

POLICE OFFICER
EMPLOYMENT APPLICATION
(Please Print)

CITY OF SPRINGFIELD, OHIO
PERSONNEL DEPARTMENT
76 EAST HIGH STREET
SPRINGFIELD OHIO 45502

INSTRUCTIONS: Please fill out completely and **legibly**.
Return completed application to the Personnel Department.

<u>FOR OFFICE USE ONLY</u>		
DATE	_____	
TIME	_____	
INITIALS	_____	
Military:	Approved	Disapproved

MILITARY CREDIT CLAIM

If you claim military service credit, check the box to the right.

A copy of the Honorable Discharge or DD-214 specifying an Honorable Discharge must be **submitted with this application.**

1. Name
2. Social Security Number
3. Address
(Number & Street) (City) (State) Zip Code
4. Is any additional information relative to your name; such as names used in previous employment necessary to enable a check on your work record? If yes, please explain.
5. Phone number(s) where you may be reached: Cell Other
6. Email Address:
7. Are you a U.S. citizen? Yes No (If no, explain under Item #18)
8. Person(s) to be notified in an emergency:

(Number & Street)

(City, State)

(Zip Code)

9. List all previous addresses for the past five (5) years: (for additional space use Item #18)

(Number & Street) (City, State) (Zip Code) (From) (To)

(Number & Street) (City, State) (Zip Code) (From) (To)

(Number & Street) (City, State) (Zip Code) (From) (To)

(Number & Street) (City, State) (Zip Code) (From) (To)

10. Schools

Attended	Name & Address	Did you Graduate	Degree	Major Studies
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High School

Business/Trade

College

Other (Specify)

Special Qualifications (Include technical and professional licenses, academic, and professional awards, etc.)

Do you possess an Ohio State Police Officer Certificate? If yes, Certificate No.

*Please enclose a copy of your OPOTC Certificate.

11. a. Are you 21 years of age or older? If no, what is your date of birth / /

b. Do you have a valid Driver's License? If yes, what state?

Employer's Name

From

To

Address

Telephone No.

Type of Business

Name & Title of Supervisor

Your Job Title

Reason for Leaving

Briefly describe the nature and duties of your position

Attach additional information on prior employment positions held on a separate sheet.

13. May we contact your present employer?

Yes

No

14. Have you ever been fired or asked to resign from any position previously held? If yes, give details under Item #18.

Yes

No

15. Have you been previously employed by the City of Springfield?

Yes

No

If yes, when?

16. Personal References:

Do not list relatives.

Name:

Occupation:

Address:

Home Phone:

Business Phone:

Name:

Occupation:

Address:

Home Phone:

Business Phone:

Name:

Occupation:

Address:

Home Phone:

Business Phone:

17. How did you learn of this position?

18. Use this space to summarize any additional information to describe your full qualifications and for any explanation of answers to previous questions:

19. **BEFORE SIGNING, PLEASE CHECK THROUGH ENTIRE APPLICATION FOR ERRORS OR OMISSIONS.** All information will be subject to extensive background investigation.

I hereby certify that, to the best of my knowledge and belief, all statements made herein or attached are complete and accurate. I understand that any false statements later disclosed will cause loss of my right to examination, certification, appointment or retention of position and may subject me to prosecution under Ohio Revised Code Section 2921.13.

Further, I hereby authorize the City of Springfield to contact prior employers listed above to obtain any and all information related to my past work performances.

SIGNATURE

DATE

THE CITY OF SPRINGFIELD IS AN EQUAL OPPORTUNITY EMPLOYER

CITY OF SPRINGFIELD, OHIO EQUAL EMPLOYMENT OPPORTUNITY INFORMATION SHEET

Please submit this sheet with your employment application.

NAME:

DATE:

POSITION TITLE OF JOB DESIRED:

DIRECTIONS:

The Personnel Department requests that you supply the information below in order to assist our efforts in regard to equal employment opportunity. This information will in no way affect the processing of your application. This information sheet will be processed separately and will be used for statistical purposes only. It is gathered under the authority of Ohio Civil Rights Commission Rule 4112-5-04.

SEX:

MALE

FEMALE

RACE:

Caucasian

Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

African
American

Persons having origins in any of the black racial groups.

Hispanic or Latino

Persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

American Indian/
Alaskan Native

Persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

Asian / Pacific
Islanders

Persons having origins in any of the original peoples of the Far East, Southeast Asia, Indian Subcontinent, or the Pacific Islanders.

HOW DID YOU BECOME AWARE OF THIS POSITION?

Note: Please mark all that apply.

A) Online

If yes, which website?

B) Job Posting

If yes, where?

C) Personal Contact

If yes, give name.

D) Other

Please Explain

CITY OF SPRINGFIELD, OHIO

RELEASE OF INFORMATION

PERSONNEL DEPARTMENT
CITY OF SPRINGFIELD
76 EAST HIGH STREET
SPRINGFIELD OH 45502

As an applicant for a position with the City of Springfield, Ohio and a former applicant / employee with the entity to whom this form is addressed, I hereby give my permission to the custodian of records, or other individual so empowered, to release any and all information maintained by such entity of an investigative, employment, or pre-employment nature.

I hereby include as subjects of release, information which can be broadly attributed to the following: personal/general, financial, employment, military, educational, criminal and miscellaneous history information to the City of Springfield, Ohio. I understand that all information obtained will be used for the purpose of considering my employment with the City.

Printed Name

Signature

Social Security Number

Date

**CONSENT FOR EMPLOYMENT
CREDIT REPORT**

I, _____, currently residing at

(Street Address) (City) (State) (Zip)

Desiring to obtain employment with the Springfield, Ohio Police Department, do hereby consent to and authorize the Springfield Police Department and/or representatives of the Springfield Police Department, to obtain an Employment Credit Report to be used to employment purposes.

I understand that the Springfield Police Department, in using a consumer report for employment purposes and before taking any adverse action based in whole or in part on the report, will notify me and will provide me with the following:

- A. A copy of the report; and
- B. A description in writing of the rights of the consumer under the Act, (“Summary of Consumer Rights”).

Witness

Applicant’s Signature

Date

Social Security Number

Date