

APPLICANTS

1. MUST BE 21 YEARS OR OLDER.
2. POSSESS A CURRENT INDIANA DRIVERS LICENSE.
3. BE A U.S. CITIZEN.
4. BE A HIGH SCHOOL GRADUATE OR HAVE A GED.
5. HAVE NO CRIMINAL HISTORY.
6. BE AN INDIANA RESIDENT FOR AT LEAST 6 MONTHS.

ALL APPLICANTS APPLYING FOR THE POSITION OF DEPUTY MARSHAL MUST MEET THE NEW PHYSICAL STANDARDS OF THE INDIANA LAW ENFORCEMENT ACADEMY.

TEST:

STANDARD:

VERTICAL JUMP
ONE MINUTE SIT-UP
300 METER RUN
PUSHUP (MINIMUM)
1.5 MILE RUN

16 INCHES
29
71 SECONDS
25
16 MINUTES 28 SECONDS

AT THE END OF THIS APPLICATION THERE IS A REMARKS SECTION, PLEASE INDICATE IF YOU DO OR DO NOT HAVE THE 40 HOUR PRE-BASIC LAW ENFORCEMENT COURSE REQUIRED BY INDIANA LAW TO BECOME A POLICE OFFICER.

Waiver and Release
For Background Investigation

I, _____, am presently applying for employment as a police officer with The Town of Corydon. I acknowledge and understand that you must thoroughly investigate my employment background, criminal history, personal background, education and references in order to evaluate my qualifications for a position as a police officer. I understand that it is in the public's interest that all relevant information in this regard, including my personal and employment history with my current and former employers, be disclosed to The Town Of Corydon.

By this release, I hereby authorize any representative of any of my former employers, which have been fully disclosed and identified in my employment application, to divulge any information in its files pertaining to my employment records and history, and I further authorize the release of such information upon request to any representative of the Town Of Corydon. I also authorize all former employers identified in my employment application to permit a review and full disclosure of all records, or any part thereof, concerning myself and my employment with those former employers, by and to any duly authorized agent of the Town of Corydon Police, whether said records are of public, private, or confidential nature.

The intent of this authorization is to permit all former employers identified in my employment application to provide, and for the Town of Corydon to obtain, full and free access to the background and history of my personal life and my employment history and performance, for the specific purpose of permitting the Town of Corydon to conduct a thorough background investigation regarding me that will provide pertinent data for consideration by the Town of Corydon in determining my suitability for employment as a police officer. It is my specific intent to provide The Town of Corydon with access to personnel information, however personal or confidential it may appear to be.

I authorize all former employers, which have been fully disclosed and identified in my employment application, to release any and all public and private information that it may have concerning me, my work record, my background and reputation, my military service records, educational records, my financial status, my criminal history record, including my arrest record(s) and records compiled during or as the result of a

criminal investigation(s) of me, efficiency ratings, complaints or grievances filed by or against me, the records or recollections of attorneys at law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had, an interest, attendance records, polygraph examinations, and any internal affairs investigations and discipline, including any files which are deemed to be confidential and/or sealed.

I hereby release all former employers identified in my employment application, and, if applicable, their elected and appointed officials, employees and agents and all others from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I hereby release all former employers identified in my employment application, and, if applicable, its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I direct all former employers identified in my employment application to release such information upon request of the duly accredited representative of the Town of Corydon, regardless of any agreement, written or oral, I may have made with the former employer to the contrary.

In addition, I also give the Town of Corydon the right to thoroughly investigate my background, previous employment, education and references in order to ascertain my suitability for service as a the Town of Corydon employee. I release and hold harmless the Town of Corydon, its elected and appointed officials, agents and employees from and against any and all liability which might result from conducting such an investigation, including any damages of whatever kind which may at any time result to me, my heirs, family or associates because of such investigation.

I understand that if a former employer refused to cooperate with this investigation by failing to provide full disclosure of any and all relevant information about me, then the Town of Corydon may disqualify me from further consideration for employment as a police officer.

A photocopy or facsimile of this release form will be valid as an original thereof, even though the said photocopy or facsimile does not contain an original writing of my signature. This waiver is valid for a period of one year from the date of my signature. Should there be any questions as to the validity of this release, you may contact me at the address listed on my employment application.

I agree to indemnify and hold harmless the person to whom this request is presented, as well as his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request.

Sign _____

Date _____

Notary Public _____

My Commission Expires on _____

Corydon Police Department

219 N. Capitol Ave.

Corydon, Indiana 47112

812-738-3959

**"PROTECTING OUR COMMUNITY IS OUR PRIORITY
AND YOUR PEACE OF MIND"**

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INDIANA LAW ENFORCEMENT APPLICATION

TOWN OF CORYDON

Date _____

Position Applying for _____

Last name _____ First name _____ Middle name _____

Maiden name _____ Any/All changes to birth name _____

Male _____ Female _____

1) Social Security Number _____ - _____ - _____ ARE YOU A U.S. Citizen _____

2) Phone Number _____ - _____ - _____ Cell _____ - _____ - _____

3) Naturalization No. _____

4) Date _____ Place _____ Court _____

5) Date of Birth _____ Place of Birth _____

6) Height _____ Weight _____

7) Eye Color _____ Hair Color _____

8) LIST ALL SCARS , PHYSICAL DEFECTS AND ALL TATTOOS

9) Present Address _____

City _____

State _____ Zip Code _____

PLEASE LIST THE LAST TEN YEARS OF RESIDENCES:

Month & Year	Address	Own or Rent

FAMILY:

Are you _____ Single _____ Married _____ Separated _____ Divorced _____ Widowed _____

MARRIAGES:

DATE	WHERE	SPOUSE NAME (Wife maiden name)	Divorce Date

List all children related to you or spouse:

Name	Relation	D.O.B	Address	Supported by whom

8) Vehicle Operator's License

Give the following information concerning vehicle operator's license you have held or now hold

TYPE OF LICENSE	NUMBER	ISSUING AUTHORITY	EXPIRATION

HAVE YOU EVER HAD A LICENSE SUSPENDED OR REVOKED YES NO

9) MILITARY STATUS:

HAVE YOU SERVED IN THE U.S. ARMED FORCES? YES NO

IF YES ATTACH A PHOTOSTATIC COPY OF DISCHARGE OR SEPARATION DOCUMENTS

WHILE IN THE MILITARY SERVICE WERE YOU EVER ARRESTED FOR AN OFFENSE WHICH
RESULTED IN A TRIAL BY DECK COURT OR BY SUMMARY, SPECIAL OR GENERAL COURT-
MARTIAL? YES NO

IF YES GIVE DATE, LOCATION, LAW ENFORCING AUTHORITY , TYPE OF CHARGE AND ACTION
TAKEN FOR EACH INCIDENT.

10) CONVICTION OF A CRIME

Have you ever been convicted of a misdemeanor or felony YES NO

Have you ever been arrested or detained by a law enforcement YES NO

IF YES EXPLAIN

CHARGE	COURT JURISDICTION	DATE OF CONVICTION

11) PAST AND PRESENT MEMBERSHIP IN ORGANIZATIONS

NAME	ADDRESS	ZIP	TYPE	OFFICE HELD	MEMBERSHIP

12) EDUCATION

NAME	CITY	ZIP	GRADUATED Y/N	YEAR

COLLEGES

NAME	CITY	ZIP	DATES	DEGREE

SPECIAL QUALIFICATIONS AND SKILLS

INDICATE POLICE CERTIFICATION OR ANY OTHER TYPE OF LICENSE

FOREIGN LANGUAGE

LANGUAGE	READING	SPEAKING	UNDERSTANDING	WRITING

13) EMPLOYMENT

ARE YOU NOW OR HAVE BEEN A LAW ENFORCEMENT OFFICER? _____

EMPLOYER _____ JOB TITLE _____

DUTIES _____

ADDRESS _____

PHONE _____

DATES OF EMPLOYMENT _____

SALARY _____ ENDING SALARY _____

NAME OF SUPERVISOR _____ PHONE _____

REASON FOR LEAVING _____

CAN WE CONTACT EMPLOYER _____

EMPLOYMENT

ARE YOU NOW OR HAVE BEEN A LAW ENFORCEMENT OFFICER? _____

EMPLOYER _____ JOB TITLE _____

DUTIES _____

ADDRESS _____

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REASON FOR LEAVING _____

CAN WE CONTACT EMPLOYER _____

CHARACTER REFERENCES

LIST 2 ONLY REALATIVES ONLY

NAME	ADDRESS	PHONE	YEARS KNOWN

I CERTIFY THAT THERE ARE NO MISREPRESENTATIONS,OMISSIONS OR FALSIFICATIONS IN THE FOREGOING STATEMENTS AND ANSWERSAND THAT THE ENTRIES MADE BY ME ABOVE ARE , COMLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE .

DATE_____

SIGNATURE OF APPLICANT_____