



# INDIANA UNIVERSITY

## POLICE DEPARTMENT

### Supplemental Information

**NOTICE: READ CAREFULLY. You will be judged on accuracy.**

Application must be TYPEWRITTEN OR CLEARLY PRINTED in ink. All questions must be answered if applicable. If not, indicate NA (not applicable). If space is insufficient for complete answers or if you wish to furnish additional information, use space on page 4 or attach sheets of the same size as this application as necessary and number answers to correspond with questions.

Name			
Last Name:	First Name:	Middle Name:	
Other Names:			
Address			
Current Address:	Current City:	Current State:	Current Zip:
Home (Permanent) Address:	Home City:	Home State:	Home Zip:
State of Legal Residence:	Place of Birth City:	Place of Birth State:	
Contact Information:			
Current Phone Number:	Home (Permanent) Phone Number:	Mobile Phone Number:	
Email Addresses:			

Are you a U.S. Citizen?                      Yes                      No

*If Naturalized*                      Date:                      Place:                      Number:

**Employment:** (List chronologically all employments. Must account for all time. If unemployed for a period indicate; note the dates of unemployment. Mailing address MUST be complete with Zip Code.)

<b>Employer:</b>					
<b>Date From:</b>		<b>Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Date To:</b>					
<b>Name of Supervisor:</b>	<b>Duties:</b>				
<b>Phone Number:</b>	<b>Reason for Leaving:</b>				
<b>Employer:</b>					
<b>Date From:</b>		<b>Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Date To:</b>					
<b>Name of Supervisor:</b>	<b>Duties:</b>				
<b>Phone Number:</b>	<b>Reason for Leaving:</b>				
<b>Employer:</b>					
<b>Date From:</b>		<b>Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Date To:</b>					
<b>Name of Supervisor:</b>	<b>Duties:</b>				
<b>Phone Number:</b>	<b>Reason for Leaving:</b>				
<b>Employer:</b>					
<b>Date From:</b>		<b>Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Date To:</b>					
<b>Name of Supervisor:</b>	<b>Duties:</b>				
<b>Phone Number:</b>	<b>Reason for Leaving:</b>				



**Residences** (List all residences in chronological order from the last five years.)

<b>Residence</b>						
<b>Date From:</b>		<b>Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip:</b>	<b>County:</b>
<b>Date To:</b>						
<b>Information on Landlord or Company Receiving Rent:</b>						
<b>Name:</b>	<b>Address:</b>	<b>City</b>	<b>State</b>	<b>Zip</b>	<b>Phone Number:</b>	
<b>Residence</b>						
<b>Date From:</b>		<b>Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip:</b>	<b>County:</b>
<b>Date To:</b>						
<b>Information on Landlord or Company Receiving Rent:</b>						
<b>Name:</b>	<b>Address:</b>	<b>City</b>	<b>State</b>	<b>Zip</b>	<b>Phone Number:</b>	
<b>Residence</b>						
<b>Date From:</b>		<b>Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip:</b>	<b>County:</b>
<b>Date To:</b>						
<b>Information on Landlord or Company Receiving Rent:</b>						
<b>Name:</b>	<b>Address:</b>	<b>City</b>	<b>State</b>	<b>Zip</b>	<b>Phone Number:</b>	
<b>Residence</b>						
<b>Date From:</b>		<b>Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip:</b>	<b>County:</b>
<b>Date To:</b>						
<b>Information on Landlord or Company Receiving Rent:</b>						
<b>Name:</b>	<b>Address:</b>	<b>City</b>	<b>State</b>	<b>Zip</b>	<b>Phone Number:</b>	
<b>Residence</b>						
<b>Date From:</b>		<b>Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip:</b>	<b>County:</b>
<b>Date To:</b>						
<b>Information on Landlord or Company Receiving Rent:</b>						
<b>Name:</b>	<b>Address:</b>	<b>City</b>	<b>State</b>	<b>Zip</b>	<b>Phone Number:</b>	

**Military Record** (Verification of military service will be required to be presented upon job offer.)

Branch:	Year Entered:	Year Discharged:	Discharge Type:	Highest Rank:	Specialties:

**Contact with Law Enforcement** (Have you ever been arrested, charged with or convicted of any violation of law, or are you currently involved in any legal action (other than parking offenses)?

Yes (If so, state date, place, and final disposition.)      No

Date:	Place:	Charge:	Final Disposition:

**Skills** (List all skills, hobbies, and abilities (e.g., languages, typing, photography, etc.))

**Prior Police Experience** (Indicate any prior law enforcement experience and training)

Have you, or any member of your family, ever been sympathetic toward, affiliated in any way with, or a member of a group or doctrine advocating the overthrow of the U.S. Government, any group whose purpose is to deprive persons of their rights under the constitution of the U.S., or any group or doctrine which could be construed as being subversive, opposed to the best interest of the U.S., in favor of, or controlled by, a foreign power?      Yes      No      If so, explain:

**Driver's License** (Do you have a valid driver's license?    Yes    No

**Complete Form** (Have you checked this application thoroughly to be certain all items have been answered completely?    Yes    No

**False Statements** (Do you thoroughly understand that any false statement made on this application will be grounds for immediate dismissal from the organization or any program connected with this organization?    Yes    No

Signature	Date

Use this space for additional information to any question noting the number of the question

Form: IUPD – 1.03 (Rev. 8/2012)

You may submit the completed form by email to: [cedelen@ius.edu](mailto:cedelen@ius.edu) or by mail to Chief Charles Edelen, Indiana University Southeast Police Department, 4201 Grant Line Road, New Albany, IN 47150.