

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 \$33,696 for probationary officers and \$45,310 for ILEA certified officers.
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 applicant(s) 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 fiancée. _____

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. _____

(11) Dependents Please list all dependents living within your household.

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

(12) 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
deck-court 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 _____

(13) 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. _____

(14) 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> |
|-----------------|-------------|--------------|-------------------|--------------|------------------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |

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

(16) 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, college 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 _____

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> |
|-------------|-------------------|-------------|
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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 litigation's 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> |
|------------------|-----------------------|-------------|---------------------------|
|------------------|-----------------------|-------------|---------------------------|

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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've had for the past 10 years, beginning with the most recent or current.

| Address | City/State | From | To |
|---------|------------|------|----|
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(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 of Indiana. When listing, be sure to provide all of the correct information, so that these people will be able to be contacted.

| <u>Name</u> | <u>City/State</u> | <u>Phone</u> | <u>Yrs. 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 ever 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 your 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 _____, 2 _____.

Signature of Notary Public My commission expires _____

City _____ County _____

ARGOS POLICE DEPARTMENT
101 S. FIRST STREET
ARGOS, IN 46501

Authorization for review, release and permission to secure personal records

I, _____, hereby authorize the duly authorized employees of the Argos Police Department to obtain, copy, secure and review any and all records, data and information pertaining to me, my medical and dental history, arrest data, credit standing, private life, educational progress, social life and any other information deemed pertinent by said department, in order to enable said department to conduct a full and complete background investigation of my person. I hereby also absolve and agree to hold harmless any individual, agency or institution who supplies data, records or information to said department from any liability of whatever nature and from any cause of action which might arise from said transaction.

Signature of Applicant

Date

Subscribed and sworn before me on this _____ day of _____, 2_____.

Signature of Notary 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 Legal/Correction Law Enforcement Academy, Indiana |
| Date Created 06/23/2008 08:38 AM |
| Last Updated 06/23/2008 08:38 AM |

What are the ILEA' physical fitness training requirements?

Question

What are the ILEA' 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.

| ILEA Entry Standards | |
|-----------------------------|-----------------|
| 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 |

| <i>ILEA Exit Standards</i> | |
|-----------------------------------|-----------------------|
| Test | Standard |
| Vertical Jump | 16 Inches |
| One Minute Sit-ups | 29 |
| 300 Meter Run | 71 Seconds |
| Maximum Push-ups | 25 |
| 1.5 Mile Run | 16 Minutes 28 Seconds |

| | |
|------------------|-----------------------|
| Maximum Push-ups | 21 |
| 1.5 Mile Run | 18 Minutes 56 Seconds |

| <i>ILEA Exit Standards</i> | |
|-----------------------------------|-----------------------|
| Test | Standard |
| Vertical Jump | 16 Inches |
| One Minute Sit-ups | 29 |
| 300 Meter Run | 71 Seconds |
| Maximum Push-ups | 25 |
| 1.5 Mile Run | 16 Minutes 28 Seconds |