

APPLICANT INSTRUCTIONS
LATERAL APPLICANT (3yrs post academy experience)
SHEPHERDSVILLE POLICE DEPARTMENT
SHEPHERDSVILLE, KENTUCKY

1. Applicants should submit copies of the following along with completed form:
 - A. Copy of High School Diploma or GED Certificate
 - B. Copy of college diplomas or transcripts
 - C. Copy of military discharge form DD-214 (DD-214 must indicate type of discharge and character of service)
 - D. Copy of birth certificate or confirmable verification from government agency
 - E. Copy of valid operator's license
 - F. **Copy of a current resume**
2. Applications must be received at the Shepherdsville Police Department, 634 Conestoga Parkway, Shepherdsville, Kentucky, 40165 by the filing deadline. If mailed, the application must be postmarked by midnight of the filing deadline.
3. Other names and date of birth: this information is requested for completion of the records check in the background investigation.
4. Social Security Number: Federal Law (PL 93-579, Section 7) requires that you be informed when asked for your Social Security Number; this number must be provided for identification purposes in the City's examination, employment and payroll process.
5. Conviction Record: A conviction and/or arrest do not necessarily mean you cannot be considered. The nature of the conviction, and/or arrest and how long ago it occurred are important. Give all the facts so that a decision can be made. Note: Applicants cannot be considered if there is a history of a felony conviction.
6. Equal Opportunity: The Shepherdsville Police Department is an Equal Employment Opportunity Employer.
7. The applicant is responsible for notifying this office immediately of any change or information to the application (address, telephone number, etc.).
8. In compliance with Shepherdsville Civil Service Ordinance the department has established the following procedures for the selection process:
 - A. A review of each applicant's application and resume (50%)
 - B. An oral interview of the top 10 individuals (50%)
 - C. Ranking of the top 10 individuals after the interview
(THE REMAINING PARTS OF THE SELECTION PROCESS ARE PASS/FAIL)
 - D. Background Investigation
 - E. Polygraph Examination
 - F. Medical Examination
 - G. Confirmation of Certification by Kentucky Peace Officer Professional Standards

FILING DEADLINE: **May 12, 2023**



Shepherdsville Police Department
 Phone: (502) 921-1000
 Fax: (502) 921-1017
 634 Conestoga Parkway
 Shepherdsville, KY 40165

Date of Application: / /

POLICE OFFICER EMPLOYMENT APPLICATION

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

(PLEASE PRINT OR TYPE)

How did you learn about us?			
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-In	<input type="checkbox"/> Current Employee
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other _____	

PERSONAL HISTORY

a. Name in full (last, first, middle)		b. Social Security Number	
c. List all other names you have used (include nicknames, maiden name, etc.)			
d. Address	Street	City	State Zip Code
e. Telephone Number ()		f. Email Address	
g. Drivers License Number		h. Drivers License State	
i. List all other states in which you have had a drivers license issued to you:			

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

INTERNSHIPS

Name of Business: _____	From: (mo/yr) _____	To: (mo/yr) _____
Address: _____	City: _____	State: _____
Work Supervisor: _____	Example of duties performed: _____	

Name of Business: _____	From: (mo/yr) _____	To: (mo/yr) _____
Address: _____	City: _____	State: _____
Work Supervisor: _____	Example of duties performed: _____	

ORGANIZATION MEMBERSHIP

a. Are you now or have you ever been a member of any club, society or organization? <input type="checkbox"/> Yes <input type="checkbox"/> No. If Yes, list below.			
Organization	City and State	Dates	Position(s) Held

VOLUNTEER EMPLOYMENT

List below all volunteer activities you are, or have been involved with, to include civic activities, volunteer fire fighting, police or sheriff reserves, etc.			
Organization	City and State	Dates	Position(s) Held

SELECTIVE SERVICE / MILITARY RECORD

a. Have you ever (check all that apply):

Registered with the Selective Service? Yes No Not Applicable

Applied for a position with any branch
of the Armed Forces of the United States? Yes No

Been rejected by any branch of the Armed Forces? Yes No

If Yes, state reason(s): _____

Served on active duty in any branch of the Armed Forces? Yes No
If Yes, complete sections b-k. If No, skip to section i

b. Dates of Active Duty (mo/day/yr) from: _____ to: _____
c. Branch of Service
d. Highest Rank Attained

e. MOS/Job Title
f. Serial Number
g. Type of Discharge

h. Date DD-214 form Recorded: _____ County: _____ State: _____

ATTACH A COPY OF YOUR DD-214 FORM TO THIS APPLICATION

i. Are you a member of the Reserve/National Guard? Yes No

If Yes, Service Branch _____ Unit Name: _____

Unit Location: _____ Unit Telephone Number: _____

Name and Rank of Immediate Supervisor: _____

J. List any awards, commendations, medals received as a result of military service:

k. Was any type of disciplinary action taken against you in the service? Yes No

If Yes, type and nature of action: _____

EMPLOYMENT EXPERIENCE

List your work experience, starting with the most recent, include summer and part-time employment. If unemployed for a period of time, indicate such, setting forth the dates of unemployment. Account for all time.

a. Name of Employer	Dates of Employment	Salary
Address	Position and kind of work	
City, State and Zip Code	Name of Supervisor	
Telephone Number ()	Reason for Leaving	
b. Name of Employer	Dates of Employment	Salary
Address	Position and kind of work	
City, State and Zip Code	Name of Supervisor	
Telephone Number ()	Reason for Leaving	
c. Name of Employer	Dates of Employment	Salary
Address	Position and kind of work	
City, State and Zip Code	Name of Supervisor	
Telephone Number ()	Reason for Leaving	
d. Name of Employer	Dates of Employment	Salary
Address	Position and kind of work	
City, State and Zip Code	Name of Supervisor	
Telephone Number ()	Reason for Leaving	

IF YOU NEED ADDITIONAL SPACE, PLEASE CONTINUE ON A SEPARATE SHEET OF PAPER

ADDITIONAL QUALIFICATIONS

Summarize any special job related skills and qualifications acquired from employment or other experience.

REFERENCES

List three references, not related to you, who are responsible adults of reputable standing in their communities.

a. Complete Name	Occupation	No. yrs acq.
Home address (street, city, state, zip code)		Home phone number ()
Work Address (street, city, state, zip code)		Work phone number ()
How do you know this person?		
b. Complete Name	Occupation	No. yrs acq.
Home address (street, city, state, zip code)		Home phone number ()
Work Address (street, city, state, zip code)		Work phone number ()
How do you know this person?		
c. Complete Name	Occupation	No. yrs acq.
Home address (street, city, state, zip code)		Home phone number ()
Work Address (street, city, state, zip code)		Work phone number ()
How do you know this person?		

APPLICANTS STATEMENT

I certify that the answers contained within this application for employment are true and complete to the best of my knowledge. By signing below I hereby authorize investigation of all statements contained within this application for employment as may be necessary in arriving at an employment decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that any false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Date application received: ___/___/___ Is the position applied for open? Yes NO

Schedule:		YES	NO	Date/Location/Results
Physical Fitness Test	<input type="checkbox"/>	<input type="checkbox"/>		_____
Written Test	<input type="checkbox"/>	<input type="checkbox"/>		_____
Oral Interview	<input type="checkbox"/>	<input type="checkbox"/>		_____
Psychological Test	<input type="checkbox"/>	<input type="checkbox"/>		_____
Physical Examination	<input type="checkbox"/>	<input type="checkbox"/>		_____

Notes: _____
