirs, assigns, executors and administrators.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

# Voluntary Affirmative Action Information

The City of Bloomington is attempting to gather data regarding its Affirmative Action/Equal Opportunity efforts. Such information will enable the City to design affirmative action efforts that may be more successful than those currently used and to evaluate the success of the present programs. The information on this form is strictly confidential and will not be matched with any application for employment. The data is used for statistical purposes only. Completion of the information below is voluntary.

PLACE THE COMPLETED FORM IN THE LOCKED WOODEN BOX MARKED "EEO."

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, handicap, sexual orientation, number of dependents, or any other legally protected status.

Date \_\_\_\_\_

Position(s) Applied For:

Where did you learn of the job vacancy?

Newspaper Advertisement

Word of Mouth

Unemployment Office

City Job Posting Bulletin Board

Other \_\_\_\_\_

Applicant's Name \_\_\_\_\_

(Last)

(First)

(Middle)

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

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Race:

White/Caucasian

African American

American Indian

Spanish Surname

Asian American

Other \_\_\_\_\_

If you are a disabled veteran, a Vietnam Era veteran, or have a physical or mental disability, you are invited to volunteer the information below. The purpose is to provide information regarding proper placement and appropriate accommodation to enable you to perform the job to the best of your ability in a proper and safe manner. The information will be treated as confidential. Failure to provide the information will not jeopardize or adversely affect your consideration in employment.

Disabled Individual

Disabled Veteran

Vietnam Era Veteran

EXPLANATION OF DISABILITY

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

# ***APPLICANT CHECKLIST***

Please use the following list as a guide in completing your application.

- Full names and address of family members (mother, father, step-parents, foster-parents, guardians, brothers, sisters, spouse, children, in-laws, ex-spouses)
- Addresses and dates pertaining to all prior residences in the last ten years
- Information pertaining to all present and former employers. Include dates, names, addresses, and phone numbers of companies.
- Selective Service Number, Dates of Active Duty, Serial Number and Reserve Obligation
- Savings and checking information and name of institution(s) holding the account(s).
- Credit obligations (Name of institutions, type of accounts)
- Type, expiration date, number and restrictions relating to driver's license
- Dates, locations, descriptions of any vehicle accidents in the last three years. Note any citations.
- Date, place, charge and the disposition of any arrest (Adult/Juvenile), local/non-local.
- Information relating to five personal references (name, addresses, telephone number during the day, occupation, length of time known and **zip codes**). References shall include neither relatives nor former/current employers.
- Zip Codes

**Copies of the following documents should be attached to this completed application:**

Birth Certificate

High School/GED and College diplomas

DD214 Form and Military Records if applicable

Driver's License

Law Enforcement Certification if applicable