

**CERTIFICATION AND PENALTY**

I hereby declare that all statements and information provided to the Milford Police Department in the Personal History Statement, as well as any other statements and information provided for my pre-employment background investigations or any other phase of my pre-employment screening, are true and complete to the best of my knowledge and belief. I understand that any misstatement of material fact, willful omission of material fact, or willful deception, will be cause for disqualification and rejection as a candidate for employment, without appeal. I further understand that these aforementioned misstatements, omission, or deceptions are also grounds for termination after employment, without notice and without any right to appeal.

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Signature of Applicant:

Subscribed and Sworn to before me the \_\_\_\_ day of

\_\_\_\_\_, 20\_\_\_\_.

Notary Public in and for said County of Kosciusko.  
State of Indiana.

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Notary Public

## LETTER OF UNDERSTANDING

I am applying for a position with the Milford Police Department. I understand that there are certain requirements I must meet before I can be accepted into this position. I understand that I must submit to an extensive background investigation, which consists of the following areas of concern, at a minimum:

- Review of my completed Personal History Statement
- Evaluation of a Johnson/Roberts Personal History Questionnaire
- Thorough criminal background check
- Examination of my personal credit/financial report.

A Hiring Review Board will evaluate the results of this investigation and make a preliminary decision as to my potential suitability for employment. I may at this point receive a conditional offer of employment, which will be followed by completion of some or all of the following tests, depending upon the position being sought:

- Polygraph examination
- Drug screening test
- Standard medical examination (Physical)
- Psychological test
- Physical abilities test

The aforementioned tests will be administered in a manner selected by the Milford Police Department. I understand that the results of the tests are the property of the agency to which I have applied, and that I will not receive copies or the reports nor any information contained in them.

A second Hiring Review Board will evaluate all tests in light of the requirements of the job along with previous information and will make a final decision as to my suitability for employment.

I agree to assist in the expedient conclusion of these reviews and examinations. I understand that successful completion of the process does not guarantee employment with the Milford Police Department, only that I will be considered for the positions as they become available pursuant to the established, policies, rules, and regulation of the Milford Police Department. I have read and understand the content and purpose of this Letter of Understanding. I agree to abide by these requirements as a condition of employment with the Milford Police Department.

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Signature of Applicant:

Subscribed and Sworn to before me the \_\_\_\_ day of

\_\_\_\_\_, 20\_\_\_\_.

Notary Public in and for said County of Kosciusko.  
State of Indiana.

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Notary Public

**Authorization to Release Information**

Name of Applicant: \_\_\_\_\_  
Please print your full name

Date of Birth: \_\_\_\_\_ SSN# \_\_\_\_\_

As an applicant for the position of police officer with the Milford Police Department, I am required to furnish information for use in determining my qualifications and suitability. I realize that this agency will not release the information provided to them to any person, including myself. The information submitted to this agency is confidential and will be used for investigating my suitability for law enforcement employment.

Towards this end, I authorize release of any and all information that you may have concerning me including information of a confidential privilege or nature. I hereby authorize all my previous employers, physicians, and professional who may have examined or treated me, friends, acquaintances, credit reporting services, public agencies, and all others, to furnish to the Milford Police Department any and all information that they may have concerning me.

I hereby release you, your organization, or others from liability or damage which may result from furnishing the information requested. I further authorize that a photocopy of this form shall be for all intents and purposes, as valid, as the original. I authorize you to retain a copy of this form for your files.

This release is valid for any information supplied within one (1) year of the date of my signature.

\_\_\_\_\_  
Signature of Applicant:

Subscribed and Sworn to before me the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Notary Public in and for said County of Kosciusko.  
State of Indiana.

\_\_\_\_\_  
Notary Public

Please mark the appropriate response. Failure to mark one of the three will result in the denial of your application.

- I am not subject to a court order for the support of a child.
- I am subject to court order for the support of one or more children and I am in compliance with the order, or I am in compliance with a plan approved by the Prosecuting Attorney (or other public agency), enforcing the order for the repayment of the amount owed, pursuant to the order.
- I am subject to a court order of one or more children and I am **NOT** in compliance with the order or plan approved by the Prosecuting Attorney (or other public agency), enforcing the order for the repayment of the amount owed, pursuant to the order.

Applicants SSN# \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant:

Subscribed and Sworn to before me the \_\_\_\_ day of  
\_\_\_\_\_, 20\_\_\_\_.

Notary Public in and for said County of Kosciusko.  
State of Indiana.

\_\_\_\_\_  
Notary Public