

# Town of Fairland

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## Town Council Members

President – Jeremy Creech   Vice President – Kyle Ratliff   Secretary – Rick Daily   Clerk-Treasurer – Shea Fink

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### TOWN OF FAIRLAND TOWN MARSHAL APPLICATION INFORMATION

#### I. COMPLETING YOUR APPLICATION

- a. The application should be complete and accurate before signing. Incomplete applications cannot be accepted. Any misrepresentations, falsifications or material omissions in any form may result in the Town of Fairland's exclusion of the individual from further consideration for employment. Such misrepresentation or falsification may result in termination even after the applicant is hired.
- b. Your Social Security Number must be included for record control purposes. Federal law requires that all employed persons have a Social Security Number.
- c. To receive appropriate credit, include a copy of your diploma, transcript, certificate or license as directed on the application.
- d. If additional space is needed to list Education, Trainings, and Certifications, is needed please attached to this application on a separate sheet(s) of paper.
- e. Attach a minimum of three (3) professional references and three (3) personal (not family) references on a separate piece of paper.
- f. Please attach a copy of all criminal convictions and citations received. To include, but not limited to: Felony and misdemeanor convictions, and traffic citations, Court summary is acceptable.

#### II. MINIMUM OR SELECTION REQUIREMENTS

- a. Your application will be accepted only if it clearly shows you meet the requirements. The information you provide will determine your eligibility and is subject to verification at any time.
- b. If applying for a police officer position you must be at least 21 years of age by completion of the Indiana Law Enforcement Academy (ILEA). The Federal Age Discrimination in Employment Act (ADEA) of 1967, as amended, prohibits discrimination on the basis of age for any individual over age 40.

### **III. EQUAL EMPLOYMENT OPPORTUNITY/NON-DISCRIMINATION POLICY**

- a. It is the policy of the Town of Fairland to provide equal opportunity in employment to all employees and applicants for employment and to prohibit discrimination in employment because of race, religion, color, sex, age, national origin, disability, military status or any other classification protected under applicable law. This policy applies to all terms, conditions and privileges of employment, including but not limited to, hiring, promotion, transfer, compensation, benefits, layoff, recall, employee facilities, discharge and retirement.
- b. It is the policy of the Town of Fairland not to discriminate against a qualified individual with a disability in: job, application procedures, the hiring, advancement or discharge of employees, employee compensation, job training and other terms, conditions and privileges of employment. It is the intent of the Town of Fairland to comply with all applicable requirements of the Americans with Disabilities Act.

### **IV. AUTHORIZED ALIEN STATUS AND CITIZENSHIP**

- a. All new hires must cooperate with the Town of Fairland in its compliance with the Immigration Reform and Control Act of 1986 and in verifying employment eligibility. New Employees shall complete and I-9 form and show proof of identity and employment eligibility within the first three (3) days of employment. Employees who refuse to or are unable to supply the documentation necessary to prove that they are American Citizens or aliens authorized to work in this country will be terminated. If a person is not able to perform the essential functions of a job, even with reasonable accommodation, then the person is not qualified for the position. The Town of Fairland will reasonably accommodate persons with a disability.

### **V. RECORD OF CONVICTIONS**

- a. A full disclosure of all convictions is required. Failure to disclose convictions will result in disqualification. Not all convictions constitute an automatic bar to employment. Factors such as your age at that time of the offense(s), and the recency of offense(s) will be considered as well as the relationship between the offense(s) and the job(s) for which you apply. Any convictions or court records which are exempted by a valid court order do not have to be included.

**\*\*Placement of an employment application with the Town of Fairland does not mean that an applicant will be interviewed. Equal consideration will be given to all applicants based on qualifications listed for the job.**

**\*\* Applicants will be retained in active files for six (6) months or for the duration of applicant recruitment lists when used.**

**Be sure the application is complete, and all required documentation is included.**

**AUTHORIZATION FOR RELEASE  
OF CRIMINAL RECORDS, EMPLOYMENT RECORDS**

PRINTED FULL NAME (LAST, FIRST, MIDDLE):

\_\_\_\_\_

DRIVER'S LICENSE NUMBER: \_\_\_\_\_ STATE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_

I, \_\_\_\_\_, respectfully request and authorize you to furnish the Town of Fairland all information that you have concerning me including arrests, my work record, personnel record, including any disciplinary actions, my reputation, my financial and credit status. Please include all medical, physical, and mental records or reports, including all information of a confidential or privileged nature, and photocopies of same if requested. This information is to be used in determining my qualifications and fitness for the position I am seeking with the Town of Fairland. I hereby release you, your organization or others from any liability or damage which may result from furnishing the information requested above.

- NOTE THIS FORM WILL BE RETAINED FOR NCIC/IDACS PURPOSES

POSITION APPLYING FOR: \_\_\_\_\_

ETHNICITY: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

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

POSITION APPLYING FOR: \_\_\_\_\_

Date Available: \_\_\_\_\_ Date Completed: \_\_\_\_\_

**CONTACT INFORMATION:**

Name of Applicant (Last, First, Middle Initial): \_\_\_\_\_

Nicknames or Aliases: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Primary Email Address: \_\_\_\_\_

**PERSONAL DATA:**

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Are you a United States Citizen: YES – NO

PLEASE PROVIDE A PHOTOCOPY OF YOUR DRIVERS LICENSE

## EDUCATION

Please include transcripts, diplomas, or other proof to support all of your educational claims

HIGH SCHOOL: \_\_\_\_\_

CITY/STATE: \_\_\_\_\_

Year of Graduation: \_\_\_\_\_

COLLEGE: \_\_\_\_\_

CITY/STATE: \_\_\_\_\_

Year of Graduation: \_\_\_\_\_

Degree Received: \_\_\_\_\_

COLLEGE: \_\_\_\_\_

CITY/STATE: \_\_\_\_\_

Year of Graduation: \_\_\_\_\_

Degree Received: \_\_\_\_\_

TRADE, VOCATIONAL, or other TECHNICAL SCHOOL INFORMATION:

\_\_\_\_\_

Year of Completion: \_\_\_\_\_

Type of Certificate Received: \_\_\_\_\_

## PRIOR LAW ENFORCEMENT EXPERIENCE

### 1. Most Recent Police Academy Attended:

\_\_\_\_\_

Address: \_\_\_\_\_

Department/Agency: \_\_\_\_\_

### 2. Law Enforcement Agency:

\_\_\_\_\_

Address: \_\_\_\_\_

Hire Date: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

May we contact previous employer: YES – NO

### 3. Law Enforcement Agency:

\_\_\_\_\_

Address: \_\_\_\_\_

Hire Date: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

May we contact previous employer: YES – NO

## MILITARY SERVICE

Have you ever served in a Military Organization: YES – NO

Military Branch: \_\_\_\_\_

Highest Rank Held: \_\_\_\_\_

Last MOS: \_\_\_\_\_

Type of Discharge: \_\_\_\_\_

Supervisor's Name and Contact Number: \_\_\_\_\_

\_\_\_\_\_

Military Awards/Certificates Received:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Employment

List all of employment starting with most recent

1) Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

\_\_\_\_\_

Supervisor Name : \_\_\_\_\_ Phone # \_\_\_\_\_

Last Position Held: \_\_\_\_\_

Dates of Employment: (Month/Year): From \_\_\_\_\_ To: \_\_\_\_\_

Reason for Separation: \_\_\_\_\_

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May we contact your supervisor? Yes \_\_\_\_\_ No \_\_\_\_\_

2) Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

\_\_\_\_\_

Supervisor Name : \_\_\_\_\_ Phone # \_\_\_\_\_

Last Position Held: \_\_\_\_\_

Dates of Employment: (Month/Year): From \_\_\_\_\_ To: \_\_\_\_\_

Reason for Separation: \_\_\_\_\_

May we contact your supervisor? Yes \_\_\_\_\_ No \_\_\_\_\_

3)Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

\_\_\_\_\_

Supervisor Name : \_\_\_\_\_ Phone # \_\_\_\_\_

Last Position Held: \_\_\_\_\_

Dates of Employment: (Month/Year): From \_\_\_\_\_ To: \_\_\_\_\_

Reason for Separation: \_\_\_\_\_

May we contact your supervisor? Yes \_\_\_\_\_ No \_\_\_\_\_

4)Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

\_\_\_\_\_

Supervisor Name : \_\_\_\_\_ Phone # \_\_\_\_\_

Last Position Held: \_\_\_\_\_

Dates of Employment: (Month/Year): From \_\_\_\_\_ To: \_\_\_\_\_

Reason for Separation: \_\_\_\_\_

May we contact your supervisor? Yes \_\_\_\_\_ No \_\_\_\_\_

## APPLICANT'S STATEMENT

I certify that the answers given herein are true and complete.

I authorize the investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 6 months. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not the applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is that of an " at will " nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this " at will " employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of the organization.

In the event of employment. I understand that false or misleading information given in my application or interview(s) may result in my discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

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

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

Signature: \_\_\_\_\_