



**City of Greenwood Police Department
Pre-application screening questionnaire**

**Upon completion email form to:
isonj@greenwood.in.gov**

Personal Information:

Name: First Name / Last name	US Citizen
	Yes No

Contact Information:

Address: Street	Apt. or Box #	City	State	Zip
Primary Phone:	Alternative Phone:	Email Address:		

Are you between the ages of 21 & 40	Yes	No
If over age 40 are you already a member of PERF and have not been absent for 180 days or more?	Yes	No
Do you have a valid Driver's License?	Yes	No
Have you even been convicted of a misdemeanor?	Yes	No
If yes, please explain:		
Have you even been convicted of a felony?	Yes	No
If yes, please explain:		
Do you have Dishonorable Discharge from the military?	Yes	No
Have you graduated from a Tier 1 basic academy or a post certified law enforcement academy in another state (minimum 480 hours)?	Yes	No
List Name, City, and State of Law Enforcement Academy attended:		
How many years of service do you have working as a full-time sworn police officer?		
Do you have a High School Diploma or G.E.D.?	Yes	No
Have you ever applied to the Greenwood Police Department in the past?	Yes	No
If yes, please list the year you applied:		