

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

Date Application Due:
Postmarked no later than Friday, July 23, 2021
Date Application Returned:

MONROEVILLE TOWN MARSHAL APPLICANT INFORMATION SUMMARY

STATEMENT OF EQUAL EMPLOYMENT OPPORTUNITY POLICY

The Town of Monroeville 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

For appointment as a town marshal with the Town of Monroeville, 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 Town Council 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 Town, 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.

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. **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 Don Gerardot, Town Council President, Town of Monroeville, P.O. Box 223, Monroeville, Indiana 46773 by the specified deadline listed on the front page.**

*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>		
<p>Place of Birth _____ (City/State/Country)</p> <p>Are you a U.S. Citizen? Yes No By Birth By Naturalization</p> <p> If by Naturalization...documentation of court dates, registration number, certification number will be needed.</p>		
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 Full Time Part Time Temporary Volunteer Seasonal Unemployed
Current or Past Employer Name		Supervisors Name and Title			
Street Address	Suite	City	State	Zip Code Telephone Number	
Reason for Leaving Please explain: Voluntarily Terminated			Last Salary \$ _____ Hour Year Other		
Description of Duties					

EMPLOYER #2

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

EMPLOYER #3

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

EMPLOYER #4

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

EMPLOYER #5

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

EMPLOYER #6

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

EMPLOYER #7

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

EMPLOYER #8

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

EMPLOYER #9					
Your Title / Position		Dates Employed Starting Date _____ Ending Date _____			Check One Full Time Part Time Temporary Volunteer Seasonal Unemployed
Current or Past Employer Name			Supervisors Name and Title		
Street Address	Suite	City	State	Zip Code	
Reason for Leaving Please explain: Voluntarily Terminated				Last Salary \$ _____ Hour Year 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?	Yes	No
Ever resigned (quit) after being told that your employer intended to discharge (fire) you for any reason?	Yes	No
Ever resigned (quit) after being told that your employer intended to discipline (fire) you for any reason?	Yes	No
Ever resigned (quit) because you suspected your employer intended to discharge (fire) you for any reason?	Yes	No
Ever resigned (quit) because you suspected your employer intended to discipline (fire) you for any reason?	Yes	No
Ever been reprimanded, counseled or otherwise been put on notice by any employer?	Yes	No
Have you had any extended work absences other than vacations?	Yes	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	Yes	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)?	Yes	No	Selective Service Number _____
Have you ever served on active duty in the armed forces of the United States?	Yes	No	
Have you ever been denied entrance to any of the Armed Forces? If Yes, Please Explain Below	Yes	No	
Are you currently or have you ever been a member of any United States Armed Forces Reserve or National/State Guard Unit?	Yes	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?	Yes	No
Were you ever barred from re-enlistment?	Yes	No
Were you subject to any military disciplinary action (judicial or non-judicial)?	Yes	No
Were you ever counseled, reprimanded, or otherwise put on notice?	Yes	No
Were you ever the subject of any investigation by any military authorities?	Yes	No
Has your discharge ever been corrected, upgraded or changed?	Yes	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.

FINANCIAL REPORT

CREDIT REFERENCE- List all Credit References
(Checking, Savings, other...with financial institutions)

CREDIT OBLIGATIONS- List all Credit
Obligations (Mortgage, Car, Friends, other...)

Name/Company Type of Account

Name/Company Type of Account

Have you ever filed for or declared bankruptcy?

Yes No

Have you ever had any real or personal property repossessed?

Yes No

Do you now have any judgments or other credit matters pending?

Yes No

Have you ever had any collections or liens against you?

Yes No

Have you ever been delinquent on income tax or other tax payments?

Yes No

Do you now have or have you ever had any wage garnishment or your salary?

Yes No

Do you presently hold active or silent controlling interest in any company?

Yes No

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

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

ORGANIZATION-MEMBERSHIP

List all organizations, clubs, unions, associations, academic, business, fraternal, labor, professional, of which you are or have been associated, including positions held:

Organization City & State: Position Held Member Since

Do you belong to any organization or institution or do you adhere to any belief(s) that in any way:

Would limit or prohibit your use of weapons or firearms?	Yes	No
Would restrict or prohibit you from working on particular days or during particular hours?	Yes	No
Would restrict you from conforming to agency grooming standards?	Yes	No
Are you now, have you ever been, or have you ever applied to any organization that seeks to overthrow the constitutional form of government of the United States by force, violence or other means?	Yes	No
Have you ever or do you now support or adhere to the philosophies of any organization that seeks to overthrow the constitutional form of government of the United States by force, violence or other means?	Yes	No

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

PRIOR APPLICATIONS

Have you ever applied for a position with any federal, state or local law enforcement agency or fire department?

Organization City & State: Position Approx Month/Year

HOBBIES, SPECIAL SKILLS (NON-LAW ENFORCEMENT)

List all hobbies, special skills and abilities, including any foreign languages you speak.

FAMILY HISTORY

Give the name of your father, mother, step-parents, foster parents, guardians, sisters, brothers, spouse, children, in-laws and ex-spouses who are still living:

<u>Name</u>	<u>Address</u>	<u>Relationship</u>	<u>Occupation</u>	<u>Phone</u>

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?					Yes	No
Do you object to working nights, weekends, or holidays?					Yes	No
Do you object to working any shift assigned or changing shifts whenever deemed necessary by the Police Department?					Yes	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 Town of Monroeville 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 Town Council President 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 Town of Monroeville, for the purpose of conducting a background check. I authorize the Town of Monroeville 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 Town of Monroeville, 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

**Town of Monroeville
Wage & Benefits
Misc. Information**

SALARY:

**CLOTHING
ALLOWANCE:**

Initial issue provided by the department. After one year of service: \$____.00

PAID VACATION:

_____ () days of vacation per year, after one (1) year of service.
After _____ () years of continued service the officer receives one additional day for each additional year of service, up to twenty-five (25) days.

HOLIDAYS:

_____ () paid holidays per year depending on election years.

SICK DAYS:

_____ () sick days each year.

PERSONAL DAYS:

**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 Town of Monroeville.

**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.

Application Revised 04/19

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

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