



## Sheridan Police Department Application

**This application must be completely filled out or it will be rejected.**

**PLEASE PRINT IN INK OR TYPE**

Date \_\_\_\_\_ Name \_\_\_\_\_  
First Middle Last

Address \_\_\_\_\_  
Street City State Zip

Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Pager \_\_\_\_\_ Mobile \_\_\_\_\_

Marital Status \_\_\_\_\_ # of children \_\_\_\_\_ Date of Birth \_\_\_\_\_ SSN \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_ Sex \_\_\_\_\_

Scars and/ or Birthmarks \_\_\_\_\_  
(Location and description)

How were you referred to the Sheridan Police Department? \_\_\_\_\_

<u>School</u>	<u>Name</u>	<u>Location</u>	<u>Years</u>
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Elementary:

Junior High:

High School:

Correspondence:

Night School:

Vocational:

College:

Universities:

Undergraduate Major: \_\_\_\_\_ Minor: \_\_\_\_\_

Graduate Major: \_\_\_\_\_ Minor: \_\_\_\_\_

Special Studies or Honors: \_\_\_\_\_

Activities/ Organizations/ Hobbies \_\_\_\_\_

**MILITARY SERVICE**

Branch \_\_\_\_\_ How Long \_\_\_\_\_ Date Discharged \_\_\_\_\_ Type \_\_\_\_\_

Reserve Service \_\_\_\_\_ Highest Rank \_\_\_\_\_ Present Classification \_\_\_\_\_

List Special Training \_\_\_\_\_

**REFERENCES** – (NO RELATIVES OR EMPLOYERS)

NAME ADDRESS PHONE NUMBER

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

Are you in good health? \_\_\_\_\_

Family Physician \_\_\_\_\_  
Name Address Phone

Family Dentist \_\_\_\_\_  
Name Address Phone

Do you have a valid Indiana driver's license? \_\_\_\_\_ License # \_\_\_\_\_ Type \_\_\_\_\_

Number of years operating a: Passenger Car \_\_\_\_\_ Light Truck \_\_\_\_\_ Tractor Trailer \_\_\_\_\_  
Bus \_\_\_\_\_ Motorcycle \_\_\_\_\_ Snow Mobile \_\_\_\_\_ Heavy Equipment \_\_\_\_\_

List below any special skills you may have that may be of value to the Sheridan Police Department:

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

Give a brief statement of why you want to join the Sheridan Police Department: \_\_\_\_\_

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

**HAVE YOU NOW OR EVER**

1. Worked for the Town of Sheridan? \_\_\_\_\_
2. Received benefits under workers compensation? \_\_\_\_\_
3. Received government disability benefits? \_\_\_\_\_
4. Had a back problem? \_\_\_\_\_
5. Had any physical impairment? \_\_\_\_\_
6. Had a disabling illness, disease, or injury? \_\_\_\_\_
7. Been arrested for any felonies or misdemeanors? Including court martial? \_\_\_\_\_
8. Had any traffic tickets? (Answer what, when and where in #11) \_\_\_\_\_
9. Been a member of any police department/ agency? \_\_\_\_\_
10. Been a member of any subversive group? \_\_\_\_\_
11. Give details of any "yes" answer: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
12. List your residences for the last ten years, starting from your current address and working backwards. Include street address (RR and/ or PO Box if applicable), City, State, Zip and dates.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EMPLOYMENT RECORDS**

LIST CURRENT EMPLOYER FIRST THEN LIST IN REVERSE CHRONOLOGICAL ORDER ALL EMPLOYMENT FOR THE LAST TEN YEARS.

EMPLOYMENT START DATE \_\_\_\_\_ EMPLOYMENT END DATE \_\_\_\_\_

EMPLOYERS NAME \_\_\_\_\_

EMPLOYERS ADDRESS \_\_\_\_\_

BUSINESS TYPE \_\_\_\_\_

STARTING PAY \_\_\_\_\_ ENDING PAY \_\_\_\_\_

SUPERVISORS NAME AND TITLE \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

EMPLOYMENT START DATE \_\_\_\_\_ EMPLOYMENT END DATE \_\_\_\_\_

EMPLOYERS NAME \_\_\_\_\_

EMPLOYERS ADDRESS \_\_\_\_\_

BUSINESS TYPE \_\_\_\_\_

STARTING PAY \_\_\_\_\_ ENDING PAY \_\_\_\_\_

SUPERVISORS NAME AND TITLE \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

EMPLOYMENT START DATE \_\_\_\_\_ EMPLOYMENT END DATE \_\_\_\_\_

EMPLOYERS NAME \_\_\_\_\_

EMPLOYERS ADDRESS \_\_\_\_\_

BUSINESS TYPE \_\_\_\_\_

STARTING PAY \_\_\_\_\_ ENDING PAY \_\_\_\_\_

SUPERVISORS NAME AND TITLE \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

May we contact you present employer? \_\_\_\_\_

I hereby certify that I have no physical disabilities except as shown herein. I hereby agree to undergo a physical examination at my expense (if requested), to be photographed, fingerprinted, and undergo a character and credit investigation.

I hereby authorize my present employer, former employer, schools and references to furnish records, transcripts, and other information concerning me. I also release the above mentioned subjects and institutions from any and all liability or damages as a result of furnishing such information. I declare the foregoing application to be a truthful and complete statement of fact.

I understand the position of a police officer at the Sheridan Police Department is one of extreme responsibility and pressure. I agree to perform assigned duties, which may be uncomfortable, inconvenient, and hazardous. I further agree to support the Constitution of the State of Indiana and that if appointed to the Sheridan Police Department, I will faithfully and impartially discharge my duties, according to law, to the best of my ability.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**LOOK OVER YOUR APPLICATION AND SEE THAT YOU HAVE GIVEN AN ANSWER TO EVERY ITEM. PLEASE INCLUDE A RECENT PHOTO (AT LEAST 2"X2") AND ATTACH TO THIS SHEET BELOW.**

1. Are you now or have you ever been treated for an emotional and/ or mental disorder or illness?
2. Are you now or have you ever been treated for any long term or lingering: illness, sickness, injury or disorder?

If you have answered yes to either question, give complete information:

1.

2.