

**SHELBYVILLE POLICE DEPARTMENT
PERSONAL DATA APPLICATION**

1. Please Print Clearly:		Last Name		First Name		Middle Name (Full)		Jr, Sr..	
2. Alias		Birth Name				Nick Names			
3. D.O.B.	Month	Day	Year	4. Place of Birth:	City		County	State	
5. Height:	Weight:	Hair:		6. Scars, Marks, Tattoos:					
Eye:									
7. Social Security #		<p align="center"><u>SS# is for background purposes only, it will not be distributed in any way.</u></p>							
8. U.S. Citizen:		Other:		9. By Birth:		By naturalization:			
10. Present Address:									
11. Home Phone:		12. Cell Phone:		13. Email:					
14. Current Employer Address:				15. Current Employer Telephone:					
16. Present Marital Status:		Married:		Single:		Divorced:		Separated:	
17. Full Name of Current Spouse:		Birth Last Name		First Name		Middle Name			
18. Current Spouse's Employer:									
Address of Employer:									
19. Name, Address and Phone number of former spouse:									
20. Do you object to us contacting your former spouse(s)? NO YES									
21. Children: List name/address of each child, date of birth and place of birth of each child below:									
Full Name of Child		Date of Birth		Place of Birth		Current Address			
1									
2									
3									
4									
22. Are you receiving and/or responsible for paying any child support? NO YES (if Yes, Answer the following)									
To whom paid or received from		Amount Paid		Amount Received		Frequency paid or received			
1									
2									
3									
4									

MILITARY DATA

23. Branch of Military	Primary MOS/AFSC	Dates you were either active or inactive	Type of Discharge
If you are still on active duty, what will be the date of your discharge?			
Inactive Reserve commitment until? If none, check this box			
Questions 29-38 apply to all branches of active or reserve service in which you served.			
24. Type of Discharge:			
25. Rank at Discharge:			
26. High Rank Attained:		27. Have you ever been barred from Re-Enlistment: NO YES	
If yes, please explain:			
28. Have you ever been discharged from the armed forces that was other than honorable:		NO YES	
If yes, please explain:			
29. Have you ever been subject to any Military disciplinary action (Judicial or Non-Judicial):		NO YES	
If yes, please explain:			
30. Have you ever been subject to any investigation by Military authorities:		NO YES	
If yes, please explain:			
31. Has your discharge ever been corrected, upgraded or changed:		NO YES	
If yes, please explain:			

FINANCIAL DATA

32. Do you currently hold active or silent controlling interest in any company:		NO YES	
If yes, please explain:			
33. Do you now have or have you ever had any wage garnishment of you salary:		NO YES	
If yes, please explain:			
34. Have you ever been delinquent on your income tax or other tax payments:		NO YES	
If yes, please explain:			
35. Do you have any collections or liens against you currently:		NO YES	
If yes, please explain:			
36. Have you ever had real or personal property repossessed:		NO YES	
If yes, please explain:			
37. Current assets: Please list below all pertinent information concerning your assets:			
ASSET		BALANCE	
Institution your savings account is with:		\$	
Institution your checking account is with:		\$	
Real Estate Owned:		\$	
Stocks and/or Bonds		\$	
Life Insurance (Cash value of whole life policy)		\$	
Auto Cash Value		\$	
Other Asset(s) (List):		\$	
TOTAL ASSETS			

38. Current Liabilities: List below all pertinent information concerning your debts and other liabilities		
CREDITOR'S NAME	ACCOUNT NUMBER	CREDITOR'S ADDRESS
A.		
B.		
C.		
D.		
E.		

Match accounts listed above with the letter below.

Date Account Opened	Start Balance	Present Balance	Monthly Payments	Purpose of account
A.	\$	\$	\$	
B.	\$	\$	\$	
C.	\$	\$	\$	
D.	\$	\$	\$	
E.	\$	\$	\$	
Other obligations (explain):		\$	\$	
		\$	\$	
TOTAL LIABILITIES				

(if you do this on a printed out form, please add and write in your totals)

39. Rate your present financial status: Excellent	Good	Fair	Poor
Please Explain:			

REFERENCES

40. Give the data requested below on three personal references. These references can not be related to you by blood or marriage. Do not list past employers, nor anyone mentioned elsewhere in this application. Do not list any law enforcement officer employed by the Shelbyville Police Department, Shelby County Sheriff's Department or any other agency connected to law enforcement with Shelby County. Please only list adults who you have known for at least five years.

Please Print Clearly:	Last Name	First Name	Middle Name (Full)	Jr, Sr..
Present Address:				
Home Telephone Number:	How long have you know this person:			
Please Print Clearly:	Last Name	First Name	Middle Name (Full)	Jr, Sr..
Present Address:				
Home Telephone Number:	How long have you know this person:			
Please Print Clearly:	Last Name	First Name	Middle Name (Full)	Jr, Sr..
Present Address:				
Home Telephone Number:	How long have you know this person:			

ASSOCIATES AND FRIENDS

41. Give the requested data below on three people with who have associated with (people you see frequently) during the past three years, not including relatives, former employers nor people mentioned elsewhere in this book.

Please Print Clearly:	Last Name		First Name		Middle Name (Full)		Jr, Sr..
Present Address:							
Home Telephone Number:				How long have you know this person:			
Please Print Clearly:	Last Name		First Name		Middle Name (Full)		Jr, Sr..
Present Address:							
Home Telephone Number:				How long have you know this person:			
Please Print Clearly:	Last Name		First Name		Middle Name (Full)		Jr, Sr..
Present Address:							
Home Telephone Number:				How long have you know this person:			

RESIDENCE DATA

41. Give the data requested for ALL of your residences since turning 18 years of age. Also include your last address when living with your parent(s)/guardian. Please list in chronological order stating with your current address and end with your earliest.

RESIDED FROM:	RESIDED TO:	STREET ADDRESS	CITY	STATE	ZIP
Circle one: Rent	Own	Reside here at no cost			
Circle one: Reside Alone	Reside with spouse and children		Reside with other(s)		
RESIDED FROM:	RESIDED TO:	STREET ADDRESS	CITY	STATE	ZIP
Circle one: Rent	Own	Reside here at no cost			
Circle one: Reside Alone	Reside with spouse and children		Reside with other(s)		
RESIDED FROM:	RESIDED TO:	STREET ADDRESS	CITY	STATE	ZIP
Circle one: Rent	Own	Reside here at no cost			
Circle one: Reside Alone	Reside with spouse and children		Reside with other(s)		
RESIDED FROM:	RESIDED TO:	STREET ADDRESS	CITY	STATE	ZIP
Circle one: Rent	Own	Reside here at no cost			
Circle one: Reside Alone	Reside with spouse and children		Reside with other(s)		
RESIDED FROM:	RESIDED TO:	STREET ADDRESS	CITY	STATE	ZIP
Circle one: Rent	Own	Reside here at no cost			
Circle one: Reside Alone	Reside with spouse and children		Reside with other(s)		

EDUCATION

42. Provide requested data for ALL schools you have attended since the ninth (9th) grade. Begin with the most recent, include college(s) and universities as well as business, trade and military schools.

SCHOOL NAME	ADDRESS (STREET)	CITY	STATE	ZIP
SCHOOL PHONE NUMBER	ATTENDED FROM	ATTENDED TO	DIPLO/DEGREE	GPA
SCHOOL NAME	ADDRESS (STREET)	CITY	STATE	ZIP
SCHOOL PHONE NUMBER	ATTENDED FROM	ATTENDED TO	DIPLO/DEGREE	GPA
SCHOOL NAME	ADDRESS (STREET)	CITY	STATE	ZIP
SCHOOL PHONE NUMBER	ATTENDED FROM	ATTENDED TO	DIPLO/DEGREE	GPA
SCHOOL NAME	ADDRESS (STREET)	CITY	STATE	ZIP
SCHOOL PHONE NUMBER	ATTENDED FROM	ATTENDED TO	DIPLO/DEGREE	GPA
SCHOOL NAME	ADDRESS (STREET)	CITY	STATE	ZIP
SCHOOL PHONE NUMBER	ATTENDED FROM	ATTENDED TO	DIPLO/DEGREE	GPA
43. Did you graduate from high school and receive a diploma: YES NO				
44. Did you pass a state certified G.E.D. test: YES NO				
45. Did you attach your G.E.D. test scores or you High School Diploma: YES NO				
46. If you took the G.E.D. test, but answered no to questions no. 44 or no. 45, please explain:				
47. If you attended college, please list the areas of concentration:				
48. Were you ever placed on academic probation, suspended or expelled: YES NO				
If yes, Please explain:				
49. IF you attended college, but did not graduate, explain:				

EMPLOYMENT

50. Give the data requested below for you complete work history. Start with your most recent position and work in in chronological order. List all full and part time employment. If unemployed for a period on one month or more, please explain on a additional page provided at the end of this section.

Employed From:		Employed To:		NAME OF EMPLOYER:	
Check one:	Part Time	Full Time:	Temporary:		
Address (Street)		City	State	Zip Code	
Employer Telephone #		Supervisor Name/Title		Your Salary at the time you left	
				\$ per hour	
Your position/title:		Describe your Duties:			
Reason for leaving the employment:					
Employed From:		Employed To:		NAME OF EMPLOYER:	
Check one:	Part Time	Full Time:	Temporary:		
Address (Street)		City	State	Zip Code	
Employer Telephone #		Supervisor Name/Title		Your Salary at the time you left	
				\$ per hour	
Your position/title:		Describe your Duties:			
Reason for leaving the employment:					
Employed From:		Employed To:		NAME OF EMPLOYER:	
Check one:	Part Time	Full Time:	Temporary:		
Address (Street)		City	State	Zip Code	
Employer Telephone #		Supervisor Name/Title		Your Salary at the time you left	
				\$ per hour	
Your position/title:		Describe your Duties:			
Reason for leaving the employment:					

DRIVING RECORD

52. Give the data requested below on all traffic violations or citations (Except parking tickets) that you have received. Include all charges for moving violations or other violations such as defective equipment.

DATE	CHARGE	CITY & STATE	POLICE AGENCY	DISPOSITION

53. Has your license to drive ever been or currently is:

Suspended Revoked Conditional HTV (5yr, 10yr, life)

54. Is your drivers license valid at this time: YES NO

55. Have you ever been involved in a traffic accident: YES NO If yes, Details below:

56. Enter the following information concerning any vehicles that you own or operated on a regular basis:

VEHICLE MAKE		VEHICLE MODEL		
VEHICLE YEAR	VEHICLE COLOR	VEHICLE PLATE NUMBER		
INSURANCE CARRIER ON VEHICLE:				
VEHICLE MAKE		VEHICLE MODEL		
VEHICLE YEAR	VEHICLE COLOR	VEHICLE PLATE NUMBER		
INSURANCE CARRIER ON VEHICLE:				
VEHICLE MAKE		VEHICLE MODEL		
VEHICLE YEAR	VEHICLE COLOR	VEHICLE PLATE NUMBER		
INSURANCE CARRIER ON VEHICLE:				



SHELBYVILLE POLICE DEPARTMENT

105 W. TAYLOR ST. SHELBYVILLE, INDIANA 46176

PHONE 317-392-5106

FAX 317-392-3645

SIGNATURE PAGE

I have read and filled this packet out in it's entirety. I grant the Shelbyville Police Department the right to contact anyone who I have been, may have been or was known to associate with now or in the past. I also grant the right to conduct an extensive personal background check where employers, friends, persons who have had contact with me and my family could be contacted and spoken to.

Every I have put in this packet is true and correct. I understand that any deception will be automatic termination from this process. I understand that at any time I may be terminated from this process with no explanation to me. I have read the requirements for the written and physical fitness testing and understand that be not passing one event, I will be terminated from the process.

Any questions or comments can be directed to the Training Coordinator of the Shelbyville Police Department. Please make sure you have completed this in full and all the areas that are to be notarized are completed by a State Certified Notary Public.

Signature:

Date:

Notary:

My Commission expires on:

Date: _____