

ELIZABETHTOWN POLICE DEPARTMENT

THE ELIZABETHTOWN POLICE DEPARTMENT IS ACCEPTING APPLICATIONS FOR THE POSITION OF TELECOMMUNICATOR(DISPATCHER).
APPLICATANTS MUST MEET THE FOLLOWING REQUIREMENTS.

1. MUST COMPLETE AN APPLICATION FORM TO INCLUDE ALL REQUESTED DOCUMENTATION AND RETURN IT TO THE POLICE DEPARTMENT.
2. MUST BE A HIGH SCHOOL GRADUATE OR EQUIVALENT AND HAVE COPIES OF TRANSCRIPTS FILED WITH APPLICATION.
3. MUST BE A U.S. CITIZENS
4. MUST BE 18 YEARS OF AGE.
5. MUST POSSESS A VALID KENTUCKY DRIVERS LICENSE.
6. MUST BE A HARDIN CO RESIDENCE OR WILLING TO LOCATE TO HARDIN COUNTY WITHIN 6 MONTHS OF JOB ACCEPTANCE.
7. MUST BE OF HIGH MORAL CHARACTER AND NOT CONVICTED OF A FELONY.
8. MUST BE ABLE TO READ, WRITE AND UNDERSTAND THE ENGLISH LANGUAGE..
9. MUST BE AN ORDERLY, LAW-ABIDING CITIZEN OF SOBRIETY AND INTEGRITY .
10. MUST BE ABLE TO TYPE AND HAVE SOME KNOWLEDGE OF COMPUTERS.
11. MUST SUCCESSFULLY PASS DISPATCHER TEST.
12. MUST TO THE SATISFACTION OF THE POLICE DEPARTMENT, SUCCESSFULLY PASS A BACKGROUND CHECK THAT DEMONSTRATES THAT THE APPLICANT IS FREE OF ANY PERSONAL PROBLEMS THAT WOULD TEND TO RENDER HIM/HER UNFIT TO BE A REPRESENTATIVE OF THE POLICE DEPARTMENT. SUCH BACKGROUND CHECK INCLUDE, BUT NOT LIMITED TO INQUIRY AS TO THE CREDIT STANDING, MORALITY, CRIMINAL RECORD OR CHARACTER OF THE APPLICANT.

13. MUST BE ABLE TO ATTEND A 4 ½ WEEK DISPATCH ACADEMY.

14. MUST TAKE A POLYGRAPH EXAMINATION.

15. MUST BE ABLE TO PASS A PSYCHOLOGICAL EVALUATION..

IF ANY FURTHER QUESTIONS, CAN CONTACT THE ELIZABETHTOWN
POLICE DEPARTMENT AT 270-765-4125.

TRACY SCHILLER
CHIEF OF POLICE



300 South Mulberry Street
Elizabethtown, KY 42701
(270) 765-4125 - Dispatch
(270) 360-0303 - Detectives
(270) 360-0207 - Administrative
Fax: (270) 769-1144

CITY OF ELIZABETHTOWN
POLICE DEPARTMENT

Application Check List

- Copy of High School Diploma or GED including transcripts
- Copy of College Diploma and Certificates including transcripts
- Double checked all categories to ensure they are complete with extra pages as needed
- Application is signed and dated
- Signature has been properly notarized
- Military discharge paperwork (DD 214) if applicable
- Two handwritten paragraphs is completed and included
- Release of information on last page is signed

**I UNDERSTAND THAT INCOMPLETE APPLICATIONS
WILL NOT BE CONSIDERED.**

February 2, 2012



City of Elizabethtown Police Department

AUTHORITY FOR RELEASE OF INFORMATION

Note: This release will be kept separate from the employment application

NAME: _____ DATE OF BIRTH: _____

RACE: _____ SEX: _____ PHONE #: _____

ADDRESS: _____

CITY, STATE, AND ZIP CODE: _____

SOCIAL SECURITY NUMBER : _____ SELECTIVE SERVICE NUMBER: _____

This form is utilized in respect to the Privacy Act of 1974 (Public Law 93-579). The information you authorize released by signing this form will be used principally to aid in the completion of an investigation to determine your fitness for employment in the Elizabethtown Police Department, or for other employment purposes including a security clearance and an evaluation of qualifications, suitability, and loyalty to the United States.

Your signature on this Authority For Release of Information form is voluntary; however, your failure to complete this form may mean that the required information cannot be obtained to complete your investigation. Any information either obtained or not obtained could result in disqualification for employment or termination from employment based upon information in the records.

SPECIFICALLY, I HEREBY AUTHORIZE THE RELEASE OF THE FOLLOWING DATA OR RECORDS TO THE ELIZABETHTOWN POLICE DEPARTMENT, AND DO HEREBY RELEASE THE ADDRESSED INDIVIDUAL, COMPANY, OR INSTITUTION AND ALL INDIVIDUALS CONNECTED THEREWITH, FROM ALL LIABILITY FOR ANY DAMAGE WHATSOEVER INCURRED IN FURNISHING SUCH INFORMATION.

Employment Information	Police and Criminal Records
Selective Service Information	Educational Information
Medical and Military Medical Information	Credit Information

I CERTIFY, AS A CONDITION OF MY EMPLOYMENT, THAT ALL INFORMATION GIVEN ON THIS APPLICATION IS CORRECT. I UNDERSTAND THAT IF I HAVE FURNISHED FALSE INFORMATION OR OMITTED PERTINENT INFORMATION RELATING TO EMPLOYMENT, I MAY BE DISCHARGED.

Signature of Applicant: _____

Date: _____

Investigating Officer: _____
Elizabethtown, KY 42701

15. Specify all arrests or citations. Include dates, locations, by what agency, and whether convicted or not.

16. Specify all other arrests, felony and misdemeanor. Include dates, locations, by what agency, and whether convicted or not.

17. Have you been involved in a motor vehicle accident as an operator which resulted in injury or damage of \$100 or more in the past 5 years? Give details by listing dates, location, property damage, or injuries involved and action taken by police courts or the Division of Driver Licensing in the Department of Transportation.

18. Have you ever been a defendant in any court action? If so, give details.

19. Military Service: Was your discharge honorable from the military service? _____ Yes _____ No

20. While in the military, did you have any arrests, convictions, or disciplinary actions under UCMJ?

21. Have you ever been questioned about being involved in criminal activity?

22. Total extent you are financially obligated to others? _____ List complete addresses of all creditors. Attach extra sheet if necessary.

23. Have you ever been declared bankrupt? _____ Yes _____ No If yes, attach separate sheet giving full details.

24. Are you a U.S. Citizen? _____ Yes _____ No

25. Are you now or have you ever been a member of any organization, association, movement, group, or combination of persons which advocated the overthrow of our constitutional form of government or any organization, association, movement, group, or combinations of persons, which has adopted a policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the Constitution of the United States or of seeking to alter the form of government of the United States by unconstitutional means?

26. Give five (5) personal references (not relatives or former employers) more than thirty (30) years of age, who are householders or property owners, business or professional persons or have known you well during the past five (5) years.

	NAME	BUSINESS/RESIDENCE ADDRESS	PHONE NUMBER
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

27. EDUCATION AND TRAINING:

NAME AND LOCATION OF SCHOOL (Give Complete Address); Dates, Diplomas, GED, & Degrees Received. [Provide copies of all diplomas, certificates, & high school & college transcripts (if applicable)]

	SCHOOL	FROM TO	RECEIVED
Elementary	_____	_____	_____
High School	_____	_____	_____
College/University	_____	_____	_____
Other Special Training	_____	_____	_____

28. List any special skills you have: _____

29. Employment History: Complete in detail giving names and addresses. (Begin with present or last employers, include time in service and account for period of unemployment).

ALL EMPLOYMENT MUST BE LISTED

NAME/ADDRESS/PHONE OF EMPLOYER	POSITION & KIND OF WORK	DATES (FROM/TO)	ANNUAL SALARY
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If additional space is needed, use extra sheet of paper.

30. May we contact your present employer? _____ If not, reason: _____

Signature of Applicant as usually written

Date

Time

NOTE: This application must be notarized in the space provided below.

31. Write two paragraphs (*in your own hand writing*), telling something about yourself and why you want to be a Police Officer/Police Dispatcher. Attach to application.

32. Applicant will be fingerprinted by the Elizabethtown Police Department prior to being employed so information provided on this application may be verified.

Subscribed and duly sworn to before me by the above named applicant, this _____ day of _____, 20____, County of _____, and State of _____.

Signature of Officer

(Official Impression Seal)

Official Title
Comm. Expires _____

****Note: Applications remain on file for one (1) year from today's date. Up-date as necessary during that one year period.

Lined area for writing or additional notes.