



# Hodgenville Police Department

## JOB QUALIFICATIONS

1. APPLICANT MUST BE A US CITIZEN
2. APPLICANT MUST BE 21 YEARS OF AGE AT THE TIME OF CONDITIONAL OFFER OF EMPLOYMENT
3. APPLICANT MUST HAVE A HIGH SCHOOL DIPLOMA OR GED (HOME SCHOOLING DIPLOMA ALONE DOES NOT MEET THIS REQUIREMENT. HOWEVER, IF IT IS COUPLED WITH A 2 OR 4 YEAR DEGREE IT IS ACCEPTABLE.)
4. APPLICANT MUST HAVE NO FELONY CONVICTIONS
5. APPLICANT MUST BE ABLE TO READ, WRITE AND UNDERSTAND ENGLISH
6. APPLICANT MUST POSSESS A VALID DRIVER'S LICENSE
7. APPLICANT MUST NOT BE PROHIBITED BY STATE OR FEDERAL LAW FROM POSSESSING A FIREARM.
8. APPLICANT MUST NOT HAVE RECEIVED A DISHONORABLE OR GENERAL DISCHARGE UNDER DISHONORABLE CONDITIONS FROM A MILITARY SERVICE BRANCH
9. APPLICANT MUST NOT HAVE HAD A PEACE OFFER CERTIFICATION REVOKED FROM ANY STATE
10. APPLICANT MUST PASS A BACKGROUND INVESTIGATION
11. APPLICANT MUST BE ABLE TO PASS ALL PHYSICAL AND SUITABILITY SCREENING EXAMINATIONS REQUIRED TO BE A POLICE OFFICER ACCORDING TO CURRENT POLICE OFFICER PROFESSIONAL STANDARDS (POPS)

FOR A COMPLETE LIST OF POPS STANDARDS PLEASE VISIT [HTTPS://DOCJT.KY.GOV](https://docjt.ky.gov)

## AUTHORITY FOR RELEASE OF INFORMATION

Name: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_

Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

City, State And Zip Code: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Selective Service #: \_\_\_\_\_

This form is utilized in respect to the Privacy Act of 1974 (Public Law 93-579). The information you authorize release by signing this form will be used principally to aid in the completion of an investigation to determine your fitness for employment with the Hodgenville Police Department, or for other employment purposes including security clearance and an evaluation of qualifications, suitability, and loyalty to the United States.

Your signature on this Authority For Release of Information form is voluntary; however, your failure to complete this form may mean that the required information cannot be obtained to complete your investigation. Any information either obtained or not obtained could result in disqualification for employment or termination from employment based upon information in the records.

**SPECIFICALLY, I HEREBY AUTHORIZE THE RELEASE OF THE FOLLOWING DATA OR RESORDS TO THE HODGENVILLE POLICE DEPARTMENT, AND DO HEREBY RELEASE THE ADDRESSED INDIVIDUAL, COMPANY, OR INSTITUTION AND ALL INDIVIDUALS CONNECTED THEREWITH, FROM ALL LIABILITY FOR ANY DAMAGE WHATSOEVER INCURRED IN FURNISHING SUCH INFORMATION.**

|  |                             |
|--|-----------------------------|
| Employment Information                   | Police and Criminal Records |
| Selective Service Information            | Educational Information     |
| Medical and Military Medical Information | Credit Information          |

I CERTIFY, AS A CONDITION OF MY EMPLOYMENT, THAT ALL INFORMATION GIVEN ON THIS APPLICATION IS CORRECT. I UNDERSTAND THAT IF I HAVE FURNISHED FALSE INFORMATION OR OMITTED PERTINENT INFORMATION RELATING TO EMPLOYMENT, I MAY BE DISCHARGED.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Investigating Officer: \_\_\_\_\_



11. Name & age of dependent children: \_\_\_\_\_

Brothers & Sisters: \_\_\_\_\_

12. If wife or husband is employed, list employer, location, and position: \_\_\_\_\_

13. List names of other relatives working for the City of Hodgenville. Specify relationship and department.

14. Specify all arrests or citations. Include dates, locations, by what agency, and whether convicted or not.

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15. Specify all other arrests, felony and misdemeanor. Include dates, locations, by what agency, and whether convicted or not.

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16. Have you been involved in a motor vehicle accident as an operator which resulted in injury or damage of \$%00 or more in the past five (5) years? Give details by listing dates, location, property damage, or injuries involved and action taken by police, courts, or the Division of Driver Licensing in the Department of Transportation.

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17. Have you ever been a defendant in any court action? If so, give details.

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18. Military Service: Was your discharge honorable from military service? Yes \_\_\_\_\_ No \_\_\_\_\_

19. While in the military, did you have any arrests, convictions, or disciplinary actions under the UCMJ? Yes \_\_\_\_\_ No \_\_\_\_\_

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20. Have you ever been questioned about being involved in criminal activity?

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21. Total extent of your financial obligation to others? \_\_\_\_\_ List complete address of all creditors. Attach on extra sheet.

22. Have you ever declared bankruptcy? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, attach separate sheet giving full details.

23. Are you a U.S. Citizen? Yes \_\_\_\_\_ No \_\_\_\_\_

24. Are you now or have you ever been a member of any organization, association, movement, group, or combination of persons which advocated the overthrow of our constitutional form of government or any organization, association, group, or combinations of persons, which has adopted a policy of advocating or approving the commission of acts of force or violence to deny other persons of their rights under the Constitution of the United States or of seeking to alter the form of government of the United States by unconstitutional means?



\_\_\_\_\_  
\_\_\_\_\_  
If additional space is needed, use extra sheet of paper.

29. May we contact your previous employers? Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicants as usually written

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

**NOTE: THIS APPLICATION MUST BE NOTORIZED IN THE SPACE BELOW.**

30. Write two paragraphs (*in your own hand writing*), telling something about yourself and why you want to be a Police Officer. Attach to application.

Subscribed and duly sworn before me by the above named applicant, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_, County of \_\_\_\_\_, and State of \_\_\_\_\_.

\_\_\_\_\_  
Signature of officer

(Official Seal)

\_\_\_\_\_  
Official Title

Commission expires \_\_\_\_\_

\*\*\*Note: Applications remain on file for one (1) year from today's date.

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