

**Aurora Police Department
233 Main Street Aurora, Indiana 47001
Equal Opportunity Employer
Application for Employment**

Instructions: Please complete this form completely and accurately. Please use a pen and print clearly. Any applicant that requires assistance completing this form, please request help from a member of the Aurora Police Department.

Section I – Personal Information

Name: _____
Last First MI Social Security #

Street Address City State County Zip Code

Home Telephone # Work Telephone # Cell or Alternate Telephone #

Date of Birth _____

Are you prevented from lawfully becoming employed by this City because of VISA or Immigration Status? Yes No

Proof of Citizenship or Immigration Status will be required upon employment.

Best time to contact you by phone: Home _____ Work _____

Section II – Work References

Position(s) applied for Date of Application

Are you currently on “lay-off” status and subject to recall? Yes No

Date available to start: _____

PLEASE CONTINUE TO NEXT PAGE

Section III – Education and Training

1. School Name and Location _____

Years Completed _____ Diploma/ Degree/ Major _____

2. School Name and Location _____

Years Completed _____ Diploma/ Degree/ Major _____

3. School Name and Location _____

Years Completed _____ Diploma/ Degree/ Major _____

Other schools attended: _____

Please describe the courses you took, technical training you received, or skills you have attained which you feel will help you perform the job for which you are applying (special classes, certificates, hobbies, volunteer work projects which have taught you qualifying skills): _____

PLEASE CONTINUE TO NEXT PAGE

(The following information will be used only if it is directly related to the classification/
position for which you are applying.)

AS AN ADULT OR JUVENILE:

Have you ever filed an application with this office before? Yes No
If yes, when_____

Have you ever been employed with this office before? Yes No
If yes, when and what position_____

Have you ever been employed in the state or county service of the state of Indiana?
 Yes No
If yes, please explain:_____

Have you ever served in the U.S. Military? Yes No
Branch and type of discharge:_____

Have you ever been convicted of a felony? Yes No
Have you ever been arrested for a felony? Yes No
If yes, explain_____

Have you ever been convicted of a misdemeanor? Yes No
Have you ever been arrested for a misdemeanor? Yes No
If yes, explain_____

Have you ever been convicted of domestic battery? Yes No
Have you ever been arrested for domestic battery? Yes No
If yes, explain_____

Have you ever received a traffic violation? Yes No
If yes, explain_____

PLEASE CONTINUE TO NEXT PAGE

Has your driver's license ever been suspended or revoked? Yes No
If yes, explain _____

Have you ever committed or assisted another person in the crime of murder, kidnapping, rape, robbery, burglary, arson, theft or conversion? Yes No
If yes, explain _____

Have you ever purchased or sold anything you knew or suspected was stolen? Yes No
If yes, explain _____

Have you ever possessed, purchased, sold or distributed any illegal drugs? Yes No
If yes, explain _____

Have you ever used an illegal drug? Yes No
If yes, explain and include all drugs used and last time used _____

Have you ever been arrested for an alcohol related violation? (i.e. OVWI, public intoxication, illegal possession of alcohol) Yes No
If yes, explain _____

Have you ever been dismissed or asked to resign from a position of employment? Yes No
If yes, explain _____

PLEASE CONTINUE TO NEXT PAGE

I have answered all of the above questions fully and truthfully. I understand that any misrepresentation or omission of requested information could eliminate me from consideration as an applicant with the Aurora Police Department. If any of the information changes, I understand that I am responsible for promptly updating that information in writing.

Signed _____ Date _____

Printed _____

Section V – References

(Please give the name, address and telephone number of three references not related to you who would know of your skills for this position)

Name Address Telephone #

Name Address Telephone #

Name Address Telephone #

I hereby authorize that the information provided by me in this application for employment is true, correct and complete to the best of my knowledge. I understand that, if employed, any misstatement or omission of fact on this application shall be considered cause for dismissal.

I authorize the Aurora Police Department to obtain information through contacts with my former employers and references listed above.

Signature Date

Printed Name

****NOTE: This application will expire after the first phase of applicant testing is held, even if you do not participate. If no testing is held, this application will expire one year from date received. It is your responsibility to re-submit a new application after hiring or expiration.**

PLEASE CONTINUE TO NEXT PAGE

**AURORA POLICE DEPARTMENT
APPLICANTS STATEMENT OF CONSENT, WAIVER AND
ACKNOWLEDGEMENT**

- I. In applying for employment, I want the Aurora Police Department to be fully informed of my previous record. Accordingly, I hereby authorize the Aurora Police Department to investigate my background and to obtain any and all information which may concern me, including the information set forth in my application.

- II. I hereby release all persons, including schools, companies, corporations, credit bureaus and law enforcement agencies from any liability on account of furnishing such information.

- III. I fully understand that if employed, any misrepresentation of facts on this application is sufficient reason for my immediate termination.

- IV. I fully understand that any initial offer of employment is conditional upon my passing a medical examination, including a drug test, to which I consent, along with disclosure of any absolute disqualifying factors, such as the detection of certain illegal substances during a confirmed drug test.

- V. In addition to my authorization and release of information and entities set forth in paragraphs 1, 2, and 4 above, I hereby authorize the Aurora Police Department to discuss the results of any pre-employment investigation with those persons who conduct the interview(s) and any investigation with those persons responsible for hiring.

- VI. I understand that nothing contained in this application, or in the granting of conducting of an interview, is intended to create a contract between the Aurora Police Department and myself.

I have read and understand the above statement carefully and I agree to abide by all of its terms.

Applicant Signature _____ Date ____/____/____

Printed Name _____