

# Town of Merrillville

Merrillville Police Department

7820 Broadway

Merrillville, Indiana 46410

POLICE OFFICER

APPLICATION

TO: All Merrillville Police Officer Applicants (PLEASE READ CAREFULLY)

The Merrillville Police Department is an Equal Opportunity Employer. The Department is interested in good citizens who are seeking a career in law enforcement.

From time to time the Town will have openings for police officers. The active pool of applicants will include all individuals who have submitted an application prior to the posted deadline and who meet the minimum qualifications for the position.

A \$25.00 non-refundable application fee is due at the time of application submission.

All applicants will be sent an email or letter (at the address listed on the application) advising them of a scheduled examination session. The letter will indicate the date, location, and time of the exam. It will also include a brief explanation of the exam's content and procedure. Failure to appear on time may result in disqualification.

After completion of the physical fitness testing applicants will report for the second phase of the testing process. The second phase will consist of a written examination.

The data provided in this packet will be used to conduct the background investigation phase of the hiring process. All applicants must give truthful answers to all questions. Any misrepresentation or omission of facts may disqualify the applicant from further consideration. Applicants will, during the investigative process, be required to take a polygraph examination.

**DUE TO THE SENSITIVE NATURE OF POLICE WORK, ALL APPLICANTS MUST MEET CERTAIN REQUIREMENTS.** The following page contains a list of the minimum requirements for police officer applicants to the Merrillville Police Department.

## MINIMUM REQUIREMENTS FOR MERRILLVILLE POLICE OFFICER APPLICANTS

1. Must be a high school graduate, as evidenced by a transcript issued by an accredited high school. An achievement test certificate from an accredited high school or State Board of Education is acceptable.
2. Shall possess a valid Indiana drivers license (or obtain one within 60 days of becoming an Indiana resident) and have no more than six (4) active points.
3. Shall be a US citizen.
4. Shall be at least 21 years of age, and under the age of 36.
5. Shall be drug-free, and have no convictions for driving under the influence of drugs.
6. Shall have no more than one- (1) alcohol-related violations as a minor (18-21 years of age).
7. Shall not have a conviction for operating a vehicle while intoxicated (OWI), or operating a vehicle with a blood alcohol content (BAC) in excess of 0.08%.
8. Shall have no felony convictions.
9. Shall have no convictions for any Class A misdemeanor.
10. Shall have no convictions for selected Class B misdemeanors (list attached). The Chief of Police will make the final decision regarding disqualification in this area.
11. Shall not have received other than an honorable discharge from the military, or other discharge with honorable conditions.
12. If appointed, shall establish residency as required by state law or local ordinance

If you meet these minimum standards and wish to apply, please fill out this application COMPLETELY AND TRUTHFULLY and return it before the date indicated.

**INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.**

The following CLASS B MISDEMEANORS may be cause for disqualification. Convictions will be evaluated by the Chief of Police on a case-by-case basis.

1. Battery
2. Criminal Recklessness
3. False Crime Reporting
4. Disorderly Conduct
5. Unlawful Use of Police Radio
6. Possession of a Switchblade
7. Visiting a Common Nuisance
8. Public Intoxication
9. Reckless Driving
10. Furnishing Alcohol to a Minor
11. Speed Contest
12. Leaving the Scene of an Accident
13. Harassment
14. Criminal Mischief
15. Voyeurism
16. Unlawful Gambling
17. Provocation
18. Refusal to Aid an Officer
19. Obstructing an Emergency Medical Person
20. Interference with Jury Service
21. Interference with Witness Service
22. Unlawful Use of Communication Medium
23. Invasion of Privacy
24. Using or seeking to use a false, counterfeit or altered handgun carrying license to obtain a handgun contrary to the provisions of Regulation 35-47-2-8

## **APPLICATION INSTRUCTIONS**

PRINT LEGIBLY OR TYPE ALL ANSWERS. Answer all questions COMPLETELY AND TRUTHFULLY. If the question does not apply, state NO or DOES NOT APPLY. Any further information you wish to add should be placed on a separate sheet of paper, with the proper identifying reference marks, and attached at the end of the application. You will be required, during the investigative process, to divulge your use of alcohol and/or illegal drugs. Information secured by the Merrillville Police Department through testing and investigation will be held in strictest confidence, except for outstanding criminal and/or civil warrants or evidence of serious criminal activity.

Applicants are responsible for all expenses incurred by them in connection with travel, meals, etc., when reporting for tests, physical examinations and interviews. Applicants are also responsible for all expenses incurred in obtaining records or other materials necessary for the investigation process. Applicants should immediately initiate steps to obtain copies of the documents listed below.

**Copies of these documents must be turned in at the time the application is turned in.**

1. Birth Certificate (certified copy)
2. High School Diploma (or G.E.D. Certificate) and Transcript
3. College or University Degree and Transcript (if applicable)
4. DD214 (**member 4 copy**) and Citations (for those applicants with military service)
5. Marriage License, certified copy from County Clerk (if applicable)
6. Divorce Decree (if applicable)
7. Driver's License (front and back)
8. Social Security Card
9. Any Court Order requesting Name Change
10. All Training Certifications, ILEA Certification or equivalent.

The attached application must be returned to the Department. Applications will not be considered until complete in every respect: any omission or misrepresentation of a material fact will disqualify an applicant.

Applicants are asked not to inquire about the status of their application, as appropriate information will be provided when such information is available. After completion of the screening process, applicants not selected may re-apply. They must complete a new pre-application and will be considered a new applicant for the next available position.

I have read and I understand and agree to the above terms and guidelines.

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

\_\_\_\_\_  
Date

The Merrillville Police Department is an Equal Opportunity Employer

**CONTACT INFORMATION**

NAME \_\_\_\_\_  
Last First Middle Maiden

SOCIAL SECURITY NUMBER \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
M/D/Y

ADDRESS \_\_\_\_\_  
Street or Route Number Apt Number

CITY \_\_\_\_\_ COUNTY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE Home (\_\_\_\_) \_\_\_\_\_ Business (\_\_\_\_) \_\_\_\_\_

EMAIL \_\_\_\_\_

EMPLOYER \_\_\_\_\_

EMPLOYER ADDRESS \_\_\_\_\_  
Street or Route Number

CITY \_\_\_\_\_ COUNTY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

POSITION HELD \_\_\_\_\_

ADDITIONAL CONTACT INFORMATION \_\_\_\_\_  
\_\_\_\_\_

**IDENTIFYING DATA**

Are you a U.S. Citizen? \_\_\_\_\_ Place of Birth \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Height (without shoes) \_\_\_\_\_ feet \_\_\_\_\_ inches

Weight (without clothes) \_\_\_\_\_ pounds

Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_

Distinguishing Marks, Scars, etc. \_\_\_\_\_  
\_\_\_\_\_

**PERSONAL HISTORY**

1. FAMILY DATA

List all family members (living or deceased) in the following order: parents, step-parents, brothers, sisters, spouse, children, step-children, parents-in-law, ex-spouses. Use additional sheets if necessary.

Relationship	Name	Address City, State, Zip Phone number (Area Code)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. FORMER ADDRESSES (last 10 years)

If apartment addresses are listed, provide name and location of complex. **If military addresses are listed, include towns/cities located in the immediate vicinity of military base.**

<u>DATES</u>	<u>ADDRESS</u>	<u>CITY</u>	<u>STATE</u>	<u>ZIP</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

3. EDUCATION (include copies of all transcripts and diplomas/certificates)

High School \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date Graduated (M/Y) \_\_\_\_\_

College \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Major \_\_\_\_\_ Yrs Completed \_\_\_\_\_ Credit Hours \_\_\_\_\_ Degree \_\_\_\_\_

Other schools attended or training courses taken:

Name \_\_\_\_\_ Address \_\_\_\_\_ Zip \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Zip \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Zip \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

4. EMPLOYMENT

- a. Record your employment history, starting with your present employer. Use additional sheets if necessary.

Present            Employment Dates \_\_\_\_\_ to \_\_\_\_\_ Employer \_\_\_\_\_  
Position            Held \_\_\_\_\_ Salary \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_ Supervisor \_\_\_\_\_  
Duties \_\_\_\_\_

Previous            Employment Dates \_\_\_\_\_ to \_\_\_\_\_ Employer \_\_\_\_\_  
Position            Held \_\_\_\_\_ Salary \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_ Last Supervisor \_\_\_\_\_  
Duties \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

Previous            Employment Dates \_\_\_\_\_ to \_\_\_\_\_ Employer \_\_\_\_\_  
Position            Held \_\_\_\_\_ Salary \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_ Last Supervisor \_\_\_\_\_  
Duties \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

Previous            Employment Dates \_\_\_\_\_ to \_\_\_\_\_ Employer \_\_\_\_\_  
Position            Held \_\_\_\_\_ Salary \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_ Last Supervisor \_\_\_\_\_  
Duties \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

Previous            Employment Dates \_\_\_\_\_ to \_\_\_\_\_ Employer \_\_\_\_\_  
Position            Held \_\_\_\_\_ Salary \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_ Last Supervisor \_\_\_\_\_  
Duties \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

Previous            Employment Dates \_\_\_\_\_ to \_\_\_\_\_ Employer \_\_\_\_\_  
Position            Held \_\_\_\_\_ Salary \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_ Last Supervisor \_\_\_\_\_  
Duties \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_



b. Have you ever been discharged from a position of employment? Yes \_\_\_\_  
No \_\_\_\_ If yes, please explain fully on a separate sheet of paper.

c. Do you currently have an application pending with any other law enforcement  
agency? Yes \_\_\_\_\_ No \_\_\_\_\_

Agency \_\_\_\_\_ State \_\_\_\_\_ Date \_\_\_\_\_

Agency \_\_\_\_\_ State \_\_\_\_\_ Date \_\_\_\_\_

Agency \_\_\_\_\_ State \_\_\_\_\_ Date \_\_\_\_\_

5. MILITARY HISTORY AND STATUS

a. Military History

Organization	Dates of Service From/To	Rank/Grade	Reason for leaving
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b. Military citations or other awards received

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c. Are you now a member of the organized Reserves or National Guard?  
Yes \_\_\_\_ No \_\_\_\_ If yes, provide the name and location to which you are  
assigned.

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Rank \_\_\_\_\_ Duties \_\_\_\_\_

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d. Were you ever disciplined (Court Martial, Article 15, Captain's Mast, etc.)  
while on active duty? If yes, please explain fully on a separate sheet of paper.

6. DRIVING/ARREST RECORD

- a. Drivers License Number \_\_\_\_\_ St \_\_\_\_\_ Exp. Date \_\_\_\_\_
- b. Number of years driving experience \_\_\_\_\_
- c. Is your license restricted? \_\_\_\_\_ If yes, for what reason? \_\_\_\_\_
- d. Have you ever been issued a drivers license in another state? \_\_\_\_\_ If yes, list when and where \_\_\_\_\_
- e. Has your drivers license ever been suspended or revoke? \_\_\_\_\_ If yes, explain \_\_\_\_\_
- f. Have you ever been arrested or received a ticket for a traffic offense? \_\_\_\_\_ If yes, describe below (if more room is necessary use separate sheet of paper.)

Date	Location	Charge	Fine/Sentence
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- g. List all accidents in which you have been involved as a driver (if more room is necessary use a separate sheet of paper.)

Date	Location	Description of accident
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- h. Have you ever been arrested for and/or convicted of a criminal offense (include those that were either not filed, dismissed or expunged?) \_\_\_\_\_ If yes, describe below (if more room is necessary use a separate sheet of paper.)

Date	Location	Charge	Fine/Sentence
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7. MISCELLANEOUS

- a. Do you rent or own your present home? Rent \_\_\_\_\_ Own \_\_\_\_\_ If you rent, list your landlord's name, address and phone \_\_\_\_\_

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- b. Are you a proprietor or part owner of any business? \_\_\_\_\_  
If yes, describe the nature of the business. \_\_\_\_\_  
\_\_\_\_\_
- c. If hired, do you plan to work a second job? \_\_\_\_\_ If yes, list the  
name of your employer and your job title. \_\_\_\_\_  
\_\_\_\_\_
- d. Describe any special skills that you believe would benefit you as a police  
officer and/or the Department \_\_\_\_\_  
\_\_\_\_\_
- e. List past/present memberships in clubs and/or organizations (Do not include  
organizations that indicate political affiliation) \_\_\_\_\_  
\_\_\_\_\_
- f. Please list community service or volunteer work you have participated in  
during the last three years. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A FELONY? \_\_\_\_\_ YES \_\_\_\_\_ NO  
HAVE YOU EVER BEEN ARRESTED FOR A FELONY? \_\_\_\_\_ YES \_\_\_\_\_ NO  
IF YES, EXPLAIN

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HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR? \_\_\_\_\_ YES \_\_\_\_\_ NO  
HAVE YOU EVER BEEN ARRESTED FOR A MISDEMEANOR? \_\_\_\_\_ YES \_\_\_\_\_ NO  
IF YES, EXPLAIN

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HAVE YOU EVER RECEIVED A TRAFFIC TICKET? \_\_\_\_\_ YES \_\_\_\_\_ NO  
IF YES, EXPLAIN (INCLUDE DATE, LOCATION, CHARGE, FINE OR SENTENCE)

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HAS YOUR DRIVERS LICENSE EVER BEEN SUSPENDED/REVOKED?  
\_\_\_\_\_ YES \_\_\_\_\_ NO  
IF YES, EXPLAIN

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HAVE YOU EVER COMMITTED OR ASSISTED ANOTHER PERSON IN THE  
CRIME OF MURDER, KIDNAPPING, RAPE, ROBBERY, BURGLARY, ARSON,  
THEFT OR CONVERSION? \_\_\_\_\_ YES \_\_\_\_\_ NO  
IF YES, EXPLAIN

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HAVE YOU EVER PURCHASED OR SOLD ANYTHING YOU KNEW OR  
SUSPECTED WAS STOLEN? \_\_\_\_\_ YES \_\_\_\_\_ NO  
IF YES, EXPLAIN

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HAVE YOU EVER POSSESSED, PURCHASED, SOLD OR DISTRIBUTED ANY  
ILLEGAL DRUGS? \_\_\_\_ YES \_\_\_\_ NO  
IF YES, EXPLAIN

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HAVE YOU EVER USED AN ILLEGAL DRUG? \_\_\_\_ YES \_\_\_\_ NO  
IF YES, EXPLAIN (INCLUDE DRUG USED AND WHEN LAST USED)

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HAVE YOU EVER ABUSED A PRESCRIPTION DRUG? \_\_\_\_ YES \_\_\_\_ NO  
IF YES, EXPLAIN

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HAVE YOU EVER BEEN ARRESTED FOR AN ALCOHOL-RELATED  
VIOLATION? (i.e.,public intoxication, operating while intoxicated, illegal possession or  
consumption of alcohol) \_\_\_\_ YES \_\_\_\_ NO  
IF YES, EXPLAIN

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HAVE YOU EVER BEEN DISMISSED OR ASKED TO RESIGN FROM A POSITION  
OF EMPLOYMENT? \_\_\_\_ YES \_\_\_\_ NO  
IF YES, EXPLAIN

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HAVE YOU EVER BEEN EXAMINED OR TREATED FOR A MENTAL  
DISORDER? \_\_\_\_ YES \_\_\_\_ NO  
IF YES, EXPLAIN

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HAVE YOU EVER HAD A CHRONIC DISEASE OR DISABILITY?  
\_\_\_\_ YES \_\_\_\_ NO

MERRILLVILLE POLICE DEPARTMENT  
REQUEST FOR DATA

Information on this form is requested for the sole purpose of evaluating the effectiveness of the Town's recruiting programs. All information is provided on a voluntary basis, and will not be used in making employment decisions. Failure to complete this form will not affect your chances of being offered a position.

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

POSITION APPLIED FOR: \_\_\_\_\_

HOW DID YOU LEARN OF THIS POSITION? \_\_\_\_\_

AGE: Are you age 21 or older? Yes \_\_\_\_ No \_\_\_\_ GENDER: Male \_\_\_\_ Female \_\_\_\_

CITIZENSHIP: United States \_\_\_\_ Other Country \_\_\_\_\_

ETHNIC DATA (please check one):

\_\_\_\_\_ WHITE: (Not of Hispanic origin); Persons having origins in any of the original peoples of Europe, North Africa or the Middle East.

\_\_\_\_\_ BLACK: (Not of Hispanic origin): Persons having origins in any of the Black Racial groups of Africa.

\_\_\_\_\_ HISPANIC: Persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.

\_\_\_\_\_ ASIAN OR PACIFIC ISLANDER: Persons having origins in any of the Original peoples of the Far East, Southeast Asia, the Indian Subcontinent or the Pacific Islands. (Includes China, Japan, Korea, the Philippine Islands and Samoa.)

\_\_\_\_\_ AMERICAN INDIAN OR ALASKAN NATIVE: Persons having origins in any of the original peoples of North America who maintain cultural identification through tribal affiliation or community recognition.

\_\_\_\_\_ MULTI-RACIAL

VETERAN STATUS: Are you a disabled veteran (a person entitled to disability compensation for disability at 30% or more, or a person whose discharge from active duty was for a disability incurred or aggravated in the line of duty)? Yes \_\_\_\_ No \_\_\_\_

**GENERAL INFORMATION**

Character references (minimum of 3.) Provide names, addresses (including city, state, zip code) and telephone number (including area codes.) You must provide the full names, addresses and phone numbers. Without this information, it is impossible to complete the background check. Incomplete information may affect your chances for hire.

Name	Address	City	St	Zip	Telephone
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List at least five (5) co-workers from past and present jobs. Indicate which of your employer's they worked for and their present addresses and telephone numbers. Please indicate if they were a supervisor or co-worker.

Name	Address	City	St	Zip	Telephone	Super/Co-W
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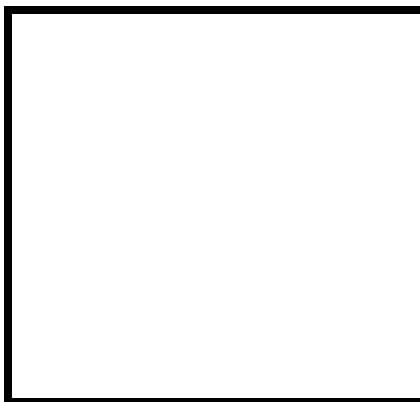
**GENERAL INFORMATION**

Why do you desire to become a member of the Merrillville Police Department?  
Use a separate sheet if necessary.

What is your further goal in law enforcement (type, agency, field, etc.?)

Attach a current (taken within past six (6) months) photograph below. Photograph is to be front view, head and shoulders, 2 ½ inches square. The purpose of this photo is to assist in the background investigation.

Place Photo Here





Please read the following statement carefully. If you have any questions, contact the personnel officer before signing the form.

I certify that the information contained in this application is correct and complete to the best of my knowledge and belief. I realize that the misrepresentation or omission of facts is cause for rejection of my application or dismissal after appointment. I understand that final employment is contingent upon satisfactory completion of all phases of the Applicant Screening Process.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Subscribed and sworn to before me, a Notary Public in the County of \_\_\_\_\_, State of \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Notary Public \_\_\_\_\_ My Commission Expires \_\_\_\_\_  
Signature

Notary Public \_\_\_\_\_  
Type/Print

**CHECK APPLICATION CAREFULLY**

**BE CERTAIN ALL ITEMS ARE COMPLETE BEFORE RETURNING**

**MERRILLVILLE POLICE DEPARTMENT**  
**AUTHORITY FOR RELEASE OF INFORMATION AND RECORDS**

I am aware that the Merrillville Police Department will have to conduct an investigation into my background and the information will be used for the purpose of determining my qualification for employment with the Merrillville Police Department.

I therefore authorized any duly authorized representative of the department to obtain any information relating to my activities from individuals, schools, residential management agents, employers, criminal justice agencies, financial or lending institutions, credit bureaus, consumer reporting agencies or retail business establishments. This information may include, but is not limited to my academic, residential, achievement, performance, attendance, personal history, disciplinary, criminal history record, arrest, conviction, financial and credit information.

I direct you to release such information upon request of the duly authorized representative of the Merrillville Police Department regardless of any agreement that I may have made with you previously to the contrary.

I have been advised that the original of this authorization will be placed on file with the Merrillville Police Department.

I agree that all background information received by the Merrillville Police Department on me is confidential and I will not attempt to discover what was learned about me. I realize that people providing information to the Merrillville Police Department are doing so with a promise of confidentiality. I specifically waive any right to see or such information. I acknowledge that the police department needs to obtain frank and honest opinions about my character and personality. I agree to the confidentiality of this information.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.  
My commission expires \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
Notary Public/Signature

\_\_\_\_\_  
Notary Public/Type-Print

\_\_\_\_\_  
a. Typed NAME (Last, First, Middle Initial)

\_\_\_\_\_  
b. OTHER NAMES USED

\_\_\_\_\_  
c. DATE of BIRTH (Y/M/D)

\_\_\_\_\_  
d. SOCIAL SECURITY #

\_\_\_\_\_  
e. CURRENT HOME ADDRESS

\_\_\_\_\_  
f. HOME TELEPHONE # (include area code)

\_\_\_\_\_  
g. SIGNATURE

\_\_\_\_\_  
h.

\_\_\_\_\_  
DATE SIGNED

# MERRILLVILLE POLICE DEPARTMENT

7820 Broadway Merrillville, Indiana 46410

219.769.3722 Fax 219.769.3846

I, \_\_\_\_\_  
NAME/PRINTED

\_\_\_\_\_  
ADDRESS CITY ST ZIP

\_\_\_\_\_  
SOCIAL SECURITY NUMBER DATE OF BIRTH

authorize the Internal Revenue Service to release all tax information, both personal and business, for the last **five (5)** calendar years of \_\_\_\_\_ for the purpose of my application for employment with the Merrillville Police Department.

If you currently or have previously owned or have been part owner of a business please provide the following:

Business Name \_\_\_\_\_

Identification Number \_\_\_\_\_

Years of Ownership \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Spouse's Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_  
City State Zip

Spouse's Date of Birth \_\_\_\_\_

Spouse's Social Security Number \_\_\_\_\_

# MERRILLVILLE POLICE DEPARTMENT

7820 Broadway Merrillville, Indiana 46410

219.769.3722 Fax 219.769.3846

I, \_\_\_\_\_  
NAME/PRINTED

\_\_\_\_\_  
ADDRESS CITY ST ZIP

\_\_\_\_\_  
SOCIAL SECURITY NUMBER DATE OF BIRTH

authorize the Indiana Department of Revenue to release all tax information, both personal and business, for the last **five (5)** calendar years of \_\_\_\_\_ for the purpose of my application for employment with the Merrillville Police Department.

If you currently or have previously owned or have been part owner of a business please provide the following:

Business Name \_\_\_\_\_

Identification Number \_\_\_\_\_

Years of Ownership \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Spouse's Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_  
City State Zip

Spouse's Date of Birth \_\_\_\_\_

Spouse's Social Security Number \_\_\_\_\_