

Dear Applicant:

Thank you for your participation in **Phase One** (Application) of the Martinsville Police Department's Applicant Process. This Department strives to hire the most qualified individuals possible. Any individual failing any phase of the process will be automatically disqualified from contention. There are no avenues for appeal.

### ***Phase Two***

The agility test is made up of five (5) components completed as a single test. The components will consist of the following:

1. Vertical Jump measures leg power, and consists of measuring how high you can jump. Minimum standard sixteen (16) inches.
2. One Minute Sit Ups measures abdominal, or trunk, muscular endurance. While lying on your back, you will be given one (1) minute to do as many bent leg sit-ups as you can. Minimum standard 29 sit-ups.
3. 300 Meter Run measures the ability to make an intense burst of effort for a short period of distance. This component consists of sprinting 300 meters as fast as possible. Minimum standard 71 seconds.
4. Maximum Push-ups measures the muscular endurance of the upper body. This component consists of doing as many push-ups as possible until muscular failure. Minimum standard 25 push-ups.
5. 1.5 Mile Run measures cardiovascular endurance. To complete this component you must run/walk, as fast as possible, a distance of 1.5 miles. Minimum standard 16 minutes 28 seconds.

Please consult your physician if there are any concerns regarding our physical capability or conditioning prior to taking this physical screening test.

### ***Phase Three***

The written examination is a series of tests consisting of reading comprehension, vocabulary, memorization and visualization, reading, judgment and problem solving.

### ***Phase Four***

This phase is a intense background investigation conducted by a member of the Martinsville Police Department. The areas of concern include, but are not limited to, credit, educational, medical, employment, family, and criminal record. The applicant must sign the release form near the back of the application. Areas of disqualification include, but not limited to, poor reference referrals, work record, driving record, and medical record. Any applicant that has been deceptive on any part of the application will be disqualified and not considered again by this department. An applicant that does not pass the background investigation will be notified by mail that they are no longer being considered as a candidate.

### ***Phase Five***

The police interview board will consist of the Chief of Police, Assistant Chief, and three officers with the rank of Captain. This board will conduct a formal session where standard questions will be asked. Applicants will be scored on their answers, performance, and character.

### ***Phase Six***

A series of questions will be asked during a voice stress test conducted by a member of the Martinsville Police Department. These questions consist of verifying the truthfulness on the application and background information obtained by the Martinsville Police Department.

### ***Phase Seven***

The candidate who ranks first on the list will be given a conditional employment offer. The candidate must pass a physical and mental examination, which would qualify the candidate for the Public Employees Retirement Fund (PERF) program. Upon passing the examinations the candidate will be sworn in.

### ***Phase Eight***

The candidate must successfully complete the basic courses of the Indiana Law Enforcement Academy within the first year of employment. This training will consist of fifteen (15) weeks of living on campus. A passing score of 70% must be obtained in all phases of training.

***Nine Phase***

Upon successful completion of the basic academy, the candidate will receive full-time status by remaining on probation until the completion of his/her first year and acceptance from the pension board, at which time the candidate will become a first class patrolman.

Revised 22-Sep-08

### INSTRUCTIONS FOR APPLICATION

1. Please read each section carefully before beginning. Each section of the application must be filled out in full in order for the application to be processed. All pertinent papers must accompany the application before it can be processed. A list of items needed appears on the following page.
2. Your application must be typed or hand printed in black ink so that no confusion should exist when the application is being processed.
3. Applications will be held by the Martinsville Police Department for the period of ONE YEAR ONLY! If the applicant wishes to remain eligible for consideration, the file must be updated after that.

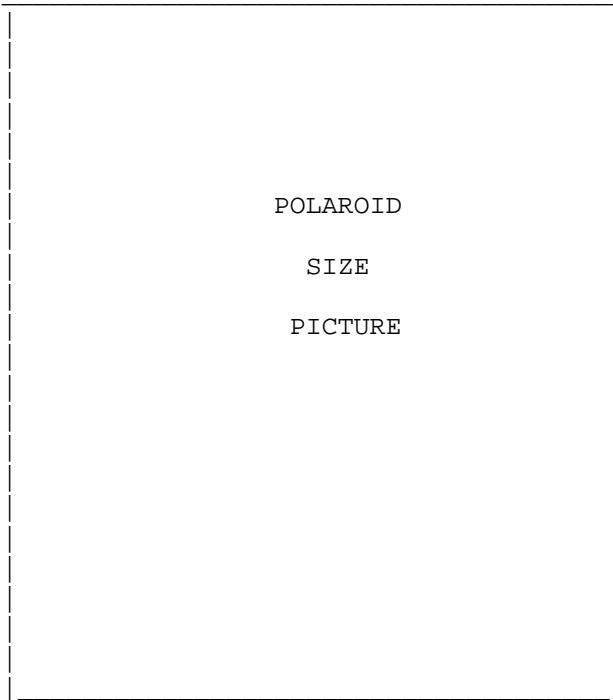
**ITEMS NEEDED WITH APPLICATION**

The following is a list of items that needs to be with your application when it is presented as completed in order to be considered by the Martinsville Police Department

1. Birth Certificate
2. Transcripts of High School grades.
3. Transcripts of College grades, if applicable.
4. Certificates pertaining to other schools or classes you may have taken.
5. DD214, if you have served in the Armed Forces.
6. Two letters of recommendation.

**NO APPLICATION WILL BE PROCESSED UNLESS ALL ITEMS ARE TURNED IN WITH THE APPLICATION!!!**

In the space provided below, include a photograph of yourself. A Polaroid photo is best, but the picture must be from the shoulders up and must be large enough to fill the provided space.





**RECORD OF EDUCATION**

SCHOOL	NAME AND ADDRESS OF SCHOOL	COURSE OF STUDY	DEGREE
ELEMENTARY:	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
HIGH:	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
COLLEGE:	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
OTHER:	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

You must include copies of all transcripts from schools attended in order to prove status with the institutions. These transcripts will become the property of the Martinsville Police Department and will not be returned to the applicant at the end of the process.

If you did not finish high school, did you receive a G.E.D.? \_\_\_\_\_  
If you did receive a G.E.D., please list the date and location the test was taken. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

MILITARY SERVICE RECORD

Were you in the Armed Forces? \_\_\_\_\_

If yes, what Branch? \_\_\_\_\_

Dates of Duty: From: \_\_\_\_\_ to \_\_\_\_\_

Type of discharge: \_\_\_\_\_

Rank at time of discharge \_\_\_\_\_

List duties in service including specialized training: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you taken any training under the G.I. Bill of Rights? \_\_\_\_\_

If yes, what training did you take? \_\_\_\_\_



**EMPLOYMENT RECORD**

List below all present and past employment, beginning with your most recent job.

Company Name: \_\_\_\_\_

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

\_\_\_\_\_  
Type of Business: \_\_\_\_\_

Dates employed: \_\_\_\_\_

Title held and work description: \_\_\_\_\_

\_\_\_\_\_  
Weekly salary: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Company Name: \_\_\_\_\_

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

\_\_\_\_\_  
Type of Business: \_\_\_\_\_

Dates employed: \_\_\_\_\_

Title held and work description: \_\_\_\_\_

\_\_\_\_\_  
Weekly salary: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Company Name: \_\_\_\_\_

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

Type of Business: \_\_\_\_\_

Dates employed: \_\_\_\_\_

Title held and work description: \_\_\_\_\_

Weekly salary: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Company Name: \_\_\_\_\_

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

Type of Business: \_\_\_\_\_

Dates employed: \_\_\_\_\_

Title held and work description: \_\_\_\_\_

Weekly salary: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

May we contact the employers listed above? \_\_\_\_\_ If not, indicate which one(s) you do not wish us to contact and why.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PERSONAL REFERENCES**

Please list the names of three references that are not past employers or relatives. These people may be called on to answer questions about your personal background.

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

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

Occupation: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Years known: \_\_\_\_\_

Upon which of the following conditions is your acquaintance with this person based:

- social       business       education       neighbor

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

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

Occupation: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Years known: \_\_\_\_\_

Upon which of the following conditions is your acquaintance with this person based:

- social       business       education       neighbor

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

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

Occupation: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Years known: \_\_\_\_\_

Upon which of the following conditions is your acquaintance with this person based:

- social       business       education       neighbor

**CRIMINAL HISTORY**

Have you ever been arrested for any crime, misdemeanor or felony, Since your 18<sup>th</sup> birthday?

Date of arrest	agency	charge	disposition
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**TRAFFIC OFFENSES**

Do you have a valid Indiana driver's license? \_\_\_\_\_

type	license #	expiration date	restrictions
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Have you received any traffic citations since your 18th birthday?  
( ) yes ( ) no If yes, list below. (exclude parking meter tickets)

date	agency	charge	disposition
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Has your drivers license ever been suspended, revoked, or restricted?  
( ) yes ( ) no If yes, give details.

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List all traffic accidents you have been involved in as a driver since your 18th birthday.

date	agency	location	at-fault	comments
			yes no	
			yes no	
			yes no	
			yes no	

List all states that you have ever held a license with. Include military licenses.

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**AUTHORIZATION TO RELEASE INFORMATION**

I, \_\_\_\_\_, hereby authorize any person, agency, partnership, or corporation having information concerning my CREDIT RECORD, EDUCATIONAL RECORD, MEDICAL RECORD, EMPLOYMENT RECORD, MILITARY RECORD, OR SELECTIVE SERVICE RECORD, to release such information to the Martinsville Police Department. This information is to be used for possible employment with the Martinsville Police Department and will not be available for public inspection.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

The facts set forth in my application for employment are true and complete. I understand that if employed, false statements on this application shall be considered sufficient cause for dismissal. I also understand that any false information contained within this document will eliminate me for consideration in all future employment processes conducted by the Martinsville Police Department.

I also understand that an investigative consumer report may be made whereby information is obtained through personal interviews with my neighbors, friends, or others with whom I am acquainted. This inquiry, if made, may include information as to my character, general reputation, personal characteristics, and mode of living. I understand that I have the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of any such investigative report.

\_\_\_\_\_  
Signature of Applicant

State of Indiana  
County of \_\_\_\_\_

Subscribed and sworn to before me, a Notary Public in and for the State of Indiana and County named, by the said \_\_\_\_\_

(Applicant)

who is to me personally known, on this day \_\_\_\_\_

(Date)

Notary's signature and seal \_\_\_\_\_

**SEAL**

Notary's name (type or print) \_\_\_\_\_ Co. of  
residence \_\_\_\_\_ Commission expiration date \_\_\_\_\_

Completed applications, (including list of item required (page 5), mail to:  
Martinsville Police Department  
City Hall, P.O. Box 1415  
59 S. Jefferson Street  
Martinsville, IN 46151