

Roachdale Police Department

205 N Indiana Street, PO Box 198 | Roachdale, IN 46172 | 765.522.1785

APPLICATION AND INFORMATION PACKAGE FOR ROACHDALE POLICE DEPARTMENT

Instructions and General Information

This package contains the following items:

1. Application for Employment
2. Authority To Release Information & Waiver of Liability (Town Clerk-Treasurer can notarize form)
3. Misdemeanor Domestic Violence Notice

The following items **must be returned with the application packet**. All items must be submitted together and at the same time **in a folder with your full name on the front of it**. Applications missing any of these items will be considered incomplete and may not be processed.

1. Copy of applicant's birth certificate
2. Copy of High School Diploma, GED Certificate, or equivalent
3. Copy of current Driver's License
4. Academy Completion Certificate and Associated Grade Transcript(s)
5. Copy of any applicable certificates of training

The application form is to be completed in the applicants own handwriting in black or blue ink or typed. Print or write as neatly as you can. If you need more space to provide additional information for any section of this application, attach separate pieces of paper with the title of the section that you are adding additional information for.

It is suggested you make an extra copy of the application prior to filling out any portions. All sections must be fully answered. Please read all enclosed materials carefully. This information should answer most of the frequently asked questions. If you need more information, you may contact the Town Council President at 765.301.0101

ALL APPLICATIONS AND SUPPORTING DOCUMENTATION MUST BE SUBMITTED TO THE TOWN OFFICE NO LATER THAN MAY 8, 2026 AT 4:30 PM

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AUTHORITY TO RELEASE INFORMATION AND WAIVER OF LIABILITY

I (Print Name) _____, am applying for a position with Roachdale Police Department, Town of Roachdale, 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 best interest that all relevant information concerning my personal, education, and employment history be disclosed to the above department.

I hereby authorize release of any files pertaining to my employment, financial, credit, educational, medical, and military, to a representative of the Roachdale Police Department bearing this release to obtain any information in your 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 public, private, or confidential nature and whether written, oral, or electronic. I reiterate and emphasize that the intent of the authorization is to provide full and free access to the background history of my personal life, for the specific purpose of pursuing a background investigation that may provide pertinent data for the Roachdale 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 confident it may 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 Roachdale 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 Roachdale Police Department may discontinue processing my application if I refuse to disclose the information requested. I agree to hold your organizations, 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 Roachdale Police Department. It is my intent that the

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release should also apply to personal recollections and information about my character, personality or suitability for the job which I have applied that are written, oral, electronic.

A photocopy, electronic copy, or faxed copy of this release form will be valid, as an original thereof, even though the said photocopy, electronic, or fax does not contain an original writing of my signature.

Signature

Date

Street and Mailing Address

City

State

ZIP

Social Security Number

Date of Birth

SWORN AND SUBSCRIBED BEFORE ME, _____,

A NOTARY PUBLIC FOR _____ COUNTY, STATE OF _____ ON THIS

_____ DAY OF _____, 20_____.

MY COMMISSION EXPIRES _____

PRINT NAME OF NOTARY _____

SEAL

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MISDEMEANOR CRIME OF DOMESTIC VIOLENCE NOTICE

Name: _____

The Omnibus Consolidated Appropriations Act of 1997 made it unlawful for any person convicted of a “Misdemeanor Crime of Domestic Violence” is generally defined as any offense – whether or not explicitly described in a statute as a crime of Domestic Violence – which has as its factual basis, the use or attempted use of physical force, or the threatened use of a deadly weapon, committed by the victims current or former domestic partner, parent or guardian. The term “convicted” is generally defined by statute as excluding anyone whose conviction has been expunged or set aside or has received a pardon.

This prohibition DOES apply to all Law Enforcement Officers. If this statute affects you, you would not be eligible for appointment as a police officer with Roachdale Police Department.

Have you ever been convicted of a misdemeanor crime of Domestic Violence within the meaning of this statute?

Yes _____ No _____

Signature

Date

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EMPLOYMENT APPLICATION

Please return to: Roachdale Police Department 205 N Indiana St., Roachdale IN, 46172

| | | | |
|-------------------------|-----|----|--|
| FULL NAME | | | |
| OTHER NAMES USED | | | |
| DATE AND PLACE OF BIRTH | | | |
| US CITIZEN | YES | NO | |
| SOCIAL SECURITY NUMBER | | | |

| | |
|----------------|--|
| MARITAL STATUS | |
| SPOUSE NAME | |

| | | | |
|-----------------|----|----|----|
| CURRENT ADDRESS | | | |
| CURRENT PHONE | H: | C: | W: |
| CURRENT EMAIL | | | |

Date Available: _____

Desired Salary: _____

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CHARACTER REFERENCES: (Do not include relatives, former employers, or person living outside of the United States) List only character references who have definite knowledge of your qualifications and fit for the position for which you are applying. Do not repeat the names of supervisors listed in the Employment Section of this application.

| NAME | RELATIONSHIP | ADDRESS | PHONE |
|------|--------------|---------|-------|
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RESIDENCES: List chronologically, all of your residences in the last TEN years. Begin with your current addresses and include residences while attending school if away from home and all military addresses, including off base residences. (Use mm/yy format for dates from & to)

| FROM | TO | ADDRESS | LANDLORD'S NAME | LANLORD'S PHONE |
|------|----|---------|-----------------|-----------------|
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EMPLOYMENT RECORD: Beginning with your current or most recent job, list your work history for the past TEN years. Include part-time, seasonal, temporary, and all periods of unemployment. For dates us the format mm/yy.

| | | | |
|-------------------------------------|-----|----|--|
| DATES WORKED FROM AND TO | | | |
| FINAL SALARY/WAGE | | | |
| NAME AND ADDRESS OF EMPLOYER | | | |
| PHONE NUMBER | | | |
| JOB OR POSITION TITLE | | | |
| DESCRIPTION OF DUTIES | | | |
| NAME OF SUPERVISOR AND PHONE NUMBER | | | |
| REASON FOR LEAVING | | | |
| MAY WE CONTACT EMPLOYER | YES | NO | |

| | | | |
|-------------------------------------|-----|----|--|
| DATES WORKED FROM AND TO | | | |
| FINAL SALARY/WAGE | | | |
| NAME AND ADDRESS OF EMPLOYER | | | |
| PHONE NUMBER | | | |
| JOB OR POSITION TITLE | | | |
| DESCRIPTION OF DUTIES | | | |
| NAME OF SUPERVISOR AND PHONE NUMBER | | | |
| REASON FOR LEAVING | | | |
| MAY WE CONTACT EMPLOYER | YES | NO | |

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|-------------------------------------|-----|----|--|
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| FINAL SALARY/WAGE | | | |
| NAME AND ADDRESS OF EMPLOYER | | | |
| PHONE NUMBER | | | |
| JOB OR POSITION TITLE | | | |
| DESCRIPTION OF DUTIES | | | |
| | | | |
| NAME OF SUPERVISOR AND PHONE NUMBER | | | |
| REASON FOR LEAVING | | | |
| MAY WE CONTACT EMPLOYER | YES | NO | |

| | | | |
|-------------------------------------|-----|----|--|
| DATES WORKED FROM AND TO | | | |
| FINAL SALARY/WAGE | | | |
| NAME AND ADDRESS OF EMPLOYER | | | |
| PHONE NUMBER | | | |
| JOB OR POSITION TITLE | | | |
| DESCRIPTION OF DUTIES | | | |
| | | | |
| NAME OF SUPERVISOR AND PHONE NUMBER | | | |
| REASON FOR LEAVING | | | |
| MAY WE CONTACT EMPLOYER | YES | NO | |

| | | | |
|-------------------------------------|-----|----|--|
| DATES WORKED FROM AND TO | | | |
| FINAL SALARY/WAGE | | | |
| NAME AND ADDRESS OF EMPLOYER | | | |
| PHONE NUMBER | | | |
| JOB OR POSITION TITLE | | | |
| DESCRIPTION OF DUTIES | | | |
| | | | |
| NAME OF SUPERVISOR AND PHONE NUMBER | | | |
| REASON FOR LEAVING | | | |
| MAY WE CONTACT EMPLOYER | YES | NO | |

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

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

Have you ever had any disciplinary actions taken against you at any of your jobs? (written reprimand, suspension, with or without pay, forfeiture of benefits, or other similar actions) If yes, which job? Describe the circumstances.

Do you have any reason to believe that a former employer may give you a negative job reference? If yes, name employer and explain why.

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EDUCATION: List chronologically all schools you have attended. Include High Schools, Colleges, Trade Schools, Vocational Schools, and Others.

| DATES ATTENDED | SCHOOL NAME | ADDRESS | DATE GRADUATED |
|----------------|-------------|---------|----------------|
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List any other special training classes you have take or certifications you now hold.

Foreign Language Skills: Do you have a working knowledge of any language other than English? Yes No

If yes, which Language and what skill level?

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?

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MILITARY SERVICE:

Dates of Active Duty (mm/dd/yy): _____

Which Branch of the Military: _____

Your Selective Service Number: _____

If you are still enlisted, when will you be discharged? _____

Highest Rank: _____ Serial Number: _____

Unit(s) to which assigned and primary duty type: _____

Type of Discharge: _____

Are you eligible for re-enlistment? Yes No

Are you or have you ever been a member of the US Reserve or National Guard?

Yes No

Unit and Location: _____

Reserve Status and Obligation if any: _____

Have you received ANY disciplinary action while in the military (Article 15's, Captain's Mast, Written Reprimands, etc.)? Yes No

If yes, describe the circumstances:

Have you ever been a defendant in a court martial? Yes No

If yes, provide the date and outcome:

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INFORMATION CONCERNING DRIVING STATUS AND RECORD ARREST, DETENTIONS, AND LITIGATION:

List ALL vehicle operator's licenses you currently hold or have held from any state or country. Provide type, State, Driver's License Number, and Expiration date.

Have you ever received a traffic ticket? Yes No

If yes, how many in the last 5 years? _____

Have you ever been involved in traffic accident as a driver? Yes No

If yes, how many total accidents (whether you were judged at fault or not and whether they happened on private or public property)?

In how many of your total accidents were you judged to be the larger contributor (at fault) by the investigating officer? _____

Were you ever given a ticket as a result of an accident? Yes No

If yes, please explain:

Has your driver's license ever been restricted, suspended or revoked for any reason?
 Yes No

If yes, list when and for what reason your license was restricted, suspended or revoked.

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Have you ever been denied automobile insurance or had your insurance revoked?

Yes No

If yes, please explain:

Have you ever been arrested or detained by any law enforcement agency (excluding the above stated traffic tickets)? Yes No

List the place, agency, date, and details of each incident.

Are you, or have you ever been a party (defendant or plaintiff) in a civil suit of any kind?

Yes No

If yes, list type of action, location and date(s):

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DISCLAIMER AND SIGNATURE

The Town of Roachdale is an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including age, sex, color, race, creed, national origin, religion, marital status, sexual orientation, political belief or disability.

Federal law prohibits the employment of unauthorized aliens. All person hired must submit satisfactory proof of employment authorization and identity within three business days of being hired. Failure to submit such proof within the require time shall result in immediate employment termination.

In connection with my application for employment and as a condition of employment, I understand that investigative background inquiries may be made on me including previous employers, schools, consumer credit, criminal convictions, motor vehicle, and other reports. These reports will include information as to my character, work habits, performance, educations, compensation, and experience along with reasons for termination of employment from previous employers. Furthermore, I understand that the Town may be requesting information from various federal, state, and other agencies which may maintain records concerning my past activities relating to my driving, credit, criminal, civil, and other experiences as well as claims involving me in the files of insurance companies. I authorize without reservation, any party or agency contacted to furnish the above-mentioned information and release all parties involved from liability and responsibility for doing so. I hereby consent to obtaining the above information by the Town of Roachdale and/or any of their agents. This authorization and consent shall be valid in original, fax, copy, email, or PDF form.

All hiring and employment at the Town is at will (this may not apply for certain positions as covered by applicable law). I understand this application is not an employment contract, nor can it be used to create one. Employment by the Town of Roachdale has no specific term and my be terminated by the Town with or without notice (unless covered by applicable law). I acknowledge that the Town of Roachdale has not made any promises or representations that differ from those contained in this paragraph. I release and hold harmless any individual, company, business institution or government agency from all liability with regard to furnishing information to the Town of Roachdale. I agree to release and hold harmless the Town of Roachdale from all liability with respect to the receipt of such information.

I certify that the information I have furnished on this application form is true and complete. I understand that if any misrepresentation has been made by me verbally or

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in writing, any offer of employment made to me may be withdrawn or my subsequent employment with the Town may be terminated.

Signature

Date