



*"Enhancing the Quality of Life within the City of Garrett"*

## **THANK YOU for your interest in the Garrett Police Department!**

This application package will guide you through the first steps in our process. You **must** meet the following requirements to be considered for employment:

- 1) Be at least 21 years of age but no more than 39 years of age
- 2) A United States citizen
- 3) Have a high school diploma or GED equivalent.
- 4) NO DUI (DWI) in the past 3 years or not more than 2 in your lifetime.
- 5) Honorable discharge from military service if applicable.
- 6) NOT have been convicted of a felony.
- 7) NOT have been convicted of a firearms/weapons violation.

You will need to complete each of the documents contained in this application package:

**Application Worksheet** – This lists the forms needed to process your request for consideration of inclusion into our program. Before a final review can be done, all of the listed items MUST be available for review by our staff.

**Full-Time Application** – This form documents such items as your Personal History, Employment History, Military History & Status, etc. Fill it out as completely as possible and **do not omit any information**. When you have completed it, don't forget to sign and date it.

**Investigative Consent Form** – This document is required by Federal Law (P.L. #91-505) and allows us to review your background as you enter the application process. Please remember to include your Driver's License Number at the appropriate location. If you have an e-mail address, please include that on the designated line.

**GARRETT  
POLICE  
DEPARTMENT**

GENERAL INSTRUCTIONS: Please type or print all of your answers. If you feel that a question does not apply to you enter N/A. If you feel that more space is needed for your answer, please attach additional paper. **DO NOT MISSTATE OR OMIT any information.** All statements are subject to investigation and verification.

**PERSONAL INFORMATION**

NAME (LAST, FIRST, MIDDLE)				U.S. CITIZEN	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	SOCIAL SECURITY NUMBER	
ALIASES / NICKNAMES / MAIDEN NAME / NAME CHANGES			CELL PHONE NUMBER		DRIVERS LICENSE NUMBER		STATE
CURRENT ADDRESS				CITY		STATE	ZIP CODE
DATE OF BIRTH				PLACE OF BIRTH (CITY / COUNTY / STATE)			
HEIGHT	WEIGHT	EYE COLOR	HAIR COLOR	SCARS / PHYSICAL DEFECTS / TATTOOS / DISTINGUISHING MARKS			

**EMPLOYMENT HISTORY**

NOTE: BEGIN WITH CURRENT AND LIST FOR PAST 10 YEARS, INCLUDE PART-TIME AND SEASONAL

FROM	COMPANY'S NAME, ADDRESS, AND A TELEPHONE NUMBER	JOB TITLE	SUPERVISOR NAME
TO		JOB DESCRIPTION	
FROM	COMPANY'S NAME, ADDRESS, AND A TELEPHONE NUMBER	JOB TITLE	SUPERVISOR NAME
TO		JOB DESCRIPTION	
FROM	COMPANY'S NAME, ADDRESS, AND A TELEPHONE NUMBER	JOB TITLE	SUPERVISOR NAME
TO		JOB DESCRIPTION	
FROM	COMPANY'S NAME, ADDRESS, AND A TELEPHONE NUMBER	JOB TITLE	SUPERVISOR NAME
TO		JOB DESCRIPTION	
FROM	COMPANY'S NAME, ADDRESS, AND A TELEPHONE NUMBER	JOB TITLE	SUPERVISOR NAME
TO		JOB DESCRIPTION	

**MILITARY HISTORY & STATUS**

HAVE YOU SERVED IN THE UNITED STATES ARMED FORCES?		<input type="checkbox"/> YES <input type="checkbox"/> NO	NOTE: IF ANSWER IS YES ATTACH COPY OF YOUR DD214	
SELECTIVE SERVICE NUMBER	DATE CLASSIFIED	CURRENT CLASSIFICATION		
LOCAL BOARD	BOARD ADDRESS			
ARE YOU A CURRENT MEMBER OF ANY U.S. RESERVE OR NATIONAL GUARD UNIT?			<input type="checkbox"/> YES <input type="checkbox"/> NO	
GRADE	SERVICE AND COMPONENT	ACTIVE <input type="checkbox"/> YES <input type="checkbox"/> NO	INACTIVE <input type="checkbox"/> YES <input type="checkbox"/> NO	STANDBY <input type="checkbox"/> YES <input type="checkbox"/> NO
ORGANIZATION AND STATION OR UNIT AND LOCATION				

**EDUCATION HISTORY**

NOTE: LIST ALL SCHOOLS ATTENDED. ATTACH HIGH SCHOOL AND COLLEGE TRANSCRIPT

NAME OF SCHOOL ATTENDED	LOCATION OF SCHOOL ATTENDED	YEARS ATTENDED		LAST GRADE COMPLETED	GRADUATED			
		FROM	TO			YES		NO
						YES		NO
						YES		NO
						YES		NO
						YES		NO
						YES		NO
						YES		NO
						YES		NO
						YES		NO

**DRIVER'S LICENSE HISTORY**

TYPE OF LICENSE	PLACE OF ISSUE	EXPIRATION	LICENSE NUMBER	RESTRICTIONS

1 HAVE YOU EVER BEEN DENIED A LICENSE OR HAD YOUR LICENSE SUSPENDED OR REVOKED?  YES  NO  
 IF YES, EXPLAIN FACTS: \_\_\_\_\_

2 HAVE YOU EVER HAD YOUR AUTOMOBILE INSURANCE REVOKED OR DENIED?  YES  NO  
 IF YES, EXPLAIN FACTS: \_\_\_\_\_

3 NAME AND ADDRESS OF CURRENT AUTOMOBILE INSURANCE COMPANY \_\_\_\_\_

4 INSURANCE COVERAGE AND LEVELS: \_\_\_\_\_

**ARREST / DETENTION / LITIGATION**

1 HAVE YOU EVER BEEN ARRESTED OR DETAINED BY A LAW ENFORCEMENT AGENCY?  YES  NO

2 HAVE YOU OR YOUR SPOUSE EVER BEEN INVOLVED IN ANY CIVIL OR CRIMINAL COURT ACTION?  YES  NO

3 HAVE YOU EVER BEEN FINGERPRINTED FOR ANY REASON (ARREST / JOB APPLICANT)?  YES  NO

NOTE: IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, LIST DATE, PLACE AND DETAILS.

**HEALTH HISTORY**

NOTE: LIST ALL MEDICAL INFORMATION CONCERNING ALL ILLNESSES FOR WHICH YOU RECEIVED MEDICAL TREATMENT FOR OR DURING THE PAST 5 YEARS.

ILLNESS OR OPERATION	MONTH / YEAR	PHYSICIAN NAME, CITY, AND A TELEPHONE NUMBER

1 HAVE YOU EVER BEEN TREATED FOR ANY TYPE OF MENTAL DISORDER?  YES  NO

2 HAS ANY FAMILY MEMBER HAD OR BEEN TREATED FOR A NERVOUS OR MENTAL DISORDER?  YES  NO

3 DO YOU HAVE ANY HANDICAP, CHRONIC DISEASE OR DISABILITY?  YES  NO

4 HAVE YOU EVER HAD A NERVOUS BREAKDOWN?  YES  NO

5 DO YOU NOW OR HAVE YOU EVER USED ANY HABIT-FORMING DRUGS?  YES  NO

**HEALTH HISTORY** continued

IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, LIST DETAILS

1 HAVE YOU EVER BEEN REJECTED FOR A HEALTH INSURANCE POLICY?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
2 HAS ANY FAMILY MEMBER HAD OR BEEN TREATED FOR A NERVOUS OR MENTAL DISORDER?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO

IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS EXPLAIN

REASON REJECTED / CANCELLED	COMPANY / ADDRESS / CITY / STATE	DATE

**RESIDENCE HISTORY**

NOTE: LIST ALL RESIDENCES FOR THE PAST 10 YEARS BEGINNING WITH CURRENT ADDRESS.

MONTH & YEAR		STREET ADDRESS	CITY	STATE	ZIP CODE
FROM	TO				

**REFERENCES (non-family members)**

NOTE: LIST 5 PEOPLE WHO HAVE KNOW LEDGE OF YOUR QUALIFICATIONS AND ABILITIES

NAME	ADDRESS	CITY	STATE	TELEPHONE #	YEARS KNOWN

**MISCELLANEOU**

ARE YOU NOW, OR HAVE YOU EVER BEEN A MEMBER OF ANY ORGANIZATION OR GROUP THAT  
1 ADVOCATES THE VIOLENT OVERTHROW OF THE UNITED STATES GOVERNMENT OR IT'S CONSTITUTION?

YES

NO

ARE THERE ANY INCIDENTS IN YOUR LIFE NOT MENTIONED HEREIN WHICH MAY REFLECT UPON  
2 YOUR SUITABILITY TO PERFORM THE DUTIES WHICH YOU MAY BE CALLED UPON TO PERFORM OR WHICH REQUIRE FURTHER EXPLANATION?

YES

NO

\_\_\_\_\_  
\_\_\_\_\_

I CERTIFY THAT THERE ARE NO MISREPRESENTATIONS, OMISSIONS, OR FALSIFICATIONS IN THE FOREGOING STATEMENTS AND ANSWERS, AND THAT THE ENTRIES MADE BY ME ABOVE ARE TRUE, COMPLETE, AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF AND ARE MADE IN GOOD FAITH. I FURTHER AGREE AND CONSENT IN ADVANCE TO BEING SUMMARILY DISCHARGED WITHOUT CAUSE OR HEARING IF ANY OF THE ABOVE INFORMATION CONTAINS ANY MISREPRESENTATIONS OR FALSIFICATION OR IF ANY MATERIAL INFORMATION HAS BEEN OMITTED.

**X**

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

# Investigative Consent Form

I hereby certify that, in connection with an application for membership in the Garrett Police Department, I have been advised through receipt of this form that:

- 1) An investigative report as to my character, general reputation, personal characteristics, police record and mode of living may be made, and,
- 2) I have the right to make a written request within a sixty-day period of time for a complete and accurate disclosure of the nature and scope of the investigation requested.

For the purposes of this statement, I also acknowledge that any report or other information required by federal or state laws now and hereafter in effect shall be deemed received by me if addressed to:

\_\_\_\_\_  
Print Name: (First) (Middle Name – not initial) (Last)

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Birth Date

\_\_\_\_\_  
Social Security Number Driver's License Number

\_\_\_\_\_  
Home Phone Work Phone

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Today's Date E-Mail Address

**Note: This statement is required by Federal Law (P.L. #91-505)**

# ***Garrett Police Department***

## ***Application Worksheet***

In addition to a completed and signed copy of the **Garrett Police Department Application**, you are *required* to provide the following documents:

- Recent photo of yourself (passport style)  
<https://travel.state.gov/content/passports/en/passports/photos.html>
- Signed Investigative Consent Form
- Copy of your Birth Certificate
- Copy of your Driver's License
- Copy of your High School Diploma
- Copy of your College Diploma (if applicable)
- Copy of your school transcripts
- Copy of pertinent Law Enforcement training
- Copy of your DD214 – (if applicable)  
available at [www.vetrecons.archives.gov](http://www.vetrecons.archives.gov)
- Recent Credit Report  
from [www.creditkarma.com](http://www.creditkarma.com)