

Milford Police Department



Application for Employment

Last Name, First Middle:

Date:

BASIC ELIGIBILITY REQUIREMENTS:

- **Must be a United States citizen.**
- **Must be at least 21 years old.**
- **Must have vision correctable to 20/50.**
- **Must possess a valid driver's license.**

- **Must have obtained a high school diploma or GED.**

Do you meet the basic eligibility requirements?

INSTRUCTIONS:

- **Unless otherwise requested, enter dates in the following format: MM/DD/YY.**
- **Telephone numbers shall be entered in the following format: XXX-XXX-XXXX.**
- **Standard two-character State abbreviation shall be used (i.e. IN for Indiana).**
- **Incomplete applications will not be considered.**
- **Any misrepresentation of facts on this application will disqualify the applicant.**
- **DO NOT USE ALL CAPS.**
- * **Enter "N/A" in any area where an answer is not applicable or needed.**

Do not make inquiries regarding the status of the application; you will receive appropriate information concerning the application periodically via e-mail and/or telephone. It is important to monitor your e-mail on a regular basis in order to receive time-sensitive information regarding the selection process.

MISCELLANEOUS INFORMATION:

Do you currently possess a personal protection handgun permit?

Have you ever been denied a personal protection handgun permit?

Have you ever had a personal protection handgun permit revoked?

Number of dependents?

Are you legally required to make child support payments?

Are your child support payments current?

Do you speak a foreign language(s)?

If "Yes", what language(s)?

If "Yes", which language(s) do you speak fluently?

If "Yes", which language(s) do you read and understand?

Personal Information

NAME: AKA(s):

Tel. Home/cell Cell: Work

email:

Address:
(Street) (City) (State) (Zip)

DOB: Age: OLN: SSN:

Height: Weight: Male Female

Place of Birth:

Marital Status: Single Married Divorced Widowed

Spouses name: Before Marriage:

Children:

(First name and age) separate by comma

EDUCATION:

High school diploma or GED?

Highest grade of high school completed?

College hours earned:

Degree(s) obtained:

Name of school (beginning with high school and include City & State)	GPA on a 4.0 scale	Did you graduate?
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Have you ever applied with the Milford Police Department Before?	
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If known, indicate the year(s) in which an application was submitted:	
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Are you currently, or have you ever been employed by the Town of Milford ?	
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Do you currently have or ever had relatives employed by the Town of Milford?	
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MILITARY HISTORY AND STATUS:

INCLUDE ACTIVE DUTY SERVICE WITH THE NATIONAL GUARDS AND THE RESERVES.

Have you ever served in the United States military on active duty (including basic training)?	
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If "Yes", how many total years on active duty?	
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If "Yes", complete the information on the page below for each branch of service, beginning with the most recent:

Military branch	Start date MM/YY	End date MM/YY	Rank at separation	Current status	Disciplined?

PLACES WHERE YOU HAVE LIVED FOR THE LAST 7 YEARS :

From:		To:	
STREET OR RURAL ROUTE			
APARTMENT NUMBER			
CITY			
STATE			
ZIP			
COUNTY			

From: <input style="width: 90%;" type="text"/>	To: <input style="width: 90%;" type="text"/>
STREET OR RURAL ROUTE	<input style="width: 100%; height: 20px;" type="text"/>
APARTMENT NUMBER	<input style="width: 100%; height: 20px;" type="text"/>
CITY	<input style="width: 100%; height: 20px;" type="text"/>
STATE	<input style="width: 100%; height: 20px;" type="text"/>
ZIP	<input style="width: 100%; height: 20px;" type="text"/>
COUNTY	<input style="width: 100%; height: 20px;" type="text"/>
From: <input style="width: 90%;" type="text"/>	To: <input style="width: 90%;" type="text"/>
STREET OR RURAL ROUTE	<input style="width: 100%; height: 20px;" type="text"/>
APARTMENT NUMBER	<input style="width: 100%; height: 20px;" type="text"/>
CITY	<input style="width: 100%; height: 20px;" type="text"/>
STATE	<input style="width: 100%; height: 20px;" type="text"/>
ZIP	<input style="width: 100%; height: 20px;" type="text"/>
COUNTY	<input style="width: 100%; height: 20px;" type="text"/>

CURRENT EMPLOYMENT:

LIST CURRENT EMPLOYMENT, BEGINNING WITH MOST RECENT (INCLUDE PART-TIME) INCLUDE ALL EMPLOYMENT FOR THE LAST 7 YEARS.

Name of employer #1	<input style="width: 100%; height: 20px;" type="text"/>		
Address	<input style="width: 100%; height: 20px;" type="text"/>		
Telephone number	<input style="width: 100%; height: 20px;" type="text"/>		
Position or professional title	Start date MM/YY	End date MM/YY	Have you been disciplined?
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

Name of employer #2	<input style="width: 100%; height: 20px;" type="text"/>		
Address	<input style="width: 100%; height: 20px;" type="text"/>		
Telephone number	<input style="width: 100%; height: 20px;" type="text"/>		
Position or professional title	Start date MM/YY	End date MM/YY	Have you been disciplined?
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

Name of employer #3			
Address			
Telephone number			
Position or professional title	Start date MM/YY	End date MM/YY	Have you been disciplined?

Name of employer #4			
Address			
Telephone number			
Position or professional title	Start date MM/YY	End date MM/YY	Have you been disciplined?

DRIVER'S LICENSE INFORMATION:

Do you currently possess a valid driver's license?	
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List issued driver's license information below:

Driver's license number	Driver's license state (Two-character state abbreviation)	Expiration date MM/YYYY

Has your driver's license ever been suspended or revoked?	
If "Yes", what state(s)?	

VEHICLE CRASH AND TRAFFIC TICKET INFORMATION:

Have you ever been involved in a vehicle crash?	
Number of crashes:	
Have you ever received a ticket for a traffic offense?	
Number of tickets:	

CRIMINAL ARREST INFORMATION:

Have you ever been arrested for a criminal offense?

If "Yes", complete the information requested on the page below for each offense, beginning with the most recent:

Date MM/YY	Arresting agency	Charge/Offense	Disposition of case
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Have you ever been convicted of a felony?

If "Yes", what offense were you convicted of?

Have you ever been arrested for an act as a juvenile that would have been a crime had it been committed as an adult?

If "Yes", what offense were you arrested for?

Have you ever been, or are you currently involved as a plaintiff, defendant, petitioner or respondent in any civil court case?

Have you used an illegal drug (other than marijuana), or abused a legal drug within the last 5 years?

Have you used marijuana within the last 3 years?

Have you ever knowingly or intentionally sold, transported or manufactured any illegal drug for profit?

Do you currently abuse alcohol?

Internal use only:

PERSONAL REFERENCES:

GIVE THE NAMES OF THREE RESPONSIBLE PERSONS (OTHER THAN RELATIVES AND PAST EMPLOYERS) WHO KNOW YOU WELL ENOUGH TO GIVE INFORMATION ABOUT YOU.

Reference #1		
Address		
Telephone number		
Position or professional title	From MM/YY	To MM/YY

Reference #2		
Address		
Telephone number		
Position or professional title	From MM/YY	To MM/YY

Reference #3		
Address		
Telephone number		
Position or professional title	From MM/YY	To MM/YY

Internal use only:

SOCIAL REFERENCES:

GIVE THE NAMES OF THREE RESPONSIBLE PERSONS WHO YOU CONSIDER YOUR CLOSEST FRIENDS AND WHOM YOU FREQUENTLY SOCIALIZE. LIST CLOSEST FRIEND FIRST.

Reference #1		
Address		
Telephone number		
Position or professional title	From MM/YY	To MM/YY

Reference #2		
Address		
Telephone number		
Position or professional title	From MM/YY	To MM/YY

Reference #3		
Address		
Telephone number		
Position or professional title	From MM/YY	To MM/YY

Internal use only:

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APPLICATION SUBMISSION:

THE MILFORD POLICE DEPARTMENT WILL REQUIRE THE FOLLOWING DOCUMENTATION **ATA LATER TIME:**

- ~ BIRTH CERTIFICATE
- ~ HIGH SCHOOL TRANSCRIPTS (COPY)
- ~ OFFICIAL COLLEGE/UNIVERSITY TRANSCRIPTS (IF APPLICABLE)
- ~ MILITARY DD214 (IF APPLICABLE)
- IF ACTIVE DUTY, A LETTER OF ENDORSEMENT FROM A MILITARY COMMANDER IS REQUIRED.
- COPIES OF SPECIALIZED TRAINING CERTIFICATES AND AWARDS.
- ~ PREVIOUS LAW ENFORCEMENT DOCUMENTATION:
- COPY OF STATE ACCREDITED LAW ENFORCEMENT ACADEMY CERTIFICATE
- COPIES OF COMMENDATIONS AND AWARDS.
- ~ 2 1/2" X 2 1/2" PASSPORT-STYLE PHOTOGRAPH OF YOUR HEAD AND SHOULDERS.

BY PLACING MY NAME IN THE BOX BELOW, I SWEAR OR AFFIRM UNDER THE PENALTY OF PERJURY, ALL INFORMATION CONTAINED IN THIS APPLICATION IS TRUE, ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND ANY FALSE INFORMATION PROVIDED MAY CAUSE ME TO BE REMOVED FROM FURTHER CONSIDERATION FOR THIS SELECTION PROCESS.

Applicant's full name:	<input type="text"/>	Date completed: MM/DD/YYYY	<input type="text"/>
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Signature	<input type="text"/>	Date completed: MM/DD/YYYY	<input type="text"/>
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PROOFREAD YOUR APPLICATION CAREFULLY - ENSURE ALL ITEMS ARE COMPLETE BEFORE SUBMISSION.

WHEN YOUR APPLICATION IS COMPLETED AND READY FOR SUBMISSION, FOLLOW THE STEPS LISTED BELOW:

PRINT APPLICATION (INFORMATION WILL NOT BE SAVED IN FORM)

SUBMIT APPLICATION VIA EMAIL AS AN ATTACHMENT TO: POLICE@MILFORD-INDIANA.ORG

YOU MAY ALSO DELIVER APPLICATION IN PERSON.

YOU WILL NEED TO SUBMIT YOUR NOTARIZED RELEASE OF INFORMATION FORM. IF APPLICATION IS SUBMITTED VIA EMAIL ELECTRONIC SIGNATURE IS ADEQUATE. UNTIL FIRST TESTING AT WHICH TIME YOU WILL SIGN YOUR APPLICATION.

Milford Police Department

Personal Inquiry Waiver Authority For Release Of Information

To: Concerned person or authorized representative of any organization.

I, DOB: SSN:

Respectfully request and authorize you to furnish the Milford Police Department any and all information or records you have concerning my work, schooling, military, reputation, financial and credit status, all medical, physical, mental records and/or reports; including all information of a confidential or privileged nature and copies of the same if required. This information is being used to assist the Milford Police Department in completing a background investigation and history. All information will be handled according to the Privacy Act of 1974.

I, hereby release you, your organization and/or others from any liability or damages which may result from furnishing the information requested.

MUST BE SIGNED IN THE PRESENCE OF NOTARY

Signature: _____ Date: _____

Subscribed and sworn before me this ____ Day of _____, _____.

Signature of Notary Public

My commission expires: _____ City: _____

County: _____ State: _____

A COPY OF THIS RELEASE OF INFORMATION FORM CAN SERVE AS THE ORIGINAL

This release is valid for 180 days after its signatory date.