



APPLICATION FOR EMPLOYMENT
An Equal Opportunity Employer
765.456.7470

TO APPLICANT: You may request any needed accommodation to participate in the application process. Please furnish complete and accurate information. Applications will be verified. Incomplete applications will not be considered. In addition to completing this form, you may attach a Résumé detailing your professional, educational, and social activities. If there are any other experiences, skills, or qualifications which you feel would especially fit you for work with the City, you may attach an additional sheet. Applications are kept active for a period of one year. Applicant is responsible for notifying this office of any changes of address or telephone number.

DATE: _____ POSITION(S) APPLIED FOR: _____

I. PERSONAL DATA

NAME: _____ SOCIAL SECURITY NO. _____
Last First M.I.

PRESENT ADDRESS: _____
Number Street

City State Zip Code

Telephone _____ Cell _____ Sex _____ Race _____

Email address _____ DOB _____ Place of birth _____

Have you ever been previously employed by the City? _____ If yes, in what department? _____

Supervisor _____ What date are you available for work? _____

What shifts? _____ Work you work: Full time Part time

Specify days and hours if part time _____ Expected Rate of Pay _____

II: EDUCATIONAL INFORMATION

School	Name and Address of School	Course of Study	Circle highest grade completed	Did you graduate	List diploma or degree
Elementary			5 6 7 8	<input type="checkbox"/> Yes <input type="checkbox"/> No	
High School			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Technical			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

List any other relevant training received:					
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III: WORK HISTORY

List below all present and past employment, beginning with your most recent.

	Company name and location	From	To	Duties	Salary	Reason for leaving	Name of supervisor
1	_____ _____ _____ Phone: _____	Month _____ Year _____	Month _____ Year _____				
2	_____ _____ _____ Phone: _____	Month _____ Year _____	Month _____ Year _____				
3	_____ _____ _____ Phone: _____	Month _____ Year _____	Month _____ Year _____				
4	_____ _____ _____ Phone: _____	Month _____ Year _____	Month _____ Year _____				
5	_____ _____ _____ Phone: _____	Month _____ Year _____	Month _____ Year _____				

IV: MILITARY SERVICE RECORD

Have you ever served in the U.S. Armed Forces: Yes _____ No _____ If Yes, what branch?

Dates of duty: From _____ To: _____
Month Day Year Month Day Year

Rank at discharge _____

List duties in the service, including special training _____

→ Please attach a copy of DD Form 214, Certificate of Release or Discharge from Active Duty. ←

V: Are you able to perform the essential functions of the job for which you are applying with or without accommodations? _____

VI: Please answer the following questions:

- A. Do you have a valid driver's license? _____
 If yes, from what state? _____
 (If other than an Indiana driver's license, the City of Kokomo requires a valid Indiana license.)

- B. Do you have a valid public passenger license? _____
If yes, from what state? _____
- C. Do you have a valid commercial driver's license (CDL)? ____-+_____
If yes, what endorsements? _____
From what state? _____
- D. Have you ever been convicted of a felony? _____
- E. Have you used or possessed illegal drugs within the last two years? _____
- F. Have you ever sold or delivered an illegal drug for material or monetary gain? _____

VII: PERSONAL REFERENCES (Not Former Employers or Relatives)

Name and Occupation	Address	Telephone

We offer equal employment opportunities to all persons without regard to race, color, creed, religion, age, marital or veterans' status, sex, national origin, disability, or any other legally protected status.

VIII. PLEASE READ AND SIGN BELOW

The facts set forth in my application for employment are true and complete. I understand that if employed, false statements on this application shall be considered sufficient cause for dismissal. You are hereby authorized to make any investigation of my personal, educational, or work history, except where I have specifically indicated otherwise in this application. In the event that I am employed by the City of Kokomo, I agree to comply with all of its policies, orders, rules, and regulations.

JOB APPLICATION DISCLAIMER

"This job application is not an employment contract. It is the City's policy that any employee may voluntarily end his or her employment at any time, and may be terminated by the City at any time and for any reason. Any statements to the contrary, unless in writing and signed by the Mayor or Human Resource Director, are disavowed by the City and should not be relied upon by any job applicant or employee."

Applicant's Signature _____ Date _____

**APPLICANT – Do not write on these spaces
FOR HUMAN RESOURCE DEPARTMENT USE ONLY**

INTERVIEW	DATE	COMMENTS



Dear Applicant:

The City of Kokomo accepts applications for police officers on an ongoing basis. Some of the basic qualifications and selection procedures consist of, but are not limited to, the following:

1. In order to be eligible to apply for appointment to the Kokomo Police Department, an applicant must be a resident citizen of the United States, and must be a resident of Howard County, Indiana, or a contiguous county at the time of appointment.
2. Applicant must have reached his or her twenty-first (21) birthday, but shall not have reached his or her thirty-sixth (36) birthday, as set forth by Indiana Code 36-8-4-7. A person may be reappointed as a member of the Department only if the person is a former member of the 1925, 1953, or 1977 fund and can complete twenty (20) years of service before reaching sixty (60) years of age as set forth by Indiana Code 36-8-4-7.
3. Applicant shall be a high school graduate as evidenced by a diploma issued by a high school accredited by the department or agency of a State authorized to accredit high schools. An equivalency diploma (G.E.D.) issued by such an accredited high school is acceptable.
4. Must be able to acquire a valid Indiana driver's license.
5. A dishonorable discharge from the military service shall disqualify the applicant.
6. Applicants receiving compensation or pension benefits from military service are not disqualified from applying.
7. The applicant shall also possess the following Vision Standards: Corrected vision – Binocular vision no worse than 20/30, worst eye vision no worse than 20/50; Uncorrected Vision – binocular vision no worse than 20/100 (with the exception for long-term successful users of soft contact lenses); Peripheral Vision – uncorrected field of vision no worse than 140 degrees in the horizontal meridian in each eye. The applicant shall also have the ability to distinguish the colors of red, green, and amber, and shall have no pathology of the eyes. (Minimum standards set forth by Indiana Law Enforcement Training Board and the Kokomo Police Pension Board.)
8. Applicants shall not have been convicted of a felony or domestic violence battery.
9. Must be able to successfully complete both the extensive physical agility test and written aptitude examination.
10. Must be able to pass a thorough background investigation.
11. Must submit to an oral interview.
12. No illegal delivery of drugs for monetary or material gain.
13. No illegal use of any type of drugs two (2) years prior to applying.
14. Applicants must be able to successfully complete the physical assessment upon the offer of employment and assignment to the Indiana Law Enforcement Academy.

All applicants are required to assist and cooperate in obtaining past employment records or personal history information.

Failure to cooperate may be considered cause for disqualification.

If it is found that you have falsified your application, you will be automatically eliminated; or if employed, may be grounds for immediate discharge.

Applications and test results become the exclusive property of the City of Kokomo.

I have read and understand the above statement.

Signature of Applicant

The Kokomo Police Department will conduct testing. Any position vacated between the prescribed testing times will be filled from the eligibility list.

THE CITY OF KOKOMO IS AN EQUAL OPPORTUNITY EMPLOYER

APPLICANT INFORMATION SUMMARY

KOKOMO POLICE DEPARTMENT

**City Building
100 South Union Street
Kokomo, Indiana 46901**

STATEMENT OF EQUAL EMPLOYMENT OPPORTUNITY POLICY

The Kokomo Police Department is an Equal Employment Opportunity Employer and will accept applications, hire qualified applicants, administer all terms and conditions of employment, and make available all benefits and compensations of employment without regard to race, color, creed, religion sex, national origin or disability status.

All applicants and employees are protected from discrimination because of political affiliation and from coercion for partisan political purposes.

No question on this report is intended to secure information to be used for unlawful discrimination.

INSTRUCTIONS

1. Read each item carefully.
2. This Summary must be typed or printed neatly in ink.
3. All items must be completed and necessary documentation included.
4. If additional space is needed, use the supplemental page at the end of this Summary, referencing each item.
5. The completed application must be returned to the City of Kokomo's Personnel Department.

POLICY REGARDING THE APPLICANT INFORMATION SUMMARY

1. Failure to comply with instructions and policy regarding this phase of the Applicant Screening Process will result in the rejection of the application.
2. Failure to accurately and truthfully complete this Summary will result in the rejection of the application.
3. Applications will not be accepted without complete addresses, phone numbers and zip codes.

If you need assistance in completing this Summary, please contact the Personnel Department at 765-456-7470.

PERSONAL HISTORY

List all other names you used including nicknames. If female, furnish maiden name. If you have ever used any last name other than your true name, during what period and under what circumstances were these names used? If you have ever legally changed your name, give date, place, and court. (This information is being collected to assist the department in conducting a thorough background investigation, i.e., felony conviction check).

BIRTH DATE (month, day, year) _____

BIRTH PLACE (city, state) _____

Attach a copy of your Birth Certificate. This will be used to verify your age for statutory requirements and pension purposes.

ARE YOU A U.S. CITIZEN: YES _____ NO _____

Attach copies of your marriage certificate(s) and divorce decree(s), if applicable. If not, indicate.

Attach copies of **high school and college transcript of grades and diploma.**

RESIDENCES

List chronologically (most current first) all of your residences in the past ten years. Include addresses while attending school if away from home, and ALL military addresses, including off-base locations. Also, towns or cities those are located in the immediate vicinity of military complexes. If apartment, include name and location of complex.

Date		Number	Street	City	State	ZIP
From	To					

FAMILY HISTORY

List all family members (living or deceased) in the following order: Parents, step-parents, foster parents, guardians, brothers, sisters, spouse, children, in-laws, ex-spouses (if living).

Relationship	Name	Street Address	City, State, Zip

FINANCIAL REPORT

Credit References

List all current accounts (checking, savings) with financial institutions.

NAME/ADDRESS OF COMPANY	TYPE OF ACCOUNT	ACCT. NUMBER	BALANCE

Credit Obligations

List the names and addresses of individuals, companies, and any others to whom you are indebted (mortgages, loans, credit cards, charge accounts, and loans on which you are a co-signer).

NAME/ADDRESS	TYPE OF ACCOUNT	ACCT. NUMBER	BALANCE

Do you receive income from any source other than your principle occupation (pension/dividends, etc.)?
 ____ Yes ____ No

If yes, identify source and amount.

Have you ever filed bankruptcy? ____ Yes ____ No

DRIVER'S RECORD

List all vehicle operators' licenses you now hold or have held:

Type (Driver's/Chauffeur's)	State of Issuance	License Number	Expiration Date	Restrictions

List all vehicle accidents you have had in the past three years:

Date	Location	Description	Did you receive a citation

List all traffic citations you have received in the past three years.

Date	Location	Charge

Has your Driver's License ever been suspended or revoked? Yes No

ARREST/FELONY CONVICTION RECORD

Have you ever been arrested or detained by law enforcement agency? Yes No

If yes, provide date(s), place(s), and disposition(s) on supplemental page.

****NO APPLICANT WILL BE AUTOMATICALLY REJECTED BECAUSE OF AN ARREST RECORD. THIS INFORMATION IS BEING OBTAINED ONLY TO ASSIST IN COMPLETION OF A BACKGROUND INVESTIGATION.**

Have you ever been convicted of domestic violence or battery? Yes No

SUBVERSIVE ORGANIZATION MEMBERSHIP

Are you now or have you ever been a member of any organization, association, movement, group, or combination of persons which advocates the overthrowing of our constitutional form of government, or which has adopted the policy of advocating or approving the Commission or acts of force or violence to deny States or which seek to alter the form of government of the United States by unconstitutional means? Yes No

Is there any information not mentioned in this Summary that may reflect upon your suitability to perform the duties you may be called upon to perform, or that might require further explanation? If so, explain:

Yes No

Have you applied for the position of Kokomo Police Officer before? Yes No

If so, when? _____

Have you applied to any other law enforcement agency? Yes No

If so when? _____

Where? _____

APPLICANT CHECK LIST

Please use the following list as a guide in completing your application. Use copies only, not originals and attach to the page indicated. Date and sign all pages where indicated.

	Birth Certificate (copy only)
	Marriage Certificate if applicable (copy only)
	Divorce Decree if applicable (copy only)
	High School transcripts and diplomas (copies only)
	College transcripts and diplomas (copies only)
	<i>If applicable: DD Form 214, Certificate of Release or Discharge from Active Duty (copy only)</i>

SIGNATURE

Read the following statement carefully. If you have any questions, ask the interviewer before signing the form.

I CERTIFY THAT THE INFORMATION IN THIS FORM IS CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I REALIZE THAT MISREPRESENTATION OF FACTS IS CAUSE FOR REJECTION OF MY APPLICATION OR DISMISSAL AFTER APPOINTMENT. I UNDERSTAND THAT FINAL EMPLOYEMENT IS CONTINGENT UPON SATISFACTORY COMPLETION OF ALL PHASES OF THE APPLICANT SCREENING PROCESS.

SIGNATURE OF APPLICANT _____ DATE _____

Subscribed and sworn to before me, a Notary Public in the County of _____, State of _____, this _____ day of _____, 20____.

Notary Public _____

Resident of _____

My commission expires: _____

REVIEW BY INTERVIEWER

A. Reviewed by: _____

B. Date Reviewed: _____

Date Issued: _____

Date Returned: _____

BASIC ESSENTIAL JOB FUNCTIONS FOR POLICE OFFICERS

- Administers field sobriety tests
- Analyzes investigation/case information
- Answers media questions
- Assesses accident scene
- Assists citizens
- Assumes custody of arrested persons
- Attendance
- Attends training sessions
- Collects job relevant data/information
- Communicates in writing
- Conducts building searches
- Conducts interrogations
- Conducts preliminary investigations
- Conducts surveillance
- Contacts outside agencies for assistance
- Coordinates job-related events
- Directs traffic
- Documents crime/accident scenes
- Establishes positive police-community relations
- Follows criminal law and procedures
- Gathers and collects evidence
- Handles hostile contacts
- Informs appropriate personnel of events
- Interacts with children
- Interacts with other agencies
- Interacts with other department personnel
- Maintains equipment and work area
- Maintains grooming and attire
- Maintains personal physical fitness
- Maintains safety
- Makes arrests
- Monitors radio
- Observes for and attends to hazardous conditions
- Operates firearms
- Orally communicates with other members of the Department
- Operates motor vehicles
- Participates in meetings
- Patrols in vehicle
- Perform related duties as assigned
- Performs crowd control duties
- Performs parking control duties
- Participates in neighbor programs
- Performs traffic enforcement duties
- Prepares for duty
- Prepares reports
- Provides positive role model
- Punctuality
- Pursues fleeing suspects
- Receives and processes citizens' complaints
- Receives/processes non-emergency telephone calls
- Responds to critical incidents
- Responds to injured persons
- Responds to radio runs/provides backup
- Serves as field training officer
- Serves search and arrest warrants
- Speaks to groups
- Testifies in court
- Types letters, reports, and other documents
- Uses informants
- Uses radio

ENVIRONMENTAL FACTORS THAT AFFECT JOB FUNCTIONS FOR POLICE OFFICERS

The essential job functions for a police officer are performed in and affected by the following environmental factors. An officer must:

1. Operate both as a member of a team and independently at incidents of uncertain duration.
2. Face exposure to infectious agents such as hepatitis B or HIV.
3. Perform complex tasks during life-threatening emergencies.
4. Work for long periods of time, requiring sustained physical activity and intense concentration.
5. Face life or death decisions during emergency conditions.
6. Tolerate exposure to grotesque sights and smells associated with major trauma.
7. Make rapid transitions from rest to near maximal exertion without warm-up periods.
8. Use firearms, self-defense equipment, and body armor.
9. Be able to physically protect him/herself.
10. Be able to communicate with people effectively.



AUTHORIZATION FOR RELEASE OF INFORMATION AGREEMENT

TO WHOM IT MAY CONCERN: I am an applicant for a position with the Kokomo Police Department. The Department needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I have applied. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed to the above Department.

I hereby authorize any representative of the Kokomo Police Department bearing this release to obtain any and all information in your files pertaining to my employment records and I hereby direct you to release such information upon request of the bearer. I do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the Kokomo Police Department, whether said records are of public, private, or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure. I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation that may provide pertinent data for the Kokomo Police Department to consider in determining my suitability for employment in that Department. It is my specific intent to provide access to personnel information, however personal or confidential it may appear to be.

I consent to your release of any and all public and private information that you may have concerning me, my work record, my background and reputation, my military service records, my educational records, my financial status, my criminal history record, including any arrest records, any information contained in any case, either criminal or civil, in which I presently have, or have had an interest, attendance records, polygraph examinations, and any internal affair investigations and discipline, including any files that are deemed to be confidential.

I hereby release you, your organization, and all others from liability or damages that may result from furnishing information requested, including liability or damage pursuant to any state or federal law. I hereby release you as custodian of such records of your organization, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempts to comply with it. I direct you to release such information upon request of the duly authorized representative of the Kokomo Police Department regardless of any agreement I may have made with you previously to the contrary. The law enforcement organization requesting the information pursuant to this release may discontinue processing my application if you refuse to disclose the information requested.

For and in consideration of the Kokomo Police Department's acceptance and processing of my application for employment, I agree to hold your organization, its agents and employees harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the Kokomo Police Department. I understand that should information of a serious criminal nature or regarding an outstanding criminal and/or civil warrant surface as a result of this investigation, such information may be turned over to the proper authorities.

Tyler Moore, Mayor"

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access and disclosure of records, and I waive those rights with the understanding that information furnished will be used by the Kokomo Police Department in conjunction with employment procedures.

A photocopy or fax copy of this release form will be valid as an original thereof, even though the said photocopy or fax copy does not contain an original writing of my signature.

This waiver is valid for a period of **two years** from the date of my signature.

Should there be any questions as to the validity of this release, you may contact me at the address listed on the form.

I agree to pay any and all charges or fees concerning this request and can be billed for such charges at the address listed on this form.

I agree to indemnify and hold harmless the person to whom this request is presented and his or her agents and employees, from and against all claims, losses, and expenses, including reasonable attorney fees, arising out of or by reason of complying with this request.

Signature (including maiden name, if applicable)

Date of Birth

Address

Social Security Number

City, State, ZIP

Telephone Number

STATE OF _____ COUNTY OF _____

BEFORE ME, a Notary Public in and for said County and State, personally appeared _____ who acknowledged the execution of the foregoing Authorization for Release of Information Agreement, and who, being first sworn under oath, stated that the matters contained therein are true.

WITNESS my hand and Notarial Seal this _____ day of _____, 20____.

NOTARY PUBLIC (Sign in black ink)

NOTARY PUBLIC (Printed)

CITY: _____

COUNTY: _____

My Commission Expires: _____

AUTHORIZATION FOR RELEASE OF INFORMATION AGREEMENT

APPENDIX A
Kokomo Police Department
Health and Fitness Program Standards

Protocol for Vertical Jump

Purpose

This is a measure of jumping or explosive power.

Procedure

1. Participant stands with one side toward the wall, feet together, and reaches up as high as possible to mark his/her standard reach.
 2. Participant jumps as high as possible and marks the highest point of the jump. Participant must jump from both feet in a stationary stance. Arms may be pumped and thrust upward.
 3. Score is the total inches, to the nearest 1/2 inch, above the standard reach mark.
 4. A best of three trials is the recorded score.
 5. A minimum vertical jump of 16 inches is required.
-

Protocol for 1-Minute Sit-ups

Purpose

This measures the abdominal muscular endurance.

Procedure

1. The participant starts by laying on his/her back, knees bent, heels flat on the floor, with the fingers laced 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.
 2. A partner holds the feet down.
 3. The participant then performs as many correct sit-ups as possible in one minute.
 4. In the up position, the subject should touch elbows to knees and then return until the shoulder blades touch the floor.
 5. Score is the total number of correct sit-ups. Any resting must be done in the up position.
 6. Breathing should be as normal as possible, making sure the participant does not hold his/her breath as in the Valsalva maneuver.
 7. A minimum of 29 sit-ups are required.
-

Protocol for Maximum Push-ups

Purpose

This measures the endurance of the upper body (anterior deltoid, pectoralis major, triceps).

Procedure

1. The hands are placed shoulder width apart, with the fingers pointing forward. Some part of the hands must lie within a vertical line drawn from the outside edge of the shoulders to the floor. The administrator places one fist on the floor below the participant's chest (sternum).
2. 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 (sternum) touches the administrator's fist. The participant then returns to the up position with elbows fully locked. This is one repetition.

3. Resting is permitted only in the up position. The back must remain straight during resting.
 4. When the participant elects to stop or cannot continue, the total number of correct push-ups is recorded as the score. There is no time limit.
 5. A minimum of 25 push-ups are required.
-

Protocol for 300 Meter Run

Purpose

This is a measure of anaerobic power.

Procedure

1. Warm up and stretch should precede testing.
 2. Participant runs 300 meters at maximum level of effort. Time used to complete distance is recorded.
 3. Participant should walk for 3-5 minutes immediately following test to cool down. This is an important safety practice.
 4. Participant must complete the run in no more than 71 seconds.
-

Protocol for 1.5 Mile Run

Purpose

This is a measure of aerobic power (cardiovascular endurance). The objective in the 1.5 mile run is to cover the distance as fast as possible.

Procedure

1. Participants should not eat a heavy meal or smoke for at least 2-3 hours prior to the test. Participants should warm up and stretch thoroughly prior to running.
2. The participant runs 1.5 miles as fast as possible.
3. Participants should not physically touch one another during the run, unless it is to render first aid.
4. Finish times should be called out and recorded.
5. Upon completion of the run, participants should cool down by walking for about 5 minutes to prevent venous pooling (i.e., pooling of the blood in the lower extremities which reduces the return of blood to the heart and may cause cardiac arrhythmia).
6. Participants must complete the 1.5 mile run in no more than 16 minutes 28 seconds.

**KOKOMO POLICE DEPARTMENT
MEDIA RESPONSE QUESTIONNAIRE**

Dear Applicant:

The Kokomo Police Department is actively involved in recruitment activities in order to attract applicants for actual or forecasted Departmental vacancies.

As we strive to be competitive in the recruitment of the highest caliber personnel available, it is imperative that we evaluate the positive value of each of our information resources.

Please review the information resources listed below and check those resources which may have influenced your decision to submit an application to the Kokomo Police Department.

- _____ Recruitment Brochure
- _____ Recruitment Poster
- _____ Job Fair/Career Day Presentation (if applicable, where)

- _____ Website/Internet
- _____ Television Advertisement
- _____ Radio Advertisement
- _____ Job Opportunity Publications (if applicable, which publication)

- _____ Kokomo Police Department Officer (if applicable which officer)

- _____ Other (please explain below)



CITY of KOKOMO

DOUG A. STOUT, CHIEF
KOKOMO POLICE DEPARTMENT
City Hall – 100 S. Union St.
Kokomo, Indiana 46901
(765) 456-7100
(765) 456-7207 Fax

Dear Applicant:

Thank you for your interest in the Kokomo Police Department. Our agency welcomes all qualified applicants of every culture to join our ranks in community service. Please check the contents of your application packet against the enclosed checklist and make sure that you complete each form as directed. The information you provide will be verified for accuracy.

You may return your completed application for the position of police officer to the Human Resources Department on the Third Floor of the City Hall. You should return your completed applications as soon as possible. Applications returned by mail should be sent to the Human Resources Department at the above address. Questions regarding the application process or about your career as a Kokomo police officer may be directed to our Training and Career Development Unit between 8:00 a.m. and 4:00 p.m., Monday through Friday.

The highly competitive selection process for police officer candidates is scheduled to accommodate the number of applications received. You will be notified by mail regarding the time, date and location of the testing.

Please read the enclosed minimum physical fitness standards and insure that you can meet or exceed the minimum requirements. A poor fitness performance will result in immediate disqualification from our selection process.

Sincerely,

Chief Doug A. Stout

Doug A. Stout
Chief of Police

RELEASE AND COVENANT NOT TO SUE

Whereas: _____ is a voluntary participant in the following exercises:

1. Vertical Jump
2. One Minute Sit-ups
3. 300 Meter Run
4. Minimum Push-ups
5. 1.5 Mile Run

Whereas, said individual recognized and acknowledges the inherent risk in performing the above referenced tests of physical agility and voluntarily assumes said risk:

Now therefore, for and in consideration of the mutual promises and covenants of the parties hereto, each of same having been mutually bargained and exchanged for the other. The above named individual hereby acknowledges and assumes the risk of performing the above reference agility test, and does hereby for himself/herself, his/her heirs, executors and assignees, release, discharge and acquit the City of Kokomo and the Kokomo Police Department, together with their representatives, employees, agents, officials and assignees, of any liability for damages of any nature of description that may result from the performance of the above referenced agility test and further warrants and agrees for himself/herself, his/her heirs, successors and assignees that no action of any nature shall be filed, maintained or litigated against the City of Kokomo and/or the Kokomo Police Department, their representatives, employees, agents, officials and assignees resulting from same.

APPLICANT NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

DAYTIME TELEPHONE _____

Please date and sign below that the application was received and it included the following:

_____ Basic Qualifications

_____ Applicant Information Summary

_____ Basic Essential Job Functions for Police Officers

_____ Environmental Factors That Affect Job Functions for Police Officers

_____ Authorization and Release Form

_____ Agility Test

_____ Media Response Questionnaire

_____ Letter from Chief Doug A. Stout

_____ Release and Covenant Not to Sue

DATE

SIGNATURE

THANK YOU!