



LAKE STATION POLICE DEPARTMENT

Chief of Police – Dave Johnson #84 | Assistant Chief – Gerardo Baldazo #75



1969 CENTRAL AVE. | LAKE STATION, IN 46405 | (P) 219.962.1186 | (F) 219.962.8023

To: All Lake Station Police Officer Applicants (Please read carefully)

The Lake Station Police Department is an equal opportunity employer. The department is interested in good citizens who are seeking a career in Law enforcement. It is the policy of the City of Lake Station to provide equal opportunity to all employees and applicants without regard to race, sex, religion, national origin, age, sexual orientation, marital status, veteran status, or physical or mental disability. This same non-discriminatory consideration will guide all personnel actions including, but not limited to recruitment, hiring, training and promotion decisions in all job classifications. Furthermore, compensation, benefits, transfers, education or tuition assistance and social and recreational programs will be administered in a non-discriminatory fashion.

A \$25.00 non-refundable application fee is due at the time of application submission.

For internal use only receipt number:



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APPLICATION INSTRUCTIONS

Print legibly or type all answers. Answer all questions completely and truthfully. If the question does not apply, state, no or does not apply. Any further information you wish to add should be placed on a separate sheet of paper, with the proper identifying reference marks, and attached at the end of the application. You will be required during the investigative process, to divulge your use of alcohol and/or illegal drugs. Information secured by the Lake Station Police Department through testing and investigation will be held in the strictest confidence, except for outstanding criminal and/or civil warrants or evidence or serious criminal activity.

Copies of these documents must be turned in at the time the application is turned in.

1. Birth certificate (Certified copy)
2. High School Diploma (or G.E.D. certificate)
3. College or university degree and transcript (if applicable)
4. DD214 (member 4 copy) and citations (for those applicants with military service)
5. Marriage license, certified copy from county clerk (if applicable)
6. Divorce Decree (if applicable)
7. Driver’s license (front and back)
8. Social Security Card
9. Any court order requesting name change
10. All training certifications, ILEA certification or equivalent.

The attached application must be returned to the department. Applications will not be considered complete unless all documents are included.



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Date _____

Last Name _____

First _____

Middle _____

Street Address _____

City, State, Zip Code _____

Home Phone # _____

Cell # _____

Work # _____

Date of Birth _____

Do you have a current, valid driver's license? State: License Number

Social Security Number: _____

Distinguishing Marks, Scars, tattoos, etc.:

Single <input type="checkbox"/>	Married <input type="checkbox"/>	Divorced <input type="checkbox"/>	Separated <input type="checkbox"/>	Widowed <input type="checkbox"/>
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Marital Status? (Please Check)

Yes <input type="checkbox"/> No <input type="checkbox"/>					
Days	Afternoons	Midnights	Weekends	Holidays	Overtime

Are you willing to work? (Please select yes or no)



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Education

Name & Location of High School

Yes No

Did you graduate?

Years completed?

Name & Location of College

Yes No

Did you graduate?

Years completed?

Minor/ Major?

Have you attended police academy?

Yes No

Year attended? m/yy

Yes No
Graduate

Family Members:

List all family members (living or deceased) in the following order: parents, step- parents, foster-parents, guardians, brothers, sisters, children, including step children, in-laws, ex-spouses and any other relative with whom a close relationship exist.

Name	Home Phone #	Relationship	Address if living	Work



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Employment Continued:

Employer

Address

Supervisor

Job Title

_____ **To**

Reason for Leaving

Employer

Address

Supervisor

Job Title

_____ **To**

Reason for Leaving

Employer

Address

Supervisor

Job Title

_____ **To**



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Employment Continued:

Employer

Address

Supervisor

Job Title

Dates of Employment

To

Reason for Leaving

Have you ever been involuntarily terminated from a full time or part time job, whether it was termed fired, terminated, suspended, laid off, or furloughed? If yes, describe circumstances.

Have you ever resigned (quit) after being informed that your employer intended to discharge you? If yes, please explain.



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Have you ever had disciplinary actions taken against you at any of your jobs? (Written reprimand, suspensions with or without pay, forfeiture of benefits, etc.) If yes, please explain.

Have you ever served in the military? Yes No

If yes, which branch of service?

Are you still enlisted Yes No

When will you be discharged?

Type of discharge?

Are you eligible for reenlistment?



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Computer Skills:

List all operating systems you have working knowledge of. (Windows, Mac, Windows NT, etc...)

List all Computer software titles you have working knowledge of.
(Excluding Games)

Estimate your computer/Software/Internet ability or Skill Level?
(None, Beginner, Intermediate, Advance)

Do you possess any special qualifications, professional licenses, certifications, abilities, honors, publications, etc. that are not listed elsewhere in this application that would reflect upon your qualifications for this job?

Have you ever been convicted of any crimes? If so, please list them below: (This is to include convictions of traffic offenses, misdemeanors and felonies)



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Personal references

Name

Address

Telephone #

Years Known

Personal references cont'd

Name

Address

Telephone #

Years Known

Name

Address

Telephone #

Years Known

Name

Address



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Telephone # _____

Years Known _____

Name _____

Address _____

Telephone # _____

Years Known _____

I certify that I have fully and accurately answered all questions and have given all information requested in this application for employment, and I understand that any wrong or incomplete information on the form may disqualify me for further consideration for employment or, if discovered after I am hired, may be grounds for my immediate dismissal. I understand that all such information is subject to verification by the Lake Station Police Department, and hereby give my consent to the Lake Station Police Department to investigate my background and qualifications using any means, sources and outside investigators at its disposal. I agree to undergo any type of drug and/or alcohol testing that the Lake Station Police Department may require at any time. Finally, I understand that submission of this application does not necessarily mean that I will be hired, and that if I am hired, my employment will be at will, and either I or the Lake Station Police Department may terminate my employment at any time, with or without notice or reason.

Print Name _____

Signature _____

Date _____



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AUTHORITY TO RELEASE INFORMATION AND WAIVER OF LIABILITY

I (PRINT NAME) _____, am an applicant for a position with the Lake Station Police Department, City of Lake Station, Indiana. The Department needs to thoroughly investigate my background and personal history to evaluate my qualifications to hold the position for which I applied. It is in the public’s interest that all relevant information concerning my personal and employment history be disclosed to the above department.

I hereby authorize any representative of the Lake Station Police Department bearing this release to obtain any information in your files pertaining to my employment, financial, credit, educational, medical, polygraph, military, legal, criminal history, background and reputation. I hereby direct you to release such information upon request of the bearer. I do authorize a review of and full disclosure of all records concerning myself, whether said records are of public, private, or confidential nature and whether written, oral or electronic. I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation that may provide pertinent data for the Lake Station Police Department to consider in determining my suitability for employment in that department. It is my specific intent to provide access to information, however personal or confidential it may appear to be. This includes investigatory files, efficiency ratings, discipline files, complaints or grievances, the records or recollections of attorneys at law, or other counsel, whether representing me or another person in any case, and including records or files which are deemed to be confidential, and or sealed. I direct you to release such information upon request of the Lake Station Police Department regardless of any agreement I may have made with you previously to the contrary. I hereby release you, your organization, and all others from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I hereby release you, as the custodian of such records of your organization, including its officers, employees or related personnel, both individually and collectively, from any and all liability for damages of whatever kind which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information. The Lake Station Police Department may discontinue processing my application if you refuse to disclose the information requested. I agree to hold your organization; its agents and employees harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the Lake Station Police Department. It is my intent that this release should also apply to personal recollections and information about my character, personality or suitability for the job for which I have applied that are written, oral or electronic. A photocopy or FAX copy of this release form will be valid, as an original thereof, even though the said photocopy or FAX copy does not contain an original writing of my signature.

State of _____ County _____

Before me personally appeared _____ who disposes and says: I know of my personal knowledge that the information provided above is true and correct.

Applicant’s signature

SWORN TO AND SUBSCRIBED BEFORE ME THIS ____
DAY OF _____, 20____

(Notary Public) Signature

(Notary Public) Print Name
My Commission Expires:

County of Residence: