



EMPLOYMENT APPLICATION

Deer Park Police Department

7777 Blue Ash Road

Deer Park, OH 45236

513-791-8056

An Equal Opportunity Employer

PLEASE PRINT CLEARLY

DATE OF APPLICATION: _____

PERSONAL INFORMATION:

Last Name		First Name		Middle Initial	Cell Phone Number
Present Street Address		City	State	County	Zip Code
How Long Have You Lived At Your Present Address: Years: _____ Months: ____				Email Address:	
Are You a Citizen of the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are You Legally Eligible For Employment in the U.S.?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you age 21 or over?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Social Security Number:					
Position Applying For:					
Are there any other experiences, skills or qualifications which will be of special benefit in the position for which you are applying? (Do not list information that Federal and/or State law precludes obtaining in the pre-employment stage.)					

EDUCATION:

Type of School	Name and Address of School	Specify Last Grade Completed	Course of Study		Specify Diploma or Degree
			Major	Minor	
Elementary					
High School					
College(s)					
Law Enforcement					
Are you now continuing your education? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, please indicate how:					
Scholastic Honors and/or Scholarships Received:					

EMPLOYMENT HISTORY:

Please list all employment, starting with present or most recent employer.

Account for all periods, including all unemployment or time not spent in school or military service.

1	Name and Address of Employer		<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Seasonal
Type of Business		Phone Number	Supervisor's Name and Title
Final Salary:	<input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month	Annual Income:	Job Title:
\$ _____			
Employment Dates: From Month/Year _____ To Month/Year _____		Reason for Leaving:	
Describe Major Duties:			

2	Name and Address of Employer		<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Seasonal
Type of Business		Phone Number	Supervisor's Name and Title
Final Salary:	<input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month	Annual Income:	Job Title:
\$ _____			
Employment Dates: From Month/Year _____ To Month/Year _____		Reason for Leaving:	
Describe Major Duties:			

3	Name and Address of Employer		<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Seasonal
Type of Business		Phone Number	Supervisor's Name and Title
Final Salary:	<input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month	Annual Income:	Job Title:
\$ _____			
Employment Dates: From Month/Year _____ To Month/Year _____		Reason for Leaving:	
Describe Major Duties:			

4	Name and Address of Employer		<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Seasonal
	Type of Business	Phone Number	Supervisor's Name and Title
Final Salary: <input type="checkbox"/> Hour <input type="checkbox"/> Week \$ _____ <input type="checkbox"/> Month		Annual Income:	Job Title:
Employment Dates: From Month/Year _____ To Month/Year _____		Reason for Leaving:	
Describe Major Duties:			

5	Name and Address of Employer		<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Seasonal
	Type of Business	Phone Number	Supervisor's Name and Title
Final Salary: <input type="checkbox"/> Hour <input type="checkbox"/> Week \$ _____ <input type="checkbox"/> Month		Annual Income:	Job Title:
Employment Dates: From Month/Year _____ To Month/Year _____		Reason for Leaving:	
Describe Major Duties:			

6	Name and Address of Employer		<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Seasonal
	Type of Business	Phone Number	Supervisor's Name and Title
Final Salary: <input type="checkbox"/> Hour <input type="checkbox"/> Week \$ _____ <input type="checkbox"/> Month		Annual Income:	Job Title:
Employment Dates: From Month/Year _____ To Month/Year _____		Reason for Leaving:	
Describe Major Duties:			

I hereby give permission to contact the employers listed above concerning my prior work experience.

Signature _____ Printed Name _____ Date _____

If there is a particular employer you do not wish us to contact, please list here: _____

DRIVERS LICENSE INFORMATION: (For applicants applying for a position which involves driving)

License Number:	Issuing State:	Expiration Date:
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TRAFFIC AND CRIMINAL HISTORY:

Month / Year	Charge	City and State	Disposition

PREVIOUS ADDRESSES:

Starting with your present address, list all addresses you have lived at for the past ten (10) years, including addresses in the military.

Dates From To		Street Address	City, State, Zip	County

MILITARY SERVICE:

Have you served in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No	Branch of Service:
Date Entered:	Date Discharged:
Rank:	Present Draft Status:
Duties and Special Training in Service:	

REFERENCES: (Excluding relatives)

Name	Occupation	Complete Address	Years Known

The applicant understands that an extensive background investigation may be conducted. In addition, the applicant may be requested to undergo polygraph, physical and psychological examinations. The applicant understands and acknowledges that as part of the pre-employment physical examination, a drug screen will be required. The applicant hereby consents to such testing.

_____ Applicant Signature	_____ Applicant Printed Name	_____ Date
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The facts set forth in my application for employment are true and complete. I understand that if employed, any false statement on this application may result in my dismissal. I further understand that this application is not and is not intended to be a contract of employment, nor does this application obligate the employer in any way if the employer decides to employ me. I understand and agree that my employment is at0-will and can be terminated by either party with or without notice at any time and/or for any reason.

_____ Applicant Signature	_____ Applicant Printed Name	_____ Date
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I, _____, do hereby authorize the Veterans Administration, U.S. Navy, U.S. Army, U.S. Air Force, U.S. Marine Corps, U.S. Coast Guard, U.S. National Guard, medical doctors, insurance companies, Federal and State Tax Bureaus, and credit bureaus, to furnish the Deer Park Police Department with any and all available information regarding me, in order that they may determine my suitability for police work.

_____ Applicant Signature	_____ Applicant Printed Name	_____ Date
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