

# **BRAZIL POLICE DEPARTMENT**

## **APPLICATION FOR POLICE OFFICER**



### **EQUAL OPPORTUNITY EMPLOYER**

Prospective applicants will receive consideration  
without regard to race, sex, religion,  
national origin, creed, color or disability

## **Minimum requirements to be considered for appointment to the Brazil Police Department**

### **All applicants:**

1. Must be a minimum of twenty-one (21) years of age at time of application, but not yet forty (40) years of age at time of appointment. Prior Brazil Police members must be able to complete 20 years of service in the 1977 Police/Firefighters Pension Fund by the age of 60.
2. Must be a High School graduate or have a G.E.D.
3. Must be a citizen of the United States of America prior to the date of making application.
4. Must maintain adequate transportation.
5. Must have and maintain a valid, non-suspended, non-expired, non-conditional, non-revoked driver's license.
6. Must keep the Brazil Police Department notified of address and telephone information changes if you want to remain on the list for appointment.
7. Must not have been found guilty of a felony in any court which has not been annulled, expunged or sealed by a court.
8. Must not have been found guilty of any misdemeanor family/domestic violence/battery.
9. Must not have an active protective order, restraining order or no contact order against applicant.
10. Must complete application as specified and provide all requested material.

# **KNOWLEDGE, SKILLS AND ABILITIES NECESSARY TO DO POLICE WORK**

NOT LIMITED TO:

## **Interest in police work**

Willingness to handle routine, repetitive tasks; enforce laws that may conflict with personal values; relate to others; work with minorities; work with fellow officers and the general public; participate in situations that require courage; function in different roles; work under hostile conditions; work under hazardous conditions over long periods of time; change appearance for job requirements and conditions; accept new job duties; and work weekends, holidays, rotating shifts and overtime.

## **Ability to take orders**

The ability to relate to supervisors; maintain objectivity; take criticism and control temper; and the willingness to enforce laws that may conflict with personal values.

## **Ability to take responsibility**

The ability to work without supervision; be reliable; participate in situations that require courage; refrain from abusing authority vested in official role; maintain confidentiality of information; assume a command presence in conflict situations; and refrain from using excessive sick or unauthorized leave.

## **Self-control**

The ability to control one's temper; maintain objectivity; take criticism; function under oral or physical stress; use authority effectively; function in different roles; work under hazardous and hostile conditions for long periods of time; and work at accident and crime scenes that involve severe personal injuries, or in situations that involve loss of life.

## **Ability to communicate effectively**

The ability to testify accurately; obtain information from witnesses under normal and stressful conditions; and communicate in person, in writing, and via radio.

## **Ability to make reasonable decisions rapidly**

The ability to reason logically; apply discretion in maintaining confidentiality of information; observe and interpret what is observed; evaluate situations and people effectively; and apply good judgment.

## **Willingness to arrest people**

The willingness to take actions that result in imposing penalties on others including: depriving them of their freedom; taking a life if necessary; fighting to win, and injuring another if required; and to enforce laws that may conflict with personal values.

**Ability to learn**

The immediate potential to learn to write readable, comprehensible reports; to read and interpret relevant laws and procedural material; read maps; apply regulations; communicate verbally with others under stress, analyze material and situations; and record observations from accident and crime scenes.

**Emotional stability**

The ability to take verbal abuse; the possession of: honesty, integrity, maturity, tolerance, self-confidence, truthfulness and psychological stability; and the ability to meet the physical and psychological demands of police work.

**Ability to problem solve**

The ability to identify problems or issues that are of concern to residents of the City, and the ability to respond successfully to these problems through the resources of the Police Department, other City Departments, and/or other governmental or private agencies.

## **Required documents to be included with application:**

1. Copy of birth certificate.
2. Copy of social security card.
3. Copy of valid, non-suspended, non-expired, non-conditional, non-revoked driver's license.
4. Copy of high school diploma, or G.E.D.
5. Copy of high school transcript verified with a seal or G.E.D. results verified with seal.
6. Copy of college diploma.
7. Copy of college transcripts verified with a seal.
8. Copy of DD form-214 if you served time in any branch of military service.
9. Two letters of recommendation.
10. Copy of current credit report.

**In the space below, attach a recent photograph of yourself**

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Attach Photo Here

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**NO APPLICATION WILL BE CONSIDERED UNLESS ALL THE ABOVE ITEMS ARE INCLUDED WITH THE APPLICATION . . . (WHERE APPLICABLE)**

# **BRAZIL POLICE DEPARTMENT**

## **AN EQUAL OPPORTUNITY EMPLOYER**

The Brazil Police Department shall not discriminate against, or show favor toward the hiring of anyone, based upon their race, color, religion or gender.

The Brazil Police Department shall not discriminate against anyone, regarding conditions of employment, terms or any privileges of employment.

Each applicant shall be limited 'only' by his/her own abilities, or lack of, qualifications.

The Brazil Police Department shall strive to select, hire and maintain the best qualified person, for any position within the department.

### **INSTRUCTIONS FOR COMPLETION OF APPLICATION**

1. Read each section carefully, before attempting to complete the application. Each section must be filled out completely before it will be processed. All information and requested documents must be attached when the application is returned.
2. The application must be typed or neatly printed (legible).
3. Applications will be maintained for one year, unless the application is eliminated, during the regular hiring process.

# PERSONAL INFORMATION SECTION

Complete All

Name: \_\_\_\_\_  
( First, Middle, Last)

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Have you ever had your name changed or used an alias?     Yes         No

If yes, list previous name(s) or alias: \_\_\_\_\_

Have you ever been employed by the Brazil Police Department or City of Brazil? \_\_\_\_\_

If so, when? \_\_\_\_\_ Reason for leaving? \_\_\_\_\_

If hired, when can you start? \_\_\_\_\_

Apart from absence for religious beliefs, would be available  
to work at least 86 hours in a bi-weekly period?         Yes         No

Will you work overtime if asked?                                 Yes         No

Will you work a rotating Shift?  
(Days & Nights)     Yes         No

Are you a United States citizen?                                 Yes         No

Are you at least 21 years old?                                         Yes         No

# FAMILY HISTORY

SPOUSE: \_\_\_\_\_  
( First, Middle, Last ) / ( Maiden Name )

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

CHILDREN: \_\_\_\_\_  
( Name & Age )

\_\_\_\_\_

( Name & Age )

\_\_\_\_\_

( Name & Age )

FATHER: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

MOTHER: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

SIBLING(S): \_\_\_\_\_  
( Name, Address & Telephone Number )

\_\_\_\_\_

\_\_\_\_\_



# EDUCATION

Education	Name & Address of School(s) Location of G.E.D. test	Graduate YES / NO	Course of Study	Dates Attended
<b>High School Or G.E.D.</b>				
<b>College</b>				
<b>Other (Name &amp; Type)</b>				

**You must include copies of all transcripts from schools attended, in order to verify school attendance and/or completion and to fulfill the requirements of the application process.**

Have you ever been subject to any disciplinary action, such as scholastic probation, suspension, or expulsion, during your scholastic career?       Yes       No

If yes, explain:

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List any extracurricular activity that you think helped prepare you to become or gave you skills that will be useful to you as a police officer:

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# PERSONAL REFERENCES

Please list the names of (3) three references that are not past employers or relatives. These people may be called upon to answer questions about your personal background.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Years Known: \_\_\_\_\_

Upon which of the following conditions is your acquaintance with this person based?

Social                       Business                       Education                       Neighbor

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Years Known: \_\_\_\_\_

Upon which of the following conditions is your acquaintance with this person based?

Social                       Business                       Education                       Neighbor

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Years Known: \_\_\_\_\_

Upon which of the following conditions is your acquaintance with this person based?

Social                       Business                       Education                       Neighbor

# EMPLOYMENT RECORD

List below all present and past employers, beginning with you most recent job.

From: \_\_\_\_\_ To: \_\_\_\_\_ ( ) Full Time ( ) Part Time

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Job Title: \_\_\_\_\_

Average hours per week: \_\_\_\_\_ Weekly pay: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Coworker: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

May we contact this employer? ( ) Yes ( ) No

From: \_\_\_\_\_ To: \_\_\_\_\_ ( ) Full Time ( ) Part Time

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Job Title: \_\_\_\_\_

Average hours per week: \_\_\_\_\_ Weekly pay: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Coworker: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

May we contact this employer? ( ) Yes ( ) No

From: \_\_\_\_\_ To: \_\_\_\_\_ ( ) Full Time ( ) Part Time

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Job Title: \_\_\_\_\_

Average hours per week: \_\_\_\_\_ Weekly pay: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Coworker: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

May we contact this employer? ( ) Yes ( ) No

From: \_\_\_\_\_ To: \_\_\_\_\_ ( ) Full Time ( ) Part Time

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Job Title: \_\_\_\_\_

Average hours per week: \_\_\_\_\_ Weekly pay: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Coworker: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

May we contact this employer? ( ) Yes ( ) No

Have you ever been terminated or asked to resign in lieu of termination? ( ) Yes ( ) No

If yes, explain. \_\_\_\_\_

\_\_\_\_\_

# MILITARY SERVICE RECORDS

Complete All

Have you ever served in the United States military?      ( ) Yes      ( ) No

If yes, date of service:      From: \_\_\_\_\_ To: \_\_\_\_\_

Branch of service: \_\_\_\_\_

Unit designation: \_\_\_\_\_ Highest rank held: \_\_\_\_\_

Military service #: \_\_\_\_\_ Type of discharge: \_\_\_\_\_

Describe any military training received relevant to law enforcement.

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## Specialized Training Section

Please list any training that you feel may be related to police work and that you would like to inform us about. Also, list training sites and dates.

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# CRIMINAL/LEGAL HISTORY

Have you ever been convicted or plead “guilty” or “no contest” to a crime? ( ) Yes ( ) No

If yes, explain below:

Crime	Police Agency / State	Date

Further details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever committed an illegal act or done anything that would have been considered unlawful if caught? ( ) Yes ( ) No

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever failed a police background investigation in the past? ( ) Yes ( ) No

If yes, when? \_\_\_\_\_

To whom did you apply? \_\_\_\_\_

List any court action to which you have been a party, including divorce and/or child support:  
(Plaintiff, Defendant or Witness)

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

## Traffic Offenses/Accidents

Do you have a valid Indiana Driver's License?  Yes  No

Type: \_\_\_\_\_ License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Have you receive any traffic citations since your 18<sup>th</sup> birthday?  Yes  No

If yes, list below. (Exclude parking tickets)

Date	Agency	Charge	Disposition

Has your driver's license ever been suspended, revoked or restricted?  Yes  No

If yes, explain: \_\_\_\_\_  
 \_\_\_\_\_

List all states in which you have resided or held a driver's license, include military license.

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

List all traffic accidents you have been involved in as a driver since your 18<sup>th</sup> birthday.

Date	Agency	Location	At Fault	Comments
			Yes / No	
			Yes / No	
			Yes / No	

Have you ever been sued as a result of a traffic accident?  Yes  No

If yes, explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Have you ever sued someone as a result of a traffic accident?  Yes  No

If yes, explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_





# AUTHORIZATION TO RELEASE INFORMATION

I, \_\_\_\_\_, hereby authorization any person, agency, partnership or corporation having any information concerning my CREDIT REPORT, EDUCATIONAL RECORD, EMPLOYMENT RECORD, MILITARY RECORD OR SELECTIVE SERVICE RECORD to release such information to the Brazil Police Department. This information is to be used for possible employment with the Brazil Police Department and will not be available for public inspection.

I hereby release such person, agency, partnership or corporation from any liability which may be incurred in releasing this information to the Brazil Police Department, including liability under Federal law.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

I certify that the information contained in this application is correct to the best of my knowledge, and understand that falsification or omissions in any detail is ground for disqualification from further consideration or dismissal from employment at the time the Brazil Police Department discovers the omission or falsification. I agree to conform to the rules and regulations of the Brazil Police Department, and understand that if hired I will be a "terminable-at-will" employee, and that my employment and compensation can be terminated with or without cause and with or without notice, at any time, at the option of either the City of Brazil or myself.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

State of Indiana

County of \_\_\_\_\_ SS

Subscribed and sworn to before me, a Notary Public in and for the State of Indiana and county above named, by the said \_\_\_\_\_

Who is to me personally known, on this day \_\_\_\_\_  
(date)

Notary's signature and seal \_\_\_\_\_

Notary's name (type or print) \_\_\_\_\_  
(seal)

County of residents \_\_\_\_\_ Commission Exp. \_\_\_\_\_

## AFFIRMATIVE ACTION SURVEY

This data is for periodic government reporting and will be kept in an Affirmative Action file separate the Application for Employment. Solely to help us comply with government record keeping, reporting and other legal requirements. Please fill out the Applicant Data Record. We appreciate your cooperation.

Government agencies require periodic reports on the sex, ethnicity, disabled and veteran status of applicants. This data is for analysis and affirmative action only. Submission of the information is voluntary.

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Check one:     Female     Male

Check one of the following: Race/Ethnic Group:     White     Black     Hispanic  
   American Indian/Alaskan Native  
   Asian/Pacific Islander

Check if any of the following are applicable:

Handicapped Individual     Disabled Veteran     Vietnam Era Veteran

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Position(s) Applied For: \_\_\_\_\_

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Referral Source:

Advertisement                       Friend                       Relative                       Walk-In  
 Employment Agency               Other                         Social Media

**PHYSICAL AGILITY TESTING**  
**Release of Liability-Hold Harmless**

I, \_\_\_\_\_, understand that I am about to attempt strenuous physical activity as part of the application/hiring process for the Brazil Police Department. I do not have, nor am I aware of, any physical health problems that may jeopardize my well being as a result of the physical testing process. I am willing to hold harmless (and not liable) the City of Brazil, Brazil Police Department and it's agents for any injuries that may arise/occur as a result of my own actions to participate in the physical ability tests, which is part of the application/hiring process.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Note: This form must be attach with the completed application

# PHYSICAL AGILITY TEST

The Brazil Police Department has adopted the Indiana Law Enforcement Academy fitness standard as the physical agility test for employment. The physical agility test consists of five (5) physical fitness components.

1. **Vertical Jump.** This measures leg power, and consists of measuring how high a person jumps.
2. **One Minute Sit Ups.** This measures abdominal, or trunk, muscular endurance. While lying on his/her back, the student will be given one (1) minute to do as many bent leg sit ups as possible.
3. **300 Meter Run.** This measures anaerobic power, or the ability to make an intense burst of effort for a short time period or distance. This component consists of sprinting 300 meters as fast as possible.
4. **Maximum Push Ups.** This measures the muscular endurance of the upper body. This component consists of doing as many pushups as possible until muscular failure.
5. **1.5 Mile Run.** This measures aerobic power or cardiovascular endurance (stamina over time). To complete this component you must run/walk, as fast as possible, a distance of 1.5 miles.

Each applicant is required to meet, or exceed, the following standards:

<u>Test</u>	<u>Standard</u>
Vertical Jump	16" ( Inches )
Sit-Ups	29 ( 1 minute )
300 Meter Run	71 seconds
Push-Ups	25
1.5 Mile Run	16 minutes – 28 seconds

Applicants who do not pass all 5 tests will be eliminated from the hiring process.