

Middlebury Police Department

418 N. Main Street • P.O. Box 812 • Middlebury, Indiana 46540-0812 Phone: 574-825-9111 • Fax: 574-825-1489

May 26, 2023

TO: All Reserve Police Officer Applicants

FROM: Robert G. Baker, Town Marshal

REFERENCE: Reserve Police Officer Yearly Requirements

Thank you for your interest in the Middlebury Police Department. The Middlebury Police Reserves are looking for applicants who are dedicated and actually have the time to dedicate to the Town of Middlebury and the Middlebury Police Department. The requirements are listed below.

40 hours of pre-basic certification

200 hours of ride time, prior to being on your own. (Depending on past experience) Minimum two shifts a month, shifts are 6 and 8 hours, Friday 6p-12a, Saturday 10a-6p, and Saturday 6p-12a, and occasionally Sunday's 7a-3p and 3p-11p. These hours are subject to change.

Monthly meeting every 3^{rd} Tuesday of each month at 6p. Normally 1 to 2 hours long. Summer Festival – Normally last weekend in June. Both Friday and Saturday.

Fair week in July, evening hours, possible 3 or 4 shifts for the week.

All Mandatory Training: Firearms, Defensive Tactics, Evoc-driving, Taser Recertification, and Mobile Date Recertification (every 2 years).

Middlebury Kids Christmas Party in December.

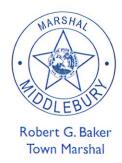
Any Court time. (which could cause you to loose work time from your full time job). Minimum total hours for each year is 192, which is an average of 16 hours a month.

If you do not feel under normal circumstances that you can fulfill the requirements please do not fill out this application.

All reserves are supplied with uniforms and equipment with the exception of boots or shoes.

Please sign below indicating you are willing to dedicate yourself to the above yearly requirements.

Signature of Applicant	
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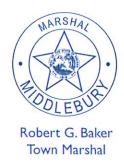


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AUTHORIZATION TO RELEASE INFORMATION

, hereby authorize any persons, agency, partnership, or corporation having any information concerning my CREDIT RECORD, EDUCATIONAL RECORD, MEDICAL RECORD, EMPLOYMENT RECORD, MILITARY RECORD or SELECTIVE SERVICE RECORD, to release such information to the Middlebury Indiana Police Department or it=s agent. This information is to be used for the possible employment or placement with the Middlebury Police Department and will not be available for public inspection.
hereby release such person, agency, partnership, or corporation from any liability which may be neurred in releasing this information to the Middlebury Indiana Police Department, including iability under any State or Federal Law.
Applicant=s Signature:
Subscribed and sworn to before me, a Notary Public, at
·
Date: Signed:
(Notary Public)



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APPLICATION FOR EMPLOYMENT

MIDDLEBURY POLICE DEPARTMENT

Middlebury, Indiana

The Middlebury Police Department is an Equal Employment Opportunity Employer.

Federal, State, and Local laws prohibit discrimination in matters affecting employment against any person because of race, religion, ancestry, national origin, age, or sex. If you feel that you have been discriminated against, contact the Chief of Police for assistance and complaint information. Any inquiries will be strictly confidential.

This application will be considered for any employment vacancy (vacancies) presently existing within the Middlebury Police Department and will be valid **ONLY** for any current employment vacancy (vacancies). If you should be interested in filling any employment that develops in the future you will be required to reapply at that time.

When completing this application use black ink and print or use a typewriter. [NOTE! Any intentional misrepresentation of information or failure to: respond completely to any question, provide supplemental documents, follow instructions, or to have this application notarized will be cause for rejection of the application!]

Read through the application in its entirety before filling in any information.

[Attach one copy of your birth certificate]

Are you a citizen of the Unite	d States? [] Yes	[] No	
Can you operate an automobile? [] Yes		ou possess a valid rs license? [] Yes [] No
Drivers License Number and	State:	A DAY MANAGEMENT OF THE STATE O	
Other Addresses For Past T	en Years:		
Number and Street/Road	City and State	From: Month & Yea	ar To: Month & Year
[If provided space is not s above format.]	ufficient, please attach a	separate sheet of p	paper using the
Family Background:			
1. Married [] Yes Divorced [] Yes	[] No Sin [] No Widov	gle [] Yes wed [] Yes	[] No [] No
2. Spouses Name			
3. Former marriages: Date of divorce from former			
Are there any children by f How many?	(Month) ormer marriage(s)?	(Day) [] Yes [(Year)] No
Are you responsible for ch If yes, indicate monthly pa		[] Yes [] No
Are you responsible for pa If yes, indicate monthly pa	ying alimony? yment:	[] Yes [] No
If you are responsible for rebeen taken against you for	naking child payments or j either failing to make pay	paying alimony, has ment or delaying	legal action ever
payments? Are you current in support	payments?	[] Yes [[] Yes [] No] No

Nan	ne	Rela	tionship	Age
5. Have you ever b	een arrested and/o	or convicted of a fel	ony?	
Crim	ne	Date	Dispos	sition
Educational Backs Name of School	Location (City & State)	From Month & Year	To Month & Year	Highest Grade Completed
Elementary School:				
Elementary School:				
Junior High:				
Junior High:				
High School:			e production Provided in American Action	
High School:				
Post High School:				
	1			

[If provided space is not sufficient, please attach a separate sheet of paper using the above format.]

Did you graduate			If not, do you have	
from high school? []	Yes [] No	a G.E.D. certificate?	[] Yes [] No
[Attach one	copy of you	ır high sch	ool diploma, or G.E.D. c	ertificate.]
Employment History: Starting with the place you regressing account of your PERIODS OF UNEMPLO you were in business for your	employmer YMENT! 1	nt history s If former e	ince you first started to verified to very mployers are out of busing	work. SHOW ALL
Employer, Address and Phone #	From Month Year	To Month Year	Position Held and Nature of Duties	Reason for Leaving
Name				
Address		Arababakki dikasak da pada da kanan melamanna		
Name				
Address				
Name				
Address	***************************************			
Name				
Address				

Employer and Address	From Month Year	To Month Year	Position Held and Nature of Duties	Reason for Leaving		
Name		FR 11 - 1 - 1 - 1 - 1				
Address						
Name						
Address						
Financial History:						
1. What is your present ann	ual salary	?		and the second s		
2. Do you or your spouse have any other income? [] Yes [] No If yes, give total amount and source:						
3. Have you ever had property repossessed or turned back to a finance company? [] Yes [] No If yes, explain:						
. Have your wages ever been garnished? [] Yes [] No If yes, explain:						

Lender	Address	Reason for Loan	Monthly Pay.	Balance
	· · · · · · · · · · · · · · · · · · ·			
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References:

Give the names of three responsible persons, other than relatives or past employers, who know you well enough to give information about you.

Balance

Monthly Payments

Name	Address & Phone #	Occupation	How long acquainted

Give the names of three persons whom you consider to be your closest friends, they may be relatives, with whom you frequently socialize. List your closest or best friend first.

Name	Name Address & Phone #		Occupat	ion	How long acquainted	
Military Record:		I			<u> </u>	
. Have you served in the	U.S. Armed Forces?	[] Yes	[] No	
If yes, is DD214 attache	d?	[] Yes] Yes	[] No	
. Were you ever disciplin	ed while in the Military	Serv	ice			
(Include court-martial, (If yes, explain:				[] No	
				···		
If disabages is ather than	a banavalda si	.4 1	-4.1.		-	
3. If discharge is other than	i nonorable, give compl	ete d	etails:			

Medical History:

I.	Name of family physician				
2.	Address of family physician				
3.	Have you been to a physician for treatment during the past 3 years? If yes, explain:	[] Yes	[] No
4.	Have you ever been rejected from military service or any employment for physical, mental or other reasons? If yes, explain:	[] Yes	[] No
5.	Have you ever been rejected as an applicant for health or life insurance? If yes, explain:	[] Yes] No
6.	Have you ever been under the care of psychiatrist, psychologist, or counselor? If yes, explain:	[] Yes	[] No
7.	Are you presently taking any kind of prescribed medication? If yes, explain:	Ĺ] Yes	[] No
8.	Have you ever taken any medication or received treatment for a nervous or psychological condition? If yes, explain:	ĺ] Yes] No
9.	Have you ever suffered epileptic seizures? If yes, explain:	[] Yes	[] No
10.	Indicate type and approximate dates of any major surgery of	lurii	ng your li	fetime	e:
11.	Tattoos, scars, distinguishing marks:				

In this area paste an individual photograph of yourself, not in a group, which has been taken in the last two years.

Write your name on the back of the photograph.

I hereby certify that there are no willful misrepresentations or falsifications in any preceding information and answers to questions. I am aware that should investigation disclose any such misrepresentations or falsifications my application will be rejected and that I may be disqualified from applying for any future position in the service of the Middlebury Police Department.

I also authorize my former employers to give any information regarding my employment or other pertinent information that they may have. I hereby release them personally and their company from any liability or damage that may result from furnishing same.

In addition I authorize any educational institution that I have attended to release copies of transcripts of my grades to the Middlebury Police Department.

	Applicant's Signature:	
Subscribed and sworn to	before me, a Notary Public, at	
Date:		
	(Notary P	ublic)

Any attachments that have been requested, or additional sheets of papers containing necessary information should be attached after this page.

Should you become an employee of the Middlebury Police Department, this application and accompanying attached documents will become property in your personnel file.