



Val par aiso Pol ice Depart ment

355 S Washington St. Val par aiso, IN 46383

A large, faded circular seal of the City of Valparaiso, Indiana, is centered in the background. The seal contains a tree, a building, and an open book, with the text "CITY OF VALPARAISO" and "INDIANA" around the perimeter.

APPLICATION FOR EMPLOYMENT



APPLICATION FOR EMPLOYMENT

If you are an applicant with a disability that you believe would prevent you, in any way from fully participating in the application process, please alert Human Resources at (219) 462-1161 immediately.

**Please answer all questions completely and accurately. Incomplete applications may be rejected.
Today's Date**

It is the policy of the City of Valparaiso to provide a harassment-free and equal employment opportunity work environment for all applicants and employees without regard to race, color, religion, gender, national origin, age, marital or veteran status, the presence of a medical condition or disability, or any other legally protected status. The City is committed to complying with all applicable federal, state and local regulations which provide protection from discrimination for various groups of applicants and employees.

The City of Valparaiso maintains a Code of Ethics and specific policies regarding employee and applicant honesty, performance, conduct, and attendance. The City of Valparaiso reserves the right to investigate any suspected unethical or questionable activities and any violation of policies including, but not limited to falsification of records, the use, sale or possession of alcohol or drugs while working or working under the influence of drugs or alcohol, and the like. Violations of the City's policies will result in disciplinary actions which could include termination and prosecution.

The employment relationship with the City of Valparaiso is at-will and employment can be terminated at any time, with or without cause of notice at the option of either the City or the employee. Questions about these policies may be addressed to Human Resources.

PLEASE PRINT

Last Name	First Name	Middle Name	
Address	City	State	Zip
Telephone Number(s) where you can be reached weekdays 8:30a.m. - 4:30 p.m.		Social Security Number	
Position applied for	Department	Date	
How did you learn about this open position?			

1. List days/hours available for employment interviews: _____

2. Wage/Salary requirements (please specify): _____

3. Have you ever been employed with us? Yes No
If yes give date _____

4. Are you related to anyone who works for the City of Valparaiso? Yes No
If yes give the name and relationship to you _____

5. Are you currently employed? Yes No
6. Are you currently on "lay-off" status and subject to recall? Yes No
7. On what date would you be available for work? _____
8. Are you able to work: Part-Time (less than 35hrs) Full-Time (35 or more hrs) Additional Hours
(check all that apply) Overtime Weekends Shift Work Temporary Job
9. Are there any limitations on your work hours? Yes No
 If yes, explain _____
10. Can you travel on day or overnight trips, if a job requires it? Yes No
11. Have you ever worked under a different last name than currently used? Yes No
 If yes, please provide name _____
12. Have you ever had any job related-training in the United States military? Yes No
 If yes, please describe _____
13. Are you currently legally eligible (by reason of citizenship or legal alien status) for employment in the United States?
(proof of eligibility to work in the U.S. will be required upon employment) Yes No
14. If you are under 18 years of age, do you have a work permit? Yes No
15. Have you ever been convicted of a felony? Yes No

If yes, list date(s) of conviction and the type(s) of offense(s) _____
Falsification, misrepresentations and/or omission of a felony convictions is grounds for refusal to hire, or if hired, for dismissal. A conviction does not automatically disqualify an applicant from employment. The date, nature, and seriousness of the offense will be considered.

EDUCATION

Circle highest level completed

	Elementary	High School	Undergraduate	Graduate
School Name				
School Address City, State, Zip				
	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree				
Course of Study				
Specialized training, apprenticeship, skills, etc.				
Honors you have received				

JOB-RELATED ACTIVITIES

List professional, trade, business or civic activities and offices held. (You may exclude memberships which would reveal, race, color, creed, sex, national origin, age, veteran status, or disability as provided by law.) _____

SPECIALIZED SKILLS AND QUALIFICATIONS

Summarize relevant job-related skills and qualifications you possess and/or any additional information you feel may be helpful in considering your application. _____

List current licensures, certifications, including drivers license, CDL license number, etc. If applicable, include date received and expiration date. If a certification or license was not issued in Indiana, please indicate the state where issued. _____

REFERENCES

Name	Relationship	Address

EMPLOYMENT EXPERIENCE

Please list all jobs held beginning with your present employer or most recent job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disability or other protected status.

Employer _____	Type of Business _____
Street Address _____	City, State, Zip _____
Employer Telephone No. _____	Position Title _____
Employed from _____ to _____	Salary Beginning _____ Ending _____
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary	Supervisor _____
Description of Work _____	
Reason for leaving _____	
If the employer were asked, is this the same reason they would give? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, please explain _____	
Were you involuntarily terminated from this position? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you authorize us to contact this employer at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been on reprimanded, suspended, placed on probation, or discharged for attendance, tardiness, or work performance? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please explain _____	

Employer _____	Type of Business _____
Street Address _____	City, State, Zip _____
Employer Telephone No. _____	Position Title _____
Employed from _____ to _____	Salary Beginning _____ Ending _____
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary	Supervisor _____
Description of Work _____	
Reason for leaving _____	
If the employer were asked, is this the same reason they would give?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, please explain _____	
Were you involuntarily terminated from this position?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you authorize us to contact this employer at this time?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been on reprimanded, suspended, placed on probation, or discharged for attendance, tardiness, or work performance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain _____	

Employer _____	Type of Business _____
Street Address _____	City, State, Zip _____
Employer Telephone No. _____	Position Title _____
Employed from _____ to _____	Salary Beginning _____ Ending _____
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary	Supervisor _____
Description of Work _____	
Reason for leaving _____	
If the employer were asked, is this the same reason they would give?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, please explain _____	
Were you involuntarily terminated from this position?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you authorize us to contact this employer at this time?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been on reprimanded, suspended, placed on probation, or discharged for attendance, tardiness, or work performance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain _____	

Employer _____	Type of Business _____
Street Address _____	City, State, Zip _____
Employer Telephone No. _____	Position Title _____
Employed from _____ to _____	Salary Beginning _____ Ending _____
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary	Supervisor _____
Description of Work _____	
Reason for leaving _____	
If the employer were asked, is this the same reason they would give?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, please explain _____	
Were you involuntarily terminated from this position?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you authorize us to contact this employer at this time?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been on reprimanded, suspended, placed on probation, or discharged for attendance, tardiness, or work performance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain _____	

Employer _____	Type of Business _____
Street Address _____	City, State, Zip _____
Employer Telephone No. _____	Position Title _____
Employed from _____ to _____	Salary Beginning _____ Ending _____
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary	Supervisor _____
Description of Work _____	
Reason for leaving _____	
If the employer were asked, is this the same reason they would give?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, please explain _____	
Were you involuntarily terminated from this position?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you authorize us to contact this employer at this time?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been on reprimanded, suspended, placed on probation, or discharged for attendance, tardiness, or work performance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain _____	

ACKNOWLEDGMENT OF TERMS OF APPLICATION

Initials _____ I certify that the information contained in this application, and accompanying resume, if any, is true and complete to the best of my knowledge and understand that falsification, misrepresentation and/or omission of information is grounds for refusal to hire, or if hired, dismissal. In making this application for employment, I authorize the City of Valparaiso to check employment and personal references, and to seek the release of investigatory information, including a "limited criminal history," possessed by any private or public employer or any local, state, or federal agencies to provide the City of Valparaiso any information they may release concerning the matters described herein or pertaining to questions herein, and I will cooperate to the extent necessary to obtain the release of this information. I understand that this investigation report of my employment history and background may be made whereby information is obtained through personal interviews and/or reference forms with third parties, law enforcement agencies prior employers, co-workers, or others. This inquiry may include information as to my character, general reputation, personal characteristics, work habits, and mode of living, whichever may be applicable. I expressly waive in connection with any request for, or provisions of such information, any claims or cause of action including without limitation, defamation, infliction or emotional distress, invasion of privacy, or interference with contractual relations that I might claim or otherwise have against the City of Valparaiso, its officials, employees, trustees or agents, or against any provider of information related to this application or the application process. This authorization does not include release or other prohibited use of disability and medical related information prohibited in pre-employment inquiries by the Americans with Disabilities Act (ADA).

Initials _____ In the event of my employment, I agree to conform to policies of the City of Valparaiso and acknowledge that these policies may be changed, interpreted, withdrawn, or added to by the City at any time, at the City's sole option and without prior notice to me. I understand that this application will be given every consideration, but its receipt does not imply that I will be employed. I understand that this employment application and any other City of Valparaiso documents are not contracts of employment, and that my employment will be employment at-will and may be terminated at any time, with or without cause or notice, at the option of either the City or myself. If hired, I understand that no modification or alteration of my employment at-will status shall be valid or binding, unless it is expressly set forth in a written document by the Board of Works.

Initials _____ I understand that the City of Valparaiso will require me to undergo a drug test by medical staff and/or agent selected by the City as a condition of my employment. I consent to the release of my drug test result to the City. I further understand that I must successfully pass the drug test to be considered for employment with the City of Valparaiso. I understand that medical examinations which are job-related and consistent with the City's business necessity may be required of me once I am employed. I further release the City of Valparaiso, including all of its officers, agents, representatives and employees from any and all claims, suits, causes of action, liabilities and damages associated with or arising from my submission to a drug test and/or medical examination. I also understand the City may maintain a restricted smoking environment.

Initials _____ I certify that the information in this application is correct and complete. I understand that if offered employment, my employment is contingent upon successfully completing all aspects of the post-offer pre-employment and reference checking processes.

Applicant's Signature

Date



PHYSICAL FITNESS ASSESSMENT

WAIVER OF LIABILITY

I, the undersigned, agree to hold the Valparaiso Police Department, the City of Valparaiso, and any agent of the Valparaiso Police Department and the City of Valparaiso, harmless from any liability or responsibility for any damages or injuries which I may receive as a result of my participation in the Valparaiso Police Department Physical Fitness Assessment. This waiver specifically applies to any and all activities surrounding my participation in this physical fitness assessment, which I undertake voluntarily and with a physician's approval.

SIGNED: _____

DATE: _____

TIME: _____

WITNESS: _____

DATE: _____

TIME: _____



Valparaiso Police Department

Michael E. Brickner
Chief Of Police

PHYSICIAN'S RELEASE

TEST EVENTS

TEST (Male & Female)

1.5 Mile Run	16:28	(maximum time allowed)
Sit-Ups	29	(one minute maximum)
Push-Ups	25	(one minute maximum)
300M run	1:11	(maximum time allowed)
Vertical Leap	16"	(maximum of three attempts)

I certify this individual is fit to participate in the preceding health-fitness and motor-fitness test events.

REFERRING PHYSICIAN: _____
Signature

Printed Name: _____

Address: _____

Zip: _____

Office Telephone: _____

DATE: _____

YOU MUST BRING THIS SIGNED RELEASE WITH YOU AT THE TIME OF TESTING TO BE ELIGIBLE TO PARTICIPATE.

Notes