



**Gary Police Department**  
**555 Polk Street Gary, IN 46402**



**Selection Process Application**

**Eligibility Requirements and Applicant Info**

Listed below is the contact information for our team members. Please contact the Personnel Division if you have any questions concerning your recruitment process:

[gpdrecruiting@gary.gov](mailto:gpdrecruiting@gary.gov) (219) 806-6475

The Gary Police Department is an equal opportunity/affirmative action employer, complying with all provisions of the Americans with Disabilities Act.

**BASIC ELIGIBILITY REQUIREMENTS:**

- Must be a United States citizen.
- Must possess a valid driver's license.
- Must have obtained a high school diploma or GED.
- Must have never been terminated as a Gary Police Officer.
- Must not have been convicted of a Class A Misdemeanor or Felony.
- Must be at least 21 years old and less than 39 years of age at the date of employment or 40 and 6 months years of age with twenty years of active military service.

☐ **Academy Certified**      ☐ **Sworn**      ☐ **Reserve**

Last Name:	First Name:	Middle Initial:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Maiden Name:	Race:	Sex:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Email:	Date of Birth:	Marital Status:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone:	Street Address:	<input type="text"/>
<input type="text"/>	City, State & Zip:	<input type="text"/>
	County:	<input type="text"/>
Have you read the provided instructions and met the basic eligibility requirements?		
<input type="text"/>		

### **Background Information**

To determine your eligibility, answer the following questions: (I understand that all information provided will be verified by a background investigation, including a polygraph examination. Any false information provided may cause me to be removed from further consideration for this selection process).

Have you used an illegal drug (other than marijuana) or abused a legal drug within the last 5 years?	---
Have you used Adderall without a prescription within the last year?	---
Have you used marijuana within the last year?	---
Have you ever knowingly or intentionally sold, transported, or manufactured any illegal drug?	---
Do you currently abuse alcohol?	---
How many times within the last year have you operated a motor vehicle (including a motorboat) and were impaired or over the legal limit for alcohol and/or drugs.	---
Have you received any of the following Military Discharges: Bad Conduct Discharge (BCD), Dishonorable Discharge (DD) or Administrative Discharge Other Than Honorable (OTH)?	---
Have you engaged in any form of bestiality since the age of 18?	---
Do you have any tattoos, brands, or mutilations.	---

NOTE: Mutilation is defined by Departmental policy as a purposeful, knowing, or intentional disfigurement, modification, or alteration of one's natural appearance that could bring discredit to the Department or create a non-uniform appearance that might hinder Department Esprit de corps. Such mutilations may include but are not limited to brands, ear gauges, nose gauges, facial piercing, tongue trimming, tongue splitting, tongue studs, cranium cosmetic implants, or any other implant that does not project an anthropomorphic appearance.

Have you previously applied for an Officer's position with the City of Gary?	---
If known, indicate the year(s) in which an application was submitted:	
Are you currently, or have you ever been employed by the City of Gary?	---

### **Relative Disclosure Information**

In an effort to avoid nepotism during the interview process, and in order to comply with Gary Police Department's Standard Operating Procedures and Indiana Code 4-15-7-1, it is necessary that you notify us of all relatives who have or currently work for the City of Gary in the spaces provided below. For purposes of this procedure, "relative" means father, mother, brother, sister, uncle, aunt, husband, wife, son, daughter, son-in-law, daughter-in-law niece or nephew as defined in Indiana Code 4-15-7-1.

Do you currently have or have ever had relatives employed by the City of Gary?	---
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**Education**

High School Diploma or GED?	---
Highest grade of high school completed?	---
College hours earned:	---
Degree(s) obtained:	---

Name of school (beginning with high school and include City & State)	# of hours completed	GPA (4.0) scale	Did you graduate?	Diploma or Degree
			---	---
			---	---
			---	---
			---	---
			---	---
			---	---
			---	---

**Prior Law Enforcement**

Do you have any prior law enforcement experience?	---
Did you attend a law enforcement academy?	---

**Military History and Status**

Include active-duty service with the National Guard and the Reserve.

Have you ever served in the United States military on active duty (including basic training)?	---
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## **Employment**

Please complete this section for each of your past employers, starting with your current or most recent employer.

1. Name of Employer and Supervisor:		Telephone #:	
<input type="text"/>		<input type="text"/>	
Employer Full Address (Street Address, City, State, Zipcode) :			
<input type="text"/>			
Position or Title		Start Date: MM/YY	End Date: MM/YY
<input type="text"/>		<input type="text"/>	<input type="text"/>
Were you disciplined?	Reason for Leaving?		
<input type="text"/>	<input type="text"/>		
Duties and Responsibilities?			
<input type="text"/>			

2. Name of Employer and Supervisor:		Telephone #:	
<input type="text"/>		<input type="text"/>	
Employer Full Address (Street Address, City, State, Zipcode) :			
<input type="text"/>			
Position or Title		Start Date: MM/YY	End Date: MM/YY
<input type="text"/>		<input type="text"/>	<input type="text"/>
Were you disciplined?	Reason for Leaving?		
<input type="text"/>	<input type="text"/>		
Duties and Responsibilities?			
<input type="text"/>			

3. Name of Employer and Supervisor:		Telephone #:	
<input type="text"/>		<input type="text"/>	
Employer Full Address (Street Address, City, State, Zipcode) :			
<input type="text"/>			
Position or Title		Start Date: MM/YY	End Date: MM/YY
<input type="text"/>		<input type="text"/>	<input type="text"/>
Were you disciplined?	Reason for Leaving?		
<input type="text"/>	<input type="text"/>		
Duties and Responsibilities?			
<input type="text"/>			



## Employment Continued

4. Name of Employer and Supervisor:		Telephone #:	
<input type="text"/>		<input type="text"/>	
Employer Full Address (Street Address, City, State, Zipcode) :			
<input type="text"/>			
Position or Title		Start Date: MM/YY	End Date: MM/YY
<input type="text"/>		<input type="text"/>	<input type="text"/>
Were you disciplined?	Reason for Leaving?		
---	<input type="text"/>		
Duties and Responsibilities?			
<input type="text"/>			

5. Name of Employer and Supervisor:		Telephone #:	
<input type="text"/>		<input type="text"/>	
Employer Full Address (Street Address, City, State, Zipcode) :			
<input type="text"/>			
Position or Title		Start Date: MM/YY	End Date: MM/YY
<input type="text"/>		<input type="text"/>	<input type="text"/>
Were you disciplined?	Reason for Leaving?		
---	<input type="text"/>		
Duties and Responsibilities?			
<input type="text"/>			

6. Name of Employer and Supervisor:		Telephone #:	
<input type="text"/>		<input type="text"/>	
Employer Full Address (Street Address, City, State, Zipcode) :			
<input type="text"/>			
Position or Title		Start Date: MM/YY	End Date: MM/YY
<input type="text"/>		<input type="text"/>	<input type="text"/>
Were you disciplined?	Reason for Leaving?		
---	<input type="text"/>		
Duties and Responsibilities?			
<input type="text"/>			

## Employment Continued

7. Name of Employer and Supervisor:		Telephone #:	
<input type="text"/>		<input type="text"/>	
Employer Full Address (Street Address, City, State, Zipcode):			
<input type="text"/>			
Position or Title		Start Date: MM/YY	End Date: MM/YY
<input type="text"/>		<input type="text"/>	<input type="text"/>
Were you disciplined?	Reason for Leaving?		
<input type="text"/>	<input type="text"/>		
Duties and Responsibilities?			
<input type="text"/>			

8. Name of Employer and Supervisor:		Telephone #:	
<input type="text"/>		<input type="text"/>	
Employer Full Address (Street Address, City, State, Zipcode):			
<input type="text"/>			
Position or Title		Start Date: MM/YY	End Date: MM/YY
<input type="text"/>		<input type="text"/>	<input type="text"/>
Were you disciplined?	Reason for Leaving?		
<input type="text"/>	<input type="text"/>		
Duties and Responsibilities?			
<input type="text"/>			

9. Name of Employer and Supervisor:		Telephone #:	
<input type="text"/>		<input type="text"/>	
Employer Full Address (Street Address, City, State, Zipcode) :			
<input type="text"/>			
Position or Title		Start Date: MM/YY	End Date: MM/YY
<input type="text"/>		<input type="text"/>	<input type="text"/>
Were you disciplined?	Reason for Leaving?		
<input type="text"/>	<input type="text"/>		
Duties and Responsibilities?			
<input type="text"/>			

Do you have additional employers to include?	<input type="text"/>
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**Driver's License Information**

Do you currently possess a valid driver's license?		---
Has your driver's license ever been suspended or revoked?	---	Driver's License (State & Number)      Expiration Date: MM/YYYY
Have you possessed a driver's license in another state? If yes, provide the state(s) name below.		

**Vehicle Crash and Traffic Ticket Information**

Have you ever been involved in a vehicle crash?	---
Number of crashes:	
Have you ever received a ticket for a traffic offense?	---
Number of tickets:	

**Vehicle Crash Information (beginning with most recent)**

List all vehicle crashes in which you have been involved as a driver.

	Date	Location (City & State)	Brief Description
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

Do you have more vehicle crashes to include? ---

**Traffic Offense Information (beginning with most recent)**

Complete the requested information below for each traffic citation you have received.

	Date	Location (City & State)	Charge	Disposition
1				N/A
2				N/A
3				N/A
4				N/A
5				N/A
6				N/A
7				N/A
8				N/A
9				N/A
10				N/A

Do you have more traffic offenses to include? ---

## **Criminal Arrest Information**

Have you ever been arrested or ticketed for a misdemeanor that has not been expunged by a court, even if charges were later dropped or dismissed?	<input type="text"/>
Have you ever been arrested or charged with a felony that has not been expunged by a court, even if charges were later dropped or dismissed?	<input type="text"/>
Have you ever been arrested for an act as a juvenile that would have been a crime had it been committed as an adult?	<input type="text"/>
Have you ever been, or are you currently involved as, a plaintiff, defendant, petitioner, or respondent in any civil court case?	<input type="text"/>

## **Criminal Offense Information**

### **(Misdemeanor or Felony Only) (beginning with most recent)**

Complete the requested information below for each criminal charge you have received.

	Date	Location (City & State)	Charge	Disposition
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	N/A
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	N/A
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	N/A
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	N/A
5	<input type="text"/>	<input type="text"/>	<input type="text"/>	N/A
6	<input type="text"/>	<input type="text"/>	<input type="text"/>	N/A
7	<input type="text"/>	<input type="text"/>	<input type="text"/>	N/A
8	<input type="text"/>	<input type="text"/>	<input type="text"/>	N/A
9	<input type="text"/>	<input type="text"/>	<input type="text"/>	N/A
10	<input type="text"/>	<input type="text"/>	<input type="text"/>	N/A

Do you have more criminal offenses to include?



### **Character References**

10 Character references are required. Do not list relatives or former employers as references.

	Name	Full Address (Street Address, City, State, Zipcode)	Phone #	Email Address
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

### **Prior residences, including military addresses (beginning with most recent)**

	Street Address	City & State	Zipcode	From MM/YY	To MM/YY
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					



**Prior Law Enforcement Applications (beginning with most recent)**

	Police Agency	Application Date	Last Phase Attempted
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

**Prior Law Enforcement Internships (beginning with most recent)**

	Police Agency	Dates	Duties / Responsibilities	Paid/Unpaid/ College Credit
1				
2				
3				
4				
5				

**Prior reserve/part-time/full-time law enforcement experience (beginning with most recent)**

Police Agency #1			
Address		Phone #	
Supervisor's Name		Supervisor's Title	
Supervisor's Email Address		Supervisor's Phone	
Position or Professional Title			
Start Date		End Date	
Have you been the subject of an internal investigation or disciplined?			

Police Agency #2			
Address		Phone #	
Supervisor's Name		Supervisor's Title	
Supervisor's Email Address		Supervisor's Phone	
Position or Professional Title			
Start Date		End Date	
Have you been the subject of an internal investigation or disciplined?			



**Prior reserve/part-time/full-time law enforcement experience (continued)**

Police Agency #3		
Address		Phone #
Supervisor's Name		Supervisor's Title
Supervisor's Email Address		Supervisor's Phone
Position or Professional Title		
Start Date		End Date
Have you been the subject of an internal investigation or disciplined?		

Police Agency #4		
Address		Phone #
Supervisor's Name		Supervisor's Title
Supervisor's Email Address		Supervisor's Phone
Position or Professional Title		
Start Date		End Date
Have you been the subject of an internal investigation or disciplined?		

Police Agency #5		
Address		Phone #
Supervisor's Name		Supervisor's Title
Supervisor's Email Address		Supervisor's Phone
Position or Professional Title		
Start Date		End Date
Have you been the subject of an internal investigation or disciplined?		

**Miscellaneous Information**

Do you currently possess a personal protection handgun permit?	---
Have you ever been denied a personal protection handgun permit?	---
Have you ever had a personal protection handgun permit revoked?	---
Number of dependents?	
Are you legally required to make child support payments?	---

**Language Information**

Language	Speak Fluently?	Read/Write?
	---	---
	---	---
	---	---

**Written Examination / Physical Abilities Test / Oral Interview**

**Note: You will complete all these three (3) phases on the same day which could result in an approximately twelve (12) hour day. You must successfully complete each phase to continue to the next phase. Please plan accordingly.**

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How did you learn of the Gary Police Department selection process?	
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***NOTE: Only those applicants eligible to proceed in the selection process will receive an invitation to attend the testing.***

#### Additional Documents

The Gary Police Department Personnel Division will require the following documentation at a later date; Please begin to collect these documents now:

- Birth Certificate (copy)
- High School transcripts (copy)
- College/University transcripts (if applicable)
- Military DD Form 214 (if applicable) (copy)
- If active duty, a letter of endorsement from a military commander is required.
- Copies of specialized training certificates and awards.
- Previous law enforcement documentation:
- Copy of State accredited law enforcement academy certificate and curriculum.
- Copies of commendations and awards.
- 2 1/2" X 2 1/2" Passport-style photograph of your head and shoulders in professional attire.

By placing my name in the box below and selecting today's date, I swear or affirm under the penalty of perjury all information contained in this application is true, accurate, and complete to the best of my knowledge. I understand that all information provided will be verified by a background investigation, including a polygraph examination. Any false information provided may cause me to be removed from further consideration for this selection process.

The Personnel Division will contact you via email. Please be sure to check your emails regularly (including your spam/junk folders) to ensure you do not miss important information from us. Be sure you read all email correspondence thoroughly so you know what is expected of you during each phase of the hiring process.

Full Name (typed)	Date

**APPLICATION SUBMISSION STEPS:**

- 1. PROOFREAD YOUR APPLICATION THOROUGHLY, ENSURING ALL FIELDS ARE COMPLETED.**
- 2. SAVE A COPY OF YOUR COMPLETED APPLICATION USING THE FOLLOWING FORMAT:**

***LAST NAME, FIRST NAME, MIDDLE INITIAL, DATE OF BIRTH***

**(EXAMPLE: "DOE, JOHN, A, 01-01-1980")**

- 3. ONCE YOU HAVE SAVED A COPY OF YOUR COMPLETED APPLICATION TO YOUR COMPUTER, SEND THE APPLICATION AS AN ATTACHMENT IN AN E-MAIL MESSAGE USING THE FOLLOWING CRITERIA TO FINISH SUBMITTING YOUR APPLICATION TO THE GARY POLICE DEPARTMENT:**

**TO: [GPDRECRUITING@GARY.GOV](mailto:GPDRECRUITING@GARY.GOV)**

**SUBJECT: GARY POLICE DEPARTMENT APPLICATION**

**MESSAGE/NARRATIVE SECTION: INCLUDE YOUR FULL NAME (LAST NAME, FIRST NAME, MIDDLE INITIAL, AND DATE OF BIRTH (MM-DD-YYYY))**

**ATTACH YOUR APPLICATION: WHEN YOU HAVE COMPLETED THE INFORMATION ABOVE, ATTACH YOUR APPLICATION UTILIZING YOUR E-MAIL PROGRAM FILE ATTACHMENT PROTOCOLS.**

**SEND: CONFIRM ALL INFORMATION ABOVE IS ACCURATE AND THAT YOU HAVE ENTERED THE CORRECT E-MAIL ADDRESS FOR THE GARY POLICE DEPARTMENT:**

**[GPDRECRUITING@GARY.GOV](mailto:GPDRECRUITING@GARY.GOV)**