

Reserve Officer



MICHIGAN CITY POLICE DEPARTMENT
102 West 2nd Street Michigan City, IN 46360

Reserve Officer Application

DATE _____

PLEASE PRINT ALL INFORMATION

NAME _____
LAST FIRST MIDDLE MAIDEN (IF APPLICABLE)

PERMANENT ADDRESS _____
STREET APT. NO.

CITY COUNTY STATE ZIP

TELEPHONE: HOME () _____ WORK () _____
AREA CODE AREA CODE

NOTE: All information must be truthful and all documents must be attached. Application must be completed neatly if it is to be processed.

MERIT COMMISSION RULE #3 , Article XVI-A: Any applicant who personally, or through another person, solicits a member of the Commission to favor such applicant's appointment or reappointment shall thereby be rendered ineligible indefinitely for an appointment to the Department Reserve Officer program.

RESERVE OFFICER APPLICATION

I. INITIAL REQUIREMENT AREA

A. Are you a U.S. Citizen? _____ If no, explain on a separate sheet and attach documentation.

B. Social Security Number _____
 (For background clearance . The application will not be processed without it.)

C. Age _____ Date of Birth _____ Sex _____
 (Attach Copy of Birth Certificate)

II. FAMILY DATA

A. Marital Status: Married _____ Single _____ Divorced _____ Separated _____

B. Spouse's Name (If applicable) _____

C. Dependents (If applicable)

NAME	AGE	RELATIONSHIP

D. If divorced, are you legally required to make child support payments? _____

Are you current on child support payments? If no, explain _____

III. EDUCATION DATA (ATTACH TRANSCRIPTS FOR ALL)

List information for High School and all accredited Colleges/Universities you have attended.

NAME & ADDRESS OF SCHOOL	COURSE OF STUDY	NUMBER OF HOURS COMPLETED	GPA ON 4.0 SCALE	DID YOU GRADUATE?	LIST DIPLOMA OR DEGREE

IV. EMPLOYMENT DATA

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

Date 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 _____

Date 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 _____

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Date of Employment From: _____ To: _____
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Reason for Leaving _____

Address of Business _____

City _____ State & Zip _____ Phone # _____

Name of Employer or Business _____

Your Title _____ Duties _____

Date of Employment From: _____ To: _____
Month Year Month Year

Reason for Leaving _____

Address of Business _____

City _____ State & Zip _____ Phone # _____

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

Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

VI. RESIDENCE: (List The Last Five (5) Years Other Than Present)

STREET	CITY	STATE	DATES	
			FROM	TO

VII. MILITARY HISTORY AND STATUS

A. Have you ever served in the military on active duty? (Include initial active duty training with the National Guard and the Reserves.) _____ If yes, attach a copy of your DD214.

MILITARY BRANCH	DATES		HIGHEST RANK ATTAINED AND RANK AT SEPARATION	TYPE OF DISCHARGE AND REENLISTMENT CODE
	FROM	TO		

B. Are you eligible to reenlist? _____ If no, explain fully on a separate sheet.

C. List any citations and awards received. _____

D. Were you ever disciplined (court martial, article 15, captain's mast, etc.) while on active duty? _____ If yes, explain fully on a separate sheet.

VIII. VEHICLE ACCIDENT AND ARREST RECORDS

A. Do you currently possess a valid automobile license? _____ Expiration Date _____

License Number _____ License Type _____ State _____

Has your drivers 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	FINE OR SENTENCE

F. Have you ever been convicted of a felony? _____ (If yes, explain on a separate sheet of paper.)

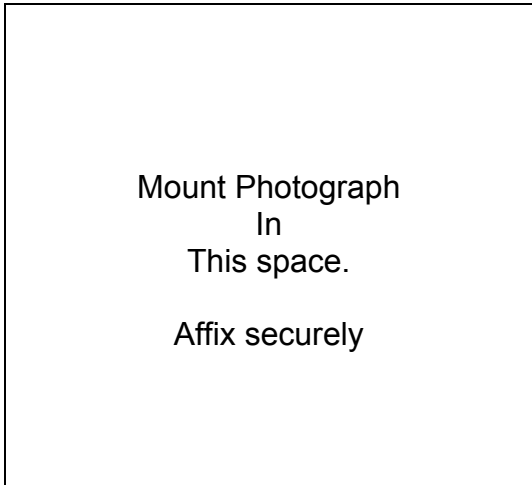
G. Have you ever been or are you currently involved as a plaintiff, defendant, petitioner or respondent in any civil court action? _____ (If yes, explain on a separate sheet of paper.)

X. MISCELLANEOUS

A. Have you ever applied for a permit to carry a handgun? _____ Reason: _____
_____ Status: _____

B. What special skills have you developed through hobbies, education, occupation, or other special interests?





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

Other photographs are not acceptable.

I certify that:

1. All required items are included with this application.
 - A. Birth Certificate (copy only)
 - B. High School and/or College Transcripts (Grade reports are not accepted)
 - C. Military – DD214 (if veteran), DD217 (if active duty)
 - D. Valid Drivers License (copy only)
 - E. High School or GED Diploma (copy only)
 - F. Social Security Card (copy only)

2. I have personally completed this application.

I swear or 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.**

MAIL TO:

MICHIGAN CITY POLICE CIVIL SERVICE COMMISSION

100 E. MICHIGAN BLVD.

MICHIGAN CITY, IN 46360



MICHIGAN CITY POLICE DEPARTMENT

102 West 2nd Street Michigan City, IN 46360

Authority for Release of Information

Last Name		First Name		Middle Name	
Social Security Number		Sex	Race	Date of Birth (i.e. 00/00/00)	
Place of Birth	City	County	State	Country	

I, _____, do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to **any duly authorized agent of the Michigan City Police Department and/or Michigan City Police Civil Service Commission** whether the said records are of public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions, financial or credit institutions, including records of deposits, withdrawals and balances of checking and savings accounts, and loans, and also the records of commercial or retail credit agencies (including credit reports and/or ratings); public utility companies; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me, and salary records; real and personal property tax statements and records, and other financial statements and records wherever filed; records of complaint, arrest, trial and/or convictions for alleged or actual violations of law, including criminal, civil and/or traffic records; the results of any polygraph examinations; records of complaint of a civil nature made by or against me, where so ever located, and to include the records and collections of attorneys at law, or of other counsel, whether representing me or another person in any case in which I presently have, or have had an interest.

I reiterate, and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation which may provide pertinent data for the Michigan City Police Civil Service Commission to consider in determining my suitability for the Reserve Officer Program with the Michigan City Police Department. It is my specific intent to provide access to personal information, however personal or confidential it may appear to be, and the sources of information specifically identified herein.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for the Reserve Officer Program with the Michigan City Police Department. I understand that all materials pertaining to this background investigation become the property of the Michigan City Police Department, Michigan City Police Civil Service Commission and will not be returned to me.

I agree to indemnify and hold harmless the person to whom this request is presented and his/her agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request, **I further understand that in the event my application is disqualified, the sources of confidential information cannot be revealed to me.**

Signature of applicant:

Date: