GARRETT POLICE DEPARTMENT
APPLICATION FOR EMPLOYMENT

Thank you for your interest in the Garrett Police Department. Please complete the **entire** application and return, along with the following documents:

* Copy of Driver's License
* Copy of Birth Certificate
* Copy of Diplomas and Transcripts (**Must be provided prior to test date)**
* Copy of Military Discharge
* Signed Release Forms
* Current Photograph

Name _____

Address _____

City _____State _____Zip _____

Previous Address _____

How long at address? _____

Home Phone _____Cell Phone _____

E-mail Address _____

Drivers License # _____State _____

Social Security # _____

Height _____Weight _____Eye Color _____Hair Color _____

Criminal Justice Experience: Yes____ No____

Date of Birth_____

Are you a U.S. Citizen? _____

Do you have a current handgun license? _____

If yes, License # _____ Exp. _____

MILITARY AND EDUCATIONAL BACKGROUND EDUCATION

Please attach copy of Diploma

High School _____

Address _____

Did you graduate? _____ What year? _____

If not, did you receive your GED? _____

List all technical schools and/or colleges attended

Name of School	Location	Major / Degree

Military Veteran Yes____ No____

Military Service **Please attach a copy of your discharge**.

Branch of Military _____ Main location served _____

Date entered _____ Date Discharged _____

General Duties _____

Supervisor _____

List any government security clearance you have held _____

_____

_____

Special Skills

List any special skills that might pertain to police work: _____

_____

_____

_____

Clubs and Organizations

Name of organization	Location	Years Member	Office

EMPLOYMENT HISTORY

Current Employer _____Telephone #_____

Address_____
Street City State Zip

Job Title/Duties_____ Years Employed _____

Reason for leaving _____ Supervisor _____

Previous Employer _____Telephone#_____

Address_____
Street City State Zip

Job Title/Duties_____ Years Employed _____

Reason for leaving _____ Supervisor _____

Previous Employer _____Telephone#_____

Address_____
Street City State Zip

Job Title/Duties_____ Years Employed _____

Reason for leaving _____ Supervisor _____

CRIMINAL ACTIVITY

Have you ever been convicted of a Misdemeanor? NO ____ YES____. If yes, explain: _____

_____
_____
_____

Please list all traffic convictions whether from Indiana or another State:

Date	Offense	Location

Have you ever been arrested and/or detained for any reason not listed above? NO___YES___

If yes, explain: _____

_____

_____

_____

PERSONAL REFERENCES

You are required to list three personal references that are well acquainted with you.

Do not list relatives or any member of the Garrett Police Department and/or Reserves.

1. _____
Name Phone Number

_____
Address City State Zip

2. _____
Name Phone Number

_____
Address City State Zip

3. _____
Name Phone Number

_____
Address City State Zip

What would you bring to the City of Garrett as Garrett's Police Chief? (Please use addt'l. page if needed.)

_____

_____

_____

_____

_____

_____

_____

GARRETT POLICE DEPARTMENT

AUTHORIZATION TO RELEASE INFORMATION

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 a duly appointed officer/detective of the Garrett Police Department.

I am aware that this information may be personal in nature and may otherwise be protected from disclosure by my constitutional, statutory or common law privileges. I hereby expressly waive all privileges that may attach to such communication or disclosure and release all persons, firms, and corporations from all claims, of any nature, as a result of said communication or disclosure.

Information to be disclosed:

Personal History
Education Records
Employment Records (past/present, experience, performance, attendance, ect.)
Military Service Records
Financial Records
Criminal History Records
Organizational Memberships
Medical Records (physical and psychological)
Social Media
Other information pertaining to suitability for employment with the department

These records will be retained on file in the Garrett Police Department and/or the office of the Garrett City Clerk Human Resources Office.

_____ _____ _____
Printed name of Applicant Signature of Applicant Date

_____ _____ _____
Printed name of Applicant Signature of Applicant Date

THIS AUTHORIZATION IS VALID FOR ONE YEAR FROM DATE OF SIGNATURE