



**II) INFORMATION CONCERNING FAMILY**

Marital Status:    Single     Engaged     Married     Divorced     Separated     Widowed

Name of Spousal/Fiancée (if applicable): \_\_\_\_\_

Name(s) of Dependent(s) (if applicable):

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you currently have a legal obligation to make child support payments? \_\_\_\_\_

Are you current on your child support payments? \_\_\_\_\_ If no, explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**III) EDUCATIONAL INFORMATION**

List information regarding schools you have attended:

Name and Address of School	Course of Study	G.P.A. on 4.0 Scale	Did you graduate?	List Diploma or Degree

Other pertinent education information not listed above: \_\_\_\_\_

\_\_\_\_\_

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#### IV) EMPLOYMENT HISTORY

Have you ever been discharged, asked to resign, resigned to prevent being discharged, or been subject to disciplinary action while in any position?

Yes \_\_\_\_ No \_\_\_\_

If yes, state full circumstances:

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Begin with your most recent job, and list your employment history for the past 10 years. Include part-time, temporary or seasonal employment and all periods of unemployment.

Dates of Employment:	From:	_____	_____	To:	_____	_____
		Month	Year		Month	Year
Name of Employer:	_____					
Job Title:	_____	Description of your duties:	_____			
Reason for Leaving:	_____					
Name of Supervisor:	_____					
Address of Business:	_____			_____		
	Street			City, State and Zip		
Telephone Number of Business:	_____			Salary per Year:	_____	

Dates of Employment:	From:	_____	_____	To:	_____	_____
		Month	Year		Month	Year
Name of Employer:	_____					
Job Title:	_____	Description of your duties:	_____			
Reason for Leaving:	_____					
Name of Supervisor:	_____					
Address of Business:	_____			_____		
	Street			City, State and Zip		
Telephone Number of Business:	_____			Salary per Year:	_____	

Dates of Employment:	From:	_____	_____	To:	_____	_____
		Month	Year		Month	Year
Name of Employer:	_____					
Job Title:	_____	Description of your duties:	_____			
Reason for Leaving:	_____					
Name of Supervisor:	_____					
Address of Business:	_____			_____		
	Street			City, State and Zip		
Telephone Number of Business:	_____			Salary per Year:	_____	

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

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

Job Title: \_\_\_\_\_ Description of your duties: \_\_\_\_\_

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

Name of Supervisor: \_\_\_\_\_

Address of Business: \_\_\_\_\_  
Street City, State and Zip

Telephone Number of Business: \_\_\_\_\_ Salary per Year: \_\_\_\_\_

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

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

Job Title: \_\_\_\_\_ Description of your duties: \_\_\_\_\_

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

Name of Supervisor: \_\_\_\_\_

Address of Business: \_\_\_\_\_  
Street City, State and Zip

Telephone Number of Business: \_\_\_\_\_ Salary per Year: \_\_\_\_\_

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

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

Job Title: \_\_\_\_\_ Description of your duties: \_\_\_\_\_

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

Name of Supervisor: \_\_\_\_\_

Address of Business: \_\_\_\_\_  
Street City, State and Zip

Telephone Number of Business: \_\_\_\_\_ Salary per Year: \_\_\_\_\_



**VI) LAW ENFORCEMENT EXPERIENCE**

Are you a graduate of a Law Enforcement Academy? \_\_\_\_\_

If yes, through which state did you complete your training? \_\_\_\_\_

Have you ever worked in the Law Enforcement Field? \_\_\_\_\_ If yes, list below:

Agency	Dates		Rank	Salary	Reason for Leaving
	From	To			

Were you ever disciplined? \_\_\_\_\_ If yes, explain fully on a separate sheet.

List any law enforcement training you have had: \_\_\_\_\_


**VII) LAW ENFORCEMENT EXPERIENCE**

Have you served in the United States Armed Forces? \_\_\_\_\_ If yes, list below:

Military Branch	Dates		Rank at time of separation	Type of discharge & re-enlistment code
	From	To		

Do you have any reserve duty obligation? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

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While in the military, were you ever arrested or disciplined for an offense which resulted in a trial by deck court or by summary, special or general court martial? \_\_\_\_\_ If yes, explain fully on a separate sheet of paper.

VIII) TRAFFIC AND CRIMINAL HISTORY

Do you currently possess a valid license to drive a motor vehicle? \_\_\_\_\_

Have you ever had a license suspended? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

Have you ever had to carry high risk insurance? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

List name, address and phone number of the insurance company with whom you currently have automobile insurance: \_\_\_\_\_

List below any traffic citations or warnings you have received and any vehicle accidents you were involved in as a driver:

Date	Citation, Warning, or Accident	If Citation or Warning, list charge (speeding, seatbelt, etc.) If accident, were you at fault?	Location	Did you contest?	Result

Have you ever been convicted of any felonies or misdemeanors? \_\_\_\_\_ If yes, explain fully on a separate sheet of paper.

Have you ever been arrested/charged of a crime as an adult or were you ever charged as a juvenile where you would have been arrested if you were an adult? \_\_\_\_\_

***\*\*This is to include expungement records\*\****

If yes, list below:

Date	Location	Charge/Offense	Disposition of Case

Have you or your spouse ever been involved in a civil court action? \_\_\_\_\_ If yes, explain fully on a separate sheet of paper.



IX) MISCELLANEOUS

- A) Do you own your home? \_\_\_\_\_ If yes, what is your current monthly payment? \_\_\_\_\_
- B) What is the amount of your monthly indebtedness, other than your home? \_\_\_\_\_
- C) What is your current annual income? \_\_\_\_\_
- D) What is your spouse's current annual income? \_\_\_\_\_
- E) Have you, or your spouse, ever filed bankruptcy? \_\_\_\_\_ If yes, explain fully, on a separate sheet of paper.
- F) Are you currently applying with any other police agency? \_\_\_\_\_  
If yes, what agency are you applying with? \_\_\_\_\_
- G) Do you object to your current employer being contacted concerning this application? \_\_\_\_\_

*Attach a current photograph of yourself here.*

*Picture must be front view.*

*Picture shall be within the last 6 months.*

*Affix Securely*

**Prior to submitting this application, use the following checklist to ensure all applicable items are included:**  
**\*\*Everything must be turned in with the application prior to the physical testing\*\***

- Birth Certificate (copy only)
- High School and College Transcripts
- Military - DD214 OR DD217
- Copies of commendations or awards received
- Copies of specialized training certificates and awards
- Photograph (attach in appropriate space above)

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Upon completion of application, mail or hand-deliver to:*  
*Pension Secretary*  
*c/o Peru Police Department*  
*35 S Broadway*  
*Peru, Indiana 46970*