



Timothy Manteuffel Chief Deputy

PATROL OFFICER APPLICATION

Porter County Sheriff's Department 2755 State Road 49, Valparaiso, IN 46383 Phone: (219) 477-3000 Fax: (219) 464-8068 <u>www.portercountysheriff.com</u>

2755 State Road 49, Valparaiso, IN 46383-Phone (219) 477-3112- Fax: (219)464-8068





Timothy Manteuffel Chief Deputy

EMPLOYMENT APPLICATION FORM FOR POLICE OFFICER

Print information legibly in the boxes:

	-	
Last Name	First Name	Middle Name
Adduces (Church City Chets ZID)		
Address (Street, City, State, ZIP)		
Home Phone	Work Phone	Cell Phone
Email Address		Date
		Date

Minimum Eligibility Requirements:

- 1. Must be at least 21 years of age at time of appointment
- 2. United States citizen
- 3. Must possess a high school diploma or GED from an accredited school
- 4. Must possess a valid Indiana driver's license (or obtain one within 60 days of establishing residency)
- 5. No felony convictions
- 6. No misdemeanor conviction of domestic violence
- 7. Must become a resident of Porter County within one (1) year of appointment
- 8. Must be a Certified Police Officer in the State of Indiana

My signature below certifies that I meet all of the above-listed minimum eligibility requirements.

Signature of Applicant:

Complete and return this form by 4:00 pm on Tuesday, January 17, 2023 to:

Porter County Sheriff's Office Sgt. Benjamin McFalls 2755 State Road 49 Valparaiso, IN 46383

(Department Use Only) Date Received _____

2023 SALARY AND BENEFITS FOR PATROL OFFICER PORTER COUNTY SHERIFF'S OFFICE

SALARY

Probationary Officer	\$53,332
2 nd Class Officer	\$57,593
1 st Class Officer	\$66,011

Longevity pay starting after the completion of 3rd year of service

BENEFITS

- Medical / dental / vision / prescription insurance available
- Life insurance
- Wellness program
- In-house fitness room with Men's and Women's locker rooms (available 24 hours/day)
- Paid vacation
- Paid holidays
- Full pension with 20 years of service (Officer pays 3% of salary)
- Deferred compensation plan available (Hoosier START 457 Plan)
- Take-home car program (after completion of academy & field training)
- Individual in-car laptop computers
- Quartermaster system all initial clothing & equipment furnished by department
- Yearly clothing allowance given
- Life Insurance through Porter County Government and Indiana Sheriff's Association

SPECIALITIES AVAILABLE

- Detective Bureau
- Bomb Squad (Only Team in the Region)
- Crime Scene Investigator
- Emergency Response Team (ERT)
- Accident Reconstruction Team
- School Resource Officer
- Heroin Overdose Response Team (HORT)
- Multi-Enforcement Group
- Color Guard Unit
- K-9 Unit
- Motorcycle Officer
- Field Training Officer
- Bicycle Unit
- Crisis Negotiator

Porter County Sheriff's Police Department

Memorandum

То:	PATROL OFFICER APPLICANTS
From:	Chief Tim Manteuffel
Date:	January 3, 2023
Subject:	Application Packet

Dear Applicant,

Please allow this memo to serve as instructions for completing the application process. All applications must be completed and returned to the **PORTER COUNTY SHERIFF'S POLICE DEPARTMENT** by 4:00 p.m. Tuesday, January 17, 2023. The application packet must include:

- The <u>HAND-PRINTED</u> application form
- A copy of your high school or G.E.D. diploma
- A transcript from all high schools attended
- A copy of your college or university diploma (if applicable)
- A transcript from all colleges or universities attended (if applicable)
- A copy of your military discharge record (DD214, if applicable)
- A copy of your birth certificate
- The signed "Authorization to Release Information" form

The above-listed items will not be returned; therefore, submit legible copies.

Upon submitting the application packet, the following steps are required to complete the hiring process:

- a. Background Investigation
- b. Pre-Interview with the Sheriff's Department Administrative Staff
- c. Voice Stress Exam
- d. Merit Board Interview
- e. If recommended for hire by the Merit Board, Physical and Psychological Exams

NOTE: TO KNOWINGLY FALSIFY OR OMIT INFORMATION DURING THE APPLICATION PROCESS IS GROUNDS FOR REJECTION OR DISMISSAL!





Timothy Manteuffel Chief Deputy

AUTHORIZATION TO RELEASE INFORMATION

I, (printed name) _______, hereby authorize any person, agency, partnership, or corporation having information concerning my CRIMINAL RECORD, CREDIT REPORT RECORD, EDUCATIONAL RECORD, MEDICAL RECORD, EMPLOYMENT RECORD, MILITARY RECORD, or SELECTIVE SERVICE RECORD, to release such information to the **PORTER COUNTY SHERIFF'S POLICE DEPARTMENT.** This information will be used in the employment screening process with the **PORTER COUNTY SHERIFF'S 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 **PORTER COUNTY SHERIFF'S POLICE DEPARTMENT**, including liability under any Federal Law.

SIGNATURE	TODAY'S DATE

DATE OF BIRTH

SOCIAL SECURITY NUMBER





Timothy Manteuffel Chief Deputy

MINIMUM REQUIREMENTS FOR EMPLOYMENT AS A PORTER COUNTY SHERIFF'S OFFICE POLICE OFFICER:

- 1. Must be a citizen of the United States of America
- 2. Must be a resident of Porter County within one (1) year of appointment
- 3. Must be at least twenty-one (21) years of age at the time of appointment
- 4. Must have a high school diploma or equivalent by an accredited school
- 5. Must possess a valid motor vehicle operator's license
- 6. Must pass standardized written intelligence and aptitude tests
- 7. Must pass a physical fitness assessment test
- 8. Must pass an extensive background investigation
- 9. Must pass an oral interview before the Sheriff's Merit Board
- 10. Must pass a polygraph and/or a voice stress examination
- 11. Must pass a drug screen examination
- 12. Must pass a medical examination
- 13. Must pass a psychological examination



Porter County – Sheriff's Office

Jeffrey A. Balon Sheriff Timothy Manteuffel Chief Deputy

The items listed below **AND** the Patrol Application must be completed and returned no later than January 17, 2023, by 4:00 p.m. to the Porter County Sheriff's Office.

- A copy of your high school or G.E.D. diploma
- A transcript from all high schools attended
- A copy of your college or university diploma (if applicable)
- A transcript from all colleges or universities attended (if applicable)
- A copy of your military discharge record (DD214, if applicable)
- A copy of your birth certificate
- The signed AUTHORIZATION TO RELEASE INFORMATION form (enclosed)

The above-listed items will not be returned; therefore, submit legible copies. If you have any questions, please contact Sgt. Benjamin McFalls at (219) 477-3102.

Thank you for your interest in becoming a member of the **PORTER COUNTY SHERIFF'S OFFICE** and good luck!

NOTE: TO KNOWINGLY FALSIFY OR OMIT INFORMATION ON THE APPLICATION IS GROUNDS FOR REJECTION OR DISMISSAL

PORTER COUNTY SHERIFF'S POLICE

PATROL OFFICER APPLICATION FOR EMPLOYMENT

GENERAL INSTRUCTIONS: <u>Hand print</u> an answer to **EVERY** question. Use black ink <u>only</u>. If a question does not apply to you, so state with "N/A". If space available is insufficient, use pages 7 and 8 to fully answer the question. Do **NOT** misstate or omit material facts.

LAST NAME	F.	FIRST NAME		MIDDLE NAME		SEX		FEMALE
STREET ADDRESS			CITY		ST	ATE	ZIP	
HOME PHONE	ALTERNATE PHO	ONE	HEIGHT	WEIGHT	HAIR COLO	OR	EYE COL	.OR
SOCIAL SECURITY NUMBER	DATE OF BIRTH	PLACE	OF BIRTH (City, C	County, State)		U.	.S. CITIZENS	SHIP?
LIST ALL NAME CHANGES, NICKNAME	ES, & ALIASES USED							

VEHICLE OPERATOR'S LICENSE: List the following information concerning **ANY** vehicle operator's license that you have held or currently hold.

TYPE OF LICENSE	LICENSE NUMBER	STATE OF ISSUE	EXPIRATION DATE	DRIVING RESTRICTIONS

Have you ever been denied issuance of a motor vehicle license or have you ever had a motor vehicle license suspended or revoked? 🗌 YES 📃 NO

If YES, explain fully:____

Have you ever had motor vehicle insurance withdrawn or revoked or have you ever been refused motor vehicle insurance?

If YES, give details including reason, insurance company, date(s), etc:__

RESIDENCES: List all residences for the past ten (10) years, beginning with your present address.

DATE FROM	DATE TO	STREET ADDRESS	CITY	STATE

MILITARY SERVICE: List information for all military service. Include current Reserve or National Guard obligations.

DATES SERVED FROM / TO	BRANCH OF SERVICE	MILITARY OCCUPATIONAL SPECIALTY (M.O.S.) GIVE DESCRIPTION OF DUTIES	HIGHEST RANK ATTAINED	TYPE OF DISCHARGE

While in the military service, were you ever convicted for an offense, which resulted in a trial by deck court or by summary, special or general courtmartial? \square YES \square NO If YES, attach additional sheet(s) describing each incident. Give dates, location, charge(s), actions taken, etc.

List all military awards and/or decorations received:_

EDUCATION: List all elementary, junior high, and high schools attended.

NAME & LOCATION OF SCHOOL	DATES ATTENDED FROM / TO	GRADUATE? YES NO

CONTINUED EDUCATION: List information for all colleges/universities attended.

NAME & LOCATION OF COLLEGE OR UNIVERSITY	DATES ATTENDED FROM / TO	MAJOR / MINOR COURSE OF STUDY	TYPE OF DEGREE & DATE RECEIVED	CREDIT HOURS COMPLETED

OTHER SCHOOLS OR TRAINING: (i.e. Trade, Vocational, Military, etc.) Give for each: the name and location of the school, dates attended, subjects studied, certificate attained and any other pertinent information.

SPECIAL QUALIFICATIONS, SKILLS, LICENSES: List any special qualifications, skills, or licenses that you posses which are pertinent for the position for which you are applying. Include any foreign language(s) that you can speak, write, or read fluently.

EMPLOYMENT:	Start with your most	recent employer and li	ist your work histor	y for the past	TEN (10) years.	Include part-time,	temporary, and
seasonal employn	nent.						

FROM DATE	NAME & ADDRESS OF EMPLOYER F		REASON FOR LEAVING	JOB TITLE
TO DATE			DESCRIPTION OF DUTIES	
SALARY	BUSINESS PHONE NUMBER	NAME OF SUPERVISOR		

FROM DATE	NAME & ADDRESS OF EMPLOYER		REASON FOR LEAVING	JOB TITLE
TO DATE			DESCRIPTION OF DUTIES	
SALARY	BUSINESS PHONE NUMBER	NAME OF SUPERVISOR		

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TO DATE			DESCRIPTION OF DUTIES	
SALARY	BUSINESS PHONE NUMBER	NAME OF SUPERVISOR		

FROM DATE	NAME & ADDRESS OF EMPLOYER		REASON FOR LEAVING	JOB TITLE
TO DATE			DESCRIPTION OF DUTIES	
SALARY	BUSINESS PHONE NUMBER	NAME OF SUPERVISOR		

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FROM DATE	NAME & ADDRESS OF EMPLOYER	2	REASON FOR LEAVING	JOB TITLE
TO DATE			DESCRIPTION OF DUTIES	
TO DATE			Descrit fion of Doffes	
		1		
SALARY	BUSINESS PHONE NUMBER	NAME OF SUPERVISOR		
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FROM DATE	NAME & ADDRESS OF EMPLOYER F		REASON FOR LEAVING	JOB TITLE
TO DATE			DESCRIPTION OF DUTIES	
SALARY	BUSINESS PHONE NUMBER	NAME OF SUPERVISOR		

FROM DATE	NAME & ADDRESS OF EMPLOYER		REASON FOR LEAVING	JOB TITLE
TO DATE			DESCRIPTION OF DUTIES	
SALARY	BUSINESS PHONE NUMBER	NAME OF SUPERVISOR		

FROM DATE	NAME & ADDRESS OF EMPLOYER	3	REASON FOR LEAVING	JOB TITLE
TO DATE			DESCRIPTION OF DUTIES	
SALARY	BUSINESS PHONE NUMBER	NAME OF SUPERVISOR		

Have you ever been discharged (terminated or f	ed), asked to resign, fu	urloughed, or put on inac	ctive status for cause or	^r subject to disciplinary action
while employed in any position (excluding the m	itary)?			🗌 YES 🔲 NO

If YES, explain circumstances:

Have you ever resigned (quit) after being informed that your employer intended to discharge (fire or terminate) you for any reason? 🗌 YES	10

If YES, explain circumstances:

ILLEGAL DRUG USE: List ALL prior illegal drug use within the last three (3) years, and last time used.

DATE USED	TYPE OF DRUG	LIST FREQUENCY OF OCCURRENCE(S)

CONVICTIONS: List ALL Felony, Misdemeanor, and Traffic convictions.

DATE CONVICTED	LOCATION OCCURRED (City, County, State)	OFFENSE

REFERENCES: Do NOT list relatives, former employers, or supervisors. List only character references that have DEFINITE KNOWLEDGE of your qualifications and fitness for the position for which you are applying. List THREE (3) references.

NAME	ADDRESS	PHONE NO.	YRS. KNOWN

PAST AND/OR PRESENT ORGANIZATIONS/CLUBS TO WHICH YOU BELONG:

NAME & LOCATION	TYPE OF CLUB/ORGANIZATION	OFFICE HELD	DATES
	(SOCIAL, FRATERNAL, PROFESSIONAL, ETC.)		FROM / TO

HOBBIES, SPORTS, AND/OR PERSONAL INTERESTS:

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ADDITIONAL INFORMATION:

Are you now or have you ever been a member of any organization, association, movement, or group that advocates the overthrow of our constitutional form of government?

Are you now or have you ever been affiliated or associated with individuals, INCLUDING relatives, you know or have reason to believe are or have been members of any organization or group identified above?

If YES to either of the above questions, attach additional sheet(s) describing the circumstances in full.

Are you registered with the Selective Service System or do you have a valid exemption from registration? (NOTE: If you are a female, or a male born before December 31, 1959, this question does not apply).

If YES, list the following Selective Service information:

SELECTIVE SERVICE NO.	LAST CLASSIFICATION	DATE CLASSIFIED	
Are you willing to submit to a psychological test?		TES	□ NO
Are you willing to submit to a polygraph or voice stress analysis test?		☐ YES	□ NO
Do you object to your present employer being interviewed concerning this application?		☐ YES	□ NO
Have you applied for a position with ANY law enforcement agency in the past three (3) years?		☐ YES	□ NO
If YES, list the agencies and dates applied:			

Are there any events in your life, not mentioned on this application, which might reflect upon your suitability to perform the duties which you might be called upon to take or which may require further explanation?

If YES, list details here:

I certify that, to the best of my knowledge and belief, all of the information provided by me on this application is true, accurate, and complete and that this application for employment with the **PORTER COUNTY SHERIFF'S POLICE DEPARTMENT** is made in good faith.

I further understand that this information is subject to background investigation and polygraph or computer voice stress test analysis. Additionally, I agree and consent in advance to being summarily discharged (terminated) without cause or hearing if ANY of the above information provided by me contains any misrepresentations or falsifications or if any material information has been omitted.

APPLICANT"S SIGNATURE	DATE

We are an equal opportunity employer. Federal and State laws, and our own Department policy prohibits discrimination of employment on the basis of age, race, national origin, religion, marital status, or handicaps unrelated to job performance. Persons who believe that they were denied employment based on any of these conditions, may file a complaint with our Department and/or Federal or State authorities.

ADDITIONAL INFORMATION: Use these two blank pages to list any additional information that needs further explanation concerning your application. If more space is still needed, use additional sheets.

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