Cedar Lake Police Department

7228 Constitution / P.O. Box 305
Cedar Lake, Indiana 46303
Phone 219-374-5416 Fax 219-374-9231

The Cedar Lake Police Department is accepting applications for an Emergency Hire for the position of Patrolman.

ELIGIBILITY REQUIREMENTS:

- You must be a graduate of the **Indiana** Law Enforcement Academy at the time you are appointed
- You must be a current member of Indiana PERF or the ability to be in PERF
- You must not have had any convictions for:
  - Felonies
  - Domestic Violence
- You must be a resident of Indiana
- You must have a valid Indiana driver's license
- Must possess an Honorable Discharge from the United States Military, if applicable.

This process is anticipated to move quickly after application acceptance closes.

It is important that each applicant supply a valid telephone number (home or cellular) AND email address for short or emergency notice notification purposes.

APPLICATION DEADLINE: All applications must be returned, by email or in person, to the Cedar Lake Police Department at pdapps@cedarlakein.gov by:
4:00 pm. on Friday, August 14th 2026
Applications received or delivered after that date will not be accepted.

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POLICE OFFICER APPLICATION

NOTICE: Applications must be typed or printed legibly in black ink. All questions must be answered; if a question is not applicable, state so and indicate NA (Not Applicable). **APPLICATIONS WHICH ARE NOT COMPLETE AND LEGIBLE WILL NOT BE CONSIDERED.** If the space provided is not sufficient for a complete answer, or you wish to furnish additional information, attach sheets and number the answers to correspond with the questions.

1. PERSONAL HISTORY

A. Name in full_____
Last Name First Middle

B. List all other names you have used, including nicknames, maiden name, and any surname other than your true name. Provide the names used and explain under what period and circumstances these names were used.

_____

_____

C. Date of Birth_____
Month Day Year

D. Place of Birth_____

E. Social Security Number_____

F. Have you ever legally changed your name? (other than by marriage) _____Yes _____No

If yes, then Date_____ Place_____

Court_____

G. Driver's License State:_____ Number:_____

2. RESIDENCES

A. YOUR present address, residence, and telephone numbers.

Street Address/ Apt. No. City State Zip Code

(_____)_____ (_____)_____ (_____)_____
Home Phone No Business Phone No Cellular Phone No

_____
Email address

B. Complete address to which you wish mail be sent. Please include telephone number if different from above.

Street Address Apt. No City State Zip Code

C. List chronologically all your former residences for the last five (5) years.

1._____
Dates From/To Street Address City State Zip Code

2._____
Dates From/To Street Address City State Zip Code

3._____
Dates From/To Street Address City State Zip Code

4._____
Dates From/To Street Address City State Zip Code

5._____
Dates From/To Street Address City State Zip Code

3. CITIZENSHIP

A. Are you a United States Citizen? _____Yes _____No **B.** By Birth? _____Yes _____No

C. Naturalized? _____Yes _____No If yes, _____
Date Place Court Naturalization Number

4. EDUCATION

Name of School	Complete Address	Dates From/To	Degree or Credit Hours
Name of School	Complete Address	Dates From/To	Degree or Credit Hours
Name of School	Complete Address	Dates From/To	Degree or Credit Hours
Name of School	Complete Address	Dates From/To	Degree or Credit Hours

5. REFERENCES

Give three references, not relatives, who are responsible adults of reputable standing in their communities, such as property owners, business or professional men or women, including your family physician, if you have one, who have known you well during the past five years.

1._____

Complete Name | Complete Address | Home Telephone Number

_____

Number Years Known | Occupation | Business Telephone Number

2._____

Complete Name | Complete Address | Home Telephone Number

_____

Number Years Known | Occupation | Business Telephone Number

3._____

Complete Name | Complete Address | Home Telephone Number

_____

Number Years Known | Occupation | Business Telephone Number

6. EMPLOYMENT

List chronologically all employment beginning with present employer, including summer and part-time employment while attending school. All time must be accounted for. If unemployed for a period, please indicate so and record dates of unemployment.

A. _____
Name of Employer Complete Address Business Phone Number

_____
From Mo/Yr. / To Mo/Yr. Salary Position Full/Part-Time Immediate Supervisor

_____
Non-Medical reason for leaving

B. _____
Name of Employer Complete Address Business Phone Number

_____
From Mo/Yr. / To Mo/Yr. Salary Position Full/Part-Time Immediate Supervisor

_____
Non-Medical reason for leaving

C. _____
Name of Employer Complete Address Business Phone Number

_____
From Mo/Yr / To Mo/Yr Salary Position Full/Part-Time Immediate Supervisor

_____
Non-Medical reason for leaving

D. _____
Name of Employer Complete Address Business Phone Number

_____
From Mo/Yr / To Mo/Yr Salary Position Full/Part-Time Immediate Supervisor

_____
Non-Medical reason for leaving

E. May we contact your present employer? ☐ Yes ☐ No If no, explain_____

F. Have you ever been dismissed, asked to resign, or had any disciplinary action taken against you from any employment or position you have held? ☐ No ☐ Yes _____
Employer's Name Complete Address

_____
Reason

G. Do you have any sources of income other than your present salary, including your spouse's income?

☐ Yes ☐ No Please specify each source with amount. _____

7. MILITARY RECORD

A. Are you registered for Selective Service? ☐ Yes ☐ No. If no, explain why below:

_____

B. Have you ever served in the Armed Forces of the United States? ☐ Yes ☐ No (if no, skip to section 9)

Dates of Service: _____

What Branch of Military: _____ Highest rank/pay grade achieved: _____

What was/is your Military Occupational Specialty (MOS): _____

Last duty station: _____ Type of Discharge: _____

Are you a current member of the National Guard or Reserves? ☐ Yes ☐ No

C. Were you ever court-martialed or charged with any violation of the Uniform Code of Military Justice? This includes Article 15s, Office Hours, and Non-Judicial Punishment Mast. ☐ Yes ☐ No

If yes, Date _____ Place _____

Nature of Offense _____ Action taken _____

8. ADDITIONAL INFORMATION

A. Please list any clubs, organizations, associations, and societies of which you are or have been a member. Please also list any specialized training, apprenticeship, skills, and extra-curricular activities.

_____

_____

_____

_____

B. List any previous law enforcement experience.

_____

Agency State of Certification Dates Served

_____

Agency State of Certification Dates Served

_____

Agency State of Certification Dates Served

_____

Agency State of Certification Dates Served

9. CERTIFICATIONS

I certify that:

1. All required items are included with this application, if applicable.
   A. Copy of a Birth Certificate
   B. Copies of your High School and College Transcripts / GED Certificates
   C. Military DD214 #2 or #4 or NGB22 (National Guard), if applicable
   D. Any Certification of Law Enforcement Training, if applicable
   E. Naturalization Papers, if applicable

2. I have personally completed this application.

I understand that any appointment tendered to me will be contingent upon the results of a complete character and fitness investigation, and I am aware that willfully withholding information or making false statements on this application will be a basis for disqualification from the hiring/ appointing process and/ or dismissal from the Cedar Lake Police Department. I agree to these conditions, and I hereby certify that all statements made by me on this application are true and complete to the best of my knowledge.

_____ _____

Signature of Applicant (do not use nicknames) Date

_____

Full Name of Applicant, PRINTED

Please check your application carefully. Be certain all items are complete. ***This application will not be considered if all information is not complete, legible, or if all required documents are not attached.*** Applications not received by the specified due date shall not be considered.

Applications may be returned by email, mail, or hand delivery.

Applications can be emailed to:
pdapps@cedarlakein.gov

Applications can be mailed or hand-delivered to:
Cedar Lake Police Department
7228 Constitution / P.O. Box 305
Cedar Lake, Indiana 46303

The Cedar Lake Police Department of the Town of Cedar Lake, Indiana, is an equal opportunity employer.

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Cedar Lake, IN 46303
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www.cedarlakein.gov

RELEASE OF INFORMATION

TO: Concerned Person/Authorized Representative of any Organization, Institution, or Repository of Records

RE: APPLICANT'S NAME: _____

DATE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____

I respectfully request and authorize you to furnish the Cedar Lake Police Department any and all information that you may have concerning my work record, school record, military record, criminal history, reputation, and financial and credit status. This information is to be used to assist the Department in determining my qualifications and fitness for the position I am seeking with the Cedar Lake Police Department. A copy of this form may substitute for the original.

I hereby release you, your organization, or others from any liability or damage that may result from furnishing the information requested above.

_____ _____
Applicant's Signature Date

_____
Street Address, City, State, Zip Code

Application Packet Check List

( ) Fully Completed Application

( ) Copy of Birth Certificate

( ) Copy of High School or GED Certificates

( ) Copy of Military DD214 #2 or #4 or NGB22 (National Guard), if applicable

( ) Proof of PERF membership, if applicable

( ) Any additional Law Enforcement Training Certifications, if applicable

( ) Naturalization Papers, if applicable

( ) Copy of Driver's License

( ) Release of Information

NOTE: ***All*** **Forms must be returned together.**