

WEST LAFAYETTE POLICE DEPARTMENT



EMPLOYMENT APPLICATION FORM

Name: _____ DATE: ____/____/20____
Type or Print

A. INSTRUCTIONS

Application must be typewritten or printed legibly in black or blue ink. All questions must be answered. Applications which are not complete 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.

B. JOB APPLYING FOR

Job Title: _____

I am applying for Full-time Part-time Available Start Date: _____

C. PERSONAL HISTORY

Last Name	Suffix	First Name	Middle Name
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Street Address (Not P.O. Box)	County	City	State	Zip Code
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(____)____-____ (____)____-____ _____
 Home Phone Cell Phone Email

_____ (____)____-____
 Emergency Contact Name Phone Number

Are you a United States Citizen: Yes No

If naturalized, please provide: Place _____
 Court _____
 Naturalization No. _____

Do you have or have you ever applied for a passport? Yes, Passport # _____ No

Can you perform the essential functions of this job with/without reasonable accommodations? Yes No

Name: _____

DATE: ___/___/20___

Type or Print

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

Name	Circumstances	Date used from	Date used to

D. Education/Training

High School / GED Name & Address	Dates attended From - To	Number of years completed	Diploma / GED / Certification obtained

College / University Name & Address	Dates attended From - To	Did you Graduate	Degree/Certification obtained

Major(s): _____

Minor(s): _____

Other Trade / Vocational / Business / Military	Dates attended From - To	Area of study / Did you graduate	Degree/Certification obtained

Describe any awards, honors, citations, positions held in school organizations, and any other special recognition you received while attending school that you would like us to know about: _____

Name: _____

DATE: ___/___/20___

Type or Print

Have you ever been suspended/expelled/otherwise terminated from school? Yes No

If yes; explain: _____

List any foreign languages you can speak: _____

List any foreign languages you can read: _____

List any foreign languages you can write: _____

Indicate any law enforcement education/training you have received (attach additional paper if necessary)

Name / Topic	Certificate received	Date	Location of training

Has your law enforcement certification ever been suspended, revoked, relinquished, or subject to discipline or investigation? Yes No

If yes; explain. Include dates: _____

Describe any special abilities, interests, and hobbies including the degree of proficiency:

Name: _____

DATE: ___/___/20___

Type or Print

Indicate any type of special license such as pilot, radio operator, etc., showing licensing authority, where the license was first issued, and date current license expires (except vehicle operator's license):

Indicate any special skills you possess and equipment you can use which may be related to law enforcement work. (For example: two-way radio communications, breathalyzer, speed detection equipment, firearms):

Have you had any training/education with K-9's? Yes No

If yes; provide details: _____

E. Technology Skills Check all skills & software applications you have experience using

- Windows Operating System Microsoft Word Microsoft Excel Microsoft Publisher
- Web Page Design/Maintenance E-mail Other: _____

List any professional licenses or certifications held: _____

Name: _____

DATE: ___/___/20___

Type or Print

F. Employment History

List chronologically 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, set forth dates of unemployment.

Employer: _____ Phone: (____)____ - _____

Address: _____

Street (Not P.O. Box) City State Zip

Dates: From ___/___/___ To ___/___/___ Supervisor: _____

Position Held: _____

Primary Duties: _____

Reason for leaving: _____

Employer: _____ Phone: (____)____ - _____

Address: _____

Street (Not P.O. Box) City State Zip

Dates: From ___/___/___ To ___/___/___ Supervisor: _____

Position Held: _____

Primary Duties: _____

Reason for leaving: _____

Employer: _____ Phone: (____)____ - _____

Address: _____

Street (Not P.O. Box) City State Zip

Dates: From ___/___/___ To ___/___/___ Supervisor: _____

Position Held: _____

Primary Duties: _____

Reason for leaving: _____

Employer: _____ Phone: (____)____ - _____

Address: _____

Street (Not P.O. Box) City State Zip

Dates: From ___/___/___ To ___/___/___ Supervisor: _____

Position Held: _____

Primary Duties: _____

Reason for leaving: _____

Name: _____

DATE: ___/___/20___

Type or Print

Have you ever been dismissed or asked to resign or had any disciplinary action taken against you from **any** employment or volunteer position you have held? Yes No

If yes; please give details, including dates, employer's name, and specifics: _____

Have you resigned or left a job by mutual agreement following allegations of misconduct or unsatisfactory job performance? Yes No

If yes; please give details, including dates, employer's name, and specifics: _____

Have you ever applied to or performed paid or unpaid services for a law enforcement agency not listed as an employer?

Yes No

If yes; please provide name of agency and date of application or service: _____

Do you or have you owned a business, or are you or were you a partner or corporate officer in any business or organization not listed previously as a current or former employer? Yes No

If yes; please provide name and address of business, corporation or organization and describe your relationship or position, and nature of business: _____

Name: _____
Type or Print

DATE: ___/___/20___

G. Applicants with current or prior law enforcement experience

Identify **ALL** complaints (however characterized) made against you by a member of the public

Agency	Name of Complainant(s)	Approximate date	Disposition

Identify **ALL** complaints (however characterized) made against you by any law enforcement personnel (including supervisors or administrators)

Agency	Name of Complainant(s)	Approximate date	Disposition

Identify **ALL** claims or lawsuits (however characterized) filed against you or your employing agency based on allegations of negligent or wrongful acts or omissions by you

Agency	Name of Plaintiff(s)	Approximate date	Court where filed

Identify **ALL** disciplinary action (however characterized) taken against you by a law enforcement employer

Agency	Supervisor / Administrator Taking action	Approximate date	Basis & Form of Discipline

Name: _____

DATE: ___/___/20___

Type or Print

Identify **ALL** circumstances in which you have been requested or ordered to take a polygraph exam, CVSA or any other form of truth/deception technology

Agency	Basis of exam	Approximate date	Outcome

H. Driving History

Do you possess a current and valid driver's license issued from the State of Ohio to operate a motor vehicle?

Yes No License #: _____ Expiration: ___/___/___ Restrictions: _____

Do you hold or have you ever held an operator license in another state? Yes No

If yes; provide name of State(s), Name used (If different), and approximate dates license(s) were held: _____

Have you ever been denied issuance of a license or have you ever had a license suspended or revoked? Yes No

If yes; provide details explaining why license was suspended or revoked: _____

Have you ever had automobile insurance refused, withdrawn, revoked, or required to obtain special risk insurance?

Yes No

If yes; provide complete details: _____

Name: _____

DATE: ___/___/20___

Type or Print

I. Military History

Have you ever served on active duty in the Armed Forces of the United States? Yes No

Branch of Service: _____ Highest Rank: _____

Serial #: _____

Duty Dates: From ___/___/___ To ___/___/___

From ___/___/___ To ___/___/___

From ___/___/___ To ___/___/___

From ___/___/___ To ___/___/___

Date and type of discharge: _____

Are you now or have you ever been a member of a reserve unit or the National Guard? Yes No

If yes; List the branch of service, name and location of unit: _____

Was any type of disciplinary action taken against you in the service? Yes No

If yes; please provide: Date: ___/___/___ Place: _____

Nature of Offense: _____

Action Taken: _____

Date: ___/___/___ Place: _____

Nature of Offense: _____

Action Taken: _____

Have you ever served in the Armed Forces of a foreign country? Yes No

If yes; please specify country(ies) and date(s): _____

Name: _____

DATE: ____/____/20____

Type or Print

J. Organization Membership(s)

Are you now, or have you ever been, a member of any foreign or domestic organization, association, movement, group or combination of persons which advocates or approves the commission of acts of force 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 unconstitutional means? Yes No

If yes; list organization(s), dates of membership, and location: _____

Have you ever made a financial or other material contribution to any organization of the type described the question above? Yes No

If yes; list organization(s), dates of membership, and location: _____

At the time of your membership, participation, or contribution, did you know of any unlawful aims of the organization?

Yes No

If yes; list organization(s), dates of membership, and location: _____

Name: _____

DATE: ___/___/20___

Type or Print

K. Personal & Professional References

Personal References: (List three (3) persons not related to you by blood or marriage)

Name: _____

Last Name	Suffix	First Name	Middle Name
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Address: _____

Phone: Home (____)____ - _____ Cell (____)____ - _____

Years known: _____ Occupation: _____

Name: _____

Last Name	Suffix	First Name	Middle Name
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Address: _____

Phone: Home (____)____ - _____ Cell (____)____ - _____

Years known: _____ Occupation: _____

Name: _____

Last Name	Suffix	First Name	Middle Name
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Address: _____

Phone: Home (____)____ - _____ Cell (____)____ - _____

Years known: _____ Occupation: _____

Professional References: (List names of three (3) professional references who have known you well for at least five (5) years and who are not related to you by blood or marriage)

Name: _____

Last Name	Suffix	First Name	Middle Name
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Address: _____

Phone: Home (____)____ - _____ Cell (____)____ - _____

Years known: _____ Occupation: _____

Name: _____

Last Name	Suffix	First Name	Middle Name
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Address: _____

Phone: Home (____)____ - _____ Cell (____)____ - _____

Years known: _____ Occupation: _____

Name: _____

Last Name	Suffix	First Name	Middle Name
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Address: _____

Phone: Home (____)____ - _____ Cell (____)____ - _____

Years known: _____ Occupation: _____

L. Documents to be attached to application

1. Attach certified copy of birth certificate
2. Attach certified copy of high school diploma or GED college diploma or transcripts
3. Attach a copy of military discharge(s)
4. Attach copy of Ohio Peace Officer Training Academy Certification

Name: _____

DATE: ___/___/20___

Type or Print

M. Other requirements

When requested by this agency, applicant will be fingerprinted and shall be required to submit to a drug test and complete physical examination, as well as be required to complete the Background Information form and a polygraph examination.

N. Equal Employment Opportunity

At the West Lafayette Police Department, it is out policy to provide equal employment opportunities to all employees and applicants for employment based on qualifications, abilities, and merit. The West Lafayette Police Department prohibits any employment decisions that are made on the basis of race, color, religion, ancestry, national origin, age, gender, genetics, sexual orientation, marital, familial, or disability status as a covered veteran or any other legally protected group. This policy applies to all terms and conditions of employment, including, but not limited to hiring, placement, promotion, termination, layoff, recall, and transfer, leaves of absence, compensation, and training.

O. Signature & certification of accuracy & notary seal

I, _____, hereby certify that each and every statement made on this form is true and complete to the best of my knowledge, and I understand that any misstatement or omissions of information will subject me to disqualification or dismissal. I, also, acknowledge that I have a continuing duty to update all information contained in this document and, if employed by this Agency, I acknowledge that my failure to update this information may result in my discipline up to and including termination from employment. I understand that should an investigation disclose inaccurate, incomplete or misleading answers, my application may be rejected and my name removed from consideration for employment with Employer, and if employed, my termination from employment.

Signed this the _____ day of _____, 20___

Signature in Full _____

Print Named in Full _____

NOTARY

State of _____)

:ss.

County of _____)

On this ___ day of _____, 20___, before me, the undersigned notary public in and for said State, personally appeared _____ or identified to me to be the person whose name is subscribed to the within instrument, and acknowledged to me that he/she executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year in this Statement first above written.

Notary Public in and for the State of Ohio

Residing in _____ County Ohio

My Commission Expires: _____, 20___

(Official Seal)

Name: _____

DATE: ___/___/20___

Type or Print

RELEASE OF INFORMATION

TO: _____

APPLICANT'S NAME: _____

DATE OF BIRTH: ___/___/___

OR Repository of Records

SOCIAL SECURITY NO.: _____ - _____ - _____

NAME & ADDRESS OF EMPLOYING AGENCY REQUESTING BACKGROUND INFO:

West Lafayette Police Department
P.O. Box 151
116 North Kirk Street
West Lafayette, Ohio 43845

I hereby authorize any authorized representative bearing this release, or copy thereof, to obtain any information in your files pertaining to me including, but not limited to, achievement, attendance, personal history, disciplinary records, credit records, criminal history records, training records, and educational records. I specifically authorize all of my prior employer(s) to give their opinions about my prior work history, work ethic, whether or not they would rehire me and any other opinions that may be pertinent to my application for employment with the requesting agency.

I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the requesting agency. Consent is granted for the agency to furnish such information, as is described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, as the custodian of such records, and your employer, education institution, credit bureau or consumer reporting agency, including its officers, employees, and related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. A photocopy of this form will be as effective as the original.

I hereby authorize the National Records Center, St. Louis, Missouri, or other custodian of my military record to release information or photocopies from my military personnel, including a photocopy of my DD 214, Report of Separation, to:

**West Lafayette Police Department
P.O. Box 151
116 North Kirk Street
West Lafayette, Ohio 43845**

Signed this the _____ day of _____, 20___

Signature in Full _____

Print Named in Full _____

NOTARY

State of _____)

:ss.

County of _____)

On this ___ day of _____, 20___, before me, the undersigned notary public in and for said State, personally appeared _____ or identified to me to be the person whose name is subscribed to the within instrument, and acknowledged to me that he/she executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year in this Statement first above written.

Notary Public in and for the State of Ohio
Residing in _____ County Ohio
My Commission Expires: _____, 20___

(Official Seal)

