

Application for Employment

**Amelia Police Department
119 West Main Street
Amelia, Ohio 45102**



DATE: _____

PLEASE PRINT

Name _____
LAST FIRST MIDDLE

Address _____
STREET CITY STATE ZIP CODE

Telephone (____) _____ (____) _____ **Social Security Number** _____

Position Applying For _____ **Full time?** () **Part Time?** ()

It is important that all parts of this application be completed as accurately as possible. If more space is needed, attach extra sheets. The oath in this application must be completed. You are required to appear before a Notary Public and sign your name at that time.

1. Are you a U.S. Citizen? () Yes () No, if "no" indicate immigration # and type _____
2. Do you have an Ohio Driver's License? () Yes () No, DL# _____
3. Have you been certified under the requirements of the Ohio Peace Officer's Training Council? () Yes () No
If yes, give date certified and where certified _____
4. Will contacting your present employer jeopardize your position? () Yes () No
5. Have you ever been employed by State or County Services of Ohio? () Yes () No
6. Do you have any relatives currently employed by or holding an elected office with the Village? () Yes () No
7. Do you have any physical impairments such as defects of hearing, vision, or speech, that would affect your ability to perform the position for which you are applying? () Yes () No
8. Are you able to meet the attendance requirements of the position? () Yes () No

Within The Last Ten Years:

9. Have you suffered from any mental illness or any chronic disease, which would affect your ability to perform the position for which you applying? () Yes () No
10. Have you been convicted of any felony or misdemeanor including minor traffic violations? () Yes () No
11. Has your driver's license been suspended or revoked? () Yes () No
12. Have you been dismissed from or asked to resign from any position? () Yes () No
13. Are you or have you ever been associated with an organization or group that advocates or advocated the overthrow of the United States Government? () Yes () No

If you have answered "Yes" to any question 5 through 13, please explain fully below, indicating by number which question you are responding to.

WORK HISTORY

Give your present or most recent job first, including military. If your title and duties changed during the course of your service in any one organization, indicate such changes clearly and as separate employments. Attach extra sheets if necessary.

Length of Employment	Title of Position Held	Name and Address of Employer
From: Mo. _____ Yr. _____	_____	_____
To: Mo. _____ Yr. _____	_____	_____
Phone # _____		
Starting Salary _____	Duties Performed (if supervisory, indicate extent of duties)	
Last Salary _____		

Cause of Leaving _____

Length of Employment	Title of Position Held	Name and Address of Employer
From: Mo. _____ Yr. _____	_____	_____
To: Mo. _____ Yr. _____	_____	_____
Phone # _____		
Starting Salary _____	Duties Performed (if supervisory, indicate extent of duties)	
Last Salary _____		

Cause of Leaving _____

References

List the names and addresses of three individuals, other than relatives, whom we may contact for a personal reference.

Name	Address	Phone#

EDUCATION (Beginning with High School)

Type of School	Name & Address of School	Dates Attended	Years Completed	Credit Hr. Earned	Diploma/Degree

If you have a resume to attach to this application, you do not need to complete the following questions.

List any police oriented schools you have attended and the dates you attended them.

List any previous policing experience you may have had.

List any additional information or special qualifications you have for the position you are applying for, including special machines or equipment you operate.

List your hobbies (optional)

OATH

Application will not be accepted if this oath is omitted. You must personally appear before a Notary Public or other authorized official for this purpose.

My suitability for employment will be the sole decision of the Village of Amelia and I will accept this without reservation and full knowledge that it is final.

I solemnly swear or affirm that the answers I have made to each and all of the questions in this application are complete and true to the best of my knowledge and belief. I hereby waive all provisions of law forbidding any physician or other person who has attended or examined me, from disclosing any knowledge or information which he thereby acquired relevant to my employment and I hereby consent that he may disclose such knowledge or information to the Village of Amelia, Ohio or an authorized agent thereof. I further understand that any misleading or incorrect statement may render this application void and may be cause for immediate dismissal in the event of employment.

I understand and accept that the reason for rejecting my application is privileged and may not be revealed to me.

Signature of Applicant _____

Subscribed and duly sworn before me according to law, by the above named

applicant this _____ **day of** _____, **20** _____

at _____ **County of Clermont, State of Ohio.**

Signature of Officer _____

Official Title _____

Official or

Notary Seal

PERSONAL INFORMATION FOR BACKGROUND CHECK

1. Name _____
(First) (Middle) (Last)

2. Address _____
(Street) (City) (State) (Zip)

3. Are you a military veteran? _____ If so, what branch? _____
Length of Service _____ Type of Discharge _____

4. Do you belong to any military reserve organization? _____

5. List your parents, wife/husband, brothers and sisters by name, address and age.

6. Have you applied for a position at any other law enforcement agency? _____
If you don't mind, please list the agencies.

7. Have you ever applied for a position at another law enforcement agency and been rejected? _____ If Yes,
Where? _____

As an applicant for employment with the Village of Amelia, Ohio I do hereby certify that the answers to the questions above are true and correct and give permission to the examining officer to disclose any and all the information (as may be necessary), herein or hereafter obtained from the undersigned applicant to the potential employer.

Signature of Applicant _____

Subscribed and duly sworn before me according to law, by the above
named applicant, on this _____ day of _____, 20 _____,
at _____ County of Clermont, State of Ohio.

Signature of Officer _____ Official Title _____

*Official or
Notary Seal*

WAIVER

I, _____, do hereby authorize the Amelia Police Department to conduct a full background check on my past activities to determine my fitness to serve in the capacity of an employee of the Village of Amelia, Ohio. This background check will include, but not limited to, fingerprinting, Federal Bureau of Investigation, and Bureau of Criminal Identification and any outside law enforcement agency check on previous criminal record; local police criminal activity check; interviews with parents, spouse, ex-spouse, offspring, other relatives, associates, employers, ex-employers, acquaintances, neighbors, physicians, ex-physicians, and hospitals. I specifically authorize any of these persons to allow the Village of Amelia or its agent to inspect any and all records in their possession that pertain to my physical condition or psychological condition or employment record; to check all pertinent records to include birth certificate, operator’s license, diplomas, degrees or certificates that verify educational achievements; all documents pertaining to military service; and naturalization papers.

It is also understood and agreed that I completely release and absolve the Village of Amelia and its agents in any liability connected in any manner either directly or indirectly, with the conduct of this examination.

Signature _____ Date _____

Witnesseth _____ Date _____

MEDICAL HISTORY

Name _____

The Position applied for is a physically demanding position. Do you have any problems with the following conditions that would impair your ability to perform duties of said position?

- 1. Eye trouble not corrected by glasses? () Yes () No
- 2. Head injury, dizzy spells, seizures or black-out spells? () Yes () No
- 3. Back or neck injuries? () Yes () No
- 4. Lung disease or chronic cough, asthma, shortness of breath? () Yes () No
- 5. Heart disease, chest pains, high blood pressure, rheumatic fever, heart attack, angina? () Yes () No
- 6. Hay fever or drug allergies? () Yes () No
- 7. Nervous or mental disorders? () Yes () No
- 8. Major operations? () Yes () No
- 9. Are you taking any prescription medication at this time? () Yes () No
If so, what type? _____

Please explain any of the "yes" answers above: _____

10. What is the name of your family physician? _____

11. Do you use alcoholic beverages? () Yes () No

If yes, what kind? _____ How often? _____

12. Do you use addicting, stimulating or depressing drugs? _____

I, the undersigned, applying for employment with the Village of Amelia, Ohio, do hereby certify that the answers to the questions above are true and correct and give permission to the examining officer to disclose any and all the information herein contained or hereafter obtained from the undersigned applicant to the employer as may be necessary.

Signature of Applicant

Subscribed and duly sworn before me according to law, by the above named applicant on

this _____ day of _____, 20_____, at _____

County of Clermont, State of Ohio.

Signature of Officer

Official Title _____

*Official or
Notary Seal*

DATE OF HIRE: _____