***Lafayette Police Department***

***Application Attachment Checklist***

The following items must be completed and submitted to Administrative Services to move forward in the application process.

1. Applicant Statement of Truthfulness: to be signed, notarized, & returned with application

2. Misdemeanor domestic violence notice: to be signed & returned with application

3. Authority to Release Information & Waiver: to be signed, notarized & returned with application.

If you have difficulty providing any of the requested documents please contact a member of the Administrative Services Division for direction prior to returning the application. Administrative Services can be reached at 765-807-1220.

The following items should be included with your application packet. If your application is missing these items, it will be considered Inactive.

D Copy of applicant's birth certificate.

D Copy of High School Diploma or GED certificate

D High School Grade Transcripts (certified copy from school).

D Official College Transcripts & Diploma

D Copy of form DD-214 (military service) showing re-enlistment code.

D Copy of current Driver’s License

D Copy of certificates of training, Including Academy Certificate and grade transcripts from law enforcement academy. (PRIOR OR CURRENT POLICE OFFICERS ONLY)

D A current head and shoulders photo, for identification purposes (your driver's license does NOT meet this requirement).

ATTENTION

ATTACH A PHOTO TAKEN IN THE LAST 3 MONTHS



NO LARGER THAN 3X5

**APPLICANT STATEMENT OF TRUTHFULNESS**

Please Read the following statement and sign to certify your understanding. This statement is to be signed in the presence of a Notary Public.

**I certify that all information I have provided in order to apply for and secure work with the Lafayette Police Department is true, complete and correct.**

I understand that all the information I have provided is subject to verification and that any information found to be false, incomplete or misrepresented in any respect, will be sufficient cause to 1) cancel further consideration of this application, or 2) if already appointed; I may be subject to discharge from employment.

I have expressly authorized, without reservation, the Lafayette Police Department, its representatives, employees or agents to contact all references, and any other persons in order to obtain any and all information deemed necessary by them to verify the accuracy of all information provided by me in this application or at other points throughout the entire process including interviews. I have signed a RELEASE OF INFORMATION FORM, which is also attached to this application.

I understand that the Lafayette Police Department does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excluding any applicant from consideration on a basis prohibited by applicable local, state or federal law.

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT**

Before me the undersigned, a Notary Public for County, State of , personally appeared

Printed name of applicant

And he/she being first duly sworn by me upon his/her oath certified he/she read, and fully understands and accepts all terms of the foregoing Applicant Statement.

Signed and sealed this day of , 20

Signature of Applicant Signature of Notary Public

My commission Expires

SEAL

NOT COMPLETE UNLESS SIGNED AND NOTARIZED

**Physical Agility Test Waiver of Liability**

For, and in consideration of the undersigned being given the opportunity to participate in and complete a Police Performance Fitness Test given by the Lafayette Police Department the undersigned, in order to avail himself of said opportunity, recognizes and assumes any and all risks pertaining thereto and hereby releases the City of Lafayette, its officials, officers and all other personnel of the City of Lafayette, Indiana from any and all liability he, his heirs, dependents and assigns may sustain during such fitness test. The undersigned also releases and holds harmless the, officials, officers or personnel or owner of the physical facility or location where this test is performed.

I fully understand that this test will involve periods of physical exertion and I agree that I will follow any instructions that might be given during the course of this test. I agree that I do wish to participate in said test at my own risk and liability.

Printed Name of Participant Signature of Participant Witness to Signature

Dated this day of 20

Day Month Year

**Misdemeanor Crime of Domestic Violence Notice**

The Omnibus Consolidated Appropriations Act of 1997 made it unlawful for any person convicted of a "Misdemeanor Crime of Domestic Violence" to possess, or receive firearms or ammunition. "Misdemeanor crime of Domestic Violence" is generally defined as any offense- whether or not explicitly described in a statute as a crime of Domestic Violence - which has as its factual basis, the use or attempted use of physical force, or the threatened use of a deadly weapon, committed by the victims current or former domestic partner, parent or guardian. The term "convicted" is generally defined by the statute as excluding anyone whose conviction has been expunged or set aside, or has received a pardon.

This prohibition DOES apply to all Law Enforcement Officers. If this statute affects you, you would not be eligible for appointment as a police officer with the Lafayette Police Department.

Have you ever been convicted of a misdemeanor crime of Domestic

Violence within the meaning of the statute?

Yes No

Signature

**AUTHORITY TO RELEASE INFORMATION AND WAIVER OF LIABILITY**

I, (PRINT NAME) am an applicant for a position with the Lafayette Police Department, City of Lafayette, Indiana. The Department needs to thoroughly investigate my background and personal history to evaluate my qualifications to hold the position for which I applied. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed to the above department.

I hereby authorize any representative of the Lafayette Police Department bearing this release to obtain any information in your files pertaining to my employment, financial, credit, educational, medical, polygraph, military, legal, criminal history, background and reputation. I hereby direct you to release such information upon request of the bearer. I do authorize a review of and full disclosure of all records concerning myself, whether said records are of public, private, or confidential nature and whether written, oral or electronic. I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for

the specific purpose of pursuing a background investigation that may provide pertinent data for the Lafayette Police Department to consider in determining my suitability for employment in that department. It is my specific intent to provide access to information, however personal or confidential it may appear to be. This includes investigatory files, efficiency ratings, discipline files, complaints or grievances, the records or recollections of attorneys at law, or other counsel, whether representing me or another person in any case, and including records or files which are deemed to be confidential, and or sealed. I direct you to release such information upon request of the Lafayette Police Department regardless of any agreement I may have made with you previously to the contrary.

I hereby release you, your organization, and all others from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I hereby release you, as the custodian of such records of your organization, including its officers, employees or related personnel, both individually and collectively, from any and all liability for damages of whatever kind which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information. The Lafayette Police Department may discontinue processing my application if you refuse to disclose the information requested. I agree to hold your organization; its agents and employees harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the Lafayette Police Department. It is my intent that this release should also apply to personal recollections and information about my character, personality or suitability for the job for which I have applied that are written, oral or electronic.

A photocopy or FAX copy of this release form will be valid, as an original thereof, even though the said photocopy or

FAX copy does not contain an original writing of my signature.

Signature

Witness Signature

Address City

State

Social Security Number

SWORN AND SUBSCRIBED BEFORE ME, , A NOTARY PUBLIC

FOR COUNTY, STATE OF \_

ON THIS DAY OF , 20 .

MY COMMISSION EXPIRES

Printed Name of Notary

**This form is to be signed and witnessed in the presence of a Notary Public.**