GENEVA POLICE DEPARTMENT

APPLICATION

TOWN MARSHAL _____

DEPUTY MARSHAL _____

DEPUTY MARSHAL (RESERVE) ____

SECRETARY/RECEPTIONIST _____

MATRON _____

OTHER: _____ _____

NAME (PLEASE PRINT):_____

OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE

APPLICATION RECEIVED BY: _____ DATE REC'D_____ TIME_____

INTERVIEWED? _____ INTERVIEW DATE _____ TIME _____

COMMENTS

REQUIREMENTS:

ALL APPLICANTS MUST:

1. BE A CITIZEN OF THE UNITED STATES OF AMERICA.
2. BE AT LEAST 21 YEARS OF AGE.
3. BE A HIGH SCHOOL GRADUATE OR EQUIVALENT.
4. POSSESS VALID INDIANA MOTOR VEHICLE OPERATORS LICENSE.
5. BE OF GOOD REPUTATION AND CHARACTER.
6. NOT HAVE BEEN FOUND GUILTY OF ANY OFFENSE EXCEPT FOR MINOR TRAFFIC VIOLATIONS.
7. BE OF GOOD APPEARANCE AND PERSONALITY.
8. POSSESS AN APPTITUDE AND ATTITUDE FOR POLICE WORK.
9. BE IN GOOD PHYSICAL CONDITION WITH NO INFIRMITIES EXCEPT FOR DEFECTIVE VISION THAT CAN BE CORRECTED TO 20/20.
10. POSSESS AN HONORABLE DISCHARGE FROM THE MILITARY SERVICE, IF SERVED.

INSTRUCTIONS TO APPLICANTS:

1. PRINT OR TYPE ALL ANSWERS.
2. UPON COMPLETION, SIGN IN INK.
3. ATTACH COPIES OF THE FOLLOWING:
   - A. BIRTH CERTIFICATE
   - B. HIGH SCHOOL DIPLOMA OR EQUIVALENT AND TRANSCRIPTS.
   - C. CERTIFICATE STATING VISION CAN BE CORRECTED TO 20/20 WITH EYE GLASSES OR CONTACTS.
   - D. DISCHARGE FROM MILITARY SERVICE. (IF APPLICABLE)

Any questions may be directed towards the Marshal @ 260-368-7077 or by email at genevapolice@townofgeneva.org

NAME:_____
LAST FIRST MI

ADDRESS:_____
Please list mailing address if different

CITY &
STATE:_____
zip code

PHONE
NUMBER: HOME_____CELL_____

SOCIAL SECURITY NUMBER:_____

INDIANA LICENSE NUMBER:_____

DATE OF BIRTH:____/____/____ PLACE OF BIRTH:_____
MO DAY YEAR

ARE YOU A CITIZEN OF THE UNITED STATES?:_____

SEX:_____ HEIGHT:_____ WEIGHT:_____

HAVE YOU EVER BEEN CONVICTED OF ANY CRIME, EXCEPT TRAFFIC VIOLATION ?_____ IF YES, LIST CHARGE, WHERE, WHEN, AND DISPOSITION._____

_____

_____

_____

DO YOU KNOW OF ANYTHING THAT WOULD DISQUALIFY YOU FOR APPOINTMENT OR PREVENT YOUR FULL DISCHARGE OF THE OFFICIAL DUTIES AS A MEMBER OF THIS DEPARTMENT._____

_____

_____

_____

_____

MILITARY SERVICE:

DATES OF SERVICE	BRANCH	HIGHEST RANK ATTAINED
_____/_____	_____	_____
_____/_____	_____	_____
_____/_____	_____	_____

TYPE OF DISCHARGE:_____

LIST ANY ORGANIZATIONS AND/OR CLUBS THAT YOU ARE A MEMBER OF:

_____

_____

_____

_____

HAVE YOU BEEN TREATED BY A PHYSICIAN OR OTHER PRACTITIONER DURING THE PAST THREE YEARS ?_____. IF YES, PLEASE EXPLAIN.

_____

_____

_____

ARE YOU CURRENTLY TAKING ANY MEDICATION(S), PRESCRIPTION OR OTHER? _____. IF YES, PLEASE EXPLAIN.

_____

_____

HAVE YOU EVER BEEN A PATIENT IN ANY MENTAL TREATMENT FACILITY ? _____ IF YES, PLEASE EXPLAIN: _____

_____

_____

VOLUNTARY INFORMATION: DO YOU HAVE A SOCIAL MEDIA ACCOUNT? ___ IF SO, MAY WE LOOK AT IT? ___ IF YES TO BOTH, PLEASE LIST THE ACCOUNT(S):_____

_____

_____

EDUCATION:

SCHOOL	NAME AND ADDRESS	GRADUATE	DEGREE
HIGH			
COLLEGE			

EMPLOYMENT:

LIST EMPLOYERS FOR THE LAST FIVE YEARS:

EMPLOYER:________________ DATES: FROM________ TO________

ADDRESS:________________________________

TITLE/DUTIES:________________ TELEPHONE:________________

REASON FOR
LEAVING:________________________________

EMPLOYER:________________ DATES: FROM________ TO________

ADDRESS:________________________________

TITLE/DUTIES:________________ TELEPHONE:________________

REASON FOR
LEAVING:________________________________

EMPLOYER:________________ DATES: FROM________ TO________

ADDRESS:________________________________

TITLE/DUTIES:________________ TELEPHONE:________________

REASON FOR
LEAVING:________________________________

EMPLOYER:________________ DATES: FROM________ TO________

ADDRESS:________________________________

TITLE/DUTIES:________________ TELEPHONE:________________

REASON FOR
LEAVING:________________________________

HAVE YOU EVER BEEN DISCHARGED FROM A POSITION OF EMPLOYMENT. IF YES, EXPLAIN ON A SEPARATE SHEET OF PAPER.

LIST ALL LANGUAGES THAT YOU CAN SPEAK, READ, AND WRITE:

WHAT SPECIAL SKILLS HAVE YOU DEVELOPED THROUGH HOBBIES, EDUCATION, OCCUPATION, OR OTHER SPECIAL INTERESTS ?

REFERENCES: (PLEASE DO NOT LIST RELATIVES AS REFERENCES.)

NAME: TELEPHONE:

STREET:

CITY: STATE:

NAME: TELEPHONE:

STREET:

CITY: STATE:

NAME: TELEPHONE:

STREET:

CITY: STATE:

If you had to list someone who would give you a bad reference, who would that be and why?

NAME: TELEPHONE:

STREET:

CITY: STATE:

REASON:

PLEASE WRITE IN FIFTY WORDS OR LESS, WHY YOU ARE APPLYING TO THE GENEVA POLICE DEPARTMENT.

PLEASE LIST YOUR ADDRESSES FOR THE PAST FIVE YEARS:

CANDIDATES FOR OFFICERS WITH THIS DEPARTMENT ARE REQUIRED TO SUBMIT TO AN INTERVIEW AS PART OF THE HIRIING PROCESS. FULL TIME OFFICERS INTERVIEW WITH THE TOWN COUNCIL. RESERVE OFFICERS INTERVIEW WITH THE RESERVE BOARD. OTHERS INTERVIEW WITH THE

ADMINISTRATIVE BOARD. WITH THIS IN MIND, WOULD YOU SUBMIT TO A PERSONAL INTERVIEW BY THE APPROPRIATE BOARD OR AN APPOINTED REPRESENTATIVE:_____

HAVE YOU COMPLETED THE 40 HOUR PRE-BASIC LAW ENFORCEMENT COURSE ? _____

HAVE YOU COMPLETED THE I.L.E.A BASIC LAW ENFORCEMENT COURSE? _____ (IF SO, ATTACH A COPY OF CERTIFICATE)

IF YES, HAVE YOU COMPLETED ANY OTHER LAW ENFORCEMENT TRAINING? IF SO, PLEASE EXPLAIN:

_____

_____

AFFIX A WALLET SIZED PHOTO FROM YOUR WAIST UP AND TAKEN WITHIN THE LAST SIX MONTHS.

AFFIX PHOTO HERE

I HEREBY CERTIFY THAT THERE ARE NO WILLFULL MISREPRESENTATIONS IN OR FALSIFICATIONS OF ANY OF THE ABOVE STATEMENTS AND ANSWERS. I AM AWARE THAT SHOULD AN INVESTIGATION DISCLOSE SUCH MISREPRESENTATION OR FALSIFICATIONS, MY APPLICATION WILL BE REJECTED, AND I WILL BE DISQUALIFIED FROM APPLYING IN THE FUTURE FOR ANY POSITION IN THE GENEVA, INDIANA POLICE DEPARTMENT.

BY SIGNING, I ALSO GIVE PERMISSION TO THE GENEVA POLICE DEPARTMENT TO CONDUCT A BACKGROUND INVESTIGATION, BOTH THROUGH A CRIMINAL HISTORY CHECK AND THROUGH SPEAKING WITH EMPLOYER'S AND ACQUAINTANCES. I ALSO HEREBY AGREE TO AN "IN-HOME INTERVIEW", IF I WERE TO BE CHOSEN FOR THE FINAL PHASE OF THE HIRING PROCESS.

DATE:_____ SIGNATURE:_____

GENEVA POLICE DEPARTMENT

411 EAST LINE STREET / P.O. BOX 703

GENEVA, INDIANA 46740

260-368-7077/ FAX: 260-368-7286

email: genevapd@twnofgeneva.org

Thank you for your interest in the Geneva Police Department. Applications at this time are being taken for the full-time position of Deputy Town Marshal. In essence, the Deputy Marshal does the same job as a Patrolman would for a city Police Department. Some duties include; enforcing laws (both criminal and traffic), active patrol, daily encounters with the public, answering and responding to calls for assistance, serving arrest warrants, working traffic accidents and many other duties.

The person hired, will be provided an assigned, marked and fully equipped patrol vehicle, which if / when the person resides within the designated mileage area. Currently the mileage area is in review as consideration is being given to possibly extend it. Upon first being hired, the person will receive the equipment and uniforms necessary to do the job correctly. If the person is not already ILEA certified, the person must be able to successfully complete the ILEA basic course as outlined in the Indiana Code. If this course is not successfully completed, the person would be terminated.

A non-ILEA certified individual would be on probation for a length of time which would end 6 months after successfully completing the ILEA basic course. Benefits included in the hiring would be: Health Insurance, Life Insurance, Dental Insurance, Eye Insurance, PERF retirement, vacation days after the first 12 months of hire, personal days and sick days and longevity pay which starts after the 7th year.

The successful hire, once trained, will be required and assigned to work mainly 3rd shifts. The shifts, however, will vary at times as the schedule alters to cover for others while off, on vacation, etc. There will be some weekend shifts involved as well as working some holidays. Once fully trained, the hired person will also be responsible to pull "on call" duty, which means that they would be the "on call" officer for the officer that is on duty. The "on call" duties are assigned via a rotating schedule.

The process for the hiring of this Deputy Marshal will consist of:

1) Application Process
   Applications will be accepted through noon on Friday August 14, 2020
2) Criminal History Checks / Reference and Background checks
3) Testing – Both a Physical Agility and a written test will be completed on the same date
4) In Home interview for finalists and further criminal history and background checks
5) Interview conducted by the Board, of finalists
6) Candidate is chosen and offer of employment is given

As part of the application process, please read and fill out the application completely and attach any and all necessary documents requested. As part of the application, you also should have received; an information sheet and a liability waiver, both of which are for Test day. If neither are returned, you will not be eligible to test and will forfeit your application. If you are already ILEA certified, the waiver is not required.

Any questions regarding this process or any part of the employment or the job itself, can be directed to me, at:

Robert L. Johnson
Marshal
Phone (260) 368-7077 ext 1417
Email: rjohnson@townofgeneva.org

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PHYSICAL AGILITY TEST INFORMATION SHEET

This form must be completed and signed before you will be permitted to participate in the physical agility test given by the Geneva Police Department.

"I have read and understand that I will be asked to perform certain physical tasks. Also, I will be given specific instructions in the manner in which these tasks are to be performed."

"I am aware of the physical effect that this test involves and I am physically capable of participating in the agility test. I further understand and agree that should I fail or be unable to complete the test, I will be ineligible to participate any further in the process of filling the vacancy on the Geneva Police Department."

"In case of an Emergency, I authorize you to contact:"

NAME _____

ADDRESS _____

TELEPHONE _____

DOCTOR'S NAME _____

HOSPITAL PREFERENCE _____

ALLERGIES _____

OTHER INFORMATION YOU FEEL IS PERTENANT SHOULD YOU REQUIRE MEDICAL ASSISTANCE:

_____

_____

_____

_____ _____

Applicant's Signature Date Signed

Please return this filled out and attached to your application

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411 EAST LINE STREET / P.O. BOX 703

GENEVA, INDIANA 46740

260-368-7077/ FAX: 260-368-7286

email: genevapd@twnofgeneva.org

PHYSICAL AGILITY TEST WAIVER

DATE _____

I understand that as an applicant to the Geneva Police Department, I will be required to demonstrate my ability to meet certain standards by performance of certain physical activities. I am fully aware and understand that during the course of this physical agility test, there is a possibility that I may be injured. I therefore, release and discharge the Town of Geneva, the Geneva Police Department and their agents, employees and Officers of the Geneva Police Department and the South Adams School Corporation, their employees and agents, from any and all liability connected with these activities, and I waive any rights I may have against all stated.

I also agree to indemnify and forever hold all stated, harmless against and from any cause of action in law or equity which hereafter may be instituted or recovered against all stated, by myself or by any other person, whomever for the purpose of enforcing a claim for damages on account of personal injury, property damage, mental or conscious suffering arising out of my participation in any or all of the physical agility test as acquired under the Geneva Police Department hiring procedures, Indiana Laws or otherwise.

I understand that this test may be strenuous and I agree to partake in it of my own free will.

_____

Applicant's Signature

_____ _____

Applicant's Printed Name Date

_____

Witnessed By

GENEVA POLICE DEPARTMENT

411 EAST LINE STREET / P.O. BOX 703
GENEVA, INDIANA 46740
260-368-7077/ FAX: 260-368-7286
email: genevapd@twnofgeneva.org

Indiana Law Enforcement Physical Fitness Standards:

Entry Standards:

Vertical Jump	no less than 13.5" (3 tries)
Sit-ups (1 min. time limit)	no less than 24 completed correctly
300 meter run	completed within 82 seconds
Maximum Push-ups	no less than 21 completed correctly
1.5 mile run	completed within 18 mins. 56 secs.

Exit Standards:

Vertical Jump	no less than 16" (3 tries)
Sit-ups (1 min. time limit)	no less than 29 completed correctly
300 meter run	completed within 71 seconds
Maximum Pus-ups	no less than 25 completed correctly
1.5 mile run	completed within 16 mins. 28 secs.

More information on how the testing is completed and protocol can be found here:

https://www.in.gov/ilea/2338.htm