

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For _____

Date of Application _____

How Did You Learn About Us?

Advertisement Friend Walk-In
 Employment Agency Relative Other _____

Last Name First Name Middle Name

Address Number Street City State Zip Code

Telephone Number(s) Social Security Number

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before: Yes No
If yes, give date _____

Have you ever been employed with us before? Yes No
If yes, give date _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No

Proof of citizenship or immigration status will be required upon employment.

On what date would you be available for work? _____

Are you available to work: Full Time Part Time Shift Work Temporary

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

Can you travel if a job requires it? Yes No

Have you been convicted of a felony within the last 7 years? Yes No

Conviction will not necessarily disqualify an applicant from employment.

If Yes, please explain _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations, which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1. Employer _____ Dates Employed
From _____ To _____ Work Performed _____
Address _____
Telephone Number(s) _____ Hourly Rate/Salary
Starting _____ Final _____
Reason for Leaving _____

2. Employer _____ Dates Employed
From _____ To _____ Work Performed _____
Address _____
Telephone Number(s) _____ Hourly Rate/Salary
Starting _____ Final _____
Reason for Leaving _____

3. Employer _____ Dates Employed
From _____ To _____ Work Performed _____
Address _____
Telephone Number(s) _____ Hourly Rate/Salary
Starting _____ Final _____
Reason for Leaving _____

4. Employer _____ Dates Employed
From _____ To _____ Work Performed _____
Address _____
Telephone Number(s) _____ Hourly Rate/Salary
Starting _____ Final _____
Reason for Leaving _____

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held.

You may exclude membership, which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.

EDUCATION

Name and Address Of school	Course of Study	Years Completed	Diploma Degree
Elementary School			
High School			
Undergraduate College			
Graduate Professional			
Other (Specify)			

Indicate any foreign languages you can speak, read and/or write:

	Fluent	Good	Fair
Speak			
Read			
Write			

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the United States Military.

Other Qualifications
Summarize special job-related skills and qualifications acquired from employment or other experience.

<u>Specialized Skills</u>	Check Skills/Equipment	Operated	
		Production/Mobile Machinery (list):	Other (list):
<input type="checkbox"/> CRT	<input type="checkbox"/> FAX	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> PC	<input type="checkbox"/> LOTUS 1-2-3	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> CALCULATOR	<input type="checkbox"/> EXCEL	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> TYPEWRITER	<input type="checkbox"/> MICROSOFT WORD	<input type="checkbox"/>	<input type="checkbox"/>

State any additional information you feel may be helpful to us in considering your application.

Note to Applicants: **DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB, WHICH YOU ARE APPLYING.**

Are you capable of performing in a reasonable manner the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached.

_____ Yes _____ No

REFERENCES

- 1. _____
(Name) _____ (Phone #) _____

(Address) _____
- 2. _____
(Name) _____ (Phone #) _____

(Address) _____
- 3. _____
(Name) _____ (Phone #) _____

(Address) _____

Would you be willing to submit to a background check? _____ Yes _____ No

Would you be willing to submit to a drug test? _____ Yes _____ No

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledge in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview _____ Yes _____ No

Remarks: _____

Employed _____ Yes _____ No

Date of Employment _____

Job Title _____

Hourly Rate/Salary _____

Department _____

By _____

Name and Title

Date

NOTES:

TOWN OF FREMONT
PO BOX 602
FREMONT, IN 46737
A Place to Come Home to.....

Clerk-Treasurer
Mary K. (Kathy) Parsons
Office: 260-495-7805
Fax: 260-495-2446
fremontct@townoffremont.org

Steve Brown -- Council President
Town Council Members
Joe Thomas Kay Clark
Linda Fulton Steve Vaughn

Town Manager
Chris Snyder
Office: 260-495-2504
Fax: 260-495-2446
fremont.man@townoffremont.org

Applicant's Basic Eligibility Requirements

Each applicant for employment will compete against other applicants in the steps of the selection procedure. Only those who possess the best mental, moral and emotional fitness for the performance of the police duties will be considered.

Listed below are the basic eligibility requirements. On a separate page you will find the physical fitness requirements and job description.

- A. Must be a United States Citizen
- B. Must be twenty-one (21) years of age when appointed as a police officer.
- C. Must possess strength and agility necessary to complete the physical conditioning and psychomotor skills, exit requirements of the Indiana Law Enforcement Academy.
- D. Must have acuity of vision correctable to 20-40 or better in each eye. Must be able to distinguish the colors red, green and amber.
- E. Must be free of any inhibiting factors, including physical or mental disability that interferes with the ability to successfully complete the basic training requirements at the Indiana Law Enforcement Academy.
- F. Must be a high school graduate by an accredited high school, or an equivalency diploma (GED) issued by an accredited agency.
- G. Must have a valid driver's license from the state of residence.
- H. Must be of good reputation and character.
- I. Must not have been convicted of a felony, misdemeanor domestic violence or any crime involving moral turpitude.
- J. Must have received an Honorable discharge, if ever enlisted in the United States Armed Forces.
- K. Must display emotional maturity and ability to handle stressful and volatile situations associated with police work, in a professional manner.
- L. Must be willing, if appointed to reside within a two (2) mile radius of the Town of Fremont, within the State of Indiana.
- M. Must be able to adapt to the changing weather conditions, work environment, irregular and/or extended hours, and to perform duties despite the stress of potential personal injury or loss of life. Ability to serve on 24 hour call and appropriately respond to emergencies from off-duty status as assigned or directed.
- N. I.L.E.A. Certified officers must complete the I.L.E.A. physical exit standards.
- O. Must pass a complete criminal history back ground check by Steuben County Sheriff's office for access to the spillman law enforcement reporting system.

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Sequence for Hiring of Deputy Marshal

1. Requirements listed
2. Submission of a complete application
3. Preliminary background investigation- drivers license, criminal history
4. Physical testing, see requirements
5. Individual interview and further background study
6. Town Council interview
7. Psychological testing, polygraph/voice stress, drug screen, medical examination

Physical Requirements

ILEA Exit Standards

Test	Standard
Vertical Jump	16 Inches
One Minute Sit-ups	29
300 Meter Run	71 Seconds
Maximum Push-ups	25
1.5 Mile Run	16 Minutes 28 Seconds

Anyone not meeting the required eligibility requirements will be removed from the process.