



*Middletown Police Department
11803 Old Shelbyville Road
Middletown, Ky 40243
P.O. Box 43819
Middletown, Ky 40253
502-365-1900*

POLICE OFFICER EMPLOYMENT APPLICATION PACKET

Completion of the Police Officer Employment Application Packet is the first step in the employment process. The information in these forms will be used to judge your qualifications for the position of Police Officer. Read all of the questions carefully and answer all questions completely and honestly.

You must complete this application packet yourself. Type or print the forms using a ball point pen. Do not leave any blank spaces. If a question does not apply, write "DNA" in the answer space. All information in this application is subject to verification. Any false, misleading, or incomplete information will result in your application being eliminated from consideration.

This packet contains the following forms:

- Police Officer Employment Application
- Waiver of Liability Release Form
- Credit Information Release Form
- Pre-Employment Drug Screen Consent Form
- Open Records Authorization

Return the entire packet along with a resume (no longer than 2 pages, please) to the address below:

Middletown Police Department
P.O. Box 43819
Middletown Ky 40253

Office Use Only: Date received _____

POLICE OFFICER EMPLOYMENT APPLICATION

Instructions:

You must complete this application yourself. It may be printed in ink or typed. Your ability to completely and honestly complete this application is part of the process to determine your suitability for employment. If you intentionally leave out any information that might be detrimental to obtaining a job, it will automatically eliminate you from consideration from employment. Once submitted, this application becomes the property of the Middletown Police Department.

Basic Personal Information

Name: _____
Last First Middle

Please list any other names that you have used: _____

Home Address: _____
Street City State Zip

Telephone: _____
Home Cell Daytime

Social Security Number: _____ Email: _____

Driver's License: _____
Number State

Place of Birth: _____
City State Country

Eligibility

Are you at least 21 years of age _____ Yes _____ No

Do you have a legal right to work in the United States? (Check one) _____ U.S. Citizen
_____ Permanent Resident Status _____ Other (Please Specify)

Are you a licensed Peace Officer in the State of Kentucky? _____ Yes _____ No

PAGE (3)

If yes, where and when did you obtain your license? _____
State Certified Training Academy or Department

<i>Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>	<i>Date</i>
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Has your Kentucky Peace Officer's license ever been suspended? _____ Yes _____ No
(If yes, please explain on a separate sheet of paper).

Are you a commissioned / licensed Peace Officer in another state of the U.S.? ____ Yes ____ No

If yes, where, when and in which state did you receive your commission / license? _____

<i>State Certified Training or Academy</i>	<i>Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>	<i>Date</i>
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Have you ever applied for a position with other law enforcement agencies? Which? Where do you stand?

Military Service

Please make copies of all applicable service records including any discharge papers and attach to this application.

Branch: _____ Serial Number: _____

Date of Service: _____ to _____ Reserve Status: _____

Type of discharge: _____ If not honorable, explain: _____

Grade and duty assignment at discharge / separation: _____

Are you registered for the Selective Service? _____ Yes ____ No

Selective Service Number: _____ Classification: _____

Are you a member of the Reserves or National Guard? _____ Yes ____ No
If yes, give unit, location, grade, and duty assignment: _____

Unit

<i>Location</i>	<i>Grade</i>	<i>Duty Assignment</i>
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Education

Please complete the information that applies and attach copies of your diploma(s) and/or copies of your transcript(s) to this application.

If you did not complete High School, do you have a GED? _____ Yes ___ No

School Name:	Address (including City & Zip) Phone Number	Graduate (Yes/No Dates Enrolled)	Course of Study (Major)
High School:			
College / University			
Graduate School			
Other			

Specialized Skills and Training

Do you speak another language other than English? ___ Yes ___ No Fluent? ___ Yes ___ No

If yes, please list: _____

Briefly list any computer skills you have. If you have copies of any certificates for computer training you have received, please attach them to the application: _____

PAGE (5)

Please list any social internet sites (Facebook, MySpace, personal blogs) that you have an active or past account with: _____

Briefly list any training or skills, including firearms that would be of assistance in the job you are applying for. If you have any copies of certificates for any training, please attach them to the application: _____

Traffic, Civil Court, and Criminal Record

Please list your history of any traffic citations, any civil court actions in which you were or are a defendant, any arrests, convictions, and court actions. If additional space is needed, list on a separate sheet of paper.

	<i>Type of case</i>	<i>Jurisdiction</i>	<i>City, State</i>
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____
5	_____	_____	_____
6	_____	_____	_____
7	_____	_____	_____
8	_____	_____	_____

Financial Status

List all creditors or persons to whom you are financially obligated. If additional space is needed, list on a separate sheet of paper.

NAME	ADDRESS	BALANCE	MONTHLY PAYMENT

Have you ever declared bankruptcy? Yes No

If yes, give date(s) and circumstances:

Employment History

NOTICE: Start with your current job, if employed, and list you past employment in reverse order. Include all employment from high school to the present. Account for any time that you were unemployed by stating the nature of your activities. If additional space is needed, list on a separate sheet of paper.

1. Company: _____ Position: _____

Address: _____ City: _____ State: _____ Zip: _____

Dates from _____ to _____

Supervisor's Name: _____ Telephone No.: _____

Job Duties: _____

Reason for leaving: _____

2. Company: _____ Position: _____

Address: _____ City: _____ State: _____ Zip: _____

Dates from _____ to _____

Supervisor's Name: _____ Telephone No.: _____

Job Duties: _____

Reason for leaving: _____

PAGE (8)

3. Company: _____ Position: _____

Address: _____ City: _____ State: _____ Zip: _____

Dates from _____ to _____

Supervisor's Name: _____ Telephone No.: _____

Job Duties: _____

Reason for leaving: _____

4. Company: _____ Position: _____

Address: _____ City: _____ State: _____ Zip: _____

Dates from _____ to _____

Supervisor's Name: _____ Telephone No.: _____

Job Duties: _____

Reason for leaving: _____

5. Company: _____ Position: _____

Address: _____ City: _____ State: _____ Zip: _____

Dates from _____ to _____

Supervisor's Name: _____ Telephone No.: _____

Job Duties: _____

Reason for leaving: _____

Residences

List all residences where you have lived during the past 10 years. Begin with your present address and work backwards. List the complete address including street number, street name, city, state, and zip code. If additional space is needed, list on a separate sheet of paper.

ADDRESS	CITY	STATE	ZIP CODE	DATES

PAGE (11)

I declare that the foregoing statements are true and correct to the best of my knowledge and belief. I realize that falsification of any information on this application is grounds for disqualification. I further understand that any misrepresentation or omission of facts upon this application will be sufficient cause for cancellation and/or separation from MPD service if I have been employed.

Applicant Signature: _____ Date: _____

- 1) Your application is reviewed to ensure you meet the minimum qualifications for a Police Officer position and for accuracy, legibility, and completeness.
- 2) If the application is accepted, you will receive a letter notifying you of your acceptance. Letters are NOT sent for rejected applications.
- 3) All accepted applicants will be notified of their interview date.
- 4) Failure to appear on the scheduled interview date disqualifies the applicant and their application will be discarded.

PAGE (12)

In consideration of the Middletown Police Department and the City of Middletown, Kentucky, hereinafter referred to as the Agency, processing my application for employment, I

_____ hereby irrevocably agree to the following
Full Name (typed or printed)
terms and conditions:

- 1) The term “background investigation” as used in this document refers to any and all information and sources of information that the Agency, in its sole discretion, may deem necessary to obtain or contact, to determine my fitness as a candidate for employment with the Agency.
- 2) I hereby release from liability and promise to hold harmless under any and all possible causes of legal action any Officer, Agent, or Employee of the Agency who conduct my background investigation.
- 3) I hereby release from liability and promise to hold harmless under any and all possible causes of legal action, any and all person and entities who shall furnish any information or opinions to the Officers, Agents, or Employees of the Agency who conduct my background investigation.
- 4) I authorize any person or entity contacted by the Agency’s Officers, Agents, or Employees during the course of my background investigation, to furnish such Officers, Agents, or Employees any information opinions they may have, and hereby expressly waive any and all legal privilege, the clergyman – pertinent privilege, the husband-wife privilege, and the accountant – client privilege.
- 5) I hereby release from liability and promise to hold harmless, under any and all possible causes of legal action, the political subdivision, the Agency, or any of its Officers, Agents, or Employees for any statements, acts or omissions in the course of my background check.
- 6) I expressly waive all of my legal rights and causes of actions to the extent that the Agency background check may violate or infringe upon these legal rights and causes of actions.

PAGE (13)

7) I expressly agree that I will never, under any circumstances, attempt to obtain the results of my background investigation as conducted by the Agency, realizing such information must of necessity remain confidential.

DO NOT SIGN BEFORE READING:

This release from liability given by me to the political division, the Agency, its Officers, Agents, and Employees, and all others as mentioned above, shall apply to my right of action of any nature whatsoever that might accrue to me, my heirs, or my personal representative.

Date: _____ Signature of Applicant: _____

Date of Birth: _____ Social Security Number: _____

Driver's License number and State: _____

Date: _____ Witnessed by: _____

Printed Name and Signature

PAGE (14)

CREDIT INFORMATION RELEASE FORM
Credit Report Disclosure

By this document, the Middletown Police Department discloses to you that a credit report may be obtained for employment purposes as part of the pre-employment background investigation and at any time during your employment. Please sign below to signify receipt of the foregoing disclosure.

Applicant Full Name (typed or printed)

Applicant Signature

Date

Witness Printed Name and Signature

Date

Credit Report Authorization

This document shall authorize the procurement of a credit report by the Middletown Police Department, Middletown, Ky as part of the pre-employment background investigation. If hired, this authorization shall remain on file and shall serve as an ongoing authorization for the Middletown Police Department to procure consumer reports at any time during my employment period.

Applicant Full Name (typed or printed)

Applicant Signature

Date

Witness Printed Name and Signature

Date

PRE-EMPLOYMENT DRUG SCREEN CONSENT

- 1) I, _____ as an applicant with the Middletown Police Department, *Applicant Full Name (typed or printed)* Kentucky consent to allow my blood, breath and/or urine to be tested for drugs. I further consent to allow the results of such testing to be released to the Middletown Police Department, Middletown, Kentucky or its authorized agents to representatives.

- 2) I hereby release the Middletown Police Department and its employees from any action that may arise out of results of such tests or information being released to the Middletown Police Department, Middletown, Ky.

- 3) I understand that if I fail to sign and return this consent to the Middletown Police Department, Middletown, Ky, my application will no longer be considered. I understand that if I test positive for any illegal substance, any offer of employment I have received will be withdrawn.

Applicant Signature

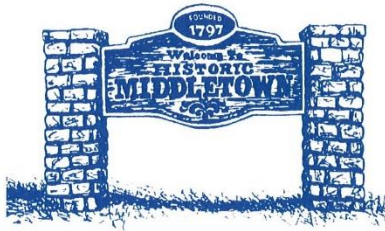
Date

Witness Printed Name and Signature

Date

CITY OF MIDDLETOWN
Circa 1797

J. Byron Chapman
Mayor



P.O. Box 43048
11803 Old Shelbyville Road
Middletown, Kentucky 40253
(502) 245-2762
(502) 245-6047 Fax
E-mail: deborah@cityofmiddletownky.org
cityofmiddletownky.org

To: _____

Pursuant to the state open records law section KRS 61.870 to 61.884 and 61.991, the City of Middletown, Kentucky is writing to request a copy of the personnel records of

_____ who was employed by you from _____ to _____.

If there is a charge for these records, please let me know the exact amount so that we may submit a check.

If your office or direct reports do not maintain these public records, please let me know who does and include the proper custodian's name address.

As provided by the open records law, I will expect your response within three (3) business days. If you need additional information, please feel free to contact me at (502)475-0075.

Thank you for your assistance,

Ronald J. Howard

Date

I, _____
Signature of Applicant

Print Name

do fully consent for Ronald J. Howard to review my personnel file and make copies of anything he requires.

Date: _____

