



# Connersville Police Department

## Employment Application

An Equal Opportunity Employer

Name \_\_\_\_\_

Last

First

Middle

Maiden

Address \_\_\_\_\_

Street

Apartment Number

City

County

State

Zip Code

Telephone ( ) \_\_\_\_\_

Business ( ) \_\_\_\_\_

Date \_\_\_\_\_

**1. Personal Data**

- A. Full Name \_\_\_\_\_
- B. Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_
- C. Are you a U.S. Citizen? Yes \_\_\_ No \_\_\_ Ethnicity \_\_\_\_\_
- D. Address \_\_\_\_\_

Street

\_\_\_\_\_

City	State	Zip Code	County
------	-------	----------	--------

- E. Height (without Shoes) \_\_\_ Feet \_\_\_ Inches    Weight \_\_\_ Pounds  
Color of Hair \_\_\_ Color of Eyes \_\_\_
- F. Are you a graduate of an accredited school? \_\_\_\_\_ If no, have you been issued an equivalency diploma from an accredited high school? \_\_\_\_\_
- G. Do you currently possess a valid automobile driver's license? Yes \_\_\_ No \_\_\_  
License Number \_\_\_\_\_ State \_\_\_\_\_ Is your license restricted? Yes \_\_\_  
No \_\_\_ If yes, for what reason? \_\_\_\_\_  
Number of years driving experience? \_\_\_\_\_
- H. Have you or your spouse willing to reside in Fayette County or a adjoining county?  
Yes \_\_\_ No \_\_\_

**2. Family Data**

- A. Marital Status: Married \_\_\_ Single \_\_\_ Widowed \_\_\_ Divorced \_\_\_ Separated \_\_\_
- B. Dependents:

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- C. Father's Full Name \_\_\_\_\_  
Address \_\_\_\_\_
- D. Mother's Full Name \_\_\_\_\_  
Address \_\_\_\_\_
- E. Spouse's Full Name (If applicable) \_\_\_\_\_  
Address \_\_\_\_\_

**3. Education**

A. High School Attended \_\_\_\_\_ Graduation Date \_\_\_\_\_

Address \_\_\_\_\_

B. College or Technical Schools Attended: (list in descending order)

Name of School Address Years Attended

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

C. Areas of Concentration

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

D. Degree(s) Held

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

E. Other Areas of Special study

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

F. List any special skills, training, experiences that you have acquired.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**4. Employment History**

A. List your most recent employment first and continue listing in descending order. Use separate sheet of paper if needed.

\_\_\_\_\_  
Employer Address Dates (from/to)

\_\_\_\_\_  
Supervisor Salary Reason for Leaving

Describe job duties in detail \_\_\_\_\_

---

---

---

Employer \_\_\_\_\_ Address \_\_\_\_\_ Dates (from/to) \_\_\_\_\_

Supervisor \_\_\_\_\_ Salary \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Describe job duties in detail \_\_\_\_\_

---

---

---

Employer \_\_\_\_\_ Address \_\_\_\_\_ Dates (from/to) \_\_\_\_\_

Supervisor \_\_\_\_\_ Salary \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Describe job duties in detail \_\_\_\_\_

---

---

---

May we contact your present or previous employers? Yes \_\_\_ No \_\_\_



**5. References**

---

Name Telephone Number

---

Address Business/Personal

---

Name Telephone Number

---

Address Business/Personal

---

Name Telephone Number

---

Address Business/Personal

**6. Military History**

A. Branch of Service \_\_\_\_\_

B. Dates Entered \_\_\_\_\_ Released \_\_\_\_\_

C. Rank or Grade \_\_\_\_\_ type of Discharge \_\_\_\_\_

D. Are you now a member of organized reserves? \_\_\_\_\_

If so, what unit \_\_\_\_\_

E. Have you ever registered for the Selective Service? Yes \_\_\_ No \_\_\_

Where? \_\_\_\_\_

**7. Medical History**

A. Have you visited or received treatment from a physician or other practitioner during the past three years? Yes \_\_\_ No \_\_\_ If so explain and give reason \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

B. Review the following list. If any of these conditions are applicable to you, indicate by placing a check mark in the space provided.

Allergies (to the following) \_\_\_\_\_

Hay Fever  Bronchitis  Recurring Pneumonia  Osteomyelitis

Absence of Thumb(s)  Defects of thumb(s) finger(s) hand(s) arm(s) leg(s)

Heart abnormalities  foot/feet finger(s) toe(s)

Defective hearing  Uncontrolled epilepsy  Varicose veins

Back problems  High blood pressure  Eye glasses or contacts lens

(Vision must be at least 20/50  
Corrected)

C. Do you have any physical or mental condition which could adversely affect your ability to perform the physical and mental test required of police applicants? \_\_\_\_\_

D. Have you visited or received treatment from a physician, practitioner, psychological counselor, or psychiatrist during the past five years? \_\_\_\_\_

E. Do you receive or have you ever applied for a disability pension or compensation from the military, government, or other sources? \_\_\_\_\_

F. Have you ever left a position due to ill health?  If so, explain fully \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

#### 8. Arrest Record/Vehicle Accidents

A. Have you ever been involved in any vehicle accidents in which you were at fault?   
If so, give details \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

B. Have you ever been arrested or received a ticket for a traffic offense? \_\_\_\_\_  
If so, give details \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

C. Have you ever been arrested for a criminal offence? \_\_\_\_\_  
If so, give details, (include charge, date, location and description) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\*Please feel free to attach any copies of Certifications, Diplomas, driver's license, Social Security Card, or upon being interviewed.

# CONNERSVILLE CITY POLICE DEPT.

## INDIANA LAW ENFORCEMENT ACADEMY PHYSICAL FITNESS STANDARDS

### ILEA ENTRY STANDARDS

TEST	STANDARD
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