

# **Danville Metropolitan Police Department**

**49 N. Wayne Street  
Danville, Indiana 46122**

## **POLICE OFFICER APPLICATION**

TO: All Danville Metropolitan Police Officer Applicants

The Danville Metropolitan Police Department is an Equal Opportunity Employer. The Department is interested in hiring good citizens who are seeking a career in law enforcement.

When a vacancy occurs, the Danville Metropolitan Police Department will announce the date, time, and location of the written and physical agility tests. This announcement will be located on the Danville Metropolitan Police Department website and any other website so desired by the department. There will be a testing fee for all applicants.

Upon completion of the written examination, the applicant will be required to complete an in depth personal history packet. The information provided in this packet will be used in conjunction with the background investigation phase of the hiring process. Any misrepresentation or omission of facts will disqualify the applicant from the hiring process. Applicants who pass the written exam will advance to the physical agility test.

The hiring process will also include a background investigation, Chief of Police interview, and Public Employment Retirement Fund (PERF) psychological and physical tests.

## MINIMUM REQUIREMENTS FOR DANVILLE METROPOLITAN POLICE OFFICER APPLICANTS

1. Shall be a US citizen.
2. Shall be at least 21 years of age and under 36 years of age with the following exemption: A veteran who has at least 20 years of service in the Armed Forces may become a member in the Indiana 1977 Police Officers' and Firefighters' Pension Disability Fund. The maximum age is 40 and six months to meet conditions for membership.
3. Shall be a high school graduate as evidenced by a transcript issued by an accredited high school or an achievement test certificate from an accredited high school or State Board of Education.
4. Shall meet the standards for membership in the Indiana 1977 Police Officers' and Firefighters' Pension Disability Fund.
5. Shall possess a valid Indiana driver's license prior to appointment.
6. Shall have no felony conviction.
7. Shall have no domestic battery conviction.
8. Shall not have received other than an honorable discharge from the military or other discharge with honorable conditions.
9. Shall be a resident of Hendricks County, Indiana or a county contiguous to Hendricks County, Indiana, or reside within such area within 6 (six) months of hire date.

If you meet these minimum requirements and wish to apply, please fill out the application COMPLETELY AND TRUTHFULLY and return pages 3 through 14

**INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.**

**Date:** \_\_\_\_\_

**Time:** \_\_\_\_\_

Name \_\_\_\_\_

## **Police Officer Application Information Summary**

POLICE DEPARTMENT

Town of Danville

### **STATEMENT OF EQUAL EMPLOYMENT OPPORTUNITY**

The town of Danville is an Equal Opportunity Employer and will accept applications, hire qualified applicants, administer all terms and conditions of employment and make available all benefits and compensation of employment without regard to race, color, creed, religion, sex, national origin, disability, or age, except when such constitutes a bona fide occupational qualification necessary for proper and efficient administration of the agency.

(PLEASE PRINT LEGIBLY OR TYPE)

**PERSONAL HISTORY:**

NAME \_\_\_\_\_ DATE \_\_\_\_\_  
          LAST                  FIRST                  MIDDLE

SOCIAL SECURITY NUMBER \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

DRIVERS LICENSE NUMBER \_\_\_\_\_ STATE \_\_\_\_\_ EXP DATE \_\_\_\_\_

**EMPLOYMENT HISTORY:** (List below all present and past employment, beginning with your most recent.)

(1) EMPLOYER \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ POSITION HELD \_\_\_\_\_

FROM: (MONTH / YEAR) \_\_\_\_\_ TO: (MONTH / YEAR) \_\_\_\_\_

DUTIES \_\_\_\_\_ SALARY \_\_\_\_\_

(2) EMPLOYER \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ POSITION HELD \_\_\_\_\_

FROM: (MONTH / YEAR) \_\_\_\_\_ TO: (MONTH / YEAR) \_\_\_\_\_

DUTIES \_\_\_\_\_ SALARY \_\_\_\_\_

(3) EMPLOYER \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ POSITION HELD \_\_\_\_\_

DUTIES \_\_\_\_\_ SALARY \_\_\_\_\_

FROM: (MONTH / YEAR) \_\_\_\_\_ TO: (MONTH / YEAR) \_\_\_\_\_

(4) EMPLOYER \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE \_\_\_\_\_ POSITION HELD \_\_\_\_\_  
FROM: (MONTH / YEAR) \_\_\_\_\_ TO: (MONTH / YEAR) \_\_\_\_\_  
DUTIES \_\_\_\_\_ SALARY \_\_\_\_\_

(5) EMPLOYER \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE \_\_\_\_\_ POSITION HELD \_\_\_\_\_  
FROM: (MONTH / YEAR) \_\_\_\_\_ TO: (MONTH / YEAR) \_\_\_\_\_  
DUTIES \_\_\_\_\_ SALARY \_\_\_\_\_

(6) EMPLOYER \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE \_\_\_\_\_ POSITION HELD \_\_\_\_\_  
DUTIES \_\_\_\_\_ SALARY \_\_\_\_\_  
FROM: (MONTH / YEAR) \_\_\_\_\_ TO: (MONTH / YEAR) \_\_\_\_\_

**EDUCATION INFORMATION:**

DO YOU HAVE A HIGH SCHOOL DIPLOMA OR G.E.D?      YES       NO

HIGH SCHOOL \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

COLLEGE \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

CREDIT HOURS \_\_\_\_\_ DEGREE ATTAINED \_\_\_\_\_

COLLEGE \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

CREDIT HOURS \_\_\_\_\_ DEGREE ATTAINED \_\_\_\_\_

ARE YOU A CERTIFIED POLICE OFFICER?      YES       NO

IF YES, WHERE AND WHEN DID YOU COMPLETE YOUR CERTIFICATION?

\_\_\_\_\_

ADDITIONAL SCHOOLING, TRAINING AND/OR CERTIFICATIONS

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**MILITARY SERVICE RECORD:**

HAVE YOU EVER SERVED IN THE U.S. ARMED FORCES      YES       NO

IF YES, WHAT BRANCH? \_\_\_\_\_

DID YOU RECEIVE AN HONORABLE DISCHARGE?      YES       NO

DATES OF DUTY    FROM: (MONTH/YEAR) \_\_\_\_\_    TO: (MONTH/YEAR) \_\_\_\_\_

RANK AT DISCHARGE \_\_\_\_\_

LIST DUTIES IN THE SERVICE, INCLUDING SPECIAL TRAINING \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CRIMINAL HISTORY:**

(AS A JUVENILE OR AN ADULT)

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES  NO

HAVE YOU EVER BEEN ARRESTED FOR A FELONY? YES  NO

IF YES, EXPLAIN \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR? YES  NO

HAVE YOU EVER BEEN ARRESTED FOR A MISDEMEANOR? YES  NO

IF YES, EXPLAIN \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF DOMESTIC BATTERY? YES  NO

HAVE YOU EVER BEEN ARRESTED FOR DOMESTIC BATTERY? YES  NO

IF YES, EXPLAIN \_\_\_\_\_

HAVE YOU EVER RECEIVED A TRAFFIC TICKET? YES  NO

IF YES, EXPLAIN (INCLUDE DATE, LOCATION, CHARGE, FINE OR SENTENCE)

HAS YOUR DRIVERS LICENSE EVER BEEN SUSPENDED/REVOKED? YES  NO

IF YES, EXPLAIN \_\_\_\_\_

HAVE YOU EVER COMMITTED OR ASSISTED ANOTHER PERSON IN THE CRIME OF MURDER, KIDNAPPING, RAPE, ROBBERY, BURGLARY, ARSON, THEFT OR CONVERSION? YES  NO

IF YES, EXPLAIN \_\_\_\_\_

HAVE YOU EVER PURCHASED OR SOLD ANYTHING YOU KNEW OR SUSPECTED WAS STOLEN? YES  NO

IF YES, EXPLAIN \_\_\_\_\_

HAVE YOU EVER POSSESSED, PURCHASED, SOLD OR DISTRIBUTED ANY ILLEGAL DRUGS? YES  NO

IF YES, EXPLAIN \_\_\_\_\_

HAVE YOU EVER USED AN ILLEGAL DRUG?

YES  NO

IF YES, EXPLAIN (INCLUDE ALL DRUGS USED AND LAST TIME USED)

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HAVE YOU EVER BEEN ARRESTED FOR AN ALCOHOL-RELATED VIOLATION? (i.e., public intoxication, operating while intoxicated, illegal possession or consumption of alcohol)

YES  NO

IF YES, EXPLAIN

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HAVE YOU EVER BEEN DISMISSED OR ASKED TO RESIGN FROM A POSITION OF EMPLOYMENT?

YES  NO

IF YES, EXPLAIN

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**CREDIT REFERENCES AND OBLIGATIONS:**

GIVE NAMES AND ADDRESSES OF THE INDIVIDUALS, COMPANIES, OR OTHERS TO WHOM YOU ARE INDEBTED AND TO THE EXTENT OF YOUR DEBT:

(INCLUDING ANY LOANS ON WHICH YOU ARE A CO-MAKER, MORTGAGES, OPEN CREDIT ACCOUNTS, ETC.)

NAME	ADDRESS	TYPE OF DEBT	AMOUNT OF DEBT
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
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DO YOU HAVE INCOME FROM ANY SOURCE OTHER THAN YOUR PRINCIPAL OCCUPATION?

YES  NO

IF YOU ANSWERED YES TO THE ABOVE QUESTION GIVE COMPLETE DETAILS:

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HAVE YOU EVER FILED BANKRUPTCY?

YES  NO

IF YOU ANSWERED YES TO THE ABOVE QUESTION GIVE COMPLETE DETAILS:

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**FAMILY HISTORY:**

LIST ALL FAMILY MEMBERS (living or deceased) IN THE FOLLOWING ORDER: PARENTS, STEP-PARENTS, FOSTER PARENTS, GUARDIANS, BROTHERS, SISTERS, SPOUSE, CHILDREN:

RELATIONSHIP	NAME	PRESENT ADDRESS (if living)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
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_____	_____	_____
_____	_____	_____
_____	_____	_____

**REFERENCES:**

(Please give name, address and contact phone for three references that are not related to you and are not previous employers)

NAME: \_\_\_\_\_

ADDRESS AND ZIP CODE \_\_\_\_\_

DAYTIME TELEPHONE NUMBER \_\_\_\_\_

OCCUPATION \_\_\_\_\_

HOW LONG HAVE YOU KNOW THIS INDIVIDUAL? \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS AND ZIP CODE \_\_\_\_\_

DAYTIME TELEPHONE NUMBER \_\_\_\_\_

OCCUPATION \_\_\_\_\_

HOW LONG HAVE YOU KNOW THIS INDIVIDUAL? \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS AND ZIP CODE \_\_\_\_\_

DAYTIME TELEPHONE NUMBER \_\_\_\_\_

OCCUPATION \_\_\_\_\_

HOW LONG HAVE YOU KNOW THIS INDIVIDUAL? \_\_\_\_\_



## APPLICANT CHECKLIST

PLEASE USE THE FOLLOWING LIST AS A GUIDE IN COMPLETING YOUR APPLICATION.  
SUPPLY COPIES OF ALL DOCUMENTS (**NOT ORIGINALS**).

- \_\_\_ Records Check Authorization Release (MUST BE NOTARIZED)
- \_\_\_ Birth Certificate (copy)
- \_\_\_ High School and College Transcripts (copies)
- \_\_\_ High School and College Diplomas (copies)
- \_\_\_ DD214 Armed Services Discharge
- \_\_\_ Driver License (copy – picture side only)
- \_\_\_ Full Names and Complete Addresses of Family Members
- \_\_\_ Complete Information Pertaining to Employers
- \_\_\_ Complete Driver License Information
- \_\_\_ Complete Military Service Record
- \_\_\_ Information Concerning Criminal History
- \_\_\_ Complete Information Relating to Three References
- \_\_\_ Release and Hold Harmless Agreement (Physical Agility Test)
- \_\_\_ Full body photograph of yourself (taken within the last 6 months)

Please Remit to:

Chief Wendell Ray Raney, Jr.  
Danville Metropolitan Police Department  
49 North Wayne Street  
Danville, IN 46122

**RECORDS CHECK**  
**GENERAL AUTHORIZATION FOR RELEASE**

I hereby authorize any and all schools, physicians, hospitals, Armed Services, employers, law enforcement agencies, credit information agencies, or any other person or organization or agency to furnish to the Danville Metropolitan Police Department, or its designated agent(s), any and all information, opinions, or documents which may be requested; to allow the visual inspection and copy of all reports, photographs, or other documents.

I hereby waive any objection to the release of said information and grant the Danville Metropolitan Police Department, or its designated agent(s), any right I may have to said information.

I hereby authorize access to any social network accounts I may have. I understand that this information in itself will not disqualify me, but will provide the agency with additional information that will assist in a reasonable background investigation.

I also authorize investigation of all statements made in my application for employment.

\_\_\_\_\_  
Applicant's Signature (Full legal name)

**REFERENCE CHECK**  
**AUTHORIZATION AND WAIVER**

I hereby authorize all schools and previous employers to furnish the town of Danville my record, reason for leaving, and all information they may have concerning me, and I hereby release them and the town of Danville and its employees from liability for any damage whatsoever arising therefrom. I also authorize investigation of all statements made in the application. I understand that in the event of my employment with the town of Danville, I shall be subject to dismissal if any of the information I have given in this application is false or if I have failed to give any material information herein requested.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature (Full legal name)

S) State of Indiana

S) County of \_\_\_\_\_

Before me, the undersigned, a Notary Public, for \_\_\_\_\_ County, State of Indiana, personally appeared the above subject, \_\_\_\_\_ and acknowledged the execution of the foregoing instrument this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Notary Public (\_\_\_\_\_)

Print name

Resident of \_\_\_\_\_ County

Commission Expires \_\_\_\_\_

**RELEASE AND HOLD HARMLESS AGREEMENT**

I have submitted my application for the position of police officer with the town of Danville. I wish to take the physical agility test which each applicant is required to pass in order to have his or her application considered for said position. I understand that current statewide physical agility testing for police officers includes muscular strength, muscular endurance, cardiovascular endurance and musculoskeletal flexibility.

In consideration for being permitted to take this physical fitness test, I hereby release, discharge and agree to hold harmless the Town of Danville and the Danville Metropolitan Police Department and its officers, agents, employees, successors and assigns, from any and all liability for personal injury or property damage which I may sustain in any way as a result of my taking this test, whether such injury or damage occurs before, during or after the test, and whether or not such injury or damage occurs in, on or about the premises where the test is conducted. I will assume full responsibility for any such injury or damage and I do hereby fully and forever release and discharge the Town of Danville and the Danville Metropolitan Police Department and its officers, agents, employees, successors and assigns from any and all claims, demands, damages, rights of action or causes of action present or future, whether the same be known, anticipated or unanticipated, resulting from or arising out of my taking this physical agility test.

In the event that my taking this test should result in injuries or damages to person or property and a claim is asserted against the Town of Danville or the Danville Metropolitan Police Department, I will hold harmless, defend and indemnify the Danville Metropolitan Police Department against any claim, demand, damage right of action or cause of action present or future, whether the same be known, anticipated or unanticipated, resulting from my taking this test.

I further state that I voluntarily take this physical agility test, and that I recognize and voluntarily assume the risk inherent in taking the test, and that I have to my knowledge no medical condition or risk factor that would prevent my taking this test.

This Release and Hold Harmless Agreement shall be binding upon my heirs, assigns, executors and administrators.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

(YOU MAY KEEP THIS PAGE FOR YOUR PREPARATION)

## PHYSICAL AGILITY TESTING

The following physical agility tests must be successfully completed to continue in the hiring process. It would be in each applicant's best interest to prepare themselves for the physical agility portion of the hiring process. No special equipment is necessary to perform these tests.

The tests are as follows:

1. 1.5-Mile run 16 minutes 28 seconds
2. Vertical Jump 16 inches
3. Push-ups 25 minimum
4. 1 minute Sit-ups 29 minimum
5. 300 Meter Run 71 seconds

Description of test:

### **1.5 Mile Run:**

#### **PROCEDURE:**

Applicant runs/walks, as fast as possible for a distance of 1.5 miles in 16 minutes 28 seconds or less

### **Vertical Jump: 16 inches**

#### **PROCEDURE:**

Applicant reaches up as high as possible to mark their standard reach. Applicant jumps as high as possible and marks the highest point of the jump. Applicant may only move one foot prior to the jump, and must jump from both feet. The arms may be thrust upward. Measurement is total inches above the standard reach point.

### **Push-ups: minimum 25 (No Time Limit)**

#### **PROCEDURE:**

Hands are placed slightly wider than shoulder width apart, with fingers pointing forward.

Starting from the up position (elbows extended, only hands and feet touching the floor) the back must remain straight at all times and lower the body to the floor until the chest touches the administrators fist. Subject then returns to the up position. This is one repetition.

### **1-Minute Sit-ups: minimum 29**

#### **PROCEDURE:**

Applicant starts by lying on their back, knees bent, heels flat on the floor, fingers laced and held behind head. During the sit-up, the applicant in the up position must touch their elbows to their knees, then return until their shoulder blades touch the floor.

### **300 Meter Run:**

#### **PROCEDURE:**

Applicant runs as fast as possible for 300 meters in 71 seconds or less.

*Revised: 01/15/2018*