

Print Name (Last, First, Middle): _____
Date of Birth: _____

Date Application Due: *June 14, 2019*

Date Application Returned: _____ (NHPD only)

**NEW HAVEN POLICE DEPARTMENT
APPLICANT INFORMATION
SUMMARY**



STATEMENT OF EQUAL EMPLOYMENT OPPORTUNITY POLICY

The City of New Haven is an Equal Employment Opportunity Employer and will accept applications, hire qualified applicants, administer all terms and conditions of employment, and make available all benefits and compensations of employment without regard to race, sex, color, ancestry, national origin, religion, handicap (as defined by law), age, marital status, sexual orientation, or number of dependents except when such constitutes a bona fide occupational qualification necessary to proper and efficient administration.

All applicants and employees are protected from discrimination because of political affiliation and from coercion for partisan political purposes.

No questions on this report are intended to secure information to be used for unlawful discrimination.

Standards For Appointment *To the Department*

For appointment as a police officer with the City of New Haven, Indiana, the applicant must meet the following minimum requirements:

- ❖ The applicant shall be a United States Citizen.
- ❖ The applicant shall have no felony convictions.
- ❖ The applicant shall not have received other than an honorable discharge from the military, or other discharge with honorable conditions.
- ❖ The applicant must be at least twenty-one (21) years of age and less than thirty six (36) years of age at the time of appointment to the department unless already an Indiana Police PERF active member.
- ❖ The applicant must be a high school graduate as evidenced by a diploma issued by a high school accredited by the department or agency of the State authorized to accredit high schools or have certification of an equivalent education.
- ❖ The applicant must reside in Allen County or a county adjacent to Allen County and maintain residential telephone service at the time of appointment to the department.
- ❖ The applicant shall possess a valid driving license from the State of Indiana at the time of appointment.
- ❖ The applicant must submit to oral interviews before the Police Merit Board for the purpose of determining such characteristics as the applicant's ability to communicate, handle stress, and to examine the applicant's experience and background.
- ❖ The applicant shall agree to provide a certified current personal credit background report upon request.
- ❖ The applicant shall agree to participate in a field training officer program.
- ❖ The applicant must be of good moral character as determined by a thorough background investigation and must be willing to submit to a polygraph/voice stress exam and drug-screening exam.
- ❖ Applicants may be required to successfully pass a general aptitude test and a physical fitness assessment per statewide guidelines.
- ❖ If applicant is not currently under the 1977 Indiana Police and Fire Pension Fund (PERF), applicant must not have reached their 36th birthday at the time of employment. If applicant is not currently enrolled in PERF, after a job offer is made, the applicant must pass a psychological screening and physical examination performed by a licensed physician or surgeon, chosen by the Local Police Pension Board, and is accepted into the Public Employees' Retirement Fund. Additionally, after selection the applicant must pass the physical fitness standards of the Indiana Law Enforcement Academy, and must meet and maintain the physical fitness standards of the New Haven Police Department throughout employment with the City of New Haven.

APPLICANT: READ THESE INSTRUCTIONS FIRST!!!

No document that you prepare in the application process is more important than this Application Information Summary. You must follow these instructions to the letter. There are many more applicants for public safety jobs than available positions. Neither NHPD investigators nor administrative staff will correct your responses. **Your answers must be true, correct and complete when you print them.**

- ▶ **YOU MUST PRINT ALL ENTRIES IN BLACK INK.** Do not type or otherwise prepare this document except by printing it yourself.
- ▶ **YOU MUST HAVE THIS DOCUMENT NOTARIZED** on the last page after thoroughly answering each question.

Print an entry in **every** section of the book. If a section does not apply to you, print “N/A” in that section to indicate that it is not applicable to you. If you do not know the answer to a question after making every reasonable effort to get the information, print “I do not know” in that section.

When mentioning people, **always** fully identify each person by his/her full correct name. **Always** give complete addresses. Do not assume investigators will try to discern correct spelling, correct addresses, and correct zip codes or correct telephone numbers. This is your responsibility.

ANSWER EACH QUESTION COMPLETELY AND HONESTLY. ANY OMISSION OR CONCEALMENT OF INFORMATION WILL BE CONSIDERED DECEPTION. WHILE MISTAKES, INDISCRETIONS OR OTHER SITUATIONS IN YOUR LIFE HISTORY MAY OR MAY NOT BE CONDONED, DECEPTION WILL ABSOLUTELY NOT BE TOLERATED!

POLICY REGARDING THE APPLICANT INFORMATION SUMMARY

1. Failure to comply with instructions and policy regarding the Applicant Screening Process stage will result in the rejection of the application.
2. Failure to accurately and truthfully complete this form will result in the rejection of the application.
3. Failure to return this form by the specified date will result in the rejection of the application.
4. Applicants who are rejected during the Applicant Screening Process stage may not reapply for a period of one year from the date of rejection.
5. Applications will not be accepted without complete addresses, phone numbers and zip codes.
6. All items must be completed and necessary documentation attached.
7. **The completed form must be returned in a sealed 9 in. x 12 in. envelope to the Office of Chief of Police, New Haven Police Department, 815 Lincoln Hwy E, New Haven, Indiana 46774 by the specified deadline listed on the front page.**

If you need assistance in completing this form, please contact the office of Chief of Police (260) 748-7080.

*If additional space is needed, use the supplemental page at the end of the form, referencing the question being answered each time.

PERSONAL DATA

Full Name (Last, First, Mi)	Social Security Number	Date of Birth
<p>List all other names you have used including nicknames. If female, furnish maiden name. If you have ever used any last name other than your true name, during what period and under what circumstances were these names used? If you have ever legally changed your name, give date, place, and court. (This information is being collected to assist the department in conducting a thorough background investigation, i.e., felony conviction check.)</p> <p>_____</p> <p>_____</p>		
Place of Birth _____ (City/State/Country)		
Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No → <input type="checkbox"/> By Birth <input type="checkbox"/> By Naturalization If by Naturalization...documentation of court dates, registration number, certification number will be needed.		
Present Address (Street Address Suite City State Zip Code)		
Home Telephone Number (Include area code and hours during which you can be reached there)		
Work Telephone Number (Include area code and hours during which you can be reached there)		

List chronologically (most current first) all of your residences in the past ten years. Include addresses while attending school if away from home and ALL military addresses; including off base locations. Also, towns or cities that is located in the immediate vicinity of military complexes. If apartment, include name and location of complex.

Date From / To	Street Address	Suite	City	State	Zip/Code

EDUCATION

List all schools attended at the high school level and above. Include copies of all diplomas/degrees, transcripts and certifications.

Did you receive a High School diploma or a GED Certificate? _____

High Schools	Date From / To	City	State	Zip/Code	Degree/Diploma

College/University	Date From / To	City	State	Zip/Code	Degree/Diploma

Graduate Schools	Date From / To	City	State	Zip/Code	Degree/Diploma

Vocational/Technical	Date From / To	City	State	Zip/Code	Degree/Diploma

Law Enforcement	Date From / To	City	State	Zip/Code	Degree/Diploma

Other	Date From / To	City	State	Zip/Code	Degree/Diploma

EMPLOYMENT

In the employment portion of this book, provide **every** employer where you have worked in your lifetime. Provide these employers in reverse order from your current employer to the very first job you ever held. If there was ever a period of unemployment, enter it into the book in the same manner as you would enter another employer: simply write "Unemployed" in the block marked "Name of Employer". Further, if you worked more than one job at a time, place the primary job first and enter the part-time or secondary job in the block immediately after the primary job. Failure to list all employers will be considered deception. If you run out of space in the employment section, continue the section in the supplemental page provided at the back of this book.

List chronologically (most current first) all employers. Include full-time, part-time, and temporary/seasonal work, and all periods of unemployment. Present employers will be contacted *prior* to any appointment.

EMPLOYER #1

Your Title / Position	Dates Employed Starting Date _____ Ending Date _____		Check One <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Volunteer <input type="checkbox"/> Seasonal <input type="checkbox"/> Unemployed			
Current or Past Employer Name	Supervisors Name and Title					
Street Address	Suite	City		State	Zip Code	Telephone Number
Reason for Leaving <input type="checkbox"/> Voluntarily <input type="checkbox"/> Terminated Please explain:		Last Salary \$ _____ <input type="checkbox"/> Hour <input type="checkbox"/> Year <input type="checkbox"/> Other				
Description of Duties						

EMPLOYER #2

Your Title / Position	Dates Employed Starting Date _____ Ending Date _____		Check One <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Volunteer <input type="checkbox"/> Seasonal <input type="checkbox"/> Unemployed			
Current or Past Employer Name	Supervisors Name and Title					
Street Address	Suite	City		State	Zip Code	Telephone Number
Reason for Leaving <input type="checkbox"/> Voluntarily <input type="checkbox"/> Terminated Please explain:		Last Salary \$ _____ <input type="checkbox"/> Hour <input type="checkbox"/> Year <input type="checkbox"/> Other				
Description of Duties						

EMPLOYER #3

Your Title / Position	Dates Employed Starting Date _____ Ending Date _____		Check One <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Volunteer <input type="checkbox"/> Seasonal <input type="checkbox"/> Unemployed		
Current or Past Employer Name	Supervisors Name and Title				
Street Address	Suite	City		State	Zip Code
Reason for Leaving <input type="checkbox"/> Voluntarily <input type="checkbox"/> Terminated Please explain:			Last Salary \$ _____ <input type="checkbox"/> Hour <input type="checkbox"/> Year <input type="checkbox"/> Other		
Description of Duties					

EMPLOYER #4

Your Title / Position	Dates Employed Starting Date _____ Ending Date _____		Check One <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Volunteer <input type="checkbox"/> Seasonal <input type="checkbox"/> Unemployed		
Current or Past Employer Name	Supervisors Name and Title				
Street Address	Suite	City		State	Zip Code
Reason for Leaving <input type="checkbox"/> Voluntarily <input type="checkbox"/> Terminated Please explain:			Last Salary \$ _____ <input type="checkbox"/> Hour <input type="checkbox"/> Year <input type="checkbox"/> Other		
Description of Duties					

EMPLOYER #5

Your Title / Position	Dates Employed Starting Date _____ Ending Date _____		Check One <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Volunteer <input type="checkbox"/> Seasonal <input type="checkbox"/> Unemployed		
Current or Past Employer Name	Supervisors Name and Title				
Street Address	Suite	City		State	Zip Code
Reason for Leaving <input type="checkbox"/> Voluntarily <input type="checkbox"/> Terminated Please explain:			Last Salary \$ _____ <input type="checkbox"/> Hour <input type="checkbox"/> Year <input type="checkbox"/> Other		
Description of Duties					

EMPLOYER #6		
Your Title / Position	Dates Employed Starting Date _____ Ending Date _____	Check One <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Volunteer <input type="checkbox"/> Seasonal <input type="checkbox"/> Unemployed
Current or Past Employer Name	Supervisors Name and Title	
Street Address Suite City State Zip Code Telephone Number		
Reason for Leaving <input type="checkbox"/> Voluntarily <input type="checkbox"/> Terminated Please explain:		Last Salary \$ _____ <input type="checkbox"/> Hour <input type="checkbox"/> Year <input type="checkbox"/> Other
Description of Duties		

EMPLOYER #7		
Your Title / Position	Dates Employed Starting Date _____ Ending Date _____	Check One <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Volunteer <input type="checkbox"/> Seasonal <input type="checkbox"/> Unemployed
Current or Past Employer Name	Supervisors Name and Title	
Street Address Suite City State Zip Code Telephone Number		
Reason for Leaving <input type="checkbox"/> Voluntarily <input type="checkbox"/> Terminated Please explain:		Last Salary \$ _____ <input type="checkbox"/> Hour <input type="checkbox"/> Year <input type="checkbox"/> Other
Description of Duties		

EMPLOYER #8		
Your Title / Position	Dates Employed Starting Date _____ Ending Date _____	Check One <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Volunteer <input type="checkbox"/> Seasonal <input type="checkbox"/> Unemployed
Current or Past Employer Name	Supervisors Name and Title	
Street Address Suite City State Zip Code Telephone Number		
Reason for Leaving <input type="checkbox"/> Voluntarily <input type="checkbox"/> Terminated Please explain:		Last Salary \$ _____ <input type="checkbox"/> Hour <input type="checkbox"/> Year <input type="checkbox"/> Other
Description of Duties		

EMPLOYER #9			Check One <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Volunteer <input type="checkbox"/> Seasonal <input type="checkbox"/> Unemployed
Your Title / Position	Dates Employed Starting Date _____ Ending Date _____		
Current or Past Employer Name		Supervisors Name and Title	
Street Address	Suite	City State Zip Code Telephone Number	
Reason for Leaving <input type="checkbox"/> Voluntarily <input type="checkbox"/> Terminated Please explain:			Last Salary \$ _____ <input type="checkbox"/> Hour <input type="checkbox"/> Year <input type="checkbox"/> Other
Description of Duties			

PAST EMPLOYMENT (GENERAL)

Have you, regardless of whether the matter is or was appealed, regardless of whether the matter is part of your official record, regardless of whether you believe or think that it might not still be in your file:

Ever been discharged from employment (fired) for any reason?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ever resigned (quit) after being told that your employer intended to discharge (fire) you for any reason?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ever resigned (quit) after being told that your employer intended to discipline (fire) you for any reason?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ever resigned (quit) because you suspected your employer intended to discharge (fire) you for any reason?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ever resigned (quit) because you suspected your employer intended to discipline (fire) you for any reason?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ever been reprimanded, counseled or otherwise been put on notice by any employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you had any extended work absences other than vacations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you receiving, have you applied for, do you intend to apply for or have you applied for and been denied one of the following: Unemployment Compensation, Government Assistance, AFDC, Strike Benefits, Other forms of Assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered "yes" to any of the above employment questions, give all details, including name and address, of employer, date(s) and circumstances:

MILITARY

Are you registered for the selective service (draft)? <input type="checkbox"/> Yes <input type="checkbox"/> No	Selective Service Number _____
Have you ever served on active duty in the armed forces of the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been denied entrance to any of the Armed Forces? If Yes, Please Explain Below	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently or have you ever been a member of any United States Armed Forces Reserve or National/State Guard Unit?	<input type="checkbox"/> Yes <input type="checkbox"/> No

NOTEIf you answered "YES" to any of the above three questions, please continue.
If not, please skip to page eleven.

Branch of Service	Dates of Duty Starting Date _____ Ending Date _____	Rank Attained
Serial Number	Supervisors Name and Title	Type of Discharge
Last (or current) military organization: Street Address Suite City State Zip Code Telephone		
What is your latest duty assignment? _____		
If you are still on active duty, what is the actual date on which you will be discharged? _____		
If you have a National Guard or Reserve obligation, print the obligation and date it ends _____		

+++++

Have you ever received a discharge from the Armed Forces that was other than Honorable?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Were you ever barred from re-enlistment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Were you subject to any military disciplinary action (judicial or non-judicial)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Were you ever counseled, reprimanded, or otherwise put on notice?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Were you ever the subject of any investigation by any military authorities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your discharge ever been corrected, upgraded or changed?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered "Yes" to any of the above Military questions, give all details below:

No applicant will be automatically rejected because of a less than honorable discharge (except a dishonorable one). But the discharge may be considered in connection with other information.

DRIVERS RECORD

Do you currently have a valid driver's license? Yes No

Drivers License Number _____

Is your license to drive or privilege to drive *now*, or has your license to drive or privilege to drive, *ever been*:

Denied Refused Suspended Revoked Restricted for employment only Subject to any other action

If you checked any of the above, explain completely below:

Are your vehicle license plates now or have they ever been:

Denied Refused Suspended Revoked Flagged Subject to any other action

If you checked any of the above, explain completely below:

Give the data requested below on all traffic violations or citations (except parking tickets) that you have ever received. Include all charges for moving violations or other violations, such as defective equipment:

Date: Charge: City & State: Police Agency Disposition:

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Give the data requested below on all driver licenses that are now or have even been issued to you from any jurisdiction, even if a license is currently expired, suspended, revoked or otherwise not valid:

Issuing Jurisdiction: License Number: Expiration Date: Type of License:

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Were you ever involved in a traffic accident? Yes No If so, how many? _____

Any further Driver License or Accident Explanations:

PUBLIC SAFETY CONTACT RECORD

Have you ever been convicted of a felony? Yes No

Have you ever been, as a juvenile or an adult, no matter whether you were convicted:

Arrested?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fingerprinted by a law enforcement or security official for reasons other than employment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Photographed by a law enforcement or security official for reasons other than employment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Chased by a law enforcement or security official?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Brought to a police station or other law enforcement agency office as a suspect?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Asked by a law enforcement officer to come to a police station or other law enforcement agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Charged with any type of violation or crime by any law enforcement authority?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Issued a citation for a civil or criminal offense?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Summoned to any court as a defendant?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Given any type of court document ordering you to stay away from any person or place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Convicted of any offense?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Required to forfeit collateral in connection with an arrest or other court action?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Placed on probation or parole?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Required to appear in juvenile court for an act that would be a crime if committed by an adult?	<input type="checkbox"/> Yes <input type="checkbox"/> No
A plaintiff, defendant, or respondent in any civil court action?	<input type="checkbox"/> Yes <input type="checkbox"/> No
On bail or on personal recognizance, or other conditional release from court-ordered custody?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered "Yes" to any of the above Public Safety Contact questions, give all details below:

*** **NO APPLICANT WILL BE AUTOMATICALLY REJECTED BECAUSE OF AN ARREST RECORD.
THIS INFORMATION IS BEING OBTAINED ONLY TO ASSIST IN COMPLETION OF A
BACKGROUND INVESTIGATION****

Give data on personal references that are not related to you or are mentioned anywhere else in this application. References may include, but are not limited to, teachers, counselors, homeowners, clergy, public safety, or business people.

<u>REFERENCES</u>		
Name (Last, First, Mi)	Occupation of Reference	Years Known _____
Street Address	Suite City	State Zip Code Telephone Number (Daytime)

REFERENCE #2		
Name (Last, First, Mi)	Occupation of Reference	Years Known _____
Street Address	Suite City	State Zip Code Telephone Number (Daytime)

REFERENCE #3		
Name (Last, First, Mi)	Occupation of Reference	Years Known _____
Street Address	Suite City	State Zip Code Telephone Number (Daytime)

REFERENCES #4		
Name (Last, First, Mi)	Occupation of Reference	Years Known _____
Street Address	Suite City	State Zip Code Telephone Number (Daytime)

REFERENCES #5		
Name (Last, First, Mi)	Occupation of Reference	Years Known _____
Street Address	Suite City	State Zip Code Telephone Number (Daytime)

<u>GENERAL INFORMATION</u>	
Do you object to wearing a uniform?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you object to working nights, weekends, or holidays?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you object to working any shift assigned or changing shifts whenever deemed necessary by the Police Department?	<input type="checkbox"/> Yes <input type="checkbox"/> No

CRIMINAL RECORDS AND BACKGROUND CHECK

I, _____,
acknowledge that I have been advised and understand that my employment and/or
continuation of employment by the City of New Haven Police Department is contingent
upon, but not limited to, the following:

1. A security clearance from both the Federal Bureau of Investigation and the Indiana State Police. Clearance is necessary to complete computer training involving access to confidential information.
2. I understand and agree that the background check may include but shall not be limited to investigation of my character, personal history, credit history and financial condition.
3. Verification that the application of the undersigned has not been falsified and/or no criminal record exists.
4. I hereby waive the restrictions on access to any and all records of any juvenile courts or law enforcement agencies relating to me when I was a juvenile pursuant to Indiana Code Section 31-6-8-1(i) and Indiana Code Section 31-6-8-1.2 (h). I understand that any information gathered as a result of this waiver will be kept confidential, and will be used solely to determine my fitness as an applicant. I make this waiver knowingly and voluntarily.

Signature

Printed Name

Witness Name and Signature

Date

SIGNATURE AND NOTARY AFFIDAVIT

Read the following statement carefully. If you have any questions, please contact the Office of Chief of Police before signing the form.

I hereby authorize and give my consent to the release of any and all background information and/or records about me, by any person, business, agency or other entity in possession of the same, to the City of New Haven Police Department, for the purpose of conducting a background check. I authorize the City of New Haven to make photocopies of this document, and such copies shall suffice in place of the original to notify persons other entities in possession of information about me that I have freely and voluntarily agreed and consented to the matters herein.

I certify that the information contained in this form is true. I realize that misrepresentation of facts is cause for rejection of my application or dismissal after appointment. I understand that final employment is contingent in part upon satisfactory completion of all phases of the Applicant Screening Process.

I hereby waive, release, and surrender any and all rights to claims which I may have against the City or County, or any of its officers, employees, or agents as a result of the release of such records.

Signature of Applicant

Date of Signature

Printed Name

TO BE COMPLETED BY NOTARY PUBLIC:

Subscribed and sworn before me, a Notary Public in the County of _____
State of _____, this _____ day of _____, 20____.

Notary Public: _____

My Commission Expires: _____

Applicant – You May Detach this page from Application prior to submitting

**New Haven Police Department
2019 Wage & Benefits
Misc. Information**

<u>SALARY:</u>	Probationary Patrolman (1st Year)	\$44,822.10
	Patrolman (12 months - 18 months)	\$47,935.32
	Patrolman First Class (18 months service)	\$52,394.74

CLOTHING ALLOWANCE: Initial issue provided by the department. After one year of service: \$1200.00
(Paid half on July 1st, the other half on Dec. 15th.)

PAID VACATION: Each officer is entitled to ten (10) days of vacation per year, after one (1) year of service. After seven (7) years of continued service the officer receives one additional day for each additional year of service, up to twenty-five (25) days.

HOLIDAYS: Each officer is entitled up to fourteen and one half (14.5) paid holidays per year depending on election years.

BIRTHDAYS: Each officer is entitled to receive a floating day off for his or her birthday.

SICK DAYS: Each officer is entitled to ten (10) sick days each year, accruable up to sixty (60) days.

PERSONAL DAYS: Each officer is entitled to five (5) personal days per year after first 90 days of service.

COST OF LIVING: Varies with economy and availability of funds.

LONGEVITY: Each officer is currently receiving longevity bonuses for each five (5) Years of service.

Five Years:	\$ 400.00
Ten Years:	\$ 800.00
Fifteen Years:	\$1,200.00
Twenty Years:	\$1,600.00

PENSION BENEFITS: Each officer is provided a pension plan through the Public Employees Retirement Fund (PERF), which provides a pension to each employee who completes twenty (20) years of service to the New Haven Police Department. The City contributes an additional three (3) percent of the officer's six (6) percent contribution.

Additional Retirement Plan - 457. An additional three (3) percent of the employee's gross is deposited into an investment plan of the employee's choice.

INSURANCE BENEFITS: Health and Dental Plan - Employee Contribution Required, Short-Term and Long-Term Disability, \$25,000 Life Insurance. Additional life insurance available at low cost to employee.

APPLICANT CHECK LIST

Please use the following list as a guide in completing your application.

- Full names and address of family members (mother, father, step-parents, foster-parents, guardians, brothers, sisters, spouse, children, in-laws, ex-spouses).
- Addresses and dates pertaining to all prior residences in the last ten years.
- Information pertaining to all present and former employers. Include dates, names, addresses, and phone numbers of companies.
- Selective Service Number, Dates of Active Duty, Serial Number and Reserve Obligation.
- Savings and checking information. (Name of Institution(s) holding the account(s))
- Credit obligations. (Name of Institutions, type of accounts).
- Type, expiration date, number and restrictions relating to Driver’s License.
- Dates, locations, descriptions of any vehicle accidents in the last three years. Note any citations.
- The date, place, charge and the disposition of any arrest (Adult/Juvenile), local/non-local.
- Information relating to four personal references (name, addresses, telephone number during the day, occupation, length of time known and zip codes). References shall include neither relatives nor former/current employers.

Copies of the following documents should be attached to this completed application:

- Birth Certificate
- Marriage Certificate if applicable
- Divorce Decree if applicable
- High School/GED/College diplomas and Transcripts
- Driver’s License
- DD214 Form and Military Records if applicable
- Indiana Law Enforcement Certification (Required)

<i>ILEA Entry Standards</i> <i>(Beginning January 2012)</i>	
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