

## BLENDON TOWNSHIP POLICE DEPARTMENT APPLICATION FOR EMPLOYMENT: POLICE OFFICER-(SWORN)

The Civil Rights Act of 1964 prohibits discrimination in employment because of race, religion, or national origin. Public Law 90-202 prevents discrimination because of age. State law also prohibits many types of discrimination. Blendon Township is an EQUAL OPPORTUNITY EMPLOYER.

**Please complete this application in your own handwriting, in black ink.**

**THIS FORM MAY NOT BE ALTERED.** Attach a copy of Ohio Peace Officer Training Certificate or Police Academy Completion Letter. Attach another sheet(s) if more space is needed. Identify additional information by the corresponding page and question number. Do not leave any spaces blank. If not applicable write 'NA', if unknown write 'UNK'. All telephone numbers must include area code. All addresses must be complete mailing addresses including zip code. No P.O. boxes for residential addresses.

Today's Date: \_\_\_\_\_

### PERSONAL INFORMATION

Name, Last:	Name, First:	Name, Middle:	
Address:	City:	State:	Zip Code:
Telephone (include Area Code):	Email:		

Are you related to, do you know, or have a common association with any current employees of Blendon Township? If yes, please provide name(s):

Are you 18 years of age or older?  Yes  No

### EDUCATION

Highest level of education completed and Major, technical field, or area of concentration:	Type of Degree or Diploma earned and year granted:	Name and address of school, college, university or institution:
--	--	---

### MILITARY SERVICE If more than one branch of service or more than one period of service then attach another sheet.

Branch of Service:	Dates of service (To – From):	Job description:	Rank at discharge:	Type of Discharge:
If none, mark N/A.				

I AM APPLYING FOR THE POSITION OF: <b>POLICE OFFICER</b> (Check <u>all</u> that apply).	Full-Time (paid):	Part-Time (paid):	Reserve (unpaid):
--	-------------------	-------------------	-------------------

### AVAILABILITY List the hours that you are available to work for each day of the week.

SUN	MON	TUE	WED	THU	FRI	SAT

If hired, what date will you be able to start work?

**For the following question attach a separate sheet explaining any "no" answers.**

Are you legally eligible for employment in the United States of America?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>For the following question attach a separate sheet explaining any "yes" answers.</b>	
As an adult, have you ever been convicted of any crime, not including minor traffic offenses? NOTE: For this particular question, you are not required to disclose juvenile offenses, or any conviction that has been lawfully sealed or expunged, or any minor misdemeanor (a "minor" misdemeanor is an offense, the punishment of which, may not be by a term of incarceration). A "Yes" answer to this question is not an automatic disqualification.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Is another sheet attached as a continuation for any information on this page? Circle: Yes No

**WORK HISTORY** Last 15 years, include present employer. Attach another sheet if more space is needed.

<b>From (Date):</b>	<b>To (Date):</b>	<b>EMPLOYER NAME &amp; ADDRESS:</b>	<b>JOB TITLE &amp; FINAL RATE OF PAY:</b>	<b>NAME AND PHONE NUMBER OF SUPERVISOR:</b>
Description of duties:				
Reason for leaving:				
<b>From (Date):</b>	<b>To (Date):</b>	<b>EMPLOYER NAME &amp; ADDRESS:</b>	<b>JOB TITLE &amp; FINAL RATE OF PAY:</b>	<b>NAME AND PHONE NUMBER OF SUPERVISOR:</b>
Description of duties:				
Reason for leaving:				
<b>From (Date):</b>	<b>To (Date):</b>	<b>EMPLOYER NAME &amp; ADDRESS:</b>	<b>JOB TITLE &amp; FINAL RATE OF PAY:</b>	<b>NAME AND PHONE NUMBER OF SUPERVISOR:</b>
Description of duties:				
Reason for leaving:				
<b>From (Date):</b>	<b>To (Date):</b>	<b>EMPLOYER NAME &amp; ADDRESS:</b>	<b>JOB TITLE &amp; FINAL RATE OF PAY:</b>	<b>NAME AND PHONE NUMBER OF SUPERVISOR:</b>
Description of duties:				
Reason for leaving:				

Is another sheet attached as a continuation for any information on this page? Circle: Yes No

From (Date):	To (Date):	EMPLOYER NAME & ADDRESS:	JOB TITLE & FINAL RATE OF PAY:	NAME AND PHONE NUMBER OF SUPERVISOR:
Description of duties:				
Reason for leaving:				

**PERSONAL REFERENCES** List three persons (not relatives, supervisors, or employers) who have know you well for at least five years.

Name:	Complete Mailing Address:	Telephone (Include Area Code):	Relationship:
Name:	Complete Mailing Address:	Telephone (Include Area Code):	Relationship:
Name:	Complete Mailing Address:	Telephone (Include Area Code):	Relationship:

**IN CASE OF EMERGENCY PLEASE CONTACT;**

Name:	Address:	Telephone #s (Include Area Codes):	Relationship:
-------	----------	------------------------------------	---------------

**NOTICE TO APPLICANT:** As part of our procedure for processing your application for employment, the information you have provided on this form may be checked. If you have misrepresented or omitted any information on this form and are subsequently hired, said misrepresentations or omissions may be grounds for termination from employment. If necessary for employment, you may be required to provide your birth certificate or proof of authorization to work in the Unites States of America, have a physical examination and/or a drug test, to be fingerprinted, photographed, to sign a non-disclosure of sensitive information agreement, and to consent to an investigation of your character, criminal history, credit history and background.

**I, the undersigned, have read and understand the above notice, and I attest that the information provided on this form is true and accurate. I have also printed my name, and affixed my original signature and date to all attached pages.**

Signature:	Date:
------------	-------

Is another sheet attached as a continuation for any information on this page? Circle: Yes No