

POLICE CIVIL SERVICE COMMISSION

City of Michigan City
100 East Michigan Blvd.
Michigan City, IN 46360
(219) 873-1570 ext.344

Dear Applicant:

Enclosed is the Michigan City Police Department application, which must be completed and returned in the self-addressed envelope. It is your responsibility to affix the postage.

The additional attachment of five sheets, listing instructions and the basic functions of a police officer, may be retained for your reference.

BEFORE RETURNING, PLEASE RE-CHECK. THE INFORMATION MUST BE TRUTHFUL, NEAT AND COMPLETED IN FULL. We will not return incomplete applications and failure to follow instructions may disqualify you.

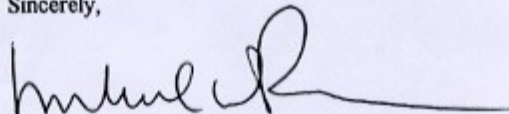
PLEASE NOTE, ON PAGE 9, THAT A NOTARY IS REQUIRED.

Make sure the following items are included with your application:

1. Authenticated copy of a birth certificate.
2. Copy of a high school diploma or certified copy of a G.E.D. certificate.
3. Copy of your valid state driver's license.
4. Copy of your social security card.

If you have any questions please contact our office at 873-1570 ext. 344.

Sincerely,



Michael D. Palmer
Commissioner



MICHIGAN CITY POLICE CIVIL SERVICE COMMISSION

INSTRUCTIONS & GENERAL INFORMATION

- No exceptions will be made for anyone not meeting all requirements.
- **The application must be filled out by the applicant. It may be typed or filled out in ink. All information requested on the application must be completed, in full, to the best of the applicant's knowledge and belief. Any misrepresentation may render the applicant ineligible for a position with the department.**
- Answer all questions. If the question does not apply, state "None" or "Does Not Apply".
- Place any additional information that you wish to add on a separate paper and attach to the application with appropriate reference marks.
- **PLEASE DO NOT ENCLOSE ORIGINAL DOCUMENTS, (I.E. BIRTH CERTIFICATES, ETC.)**
- Applications will not be considered until complete in every respect. Applications will not be rejected but will be put on hold because of omissions or deficiencies that can be corrected prior to testing and the interview process.
- **Please do not make inquiries regarding the status of your application.** You will receive appropriate information concerning your application.
- Completed applications must be submitted, together with any other necessary documents, directly to the Commission. Only one application per applicant within a 12-month period.
- The Commission will accept applications any time during the year, however, the selection process will not commence until a certain number of applications, as determined by the Commission, are received.
- In the event any applicant fails to qualify, the applicant is prohibited from reapplying for a period of twelve months. **If applicant failed to qualify because of a felony or misdemeanor battery charge, applicant is not eligible to reapply.**

- No applicant will be discriminated against with the respect to hire, tenure, terms, conditions, or privileges of employment or any matter directly or indirectly related to employment because of race, sex, color, religion, national origin or ancestry. The Michigan City Police Department adheres to all provisions of the Americans with Disabilities Act. Employees are selected solely upon merit.
- Information secured through testing and investigation will be held in strict confidence. Applicants are responsible for all expenses incurred by them in connection with travel, etc., when reporting for tests, physical examination and interviews.
- During the officer's first year as a sworn police officer, the officer is on probation and may be discharged at any time without recourse to a formal hearing. Upon satisfactory completion of the first year as a sworn police officer, the officer can be discharged upon preferment of formal charges in writing, and has recourse to a public hearing before the Police Civil Service Commission, if desired.
- Applicants must meet the following minimum physical fitness standards which are necessary for performing the essential job related functions of a police officer. These are the same minimum standards required when entering the Police Academy.

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

- It is the applicants' responsibility to notify the Commission if there is a change of address or telephone number during the hiring process. Should the Commission be unable to contact you due to incorrect information your application will be considered ineligible and you will no longer be considered as an applicant.

CORRESPONDENCE SHOULD BE DIRECTED TO:

MICHIGAN CITY POLICE CIVIL SERVICE COMMISSION
 100 E. MICHIGAN BLVD.
 MICHIGAN CITY, IN 46360

(219) 873-1570 EXT. 344



MICHIGAN CITY POLICE DEPARTMENT

BASIC ESSENTIAL FUNCTIONS FOR POLICE OFFICERS

1. Monitor radio and communication devices to receive assignments and call.
2. Effectively communicate, verbally and written, in the English language.
3. Maintain awareness of activities in assigned areas.
4. Assist citizens with problems.
5. Patrol on foot or by driving a vehicle, responding to assigned calls and searching for suspicious activity or situations.
6. Respond to calls by driving, walking or running to a specific location.
7. Refer persons to appropriate social service agencies when situations warrant.
8. Assess situations, determine need for assistance of other officers or agencies, and take appropriate action.
9. Provide emergency aid to injured people and move people away from danger, including carrying unconscious people.
10. Investigate accidents and reports of crimes. Gather evidence, record observations and statements of witnesses, victims and suspects. Direct removal of vehicles involved in accidents and maintain orderly flow of other traffic, both vehicular and pedestrian.
11. Search crime scenes and take prescribed actions to preserve and protect evidence. Record findings and observations.
12. Pursue and apprehend suspects. Use only necessary force to apprehend and arrest suspects. Advise suspects of rights, and transport suspects to detention area.
13. Use appropriate means and weapons to restrain people from physically striking and injuring other people.
14. Drive a vehicle at a high speed when an emergency warrants.
15. Stop drivers of vehicles when traffic violations are observed. Advise drivers of safe driving practices. Verify license and registration data. Issue citations or make arrests as warranted.
16. Take appropriate action to protect life and property.
17. Maintain visibility in the community. Meet and talk with people. Visit local businesses. Provide information and make presentations to neighborhoods, civic organizations and schools.
18. Testify in court and prepare for such testimony by reviewing reports and notes. Meet with attorneys and obtain and provide appropriate evidence.
19. Maintain physical fitness, uniforms, equipment and weapons.
20. Perform related duties as assigned.
21. Participate in training on law enforcement procedures: including firearms, court procedures, criminal justice, emergency medical aid and related subjects.



MICHIGAN CITY POLICE DEPARTMENT

Each of the below criteria must be met and proper documents attached to properly process Your application.

A. BASIC ELIGIBILITY REQUIREMENTS

1. Must be a United States citizen.
2. Must be at least 21 years but under 36 years of age when appointed as a police officer.
3. Must be a high school graduate, as evidenced by a certified copy of a transcript issued by an accredited high school. A certified achievement test certificate from an accredited high school or State Board of Education is acceptable.
4. Must possess a valid unrestricted driver's license.
5. Must be willing, if appointed, to become a bona fide resident of the County of LaPorte, or any contiguous County within the State of Indiana (Porter, Starke, or St. Joseph Counties); have adequate means of transportation into the City; and maintain residential telephone service within ninety (90) days.

B. COPIES OF THE FOLLOWING DOCUMENTS ARE REQUIRED (if applicable)

1. DD 214 (Armed Services Discharge)
2. High School Diploma or GED Diploma
3. Certified copy of a transcript issued by an accredited high school or a certified achievement test certificate from an accredited high school or State Board of Education.
4. College transcript
5. Birth Certificate
6. Valid driver's license

C. SELECTION PROCESS

1. Written Examination
2. Physical fitness and Agility test
3. Oral Interview
4. Polygraph Examination
5. Background Investigation
6. MMPI and Psychological Evaluation
7. Pension (PERF) Physical Examination



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

EMPLOYMENT 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.

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

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 and payroll information this number is required. The application will not be processed without it.)
- C. Age _____ Date of Birth _____ Sex _____
(Attach Copy of Birth Certificate)
- Race _____ (Information requested for EEO compliance only)

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 _____

Date of Employment From: _____ To: _____
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Date of Employment From: _____ To: _____
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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 _____

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 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. Do you own your home? _____ If yes, how much is current mortgage indebtedness? _____
- B. What is the amount of your indebtedness, other than home? _____
- C. Annual Income: Applicant _____ Spouse _____
- D. Are you a proprietor or part owner of any business or firm? _____ If yes, describe nature of business.

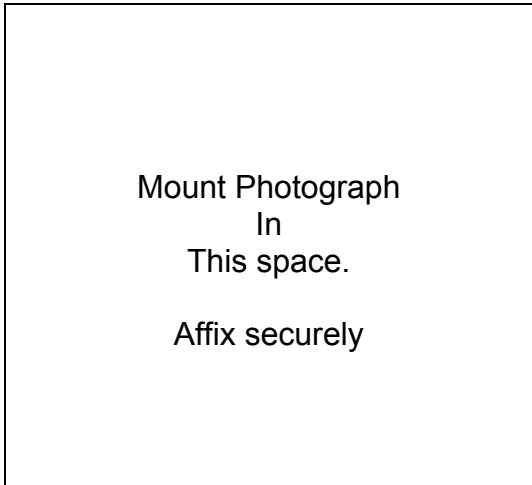
Are there any licenses for this/these business(s) in your name, i.e. liquor license? If yes, please describe.

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

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

- G. If offered an appointment as an officer with the Michigan City Police Department are you willing to become a bona fide resident of the County of Laporte, or any contiguous County within the State of Indiana (Porter Starke, or St. Joseph Counties); have adequate means of transportation into the City; and maintain your residence telephone service with the City within 90 days after being appointed to the department? _____





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

**AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER
Complying will all provisions of the Americans with Disabilities Act.**



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, wheresoever 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 employment 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 employment by 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.**

AGILITY TEST WAIVER

During the course of the physical fitness and agility test, I understand that there is a possibility that I may be injured. I hereby release the Michigan City Police Department and their principals, agents and employees, from any and all liability connected with this agility test and waive any rights I may have against the Michigan City Police Department, their agents and employees in connection herewith.

I also agree to provide a doctor's statement, at my cost, indicating that I am able to take the physical fitness and agility test.

A photocopy of this release form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.

MUST BE SIGNED IN THE PRESENCE OF A NOTARY	
Subscribed and sworn before me this _____ day of _____ 20 _____	
My Commission expires : _____ / _____ / _____	
Notary Public Resident of _____ County	
Notary Signature _____	

Applicant Signature		
Address		
City	State	Zip

