



HODGENVILLE POLICE DEPARTMENT EMPLOYMENT APPLICATION

1. APPLICANT MUST BE A US CITIZEN
2. APPLICANT MUST BE 21 YEARS OF AGE AT THE TIME OF CONDITIONAL OFFER OF EMPLOYMENT FOR OFFICERS, 18 YEARS OF AGE FRO CIVILIAN EMPLOYEES.
3. APPLICANT MUST HAVE A HIGH SCHOOL DIPLOMA OR GED (HOME SCHOOLING DIPLOMA ALONE DOES NOT MEET THIS REQUIREMENT. HOWEVER, IF IT IS COUPLED WITH A 2 OR 4 YEAR DEGREE IT IS ACCEPTABLE.)
4. APPLICANT MUST HAVE NO FELONY CONVICTIONS
5. APPLICANT MUST BE ABLE TO READ, WRITE AND UNDERSTAND ENGLISH
6. APPLICANT MUST POSSESS A VALID DRIVER'S LICENSE
7. APPLICANT MUST NOT BE PROHIBITED BY STATE OR FEDERAL LAW FROM POSSESSING A FIREARM.
8. APPLICANT MUST NOT HAVE RECEIVED A DISHONORABLE OR GENERAL DISCHARGE UNDER DISHONORABLE CONDITIONS FROM A MILITARY SERVICE BRANCH
9. APPLICANT MUST NOT HAVE HAD A PEACE OFFER CERTIFICATION REVOKED FROM ANY STATE
10. APPLICANT MUST PASS A BACKGROUND INVESTIGATION
11. OFFCIER APPLICANT MUST BE ABLE TO PASS ALL PHYSICAL AND SUITABILITY SCREENING EXAMINATIONS REQUIRED TO BE A POLICE OFFICER ACCORDING TO CURRENT POLICE OFFICER PROFESSIONAL STANDARDS (POPS)

FOR A COMPLETE LIST OF POPS STANDARDS PLEASE VISIT WWW.HODGENVILLEPD.COM

AUTHORITY FOR RELEASE OF INFORMATION

Name: _____

Date of Birth: _____

Race: _____ Sex: _____

Phone Number: _____

Address: _____

City: _____ State: _____

Selective Service Number: _____

This form is utilized in respect to the Privacy Act of 1974 (Public Law 93-579). The information you authorize release by signing this form will be used principally to aid in the completion of an investigation to determine your fitness for employment with the Hodgenville Police Department, or for other employment purposes including security clearance and an evaluation of qualifications, suitability, and loyalty to the United States.

Your signature on this Authority For Release of Information form is voluntary; however, your failure to complete this form may mean that the required information cannot be obtained to complete your investigation. Any information either obtained or not obtained could result in disqualification for employment or termination from employment based upon information in the records.

SPECIFICALLY, I HEREBY AUTHORIZE THE RELEASE OF THE FOLLOWING DATA OR RECORDS TO THE HODGENVILLE POLICE DEPARTMENT, AND DO HEREBY RELEASE THE ADDRESSES INDIVIDUAL, COMPANY, OR INSTITUTION AND ALL INDIVIDUALS CONNECTED THEREWITH, FROM ALL LIABILITY FOR ANY DAMAGE WHATSOEVER INCURRED IN FURNISHING SUCH INFORMATION.

Employment Information

Police and Criminal Records

Selective Service Information

Educational Information

Medical and Military Medical Information

Credit Information

I CERTIFY, AS A CONDITION OF MY EMPLOYMENT, THAT ALL INFORMATION GIVEN ON THIS APPLICATION IS CORRECT. I UNDERSTAND THAT IF I HAVE FURNISHED FALSE INFORMATION OR OMITTED PERTINENT INFORMATION RELATING TO EMPLOYMENT, I MAY BE DISCHARGED.

Signature of Applicant: _____

Date: _____

HODGENVILLE POLICE DEPARTMENT

APPLICATION FOR EMPLOYMENT

Fraud or deceit in this application is punishable by law. Such cases by commission or omission can result in a jail sentence and/or denial of further consideration for the position.

The application must be printed in ink, not type written. All spaces must have an entry. If "no" or "none" applies, so state. If additional space is needed or desired, attach a separate sheet of paper and number your remarks according to the number of the question referred to in the application.

1. Position Applied for: _____

2. Name: _____
Last First Middle

3. Address: _____

City: _____ State: _____ Zip: _____

4. Phone Number: _____

5. Email: _____

6. Drivers License Number: _____ State: _____

7. Place of Birth: City: _____ State: _____ County: _____

8. If applying for position of Police Officer: Are you at least 21 years of age? _____

If applying for position for civilian employee: Are you at least 18 years of age? _____

9. List addresses lived at for the past 10 years:

10. Fathers Name: _____
Last First Middle

Address: _____ City: _____ State: _____

Birthplace: City: _____ State: _____ County: _____

11. Mothers Name: _____
Last First Middle Maiden

Address: _____ City: _____ State: _____

Birthplace: City: _____ State: _____ County: _____

12. Spouse's Name: _____

Address: _____ City: _____ State: _____

Birthplace: City: _____ State: _____ County: _____

13. Name & age of dependent children:

14. Siblings:

15. If spouse is employed, list employer, address, and position:

16. List names of any relatives working for the city of Hodgenville; specify relationship and department:

17. List all arrest or citations. Include dates, locations, by what agency, and whether you were convicted:

18. List all other arrests, felony or misdemeanor. Include dates, locations, by what agency, and whether you were convicted:

19. Have you been involved in a motor vehicle accident as an operator which resulted in injury or damage in the past five (5) years? Give details by listing dates, location, property damage, or injuries involved and action taken by police, courts, or the Division of Driver Licensing in the Department of Transportation.

20. Have you ever been questioned about being involved in criminal activity?

21. Have you ever declared bankruptcy? If so, please attach a separate sheet giving full details.

22. Are you a U.S. Citizen?

23. Military Service: If so, please provide your DDFM-213?

- While in the military, did you have any arrests, convictions, or disciplinary actions under the UCMJ?

24. Are you now or have you ever been a member of any organization, association, movement, group, or combination of persons which advocated the overthrow of our constitutional form of government or any organization, association, group, or combinations of persons, which has adopted a policy of advocating or approving the commission of acts of force or violence to deny other persons of their rights under the Constitution of the United States or of seeking to alter the form of government of the United States by unconstitutional means?

25. Give five (5) personal references (not relatives or former employers) more than thirty (30) years of age, who are householders or property owners, business or professional persons or have known you well during the past five (5) years.

NAME

BUSINESS/RESIDENCE ADDRESS

PHONE NUMBER

1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

26. Education and training:

NAME AND LOCATION OF SCHOOL (Give complete address); Dates, Diplomas, GED, & degree Received. **[Provide copies of all diplomas, certificates, & high school & college transcripts (if applicable)]**

School	From/To	Received
Elementary		
High School		
College/University		
Other Special Training		

27. List any special skills you have:

28. Employment History: Complete in detail giving names and addresses. (Begin with present or last employers, include time in service and account for period of unemployment).

Name/address/phone number	Position and type of work	Dates (from/to)	Annual Salary
1. _____ _____ _____	_____	_____	_____
2. _____ _____ _____	_____	_____	_____
3. _____ _____ _____	_____	_____	_____
4. _____ _____ _____	_____	_____	_____

If additional space is needed, please attach extra information

29. May we contact previous employers?

30. Write two paragraphs (*in your own hand writing*), telling something about yourself and why you want to be a Police Officer. Attach to application

Applicant Signature: _____

Commonwealth of Kentucky)
County of _____)

I hereby certify that pursuant to the authority of KRS 62.020, or KRS 83A.180, I administered the above oath,
and it was sworn to before me by _____

(Notary)
Witness my hand and seal this _____ day of _____, 20____

My Commission Expires: _____