

NEWTOWN POLICE DEPARTMENT

APPLICATION FOR EMPLOYMENT

Newtown Police Department is an Equal Opportunity Employer



NEWTOWN POLICE DEPARTMENT

3536 Church St.

Newtown, Ohio 45244

513-561-7697

APPLICATION INFORMATION SHEET

Please read carefully before completing application

1. COMPLETING YOUR APPLICATION

- a. You must complete your application in your own handwriting in black ink or typed.
- b. Incomplete or unreadable applications will not be considered for employment.
- c. Complete address consists of a number, street name, city, state and zip code.

Example:

Job Applicant
123 Job Street
Cincinnati, Ohio 45244

- d. Complete phone consists of area code and phone number.

Example:

513-555-5555

- e. A resume may be attached to the application but the application must be filled out completely. "See resume" is not an acceptable response to an application category. Any reference to your resume will only be accepted after all space on the application is completed.
- f. Make sure that you sign your application and double check that all information requested is provided.
- g. Your application is a reflection of you and is the first piece of work we see from you. Be proud of it.

APPLICATION FOR EMPLOYMENT
 Newtown Police Department is an Equal Opportunity Employer

Date: _____/_____/_____

IMPORTANT INFORMATION – DO NOT PROCEED UNTIL YOU HAVE READ THE BOX BELOW

The Newtown Police Department considers applicants for all positions without regard to race, color, religion, gender, national origin, age, disability, veteran status, or any other legally protected status.

Position Applied For: _____

How did you learn about us? Advertisement Friend Walk-In
 Internet Relative Other _____

PERSONAL DATA

LAST NAME	FIRST NAME	MIDDLE NAME
HOME PHONE	DAY PHONE	CELL PHONE OR PAGER
CURRENT ADDRESS (NUMBER & STREET)		
CITY	STATE	ZIP
DRIVERS LICENSE NUMBER / STATE	SOCIAL SECURITY NUMBER	

Applicants for non-civilian police position, Yes No
 are you 21 years of age or older?

Have you filed an application with us before? Yes No

If yes, give date_____

Have you ever been employed with us before? Yes No

If yes, give date_____

Are you a citizen of the United States of America? Yes No

Are you legally eligible for employment in the U.S? Yes No

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

Dates		Street Address	City	County	Zip Code
From	To				

THE FOLLOWING QUESTIONS APPLY TO ANY COURT OF LAW:

Have you been convicted of a felony? Yes No

If yes, explain:_____

Have you been convicted of a misdemeanor in the past five (5) years? Yes No

If yes, explain:_____

Have you ever been convicted of a sex offense? Yes No

If yes, explain:_____

Have you ever been convicted of violating any gun control law, carrying any concealed weapon or possession of dangerous ordinance? Yes No

If yes, explain: _____

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

If yes, explain: _____

Have you had driving privileges revoked or suspended? Yes No

If yes, explain: _____

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

Signature: _____ **Date:** _____

EDUCATION

Do you have (check one) College Degree <input type="checkbox"/> High School Diploma <input type="checkbox"/> G.E.D. <input type="checkbox"/>				
	Name & Address of School	Course of Study	Years Completed	Diploma, Degree or Certificate
High School				
College				
Graduate or Professional				
Ohio Police Officer Training Academy & Dates				
Other Specify				

Is your OPOTA certificate current? Yes No

Describe any specialized training, apprenticeship program, or skills that apply to the job you are applying for. Provide copies of certifications.

Please list any foreign languages you have working knowledge of, in the appropriate box.

	Fluent	Good	Fair
Speak			
Read			
Write			

MILITARY SERVICE RECORD

Branch: _____

Rank: _____

Date of Entry: _____

Date of Discharge: _____

Type of Discharge: _____

Submit copies of service records and DD214.

EMPLOYMENT HISTORY

Show employment history since 18 years of age.

Name of Employer:		
Address:		
City:	State:	Zip:
Phone: () -		
Start Date:	Leave Date:	
Beginning Salary:	Ending Salary:	
Job Title:		
Supervisor:		
Work Performed:		
Reason for Leaving:		

Name of Employer:		
Address:		
City:	State:	Zip:
Phone: () -		
Start Date:	Leave Date:	
Beginning Salary:	Ending Salary:	
Job Title:		
Supervisor:		
Work Performed:		
Reason for Leaving:		

Name of Employer:		
Address:		
City:	State:	Zip:
Phone: () -		
Start Date:	Leave Date:	
Beginning Salary:	Ending Salary:	
Job Title:		
Supervisor:		
Work Performed:		
Reason for Leaving:		

Name of Employer:		
Address:		
City:	State:	Zip:
Phone: () -		
Start Date:	Leave Date:	
Beginning Salary:	Ending Salary:	
Job Title:		
Supervisor:		
Work Performed:		
Reason for Leaving:		

Name of Employer:		
Address:		
City:	State:	Zip:
Phone: () -		
Start Date:	Leave Date:	
Beginning Salary:	Ending Salary:	
Job Title:		
Supervisor:		
Work Performed:		
Reason for Leaving:		

Name of Employer:		
Address:		
City:	State:	Zip:
Phone: () -		
Start Date:	Leave Date:	
Beginning Salary:	Ending Salary:	
Job Title:		
Supervisor:		
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: _____

REFERENCES

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

Name:	How long have you known:	
Address:		
City:	State:	Zip Code:
Home Phone Number:	Business Phone Number:	

Name:	How long have you known:	
Address:		
City:	State:	Zip Code:
Home Phone Number:	Business Phone Number:	

Name:	How long have you 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: _____

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POST JOB OFFER MEDICAL EXAMINATION AND DRUG SCREEN

The **APPLICANT** understands and acknowledges that the Newtown Police Department 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 of performing the offered job, the application process will be terminated and the job offer is 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 Newtown Police Department 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.

Signature of Applicant

Date

ACKNOWLEDGEMENT OF REQUIREMENTS

Please read each paragraph carefully and sign where indicated if you accept.

I understand and accept that the Newtown Police Department provides service seven days a week, 24 hours per day, and therefore, if employed, I may be required to work day shifts, evening shifts or night shifts, including weekends, and holidays.

Signature

Date

I understand and accept that a high degree of integrity and confidentiality are required for the position applied for. Therefore, I understand and accept that it will be necessary for the Newtown Police Department to investigate my background for any criminal or unlawful activity.

Signature

Date

I understand and accept that Newtown Police Department requires that I have active phone service upon hiring and during employment with the Newtown Police Department and therefore, if employed, I will abide by this requirement.

Signature

Date

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 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 Newtown Police Department and/or their 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.

Signature of Applicant

Date

PHYSICIAN CERTIFICATION FORM

I, _____, whose office is located at _____
am a physician licensed to practice medicine in the state of _____. I have
been informed by _____ that (s)he is an applicant for a position as
a Police Officer with the Village of Newtown Police Department. I have further been
informed that by choosing to take part in the application and evaluation process, (s)he
will be required, within the next thirty days from the date of this Physician Certification
Form, to perform certain tasks, including taking part in physical agility and physical
fitness tests, which the Village believes may present some risk of physical injury,
including death. Having personally examined the applicant on _____,
it is my opinion that absent any material change in circumstances of which I am not
aware, the applicant (Can or Cannot) safely perform the following functions which will
be part of the testing process to include the Cooper Standards.

Signature of Physician

Print Name of Physician

Date