



Jeffrey A. Balon  
Sheriff

# *Porter County Sheriff's Office*

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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  
[www.portercountysheriff.com](http://www.portercountysheriff.com)



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## EMPLOYMENT APPLICATION FORM FOR POLICE OFFICER

**Print** information legibly in the boxes:

Last Name	First Name	Middle Name
Address (Street, City, State, ZIP)		
Home Phone	Work Phone	Cell Phone
Email Address		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 <sup>nd</sup> Class Officer	\$57,593
1 <sup>st</sup> Class Officer	\$66,011

Longevity pay starting after the completion of 3<sup>rd</sup> 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                     | ◆ Multi-Enforcement Group |
| ◆ Bomb Squad (Only Team in the Region) | ◆ Color Guard Unit        |
| ◆ Crime Scene Investigator             | ◆ K-9 Unit                |
| ◆ Emergency Response Team (ERT)        | ◆ Motorcycle Officer      |
| ◆ Accident Reconstruction Team         | ◆ Field Training Officer  |
| ◆ School Resource Officer              | ◆ Bicycle Unit            |
| ◆ Heroin Overdose Response Team (HORT) | ◆ Crisis Negotiator       |

# Porter County Sheriff's Police Department

## Memorandum

**To: PATROL OFFICER APPLICANTS**

**From: Chief Tim Manteuffel**

**Date: January 3, 2023**

**Subject: Application Packet**

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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 **HAND-PRINTED** 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!**



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Sheriff

# Porter County Sheriff's Office

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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.

<b>SIGNATURE</b>	<b>TODAY'S DATE</b>
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<b>DATE OF BIRTH</b>
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<b>SOCIAL SECURITY NUMBER</b>
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## **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



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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:** Hand print an answer to **EVERY** question. Use black ink only. 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	FIRST NAME	MIDDLE NAME	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
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STREET ADDRESS	CITY	STATE	ZIP
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HOME PHONE	ALTERNATE PHONE	HEIGHT	WEIGHT	HAIR COLOR	EYE COLOR
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SOCIAL SECURITY NUMBER	DATE OF BIRTH	PLACE OF BIRTH (City, County, State)	U.S. CITIZENSHIP? <input type="checkbox"/> YES <input type="checkbox"/> NO
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LIST ALL NAME CHANGES, NICKNAMES, & 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?  YES  NO

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 court-martial?  YES  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 possess 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 list your work history for the past TEN (10) years. Include part-time, temporary, and seasonal employment.

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



**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 (SOCIAL, FRATERNAL, PROFESSIONAL, ETC.)	OFFICE HELD	DATES FROM / TO

**HOBBIES, SPORTS, AND/OR PERSONAL INTERESTS:**






