



SHIRLEY POLICE DEPARTMENT

CHIEF BRIAN C. PRYOR

409 Main ST. PO Box 90

Shirley, Indiana 47384

shirleypd@shirleypd.org

**PHONE (765) 738-0079 / FAX (765)
738-6562**

QUALIFICATIONS

- 1) Must be a United States Citizen residing in the state of Indiana**
- 2) Must be a minimum of 25 years of age**
- 3) Must have a high school diploma or its equivalent (attach a copy)**
- 4) Birth Certificate and / or citizenship papers (attach a copy)**
- 5) Possess a valid driver's license (attach a copy)**
- 6) Not have been convicted of a felony or misdemeanor**
- 7) Honorable discharge from military service, if applicable (attach copy of DD214)**
- 8) Attach any other certificates, diplomas, or credentials pertaining to your application**
- 9) Application must be filled out in its entirety or you will not be considered.**

NAME _____

LAST

FIRST

MIDDLE

MAIDEN

ADDRESS _____

STREET NUMBER

APT. NUMBER

City

County

State

Zip Code

Telephone _____ / _____

Home

Mobile

Email Address: _____

Employer's Name _____

Employer's Address _____

Employer's Phone _____

Contact Person _____

INITIAL REQUIREMENT DATA

A. Are you a U.S. Citizen? _____ If no, explain on a separate sheet and attach documentation.

B. Social Security Number _____

C. Your age: _____ Date of Birth: _____

D. Marital Status: Married _____ Single _____ Divorced _____
Separated _____

E. Spouses Name (if applicable) _____

F. Dependents Name (if applicable) _____

G. If divorced, are you legally required to make child support payments? _____

H. Are you current on your child support payments? _____ If no,
Explain _____

Education

School: _____

Name Address

Course of study: _____ Did you Graduate? _____

School: _____

Name Address

Course of Study: _____ Did you Graduate? _____

Employment History – List Past 3 Jobs (if applicable)

Employer/Address/Email _____ Dates Employed _____

Reason for Leaving: _____

Contact Person / Number/Email _____

Employer / Address/Email Dates Employed _____

Reason for Leaving: _____

Contact Person / Number/Email _____

Employer / Address/Email Dates Employed _____

Reason for Leaving: _____

Contact Person / Number/Email _____

Have you ever been fired from a job? _____, If yes please state the reason why you were fired.

References: (Name, Address, Contact Number, Email)

- 1. _____

- 2. _____

- 3. _____

- 4. _____

- 5. _____

Veteran Status

This employer is a Government contractor required to take affirmative action to employ and advance in employment protected veterans pursuant to the Vietnam Era veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002. Government contractors are required to take affirmative action to employ and advance veterans in employment: 1. Disabled veterans; 2. Recently separated veterans; 3. Active duty wartime or campaign badge veterans; and 4. Armed Forces service medal veterans. We are also required to submit an annual report to the U.S. Department of Labor identifying the number of our employees belonging to each specified -protected veteran- category.

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are not inconsistent with the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended. The information you submit will be kept confidential and may only be used in accordance with applicable federal, state, and local laws and regulations.

- Are you a protected veteran? Choose...Yes No
- I decline to say.
- Are you a protected veteran?

Military History and Status

- A. Have you ever served in the military on active Duty? (Include initial active duty training with the National Guard and Reserves)_____ If yes, attach a copy of your DD214
 - B. Branch:_____
 - C. Dates of Service _____
 - D. Type of Discharge _____
 - E. Are you eligible to reenlist? _____
 - F. List Any Citations and awards received _____
 - G. Were you ever disciplined (court martial, Article 15, Captains Mast, etc) while on active duty? _____ If yes, explain _____
-

Vehicle Accident and Arrest Records

Do you currently possess a valid automobile drivers license? _____ Expiration Date _____

License number _____ State _____

Has your license ever been suspended? _____ If yes, Explain _____

List vehicle accidents in which you have been involved as a driver: (give dates / location)

1) _____

2) _____

3) _____

4) _____

5) _____

Have you ever received a ticket for a traffic offense? _____

if yes, describe below (date/location/charge/fine)

1) _____

2) _____

3) _____

4) _____

5) _____

EEOC - Voluntary Self-Identification Survey

This employer is required to notify all applicants of their rights pursuant to federal labor laws. For further information, please review this notice from the Department of Labor: [EEO is the Law poster](#). You may have additional rights pursuant to recent amendments to federal labor laws. Please review these protections from the [EEO is the Law Supplement](#).

This employer is subject to certain nondiscrimination and/or affirmative action recordkeeping and reporting requirements which require the employer to invite applicants to voluntarily self-identify their race/ethnicity and gender.

Gender Choose...Male Female

I decline to say Gender

Ethnic Origin Choose...Hispanic/Latino Not Hispanic/Latino

I decline to say Ethnic Origin

Race White Black or African American Native Hawaiian or Other Pacific Islander Asian American

Indian or Alaska Native Two or More Races

I decline to say Race

Voluntary Self-Identification of Disability

Form CC-305

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OMB Control Number 1250-0005

Expires 04/30/2026

Your Name

Date

Employee ID: (if applicable)

Why are you being asked to complete this form?

We are a federal contractor or subcontractor. The law requires us to provide equal employment opportunity to qualified people with disabilities. We have a goal of having at least 7% of our workers as people with disabilities. The law says we must measure our progress towards this goal. To do this, we must ask applicants and employees if they have a disability or have ever had one. People can become disabled, so we need to ask this question at least every five years.

Completing this form is voluntary, and we hope that you will choose to do so. Your answer is confidential. No one who makes hiring decisions will see it. Your decision to complete the form and your answer will not harm you in any way. If you want to learn more about the law or this form, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

How do you know if you have a disability?

A disability is a condition that substantially limits one or more of your "major life activities." If you have or have ever had such a condition, you are a person with a disability. Disabilities include, but are not limited to:

- Alcohol or other substance use disorder (not currently using drugs illegally)
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, HIV/AIDS
- Blind or low vision
- Cancer (past or present)
- Cardiovascular or heart disease

- Celiac disease
- Cerebral palsy
- Deaf or serious difficulty hearing
- Diabetes
- Disfigurement, for example, disfigurement caused by burns, wounds, accidents, or congenital disorders
- Epilepsy or other seizure disorder
- Gastrointestinal disorders, for example, Crohn's Disease, irritable bowel syndrome
- Intellectual or developmental disability
- Mental health conditions, for example, depression, bipolar disorder, anxiety disorder, schizophrenia, PTSD
- Missing limbs or partially missing limbs
- Mobility impairment, benefiting from the use of a wheelchair, scooter, walker, leg brace(s) and/or other supports
- Nervous system condition, for example, migraine headaches, Parkinson's disease, multiple sclerosis (MS)
- Neurodivergence, for example, attention-deficit/hyperactivity disorder (ADHD), autism spectrum disorder, dyslexia, dyspraxia, other learning disabilities
- Partial or complete paralysis (any cause)
- Pulmonary or respiratory conditions, for example, tuberculosis, asthma, emphysema
- Short stature (dwarfism)
- Traumatic brain injury

Please choose one of the options below:

Yes, I have a disability, or have had one in the past

No, I do not have a disability and have not had one in the past

I do not want to answer

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB number. This survey should take about 5 minutes to complete.

**Photograph to be front view, head and shoulders
2 ½" square, and taken within the past six months**

Attach to the top left

I certify that:

- 1) All required items are included with this application**
 - A. Birth Certificate**
 - B. High School and College Transcripts/ GED Certificate**
 - C. Military DD214**
 - D. Photograph 2 ½ x 2 ½**
- 2) I have personally completed this application**

**I swear or affirm under penalty of perjury that all
Information contained in this application is true and
Accurate to the best of my knowledge.**

Signature _____

Date _____

