
Applicant Last name

First

Middle

Princeton Police Department

Employment Application

Qualified applications are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of non-job-related medical condition or handicap.



Office Use Only
Date Given:

By:

Date Returned:

Personal Data

Last Name:

First Name:

Middle Name:

Maiden Name:

Home Address:

City/State/Zip:

Phone Number:

Email Address:

Are you a United States Citizen?

Yes

No

Are you between the ages of 21 & 40?

Yes

No

Place of Birth:

Date of Birth:

Current Age:

Do you have a valid driver's license?

Yes

No

DL Number

Issuing State

Has your license ever been restricted, suspended, revoked or placed on probation?

Yes

No

If yes, please explain and provide dates:

Have you ever received a traffic citation (e.g. speeding, seatbelt, hands-free violation, etc)?

Yes

No

If yes, please explain and provide dates:

Are there currently any criminal charges pending against you?	Yes	No
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If yes, please explain:

Have you ever been arrested?	Yes	No
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If yes, please explain:

Have you ever been charged with and/or convicted of a misdemeanor?	Yes	No
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If yes, please explain:

Have you ever been charged with and/or convicted of a felony?	Yes	No
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If yes, please explain:

Have you ever been charged with and/or convicted of a domestic violence related offense?	Yes	No
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If yes, please explain:

Have you ever been the subject of a restraining or protective order?	Yes	No
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If yes, please explain:

Education

High School attended:

Address:

<u>From</u>	<u>To</u>
Dates of attendance (MM/YYYY):	

Did you graduate?	Yes	No	GED
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College or Trade School attended:

Address:

<u>From</u>	<u>To</u>
Dates of attendance (MM/YYYY):	

Did you graduate?	Yes	No
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Degree:	Major and/or Minor course of study:
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College or Trade School attended:

Address:

<u>From</u>	<u>To</u>
Dates of attendance (MM/YYYY):	

Did you graduate?	Yes	No
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Degree:	Major and/or Minor course of study:
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Employment History

Current Employer:	Employer's Address:
Employer Phone:	Supervisor's Name:
Job Title:	Employment Dates: From: To:
Reason for leaving?	Salary:
Work performed (duties, responsibilities, etc.):	

Previous Employer:	Employer's Address:
Employer Phone:	Supervisor's Name:
Job Title:	Employment Dates: From: To:
Reason for leaving?	Salary:
Work performed (duties, responsibilities, etc.):	

Previous Employer:	Employer's Address:
Employer Phone:	Supervisor's Name:
Job Title:	Employment Dates: From: To:
Reason for leaving?	Salary:
Work performed (duties, responsibilities, certifications, etc):	

Military History

Are you currently serving in a Military branch, National Guard, or Reserves?	Yes	No
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If yes, please indicate which branch of service and dates of obligation:

Have you ever served in the military on active duty, including initial active-duty training with the National Guard or Reserves?	Yes	No
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If yes, you must attach a copy of your DD-214

Military branch:	Dates of service:	
Highest Rank attained:	Rank at Separation:	
Type of Discharge:	Re-Enlistment Code:	
Are you eligible to re-enlist?	Yes	No

If no, please explain:

Were you ever disciplined (Court Martial, Article 15, etc.) while on active duty?	Yes	No
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If yes, please explain:

Address History

Please list all previous addresses you have lived at for the past 10 years, starting with the most recent.

Personal References

***Friends, mentors, co-workers, etc.* DO NOT list supervisors/trainers from previous employment. Any supervisors listed in employment history will be contacted separately.**

Full name and phone number	Relationship to you	Years Known

I SOLEMNLY SWEAR THAT ALL OF THE INFORMATION FURNISHED IN THIS EMPLOYMENT APPLICATION IS TRUE, ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT ANY MISREPRESENTATIONS(S) OR FALISIFICATION(S) OF THE INFORMATION PROVIDED MAY LEAD TO THE WITHDRAWAL OF ANY EMPLOYMENT OFFER OR TERMINATION OF EMPLOYMENT. BY THE SUBMISSION OF THIS DOCUMENT, I HEREBY AGREE THAT I SHALL EXECUTE THE EMPLOYER'S CONDITIONAL, PRE-EMPLOYMENT MEDICAL AND PSYCHOLOGICAL EXAMINATIONS, BACKGROUND INVESTIGATION, URINALYSIS AND DRUG SCREENS CONSENT WITH LOCAL ORDINANCE AND/OR STATE LAW. I UNDERSTAND, ACKNOWLEDGE AND AGREE THAT MY FUTURE EMPLOYMENT WITH THE EMPLOYER MAY BE TERMINATED IF I ENGAGE IN SUBSTANCE ABUSE, ILLEGAL DRUG ABUSE OR ALCOHOL ABUSE.

Applicant Signature

Date

BOBBY WOOD, CHIEF

PRINCETON POLICE DEPARTMENT



CRAIG ZURLIENE
ASSISTANT CHIEF

310 WEST STATE • P.O. Box 134
PRINCETON, INDIANA 47670
PH: 812-385-3437 • FAX: 812-385-8743

In consideration of my participation in any and all activities administered by the Princeton Police Department, I (the participant), for myself, my heirs, executors and administrators, hereby release and forever discharge the Princeton Police Department, the City of Princeton, and all other entities, organizations, businesses or individuals involved in the administration of any and all activities involving the Princeton Police Department, and their officers, agents, representatives, and assignees, from all liabilities, actions, claims, demands, damages, costs and expenses, which I may now or in the future have against them, as agencies or individuals, arising out of, or in any way connected with my participation in or the operation of the activities with the Princeton Police Department and including, but not limited to, all injuries that may be suffered by me.

I understand that this waiver includes, but is not limited to, any claims that are based on any alleged negligence or other action or inaction by any of the above parties. I attest and verify that, to the best of my knowledge, my physical condition and fitness are adequate for me to safely participate with the Princeton Police Department and all portions thereof, and that no physician or other qualified individual had advised me against participating in any activity involving the Princeton Police Department or any portion thereof.

I agree I am the participant and at least 18 years of age.

I lawfully agree I am the individual signing this waiver and I have not been coerced or influenced in any way to sign this document, which explains the Princeton Police Department will not be held liable or responsible in absolutely any way at any time, previously, now, or in the future, for any physical, mental, or psychological problems that may arise while participating in any activity involving the Princeton Police Department.

Signing this document is a statement of acknowledgement which states the participant agrees to all terms and conditions listed above, assumes all risks associated with all participation and the participant has no further questions.

Printed Name of Participant

Date

Signature of Participant

Emergency Name/Contact

REQUIRED DOCUMENT CHECKLIST

- ☐ Application
- ☐ Waiver
- ☐ Copy of birth certificate
- ☐ Copy of driver's license
- ☐ Copy of high school diploma/GED
- ☐ Copy of college/technical school degrees (if applicable)
- ☐ Transcript of grades for college/technical school (if applicable)
- ☐ Copy of DD214 (if applicable)
- ☐ Copies of any awards/certificates earned past school (if applicable)

Please complete your application as completely and accurately as possible. Any missing required documents may disqualify you from consideration for testing.

Applications can be dropped off at the Princeton Police Department – 310 W State Street, Princeton, IN 47670 or sent via email to princetonpolicedept@gmail.com



2025 Pay and Benefits Package

- **New contract starting January 2025-December 2026**
 - **Starting Patrolman salary in 2025 – \$27.44/hour**
 - **Shift Differential**
 - **An additional .25¢/hour for 2nd Shift**
 - **An additional .50¢/hour for 3rd Shift**
 - **Longevity Pay**
 - **\$150/ year of service**
 - **Capped at 20 years of service**
- **Excellent Health Insurance benefits, including vision and dental**
- **Take home car program**
- **Opportunities for off-duty details and overtime**
- **INPRS 1977 Retirement Fund, 100% funded by the City**

RECRUIT OFFICER PHYSICAL ASSESSMENT

Comprised of five physical fitness components used to measure each applicant's physical fitness level and ability to perform duties required of a police officer. The Princeton Police Department utilizes the ILEA Exit Standards for their applicant testing.

- 1) **Vertical Jump:** This is a measure of jumping or explosive power. The participant stands with one side toward the wall, feet together, and reaches up as high as possible to mark his/her standard reach. The participant jumps as high as possible and marks the highest point of the jump. The participant must jump with both feet in a stationary stance, either both feet together or by use of a "drop step". Arms may be pumped and thrust upward.

Scoring: Must jump 16 inches.

- 2) **One Minute Sit-Ups:** This measures abdominal muscular endurance. The participant starts by lying on his/her back, knees bent, heels flat on the floor, with the fingers interlaced and held behind the head. Avoid pulling on the head with the hands. The buttocks must remain on the floor with no thrusting of the hips. A partner will hold the participant's feet down firmly. In the up position, the participant will rise from the floor, touching the elbows to the knees, and then return until the shoulder blades touch the floor. The participant will perform as many correct sit-ups as possible in 1 minute. Resting is permitted only in the up position. Breathing should be as normal as possible, making sure the participant does not hold his/her breath.

Scoring: Must complete 29 repetitions in 1 minute.

- 3) **300 Meter Run:** This is a measure of anaerobic power. The participant will run 300 meters on a measured course at maximal level of effort.

Scoring: Must complete in 71 seconds.

- 4) **Maximum Push-Ups:** This measures muscular endurance of the upper body. The hands must be placed shoulder width apart, with fingers pointing forward. The administrator will place one fist on the floor below the participant's chest. Starting from the up position (arms fully extended with elbows locked, both hands and both feet only touching the floor), the participant must keep the back straight at all times and lower the body to the floor until the chest touches the administrator's fist. The participant then returns to the up position with the elbows fully locked. This is one repetition. Resting is permitted only in the up position. The back must remain straight during resting. The total number of correct push-ups will be recorded when the participant elects to stop or cannot continue.

Scoring: Must complete 25 repetitions.

- 5) **1.5-Mile Run:** This is a measure of aerobic power and cardiovascular endurance. The participant will run 1.5 miles on a measured course, with the objective being to complete the course as fast as possible.

Scoring: Must complete in 16 minutes and 28 seconds.

**TESTS ARE A PASS/FAIL. PARTICIPANTS MUST PASS EACH SECTION TO
CONTINUE.**

LATERAL OFFICER PHYSICAL ASSESSMENT

Requirements to qualify:

- At least 2 years of continuous service as a police officer or has served as an officer for 2 continuous years prior to application.

TEST SECTIONS ARE A PASS/FAIL. MUST PASS ALL SECTIONS TO CONTINUE.

Test is comprised of 4 Pass/Fail sections:

1. Muscular Endurance – Push-ups
2. Anaerobic and Agility Assessment – 50/50 Sprint
3. Muscular Endurance – Sit-ups
4. Aerobic Assessment – Choice of 1.5 mile run or 2,000-meter row

Test Description and Scoring

1. Push-ups

Passing score – 20 ILEA Standard push-ups – no time limit

2. 50/50 Sprint (completed on football field)

Passing score – 45 seconds

- o Start at 50-yard line, lying on stomach
- o 25lb medicine ball placed in front of participant
- o On command of go, stand without assistance, pick up medicine ball, and run to the goal line.
- o At the goal line, drop the medicine ball, drop to the ground with stomach touching the ground, immediately get up to feet and pick up medicine ball (burpee)
- o Sprint back through the starting line with medicine ball
- o Time will start on go command and end when participant crosses back through the starting line

3. Sit-ups

Passing score – 20 ILEA Standard sit-ups – 1 minute time limit

4. Cardio assessment

1.5-mile run – 20-minute time limit

OR

2,000-meter row – 10-minute time limit