



**INDIANA UNIVERSITY**  
**POLICE DEPARTMENT**  
Bloomington

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Dear Applicant:

Thank you for your interest in joining the Indiana University Police Department. To continue with the application process, please complete the attached Supplemental Information Form and Personal Information Release Authorization Form. The Release Form at the end of this document will need to be notarized.

Deliver or mail the forms to:

Indiana University Police Department  
Training Section Coordinator  
1469 East 17<sup>th</sup> Street  
Bloomington, IN 47408-1602

In addition, please provide copies of the following documents:

1. High School Diploma or GED Certification
2. College or University Transcript, if applicable
3. Copy of Driver's License
4. Service Record (DD214), if applicable
5. Law Enforcement Training Record(s), if applicable

If you have any questions, please contact our department at the above address or by calling (812) 855-4281.

Sincerely,

Indiana University Police Department  
Training Section

Attachments

*P-T Example\_E Send Supp Form&Docs.doc*



# INDIANA UNIVERSITY

POLICE DEPARTMENT

Bloomington

## Supplemental Information

**NOTICE: READ CAREFULLY. You will be judged on accuracy.**

Application must be TYPEWRITTEN OR CLEARLY PRINTED in ink. All questions must be answered if applicable. If not, indicate NA (not applicable). If space is insufficient for complete answers or if you wish to furnish additional information, use space on page 4 or attach sheets of the same size as this application as necessary and number answers to correspond with questions.

Date:

1. Name (last, first, middle)	
2. Other names (nicknames, maiden name, legal change, etc.)	
3. Current Address (nearest Bloomington)	
4. Current Phone	
5. Social Security Number	
6. State of Legal Residence	
7. Place of Birth (city/state)	
8. Home Address (permanent)	
9. Phone (w/ area code)	
10. Email Address(es)	
11. U.S. Citizen?	<b>Yes</b> <b>No</b>
If Naturalized (date, place, number)	

12. **Employment** (List chronologically all employments. Must account for all time. If unemployed for a period indicate; note the dates of unemployment. Mailing address MUST be complete with Zip Code.)

Dates: From To	Name and Address of Employer	Duties Involved	Name of Supervisor	Reason for Leaving
	Name: Address: Phone:			
	Name: Address: Phone:			
	Name: Address: Phone:			
	Name: Address: Phone:			

13. **References** (Give the names of three (3) personal references. Do not give relatives.)

Name (first, middle, last)	Address (city, state, zip)	Phone (w/ area code)
	Street Addr: City, State: ZIP:	Home: Work:
	Street Addr: City, State: ZIP:	Home: Work:
	Street Addr: City, State: ZIP:	Home: Work:
	Street Addr: City, State: ZIP:	Home: Work:

**14. Education** (Submit transcripts and diplomas from all educational institutions.)

Level	Name	Address	Check Highest Grade Completed	Year Grad	Degree and Major
Grade School			1 2 3 4 5 6 7 8		
High School			1 2 3 4		
Other Institution					
College			1 2 3 4		
Graduate Work			1 2 3 4 5		

**15. Residences** (List all residences in chronological order.)

Date: From Date: To	Street Address	City	State / County	Zip
From:	Addr resided	City resided	State/County resided	Zip resided
To:	Name/Addr of landlord or leasing co. receiving rent  Phone #'s:	(City of ....)	(State/County of ....)	(zip of ....)
From:	Addr resided	City resided	State/County resided	Zip resided
To:	Name/Addr of landlord or leasing co. receiving rent  Phone #'s:	(City of ....)	(State/County of ....)	(zip of ....)
From:	Addr resided	City resided	State/County resided	Zip resided
To:	Name/Addr of landlord or leasing co. receiving rent  Phone #'s:	(City of ....)	(State/County of ....)	(zip of ....)

**16. Military Record** (Veterans: Attach copy of Military Service Records - DD214)

Branch (Years)	Dates	Highest Rank	Specialties

17. **Contact with Law Enforcement** (Have you ever been arrested, charged with or convicted of any violation of law, or are you currently involved in any legal action (other than parking offenses)?  
 Yes / No If so, state date, place, and final disposition.)

Date	Place	Charge	Final Disposition

18. **Credit Record** (Supply a current credit history from one of the following:

- Equifax fraud division, 800-525-6285 <http://www.equifax.com/>
- Experian fraud division, 888-397-3742 <http://www.Experian.com/>
- Trans Union fraud division, 800-680-7289 <http://www.transunion.com/>

Has your credit record ever been considered unsatisfactory (bad debts, civil suits, etc.)?  
 Yes / No if so, explain.)

19. **Skills** (List all skills, hobbies, and abilities (e.g., languages, typing, photography, etc.))


20. **Prior Police Experience** (Indicate any prior law enforcement experience and training.)

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21. **Driver's License** (Do you have a valid driver's license? Yes / No

If so, supply a copy to IUPD ASAP and list information below.)

State	Type	License number	Date Expires

22. **Complete Form** (Have you checked this application thoroughly to be certain all items have been answered completely? Yes / No)

23. Have you, or any member of your family, ever been sympathetic toward, affiliated in any way with, or a member of a group or doctrine advocating the overthrow of the U.S. Government, any group whose purpose is to deprive persons of their rights under the constitution of the U.S., or any group or doctrine which could be construed as being subversive, opposed to the best interest of the U.S., in favor of, or controlled by, a foreign power? Yes / No If so, explain.

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24. **False Statements** (Do you thoroughly understand that any false statement made on this application will be grounds for immediate dismissal from the organization or any program connected with this organization? Yes / No)

Signature	Date

USE THIS SPACE FOR ADDITIONAL INFORMATION TO ANY QUESTION, NOTING NUMBER OF QUESTION.

