

Argos Police Department

101 S. First Street
Argos, Indiana 46501
Phone: (574)892-5122
Fax: (574)892-5092

General Information and Instructions

1. The salary range is \$37,870 for probationary officers and \$49,991 to \$51,476 for ILEA certified officers. Salary for a certified officer will depend on experience.
2. The probation period for non-ILEA certified persons shall be (1) year from the date of hire, with the option of an extension of up to (6) months from the date of completion of the Indiana Law Enforcement Academy.
3. Other benefits will be the same as other Town of Argos employees.
4. Any non-ILEA certified person who attends the ILEA must pass all of the required tests on the first attempt. Failure to do so may result in dismissal from the department, with determination to be made by the Chief of Police,
5. Applicants must be at least 21 yrs. of age and must not have reached their 36th birthday by the time of employment. Each applicant will be required to complete and pass a MMPI test at no charge to the applicant. Successful applicants) are required to pass a physical examination permitting their participation in the 1977 Police and Fire Pension Fund.
6. All applicants will be required to complete and pass a physical agility course, which includes minimum standards established by the Indiana Law Enforcement Academy, and other tests included at the discretion of the Argos Police Department.
7. All applicants will be required to complete and pass a written test.
8. Pages 9,10, and 11 of the application must be signed in the presence of a Notary Public and be notarized. Incomplete applications may be disqualified and removed from consideration for employment.
9. Because of confidential information contained in the application, it should be placed in a sealed envelope and hand delivered to the Argos Police Department at 101 S. First Street, Argos, IN 46501.
10. If you are not the successful applicant, your application will be returned at your request.

ARGOS POLICE DEPARTMENT

APPLICATION FOR EMPLOYMENT

General Instructions

Type or print in black ink, an answer to every question. If a question does not apply to you, answer with N/A. If the space provided is insufficient, use a separate sheet of paper and precede each explanation with the number of the reference block. Do not misstate or omit material facts, since the statements made herein are subject to verification to determine your qualifications for employment.

POSTION APPLYING FOR: _____ **Date:** _____

(1) **Name.**

Last _____ First _____ MI _____

Alias (if any) _____

(2) **Address.** Street _____ City _____

State _____ Zip Code _____ County _____

(3) **Phone.** Home () _____ Work () _____

(4) **Date of Birth** ____/____/____ (5) **Place of Birth** _____

(6) **Sex.** Male ____ Female ____ (7) **Social Security Number** _____ - _____ - _____

(8) **Physical Description.** Ht. _____ Wt. _____ Hair _____ Eyes _____

(9) **Citizenship.** Are you an American Citizen? Yes ____ No ____ If no, please provide your Alien number, and date and state of issue _____

(10) **Marital Status.** Single ____ Married ____ Separated ____ Divorced ____ Widowed ____

If engaged, please provide the name, address and telephone number of your fiancé _____

If married, please provide the name of your spouse _____

If divorced or separated, please list the name, address and telephone number of your estranged spouse

a. **Dependents.** Please list all dependents living within your household.

<u>Name</u>	<u>Relationship</u>	<u>Age</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(11) **Military Status.** Have you ever served in the armed forces? Yes _____ No _____
While in the service, were you ever arrested for an offense that resulted in a trial by
court-martial or by summary special or general court-martial? Yes _____ No _____ If yes,
please list all information.

Are you a member of the Reserves or the National Guard? Yes _____ No _____ If yes,
please list grade and service number, as well as the organization and location.

Active _____ Inactive _____ Standby _____ Commander _____

(12) **Education.** Please list all schools attended, beginning with elementary school and continue
until completion of college.

<u>Name</u>	<u>City/State</u>	<u>Dates</u>	<u>Graduate?</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Trade or vocational schools attended. List any trade or vocational schools that you have attended.

(13) Foreign language. List each foreign language, and indicate your knowledge of each aspect, with a (+) to indicate strong knowledge and a (-) to indicate weak knowledge.

<u>Language</u>	<u>Read</u>	<u>Speak</u>	<u>Understand</u>	<u>Write</u>	<u>Translate</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

(14) Special skills and qualifications. Please list all special skills that you may have. For example: pilots license, radio operator, computer, etc.

(15) Vehicle operator's license. License Number _____
 Type _____ State _____ Restrictions _____

Has your license ever been suspended or revoked for any reason? Yes _____ No _____ If yes, please explain.

Has your auto insurance ever been canceled: Yes _____ No _____ If yes, please explain.

Auto insurance company name and address. _____

(17) Employment history. Beginning with your most recent or current job, please list your work history from the time you graduated from high school or were discharged from the military, whichever applies to you. Also include any periods of unemployment if applicable.

Employer: _____
 City/State: _____ From _____ To _____
 Phone _____ Supervisor _____
 Reason for leaving _____

Employer: _____
 City/State: _____ From _____ To _____
 Phone _____ Supervisor _____
 Reason for leaving _____

Employer: _____
City/State: _____ From _____ To _____
Phone _____ Supervisor _____
Reason for leaving _____

Employer: _____
City/State: _____ From _____ To _____
Phone _____ Supervisor _____
Reason for leaving _____

Employer: _____
City/State: _____ From _____ To _____
Phone _____ Supervisor _____
Reason for leaving _____

Employer: _____
City/State: _____ From _____ To _____
Phone _____ Supervisor _____
Reason for leaving _____

Employer: _____
City/State: _____ From _____ To _____
Phone _____ Supervisor _____
Reason for leaving _____

Employer: _____
City/State: _____ From _____ To _____
Phone _____ Supervisor _____
Reason for leaving _____

Employer: _____
City/State: _____ From _____ To _____
Phone _____ Supervisor _____
Reason for leaving _____

Have you ever been discharged (fired), put on inactive status for cause, or subjected to disciplinary action while employed in any position? Yes _____ No _____ If yes, please explain.

Have you ever resigned (quit) after being informed by your employer that they intended to discharge (fire) you for any reason? Yes _____ No _____ If yes, please explain.

(18) Financial status. Please list any and all debts that you currently owe.

<u>Name</u>	<u>City/State</u>	<u>Type</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

May we obtain a copy of your credit history? Yes _____ No _____

Do you currently have a checking account? Yes _____ No _____ If yes, which financial institution, including City and State.

(19) Arrest, Detention and Civil litigation. Please list all arrests, including traffic, juvenile and criminal. Also list any and all civil litigations that you were a party in.

Have you ever been fingerprinted for any reason? Yes _____ No _____ If yes, please explain.

(20) Health and Illness. Please list any and all illness, injury or disease that caused you to miss 3 or more consecutive days of work or school, during the last 5 years.

<u># of days</u>	<u>Illness/Injury</u>	<u>Date</u>	<u>Treating Physician</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Number of days you have been ill in the last 5 years in addition to the above? _____

Are you currently, or have you ever been treated for alcoholism? Yes _____ No _____ If yes, please explain.

Are you currently being treated or have you ever been treated for a mental illness? Yes _____ No _____ If yes, please explain.

Have you ever had a nervous breakdown? Yes _____ No _____ If yes, please explain.

Do you currently use or have you ever used any illegal drugs? Yes _____ No _____ If yes, please explain.

(21) Residences. Please list all residences you have had for the past 10 years, beginning with the most recent or current.

<u>Address</u>	<u>City/State</u>	<u>From</u>	<u>To</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(22) References. Please list five persons with direct knowledge of your ability to perform the duties of the job that you are applying for. Do not list former employers, former supervisors, relatives or persons residing outside Indiana. When listing, be sure to provide all the correct information as it will be necessary to contact them.

<u>Name</u>	<u>City/State</u>	<u>Phone</u>	<u>Years Known</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(23) Past or present membership in organizations.

<u>Name</u>	<u>City/State</u>	<u>Office Held</u>	<u>From</u>	<u>To</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

(24) Hobbies, sports and activities.

(25) Pertinent incidents. Are there any incidents in your life that are not already mentioned in this application, that may reflect upon your suitability to perform the duties which you may be called upon to do? Yes _____ No _____ If yes, please explain.

(26) Previous governmental applications. Have you every applied with any other governmental agency? Yes _____ No _____ If yes, please give dates and locations.

(27) Polygraph (Lie Detector) examination. Will you agree to submit to a polygraph test? Yes _____ No _____ If no, please explain.

(28) Contact of present employer. Do you object to your current employer being contacted in regards to you application? Yes _____ No _____ If yes, please explain.

I certify that there are no misrepresentations, omissions, or falsifications in the foregoing statements and answers. I also certify that the entries made by me are true, complete, and correct to the best of my knowledge and belief.

I further agree and consent In advance to be being summarily discharged without case or hearing if any of the above information contains any misrepresentations or falsifications and/or any pertinent information has been omitted.

Signature of Applicant

Subscribed and sworn before me on this _____ day of _____, 20 ____.

Signature of Notary Public

My commission expires _____

City _____ County _____

ATTACHMENTS

You need to attach any of the following if they apply to you.

1. Copy of birth certificate
2. Military discharge papers (DD 214)
3. Copy of high school diploma
4. High school transcripts
5. Copy of college or university diploma
6. College or university transcripts
7. Copies of certificates from trade or vocational schools attended
8. Copies of certificates from Law Enforcement schools attended
9. Copy of driver's license
10. Copy of social security card
11. A 2" x 2" color front view photo of yourself taken within the last 2 years

Agency
Leqal/Correcllon
Law Enforcement Academy, Indiana

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What are the ILEA' physical fitness training requirements?

Question

What are the ILEA¹ physical fitness training requirements?

Answer

There are five (5) physical fitness components that will be measured in one day as a battery of tests.

1. **Vertical Jump.** This measures leg power, and consists of measuring how high a person jumps.
2. **One Minute Sit Ups.** This measures abdominal, or trunk, muscular endurance. While lying on his/her back, the student will be given one (1) minute to do as many bent leg sit ups as possible.
3. **300 Meter Run.** This measures anaerobic power, or the ability to make an intense burst of effort for a short time period or distance. This component consists of sprinting 300 meters as fast as possible.
4. **Maximum Push Ups.** This measures the muscular endurance of the upper body. This component consists of doing as many push ups as possible until muscular failure.
5. **1.5 Mile Run.** This measures aerobic power or cardiovascular endurance (stamina over time). To complete this component you must run/walk, as fast as possible, a distance of 1.5 miles.

Testing will be conducted in the first week of training and again in the last week. Each component is scored separately and the standard must be met on each and every one.

<i>ILEA Entry Standards</i>	
Test	Standard
Vertical Jump	13.5 inches
One Minute Sit-ups	24
300 Meter Run	82 Seconds

Maximum Pushups	21
1.5 Mile Run	18 Minutes 56 Seconds

ILEA Exit Standards

Test	Standard
Vertical Jump	16 Inches
One Minute Sit- ups	29
300 Meter Run	71 Seconds
Maximum Pushups	25
1.5 Mile Run	16 Minutes 28 Secpnds '

Maximum Pushups	21
1.5 Mile Run	18 Minutes 56 Seconds

ILEA Exit Standards

I Test

Standard

Vertical Jump	16 inches
One Minute Sit- ups	29
300 Meter Run	71 Seconds
Maximum Pushups	25
1.5 Mile Run	16 Minutes 28 Seconds