



*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

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

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<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? \_\_\_\_\_

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<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*

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<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

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

**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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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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.

<b>NAME</b>	<b>ADDRESS</b>	<b>BALANCE</b>	<b>MONTHLY PAYMENT</b>

Have you ever declared bankruptcy?  Yes  No

If yes, give date(s) and circumstances:

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**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: \_\_\_\_\_  
\_\_\_\_\_

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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.

<b>ADDRESS</b>	<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>	<b>DATES</b>

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*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.

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- 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*

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**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](mailto:deborah@cityofmiddletownky.org)  
[cityofmiddletownky.org](http://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)365-1900.

Thank you for your assistance,

\_\_\_\_\_  
Scott Beck

\_\_\_\_\_  
Date

I, \_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Print Name

do fully consent for Scott Beck to review my personnel file and make copies of anything he requires.

Date: \_\_\_\_\_

