



WAYNESFIELD POLICE DEPT.
300 N. Westminster St.
P.O. Box 128
Waynesfield, OH 45896
Office: (419) 568-9080
Fax: (419) 568-9482



PART - TIME POLICE OFFICER APPLICATION

This application is to be completed only by the applicant in his or her own handwriting. Any applicant who fails to provide the required information or appropriate documentation may be disqualified. Any applicant who makes false or misleading statements will be disqualified.

WAYNESFIELD POLICE DEPARTMENT STANDARD FOR AGENCY RECRUITMENT AND HIRING

The goal of every Ohio law enforcement agency, including the Waynesfield Police Department, is to recruit and hire qualified individuals while providing equal employment opportunity. Ohio law enforcement agencies should consist of a diverse workforce. Communities with diverse populations should strive to have a diverse work force that reflects the citizens served.

Non-discrimination and equal employment opportunity is the policy. Law enforcement agencies shall provide equal terms and conditions of employment regardless of race, color, religion, sex, sexual orientation, gender identity, age, national origin, veteran status, military status, or disability. This applies to all terms or conditions associated with the employment process, including hiring, promotions, terminations, discipline, performance evaluations, and interviews.

Agencies should utilize due diligence in ensuring that their prospective employees have the proper temperament, knowledge and attitude to handle this very difficult job. Agencies should have appropriate mechanisms in place in order to achieve this mission. Further, agencies should ensure their employment requirements are related to the skills that are necessary to be a successful employee.

All applicants must provide the following documentation when submitting this application. Any documentation that is not included with the personal history package may result in disqualification of the application. Please review your application package thoroughly prior to submission to ensure that all required documents have been included. Once the package has been validated at the time of the submission, applicants will be required to provide a copy of the driver's license, which shall be attached to the application package.

The following must be provided with the application package (if applicable):

1. Copy of Birth Certificate
2. Copy of any high school diploma
3. Copy of any college diplomas
4. Copy of any G.E.D. diploma
5. Copy of any DD214 Military Discharge Form
6. All pertinent certifications/licenses applicable to the position.

Note: Once this application has been submitted, the police officer applicant may be subject to the following to determine suitability for the position:

1. Neighborhood Check
2. Educational Records Check
3. Credit Bureau Check
4. Criminal/Civil Records Check
5. Bureau of Motor Vehicles Check (including verification of insurance)
6. Medical Records Check
7. Comprehensive Background Investigation
8. Polygraph Examination
9. Psychological Examination
10. Medical Examination
11. Drug Screen
12. Physical Assessment Testing
13. Oral Interview

Name _____
Last _____ First _____ MI _____

Current Address _____

City _____ State _____ Zip _____

Telephone # _____ Date of Birth _____

Social Security # _____ Place of Birth _____

U.S. Citizen Yes No

LIST ALL PLACES OF RESIDENCE FOR THE LAST TEN (10) YEARS

1. Address _____

City _____ State _____ Zip _____

From _____ To _____

2. Address _____

City _____ State _____ Zip _____

From _____ To _____

3. Address _____

City _____ State _____ Zip _____

From _____ To _____

4. Address _____

City _____ State _____ Zip _____

From _____ To _____

5. Address _____

City _____ State _____ Zip _____

From _____ To _____

LIST ALL EMPLOYERS FOR THE LAST TEN (10) YEARS

1. From _____ Employer _____
To _____ Address _____
City _____
State _____ Zip _____
Telephone _____
Supervisor _____
Position/Title _____

Reason for Leaving _____

2. From _____ Employer _____
To _____ Address _____
City _____
State _____ Zip _____
Telephone _____
Supervisor _____
Position/Title _____

Reason for Leaving _____

3. From _____ Employer _____
To _____ Address _____
City _____
State _____ Zip _____
Telephone _____
Supervisor _____
Position/Title _____

Reason for Leaving _____

4. From _____ Employer _____
To _____ Address _____
City _____
State _____ Zip _____
Telephone _____
Supervisor _____
Position/Title _____

Reason for Leaving _____

UNITED STATES MILITARY SERVICE

Yes No Branch of Service _____

Rank _____ Specialty/M.O.S. _____

Station(s) _____

Discharge Type _____ Date of Discharge _____

EDUCATION

High School _____ City _____

State _____ Graduation Date _____ Course of Study _____

Vocational School _____ City _____

State _____ Graduation Date _____ Course of Study _____

College _____ City _____

State _____ Graduation Date _____ Course of Study _____

TRAFFIC RECORD

Operator License # _____

Issuing State _____

List all traffic offenses for the last five (5) years.

<u>Date</u>	<u>Location</u>	<u>Violation</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

CRIMINAL HISTORY

Have you been convicted of a criminal offense, excluding traffic violations? YES NO

<u>Date</u>	<u>Arresting Agency</u>	<u>Offense</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

MEDICAL INFORMATION

Are you currently undergoing any medical therapy or treatment? YES NO

Do you have any pre-existing physical or mental conditions? YES NO

Are you currently addicted to or being treated for substance abuse? YES NO

Are you currently being treated for alcohol abuse? YES NO

Are you now, or have you ever been a casual user of any illicit narcotics? YES NO

Please identify any medications you are taking which have been prescribed by a doctor.

REFERENCES

List the names and addresses of at least three (3) individuals who may be contacted regarding your character and personal history who are not family related.

1. Name _____

Address _____

City _____

State _____

Zip Code _____

Telephone # _____

Years Known _____

2. Name _____

Address _____

City _____

State _____

Zip Code _____

Telephone # _____

Years Known _____

3. Name _____

Address _____

City _____

State _____

Zip Code _____

Telephone # _____

Years Known _____

AUTHORIZATION FOR RELEASE OF INFORMATION AGREEMENT

TO WHOM IT MAY CONCERN: I am an applicant for a position with the **WAYNESFIELD POLICE DEPARTMENT**. The department needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I have applied. It is in the public's interest that all relevant information concerning my personal and employment history to be disclosed to the above department. I hereby authorize any representative of the **WAYNESFIELD POLICE DEPARTMENT** bearing this release to obtain any information in your files pertaining to my employment records and I hereby direct you to release such information upon request of the bearer. I do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the **WAYNESFIELD POLICE DEPARTMENT**, whether said records are of public, private, or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure. I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation that may provide pertinent data for the **WAYNESFIELD POLICE DEPARTMENT** to consider in determining my suitability for employment in that department. It is my specific intent to provide access to personnel information, however personal or confidential it may appear to be. I consent to your release of any and all public and private information that you may have concerning me, my work record, my background and reputation, my military service records, educational records, my financial status, my ratings, complaints or grievances filed by or against me, the records or recollections of attorneys at law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest, attendance records, polygraph examinations, and any internal affairs investigations and discipline, including any files which are deemed to be confidential and/or sealed. I hereby release you, as the custodian of such records, 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. I direct you to release such information upon request of the duly accredited representative of the **WAYNESFIELD POLICE DEPARTMENT** regardless of any agreement I may have made with you previously to the contrary. The law enforcement organization requesting the information pursuant to this release may discontinue processing my application if you refuse to disclose the information requested. For an in consideration of the **WAYNESFIELD POLICE DEPARTMENT** acceptance and processing of my application for employment, I agree to hold the **WAYNESFIELD POLICE DEPARTMENT**, its agents, and employees harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the **WAYNESFIELD POLICE DEPARTMENT**. I understand that should information of a serious criminal nature surface as a result of this investigation, such information may be turned over to the proper authorities. I understand my rights under Title 5, United State Code, Section 552a, the Privacy Act of 1974, with regard to access and to disclosure of records, and I waive those rights with the understanding that information furnished will be used by the **WAYNESFIELD POLICE DEPARTMENT** in conjunction with employment procedures. A photocopy or FAX copy of this release will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature. This waiver is valid for a period of two (2) years from the date of my signature. Should there be any questions as to the validity of this release, you may contact me at the address listed on this form. I agree to pay any and all charges or fees concerning this request and can be billed for such charges at the address listed on this form. I agree to indemnify and hold harmless the person whom this request is presented and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request.

Applicant Name _____ Current Address _____
City _____ State _____ Zip Code _____
Telephone # _____ Date of Birth _____ SSN: _____

STATE OF OHIO, _____ COUNTY, SS:

I, _____, do solemnly swear that the information provided in this application is true and correct and answered to the best of my ability.

Sworn to and subscribed in my presence this _____ day of _____ 20_____
Signature _____

(SEAL)

NOTARY PUBLIC – STATE OF OHIO