

# CLARKSVILLE

## POLICE DEPARTMENT

### APPLICATION FOR CIVILIAN EMPLOYEES



Name: \_\_\_\_\_  
Last First Middle Maiden

Permanent Address: \_\_\_\_\_  
Street or Rural Route

City State Zip County

Telephone: ( ) ( )  
Home (Include Area Code) Cell/Alternate (Include Area Code)

**~ APPLICATION MUST BE COMPLETED BY HAND IN BLACK INK ~**

*Application must be completed in full. If the application is incomplete it will be considered void and this department will securely destroy the application. All applications will be kept on file for a period of one year at which time they will be considered inactive and will be securely destroyed.*

**CLARKSVILLE POLICE DEPARTMENT IS AN EQUAL  
OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER COMPLYING WITH ALL  
PROVISIONS OF THE AMERICANS WITH DISABILITIES ACT.**

## I. INITIAL REQUIREMENT DATA

Social Security Number: \_\_\_\_\_

( This information is used for background clearances and payroll information. This application will not be processed without a SSN. )

## II. EDUCATION DATA (ATTACH TRANSCRIPTS FOR ALL)

List information for high school and all accredited colleges/universities you have attended.

NAME & ADDRESS	COURSE/STUDY	HOURS COMPLETE	GPA 4.0 Scale	DID YOU GRADUATE?	LIST DIPLOMA OR DEGREE

## III. EMPLOYMENT DATA

A. Have you ever been discharged or resigned to prevent being discharged from a position of employment? YES ☐ NO ☐ If yes, explain fully on a separate sheet and attach.

B. List chronologically all past and current employment including part time.  
Start with most recent employment first.

Name of Employer: \_\_\_\_\_

Address of Business: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

Your Title: \_\_\_\_\_ Duties: \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_  
Month Year Month Year

Reason for Leaving: \_\_\_\_\_

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Name of Employer: \_\_\_\_\_  
Address of Business: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Your Title: \_\_\_\_\_ Duties: \_\_\_\_\_  
Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_  
Month Year Month Year  
Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_

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Name of Employer: \_\_\_\_\_  
Address of Business: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Your Title: \_\_\_\_\_ Duties: \_\_\_\_\_  
Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_  
Month Year Month Year  
Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_

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Name of Employer: \_\_\_\_\_  
Address of Business: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Your Title: \_\_\_\_\_ Duties: \_\_\_\_\_  
Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_  
Month Year Month Year  
Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_

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List any special training you have received: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IV. REFERENCES:** (PLEASE DO NOT LIST RELATIVES AS REFERENCES.)

NAME:	ADDRESS:	CITY	STATE	ZIP	PHONE
					( )
					( )
					( )

**RESIDENCES DURING THE LAST FIVE YEARS OTHER THAN PRESENT ADDRESS**

STREET ADDRESS	CITY	STATE	DATE FROM	DATE TO

**V. MILITARY HISTORY AND STATUS**

- A. Have you ever served in the military or active duty? (Include initial active duty training with the National Guard and the reserves) YES ☐ NO ☐ If yes, attach a copy of your DD214.

MILITARY BRANCH	DATE FROM	DATE TO	HIGHEST RANK ATTAINED AND RANK AT SEPARATION	TYPE OF DISCHARGE AND RE-ENLISTMENT CODE

- B. Are you eligible to re-enlist? \_\_\_\_\_ If not, explain fully on a separate sheet of paper and attach.

- C. List any citation and awards received: \_\_\_\_\_

- D. Were you ever disciplined (court martial, article 15, captain's mast, etc.) while on duty? \_\_\_\_\_  
If yes, fully explain on a separate sheet and attach.

**VI. VEHICLE CRASH AND ARREST RECORDS**

- A. Do you currently possess a valid operator's license? \_\_\_\_\_ Exp. Date: \_\_\_\_\_

License No.: \_\_\_\_\_ State: \_\_\_\_\_

Has your license ever been suspended? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

B. List Vehicle crashes in which you have been involved in as a driver:

DATE	LOCATION	EXPLAIN

C. Have you ever received a ticket for a traffic offense? YES ☐ NO ☐ If yes, describe below:

DATE	LOCATION	CHARGE	FINE/ SENTENCE

D. Have you ever been arrested for a criminal offence? YES ☐ NO ☐ If yes, describe below:

DATE	LOCATION	CHARGE	FINE/ SENTENCE

E. Have you ever been convicted of a felony? YES ☐ NO ☐ If yes, explain on a separate sheet and attach.

F. Have you ever been arrested for an act that would have been a crime had it been committed by an adult? YES ☐ NO ☐ If yes, describe below:

DATE	LOCATION	CHARGE	FINE/ SENTENCE

## VII. MISCELLANEOUS

A. Have you ever applied for a permit to carry a handgun? YES ☐ NO ☐ If yes, explain:

Reason: \_\_\_\_\_ Status: \_\_\_\_\_

B. Will you submit to a drug test? YES ☐ NO ☐

### I certify that:

- 1.) All required items are included in this application.
  - a.) Birth Certificate (copy only)
  - b.) Military: DD214 (if veteran), DD217 (if active duty) (IF APPLICABLE)
    - If active military, letter of endorsement from military commander.
    - Any supporting letters of commendations from military personnel file.
    - Copies of specialized training certificates and awards.
  - c.) Photograph (2 ½ head and shoulder shot)
- 2.) I am a High School Graduate and/or have received a GED certificate.
- 3.) I have personally completed this application.

***I swear or affirm under penalty of perjury  
that all information contained in this application  
is true and accurate to the best of my knowledge.***

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**CHECK THE APPLICATION CAREFULLY. BE CERTAIN THAT ALL ITEMS ARE COMPLETE BEFORE MAILING.**

**THIS APPLICATION WILL BE DESTROYED IF ALL THE INFORMATION IS  
NOT COMPLETED AND ALL REQUIRED DOCUMENTS ARE NOT ATTACHED.**

### **HAND DELIVER TO:**

**CLARKSVILLE POLICE DEPARTMENT  
1970 Broadway  
Clarksville, IN 47129  
ATTN: Chief Mark R. Palmer**