

LOCKLAND POLICE DEPARTMENT

APPLICATION FOR EMPLOYMENT



THE LOCKLAND POLICE DEPARTMENT IS AN EQUAL OPPORTUNITY EMPLOYER AND IS COMMITTED TO CREATING AND MAINTAINING A WORK ENVIRONMENT THAT IS FREE OF ALL FORMS OF DISCRIMINATORY HARASSMENT, INCLUDING SEXUAL HARASSMENT, OR RETALIATION.



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Application for Employment

Pre-Employment Questionnaire / An Equal Opportunity Employer

Date Submitted: _____

Please Write Responses (Do Not Type)

Name _____ Social Security # _____
Last First Middle

Present Address _____
Street City State Zip

Previous Address _____
Street City State Zip

Permanent Address _____
Street City State Zip

Home Phone _____ Cell Phone _____ Other Phone _____

Have you ever lived in another state? Yes ___ No ___ If Yes, Last Date Lived There _____

If Yes, last address _____
Street City State Zip

Are you 21 years of age at time of application? Yes ___ No ___

Are you prevented from being lawfully employed in this country because of visa or immigration status,

Yes ___ No ___

Position Applying for _____ Full Time ___ Part Time ___

Date you are able to start _____ Salary Desired _____

Are you employed now? Yes ___ No ___ May we enquirer with them? Yes ___ No ___

Have you applied with us in the past? Yes ___ No ___ If Yes, when? _____

How did you learn about this position? _____

EDUCATION

	Name and Address of School	Years Attended	Graduate?	Subject Studied
Grammar School				
High School				
College				
Trade or Other School				



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Are you currently OPOTA certified? Yes ____ No ____

If Yes, Academy Name and Graduation Date _____

Special Subjects Studied and/or Special Skills _____

Civic Activities, Athletics, etc. _____

US Armed Forces _____ Rank/Grade _____

Are you currently a member with any Reserve or Guard unit? Yes ____ No ____

If Yes, who and where? _____

If No, date when decommissioned? _____

EMPLOYMENT HISTORY

(Most Recent First)

DATE (MM/YYYY)	Name, Address, and Phone	Salary	Position	Reason for Leaving
From _____ To _____				
From _____ To _____				
From _____ To _____				
From _____ To _____				



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REFERENCES

(List three people that you have known for at least five years, except family)

Name	Address and Phone Number	Relation	Years Known

Are you currently or were you previously employed as a police officer with any local or federal agency?

Yes ___ No ___

If Yes, how long have you been employed? If Not currently employed, when was the last date you were employed? _____

Why did you leave your last police employment? _____

Have you ever been convicted of, or are you awaiting trial for any criminal offense?

(Excluding Minor Misdemeanor Traffic Offenses)

Yes ___ No ___

If Yes, explain _____

Have you ever had a license suspension or driving privileges revoked? Yes ___ No ___

If Yes, explain _____

Have you ever been, or are you now being, dismissed (fired) from any job, or resigned or been suspended, while charges against you for your, or an investigation of your, behavior was pending? Yes ___ No ___

If Yes explain _____



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I certify all of the information submitted by me on this application is true and complete, and in understand that if any false information, omissions, or misinterpretations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time.

In consideration of my employment, I agree to conform to the rules and regulations set forth by Lockland Police Department, and agree that my employment and compensation may be terminated with or without cause, and with or without notice at any time, at either my or the Lockland Police option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the Lockland Police. I understand that no representative of the Lockland Police, other than the Chief of Police, and then only when in writing and signed by the Chief of Police has any authority to enter into agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing.

Name _____
Print

Signature _____

Date _____



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Authorization of Release of Records

Dear Organization, Establishment, Institution, or Agency,

I hereby authorize any police officer or other authorized representative of the Lockland Police Department bearing this release, or copy of this thereof, within one (1) year of its date, to obtain any information in your files pertaining to my employment, military credit or educational records including, but not limited to, academic achievement, attendance, athletic, personal history, disciplinary records, medical records, criminal history records, banking debt, bank checking and saving, and credit records. 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 Lockland Police Department. Consent is granted for the Lockland Police Department 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 any school, collage, university, or other educational institution, hospital, or other repository of medical records, credit bureau, criminal history record, lending institution, consumer reporting agency, bank, or retail business establishment including its officers, employees, or 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. Should there be any questions as to the validation of this release you may contact me as indicated below.

Full Name _____
Print

Address _____ Phone # _____

Signature _____ Date _____

Sworn to and subscribed in my presence by _____
Signature Notary Public

this _____ day of _____, _____
Day Month Year

**Equal Employment Advisory Council
for Self-Identification of Race/Ethnicity**

INSTRUCTIONS

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM

Anti-Discrimination Notice. It is an unlawful employment practice for an employer to fail or refuse to hire or discharge any individual, or otherwise to discriminate against any individual with respect to that individual's terms and conditions of employment, because of such individual's race, color, religion, sex, or national origin.

This employer is subject to certain nondiscrimination and affirmative action recordkeeping and reporting requirements which require the employer to invite employees to voluntarily self-identify their race/ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable federal laws, executive orders, and regulations, including those which require the information to be summarized and reported to the Federal Government for civil rights enforcement purposes.

If you choose not to self-identify your race/ethnicity at this time, the federal government requires this employer to determine this information by visual survey and/or other available information.

For civil rights monitoring and enforcement purposes only, all race/ethnicity information will be collected and reported in the seven categories identified below. The definitions for each category have been established by the federal government. If you choose to voluntarily self-identify, you may mark only one of the boxes presented below.

INVITATION TO SELF-IDENTIFY

PLEASE ANSWER THE FOLLOWING QUESTION

What is your race/ethnicity? Please mark the **one box** that describes the race/ethnicity category with which you primarily identify.

- Hispanic or Latino:** a person of Cuban, Mexican, Chicano, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- White:** a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black or African American:** a person having origins in any of the black racial groups of Africa.
- Asian:** a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Native Hawaiian or Other Pacific Islander:** a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- American Indian or Alaska Native:** a person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Two or More Races:** a person who primarily identifies with two or more of the above race/ethnicity categories.