



# Wabash Police Department



**APPLICATION FOR EMPLOYMENT**

**POSITION:**

**PROBATIONARY POLICE OFFICER**

**CITY OF WABASH**

**STATE OF INDIANA**

All correspondence will be initiated by the Wabash Police Department

## APPLICANT

A person submitting an application to the Wabash Police Department, for consideration for the position of Probationary Police Officer shall meet the following requirements:

1. Be a citizen of the United States of America.
2. Reside within the county in which the city is located; or a county that is contiguous to the county in which the city is located, as set forth under IC: 36-8-4-2
3. Be a graduate of an accredited high school and possess a diploma.
4. Be not less than twenty-one (21) years of age prior to appointment date
5. Date of birth shall be supported by a certification or an affidavit properly sworn and subscribed and recorded in the office of the Clerk of the Circuit Court in the county of birth.
6. Be able to perform the essential functions and requirements set forth in the Position Description of the Patrol Division of the Wabash Police Department.
7. Complete in satisfactory manner, a thorough physical and mental examination which will be conducted by a physician or therapist recommended by the Wabash Police Pension Board.
8. Possession a valid Indiana Drivers License.
9. Not have been found guilty of any violations of the law except a minor traffic offense.
10. Be of good character, appearance and personality.
11. Possess a good prior work-attendance record; a check will be made with previous employers.
12. Possess an Honorable discharge from any former military service.
13. Sign waivers and agree to background checks, polygraph examinations, credit checks, as well as a drug screening test.
14. Provide copies of birth certificate, high school transcript. (Most high schools insist on mailing transcripts directly to the prospective employers and this is acceptable.)
15. Provide transcripts showing course study and grades obtained from any college or university that the applicant has attended.
16. Provide copy of military discharge documents, if applicable. (DD-214)

**\*\*Omission of any one of these requirements may be sufficient cause to disqualify the applicant\*\***

**APPENDIX A  
APPLICATION FOR EMPLOYMENT  
CITY OF WABASH, INDIANA  
AN EQUAL OPPORTUNITY EMPLOYER**

Please type or print responses to all of the questions contained on the entire application form. Any applications not completed in its entirety will be disqualified.

Position Sought: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Middle Initial: \_\_\_\_\_ Former Name(s): \_\_\_\_\_

Home Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

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

Are you an adult?: Yes \_\_\_\_\_ No \_\_\_\_\_

---

**EMPLOYMENT HISTORY AND WORK EXPERIENCE**

In this section, list all employment history and work experience in date order, including military experience. Begin with your current employer. Use additional paper, if necessary.  
Failure to include all employment may be grounds for disqualification.

Current Employer: \_\_\_\_\_

May we contact your current employer prior to employment?

Yes \_\_\_\_\_ No \_\_\_\_\_

Current employers address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Date Employed: \_\_\_\_\_

Job Title: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Beginning Salary: \_\_\_\_\_ Per: \_\_\_\_\_

Ending Salary: \_\_\_\_\_ Per: \_\_\_\_\_

Describe your duties, responsibilities, equipment operated,  
promotions, etc.: \_\_\_\_\_  
\_\_\_\_\_

Why did you (or do you) want to leave: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Previous Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Dates employed: From: \_\_\_\_\_ To: \_\_\_\_\_

Job Title: \_\_\_\_\_

Supervisor's name: \_\_\_\_\_

Beginning salary: \_\_\_\_\_ Per: \_\_\_\_\_

Ending salary: \_\_\_\_\_ Per: \_\_\_\_\_

Describe your duties, responsibilities, equipment operated,  
promotions, etc.: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why did you leave?: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Previous Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Dates employed: From: \_\_\_\_\_ To: \_\_\_\_\_

Job Title: \_\_\_\_\_

Supervisor's name: \_\_\_\_\_

Beginning salary: \_\_\_\_\_ Per: \_\_\_\_\_

Ending salary: \_\_\_\_\_ Per: \_\_\_\_\_

Describe your duties, responsibilities, equipment operated,

promotions, etc.: \_\_\_\_\_  
\_\_\_\_\_

Why did you leave?: \_\_\_\_\_  
\_\_\_\_\_

Previous Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Dates employed: From: \_\_\_\_\_ To: \_\_\_\_\_

Job Title: \_\_\_\_\_

Supervisor's name: \_\_\_\_\_

Beginning salary: \_\_\_\_\_ Per: \_\_\_\_\_

Ending salary: \_\_\_\_\_ Per: \_\_\_\_\_

Describe your duties, responsibilities, equipment operated,  
promotions, etc.: \_\_\_\_\_  
\_\_\_\_\_

Why did you leave?: \_\_\_\_\_  
\_\_\_\_\_

Previous Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Dates employed: From: \_\_\_\_\_ To: \_\_\_\_\_

Job Title: \_\_\_\_\_

Supervisor's name: \_\_\_\_\_

Beginning salary: \_\_\_\_\_ Per: \_\_\_\_\_

Ending salary: \_\_\_\_\_ Per: \_\_\_\_\_

Describe your duties, responsibilities, equipment operated,  
promotions, etc.: \_\_\_\_\_  
\_\_\_\_\_

Why did you leave?: \_\_\_\_\_  
\_\_\_\_\_

Previous Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Dates employed: From: \_\_\_\_\_ To: \_\_\_\_\_

Job Title: \_\_\_\_\_

Supervisor's name: \_\_\_\_\_

Beginning salary: \_\_\_\_\_ Per: \_\_\_\_\_

Ending salary: \_\_\_\_\_ Per: \_\_\_\_\_

Describe your duties, responsibilities, equipment operated, promotions, etc.: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why did you leave?: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

IF YOU NEED TO LIST ANY ADDITIONAL PREVIOUS EMPLOYERS,  
PLEASE USE A BLANK SHEET OF PAPER TO DO SO.

**EDUCATION AND TRAINING**

This section is intended to give the employer information about the education and training that you have completed, and to demonstrate your skills, knowledge and abilities to perform the job duties of the position.

High school attended: \_\_\_\_\_

Address: \_\_\_\_\_

Did you graduate?: \_\_\_\_\_ High school equivalent?: \_\_\_\_\_

Activities, awards, sports, etc.: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

College or trade school attended: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_

Date of attendance: From: \_\_\_\_\_ To: \_\_\_\_\_

Did you graduate?: \_\_\_\_\_ Degree: \_\_\_\_\_

Please list any seminars or special training which you believe would be relevant to the type of work you are seeking: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

---

---

---

---

---

Please use the following space to provide any further information on training, education, skills, abilities, hobbies, volunteer work, etc., that you possess or have experienced that may be helpful in the evaluation of your application.

---

---

---

---

---

---

---

---

PERSONAL INFORMATION

Do you have any commitments (I.E., second job, school, etc.) which might interfere with, or adversely effect, your employment should we select you for a position? Yes \_\_\_ No \_\_\_

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of a felony? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PLEASE LIST FOUR REFERENCES WHO ARE NOT RELATED TO YOU:

NAME: \_\_\_\_\_  
PHONE: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

NAME: \_\_\_\_\_  
PHONE: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

NAME: \_\_\_\_\_  
PHONE: \_\_\_\_\_ ADDRESS \_\_\_\_\_

NAME: \_\_\_\_\_  
PHONE: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

AVAILABILITY INFORMATION: (Please check each option)

Are you interested in:

	Yes	No
Full-time permanent work:	<input type="checkbox"/>	<input type="checkbox"/>
Part-time work:	<input type="checkbox"/>	<input type="checkbox"/>
Temporary work:	<input type="checkbox"/>	<input type="checkbox"/>



POSITION: Patrol Officer

DEPARTMENT: Wabash City Police Department

The following essential job functions comprise a summary of job duties, requirements, and responsibilities contained in the job description prepared for this position. The job description will serve as the primary document in the selection and hiring process: and constitutes the context for incumbent job performance and evaluation.

ESSENTIAL FUNCTIONS:

Regularly patrols City streets, and other designated areas.

Investigates and reports all suspicious or unlawful activities.

Monitors radio and other communication devices and responds to citizens' calls of distress.

Stops drivers of vehicles for traffic violations.

Pursues, apprehends, searches and arrests suspects.

Responds to and reports traffic accidents.

Takes statements from victims and witnesses of criminal activity and accidents.

Responds to residential and business alarms.

Maintains the appearance and serviceability of police vehicle, and all issued uniforms and/or required equipment.

Directs vehicular and pedestrian traffic

Prepares and submits to superiors all required reports.

Testifies in court on criminal or civil cases.

Please read each of the following paragraphs carefully. Indicate your understanding of, and consent to the contents and conditions of each paragraph by placing your initials at the end of each paragraph. If you have any questions regarding these paragraphs contact the employer before initialing the paragraph.

1. I understand and accept that, if I am hired, I may be hired on a conditional basis upon passing any medical and/or psychological examinations that the employer or the Pension Board deems to be necessary to determine my ability to perform the essential functions of the position. I understand and accept that this may include drug, alcohol, or substance abuse testing.

Initials: \_\_\_\_\_

2. I understand that it may be necessary for me to approve and sign any waivers necessary in order for the employer to obtain information from my current and former employers.

Initials: \_\_\_\_\_

3. I understand that the employer provides a seven day per week and a twenty four hour per day service, therefore if employed I may be required to work various hours, or assignments during this period which may include weekends and holidays.  
If employed I understand I will be required to graduate from the Indiana Law Enforcement Academy. I also understand that I may be required at various times to attend law enforcement related training.

Initials: \_\_\_\_\_

4. I understand and accept that if any information required in this application is found to be falsified or intentionally excluded, my application may be disqualified from further consideration. I further understand and accept that, if I am employed by the employer, I may be subject to disciplinary action, including termination, if any information required by this application has been falsified or intentionally excluded.

Initials: \_\_\_\_\_

---

## AUTHORIZATION AND RELEASE

---

In applying for employment, I want the City of Wabash to be fully informed of my work history. I therefore, authorize the City of Wabash to investigate my background and to obtain any and all information which may concern me. I release all persons including the City of Wabash, schools, companies, corporations, credit bureaus and law enforcement agencies from any liability on account of furnishing such information.

I fully understand that if employed, any misrepresentation of facts on my application is sufficient reason for my termination. In addition to my authorization and release of information and entities set forth above, I also authorize the city of Wabash to discuss the results of any pre-employment investigation with persons who conduct the interviews) in any investigation, as well as with those individuals responsible for hiring.

I understand that nothing contained in my application or in the granting of or conducting of an interview is intended to create an employment contract or binding contractual relationship between the City of Wabash and myself, either for employment or for the providing of any benefit.

No promises regarding employment or duration of employment have been made to me and I understand that no such promises or guarantees are binding upon the City of Wabash unless made in writing by the Mayor, Board of Works or designee.

If an employment relationship is established, I understand that I have the right to terminate my employment at any time, with or without notice, and that the City of Wabash may terminate my employment at any time pursuant to the express provisions of the Personnel Policies Handbook if applicable to me. If any employment relationship is established, in consideration of such an employment relationship, I agree not to use or reveal any confidential information of the City of Wabash.

The City of Wabash and its elected officials, administrators, managers, employees and agents are all released by me for any legal responsibility or liability for the release of such information and records as authorized above or any other liability which may arise from the release of such information.

I have read the above statement carefully and, if employed, I agree to abide by all of the terms set forth above.

---

Applicants signature

---

Date

**GENERAL RELEASE**

The undersigned, in consideration of the opportunity to participate in physical testing as part of the undersigned's application for employment with the City of Wabash Police Department (hereinafter the City of Wabash Police Department, the City of Wabash, all employees, officers, agents and representatives thereof shall collectively referred to as "City"), does hereby make the following representations and executes the following release.

The undersigned is in good physical condition and suffers from no infirmities that would restrict the undersigned's participation in the physical testing.

The undersigned has not been offered employment and recognizes that the City is under no obligation to offer employment.

I, \_\_\_\_\_ of \_\_\_\_\_ (address), on behalf of myself, and my heirs, personal representatives, and family do hereby indemnify, hold harmless, fully release and discharge the City from all rights, claims, liabilities, debts, obligations, actions, and causes of actions of every kind, whether known or unknown and actions that I and my above-mentioned successors may have now have or may hereafter have arising out of any injuries to my person or property which may result from the physical testing that I am voluntarily participating in.

I further indemnify, hold harmless, fully release and discharge the City from any and all claims, of any nature, related to any subsequent offer of employment or any failure to offer employment.

This release is freely and voluntarily executed by me.

Executed this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Signature \_\_\_\_\_

Witness \_\_\_\_\_

*Handwritten notes:*  
Bentley - Linn  
1977  
Miles Dept.  
to HQ  
7:00  
1977