

HAMMOND POLICE DEPARTMENT
CITY OF HAMMOND, INDIANA
509 DOUGLAS STREET
HAMMOND, INDIANA 46320
(219) 852-2900

This application is to be completed and returned to the Hammond, Indiana Police Department.

This completed form is required for a position with the Hammond, Indiana Police Department. If this application is considered favorable, you will be notified as to when and where to appear for further processing.

TAPE 2"x 2"
FACE
PHOTO
HERE

Applicant Name _____

IMPORTANT

STUDY EACH QUESTION CAREFULLY. ANSWER FULLY AND FOLLOW THE DIRECTIONS EXACTLY. **ANY FALSE OR MISSING INFORMATION IS JUST CAUSE FOR DENYING YOU FURTHER PROCESSING.** ALL INFORMATION IS VERIFIED; THEREFORE, ACCURACY IS ESSENTIAL. **SHOULD THIS APPLICATION BE UNSATISFACTORILY COMPLETED IT MAY BE REJECTED ON THE GROUNDS OF BEING INCOMPLETE OR THE APPLICANT'S INABILITY TO FOLLOW DIRECTIONS.** IF A QUESTION OR THE INFORMATION REQUESTED DOES NOT APPLY, INDICATE THIS BY THE USE OF THE SYMBOL N/A.

Use ink and print neatly and legibly. This application must be completed by the APPLICANT and must not be typed. If you find the space provided for any answers to be insufficient, you may add 8 ½ x 11 sheets of paper as needed. If this occurs, please associate your answers by listing the section/question you are expounding on.

**HAMMOND POLICE DEPARTMENT
POLICE (PRE-EMPLOYMENT) APPLICATION**

A. PERSONAL/FAMILY

1. NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP CODE _____
HOME PHONE _____ CELL _____ WORK _____
2. MAIDEN, AND/OR ANY OTHER NAMES YOU MAY HAVE USED:

3. SEX _____ BLOOD TYPE _____ HEIGHT _____ WEIGHT _____ .
HAIR COLOR _____ EYE COLOR _____
4. DATE OF BIRTH _____ AGE _____
LOCATION OF BIRTH _____
5. SCARS, MARKS, OR TATTOOS (LIST THE LOCATION ON YOUR BODY AND DESCRIPTION)

6. ARE YOU A U.S. CITIZEN? _____ NATIVE _____ NATURALIZATION # _____
7. SOCIAL SECURITY NUMBER _____ - _____ - _____
8. BEGINNING WITH YOUR **PRESENT** ADDRESS, LIST ALL LOCATIONS WHERE YOU RESIDED IN THE PAST TEN (10) YEARS REGARDLESS OF LENGTH OF TIME.
_____ FROM _____ TO _____
_____ FROM _____ TO _____
_____ FROM _____ TO _____
_____ FROM _____ TO _____
9. MARITAL STATUS: MARRIED _____ SINGLE _____ WIDOWER _____
DIVORCED _____ SEPARATED _____ ENGAGED _____
DATE OF PRESENT MARRIAGE _____ CITY/STATE _____
NAME OF SPOUSE (INCLUDE MAIDEN NAME) _____
ADDRESS OF SPOUSE _____
SPOUSES DATE OF BIRTH _____ AGE _____

PRESENT EMPLOYER OF SPOUSE _____

ADDRESS _____ CITY _____ STATE _____

PHONE _____ POSITION HELD _____

10. IF NOT MARRIED, WITH WHOM DO YOU LIVE?

NAME _____ SEX _____ AGE _____

RELATIONSHIP TO THIS PERSON: _____

11. COMPLETE THE FOLLOWING INFORMATION REGARDING EX-SPOUSE

NAME _____ DATE OF BIRTH _____

ADDRESS _____ CITY _____ STATE _____

ZIP _____ PHONE _____

DATE OF MARRIAGE _____ DATE OF DIVORCE _____

12. NUMBER OF PERSONS DEPENDENT UPON YOU FOR SUPPORT? _____

LIST ALL CHILDREN:

<u>FULL NAME</u>	<u>AGE</u>	<u>DATE OF BIRTH</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

13. YOUR FATHER'S (FULL) NAME _____ AGE _____

ADDRESS _____ CITY _____ STATE _____

ZIP _____ PHONE _____

FATHER'S EMPLOYER _____

ADDRESS _____ CITY _____ STATE _____

ZIP _____ PHONE _____

14. YOUR MOTHER'S (FULL/MAIDEN) NAME _____ AGE _____

ADDRESS _____ CITY _____ STATE _____

ZIP _____ PHONE _____

MOTHER'S EMPLOYER _____

ADDRESS _____ CITY _____ STATE _____

ZIP _____ PHONE _____

15. LIST ALL BROTHERS AND SISTERS (INCLUDING HALF BROTHERS, HALF SISTERS, STEP-BROTHERS AND STEP-SISTERS)

<u>FULL NAME</u>	<u>RELATIONSHIP</u>	<u>DATE OF BIRTH</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

B. DRIVING HISTORY

1. DRIVERS LICENSE INFORMATION:

STATE OF ISSUE _____

LICENSE TYPE _____

MONTH/YEAR OF EXPIRATION _____

DRIVER'S LICENSE NO. _____

IS YOUR LICENSE RESTRICTED? _____ IF YES, FOR WHAT REASON? _____

1. HAS YOUR DRIVERS LICENSE EVER BEEN SUSPENDED, REVOKED, OR PLACED ON PROBATION?

IF YES, EXPLAIN IN FULL: _____

3. LIST ALL TRAFFIC CITATIONS (DO NOT INCLUDE PARKING TICKETS)

<u>CHARGE</u>	<u>CITY/STATE</u>	<u>DATE</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. DO YOU OWN OR ARE YOU PRESENTLY BUYING AN AUTOMOBILE? IF SO:

<u>YEAR</u>	<u>MAKE</u>	<u>MODEL</u>	<u>COLOR</u>	<u>LICENSE PLATE#/STATE</u>
_____	_____	_____	_____	_____

1. LIST ALL ACCIDENTS YOU HAVE BEEN INVOLVED IN, WHILE OPERATING A MOTOR VEHICLE OR MOTORCYCLE,, REGARDLESS OF FAULT. INDICATE THE FOLLOWING:

<u>YEAR</u>	<u>LOCATION</u>	<u>BRIEF CIRCUMSTANCES</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

C. ARREST(S)

1. HAVE YOU EVER BEEN ARRESTED OR DETAINED BY A LAW ENFORCEMENT AGENCY? IF YES, LIST:

<u>CHARGE</u>	<u>CITY/STATE</u>	<u>DATE</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. HAVE YOU EVER BEEN ARRESTED OR RECEIVED A TICKET FOR A TRAFFIC OFFENSE?

<u>DATE</u>	<u>LOCATION</u>	<u>CHARGE</u>	<u>FINE OR SENTENCE</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3. HAVE YOU EVER BEEN ARRESTED FOR ANY ALCOHOL VIOLATION(S)? IF YES, EXPLAIN:

4. HAVE YOU EVER BEEN ARRESTED FOR A CRIMINAL OFFENSE? IF YES, DESCRIBE:

1. ARE THERE ANY WARRANTS, TRAFFIC OR OTHERWISE NOW PENDING AGAINST YOU? IF YES, EXPLAIN:

2. HAVE YOU EVER HAD A CRIMINAL RECORD EXPUNGED? IF YES, EXPLAIN:

3. HAVE YOU EVER BEEN FINGERPRINTED FOR ANY REASON (ARREST, JOB APPLICATION, ETC.)?

D. EDUCATION

GRADE/MIDDLE SCHOOL _____

ADDRESS _____ CITY/STATE _____ ZIP _____

DATES: FROM _____ TO _____ GRADUATED _____ YES _____ NO

HIGH SCHOOL _____

ADDRESS _____ CITY/STATE _____ ZIP _____

DATES: FROM _____ TO _____ GRADUATED _____ YES _____ NO

COLLEGE _____

ADDRESS _____ CITY/STATE _____ ZIP _____

DATES: FROM _____ TO _____ GRADUATED _____ YES _____ NO

IF A DEGREE WAS ATTAINED, WHAT WAS THE FIELD OF STUDY? _____

OTHER SCHOOL _____

ADDRESS _____ CITY/STATE _____ ZIP _____

DATES: FROM _____ TO _____ GRADUATED _____ YES _____ NO

LIST COURSE OF STUDY AND WHAT CERTIFICATION WAS RECEIVED? _____

OTHER SCHOOL _____

ADDRESS _____ CITY/STATE _____ ZIP _____

DATES: FROM _____ TO _____ GRADUATED _____ YES _____ NO

LIST COURSE OF STUDY AND WHAT CERTIFICATION WAS RECEIVED? _____

PROVIDE ANY ADDITIONAL INFORMATION CONCERNING YOUR EDUCATION IF YOU DID NOT RECEIVE A HIGH SCHOOL DIPLOMA.

DID YOU TAKE A G.E.D. TEST _____ (YES) _____ (NO)

DID YOU PASS THE G.E.D. TEST _____ (YES) _____ (NO) _____

IF YES, LIST THE LOCATION WHERE IT WAS ATTAINED AND THE DATE IN WHICH IT WAS ATTAINED:

CAN YOU READ, SPEAK, UNDERSTAND OR WRITE A FOREIGN LANGUAGE?

LANGUAGE	READ	SPEAK	UNDERSTAND	WRITE
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E. EMPLOYMENT

- EMPLOYERS TELEPHONE NUMBERS **MUST** BE INCLUDED ON APPLICATION.
- IF YOU HAVE EVER BEEN DISCHARGED FROM A POSITION OF EMPLOYMENT, EXPLAIN IN FULL.
- IF YOU HAVE EVER BEEN ASKED TO RESIGN FROM A FORMER EMPLOYER IN LIEU OF BEING TERMINATED, EXPLAIN IN FULL.

LIST ALL EMPLOYMENT HELD DURING THE **PAST TEN (10) YEARS**, REGARDLESS OF LENGTH OF TIME. BEGIN WITH YOUR PRESENT EMPLOYER.

EMPLOYER _____

ADDRESS _____ CITY _____ STATE _____

ZIP _____ PHONE _____

DATES: FROM _____ TO _____.

SUPERVISORS NAME _____

REASON FOR LEAVING _____

ELIGIBLE FOR REHIRE (CIRCLE): YES OR NO

EMPLOYER _____

ADDRESS _____ CITY _____ STATE _____

ZIP _____ PHONE _____

DATES: FROM _____ TO _____.

SUPERVISORS NAME _____

REASON FOR LEAVING _____

ELIGIBLE FOR REHIRE (CIRCLE): YES OR NO

EMPLOYER _____

ADDRESS _____ CITY _____ STATE _____

ZIP _____ PHONE _____

DATES: FROM _____ TO _____.

SUPERVISORS NAME _____

REASON FOR LEAVING _____

ELIGIBLE FOR REHIRE (CIRCLE): YES OR NO

EMPLOYER _____

ADDRESS _____ CITY _____ STATE _____

ZIP _____ PHONE _____

DATES: FROM _____ TO _____.

SUPERVISORS NAME _____

REASON FOR LEAVING _____

ELIGIBLE FOR REHIRE (CIRCLE): YES OR NO

EMPLOYER _____

ADDRESS _____ CITY _____ STATE _____

ZIP _____ PHONE _____

DATES: FROM _____ TO _____.

SUPERVISORS NAME _____

REASON FOR LEAVING _____

ELIGIBLE FOR REHIRE (CIRCLE): YES OR NO

EMPLOYER _____

ADDRESS _____ CITY _____ STATE _____

ZIP _____ PHONE _____

DATES: FROM _____ TO _____.

SUPERVISORS NAME _____

REASON FOR LEAVING _____

ELIGIBLE FOR REHIRE (CIRCLE): YES OR NO

DO YOU FEEL YOUR PREVIOUS EMPLOYERS HAVE TREATED YOU FAIRLY? IF NO,
EXPLAIN

WERE YOU EVER DISCHARGED OR FORCED TO RESIGN BECAUSE OF MISCONDUCT OR UNSATISFACTORY SERVICE, OR WHILE UNDER INVESTIGATION? IF YES, EXPLAIN:

F. REFERENCES

LIST THE NAME, ADDRESS AND PHONE NUMBER OF THREE (3) PERSONS YOU HAVE KNOWN FOR AT LEAST FIVE (5) YEARS. THESE PERSONS CANNOT BE RELATED TO YOU OR BE PRESENT OR PREVIOUS EMPLOYERS. LOCAL REFERENCES ARE PREFERRED.

NAME _____

ADDRESS _____ CITY _____ STATE _____

ZIP _____ PHONE _____

BUSINESS OR OCCUPATION _____

NAME _____

ADDRESS _____ CITY _____ STATE _____

ZIP _____ PHONE _____

BUSINESS OR OCCUPATION _____

NAME _____

ADDRESS _____ CITY _____ STATE _____

ZIP _____ PHONE _____

BUSINESS OR OCCUPATION _____

G. MILITARY

1. DID YOU EVER SERVE IN THE U.S. ARMED FORCES _____ (Y) _____ (N)

IF YES, WHAT BRANCH _____ ENLISTMENT DATE _____

DISCHARGE DATE _____ TYPE OF DISCHARGE _____

2. HAVE YOU EVER BEEN DISCHARGED FROM THE U.S. ARMED FORCES WITH LESS THAN HONORABLE DISCHARGE? IF YES, EXPLAIN: _____

3. HIGHEST RANK OBTAINED _____ PRESENT DRAFT STATUS _____

4. MILITARY CITATIONS OR OTHER AWARDS RECEIVED:

5. ARE YOU NOW A MEMBER OF AN ORGANIZED RESERVE OR NATIONAL GUARD UNIT? IF YES, GIVE YOUR RANK AND LOCATION OF UNIT TO WHICH YOU ARE ASSIGNED.

6. WHILE IN THE MILITARY SERVICE, WERE YOU EVER ARRESTED FOR AN OFFENSE WHICH RESULTED IN A TRIAL BY DECK COURT OR BY SUMMARY, SPECIAL OR GENERAL COURT MARTIAL INCLUDING ARTICLE 15 DISCIPLINE OR PUNISHMENT?

CIRCLE YES OR NO

H. ALCOHOL/DRUGS

1. DO YOU DRINK ALCOHOLIC BEVERAGES? IF YES, HOW OFTEN _____

2. HAVE YOU, IN THE PAST 5 YEARS, USED, TRIED OR EXPERIMENTED WITH ANY ILLEGAL DRUGS OR NARCOTICS WITHOUT A LEGAL PRESCRIPTION? ___(Y) ___(N)

IF YES, WHAT TYPE OF DRUGS OR NARCOTICS AND WHEN FOR EACH OCCURENCE?

3. DO YOU CURRENTLY USE OR SELL OR HAVE YOU EVER USED OR SOLD COCAINE? IF YES, EXPLAIN FULLY GIVING DATES OF LAST USE/SALE AND HOW LONG YOU USED/SOLD.

4. DO YOU CURRENTLY USE OR SELL, OR HAVE YOU EVER USED OR SOLD SPEED (METHAMPHETAMINES)? IF YES, EXPLAIN GIVING DATES OF LAST USE OR SALE AND HOW LONG YOU USED/SOLD:

5. DO YOU CURRENTLY USE OR SELL, OR HAVE YOU EVER USED OR SOLD PCP (PHENCYCLIDINE)? IF YES, EXPLAIN GIVING DATES OF LAST USE OR SALE AND HOW LONG YOU USED/SOLD:

6. DO YOU CURRENTLY USE OR SELL, OR HAVE YOU EVER USED OR SOLD LSD (LYSERGIC ACID DIETHYLAMIDE)? IF YES, EXPLAIN GIVING DATES OF LAST USE OR SALE AND HOW LONG YOU USED/SOLD:

7. DO YOU CURRENTLY USE OR SELL, OR HAVE YOU EVER USED OR SOLD ANY ILLEGAL DRUG?)? IF YES, EXPLAIN GIVING DATES OF LAST USE OR SALE AND HOW LONG YOU USED/SOLD:

8. HAVE YOU EVER POSSESSED OR DISTRIBUTED ANY ILLEGAL DRUGS? IF YES, EXPLAIN:

9. DO YOU CURRENTLY OR HAVE YOU EVER USED ANY HABIT FORMING DRUGS WITHOUT A DOCTOR'S PRESCRIPTION? _____ IF YES, EXPLAIN IN FULL:

10. ARE YOU CURRENTLY TAKING ANY NARCOTICS OR DRUGS (INCLUDING BARBITUATES, AMPHETAMINES, OR HALLUCINOGENS) WITHOUT AN AUTHORIZED PRESCRIPTION BY A LICENSED PHYSICIAN? IF YES, EXPLAIN: _____

11. HAVE YOU EVER ABUSED PRESCRIPTION DRUGS? IF YES, EXPLAIN IN FULL:

I. CRIMINAL ACTIVITY

1. HAVE YOU EVER COMMITTED, OR ASSISTED IN A CRIME (MURDER, KIDNAPPING, RAPE, BURGLARY, ARSON, THEFT, CONVERSION, OR ANY OTHER CRIME)?

2. HAVE YOU EVER BEEN PRESENT WHEN A CRIME WAS COMMITTED?

IF YES, EXPLAIN: _____

3. WHAT IS THE MOST SERIOUS UNDETECTED CRIME THAT YOU HAVE EVER COMMITTED AND WHEN? _____

4. HAVE YOU EVER BEEN PLACED ON PROBATION? IF YES, WHEN AND WHY?

5. DO YOU CURRENTLY RESIDE WITH ANYONE WHO HAS BEEN CONVICTED OF A FELONY? IF YES, LIST THEIR NAME, DATE OF BIRTH AND CHARGE(S)

6. ARE YOU ASSOCIATED WITH ANYONE WHO HAS BEEN CONVICTED OF A FELONY? IF YES, LIST THEIR NAME, DATE OF BIRTH AND CHARGE(S)

7. ARE YOU OR HAVE YOU EVER BEEN A GANG MEMBER OF ASSOCIATED WITH A GANG? IF YES, LIST WHEN, WHICH GANG, AND THE CITY:

8. ARE ANY OF YOUR FAMILY MEMBERS GANG MEMBERS? IF YES, LIST THEIR NAME, DATE OF BIRTH, ADDRESS, AND WHICH GANG:

9. HAVE YOU EVER PURCHASED OR SOLD ANYTHING YOU SUSPECTED WAS STOLEN? IF YES, EXPLAIN:

J. MISCELLANEOUS

1. LIST PAST OR PRESENT MEMBERSHIP IN ALL CLUBS AND ORGANIZATIONS (POLITICAL, FRATERNAL, SOCIAL, ETC.)!

2. LIST SPECIAL SKILLS YOU HAVE DEVELOPED THROUGH HOBBIES, EDUCATION, OCCUPATION, OR OTHER SPECIAL INTERESTS:

3. HAVE YOU EVER BEEN DENIED A GUN PERMIT? _____
IF YES, WHEN, WHY, AND IN WHAT STATE? _____

4. HAVE YOU HAD ANY CIVIL ACTIONS/JUDGEMENTS OR RESTRAINING ORDERS
MADE AGAINST YOU? IF YES, EXPLAIN: _____

5. DO YOU KNOW OF ANYTHING THAT WOULD DISQUALIFY YOU FOR
APPOINTMENT TO THE HAMMOND POLICE DEPARTMENT OR PREVENT YOUR FULL
DISCHARGE OF THE OFFICIAL DUTIES OF SUCH POSITION?

6. LIST ANY AND ALL LAW ENFORCEMENT AGENCIES THAT YOU HAVE APPLIED TO
WITHIN THE LAST 5 YEARS. IF YOU ARE ON THEIR LIST, STATE YES OR NO. IF YOU
ARE GOING THROUGH THEIR PROCESS MAKE SURE IT IS STATED AND WHICH
STAGE OF THE PROCESS YOU ARE IN. IF YOU PROCESSED AND WERE REJECTED,
STATE THE REASON OR AT WHICH STAGE YOU WERE DECLINED.

DEPT	DATE	ON THEIR LIST?	DECLINED	REASON(S)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF ANY ORGANIZATION,
ASSOCIATION, MOVEMENT, GROUP OR COMBINATION OF PERSONS WHICH ADVOCATES
THE OVERTHROW OF OUR CONSTITUTIONAL FORM OF GOVERNMENT, OR WHICH HAS
ADOPTED THE POLICY OF ADVOCATING/APPROVING THE COMMISSION OF ACTS OF
FORCE OR VIOLENCE TO DENY OTHER PERSONS THEIR RIGHTS UNDER THE
CONSTITUTION OF THE UNITED STATES, OR WHICH SEEKS TO ALTER THE FORM OF
GOVERNMENT OF THE UNITED STATES BY UNCONSTITUTIONAL MEANS? _____
IF YES, EXPLAIN IN DEPTH ON A SEPARATE PIECE OF PAPER.

**I DECLARE THE ANSWERS I HAVE PROVIDED ARE COMPLETE AND TRUE TO THE BEST
OF MY KNOWLEDGE. I UNDERSTAND THAT ANY FALSIFICATION,
MISREPRESENTATION OR OMISSION OF INFORMATION IS JUST CAUSE FOR THE
REJECTION OF THIS APPLICATION.**

DATE _____

APPLICANT'S SIGNATURE _____

AUTHORIZATION/GENERAL CONSENT

I, the undersigned, hereby consent and authorize any member of the Hammond Indiana Police Department, designated by the Chief of Police, to conduct a thorough and complete investigation of me, my employment record, or my reputation. I understand this information will be used to determine my qualifications and fitness for the position I am applying for with the Hammond Police Department.

I respectfully request that you release to the Hammond Police Department any and all information contained in your files and/or records pertaining to me. This information will be used to determine my qualifications and fitness for the position I am seeking with the Hammond Police Department.

I also agree to execute waivers, releases and authorizations, which may be required to obtain this information.

I hereby release you and/or your employer from any liability and damage of whatsoever nature as a result of furnishing the information needed.

I also release this information to be given to the Voice Stress Analysis Examiner and Psychologist for the process of my evaluations.

I understand that any information obtained is the property of the Hammond Police Department and does not have to be released to myself.

Name: _____

Signature: _____

Date of Birth: _____ Soc. Sec. # _____

Date: _____

Witness: _____