



## HUDSON MARSHAL'S OFFICE

The Hudson Marshal's Office does not discriminate on the basis of race, sex, color, national origin, religion, age or physical handicap except where specified by law or are bona fide occupational requirements.

Hand write or print an answer to every question. If the question does not apply to you, state none or N/A. If space is insufficient, use a separate sheet of paper. Statements made on this application are subject to verification.

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Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First Middle

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Alias(es), Nickname(s), maiden Name and other name changes: \_\_\_\_\_

Present residence address:

\_\_\_\_\_  
Street or RFD City State Zip

Are you over age twenty-one? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Have you ever been convicted of a felony? Yes: \_\_\_\_\_ No: \_\_\_\_\_

### PREVIOUS RESIDENCE:

List all residences for the last 10 years.

FROM - TO	STREET ADDRESS	CITY	STATE/ZIP

**EDUCATION:**

List below all elementary, junior high and high schools attended.

Name	Location	Dates Attended	Years Completed	Did you graduate?

List below all colleges and universities attended:

Name and Location of College/University	Major & Minor Courses	Dates Attended	Degree Received	Year Received

Other schools or training (trade, vocational, business or military):

Name and Location of School	Dates Attended	Subjects Studied	Certificate?

**FOREIGN LANGUAGE:**

Enter foreign language and indicate your knowledge of each by placing an "X" in proper column

Language (indicate language)	Speaking			Understanding			Reading			Writing		
	Excel	Good	Fair	Excel	Good	Fair	Excel	Good	Fair	Excel	Good	Fair

**SPECIAL QUALIFICATIONS AND SKILLS**

Vehicle Operator's License: Give the following information concerning any vehicle operator's license you have held or are now holding.

State of Issue	License Number	Expiration Date	Restrictions

Do you have any computer experience? \_\_\_\_\_

\_\_\_\_\_

List other experience and skills you possess. \_\_\_\_\_

\_\_\_\_\_

**FINANCIAL STATUS**

Do you have any income from any source other than your principal occupation? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain. \_\_\_\_\_

\_\_\_\_\_

The Hudson Marshal's Office may request a credit report from a Credit Report Co.

**ARREST, DETENTION AND LITIGATION**

Have you ever been convicted or arrested for anything other than minor alcohol or traffic offense. If so, list offense and date of offense.

DATE	OFFENSE

**MILITARY STATUS**

Have you served in the U.S. Armed Forces Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, attach a copy of discharge or separation papers.

While in the military service, were you ever arrested for an offense which resulted in a trial by deck court or by summary, special or general court martial?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, give date, place and details on separate sheet of paper.

Are you presently a member of the Reserves or National/State Guard? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what organization \_\_\_\_\_ Active \_\_\_ Inactive \_\_\_ Standby \_\_\_

## EMPLOYMENT

Begin with your most recent job and list your work history *for* the past TEN years, including part-time, temporary or seasonal employment and periods of unemployment.

From - To	Name & Address of Employer      Telephone #	
Job Title		Supervisor's Name
Description of Your Duties		Why Did You Leave
Rate of Pay		Name of Co-Worker

From - To	Name & Address of Employer      Telephone #	
Job Title		Supervisor's Name
Description of Your Duties		Why Did You Leave
Rate of Pay		Name of Co-Worker

From - To	Name & Address of Employer      Telephone #	
Job Title		Supervisor's Name
Description of Your Duties		Why Did You Leave
Rate of Pay		Name of Co-Worker

From - To	Name & Address of Employer	Telephone #
Job Title	Supervisor's Name	
Description of Your Duties	Why Did You Leave	
Rate of Pay	Name of Co-Worker	

From - To	Name & Address of Employer	Telephone #
Job Title	Supervisor's Name	
Description of Your Duties	Why Did You Leave	
Rate of Pay	Name of Co-Worker	

Have you ever been discharged, asked to resign, furloughed, or put on inactive status for cause, or subjected to disciplinary action while in any position (except military): Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, state circumstances: \_\_\_\_\_

Have you ever resigned after being informed your employer intended to discharge you for any reason?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, state circumstances: \_\_\_\_\_

Have you ever applied for a position with any other Governmental agency? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, give details: \_\_\_\_\_

Do you object to your present employer being interviewed concerning this application? Yes \_\_\_ No \_\_\_

**REFERENCES**

List references who can accurately provide information regarding your background and character. Examples would be parents, spouse, teachers, clergy, employers, classmates, co-workers, and neighbors.

Relationship	Years Known	Name	Address (business address preferred) Telephone number(s).

**ADDITIONAL INFORMATION**

Are there any limitations to your ability to perform the essential functions of the job of a police officer?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please provide details, including whether or not you can perform the function (s) with or without reasonable accommodation. \_\_\_\_\_

Are there any incidents in your life not mentioned herein which may reflect upon your ability to perform the duties that may be required of a Police officer? \_\_\_\_\_

The Hudson Marshal's Department requires each of its officers to pledge support to the Constitution of the United States of America and the Constitution of the State of Indiana. Are you able to willingly and unconditionally make such a pledge? YES \_\_\_\_\_ NO \_\_\_\_\_

# HUDSON MARSHAL'S OFFICE

## APPLICANT'S STATEMENT OF CONSENT, WAIVER AND ACKNOWLEDGEMENT

1. In applying for employment, I want the Hudson Marshal's Office to be fully informed of my previous record. Accordingly, I hereby authorize the Hudson Marshal's Office to investigate my background and to obtain any and all information that may concern me, including the information set forth in my application.
2. I hereby release all persons, Including schools, companies, corporations, credit bureaus and law enforcement agencies from any liability on account of furnishing such information.
3. I fully understand that if employed, any misrepresentation of facts on this application is sufficient reason for my immediate termination.
4. I fully understand that any initial offer of employment is conditional upon my passing a psychological evaluation and a medical examination, including a drug test, to which I consent, along with the disclosure of any absolute disqualifying factors, such as the detection of certain illegal substances during a confirmed drug test.
5. In addition to my authorization and release of information and entitles set forth in paragraphs 1, 2, and 4 above, I hereby authorize the Hudson Marshal's Office to discuss the results of any pre-employment investigation with those persons who conduct the interview(s) and any investigation, and with those persons responsible for hiring.
6. I understand that nothing contained in this application, or in the granting or conducting of an interview, is intended to create an employment contract between the Hudson Marshal's Office and myself.

I have read the above statement carefully and I agree to abide by all of its terms.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

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(Applicant' s signature)

**AUTHORIZATION TO RELEASE INFORMATION**

I, \_\_\_\_\_, have applied to the Hudson Marshal's Office for employment and consent to the investigation of my background. I release all persons, including schools, companies, corporations, credit bureaus and law enforcement agencies from any liability for providing the Hudson Marshal's Office information necessary to this background investigation.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date