



NEW CONCORD POLICE DEPARTMENT

APPLICATION FOR EMPLOYMENT

The New Concord Police Department is an Equal Opportunity Employer. We consider applications for all positions without regard to race, color, national origin, sex, age, disability, marital status, religion, or any other legally protected status.

NOTICE: The following documents must be attached to this application:

1. A copy of your social security card
2. A copy of OPOTA Peace Officer Certificate
3. A copy of all appointment certificates
4. College transcripts (if applicable)
5. Certification of other advanced training

POSITION APPLYING FOR:

Full Time Sworn Officer

Auxiliary Officer

Other _____

NAME : _____
(Print Full Name)

DATE: _____
(MM/DD/YYYY)

(NOTE: Applications are kept for one calendar year.)

2 W. Main St. New Concord, Ohio 43762

INSTRUCTIONS

This application must be printed legibly in ink. **Do not type.** All questions must be answered. Applications which are not complete or completed improperly will not be considered. If space provided is not sufficient for complete answers or you wish to furnish additional information, attach sheets of the same size as this application and number answers to correspond with questions.

PERSONAL HISTORY

Full Name:

Last

First

Middle

List all other names you have used, including the circumstances and time periods you used them. (Ex. maiden name, former name(s), alias (es) or nickname(s)).

Name	Circumstances	Dates from Mo/Yr	Dates to Mo/Yr

Are you 18 years or older? Yes _____ No _____

Are you prevented from lawfully becoming employed
in this country because of Visa or immigration status? () Yes () No

Do you have or have you ever applied for a passport? () Yes () No
Passport # (if applicable) _____

EDUCATION/TRAINING

High School	Name & Location of School	From Mo/Yr	To Mo/Yr	Course of Study	Credit Hrs. Earned	Did you graduate?

College	Name & Location of School	From Mo/Yr	To Mo/Yr	Course of Study	Credit Hrs. Earned	Did you graduate?

Trade or Business School	Name & Location of School	From Mo/Yr	To Mo/Yr	Course of Study	Credit Hrs. Earned	Did you graduate?

* Attach diploma or official transcript from last institution of higher education attended*

Described any awards, honors, citations, positions held in school organizations, and any other special recognition you received while attending school.

EMPLOYMENT HISTORY

List in chronological order all employment, beginning with present employment, including summer and part-time employment while attending school. All time must be accounted for. If unemployed for a period, list the dates of unemployment.

Date Month & Year	Name & Address of Employer	Salary	Position	Reason for Leaving
From To				

Which of these jobs did you like best, and why?

What of these jobs did you like least, and why?

Have you ever been dismissed or asked to resign, or had any disciplinary action taken against you from any employment or position you have held? (If yes, explain.) () Yes () No

Have you resigned or left a job by mutual agreement following allegations of misconduct or unsatisfactory job performance (If yes, explain) () Yes () No

Have you ever applied to or performed paid or unpaid services for a law enforcement agency not listed as fill employer? (If yes, please provide name of agency and date of application or service.) () Yes () No

Do you own a business, or are you a partner or corporate officer in any business or organization not listed previously a current or former employer? (If yes, provide name and address of business/organization and describe your position or relationship. () Yes () No

OHIO PEACE OFFICER APPOINTMENT HISTORY

List in chronological order all peace officer appointments, beginning with present appointment.

Basic Training School Name: _____

From: _____ To: _____
Beginning Date Ending Date

1. Appointed by: _____
(Agency Name) (County)

From: _____ To: _____ Position Title: _____
Month/Day/Year Month/Day/Year (Deputy, Reserve Officer, Etc.)

Appointment Status: Full Time Part Time Auxiliary Reserve Special

2. Appointed by: _____
(Agency Name) (County)

From: _____ To: _____ Position Title: _____
Month/Day/Year Month/Day/Year (Deputy, Reserve Officer, Etc.)

Appointment Status: Full Time Part Time Auxiliary Reserve Special

3. Appointed by: _____
(Agency Name) (County)

From: _____ To: _____ Position Title: _____
Month/Day/Year Month/Day/Year (Deputy, Reserve Officer, Etc.)

Appointment Status: Full Time Part Time Auxiliary Reserve Special

4. Appointed by: _____
(Agency Name) (County)

From: _____ To: _____ Position Title: _____

Appointment Status: Full Time Part Time Auxiliary Reserve Special

5. Appointed by: _____
(Agency Name) (County)

From: _____ To: _____ Position Title: _____
Month/Day/Year Month/Day/Year (Deputy, Reserve Officer, Etc.)

Appointment Status: Full Time Part Time Auxiliary Reserve Special

PAST RESIDENCES

List physical places of residence (not P.O. Box) in chronological order for the past 10 years, including residences while at school or in the military. If military residence cannot be shown as street address, indicate complete military unit designation and location by city and state. If post office box give location of post office.

Date Month & Year	Street Address	City	State	County
From To				

DRIVING HISTORY

Are you a licensed Ohio automobile operator? Yes No

Do you have a commercial driver's license? Yes No

License Number: _____

Expiration Date: _____ Restrictions: _____

Do you hold or have you ever held an automobile operator's license or commercial driver's license (CDL) in another state? (If you provide state(s), name used and approximate dates license(s) was/were held. Yes No

Have you ever been denied issuance of a license, or have you ever had a license suspended or revoked? (If yes, explain.)
 Yes No

Military History

Have you ever served in a military organization of the United States? (If yes, give periods of active military service and other data requested.) () Yes () No

Branch of Service	Dates		Serial Number	Rank	Date of Discharge
	From	To			

Are you now or were you ever an active member of any branch of the United States Reserves or State National Guard? (If yes, indicate whether it was a United States Reserve Force of State National Guard, along with data data requested.)

() Yes () No

Branch of Service Unit	Dates		Present or Last Rank
	From	To	

Was any type of disciplinary action taken against you in the service? (If yes, provide date, place, nature of office and action taken.)

() Yes () No

BUSINESS INTERESTS & LICENSES

Do you or have you ever owned any stock or interest in any firm, partnership or corporation dealing wholly or partly in the sale or distribution of alcoholic beverages? (If yes provide name and description) () Yes () No

PERSONAL REFERENCES & ACQUAINTANCES

Personal References:

Give three (3) references (not relatives, former or present employers, fellow employees or school teachers) who are responsible adults of reputable standing in their communities, such as property owners, business or professional men or women, who have known you for the past five (5) years. If retired, give former occupation.

Name	Address	Business	Phone # Home/Business	Years Acquainted
1.				
2.				
3.				

Social Acquaintances:

Give three (3) social acquaintances who have known you well for the past five (5) years.

Name	Address	Business	Phone # Home/Business	Years Acquainted
1.				
2.				
3.				

Are you acquainted with any members of the New Concord Police Department? (If so, list name(s) and your relationship to each.)
 () Yes () No

APPLICANT DISQUALIFIERS

The Chief of Police shall select an applicant for hire to fill vacant or new positions from the available pool of most qualified applicants. The filling of a position will be based solely on the applicant's knowledge, skill abilities, job fitness and job related qualifications. Any applicant will be disqualified from consideration for any of the following reasons:

1. Applicant does not possess the knowledge, skills and abilities necessary to effectively perform essential duties of the position, as measured by interviews, written responses to questions, evaluations of work records, job reference checks or other bona-fide selection procedures.
2. Applicant has made a false statement, committed or attempted to commit any fraudulent act of material fact on the application form, or during the selection process.
3. Applicant is an alien without authorization to work in the United States.
4. Applicant has not successfully passed any state or federally required medical examinations, or has failed an examination required after an offer of employment has been made. Such examination, however; may only be required if the exam is given to all applicants who have been offered employment in the same job classification.
5. Applicant does not possess or is unable to obtain any state or federally required license or certification required to perform the job, such as OPOTA certification.
6. Applicant has criminal convictions involving Driving While under the Influence of Drugs or Alcohol, Domestic Violence, Drugs, Theft, Sex Offenses or any crime of violence.
7. Any other reason and lawful grounds relating to failure to meet job requirements.

I have read the above Applicant Disqualifiers and circled any that apply to me. (None apply to me.)

Applicant Signature

Date

Applicant Certification

I understand that my appointment or employment will be contingent upon the results of a background investigation. I am aware that any omission, falsification, misstatement or misrepresentative will be the basis for my disqualification as an applicant or my dismissal from the New Concord Police Department. I agree to the conditions and certify that all statements made by me on this application are true and complete, to the best of my knowledge. I understand that I also will be fingerprinted. I understand that this application will become the property of the New Concord Police Department and that it and the information received in response to the background examination are public records.

I also understand that I may be required to furnish the New Concord Police Department with a copy of my income tax return for the year preceding false application and for each year during my employment or appointment.

I further understand and agree that my employment or appointment will be contingent upon the results of a drug test and/or physical examination.

I understand that the use of drugs or alcohol is not permitted during work time, whether paid or unpaid, in the areas including vehicles where work is performed by employees or appointees.

I understand that my continued employment or appointment upon the results of medical or psychological examinations that I may be required to take during the term of my employment or appointment and the maintenance of personal physical fitness, to the degree necessary, to perform satisfactorily the duties of my position or assignment with the New Concord Police Department.

I understand the following types of information will be collected: Employment and educational histories; medical, military, insurance, credit and financial information, motor vehicle and police records; information about your abilities, family, character, lifestyle and organization members and information about any current drug use via drug testing. Information will be obtained by letter, by telephone and by personal interview with both primary and secondary sources. This information is used as one element for appointment decisions.

I authorize any persons or organizations referenced in this application to furnish information, personal or otherwise, regarding my ability and fitness for employment or appointment with the New Concord Police Department and I relieve all such parties from any and all liability for any damage that might result from furnishing such information to the New Concord Police Department.

I agree to conform to the rules, regulations and orders of the New Concord Police Department and acknowledge that these rules, regulations and orders may be changed, interpreted, withdrawn or added to, by the New Concord Police Department at its discretion, at any time and without any prior notice to me.

Signature of applicant

Date

Full Name of Applicant (Printed)

Signature of Witness

Name of Witness (Printed)

Date

NOTICE

If you need a question answered or further information on completing the application contact:

New Concord Police Department

2 W. Main St.

New Concord, Ohio 43762

(740) 826-7671

CONFIDENTIAL PERSONNEL HISTORY

The information contained herein is confidential.
It will not be made available for public inspection.

Applicant's Personal Information:

Last Name	First Name	Middle
Date of Birth	Social Security Number	

Applicant's Current Address:

Street Name	Apartment/Lot Number		
City	State	Zip Code	County
Mailing Address if different from above (P.O. Box, etc.)			
Telephone Number			

Spouse's Name and Address (if different):

Name	Social Security Number	
Address		
City	State	Zip

Children's Names and Ages: (Voluntary)

Name	Social Security #	Age	Address (if different)

Former Spouse(s) Name and Address(s):

Name

Address

City State Zip Code County

Former Spouse(s) Name and Address(s):

Name

Address

City State Zip Code County

Former Spouse(s) Name and Address(s):

Name

Address

City State Zip Code County

Can you perform the essential functions of the job duties set forth in the job description for which you applied, either with or without reasonable accommodation? () Yes () No

For job descriptions which include testing or examination, can you take the test or examination either with or without a reasonable accommodation? () Yes () No

Do you now, or have you possessed, supplied or sold any narcotic or controlled substance such as, but not limited to, marijuana, hashish, cocaine, LSD, amphetamines, heroin, steroid or any drug of a similar nature? (If yes please complete the following) () Yes () No

Drug _____

Circumstances _____

Number of times possessed/supplied/sold _____

First time possessed/supplied/sold _____

Last time possessed/supplied/sold _____

Do you currently use any narcotic or controlled substance, such as those listed above or have you used such a narcotic or controlled substance within the last year? () Yes () No

Please provide name and address of next of kin or other person to be contacted in case of emergency:

Name _____

Address _____ City _____ State _____ Zip Code _____

Home Phone _____ Business Phone _____

Please provide the name and address of your personal or family physician to be contacted in case of emergency:

Name _____

Address _____

Phone _____

Have you been under long term doctor's care within the past **5 years**? (If yes, explain)

Yes No

