



# **Wabash Police**



# **Department**

***Position: Probationary Police  
Officer***

**Application for Employment  
City of Wabash, IN**

**AN EQUAL OPPORTUNITY EMPLOYER**

## **APPLICANT**

*The Probationary Police Officer applicant shall meet the following requirements to be considered a qualified applicant for the open position of Probationary Police Officer.*

1. Be a citizen of the United States of America.
2. The applicant must have adequate transportation to get to the employer's jurisdiction and must have a means to communicate with the department.
3. Must be a high school graduate from an accredited high school and must have received a diploma.
4. Be twenty-one (21) years of age prior to hire date.
5. Date of birth shall be supported 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 a 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 of a valid Indiana Driver's 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 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 of these requirements may be sufficient cause to disqualify the applicant\*\***

## APPENDIX A

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

Position Sought:

Email Address:

Last Name:  First Name:

Middle Initial:  Former Name(s):

Home Address:

City:  State:  Zip:

Home Phone:  Social Security Number:

Are you 21 years of age?  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:**

Current Employer Address:

Phone Number:  Date Employed:

Job Title:  Supervisor's Name:

Ending Salary:  Per:

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

Why did/do you want to leave?

May we contact your current employer?  Yes  No

**Previous Employer**

Current Employer Address:

Phone Number:  Date Employed:

Job Title:  Supervisor's Name:

Ending Salary:  Per:

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

Why did you leave?

May we contact your current employer?  Yes  No

---

**Previous Employer:**

Current Employer Address:

Phone Number:  Date Employed:

Job Title:  Supervisor's Name:

Ending Salary:  Per:

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

Why did you to leave?

May we contact your current employer?  Yes  No

---

**Previous Employer:**

Current Employer Address:

Phone Number:  Date Employed:

Job Title:  Supervisor's Name:

Ending Salary:  Per:

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

Why did you leave?

May we contact your current employer?  Yes  No

---

***Previous Employer:***

Current Employer Address:

Phone Number:

Date Employed:

Job Title:

Supervisor's Name:

Ending Salary:

Per:

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

Why did you leave?

May we contact your current employer?  Yes  No

---

***Previous Employer:***

Current Employer Address:

Phone Number:

Date Employed:

Job Title:

Supervisor's Name:

Ending Salary:

Per:

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

Why did you leave?

May we contact your current employer?  Yes  No

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 Equivalency?

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 affect, 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 that are not related to you

1. Name:

Phone:

Address:

2. Name:

Phone:

Address:

3. Name:

Phone:

Address:

4. Name:

Phone:

Address:

## Employment Availability

Please check each option you are interested in.

**Full Time**

**Part Time**

**Temporary**

## **Job Description and Functions**

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 of a Police Officer:***

- 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 witness of criminal activity and accidents.
- Responds to residential and business alarms.
- Maintains the appearance and serviceability of police vehicles, and all issues 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.



## Indiana Law Enforcement Academy Standards

### *ILEA Entry Standards*

<b>Test</b>	<b>Standard</b>
Vertical Jump	13.5 Inches
One Minute Sit-ups	24
300 Meter Run	82 Seconds
Maximum Push-ups	21
1.5 Mile Run	18 Minutes 56 Seconds

### *ILEA Exit Standards*

<b>Test</b>	<b>Standard</b>
Vertical Jump	16 Inches
One Minute Sit-ups	29
300 Meter Run	71 Seconds
Maximum Push-ups	25
1.5 Mile Run	16 Minutes 28 Seconds

## Contents and Conditions

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 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 requested at various times to attend law enforcement related training. **Initials:**
4. I understand and accept that if any information required in the 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 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 authorizations 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 or as permitted by law. If any employment relationship is established, in consideration of such an employment relationship, I agree not to use or reveal any confidential information pertaining to the City of Wabash.

The City of Wabash and its elected officials, administrations, 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 the terms set forth above.

Applicant's 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 be 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 participate 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**

