

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

ASSUMPTION OF RISK, COVENANT NOT TO SUE, AND PERMISSION TO RIDE IN VEHICLE

WHEREAS, City of Princeton, Indiana, by and through it's Agencies, owns and operates motor vehicle; and

WHEREAS, \_\_\_\_\_, an individual, desires permission of said City and its officers to ride in or on certain motor vehicles of said City pursuant to their business, or otherwise; and

WHEREAS, said individual recognizes and acknowledges the inherent risk riding in said vehicles and voluntarily assumes said risk;

NOW, THEREFORE, for and in consideration of the mutual promises and covenants of the parties hereto, each of the same having been mutually bargained and exchanged for the other, the above named individual hereby acknowledges and assumes the risk of riding in the motor vehicles of the said City and does hereby for himself, his heirs, executors and assigns, release, discharge and acquit the said City, its representatives, employees, agents and officials, of any liability for damages of any nature or description that may result from his riding in said vehicles, and further warrants and agrees for himself and his successors that no action of any nature shall be filed, maintained or litigated against said City, its representatives, employees, agents or officials resulting from the same.

In consideration of the above covenants and warranties, and at the express request of the said individual, and relying solely and completely upon his covenants and warranties, the City does hereby grant and authorize to said individual the privilege of riding in or upon said vehicles operated by the said City by and through its agencies, department and employees.

It is understood that this covenant not to sue shall not operate to release any claim these parties may have against any third person, persons or corporations, responsible for any such damage, injury to, or death of the undersigned individual.

IN WITNESS THEREOF, said individual, \_\_\_\_\_, has hereunto set his hand this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_

\_\_\_\_\_  
Permittee

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

If under 18 years of age, must be signed by a parent or guardian.

**APPLICANTS:**

Please submit the following items with application:

- Copy of any college or technical school degrees you may have earned
- Copy of high school diploma/GED
- Transcript of grades for college (if any college credit earned)
- Copies of any awards or certificates you may have earned past school
- Copy of DD214, if you have prior military experience
- Copy of birth certificate

## PHYSICAL AGILITY TEST

1) **1.5-Mile Run:** This is a timed RUN to measure the heart and vascular system's ability to transport oxygen. This test will be conducted on a measured course and each individual will be timed.

**Scoring: The 1.5 miles must be completed in 16:28.**

2) **Vertical Jump:** This is a measured jump. This test will be conducted by standing flat-footed with arms extended and one hand on top of the other against a wall. A measurement will be made from top of hands. You then will plant one foot and jump at least **16 inches minimum**.

3) **One-Minute Pushup Test:** This is a measure of upper body strength and dynamic arm strength. Extend arms and place hands on the floor, approximately shoulder-width, with fingers pointing forward, head forward, and buttocks down. Keeping body in a straight line, weight is supported on hands and toes. Bending elbows, lower chest until it is approximately three and one-half (3 ½) inches from the ground, then return to the starting position with elbows fully extended. During this exercise, elbows must fully extend when in the "up" position. Buttocks may not be raised, knees may not touch the floor, resting is permitted in the "up" position.

**Scoring: Must complete 25 pushups in one minute.**

4) **One-Minute Sit-Up Test:** This is a measure of the muscular endurance of the abdominal muscles. Lie on the back with knees bent and buttocks approximately 18 inches from heels. Interlace fingers behind the head and a partner holds feet to the floor. Flex stomach muscles and raise to a sitting position, touching the elbows to the knees. Return to a full lying position before continuing the exercise. During this exercise, hands must remain clasped behind the head, shoulder blades must touch the floor, buttocks cannot be raised. Resting is permitted only in the "up" position. Exhale with upward movements.

**Scoring: Must complete 29 sit-ups in one minute.**

5) **300-Meter Run:** This is a timed RUN to measure the heart and vascular system's ability to transport oxygen. This test will be conducted on a measured course and each individual will be timed.

**Scoring: The 300-meter run must be completed in :71 seconds.**

LAST

FIRST

MIDDLE

# City of Princeton

# Employment Application

# Princeton

IN



CLERK OFFICE USE ONLY

Date Given: \_\_\_\_\_

By: \_\_\_\_\_

Returned: \_\_\_\_\_

## Employment History

(List your most recent position first)

**1**

Employer	Dates		Work Performed
	From	To	
Address	Salary		
Supervisor	Starting	Current	
Reason for leaving	May we contact this employer		Yes <input type="checkbox"/> No <input type="checkbox"/>

**2**

Employer	Dates		Work Performed
	From	To	
Address	Salary		
Supervisor	Starting	Current	
Reason for leaving	May we contact this employer		Yes <input type="checkbox"/> No <input type="checkbox"/>

**3**

Employer	Dates		Work Performed
	From	To	
Address	Salary		
Supervisor	Starting	Current	
Reason for leaving	May we contact this employer		Yes <input type="checkbox"/> No <input type="checkbox"/>

**4**

Employer	Dates		Work Performed
	From	To	
Address	Salary		
Supervisor	Starting	Current	
Reason for leaving	May we contact this employer		Yes <input type="checkbox"/> No <input type="checkbox"/>

## Additional Experience

(Please List Activities, Training, ETC, that would serve as additional Experience.)

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## References

(Please List business references where possible)

Full Name(s)	Company/Title	Complete Home Phone Number or Address	Years Known	Relationship to You

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.

# Personal Data

(PRINT IN INK OR TYPE)

Last Name	First	Middle		
Home Address				State
City		Phone Number		Zip Code

Are you a U. S. Citizen	Yes	No	Are you between the AGE of 18 & 70	Yes	No
Are you a VETERAN of the U. S. Military Service	Yes	No			

If yes. What was your branch and rank of U. S. Military Service

Referral Source		Advertisement		Friend		Relative		Employment Agency
		Other						

This Information is to be COMPLETED ONLY after hire:

Marital Status:	Single	Married	Divorced
	Separated	Widowed	
Spouse's Name			

# Education

	High School	College/University	Graduate/Professional	Other
School Name				
Years Completed (circle)	9 10 11 12	1 2 3 4	1 2 3 4	
Diploma/Degree				
Describe Course of Study				
Specialized Training, Apprenticeships, Honors, Awards. You may use additional paper				

Do you have a driver's License	Yes	No	Do you have CDL License	Yes	No
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What Languages do you speak, read or write.

I can Speak	I can Read	I can Write
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## Additional Information

Have you ever been convicted of a felony?	Yes	No	If yes, give charge date and disposition:
Have you signed a secrecy and invention agreement in favor of any previous employer?	Yes	No	If yes, give name or names of employers:
Are you willing to relocate?	Yes	No	If yes, are there any restrictions?
Are you willing to travel for the company in connection with your job?	Yes	No	If yes, are there any restrictions?

- 1 Misrepresentation or omissions of facts in this application is cause for cancellation of the application or separation from the service of the company.
- 2 An offer of employment made to me is contingent upon verification by the company or its agent of the information presented in this application. I hereby authorize the companies, institutions, and individuals mentioned in this application to release information verifying the statements I have made on this application and/or in my employment interview. For certain sensitive positions, additional background information may need to be verified

Applicants Signature (In Ink)

Date of Signature

Special employment notice to disable Veterans, Vietnam Era Veterans, and individuals with physical or mental handicaps.

Government contractors are subject to Section 402 of the Vietnam Era Veterans Readjustment Act of 1974 which requires that they take affirmative action to employ and advance in employment qualified disabled veterans and veterans of the Vietnam Era, and Section 503 of the Rehabilitation Act of 1973, as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified handicapped individuals.

If you are a disabled veteran, or have a physical or mental handicap, you are invited to volunteer this information. The purpose is to provide information regarding proper placement and appropriate accommodation to enable you to perform the job in a proper or safe manner. This information will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect any consideration you may receive for employment.

If you wish to be identified, please sign below

<input type="checkbox"/>	Handicapped Individual
<input type="checkbox"/>	Disabled Veteran
<input type="checkbox"/>	Vietnam Era Veteran

Signed

**For personnel department use only:**