

\$25.00 Fee _____

Medical Release Form _____

Attach photo here

HIGHLAND POLICE DEPARTMENT

(2x3)

(Short form)

Application for Probationary Police Officer

Name in Full: _____
(last) (first) (middle)

Home address: _____
(street) (city/town) (state & zip)

Home phone: _____ Cell: _____

Date of birth: _____ Place of birth: _____

Social Security number: _____

Marital status: Married: _____ Single: _____ Divorced: _____ Separated: _____

Number of dependants: _____ Ages: _____

Current place of employment: _____

Education: _____

Special Law Enforcement Training/Certifications: _____

Signature: _____

Date: _____

We are proud to be an equal opportunity employer. It is our policy to provide equal employment opportunities to all qualified employees and applicants for employment without regard to race, religion, color, sex, age, mental or physical disability unrelated to ability, national origin, marital status, veteran status, or any other projected status consistent with applicable law. Our intent is to recruit and retain qualified employees through objectives measures and qualifications, educations, training and performance.

NOTICE TO POLICE DEPARTMENT APPLICANTS
(INSTRUCTIONS)

Fill out the short-form application completely and accurately whether it is a Certified or Non-Certified application for a Probationary Police Officer.

Non-Certified applicants will be charged at \$25.00 upon returning the application to the department.

Please type or print neatly.

All releases must be signed and dated and returned with your application if applicable.

Photo must be attached. Photo should be a recent head and shoulders type only approximately 2 x 3 in size.

Please note that if you successfully pass the agility and written examination you will be required to provide the following items in relatively short notice:

High School Transcript

College Transcript (if applicable)

DD214 (if in Military)

Law Enforcement Certifications (if applicable)

Employee references (2) - names, addresses, telephone contact numbers, years of employment service

Non-relative references (5) - (no former employers) - names, addresses, telephone contact numbers, years known.

Please see the Town of Highland website and the links within showing the agility requirements/demonstrating the tests involved. We will be utilizing Academy EXIT standards NOT entrance standards in our testing. If you have not already done so-prepare yourself both physically and mentally.

Note: If you are currently certified thru the Indiana Law Enforcement Academy (ILEA) or a Law Enforcement Agency recognized by the Highland Police Department and the State of Indiana you will NOT be required to participate in either the agility testing or written testing.

Submit your application as soon as possible in case it is incomplete and we may contact you.

Any questions do not hesitate to call 219-838-3184, Monday- Friday 8:00A.M.- 4:00P.M. Identifying yourself as an applicant, and request to speak with someone in Administration.

ALL SHORT FORM APPLICATIONS MUST BE RETURNED TO THE CHIEF'S OFFICE OF THE HIGHLAND POLICE DEPARTMENT BY MIDNIGHT AUGUST 20TH 2015.

TO: ALL APPLICANTS
FROM: CHIEF PETER HOJNICKI
REF: PHYSICAL AGILITY EVALUATION

The Highland Police Department physical agility evaluation has been designed to comply with the Law Enforcement Training Board Physical Fitness Standards. All applicants are required to meet these standards at the Indiana Law Enforcement Academy as of January 3, 2000.

The evaluation is designed to assess the following:

<u>Test</u>	<u>Standard</u>
1. Vertical Jump	16 inches
2. One Minute Sit Up	29
3. 300 Meter Run	71 seconds
4. Maximum Push Up	25
5. 1.5 Mile Run	16 minutes, 28 seconds

Applicants must meet the above standards in all categories in order to continue the hiring process.

**INFORMED CONSENT FOR THE HIGHLAND POLICE DEPARTMENT'S
PRE-EMPLOYMENT FITNESS EVALUATION**

1. Explanation of the Pre-Employment Fitness Evaluation

This evaluation has been designed to assess your ability to perform certain job tasks specifically related to law enforcement. This evaluation will assess the efficiency of the heart, lungs, circulatory system, and flexibility of the lower back, hamstring musculature, upper body strength, and explosive power.

2. Risks and Discomfort

There exists the possibility of certain changes occurring during the evaluation. These include but are not limited to abnormal blood pressure, fainting, disorders of the heartbeat, and, in rare instances, heart attack. There also exists the possibility of joint sprain and/or tendon strain. A pre-evaluation warm-up session will be conducted to minimize these particular possibilities. Emergency equipment and trained personnel will be available to deal with unusual situations that arise.

3. Benefits to be Expected

The results obtained from the Pre-Employment Fitness Evaluation will assist the Highland Police Department in determining your overall health and state of performance readiness. The results obtained will also benefit you in that you will be consciously aware of your physical health and motor ability.

4. Inquiries

If you have any questions concerning the Health and Fitness Evaluation, please contact Commander George Georgeff at (219) 838-3184, ext. 3304.

5. Freedom of Consent

Your permission to perform the Pre-Employment Fitness Evaluation is voluntary.

I have read this form and I understand the test procedures that I will perform. I consent to participate in the Highland Police Department's Pre-Employment Fitness Evaluation.

Printed Name

Witness's Printed Name

Signature

Witness's Signature

Date

Date

PHYSICIAN'S REFERRAL FORM FOR THE HIGHLAND POLICE
DEPARTMENT'S PRE-EMPLOYMENT HEALTH/PERFORMANCE
ASSESSMENT AND EVALUATION

Dear Doctor:

Your patient, _____, has volunteered to participate in the Highland Police Department's pre-employment fitness assessment. These tests are designed to evaluate the individual's health and state of physical readiness prior to embarking on a career in law enforcement.

Please identify whether or not the individual is considered by you to be fit to participate in the pre-employment fitness evaluation.

NOTE: The evaluation will not be administered without this completed form.

I certify that this individual is fit to participate in the attached pre-employment fitness evaluation.

Date_____

REFERRING PHYSICIAN (Signature)_____

Printed Name_____

Address_____

City_____ State_____ Zip_____

Office Telephone Number_____