



Application Attachments Checklist

The attached forms must be completed and uploaded to Guardian to move forward in the application process. These forms are also available on the Guardian platform in the forms and documents section.

1. Applicant Statement of Truthfulness: Signed & Notarized
2. Authority to Release Information & Waiver of Liability: Signed & Notarized
3. Physical Agility Test Waiver of Liability: Signed
4. Misdemeanor Domestic Violence Notice: Signed

Additional required documents that need uploaded to Guardian

- Copy of Driver's License
- Copy of Birth Certificate
- Copy of Social Security Card
- Copy of High School Diploma or GED Certificate
- High School Grade Transcripts (certified copy from school)
- Official College Transcripts & Diploma
- Marriage Certificate (if applicable)
- Dissolution of Marriage (if applicable)
- A current photograph to include head and shoulders (Driver's license photo does not meet this requirement)
- Prior Military- DD-214
- Active Military- Official Military Personnel File (OMPF)
- Prior or Current Law Enforcement- Academy Certification & any additional certificates of Training

Communications about your application process, including scheduling dates for future appointments & proceeding steps, will continue through PoliceApp and email notifications. It is essential that you remain responsive with communications.

If you are unable to make your scheduled testing date, or If you have any questions concerning your Personal History Statement, references, requested documents, or any other application-related questions, please contact Administrative Assistant Ali Callahan.

Email (preferred)- ajcallahan@lafayette.in.gov

Office Phone: (765) 807-1220.



GUARDIAN

ALLIANCE TECHNOLOGIES

Personal History Questionnaire (PHQ) Instructions

As part of the hiring process, we conduct a thorough background investigation of all candidates using software by Guardian Alliance Technologies to securely collect all required information and documentation for your investigation. You will receive an email invitation from Guardian with instructions on how to setup an account. After you have created an account, you will be able to start filling out your Personal History Questionnaire and uploading documents. It is extremely important that you complete all of the forms, documents, and PHQ by your scheduled testing date. Any applications missing the required forms or documentation will be considered inactive or disqualified.

Be thorough when filling out the Personnel History Questionnaire. Make sure all of the information is accurate and complete. The form is fairly lengthy and in depth so begin filling it out now.

CONTACT INFORMATION

Provide complete contact information for family, references, employers, landlords, etc... This includes addresses, phone numbers, and email. If you don't know the information, call and obtain it. This is crucial for background investigations- not providing the contact information may cause an extended delay or disqualification in your application. We understand that some information may not be available, but we want to ensure you are doing your due diligence to obtain it for the background investigator.

IMPORTANT: INVITATION RESPONSE

Once logged into your Guardian account, you need to accept the Invitation from the Lafayette Police Department.

**Once your PHQ is completed, you must finalize it to make your information visible to the background investigator.

If you are experiencing technical issues with the software- contact Guardian's Technical Support.

Guardian's Technical Support: support@guardianalliancetechnologies.com

If you are experiencing issues obtaining documents or having other issues with the application process- contact Ali Callahan.



L A F A Y E T T E

P O L I C E

APPLICANT STATEMENT OF TRUTHFULNESS

Please Read the following statement and sign to certify your understanding. This statement is to be signed in the presence of a Notary Public.

I certify that all information I have provided in order to apply for and secure work with the Lafayette Police Department is true, complete and correct.

I understand that all the information I have provided is subject to verification and that any information found to be false, incomplete or misrepresented in any respect, will be sufficient cause to 1) cancel further consideration of this application, or 2) if already appointed; I may be subject to discharge from employment.

I have expressly authorized, without reservation, the Lafayette Police Department, its representatives, employees or agents to contact all references, and any other persons in order to obtain any and all information deemed necessary by them to verify the accuracy of all information provided by me in this application or at other points throughout the entire process including interviews. I have signed a RELEASE OF INFORMATION FORM, which is also attached to this application.

I understand that the Lafayette Police Department does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excluding any applicant from consideration on a basis prohibited by applicable local, state or federal law.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT

Before me the undersigned, a Notary Public for _____ County,
 State of _____, personally appeared _____
Printed name of applicant

And he/she being first duly sworn by me upon his/her oath certified he/she read, and fully understands and accepts all terms of the foregoing Applicant Statement.

Signed and sealed this _____ day of _____, 20____

 Signature of Applicant

 Signature of Notary Public

My commission Expires _____

SEAL

This form must be signed and witnessed in the presence of a Notary Public.



L A F A Y E T T E

POLICE

Physical Agility Test Waiver of Liability

For, and in consideration of the undersigned being given the opportunity to participate in and complete a Police Performance Fitness Test given by the Lafayette Police Department the undersigned, in order to avail himself of said opportunity, recognizes and assumes any and all risks pertaining thereto and hereby releases the City of Lafayette, its officials, officers and all other personnel of the City of Lafayette, Indiana from any and all liability he, his heirs, dependents and assigns may sustain during such fitness test. The undersigned also releases and holds harmless the, officials, officers or personnel or owner of the physical facility or location where this test is performed.

I fully understand that this test will involve periods of physical exertion and I agree that I will follow any instructions that might be given during the course of this test. I agree that I do wish to participate in said test at my own risk and liability.

Printed Name of Participant _____

Signature of Participant Witness to _____

Signature _____

Dated this _____ day of _____ 20_____
Day Month Year



L A F A Y E T T E

POLICE

Misdemeanor Crime of Domestic Violence Notice

The Omnibus Consolidated Appropriations Act of 1997 made it unlawful for any person convicted of a "Misdemeanor Crime of Domestic Violence" to possess, or receive firearms or ammunition. "Misdemeanor crime of Domestic Violence" is generally defined as any offense- whether or not explicitly described in a statute as a crime of Domestic Violence – which has as its factual basis, the use or attempted use of physical force, or the threatened use of a deadly weapon, committed by the victims current or former domestic partner, parent or guardian. The term "convicted" is generally defined by the statute as excluding anyone whose conviction has been expunged or set aside, or has received a pardon.

This prohibition DOES apply to all Law Enforcement Officers. If this statute affects you, you would not be eligible for appointment as a police officer with the Lafayette Police Department.

Have you ever been convicted of a misdemeanor crime of Domestic Violence within the meaning of the statute?

Yes

No

Signature



L A F A Y E T T E

P O L I C E

AUTHORITY TO RELEASE INFORMATION AND WAIVER OF LIABILITY

I, (PRINT NAME) _____ am an applicant for a position with the Lafayette Police Department, City of Lafayette, Indiana. The Department needs to thoroughly investigate my background and personal history to evaluate my qualifications to hold the position for which I 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 Lafayette Police Department bearing this release to obtain any information in your files pertaining to my employment, financial, credit, educational, medical, polygraph, military, legal, criminal history, background and reputation. I hereby direct you to release such information upon request of the bearer. I do authorize a review of and full disclosure of all records concerning myself, whether said records are of public, private, or confidential nature and whether written, oral or electronic. 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 Lafayette Police Department to consider in determining my suitability for employment in that department. It is my specific intent to provide access to information, however personal or confidential it may appear to be. This includes investigatory files, efficiency ratings, discipline files, complaints or grievances, the records or recollections of attorneys at law, or other counsel, whether representing me or another person in any case, and including records or files which are deemed to be confidential, and or sealed. I direct you to release such information upon request of the Lafayette Police Department regardless of any agreement I may have made with you previously to the contrary.

I hereby release you, your organization, and all others from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I hereby release you, as the 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. The Lafayette Police Department may discontinue processing my application if you refuse to disclose the information requested. 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 Lafayette Police Department. It is my intent that this release should also apply to personal recollections and information about my character, personality or suitability for the job for which I have applied that are written, oral or electronic.

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.

Signature _____ Witness Signature _____

Address _____ City _____ State _____

Social Security Number _____

SWORN AND SUBSCRIBED BEFORE ME, _____, A NOTARY PUBLIC

FOR _____ COUNTY, STATE OF _____

ON THIS _____ DAY OF _____, 20____.

MY COMMISSION EXPIRES _____

Printed Name of Notary _____

This form must be signed and witnessed in the presence of a Notary Public.

