

# **SOUTH BEND POLICE DEPARTMENT**

*701 West Sample St., South Bend, Indiana 46601*

*(574) 235-9224*



**APPLICATION**



# SOUTH BEND POLICE DEPARTMENT

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(574) 235-9224

**Each of the below criteria must be met and proper documents attached to properly process your application.**

## A. BASIC ELIGIBILITY REQUIREMENTS

1. Must be a United States citizen.
2. Must be at least 21 years of age, but not yet 36 years of age when appointed as a police officer.
3. Must be a high school graduate, as evidenced by a transcript issued by an accredited high school. An achievement test certificate from an accredited high school or State Board of education is acceptable.
4. Must possess a valid unrestricted driver's license.
5. Must be willing, if appointed, to reside within St. Joseph County or an adjoining county in Indiana.

## B. COPIES OF THE FOLLOWING DOCUMENTS ARE REQUIRED

1. DD 214 (Armed Services Discharge)
2. High school diploma or GED diploma.
3. High school transcripts.
4. College transcripts
5. Birth certificate.
6. Valid driver's license and certified copy of your driving record.

## C. SELECTION PROCESS

1. Physical agility test.
2. Written examination.
3. Personal interview
4. Oral Interview Board
5. Background investigation.
6. Polygraph examination.
7. MMPI and Psychological Examination.
8. Pension (PERF) Physical Examination.

## D. FACTORS THAT INCREASE EMPLOYMENT CONSIDERATION:

1. Police related occupations:
  - a. Military
  - b. Other Departments
2. Education
  - a. college degree
  - b. education beyond high school
3. College internships
4. Volunteer community service.
5. Honorably discharged war veteran.
6. Mother or father who as a member of a police or fire department, died in the line of duty.

## E. FACTORS THAT RESULT IN AUTOMATIC REJECTION:

1. Domestic violence conviction.
2. Drug selling.
3. Hard drug use in last 10 years.
4. Felony conviction.
5. Dishonorable discharge from military.
6. Driving while intoxicated conviction in past 5 years.

## F. FACTORS THAT DECREASE EMPLOYMENT CONSIDERATION:

1. Involvement in criminal activity.
2. Misdemeanor conviction.
3. Documented evidence of domestic violence.
4. Military rejection or early discharge for reason/concern.
5. Marijuana use beyond experimental usage.
6. Poor driving and accident record.
7. Illegal acts.
8. Past job problems or firings.



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### APPLICANT INSTRUCTIONS

1. **Read each item carefully.**
2. This application must be typed or printed neatly in black ink.
3. All items must be completed, and necessary documentation included.
4. If additional space is needed, attach a supplemental page at the end of the application.
5. Have at least two (2) other adults review this application for you.
6. The completed application must be returned to: The South Bend Police Department Training Bureau, 701 W. Sample St., South Bend, IN 46601.
7. If an applicant fails any portion of the selection process or is not chosen because of better applicant choices, they must re-apply.

### POLICY REGARDING THE APPLICANT INFORMATION SUMMARY

1. **Failure to fully and truthfully** complete this application will result in the rejection of the application.
2. Applicants **will not** be accepted without complete addresses, phone numbers, and zip codes. Applicant must **list (5) five references** with complete information. Also the applicant must include **official high school and college transcripts & diplomas**.
3. The applicant **MUST HAVE** the General Authorization for Release on Page 19 notarized before returning the application. Copies of all required documents such as driver's license, birth certificate, etc. must be included. Failure to do so **will** result in rejection of your application.
4. It is the responsibility of the applicant to advise or forward any changes relative to applicants name, address, and phone number.

### **APPLICATION CERTIFICATION STATEMENT: (Please sign and date the following statement):**

I certify that all answers to the questions in this Application are true, and I acknowledge that any misstatements or omissions of fact will cause forfeiture on my part of rights to employment for the South Bend Police Department.

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Applicant's Signature

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Date

---

Witness to Signature

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Date



## **SOUTH BEND POLICE DEPARTMENT**

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### ***Basic Essential Functions for Police Officers***

1. Monitor radio and communication devices to receive assignments and calls.
2. Maintain awareness of activities in assigned areas.
3. Effectively communicate, verbally and written, in the English language.
4. Assist citizens with problems.
5. Patrol on foot or by driving a vehicle, responding to assigned calls and searching for suspicious activity or situations.
6. Respond to calls by driving, walking or running to a specific location.
7. Refer persons to appropriate social service agencies when situations warrant.
8. Assess situations, determine need for assistance of other officers or agencies, and take appropriate action.
9. Provide emergency aid to injured people and move people away from danger, include carrying unconscious people.
10. Investigate accidents and reports of crimes. Gather evidence, record observations and statements of witnesses, victims and suspects. Direct removal of vehicles involved in accidents and maintain orderly flow of other traffic, both vehicular and pedestrian.
11. Search crime scenes and take prescribed actions to preserve and protect evidence. Record findings and observations.
12. Pursue and apprehend suspects. Use only necessary force to apprehend and arrest suspects. Advise suspects of rights, and transport suspects to detention area.
13. Use appropriate means and weapons to restrain people from physically striking and injuring other people.
14. Drive a vehicle safely at high speed when an emergency warrants.
15. Stop drivers of vehicles when traffic violations are observed. Advise drivers of safe driving practices. Verify license and registration data. Issue citations or make arrests as warranted.
16. Take appropriate action to protect life and property.
17. Maintain visibility in the community. Meet and talk with people. Visit local businesses. Provide information and make presentations to neighborhoods, civic organizations and schools.
18. Testify in court and prepare for such testimony by reviewing reports and notes. Meet with attorneys and obtain appropriate evidence.
19. Maintain physical fitness, uniforms, equipment and weapons.
20. Perform related duties as assigned.
21. Participate in training on law enforcement procedures: including firearms, court procedures, criminal justice, emergency medical aid and related subjects.



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## ***Environmental Factors for Police Officers***

The essential functions for police officers are performed in and affected by the following environmental factors.

A police 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 a warm-up period.

8

Use firearms, self-defense equipment and body armor.

9

Be able to physically protect herself/himself and others.

10

Be able to communicate with people effectively.



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### Physical Fitness Test Information

There are six (6) *fitness components* that will be measured in one day as a battery of tests.

#### Fitness Components

1. Vertical Jump. This measures leg power. Consists of measuring how high a person jumps from a stationary position.
2. One Minute Sit Ups. This measures abdominal (or trunk) muscular endurance. While lying on his/her back, the student will be given one (1) minute to do as many bent leg situps as possible.
3. 300 Meter Run. This measures aerobic power, or the ability to perform an intense burst of effort for a short time period or distance. This component consists of running 300 meters as fast as possible (considered a *sprint* run).
4. Maximum Push Ups. This measures muscular endurance of the upper body. This component consists of doing as many push ups as possible until muscular failure.
5. 1.5 Mile Run. This measures aerobic power or cardiovascular endurance (stamina over time). To complete this component, you must run/walk as fast as possible to cover a distance equal to a mile and one half.
6. Pistol Trigger Pull.

Each component is scored separately and the standard must be met on each and every one.

Testing will be conducted in the order reflected in the following chart, top to bottom.

TEST	STANDARD
Vertical Jump	16 inches
One Minute Sit Up	29
300 Meter Run	71 seconds
Maximum Push Up	25
1.5 Mile Run	16 minutes 28 seconds (16:28")
Pistol Trigger Pull	10 seconds 6 Pulls

A Doctor's statement must be provided, at your cost, indicating you are fit and able to participate in the *physical testing*. Do not obtain this statement until advised to do so by the police training office.

## *Protocol for Vertical Jump*

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### Purpose

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This is a measure of jumping or explosive power.

### Equipment

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Vertical measuring apparatus fixed to a smooth wall, and some means to mark extension when jumping (e.g. chalk dust, velcro, etc.)

### Procedure

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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 total inches, to the nearest 1/2 inch, above the standard reach mark.
4. The best of three trials is the recorded score.

## *Protocol for 1 Minute Sit-ups*

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### Purpose

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This measures abdominal muscular endurance.

### Equipment

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Flat solid surface.

### Procedure

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

## ***Protocol for 300 Meter Run***

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### Purpose

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This is a measure of anaerobic power.

### Equipment

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400 meter running track/440 yard running track, or any measured 300 meter flat surface with sufficient distance to slow to a stop.

### Procedure

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1. Warm up and stretching 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.

## ***Protocol for 1 Maximum Pushups***

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### Purpose

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

### Equipment

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Flat solid surface.

### Procedure

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1. The hands are placed shoulder width apart, with 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 participants 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 the 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 (failure), the total number of correct pushups is recorded as the score. There is no time limit.



## ***Protocol for 1.5 Mile Run***

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### Purpose

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The 1.5 mile run 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.

### Equipment

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1. Stop watch
2. Indoor/outdoor track or other suitable *flat* running area measured to 1.5 miles.
3. Testing forms to record data.

### Procedure

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1. Participants should not eat a heavy meal or smoke for a least 2 - 3 hours prior to the test.
2. Participants should warm up and stretch thoroughly prior to running.
3. The participant runs 1.5 miles as fast as possible.  
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 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.).

## ***Protocol for Pistol Trigger Pull***

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### Purpose

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To insure the applicant's potential ability to properly fire a handgun.

### Equipment

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1. A South Bend Police Department .40 cal Sig Sauer P229 Pistol.
2. A designated 4" circle to place the muzzle of the pistol through.

Test: Applicant is required to use a 2 hand grip on the pistol, point the muzzle into the 4" circle hole and dry fire the weapon 6 times in the double action mode without the muzzle touching the edges of the circle. The applicant has 10 seconds to complete dry firing the weapon 6 times.

\* No Live Ammunition will be fired\*

\* Weapon will be empty and void of any magazine  
and pointed in a designated safe direction at all times.\*



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NAME \_\_\_\_\_  
last first middle

any other name by which you have been known -- include maiden names

HOME ADDRESS (street address is required)

\_\_\_\_\_  
city state zip

PRESENT EMPLOYER \_\_\_\_\_

EMPLOYER'S ADDRESS \_\_\_\_\_

Home Telephone ( ) \_\_\_\_\_ Business Telephone ( ) \_\_\_\_\_

Cell Phone ( ) \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Have you ever applied for a position with the South Bend Police Department in the past?

Yes \_\_\_\_\_ No \_\_\_\_\_

If so, when? \_\_\_\_\_

Have you ever been in a physical confrontation with a relative or live-in companion?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, list date and circumstances

Photo must be attached,  
or application will not be processed.

<p>MOUNT PHOTOGRAPH IN THIS SPACE</p> <p>(affix securely)</p>
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Photograph to be front view,  
head and shoulders, approx-  
imately 2 1/4 inches square,  
or no larger than post card size,  
taken within the past six months.

**(Full Color Photos Only)**



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DATE

APPLICANT'S SIGNATURE



NAME: \_\_\_\_\_  
last first middle

Are you a U.S. citizen? yes    no	Social Security #
Your age:	Date of birth:
Your height: (without shoes) feet          inches	
Your weight (stripped)                          pounds	

Are you a graduate of an accredited school?    yes  no

If not, have you been issued an equivalency diploma from an accredited school? yes  no

Do you currently possess a valid automobile driving license?          yes  no

License # \_\_\_\_\_ State \_\_\_\_\_ Driving experience: \_\_\_\_\_ years \_\_\_\_\_ months

Is your license restricted?          yes  no  If yes, explain: \_\_\_\_\_

Have you possessed a drivers license from another State?          yes  no

What State?

Have you ever been convicted, arrested, or detained for a criminal offense?          yes  no

As an adult?    yes  no           As a juvenile?    yes  no           If yes to either, describe below:

Date	Location	Charge	Disposition
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you agree to take a polygraph examination?    yes  no

Have you had any POLICE experience?    yes  no     Where & when?

What hobbies, leisure activities and special interests do you have?

What volunteer efforts and/or community organizations do you belong to or have you belonged to within the past 10 years?

Are you an honorably discharged war veteran? \_\_\_\_\_

Did you have a parent who died in the line of duty as a firefighter, municipal or county police officer?  
\_\_\_\_\_

List all of your residence addresses for the past ten (10) years (present first):

Street and Number	City, State, Zip Code	Dates	
		From	To

Military History and Status

ORGANIZATION	DATES OF SERVICE		RANK OR GRADE	REASON FOR LEAVING SERVICE
	from	to		

Military citations or other service awards received \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you now a member of a Military Reserve Unit?      yes       no

If yes, rank:

Give name and location of unit to which you are assigned:



## SOUTH BEND POLICE DEPARTMENT

### SUBVERSIVE ORGANIZATION MEMBERSHIP

\_\_\_\_\_ yes \_\_\_\_\_no

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

\_\_\_\_\_ yes \_\_\_\_\_no

B. Are you now or have you ever been affiliated or associated with any organization of the type described above as an agent, official, or employee?

\_\_\_\_\_ yes \_\_\_\_\_no

C. Are you now associated with, or have you ever associated with, any individuals (including relatives) who you know or have reason to believe are or have been members of any of the organizations identified above?

\_\_\_\_\_ yes \_\_\_\_\_no

D. Have you ever been engaged in any of the following activities of any organization of the type described above: contribution(s) to, attendance of, or participation in any organization, social, or other activity of said organization, or of any projects sponsored by them: the sale, gift, or distribution of any written, printed or other matter, prepared, reproduced, or published by them or any of their agents or instrumentalities?

If you answered YES to any of the above questions, describe the circumstances completely.

**EMPLOYMENT HISTORY**

Start with your present or last regular job.

List all previous jobs, including part-time, and give all information requested for each job. Use page 16 for additional information.

Employer	Address	zip	phone
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Supervisor's full Name & Title	phone & ext. #	Salary START	Salary FINISH
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Reason for leaving

Describe in detail the work you did:

Dates worked: From: To:

Employer	Address	zip	phone
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Supervisor's full Name & Title	phone & ext. #	Salary START	Salary FINISH
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Reason for leaving

Describe in detail the work you did:

Dates worked: From: To:

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Supervisor's full Name & Title	phone & ext. #	Salary START	Salary FINISH
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Dates worked: From: To:

Employer	Address	zip	phone
----------	---------	-----	-------

Supervisor's full Name & Title	phone & ext. #	Salary START	Salary FINISH
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Reason for leaving

Describe in detail the work you did:

Dates worked: From: To:

Continued on NEXT PAGE .....

EMPLOYMENT HISTORY (continued from PREVIOUS PAGE).

Employer	Address	zip	phone
Supervisor's full Name & Title	phone & ext. #	Salary START	Salary FINISH
Reason for leaving			
Describe in detail the work you did:			
Dates worked: From: To:			
Employer	Address	zip	phone
Supervisor's full Name & Title	phone & ext. #	Salary START	Salary FINISH
Reason for leaving			
Describe in detail the work you did:			
Dates worked: From: To:			
Employer	Address	zip	phone
Supervisor's full Name & Title	phone & ext. #	Salary START	Salary FINISH
Reason for leaving			
Describe in detail the work you did:			
Dates worked: From: To:			
Employer	Address	zip	phone
Supervisor's full Name & Title	phone & ext. #	Salary START	Salary FINISH
Reason for leaving			
Describe in detail the work you did:			
Dates worked: From: To:			
Employer	Address	zip	phone
Supervisor's full Name & Title	phone & ext. #	Salary START	Salary FINISH
Reason for leaving			
Describe in detail the work you did:			
Dates worked: From: To:			

Have you ever been discharged or forced to resign from any position of employment?    yes     no

If yes, explain fully:

May we refer to your previous employer(s)?    yes     no

If no, explain fully:



**REFERENCES:**  
 List five (5) close friends who know you well enough to supply us with personal information about you. They must have known you for at least a year. No police officers, relatives, or past employers are to be used as references.

Name	Address	zip	phone
Business/ Occupation		phone	
Name	Address	zip	phone
Business/ Occupation		phone	
Name	Address	zip	phone
Business/ Occupation		phone	
Name	Address	zip	phone
Business/ Occupation		phone	
Name	Address	zip	phone
Business/ Occupation		phone	

**EDUCATION (attach transcripts).**

**High School**

Graduation date: \_\_\_\_\_ month \_\_\_\_\_ year  
 Extra curricular activities: \_\_\_\_\_

**College or Technical School (attach transcripts).**

Areas of Special Study

Graduation date: \_\_\_\_\_ month \_\_\_\_\_ year Degree \_\_\_\_\_  
 Extra curricular activities: \_\_\_\_\_

**Other Education or Training:** In this section, list any vocational or technical training that you have received or any apprenticeship programs you may have been a part of.

School/Location	Type of Training	Dates	
		From	To
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List any special skills, training, experiences, etc., that you have acquired, including languages other than English spoken and degree of proficiency:

Were you ever suspended or expelled from high school or any other school?    yes     no

Explain:

VEHICLE ACCIDENT AND ARREST RECORD		
List vehicle accidents in which you have been involved as a driver.		
Date	LOCATION	What happened?

Have you ever been arrested or received a ticket for a traffic offense?    yes <input type="checkbox"/> no <input type="checkbox"/> If yes, describe below.			
Date	LOCATION	CHARGE	SENTENCE

Have you ever been arrested for a criminal offense?    yes <input type="checkbox"/> no <input type="checkbox"/> If yes, describe below.			
Date	LOCATION	CHARGE	SENTENCE

1. Have you ever sold, used, manufactured or bought illegal drugs?    yes     no

2. If yes, describe in detail, including time period and amounts sold.

3. Estimate number of times used and/or sold.

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The facts set forth in my application for employment with the South Bend Police Department are true and complete. I understand that false statements or failure to complete this application as required, shall be considered sufficient cause for elimination from further consideration for employment.

Date \_\_\_\_\_

\_\_\_\_\_   
 (SIGNATURE OF APPLICANT)

CHECK APPLICATION CAREFULLY!  
BE CERTAIN ALL ITEMS ARE COMPLETE BEFORE RETURNING APPLICATION FOR PROCESSING.



# SOUTH BEND POLICE DEPARTMENT

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## CANDIDATE RELEASE AND WAIVER OF LIABILITY

By signing below, I understand and agree that:

- \_\_\_\_\_ 1. I hereby release and forever discharge the City of South Bend from any and all liability which may arise or may hereafter arise from my activities with the City of South Bend including, but not limited to, bodily injury, personal injury, illness, death, or property damage that may result, whether caused by negligence or otherwise. I also understands that the City of South Bend does not assume any responsibility for or obligation to provide financial assistance including, but not limited to, medical, health, or disability insurance in the event of injury or illness. I also agree to provide a doctor’s statement, at my cost, indicating that I am able to take the agility test.
- \_\_\_\_\_ 2. I hereby release and forever discharge the City of South Bend from any claim arising from the use of any first aid, treatment, or service rendered during the course of the my activities with the City of South Bend.
- \_\_\_\_\_ 3. I understand that the activities conducted may be hazardous. I hereby expressly assume the risk of injury or harm stemming from any activities with the City of South Bend.
- \_\_\_\_\_ 4. I authorize any and all schools, physicians, hospitals, Armed Services, current and previous employers, law enforcement agencies, and any other person, organization, or agency to furnish the South Bend Police Department or its designated agent(s) any and all information, opinions, or documents requested, and to allow the visual inspection and copy of all such documentation.
- \_\_\_\_\_ 5. I hereby waive any objection to the release of any information and grant the South Bend Police Department or its agent(s) any right I may have to the information. Further, I hereby release the City of South Bend and its agent(s) from any and all liability for any damage whatsoever arising out of the use or review of the information.
- \_\_\_\_\_ 6. I authorize the investigation of any and all statements made in my application for employment. I understand that in the event of my employment with the City of South Bend, I shall be subject to dismissal if any of the information I have given in my application is false, or if I have failed to give any material information requested.
- \_\_\_\_\_ 7. I understand and agree that the City of South Bend will have every right to publish any audio, video, or photograph made during the Candidate’s activities with the City of South Bend.

Candidate’s Signature: \_\_\_\_\_

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

Subscribed and sworn to before me, a Notary Public, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

SEAL

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

\_\_\_\_\_  
Notary Public  
Resident of \_\_\_\_\_ County



Back Page of APPLICATION.

There is no information for you to enter on this page.