PLYMOUTH POLICE DEPARTMENT

POLICE OFFICER EMPLOYMENT POLICIES

REQUIREMENTS

- Must be a citizen of the United States of America
- Must be at least 21 and may not have reached your 40th birthday by date of appointment
- Must have a high school diploma or equivalent by an accredited school
- Must be of good moral character
- Must possess a valid operator's license for the current state of residence
- Must have a honorable discharge from military branch (if applicable)
- · Must be able to pass all competitive written examinations required of the position
- Must be able to pass all physical agility assessment tests required of the position
- · Must pass an extensive background investigation
- Must pass an oral interview before a panel of officers of the Plymouth Police Department
- Must pass an oral interview before the City of Plymouth Board of Public Works & Safety
- Must pass a drug screen examination
- · Must pass a medical examination
- Must pass a psychological examination.
- Must be eligible for acceptance into the 1977 Police Officers' & Firefighters' Pension Fund
- Must be able to achieve certification through the Indiana Law Enforcement Academy
- · Must be fluent in reading and speaking of the English language

**Submission Deadline: Friday, March 1, 2024, 3:00 p.m.

Completed applications must be returned to: Plymouth Police Department

215 W. Washington Street Plymouth, IN 46563

Email questions about the hiring process to: memenhiserppd@plymouthin.com

An Equal Opportunity Employer and Program Provider

PLYMOUTH POLICE DEPARTMENT

POLICE OFFICER EMPLOYMENT POLICIES

Application MUST include the following:

- · A copy of your valid operator's license
- . A copy of your high school or G.E.D. diploma
- · A transcript from all high schools attended
- A copy of your college or university diploma (if applicable)
- A transcript from all colleges or universities attended (if applicable)
- A copy of your military discharge record (DD214, if applicable)
- · A copy of your birth certificate
- The signed AUTHORIZATION TO RELEASE INFORMATION form (enclosed)
- A photograph taken within the last six months (attached to form)
- . The above listed items will not be returned; therefore, submit legible copies.

**Application must be completed by printing in black ink. Failure to complete the application completely and/or attach the required documents will be grounds for rejection of the application.

AUTHORIZATION TO RELEASE INFORMATION

I,	, hereby authorize any				
person, agency, partnership	p, or corporation	having information concerning m	ny CRIMINAL		
RECORD, CREDIT REPORT	RECORD, EDUC	RECORD, EDUCATIONAL RECORD, MEDICAL RECORD, EMPLOYMENT			
RECORD, MILITARY RECOR	RD, or SELECTIV	E SERVICE RECORD, to release si	uch information to the		
PLYMOUTH POLICE DEP	ARTMENT. Thi	s information will be used in the e	employment screening		
process with the PLYMOU	TH POLICE DE	PARTMENT and will not be avail	able for public		
inspection.					
be incurred in releasing this	information to	nership, or corporation from any l			
including liability under any	rederal Law.				
SIGNATURE			TODAY'S DATE		
PRINTED NAME		DATE OF BIRTH			
State of)					
)	SS:				
County of)					
Subscribed and sworn to before	me, a Notary Pul	olic, in and for said county and state,			
This day of	, 20				
My Commission Expires:		Notary Public			
		Printed	•		
		County of Posidonso	•		

NOTE: THIS PAGE MUST BE NOTARIZED, SIGNED, AND RETURNED WITH THE APPLICATION

PLYMOUTH POLICE DEPARTMENT APPLICATION FOR EMPLOYMENT

GENERAL INSTRUCTIONS: Hand print an answer to **EVERY** question. Use black ink only. If a question does not apply to you, so state with "N/A". If space available is insufficient, use the blank sheet(s) attached to fully answer the question(s). Do **NOT** misstate or omit material facts.

LAST NAME	<u>.</u>		FIRST NAME MIDDLE NAME		SEX MA	LE FEMALE		
STREET ADDRES	STREET ADDRESS				CITY			ZIP
HOME PHONE	HOME PHONE: ALTERNATE PHONE HEIGHT WEIGHT HAIR COLOR EYE				YE COLOR			
SOCIAL SECURIT	Y NUMBER	DATE OF BIRTH	PLACE OF BIRT	I (City, County, Stat	e)		U.S. C	TIZENSHIP? S NO
LIST ALL NAME C	HANGES, NICKNAMES	, & ALIASES USED	.				-	
EMAIL ADDRES	SS .							
VEHICLE OPE	RATOR'S LICENS	E: List the followi	ng information concerr	ning ANY vehicle	operator's licens	e that you have he	eld or curre	ntly hold.
TYPE OF LICE	NSE LICI	nse number	STATE OF ISS	UE EXPIRATION	N DATE	DRIVING I	RESTRICTION	ONS
····								
Have you ever l	nad motor vehicle in	nsurance withdra	wn or revoked or have pany, date:	you ever been re				YES NO.
RESIDENCES:	List all residences of DATE TO	for the past ten (10) years, beginning w STREET ADDRES	ith your present a	ddress.	спү		. STATE
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MILITARY SERV	ICE: List information f	or all military service. Incl	ude current Reserve or	National Guard ob	ligations.	
DATES SERVED FROM / TO	BRANCH OF SERVICE	MILITARY	OCCUPATIONAL SPEC /E DESCRIPTION OF D	IALTY (MOS)	HIGHEST RANK ATTAINED	TYPE OF DISCHARGE
11.0/17 10		.01				. Second to statute
		.1				L
martial? YES		tach additional sheet(s) d		. Give date, location	or by summary, special or g n, charge(s), actions taken,	
						-
•		:				
EDUCATION: Lis	t all elementary, junior	high, and high schools at	tended.			· · · · · · · · · · · · · · · · · · ·
	NAM	E & LOCATION OF SCHO	OL		DATES ATTENDED FROM / TO	GRADUATE? YES NO
	· · · · · · · · · · · · · · · · · · ·				rkon/10	YES NO
		<u>:</u>	·		····	
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· ·	· · ·	ation for all colleges/unive	rsities attended. DATES ATTENDED	MAJOR / MINOR	R TYPE OF DEGREE &	CREDIT HOURS
NAME & LC	CATION OF COLLEGE	OR UNIVERSITY	FROM / TO	COURSE OF STUI		COMPLETED
	•	:	,			55)(122)
		<u> </u>				
OTHER SCHOOL studied, certificate	S OR TRAINING: (i.e attained and any othe	, tradė, vocational, militar r pertinent information.	y, etc.:) Give for each tl	he name and location	on of the school, dates atte	nded, subjects
		LICENSES: List any spec de any foreign language(:			u posses which are pertine tly.	nt for the

EMPLOYMENT: Start with your most recent employer and list your work history for the past TEN (10) years. Include part-time, temporary, and

seasonal employment. FROM DATE NAME & ADDRESS OF EMPLOYER REASON FOR LEAVING JOB-TITLE TO DATE DESCRIPTION OF DUTIES BUSINESS PHONE NUMBER. SALARY NAME OF SUPERVISOR FROM DATE NAME & ADDRESS OF EMPLOYER REASON FOR LEAVING JOB TITLE TO DATE DESCRIPTION OF DUTIES SALARY BUSINESS PHONE NUMBER NAME OF SUPERVISOR FROM DATE NAME & ADDRESS OF EMPLOYER REASON FOR LEAVING JOB TITLE TO DATE DESCRIPTION OF DUTIES SALARY **BUSINESS PHONE NUMBER** NAME OF SUPERVISOR FROM DATE NAME & ADDRESS OF EMPLOYER REASON FOR LEAVING JOB TITLE TO DATE DESCRIPTION OF DUTIES SALARY BUSINESS PHONE NUMBER NAME OF SUPERVISOR FROM DATE NAME & ADDRESS OF EMPLOYER REASON FOR LEAVING JOB TITLE TO DATE DESCRIPTION OF DUTIES SALARY **BUSINESS PHONE NUMBER** NAME OF SUPERVISOR NAME & ADDRESS OF EMPLOYER. FROM DATE REASON FOR LEAVING. JOB TITLE TO DATE DESCRIPTION OF DUTIES SALARY BUSINESS PHONE NUMBER NAME OF SUPERVISOR FROM DATE NAME & ADDRESS OF EMPLOYER REASON FOR LEAVING JOB TITLE TO DATE DESCRIPTION OF DUTIES SALARY BUSINESS PHONE NUMBER NAME OF SUPERVISOR FROM DATE NAME & ADDRESS OF EMPLOYER. REASON FOR LEAVING JOB TITLE TO DATE DESCRIPTION OF DUTIES SALARY BUSINESS PHONE NUMBER NAME OF SUPERVISOR

Have you ever been on while employed in an				oughed, or put on inactive status for c	ause or subject to disc	plinary action
<u></u>						
Have you ever resign	ed (quit) after bei	ing informed that	your employer int	ended to discharge (fire or terminate)	you for any reason?	YES NO
If YES, explain circun	nștances:					
	-11.6.6					
DATE CONVICTED		meanor, and tran CCURRED (City, C		OF	FENSE	
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qualifications and fitr	ess for the position	former employers on for which you	are applying.List	ist only character references that have THREE (3) references.	DEFINITE KNOWLEDG	E of your
NAME	:		AL	DDRESS	PRONE NO.	TRS. NIVOVVIV
			. =			
PAST AND/OR PRE	SENT ORGANIZ	ATTONS/CLUB	S TO WHICH YO	U BELONG:		
	NAME & LOCATIO		TY	PE OF CLUB/ORGANIZATION FRATERNAL, PROFESSIONAL, ETC.)	OFFICE HELD	DATES FROM / TO
					1	. <u>-</u>
	<u>-</u>		<u> </u>		1	
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					<u> </u>	

HOBBIES, SPORTS, AND/OR PERSONAL INTERESTS:

	,			
ADDITIONAL INFORMATION: Are you now or have you ever been a me advocates the overthrow of our constitution.	nber of any organization, association, movement, or group that half form of government?	YES	NO	
Are you now or have you ever been affilia or have reason to believe are or have bee	YES	NO		
If YES to either of the above questions, a	tach additional sheet(s) describing the circumstances in full.			
Are you registered with the Selective Ser (NOTE: If you are a female, or a male bo	ce System or do you have a valid exemption from registration? n before December 31, 1959, this question does not apply).	YES	NO	N/A
If YES, list the following Selective Service	information:			
SELECTIVE SERVICE NO.	LAST CLASSIFICATION	DATE CLAS	SSIFIED	
Are you willing to submit to a psychologic	al test?	YES	NÔ	
Are you willing to submit to a polygraph o	r voice stress analysis test?	YES	NO	
Do you object to your present employer t	eing interviewed concerning this application?	YES	NO	
Have you applied for a position with ANY	aw enforcement agency in the past three (3) years?	YES	.NO.	
If YES, list each agency and date applied				
Are there any incidents in your life, not n	entioned on this application, which might reflect upon your			
suitability to perform the duties which yo	might be called upon to take or which may require further explanation?	YES	МО	
If YES, list details;				
·				
			•	
I certify that, to the best of my knowledg that this application for employment with	and belief, all of the information provided by me on this application is true, a	iccurate, and	complete	and
I further understand that this information Additionally, I agree and consent in adva	is subject to a background investigation and a polygraph or a computer voice to being summarily discharged (terminated) without cause or hearing if All tations or falsifications or if any material information has been omitted.	stress test ar JY of the abov	nalysis. ve inform	ation
APPLICANT'S SIGNATURE		DATE		

ADDITIONAL INFORMATION: Use this space is still needed, use additional sheets.	page to list any additional information that needs further explanation concerning your application. If more
	•

Place photograph in the space below.

Photograph is a front, head and shoulders view taken within the past six months.

	Place photograph in this space. Affix securely.
C7	
Signatur	
Printed	Name
Dațe	