************APPLICATION FOR EMPLOYMENT************

701 S. Miami Street, West Milton, Ohio 45383
937.698.2677

West Milton Police Division

The Men and Women of the West Milton Police Division are proudly dedicated to the following values:

ACCOUNTABILITY, INTEGRITY, SERVICE & RESPECT

Applicant Name: _____

Date: _____ **Application Number #** _____
(To be filled out by the West Milton Police Division)

Dear Applicant:

Thank you for your interest in becoming a member of the West Milton Police Division. You will find that we are "The Best of the Best".

****

The West Milton Police Division is an Equal Opportunity Employer. We consider applications for all positions with regard to race, color, national origin, sex, age, disability, marital status, religion or any other legally protected status.

Please note: The hiring process for this agency, especially sworn positions, is extensive and lengthy. It is not uncommon for the process to take several weeks from the time an application is submitted to the time a person may be asked to be interviewed, tested or considered for employment.

**********APPLICATION FOR EMPLOYMENT**********

701 S. Miami Street, West Milton, Ohio 45383
937.698.2677

Please mark in order of preference the position or positions you are applying for. Regardless of the position you are applying for; ***please*** ensure that you fill out the application completely. ***Incomplete applications will not be given further consideration.*** (**Minor omissions do not exclude applicants)**

Also, it is <u>required</u> that the application be signed and notarized prior to submitting it for consideration located on the last page. ***<u>Applicants that fail to have the application signed and notarized when submitted, will not be reviewed for any positions within the agency.</u>***

Hiring Process for a Police Officer position:

The minimum qualifications to be considered for a sworn position with this agency are as follows:

- Possess a valid OPOTA Peace Officer Certification at time of appointment
- 21 years of age
- U.S. Citizen
- Valid Ohio Operator's (Driver's) License
- High school diploma or equivalency
- Must be able to work an 80-hour biweekly schedule including weekends, evenings, nights and holidays on an assigned shift
- Must be available for on call work
- Successfully pass other screening tests as required prior to appointment, including a background check, psychological exam, medical exam, and CVSA / polygraph test.
- Eligibility list will be established based upon the oral interview score and content grading of application packet submitted. Up to 100 additional points will be assessed to the application packet submitted (based on qualifications, written letter, grammar, content of the letter).

**********APPLICATION FOR EMPLOYMENT**********

701 S. Miami Street, West Milton, Ohio 45383

937.698.2677

Personal Data

Last Name	First Name	Middle Name
Do you have valid Driver's License?	Social Security Number	Drivers License Number? / State of Issue
Home Phone with Area Code	Cell Phone with Area Code	E-Mail Address

Place of Birth:_____

Citizenship:
U.S. Citizen: Yes: ☐ No: ☐ If yes, By Birth? ☐ Naturalization? ☐ If no, Citizenship: _____

A. Present Address:_____
House / Apt Number / P.O. Box # City State Zip Code

B. Mailing Address, if different:_____
House / Apt Number / P.O. Box # City State Zip Code

If you are presently renting, please list the name and address of your landlord:
Name: _____ Phone Number: _____

Address: _____

List all other names you have used, including circumstances and time periods you used them.
(For example: maiden name, former names, etc.)

	Previous Name	Circumstances	Date From	Date To
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

Position Applying For:

_____ Police Officer

_____ Part-Time Police Officer

_____OPOTA Certificate

**********APPLICATION FOR EMPLOYMENT**********

701 S. Miami Street, West Milton, Ohio 45383

937.698.2677

Current Employment History

Current Employer Name_____ Phone #_____

Address_____ City _____ Zip_____

Start Date_____ Ending Date_____ Job Title_____

Supervisors Name:_____ Start Salary:_____ Ending Salary:_____

Work Performed_____

Were you disciplined, counseled, warned, discharged or asked to resign because of job performance or for violating the company rules? Yes: ☐ No: ☐

Explain:

_____

_____

_____

Current Employer Name_____ Phone #_____

Address_____ City _____ Zip_____

Start Date_____ Ending Date_____ Job Title_____

Supervisors Name:_____ Start Salary:_____ Ending Salary:_____

Work Performed_____

Were you disciplined, counseled, warned, discharged or asked to resign because of job performance or for violating the company rules? Yes: ☐ No: ☐

Explain:

_____

_____

_____

Past Employer Name_____ Phone #_____

Address_____ City _____ Zip_____

Start Date_____ Ending Date_____ Job Title_____

Supervisors Name:_____ Start Salary:_____ Ending Salary:_____

Work Performed_____

Were you disciplined, counseled, warned, discharged or asked to resign because of job performance or for violating the company rules? Yes: ☐ No: ☐

Explain:

_____

_____

_____

**********APPLICATION FOR EMPLOYMENT**********

701 S. Miami Street, West Milton, Ohio 45383
937.698.2677

Past Employment History

Past Employer Name_____ Phone #_____

Address_____ City _____ Zip_____

Start Date_____ Ending Date_____ Job Title_____

Supervisors Name: _____ Start Salary:_____ Ending Salary:_____

Work Performed_____

Were you disciplined, counseled, warned, discharged or asked to resign because of job performance or for violating the company rules? Yes: ☐ No: ☐

Explain:

_____

_____

_____

Past Employer Name_____ Phone #_____

Address_____ City _____ Zip_____

Start Date_____ Ending Date_____ Job Title_____

Supervisors Name: _____ Start Salary:_____ Ending Salary:_____

Work Performed_____

Were you disciplined, counseled, warned, discharged or asked to resign because of job performance or for violating the company rules? Yes: ☐ No: ☐

Explain:

_____

_____

_____

Past Employer Name_____ Phone #_____

Address_____ City _____ Zip_____

Start Date_____ Ending Date_____ Job Title_____

Supervisors Name: _____ Start Salary:_____ Ending Salary:_____

Work Performed_____

Were you disciplined, counseled, warned, discharged or asked to resign because of job performance or for violating the company rules? Yes: ☐ No: ☐

Explain:

_____

_____

_____

Have you ever been fired from employment for any reason? (If yes, list pertinent facts below) Yes: ☐ No: ☐

_____

Have you ever resigned (quit) after being informed that your employer intended to terminate you for any reason? Yes: ☐ No: ☐ Explain: _____

Have you ever resigned after being informed that your employer intended to take disciplinary action against you? Yes: ☐ No: ☐ Explain: _____

**********APPLICATION FOR EMPLOYMENT**********

701 S. Miami Street, West Milton, Ohio 45383

937.698.2677

Education / Training

High School Name / Address

Name: _____ Address: _____ Graduate: Yes: No:

College or University Name / Address

(College/University- must include name and address with zip code)

Name:_____ Address_____ Graduate Yes: ☐ No: ☐

Credit Hours Earned_____ Degree: _____

Date Started: _____ Date Completed: _____

Name:_____ Address_____ Graduate Yes: ☐ No: ☐

Credit Hours Earned_____ Degree: _____

Date Started: _____ Date Completed: _____

Name:_____ Address_____ Graduate Yes: ☐ No: ☐

Credit Hours Earned_____ Degree: _____

Date Started: _____ Date Completed: _____

Since the 9th grade, have you ever been suspended or expelled from any school or college for any academic or disciplinary reason? (If yes, give pertinent facts i.e. school, date, and type of action below) Yes: ☐ No: ☐

_____

_____

_____

Describe any special abilities, interest, and hobbies, including the degree of proficiency.

Please indicate if you have any special license, such as pilot, radio operator, E.M.T, Paramedic, and/or Firefighter:

Please describe your goals and why you have chosen the West Milton Police Division:

**********APPLICATION FOR EMPLOYMENT**********

701 S. Miami Street, West Milton, Ohio 45383
937.698.2677

References – Give at least three (3) professional references, not relatives, who are responsible adults of reputable standings in their communities, such as homeowners, business or professional persons, who have known you well during the past five (5) years and three (3) social acquaintances.

Professional References

(Supervisors and / or Co-Workers are acceptable)

Name:_____ Business Name:_____
Address:_____ Phone:_____

Name:_____ Business Name:_____
Address:_____ Phone:_____

Name:_____ Business Name:_____
Address:_____ Phone:_____

Social Reference / Acquaintances

Name: _____ Years Known:_____
Address: _____ Phone:_____

Name: _____ Years Known:_____
Address: _____ Phone:_____

Name: _____ Years Known:_____
Address: _____ Phone:_____

Residences – Beginning with your current address, list chronology all previous residences, including addresses you had while attending school or military assignment.

Dates:	Street Address	City	State

**********APPLICATION FOR EMPLOYMENT**********

701 S. Miami Street, West Milton, Ohio 45383

937.698.2677

Relatives – All applicants must give complete information concerning their relatives.

Father

Name: _____ Phone:_____

Address: _____ Deceased: _____

Occupation: _____ Place of Birth: _____

Mother

Name: _____ Phone:_____

Address: _____ Deceased: _____

Occupation: _____ Place of Birth: _____

If you were raised by someone other than your birth parents, give the following information:

Name: _____ Phone:_____

Address: _____ Deceased: _____

Occupation: _____ Place of Birth: _____

Brothers and Sisters

Gender	Name	Age	Full Address
_____	_____	____	_____
_____	_____	____	_____
_____	_____	____	_____
_____	_____	____	_____
_____	_____	____	_____
_____	_____	____	_____

Marital/Dependent Information- If you have been married more than once, give the requested information concerning each former husband and/or wife. Also include step-related persons.

Current Marital Status:

Married: ☐ Single: ☐ Divorced: ☐ Widowed: ☐ Separated: ☐

Marriage Data:

Dates of Marriages:	Place(s) of Marriage(s)
_____	_____
_____	_____

Spouse's Information

Name (include maiden name):_____ Phone #: _____

SSN: _____ Date of Birth: _____ Place of Birth: _____

Occupation: _____ Employer: _____

Address of Employer: _____

Employer's Phone Number: _____

Your Dependents:

Children and Dependents:

Gender	Name	Age	Full Address
_____	_____	____	_____
_____	_____	____	_____
_____	_____	____	_____
_____	_____	____	_____

**********APPLICATION FOR EMPLOYMENT**********

701 S. Miami Street, West Milton, Ohio 45383

937.698.2677

Are you receiving or responsible for paying any court ordered child support? Yes: ☐ No: ☐

To Whom Paid	***From Whom Received***	***Amount paid/received per month***
_____	_____	_____
_____	_____	_____

Financial Information

List all major outstanding debts (i.e. mortgages, vehicle loans, personal loans, credit cards)

Monthly Payment	***Present Balance***	***To Whom Owed (name & address)***
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you ever filed for bankruptcy? (If yes, explain below – year and type of bankruptcy) Yes: ☐ No: ☐

_____

_____

_____

Have you ever been in default resulting in repossession? (If yes, explain below) Yes: ☐ No: ☐

_____

_____

_____

Armed Forces Experience

Have you been registered with the selective service as required by law? Yes: ☐ No: ☐

Are you or have you ever been a member of a military service? Yes: ☐ No: ☐

Branch	**Primary Mos**	**Date Entered**	**Date Released**	**Officer/Enlisted**	**Service #**
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Are you or have you ever been a member of the military reserve? Yes: ☐ No: ☐

Branch	**Primary Mos**	**Date Entered**	**Date Released**	**Officer/Enlisted**	**Service #**
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

During your service, were you ever disciplined (i.e. were you ever court martialed [including article 15s] or did you ever appear before your commanding officer for disciplinary reason? (If yes, list pertinent facts below.) Yes: ☐ No: ☐

_____

_____

If you received other than an honorable discharge, please list the pertinent facts below:

_____

_____

Present selective service classification number: _____ Date of classification: _____

Have you ever been denied entrance to any of the armed forces? (If yes, please explain the basis of your denial)
Yes: ☐ No: ☐

_____

_____

**********APPLICATION FOR EMPLOYMENT**********

701 S. Miami Street, West Milton, Ohio 45383
937.698.2677

Have you ever been: (all incidents must be included even though they were dismissed or your forfeited collateral was returned. (Exclude any traffic violations.)

Charged by any law enforcement authority?	Yes: ☐	No: ☐
Convicted of any offense against the law?	Yes: ☐	No: ☐
Subjected to forfeiture of collateral in connection with an arrest?	Yes: ☐	No: ☐
Placed on probation?	Yes: ☐	No: ☐
Required to appear before a juvenile court for an act which would have been a crime if committed by an adult?	Yes: ☐	No: ☐

If yes to any of the above questions, list pertinent facts:

_____
_____
_____

Are you now or have you ever been involved as a plaintiff in any civil court action? Yes: ☐ No: ☐
If yes, explain:

_____
_____
_____

Have you ever been a party to any civil type of litigation? (Example: Small Claims, Divorce) Yes: ☐ No: ☐
If yes, provide the following information:

Date: _____/_____/_____ Court: _____
Parties Involved: _____
Nature of Action: _____
Final Disposition: _____

Date: _____/_____/_____ Court: _____
Parties Involved: _____
Nature of Action: _____
Final Disposition: _____

**********APPLICATION FOR EMPLOYMENT**********

701 S. Miami Street, West Milton, Ohio 45383
937.698.2677

Driving Record

Indicate below all traffic violations or citations that you have received. Include in your response (but do not limit to), such violations as: speed, reckless driving, changing lanes without caution, defective equipment, stop sign violations and red light violations.

Date	Violation	Location	Charging Police Agency
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Provide the information requested below on all driver's licenses which are now or have been issued to you from any state (even licenses that may now be expired or have been replaced by another issuing agency or state.):

Issuing State	License Number	Expiration Date	License Type
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Is your driver's license now or has it ever been:

Denied or refused?	Yes: ☐	No: ☐
Suspended?	Yes: ☐	No: ☐
Revoked?	Yes: ☐	No: ☐
Subjected to any other similar penalty or action?	Yes: ☐	No: ☐

If you answered yes to any of the above, explain below:

_____
_____

Are your vehicles license plates now or have they ever been:

Denied or refused?	Yes: ☐	No: ☐
Suspended?	Yes: ☐	No: ☐
Revoked?	Yes: ☐	No: ☐
Subjected to any other similar penalty or action?	Yes: ☐	No: ☐

If you answered yes to any of the above, explain below:

_____
_____

Do you have liability and property insurance on vehicles owned by you? Yes: ☐ No: ☐
Have you had your car insurance cancelled? Yes: ☐ No: ☐ Explain: _____

**********APPLICATION FOR EMPLOYMENT**********

701 S. Miami Street, West Milton, Ohio 45383
937.698.2677

Relevant Data

Describe how, with or without a reasonable accommodation, you will be able to perform the job related functions of the position you seek:

_____
_____
_____
_____

All applicants who are given a conditional offer of employment for the position of Police Officer will be required to submit to a physical examination by a medical doctor for purpose of ascertaining the ability of the applicant to perform the duties required for their position.

Do you now or have you in the past experimented with:

			Length of use	Last date used
Marijuana (in any form)?	Yes: ☐	No: ☐	_____	_____
Narcotics (of any kind)?	Yes: ☐	No: ☐	_____	_____
Cocaine?	Yes: ☐	No: ☐	_____	_____
Hallucinogens (LSD/PCP/MDA, etc.)	Yes: ☐	No: ☐	_____	_____
Dangerous Drugs (of any kind)?	Yes: ☐	No: ☐	_____	_____

Do you drink alcoholic beverages? Yes: ☐ No: ☐ If yes, what kind? _____

How many times in the last year have you ever consumed alcohol and operated a motor vehicle to the extent that your ability was impaired? _____

Do you smoke cigarettes or tobacco products? Yes: ☐ No: ☐

Do you have tattoos? Yes: ☐ No: ☐
If yes, where are they located on your person and what are they of?

_____
_____
_____

Do you now or have you ever had any gambling debts? Yes: ☐ No: ☐
If yes, explain:

_____
_____

Explain any answers from above:

**********APPLICATION FOR EMPLOYMENT**********

701 S. Miami Street, West Milton, Ohio 45383
937.698.2677

Organization Membership

1. Are you now, or have you ever been, a member of any foreign or domestic organization, association, movement, group, or combination of persons which is totalitarian, fascist, communist, or subversive, or which has adopted, or shows a policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the constitutional of the United States or the State of Ohio or which seeks to alter the form of government of the United States or the State of Ohio, by any unlawful or constitutional means?
Yes: ☐ No: ☐

If yes, explain:

2. Are you a member or have you ever been a member of any communist or subversive organization or any political party or organization which advocates the overthrow of our constitutional form of government in the United States, or do you have membership in, or any affiliation with any group, association or organization which advocates or lends support to any organization or movement advocating to overthrow our constitutional government in the United States? Yes: ☐ No: ☐

If yes, give the name of the organization and complete details below:

3. Have you ever participated in any demonstration, strike, picket line or delegation sponsored by any group or organization as a protest measure that was determined to be illegal? Yes: ☐ No: ☐

If yes, explain:

4. Do you belong to any organization and/or adhere to any belief which would in any way:

Limit or prohibit your use of weapons or firearms? Yes: ☐ No: ☐

Restrict you from conforming to departmental standards of appearance and/or grooming, which may from time to time be set? Yes: ☐ No: ☐

If yes, explain:

**********APPLICATION FOR EMPLOYMENT**********

701 S. Miami Street, West Milton, Ohio 45383
937.698.2677

Have you filed an application or are you awaiting the results of a filed application with any other police or law enforcement agency? Yes: ☐ No: ☐

Department	Position(s)	Accepted/Rejected	Reason for Rejection
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List all members of the West Milton Police Division with whom you are acquainted:

_____ / _____ / _____
_____ / _____ / _____
_____ / _____ / _____

Applicants Certification and Permission for Release of Information for a Background Investigation.

I hereby give my permission for authorized agents of the West Milton Police Division to conduct an investigation of my background that may include but is not limited to a polygraph(s), physical and/or psychological examination.

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

I understand that compliance with the West Milton Police Division Code of Professional Conduct is a condition of my employment.

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 I will be required to successfully pass a medical/drug screening examination including psychological examinations that I may be required to take.

I understand the following types of information will be collected: employment and educational histories: medical, military, insurance, credit and financial information, motor vehicle and law enforcement records: information about your abilities, family, character, lifestyle, and organization memberships, 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 of the persons or organizations referenced in this application to furnish information, personal or otherwise, regarding my ability and fitness for employment or appointment with the West Milton Police Division and I relieve all such parties from any and all liability for any damage that might result from furnishing such information to the West Milton Police Division. I also realize that any falsification may subject me to disqualification by the West Milton Police Division and/or prosecution under Ohio Revised Code Section 2921.13

_____
Signature of Applicant

_____
Print Name

Subscribed and sworn to me according to the law by the above named applicant on this _____ day of_____, 20_____.

_____
Notary Public