



Hamilton Police Department

P.O. Box 249
Hamilton, Indiana 46742

Phone: 260-488-3721
Fax: 260-488-2577
E-mail: marshal@townofhamilton.org

APPLICANTS BASIC ELIGIBILITY REQUIREMENTS

Each Applicant for Employment will compete against other applicants in the steps of the selection procedure. Only those who possess the best mental, moral and emotional fitness for the performance of police duties will be considered. Listed below are the basic eligibility requirements.

- A. Must be a United States Citizen.
- B. Must be twenty-one (21) years of age when appointed as a police officer.
- C. Must possess strength and agility necessary to complete the physical conditioning and psychomotor skills exit requirements of the Indiana Law Enforcement Academy.
- D. Must possess acuity of vision correctable to 20-40 or better in each eye. Must be able to distinguish the colors red, green and amber.
- E. Must be free of any inhibiting factors including physical or mental disability that interferes with the ability to successfully complete basic training requirements.
- F. Must be a high school graduate by an accredited high school. An equivalency diploma issued by an accredited high school is acceptable.
- G. Must possess a valid drivers license from the state of residence.
- H. Must be of good reputation and character.
- I. Must not have been convicted of a felony, domestic violence or any crime involving moral turpitude.
- J. Must have received an Honorable Discharge, if ever enlisted in the United States Armed Forces.
- K. Must display emotional maturity and ability to handle stressful and volatile situations associated with police work in a professional manner.
- L. Must be able to adapt to changing weather conditions, work environment, irregular and/or extended hours and perform duties despite the stress of potential personal injury or loss of life. Ability to serve on 24 hour call and appropriately respond to emergencies from off-duty status as assigned or directed.



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APPLICANT INSTRUCTIONS

No exceptions will be made for anyone not meeting all requirements.

If you wear glasses or contact lens, a doctor's certification of uncorrected and corrected eye acuity must be attached to the application.

This application **MUST** be completed, by the applicant, in ink. It must be **HAND-PRINTED**.

Answer all questions. If a question does not apply state: "NONE" or "DOES NOT APPLY"

Place any additional information that you wish to add on a separate page(s) and attach to the application with the appropriate reference marks.

Applications must be complete in every respect. Any misrepresentation of fact will disqualify the applicant. Incomplete applications **WILL NOT** be considered and will be destroyed. Completed applications will be retained for one year and will then be destroyed.

Notification of additional testing or examination will be made, by mail, in due time. It is, therefore, important you provide accurate address and telephone information. Should you change your address or telephone number after submitting your application, you must notify us, by mail, immediately.

PLEASE DO NOT MAKE INQUIRY REGARDING THE STATUS OF YOUR APPLICATION. YOU WILL RECEIVE APPROPRIATE INFORMATION CONCERNING YOUR APPLICATION IN DUE TIME.



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POLICE APPLICATION

Name _____
Last First Middle Maiden (if applicable)

Permanent Address _____
Street or Rural Route Apt. Number

_____ *City County State Zip*

Telephone (Home) () _____ (Business) () _____

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER
COMPLYING WITH ALL PROVISIONS OF
THE AMERICANS WITH DISABILITIES ACT

IV. EMPLOYMENT DATA

- A. List chronologically (most recent employment first all past and current employment including part time.
(Use additional sheets if necessary.)

Name of Employer or Business _____ Your Title _____ Duties _____
Dates of Employment: (From) _____ (To) _____ Month Year Month Year
Reason for Leaving _____
Address of Business _____ City _____ State & Zip _____ Phone # _____

Name of Employer or Business _____ Your Title _____ Duties _____
Dates of Employment: (From) _____ (To) _____ Month Year Month Year
Reason for Leaving _____
Address of Business _____ City _____ State & Zip _____ Phone # _____

Name of Employer or Business _____ Your Title _____ Duties _____
Dates of Employment: (From) _____ (To) _____ Month Year Month Year
Reason for Leaving _____
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Dates of Employment: (From) _____ (To) _____ Month Year Month Year
Reason for Leaving _____
Address of Business _____ City _____ State & Zip _____ Phone # _____

Name of Employer or Business _____ Your Title _____ Duties _____
Dates of Employment: (From) _____ (To) _____ Month Year Month Year
Reason for Leaving _____
Address of Business _____ City _____ State & Zip _____ Phone # _____

IV. EMPLOYMENT DATA (Continued)

Name of Employer or Business _____		Duties _____	
Your Title _____		_____	
Dates of Employment: (From)	_____	(To)	_____
	Month Year		Month Year
Reason for Leaving _____			
Address of Business _____			
City _____	State & Zip _____	Phone # _____	

Name of Employer or Business _____		Duties _____	
Your Title _____		_____	
Dates of Employment: (From)	_____	(To)	_____
	Month Year		Month Year
Reason for Leaving _____			
Address of Business _____			
City _____	State & Zip _____	Phone # _____	

Name of Employer or Business _____		Duties _____	
Your Title _____		_____	
Dates of Employment: (From)	_____	(To)	_____
	Month Year		Month Year
Reason for Leaving _____			
Address of Business _____			
City _____	State & Zip _____	Phone # _____	

B. Have you ever been discharged or resigned to prevent being discharged from a position of employment? _____
 If yes, Please explain fully on a separate sheet.

V. REFERENCES: (Please do not list relatives as references)

Name: _____	Phone: _____
Street: _____	_____
City: _____	State: _____ Zip: _____

Name: _____	Phone: _____
Street: _____	_____
City: _____	State: _____ Zip: _____

Name: _____	Phone: _____
Street: _____	_____
City: _____	State: _____ Zip: _____

VII. VEHICLE ACCIDENT AND ARREST RECORDS

A. Do you currently possess a valid automobile drivers license? _____ Expiration Date _____
 License Number _____ State _____
 Has your driver's license ever been suspended? _____ If yes, explain _____

B. List vehicle accidents in which you have been involved as a driver: Give date(s) and location(s).

DATE	LOCATION	WHAT HAPPENED

C. Have you ever received a ticket for a traffic offense? _____ If yes, describe below:

DATE	LOCATION	CHARGE	FINE OR SENTENCE

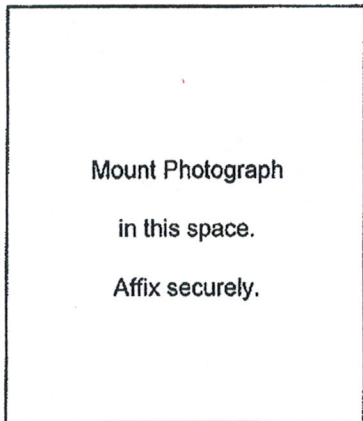
D. Have you ever been arrested for a criminal offense? _____ If yes, describe below:

DATE	LOCATION	CHARGE	FINE OR SENTENCE

E. Have you ever been arrested for an act that would have been a crime had it been committed by an adult? _____ If yes, describe below.

DATE	LOCATION	CHARGE/OFFENSE	DISPOSITION OF CASE

F. Have you ever been or are currently involved as a plaintiff, defendant, petitioner or respondent in any civil court action? _____ If yes, explain fully on a separate sheet.



Mount Photograph
in this space.
Affix securely.

Photograph to be front view, head and shoulders,
2 1/2 inch square, and taken within the past six months.

OTHER PHOTOGRAPHS ARE NOT ACCEPTABLE

I certify that:

1. All required items are included with the application
 - A. Birth Certificate (copy only)
 - B. College Transcripts (Grade Reports not accepted)
 - C. Military -- DD214 if veteran
 - D. Photograph -- 2 1/2" X 2 1/2" head and shoulders
2. I have personally completed this application.

I swear and affirm under penalty of perjury that all information contained in this application is true and accurate to the best of my knowledge.

Signature _____

Date _____

Check application carefully! Be certain all items are complete before mailing.

THIS APPLICATION WILL BE RETURNED TO YOU IF ALL INFORMATION IS NOT COMPLETED AND ALL REQUIRED DOCUMENTS ARE NOT ATTACHED

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

Complying with all provisions of the Americans with Disabilities Act.

Town of Hamilton
7750 S Wayne, PO Box 249
Hamilton IN 46742

Authorization to Release Information

I, _____ hereby authorize any person, agency, partnership, or corporation having any information concerning my:

Credit Record
Educational Record
Medical Record
Employment
Military Record
Selective Service Record

to release such information to the Hamilton Police Department. This information is to be used for possible employment with the Hamilton Police Department.

I hereby release such person, agency, partnership, or corporation from any liability which may be incurred in releasing this information to the Hamilton Police Department, including liability under any Federal Law.

(Signature)

(Date)

(Witness)