

Starting with your present address, list all addresses where you have resided since the age of 16, include you address in the military service. (Use additional paper if necessary)

From	Dates To	Street Address	City	County	State	Zip Code

The following Questions apply to ANY court of law: (answers of YES, please explain and provide dates)

- Have you been convicted of a felony? YES NO
- Have you been convicted of a misdemeanor in the past five (5) years? YES NO
- Have you ever used a prohibited drug or abused a controlled drug? YES NO
- Have you ever been convicted of a sex offense? YES NO
- Have you ever been convicted of violating any gun control law, carrying any concealed weapon or possession of dangerous ordinance? YES NO
- In the last five (5) years, have you been convicted of vehicular homicide, leaving the scene of an accident, reckless operation of a vehicle, or driving under the influence of alcohol and/or drugs? YES NO
- Have you ever had your driving privileges revoked or suspended? YES NO

I certify that the above information is true to the best of my knowledge.

Signature: _____

Date: _____

2. Education

Do you have (check one) () College Degree () High School Diploma () G.E.D. Certificate

Name and Address of School	Course of Study	Years Completed	Diploma Degree or Certificate
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High School

College

Graduate or Professional

Ohio Police Officer
Training Academy

_____ to _____

Other (Specify)

Describe any specialized training, apprenticeship program, or skills that apply to the job you are applying for:

Indicate any foreign languages you have working knowledge of by writing it in the appropriate section.

Fluent

Good

Fair

Speak

Read

Write

Check the computer programs or office equipment you have a working knowledge of:

- Windows _____ Quicken _____ Transcription
 Excel _____ Works _____ Mac
 Access _____ IBM AS 400
 Word _____ Outlook _____
 Typewriter WPM _____ Other _____
-
-

List professional, trade, business, or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

Note to applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING:

Are you capable of performing in a reasonable manner, without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached.

YES

NO

3. Employment History

1.

Name of Employer: _____ Address: _____

City: _____ State: _____ Zip: _____ Phone: ()

Starting Date: _____ Leaving Date: _____

Beginning Salary: _____ Final Salary: _____

Work Performed: _____

Reason for leaving: _____

2.

Name of Employer: _____ Address: _____

City: _____ State: _____ Zip: _____ Phone: ()

Starting Date: _____ Leaving Date: _____

Beginning Salary: _____ Final Salary: _____

Work Performed: _____

Reason for leaving: _____

3.

Name of Employer: _____ Address: _____

City: _____ State: _____ Zip: _____ Phone: ()

Starting Date: _____ Leaving Date: _____

Beginning Salary: _____ Final Salary: _____

Work Performed: _____

Reason for leaving: _____

4.

Name of Employer: Address:

City: State: Zip: Phone: ()

Starting Date: Leaving Date:

Beginning Salary: Final Salary:

Work Performed:

Reason for leaving:

5.

Name of Employer: Address:

City: State: Zip: Phone: ()

Starting Date: Leaving Date:

Beginning Salary: Final Salary:

Work Performed:

Reason for leaving:

6.

Name of Employer: Address:

City: State: Zip: Phone: ()

Starting Date: Leaving Date:

Beginning Salary: Final Salary:

Work Performed:

Reason for leaving:

7. _____
Name of Employer: _____ Address: _____

City: _____ State: _____ Zip: _____ Phone: () _____

Starting Date: _____ Leaving Date: _____

Beginning Salary: _____ Final Salary: _____

Work Performed: _____

Reason for leaving: _____

8. _____
Name of Employer: _____ Address: _____

City: _____ State: _____ Zip: _____ Phone: () _____

Starting Date: _____ Leaving Date: _____

Beginning Salary: _____ Final Salary: _____

Work Performed: _____

Reason for leaving: _____

- Use additional paper if needed

I hereby give my permission to contact the employers I have listed concerning my present and prior work experience. If there is a particular employer(s) you do not wish us to contact, please indicate which one(s) and explain.

Signature: _____

Date: _____

4. References

List three (3) references (not relatives or former employers) who are responsible adults and who have known you well during the past five (5) years:

1. _____

Name: _____ How long known: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone Number: () Business Phone Number: ()

2. _____

Name: _____ How long known: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone Number: () Business Phone Number: ()

3. _____

Name: _____ How long known: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone Number: () Business Phone Number: ()

*Use additional paper if needed

I certify that the above information is true and accurate to the best of my knowledge.

Signature: _____ Date: _____

AN EQUAL OPPORTUNITY EMPLOYER

POST-JOB OFFER
MEDICAL EXAMINATION AND DRUG SCREEN

The APPLICANT understands and acknowledges that the German Township Police Department (Employer) reserves the right to require the applicant to submit to any requested medical examination after a job offer has been made and prior to applicant's first day of employment. Such examination will be performed by a licensed physician or medical practitioner of the Employer's choosing. Furthermore, the applicant may be subjected to pre-employment testing relating to drug, alcohol or substance use or abuse. If such use or abuse is identified or there is other information found that would render the applicant physically incapable or performing the offered job, the application process will be terminated and the job offer withdrawn, and the applicant will NOT be hired

By signing this document the applicant consents to submit to the aforementioned test and procedures if required, and agrees that he or she has no cause of action against the Employer arising from these issues. If the applicant refuses to consent to any of said tests and procedures the Employer shall not accept or further process his or her application for employment.

Printed name of Applicant

Signature of Applicant

Date



German Township Police Department

Chief Michael Stitzel
3940 Lawrenceville Dr., Springfield, Ohio 45504
OFFICE (937)-964-9105
FAX (937) 964-9108

CERTIFICATION AND RELEASE

I certify that I have read and understand the applicant notes on this application form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions, or misrepresentations of facts called for in this application may result in rejection of my application or discharge at any time during my employment. I authorize the German Township Police Department and/or his agents to verify any of this information including, but not limited to, criminal history and motor vehicle driving records. I authorize all persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release and hold harmless any said persons, schools, companies and law enforcement authorities from liability for any damage whatsoever for issuing this information.

Printed name of Applicant

Signature of Applicant

Date