

PHILLIPSBURG POLICE DEPARTMENT

10868 Brookville Phillipsburg Road
Phillipsburg, Ohio 45354

An Equal Opportunity Employer.

Qualified applicants are considered for employment and treated without regard to race, color, religion, sex, national origin, age, disability, marital or veteran status (except for veteran's preference)

POLICE DEPARTMENT EMPLOYMENT APPLICATION

NOTICE: PLEASE READ AND FOLLOW THESE INSTRUCTIONS EXACTLY. YOUR ABILITY TO COMPLETE THIS APPLICATION AS REQUESTED WILL BE EVALUATED AND USED AS ONE BASIS FOR SELECTION DECISIONS. THIS APPLICATION WHEN COMPLETED WILL BE USED BY PHILLIPSBURG POLICE DEPARTMENT AS AN INVESTIGATIVE AID.

RETENTION OF THIS PERSONAL DATA WILL REMAIN WITH THE PHILLIPSBURG POLICE DEPARTMENT. APPLICATIONS FOR POLICE OFFICER WILL BE ACCEPTED ONLY WHEN A VACANCY EXISTS FOR THAT POSITION.

THIS APPLICATION WILL REMAIN ACTIVE FOR 90 DAYS. YOU MAY ATTACH A RESUME OR COPIES OF DOCUMENTS YOU FEEL HELP CLARIFY YOUR BACKGROUND, BUT RESUMES WILL NOT BE ACCEPTED IN LIEU OF A FULLY COMPLETED APPLICATION. IF APPLYING FOR MORE THAN ONE POSITION, PLEASE SUBMIT A SEPARATE APPLICATION FOR EACH POSITION

SECTION 1

INSTRUCTIONS

1. HAND PRINT CLEARLY, IN BLACK INK AND IN YOUR OWN HANDWRITING.
2. ANSWER EVERY QUESTION. IF A QUESTION DOES NOT APPLY TO YOU, SIMPLY INDICATE N/A. INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.
3. ANY UNANSWERED, INCOMPLETE OR OMITTED QUESTIONS MAY RESULT IN REJECTIONS OF YOUR APPLICATION OR DISMISSAL.
4. IF THE SPACE AVAILABLE IS INSUFFICIENT, USE A SEPARATE SHEET OF 8 1/2 X 11 PAPER AND PRECEDE EACH ANSWER WITH THE QUESTIONS.
5. DO NOT MISSTATE OR OMIT ANY MATERIAL FACT SINCE THE STATEMENTS MADE HERE ARE SUBJECT TO VERIFICATION TO DETERMINE YOUR QUALIFICATION FOR SELECTION.
6. ANSWER ALL QUESTIONS ACCURATELY AND COMPLETELY. DO NOT MAKE EXAGGERATED, FALSE, OR MISLEADING STATEMENTS AS THEY MAY CAUSE YOUR REJECTION OR DISMISSAL.
7. EACH AND EVERY QUESTION HAS A PURPOSE. DO NOT FAIL TO ANSWER EACH QUESTION COMPLETELY, EVEN IF YOU FEEL IT IS IRRELEVANT
8. PROVIDE A COPY OF BIRTH CERTIFICATE, GED OR HIGH SCHOOL DIPLOMA, UNIVERSITY DIPLOMA, DD214 (MILITARY), DIVORCE DECREE (IF APPLICABLE), DRIVERS LICENSE AND SOCIAL SECURITY CARD.
9. PROVIDE OFFICIAL SEALED TRANSCRIPTS DOCUMENTING CREDIT HOURS FROM INVOLVED UNIVERSITIES OR COLLEGES TO THE PHILLIPSBURG POLICE DEPARTMENT. THIS APPLICATION WILL NOT BE COMPLETE WITHOUT SEALED TRANSCRIPTS.

I HAVE READ AND I UNDERSTAND ALL THE ABOVE INSTRUCTIONS. I ALSO UNDERSTAND THAT I MAY BE ASKED TO TAKE A POLYGRAPH (LIE DETECTOR) EXAMINATION TO DETERMINE THE AUTHENTICITY OF THE INFORMATION PROVIDED IN THIS APPLICATION

SIGNATURE

DATE

PRINTED NAME

THE FOLLOWING TYPES OF INFORMATION ARE EXAMPLES OF WHAT WILL BE COLLECTED: EMPLOYMENT AND EDUCATIONAL HISTORIES; MILITARY, INSURANCE, CREDIT AND FINANCIAL INFORMATION; MOTOR VEHICLE AND POLICE RECORDS; INFORMATION ABOUT YOUR ABILITIES, FAMILY, CHARACTER, LIFESTYLE AND ORGANIZATIONAL MEMBERSHIPS. INFORMATION WILL BE OBTAINED BY LETTER, TELEPHONE AND BY PERSONAL INTERVIEW WITH BOTH PRIMARY AND SECONDARY SOURCES. THIS INFORMATION IS USED AS ONE BASIS FOR THE SELECTION PROCESS.

SECTION 2

POSITION APPLIED FOR: FULL-TIME PART-TIME AUXILLIARY

If referred by a current employee, indicate his/her name here:

REFERRED BY:

ARE YOU A CERTIFIED POLICE OFFICER?

YES

NO

IN WHAT STATE?

SECTION 3

CURRENT PERSONAL DATA

NAME

LAST

FIRST

MIDDLE

SOCIAL SECURITY NUMBER

Your social security number is requested for the purpose of payroll eligibility verification, processing employee benefits, applicant background checks, & income reporting; and will be used solely for these purposes.

DATE OF BIRTH

MONTH/DAY/YEAR

AGE

PLACE OF BIRTH

CITY/COUNTY/COUNTRY

PRESENT ADDRESS

NUMBER/STREET

CITY

STATE

ZIP

MAILING ADDRESS

NUMBER/STREET

CITY

STATE

ZIP

HOME TELEPHONE

BUSINESS TELEPHONE

CELL PHONE

HEIGHT

WEIGHT

EYE COLOR

HAIR COLOR

SCARS / TATTOOS

ALIAS(ES), NICKNAMES, MAIDEN NAME, OR OTHER CHANGES IN NAME

ARE YOU LEGALLY ELIGIBLE TO WORK IN THE UNITED STATES?

YES

NO

CAN YOU, UPON EMPLOYMENT, SUBMIT DOCUMENTATION VERIFYING YOUR RIGHT TO WORK AND YOUR IDENTITY?

YES

NO

SECTION 4

EDUCATION

HIGHEST GRADE COMPLETED:

GRADE/HIGH SCHOOL	<input type="checkbox"/>	5	<input type="checkbox"/>	6	<input type="checkbox"/>	7	<input type="checkbox"/>	8	<input type="checkbox"/>	9	<input type="checkbox"/>	10	<input type="checkbox"/>	11	<input type="checkbox"/>	12
COLLEGE/UNIVERSITY	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4								
GRADUATE SCHOOL	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4								

GRADE SCHOOL / HIGH SCHOOL NAME

ADDRESS

ATTENDANCE DATES

DEGREE

COLLEGE NAME

ADDRESS

ATTENDANCE DATES

DEGREE

GRADUATE SCHOOL NAME

ADDRESS

ATTENDANCE DATES

DEGREE

OTHER / GED

ADDRESS

ATTENDANCE DATES

DEGREE

WHILE IN SCHOOL, WERE YOU EVER SUSPENDED OR EXPELLED?

YES NO

IF YES, PLEASE EXPLAIN:

SECTION 5

MILITARY

HAVE YOU EVER SERVED IN THE US MILITARY OR COAST GUARD, INCLUDING ROTC?

YES NO

BRANCH OF SERVICE:

LIST ALL MEDALS AND DECORATIONS AWARDED TO YOU AS A MEMBER OF THE ARMED FORCES:

WHAT WAS YOUR DISCHARGE STATUS? HONORABLE DISHONORABLE HONORABLE CONDITIONS OTHER

IF OTHER THAN HONORABLE, PLEASE STATE THE REASONS:

ARE YOU NOW OR WERE YOU ON ACTIVE OR INACTIVE DUTY OF ANY BRANCH OF THE UNITED STATES RESERVE?

YES NO ACTIVE INACTIVE

BRANCH OF SERVICE

WERE YOU EVER COURT MARTIALED OR TRIED ON CHARGES? YES NO

WERE YOU THE SUBJECT OF A SUMMARY COURT, DECK COURT, CAPTAIN'S MAST, COMPANY PUNISHMENT, OR ANY OTHER DISCIPLINARY ACTION; INCLUDING ARTICLE 15'S, WHILE A MEMBER OF THE ARMED SERVICES?

YES NO

IF YES, PLEASE STATE THE FINDINGS AND CIRCUMSTANCES FROM WHICH THE ACTION STEMMED. PROVIDE ANY DOCUMENTATION THAT YOU MAY POSSESS:

SECTION 6

MARITAL STATUS INFORMATION:

SINGLE MARRIED ENGAGED SEPARATED
 DIVORCED WIDOWED

SECTION 7

RESIDENCE

CHRONOLOGICALLY LIST, STARTING WITH YOUR PRESENT RESIDENCE, ALL PREVIOUS PLACES OF RESIDENCE SINCE LEAVING ELEMENTARY SCHOOL:

DATES	ADDRESS	CITY	STATE	ZIP
<div style="border: 1px solid black; height: 35px;"></div>	<div style="border: 1px solid black; height: 35px;"></div>	<div style="border: 1px solid black; height: 35px;"></div>	<div style="border: 1px solid black; height: 35px;"></div>	<div style="border: 1px solid black; height: 35px;"></div>
<div style="border: 1px solid black; height: 35px;"></div>	<div style="border: 1px solid black; height: 35px;"></div>	<div style="border: 1px solid black; height: 35px;"></div>	<div style="border: 1px solid black; height: 35px;"></div>	<div style="border: 1px solid black; height: 35px;"></div>
<div style="border: 1px solid black; height: 35px;"></div>	<div style="border: 1px solid black; height: 35px;"></div>	<div style="border: 1px solid black; height: 35px;"></div>	<div style="border: 1px solid black; height: 35px;"></div>	<div style="border: 1px solid black; height: 35px;"></div>
<div style="border: 1px solid black; height: 35px;"></div>	<div style="border: 1px solid black; height: 35px;"></div>	<div style="border: 1px solid black; height: 35px;"></div>	<div style="border: 1px solid black; height: 35px;"></div>	<div style="border: 1px solid black; height: 35px;"></div>
<div style="border: 1px solid black; height: 35px;"></div>	<div style="border: 1px solid black; height: 35px;"></div>	<div style="border: 1px solid black; height: 35px;"></div>	<div style="border: 1px solid black; height: 35px;"></div>	<div style="border: 1px solid black; height: 35px;"></div>
<div style="border: 1px solid black; height: 35px;"></div>	<div style="border: 1px solid black; height: 35px;"></div>	<div style="border: 1px solid black; height: 35px;"></div>	<div style="border: 1px solid black; height: 35px;"></div>	<div style="border: 1px solid black; height: 35px;"></div>
<div style="border: 1px solid black; height: 35px;"></div>	<div style="border: 1px solid black; height: 35px;"></div>	<div style="border: 1px solid black; height: 35px;"></div>	<div style="border: 1px solid black; height: 35px;"></div>	<div style="border: 1px solid black; height: 35px;"></div>

SECTION 8

EMPLOYMENT HISTORY

THIS SECTION MUST BE COMPLETED EVEN IF YOU ATTACH A RESUME:

INSTRUCTIONS: BEGINNING WITH YOUR PRESENT OR MOST RECENT EMPLOYER, PLEASE LIST ALL FULL & PART-TIME EMPLOYMENT. ACCOUNT FOR ALL PERIODS OF UNEMPLOYMENT WHICH EXCEEDS THREE MONTHS.

IF YOU HAVE BEEN EMPLOYED UNDER OTHER NAMES, PLEASE LIST WITH APPLICABLE EMPLOYER.

NOTE: BACKGROUND INVESTIGATION WILL NOT BE COMPLETE WITHOUT CONTACTING YOUR PRESENT EMPLOYER.

<input type="text"/>		<input type="text"/>		<input type="text"/>	
PRESENT/MOST RECENT EMPLOYER NAME		START DATE		END DATE	
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
STREET ADDRESS		CITY	STATE	ZIP	
<input type="text"/>	<input type="text"/>	<input type="text"/>			
TELEPHONE NUMBER	JOB TITLE	SUPERVISOR'S NAME			
<input type="text"/>	<input type="text"/>	<input type="text"/>			
STARTING SALARY	ENDING SALARY	REASON FOR LEAVING			
MAY WE CONTACT THIS EMPLOYER?	<input type="checkbox"/> YES	<input type="checkbox"/> NO			

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JOB DUTIES & RESPONSIBILITIES

<input type="text"/>		<input type="text"/>		<input type="text"/>	
EMPLOYER NAME		START DATE		END DATE	
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
STREET ADDRESS		CITY	STATE	ZIP	
<input type="text"/>	<input type="text"/>	<input type="text"/>			
TELEPHONE NUMBER	JOB TITLE	SUPERVISOR'S NAME			
<input type="text"/>	<input type="text"/>	<input type="text"/>			
STARTING SALARY	ENDING SALARY	REASON FOR LEAVING			
MAY WE CONTACT THIS EMPLOYER?	<input type="checkbox"/> YES	<input type="checkbox"/> NO			

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JOB DUTIES & RESPONSIBILITIES

<input type="text"/>		<input type="text"/>		<input type="text"/>	
EMPLOYER NAME		START DATE		END DATE	
<input type="text"/>		<input type="text"/>		<input type="text"/>	
STREET ADDRESS		CITY		STATE	
<input type="text"/>		<input type="text"/>		<input type="text"/>	
TELEPHONE NUMBER		JOB TITLE		SUPERVISOR'S NAME	
<input type="text"/>		<input type="text"/>		<input type="text"/>	
STARTING SALARY		ENDING SALARY		REASON FOR LEAVING	
MAY WE CONTACT THIS EMPLOYER?		<input type="checkbox"/> YES		<input type="checkbox"/> NO	

JOB DUTIES & RESPONSIBILITIES

<input type="text"/>		<input type="text"/>		<input type="text"/>	
EMPLOYER NAME		START DATE		END DATE	
<input type="text"/>		<input type="text"/>		<input type="text"/>	
STREET ADDRESS		CITY		STATE	
<input type="text"/>		<input type="text"/>		<input type="text"/>	
TELEPHONE NUMBER		JOB TITLE		SUPERVISOR'S NAME	
<input type="text"/>		<input type="text"/>		<input type="text"/>	
STARTING SALARY		ENDING SALARY		REASON FOR LEAVING	
MAY WE CONTACT THIS EMPLOYER?		<input type="checkbox"/> YES		<input type="checkbox"/> NO	

JOB DUTIES & RESPONSIBILITIES

<input type="text"/>		<input type="text"/>		<input type="text"/>	
EMPLOYER NAME		START DATE		END DATE	
<input type="text"/>		<input type="text"/>		<input type="text"/>	
STREET ADDRESS		CITY		STATE	
<input type="text"/>		<input type="text"/>		<input type="text"/>	
TELEPHONE NUMBER		JOB TITLE		SUPERVISOR'S NAME	
<input type="text"/>		<input type="text"/>		<input type="text"/>	
STARTING SALARY		ENDING SALARY		REASON FOR LEAVING	
MAY WE CONTACT THIS EMPLOYER?		<input type="checkbox"/> YES		<input type="checkbox"/> NO	

JOB DUTIES & RESPONSIBILITIES

<input type="text"/>		<input type="text"/>		<input type="text"/>	
EMPLOYER NAME		START DATE		END DATE	
<input type="text"/>		<input type="text"/>		<input type="text"/>	
STREET ADDRESS		CITY		STATE	
<input type="text"/>		<input type="text"/>		<input type="text"/>	
TELEPHONE NUMBER		JOB TITLE		SUPERVISOR'S NAME	
<input type="text"/>		<input type="text"/>		<input type="text"/>	
STARTING SALARY		ENDING SALARY		REASON FOR LEAVING	
MAY WE CONTACT THIS EMPLOYER?		<input type="checkbox"/> YES		<input type="checkbox"/> NO	

JOB DUTIES & RESPONSIBILITIES

SECTION 9

HAVE YOU EVER BEEN ASKED (OR GIVEN THE OPPORTUNITY) TO RESIGN FROM ANY EMPLOYMENT?

YES NO

IF YES, PLEASE GIVE DETAILS:

HAVE YOU EVER BEEN COUNSELED, REPRIMANDED, SUSPENDED, OR TERMINATED FROM ANY EMPLOYMENT?

YES NO

IF YES, PLEASE GIVE DETAILS:

FOR PAST OR PRESENT LAW ENFORCEMENT OFFICERS:

HAVE YOU EVER BEEN THE SUBJECT OF AN INTERNAL AFFAIRS INVESTIGATION?

YES NO

IF YES, PLEASE GIVE DETAILS:

SECTION 10

HAVE YOU EVER BEEN A WITNESS, SUSPECT, OR SUBJECT OF A POLICE INVESTIGATION?

YES NO

IF YES, PLEASE EXPLAIN IN DETAIL AS TO WHAT OFFENSE, JURISDICTION, DATE, OUTCOME OR RESULTS OF THE INVESTIGATION:

HAVE YOU EVER BEEN ARRESTED, INDICTED, CONVICTED OR PLED NO CONTEST TO ANY VIOLATION OF THE LAW, ORDINANCE, OR CRIMINAL VIOLATIONS?

YES NO

IF YES, PLEASE PROVIDE ALL PERTINENT DETAILS, INCLUDING FINES, CONVICTIONS, PROBATION, JAIL OR PRISON SENTENCES (INCLUDING THOSE WHILE IN THE MILITARY):

NOTE: A CRIMINAL BACKGROUND CHECK AND DRIVING RECORD CHECK WILL BE OBTAINED IF YOU ARE CONSIDERED FOR EMPLOYMENT.

INFORMATION CONCERNING CONVICTIONS MAY NOT NECESSARILY DISQUALIFY AN APPLICANT. ANY APPLICANT WHO FALSIFIES THIS APPLICATION BY FAILING TO PROVIDE REQUIRED INFORMATION ON CONVICTIONS WILL, IF EMPLOYED, BE SUBJECT TO DISMISSAL OR, IF NOT EMPLOYED, BE SUBJECT TO DISQUALIFICATION.

HAVE YOU EVER BEEN PLACED ON PROBATION FOR ANY OFFENSE?
(SEALED OR EXPUNGED RECORDS INCLUDED)

YES NO

IF YES, PLEASE GIVE DETAILS:

HAVE YOU EVER COMITTED ANY CRIMINAL OFFENSE?

YES

NO

IF YES, PLEASE GIVE DETAILS:

HAVE YOU EVER BEEN FINGERPRINTED BY A LAW ENFORCEMENT AGENCY?

YES

NO

IF YES, PLEASE GIVE DETAILS BELOW, INCLUDING AGENCY, PURPOSE, DATE & STATUS:

ARE YOU CURRENTLY IN THE PROCESS OF APPLYING FOR A POSITION WITH ANY OTHER POLICE AGENCY?

YES

NO

LIST ALL, WITH DATES AND STATUS OF APPLICATIONS:

SECTION 11

MOTOR VEHICLE OPERATOR RECORD

DRIVERS LICENSE NUMBER

STATE

DRIVERS LICENSE TYPE

OPERATOR

CDL

HAVE YOUR DRIVING PRIVILEGES EVER BEEN SUSPENDED OR REVOKED?

YES

NO

IF YES, PLEASE EXPLAIN:

DID YOU EVER POSSESS A DRIVER'S LICENSE ISSUED BY ANY OTHER STATE OTHER THAN OHIO?

YES

NO

DRIVERS LICENSE NUMBER

STATE

DATE ISSUED

RESTRICTIONS

HAS YOUR DRIVER'S LICENSE EVER BEEN RESTRICTED DUE TO TRAFFIC OFFENSE CONVICTIONS OR PLACED ON NEGLIGENT OPERATORS PROBATION?

YES

NO

IF YES, PLEASE GIVE DETAILS:

HAVE YOU EVER BEEN INVOLVED IN A MOTOR VEHICLE ACCIDENT?

YES

NO

IF YES, PLEASE GIVE DETAILS FOR EACH ACCIDENT, INCLUDING: DATE, LOCATION, CAUSE, WHO WAS CHARGED, AND WAS THERE A POLICE INVESTIGATION?:

LIST ALL TRAFFIC CITATIONS YOU HAVE RECEIVED THROUGHOUT YOUR DRIVING HISTORY, INCLUDING:
LOCATION, CITY, STATE, APPROXIMATE DATE, NATURE OF THE VIOLATION AND PENALTY OR DISPOSITION:

--

DO YOU CURRENTLY HAVE AUTOMOBILE LIABILITY INSURANCE? YES NO

DATE OF COVERAGE	<input type="text"/>	INSURANCE COMPANY	<input type="text"/>
POLICY NUMBER	<input type="text"/>	TYPE OF POLICY	<input type="text"/>

IF NONE, GIVE DETAILS:

--

SECTION 12

HAVE YOU EVER ILLEGALLY POSSESSED, USED OR SOLD DRUGS? YES NO

IF YES, PLEASE GIVE DETAILS AND DATES:

--

HAVE YOU POSSESSED, INJECTED, INHALED, SWALLOWED, OR INGESTED BY ANY OTHER MEANS, ANY ILLEGAL DRUGS WITHOUT LEGAL AUTHORIZATION?

YES NO

IF YES, PLEASE GIVE DETAILS:

--

SECTION 13

PLEASE LIST ANY PAST OR PRESENT MEMBERSHIP IN ORGANIZATIONS:

NAME	<input type="text"/>	DATES / OFFICES HELD	<input type="text"/>
ADDRESS	<input type="text"/>	CITY	<input type="text"/>
STATE	<input type="text"/>	ZIP	<input type="text"/>
NAME	<input type="text"/>	DATES / OFFICES HELD	<input type="text"/>
ADDRESS	<input type="text"/>	CITY	<input type="text"/>
STATE	<input type="text"/>	ZIP	<input type="text"/>
NAME	<input type="text"/>	DATES / OFFICES HELD	<input type="text"/>
ADDRESS	<input type="text"/>	CITY	<input type="text"/>
STATE	<input type="text"/>	ZIP	<input type="text"/>

1. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF A FASCIST ORGANIZATION?
2. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF ANY ORGANIZATION, ASSOCIATION, MOVEMENT, GROUP OR COMBINATION OF PERSONS WHICH ADVOCATES THE OVER THROW OF OUR GOVERNMENT, OR WHICH HAS ADOPTED THE POLICY OF ADVOCATING OR APPROVING THE COMMISSION OF ACTS OF TERROR OR VIOLENCE TO DENY OTHER PERSONS THEIR RIGHTS UNDER THE CONSTITUTION OF THE UNITED STATES OR WHICH SEEKS TO ALTER THE FORM OF GOVERNMENT OF THE UNITED STATES BY VIOLENT OR ILLEGAL MEANS?
3. ARE YOU NOW OR HAVE YOU EVER BEEN AFFILIATED OR ASSOCIATED WITH ANY ORGANIZATION OF THE TYPE DESCRIBED ABOVE, AS AN AGENT, OFFICIAL OR EMPLOYEE?
4. HAVE YOU EVER BEEN ENGAGED IN ANY OF THE FOLLOWING ACTIVITIES OR ORGANIZATIONS OF THE TYPE DESCRIBED ABOVE, CONTRIBUTIONS TO, OR ATTENDANCE AT OR PARTICIPATION IN ANY ORGANIZATIONAL, SOCIAL, OR ANY ACTIVITIES OF SAID ORGANIZATIONS OR OF ANY PROJECTS SPONSORED BY THEM; THE SALE, GIFT, OR DISTRIBUTION OF ANY WRITTEN, PRINTED OR OTHER MATTER PREPARED, REPRODUCED, OR PUBLISHED BY THEM OR ANY OF THEIR AGENTS OR INSTRUMENTALITIES?

	YES		NO
	YES		NO
	YES		NO
	YES		NO

IF YOU HAVE ANSWERED YES TO ANY OF THE QUESTIONS ABOVE, PLEASE DESCRIBE THE CIRCUMSTANCES. ATTACH ADDITIONAL SHEETS FOR A FULL DETAILED STATEMENT.

IF ASSOCIATED WITH ANY OF THESE ORGANIZATIONS, PLEASE SPECIFY THE NATURE & EXTENT OF ASSOCIATION WITH EACH, INCLUDING OFFICE OR POSITION HELD. INCLUDE DATES, PLACES, & CREDENTIALS NOW OR FORMERLY HELD. IF ASSOCIATIONS HAVE BEEN WITH INDIVIDUALS WHO ARE MEMBERS OF THESE ORGANIZATIONS, PLEASE LIST THE INDIVIDUALS AND THE ORGANIZATIONS WITH WHICH THEY WERE OR ARE AFFILIATED.

SECTION 14

FOREIGN LANGUAGES. INDICATE EXCELLENT, GOOD OR FAIR FOR EACH

LANGUAGE	READING	SPEAKING	UNDERSTANDING	WRITING

SECTION 15

ADDITIONAL INFORMATION:

ARE YOU RELATED TO ANYONE PRESENTLY EMPLOYED BY THE VILLAGE OF PHILLIPSBURG?

IF YES, PLEASE GIVE THE NAME AND RELATIONSHIP:

HAVE YOU EVER BEEN EMPLOYED BY THE VILLAGE OF PHILLIPSBURG POLICE DEPARTMENT?

IF YES, PLEASE GIVE DATES, POSITION, AND REASON FOR LEAVING:

DESCRIBE ANY SPECIAL EQUIPMENT OR MACHINERY YOU CAN OPERATE:

ARE THERE ANY INCIDENTS IN YOUR LIFE, OR FACTS NOT MENTIONED HEREIN, WHICH MAY REFLECT POSITIVELY OR NEGATIVELY UPON YOUR SUITABILITY FOR EMPLOYMENT?

SECTION 16

EMERGENCY CONTACT

NAME		RELATIONSHIP	
ADDRESS		CITY	STATE
ZIP		TELEPHONE NUMBER:	

SECTION 17

REFERENCES

LIST THREE PERSONAL OR PROFESSIONAL REFERENCES (NO RELATIVES OR EMPLOYEES):

NAME		HOW LONG KNOWN	
ADDRESS		CITY	STATE
ZIP		TELEPHONE NUMBER:	

NAME		HOW LONG KNOWN	
ADDRESS		CITY	STATE
ZIP		TELEPHONE NUMBER:	

NAME		HOW LONG KNOWN	
ADDRESS		CITY	STATE
ZIP		TELEPHONE NUMBER:	

SECTION 18

NAME, ADDRESS & PHONE NUMBER OF PRESENT FAMILY PHYSICIAN:

NAME		ADDRESS	
CITY		STATE	
ZIP		TELEPHONE NUMBER:	

BEFORE SUBMITTING THIS APPLICATION, PLEASE VERIFY THAT ALL QUESTIONS HAVE BEEN ANSWERED, AFFIDAVITS HAVE BEEN NOTARIZED, AND COPIES OF NECESSARY DOCUMENTATION ARE ATTACHED.

PLEASE REFER TO INSTRUCTIONS ON PAGE ONE.

SECTION 19

CERTIFICATION

THE FOLLOWING IS TO BE EXECUTED PRIOR TO SUBMISSION. THIS SECTION MUST BE SIGNED AND NOTARIZED. PLEASE READ CAREFULLY.

I CERTIFY THAT THERE ARE NO MISREPRESENTATIONS, OMISSIONS OR FALSIFICATIONS IN THE STATEMENTS AND ANSWERS ON THIS APPLICATION, AND THAT ALL THE FOREGOING ENTRIES MADE BY ME ARE TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

I HEREBY AUTHORIZE PHILLIPSBURG POLICE DEPARTMENT TO VERIFY ALL INFORMATION CONTAINED HEREIN, INCLUDING CREDIT AND FINANCIAL INFORMATION, AND I RELEASE ALL PAST EMPLOYERS AND ALL REFERENCES FROM ANY AND ALL LIABILITY FOR THE RELEASE OF INFORMATION TO PHILLIPSBURG POLICE DEPARTMENT.

I UNDERSTAND THAT ALL JOB OFFERS FROM PHILLIPSBURG POLICE DEPARTMENT ARE CONDITIONED ON SUCCESSFUL COMPLETION OF A HEALTH QUESTIONNAIRE AND MEDICAL EXAMINATION BY YOUR FAMILY PHYSICIAN. A PSYCHOLOGICAL EVALUATION TO DETERMINE MY ABILITY TO PERFORM ANY JOB OFFERED, AND AN EXAMINATION THAT MAY INCLUDE AN ALCOHOL/DRUG SCREE FOR WHICH I GIVE CONSENT AND AGREE TO GIVE A SPECIMEN OF MY BLOOD AND/OR URINE TO ANY MEDICAL FACILITY DESIGNATED BY THE PHILLIPSBURG POLICE DPEARTMENT FOR THIS PURPOSE.

I ALSO UNDERSTAND THAT IN ACCORDANCE WITH OHIO STATUTES, EMPLOYMENT WITH THE PHILLIPSBURG POLICE DEPARTMENT IS "AT-WILL" AND AS SUCH, MAY BE TERMINATED WITHOUT CAUSE AND WITHOUT NOTICE BY EITHER PARTY AT ANY TIME.

I FURTHER UNDERSTAND AND AGREE IN ADVANCE THAT I MAY BE SUMMARILY DISCHARGED OR ANY EMPLOYMENT OFFER MAY BE WITHDRAWN IF ANY OF THE INFORMATION PROVIDED BY ME CONTAINS ANY MISREPRESENTATIONS, FALSIFICATIONS, OR IF ANY MATERIAL INFORMATION HAS BEEN OMITTED; REGARDLES OF WHEN THIS INFORMATION BECOMES KNOWN TO PHILLIPSBURG POLICE DEPARTMENT.

I HEREBY SWEAR OR AFFIRM THAT THERE ARE NO MISREPRESENTATIONS OR OMISSIONS IN OR FALSIFICATIONS OF THE ABOVE STATEMENTS AND ANSWERS TO QUESTIONS. I AM AWARE THAT SHOULD INVESTIGATION DISCLOSE SUCH MISREPRESENTATIONS, FALSIFICATIONS, OR OMISSIONS, THAT MY APPLICATION WILL BE REJECTED AND I WILL BE DISQUALIFIED FROM PRESENT PROCESSING; OR, IF AFTER MY ACCEPTANCE FOR EMPLOYMENT, SUBSEQUENT INVESTIGATION SHOULD DISCLOSE MISREPRESENTATIONS, FALSIFICATIONS OR OMISSIONS, IT WILL BE JUST CAUSE FOR IMMEDIATE DISMISSAL FROM EMPLOYMENT WITH THE PHILLIPSBURG POLICE DEPARTMENT.

SIGNATURE

PRINTED NAME

DATE

AFFIDAVIT

STATE OF _____ COUNTY OF _____

SUBSCRIBED AND SWORN TO ME THIS _____ DAY OF _____, 20____

BY _____

WHO IS PERSONALLY KNOWN TO ME OR PRODUCED THE FOLLOWING IDENTIFICATION _____

SIGNATURE OF NOTARY PUBLIC _____

MY COMMISSION EXPIRES _____

NOTARY SEAL