



Were you previously a contractor in Hammond?  Yes  No If yes, when? \_\_\_\_\_

In what localities are you currently licensed? \_\_\_\_\_

What equipment do you have for this type of work? \_\_\_\_\_

Type of Work Experience:  Industrial  Commercial  Residential  Other

**EDUCATIONAL EXPERIENCE:**

\_\_\_\_\_  
School Contact Person Phone

\_\_\_\_\_  
Apprenticeship Contact Person Phone

**EMPLOYMENT REFERENCES:**

\_\_\_\_\_  
Employers name Contact Person Phone

\_\_\_\_\_  
Employers name Contact Person Phone

\_\_\_\_\_  
Employers name Contact Person Phone

**Job's completed by your company:**

\_\_\_\_\_  
Property owners name Address Phone

\_\_\_\_\_  
Property owners name Address Phone

\_\_\_\_\_  
Property owners name Address Phone

Tests are given for Electrical, HVAC, Residential and Commercial General Contractors, Residential Roofing, Commercial Roofing, Concrete, Masonry, Exterior Remodeling, and Drywall/Metal Studs. The tests are given on the first Monday of the month at 10:00 a.m. at the Hammond Sportsplex 6630 Indianapolis Blvd. If you have passed the test your attendance at the appropriate Board Meeting is mandatory.

**The codebooks used for the tests are:**

2012 IBC (Commercial Test)  
2018 IRC with Indiana Amendments or 2020 Indiana Residential Code (Residential Tests).





THOMAS M. MCDERMOTT, JR.  
MAYOR

**HAMMOND, INDIANA POLICE DEPARTMENT  
REQUEST FOR LIMITED CRIMINAL HISTORY**

I, \_\_\_\_\_ AN EMPLOYEE OF \_\_\_\_\_  
(LAST NAME, FIRST NAME, MIDDLE NAME, MAIDEN NAME) (BUSINESS/AGENCY)

IN THE POSITION OF \_\_\_\_\_, REQUEST A LIMITED CRIMINAL HISTORY OF  
(BUSINESS/AGENCY TITLE)

NAME \_\_\_\_\_ D.O.B. \_\_\_/\_\_\_/\_\_\_ SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
RACE \_\_\_\_\_ SEX \_\_\_\_\_ AGE \_\_\_\_\_

ADDRESS \_\_\_\_\_  
(INCLUDE CITY, STATE, ZIP CODE)

**THIS INFORMATION IS BEING REQUESTED IN CONSIDERATION OF BECOMING A LICENSED CONTRACTOR IN THE CITY OF HAMMOND.**

**I UNDERSTAND THAT ANY PERSON WHO USES A LIMITED CRIMINAL HISTORY FOR ANY PURPOSE NOT SPECIFIED UNDER I.C.5-2 CHAPTER 5, SECTION 5 COMMITS A CLASS A MISDEMEANOR.**

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

SUBSCRIBED AND SWORN TO ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

MY COMMISSION EXPIRES \_\_\_\_\_ CITY \_\_\_\_\_ COUNTY \_\_\_\_\_

<u>ARREST DATE</u>	<u>LIMITED CRIMINAL HISTORY</u> <u>CHARGES</u>	<u>DISPOSITION</u>
--------------------	---	--------------------


**\*\*IF A RECORD IS FOUND CONTACT THE CITY CLERKS OFFICE FOR DISPOSITION. 5925 CALUMET AVENUE, 1<sup>ST</sup> FLOOR (219)853-6346\*\***

INFORMATION PROVIDED BY \_\_\_\_\_ DATE \_\_\_\_\_

**THIS FORM IS TO BE SUBMITTED TO THE RECORDS DIVISION OF THE HAMMOND POLICE DEPARTMENT WITH PAYMENT OF \$20. HAMMOND POLICE DEPARTMENT IS LOCATED AT 509 DOUGLAS ST. Phone: (219) 852-2900**