

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

1. Copy of a valid, non-suspended, non-expired, non-conditional, non-revoked driver's license.
2. Copy of Certification of Completion of an Ohio Peace Officer Training Academy.

Minimum Requirements to be considered for appointment of The Braceville Township Police Department.

1. Must be a minimum of twenty (21) years of age at the time of application.
2. Must be a High School graduate or have a G.E.D.
3. Must be a citizen of the United State of American prior to the date making the application.
4. Must have and maintain a valid, non-suspended, non-expired, non-conditional, non-revoked driver's license.
5. Must keep the Police Department informed of address and telephone information changes if you want to remain on the list for appointment.
6. Must be able to perform the essential functions of the job of patrol officer in a safe manner with or without reasonable accommodation.
7. Must not have been found guilty of a felony in any court, which has not been annulled, expunged, or sealed by a court, and no convictions of domestic violence or other similar offenses.
8. Subject to background investigation including but not limited to the use of a polygraph and /or CVSA.
9. Subject to mandatory and/or random drug screening.



BRACEVILLE TOWNSHIP POLICE DEPARTMENT

780 BRACEVILLE-ROBINSON ROAD NEWTON FALLS OHIO 44444

PHONE (330) 872-1136 FAX (330) 872-1159



The Township of Braceville is an equal opportunity employer. All applicants are considered without regard to race, color, religion, sex, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

INSTRUCTIONS

This personal history questionnaire is intended for the use of the Braceville Township Police Department personnel administration section. You must be truthful and complete in your answers requested on this form unless otherwise specified. All information contained herein will be subject to verification, i.e., source of documentation, polygraph, and screening procedure. Information contained herein will be considered to be strictly confidential. The confidentiality of this document will be protected within the bounds of the law.

The answers to questions contained in this questionnaire must be printed, in your own hand, legibly in black in only. Each individual question must be answered. There can be no blanks. If a question does not apply to our particular circumstance, insert "n/a" in that blank. When answering questions that require dates, insert the full date; partial month-year response is unacceptable.

Personal Information			
Last Name	First Name	Middle Name	D.O.B.
Street Address		City	State Zip Code
Are you 21 or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security Number		Driver License Number & State
Home Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____ E-mail: _____	Are you a United States Citizen or legally eligible to work in the U. S.? _____ Yes _____ No (if hired, you will be required to provide documentation that you are eligible to work in the U.S.)		
Title of Position Applying For	Date Available to Start	Day(s) Available to Work CHECK ALL THAT APPLY <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun	
Have you been previously interviewed or employed by the Braceville Township Police Department? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list date(s) and job title(s):			
Do you have any relatives currently working for Braceville Township? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list name(s) and relationship to you:			
Are you employed now?	Where?	If so, may we contact your present employer?	

Education				
Name	Location CITY & STATE	# Years Completed	Major Area of Study	Degree/Diploma
HIGH SCHOOL				
COLLEGE				
GRADUATE SCHOOL				
TECHNICAL OR CERTIFICATE PROGRAM				

Employment History Please provide the following information for your previous/current employers, beginning with the most recent. Provide at least ten years of history and all police departments you were employed by. Attach separate pages if necessary.

Employer:	Dates Employed: From _____ To _____	Job Title: Supervisor:
Address:		
Telephone:	Job Duties:	
Weekly Pay Start: Finish:		
Reason for Leaving:		

Employer:	Dates Employed: From _____ To _____	Job Title: Supervisor:
Address:		
Telephone:	Job Duties:	
Weekly Pay Start: Finish:		
Reason for Leaving:		

Employer:	Dates Employed: From _____ To _____	Job Title: Supervisor:
Address:		
Telephone:	Job Duties:	
Weekly Pay Start: Finish:		
Reason for Leaving:		

Employer:	Dates Employed: From _____ To _____	Job Title: Supervisor:
Address:		
Telephone:	Job Duties:	
Weekly Pay Start: Finish:		
Reason for Leaving:		

Employer:	Dates Employed: From _____ To _____	Job Title: Supervisor:
Address:		
Telephone:	Job Duties:	
Weekly Pay Start: Finish:		
Reason for Leaving:		

Employer:	Dates Employed: From _____ To _____	Job Title: Supervisor:
Address:		
Telephone:	Job Duties:	
Weekly Pay Start: Finish:		
Reason for Leaving:		

Employer:	Dates Employed: From _____ To _____	Job Title: Supervisor:
Address:		
Telephone:	Job Duties:	
Weekly Pay Start: Finish:		
Reason for Leaving:		

Employer:	Dates Employed: From _____ To _____	Job Title: Supervisor:
Address:		
Telephone:	Job Duties:	
Weekly Pay Start: Finish:		
Reason for Leaving:		

Employer:	Dates Employed: From _____ To _____	Job Title: Supervisor:
Address:		
Telephone:	Job Duties:	
Weekly Pay Start: Finish:		
Reason for Leaving:		

Employer:	Dates Employed: From _____ To _____	Job Title: Supervisor:
Address:		
Telephone:	Job Duties:	
Weekly Pay Start: Finish:		
Reason for Leaving:		

Employer:	Dates Employed: From _____ To _____	Job Title: Supervisor:
Address:		
Telephone:	Job Duties:	
Weekly Pay Start: Finish:		
Reason for Leaving:		

For the following questions, please attach a separate paper if necessary.

1) Describe your qualifications for the type of employment you are seeking.

2) Please list any special awards, honors, scholarships, or offices held.

3) Have you ever committed any crimes for which you were not caught.

4) Have you ever been fired, asked to resign, or forced to leave a job? Yes No
(If yes, please explain.)

5) Have you ever been arrested **OR** convicted of any crime, ordinance violation or have you received an infraction, summons, ticket or citation for criminal activity and or a traffic violation or have been or are you now a defendant in any civil case? Yes No
(If yes, please explain)

6) Have you ever used marijuana, cocaine, or any other illegal/illicit substance that was not prescribed to you? Yes No
(If yes, please explain and include your first and last time, and how many times used.)

- 7) Have you ever used marijuana, cocaine, or any other illegal/illicit substance that was not prescribed to you?
 Yes No
(If yes, please explain and include your first and last time, and how many times used.)

Is there anything in your past or present, not specifically asked for in this application, which, if became known, would embarrass you or the Braceville Township Police Department, which would cause you to be compromised in the discharge of your duties? (Examples: a family member convicted of a crime, relationships with persons of questionable character, excessive gambling, alcoholism, etc.) Unless it is directly related to your ability to do police work, your answer to this question will not affect your application. You are being asked to fully apprise the department of your background to prevent the possibility of being compromised in the future.

- Yes No

(If yes, please explain.)

References		Please list three (3) professional references and two (2) previous supervisors who can comment directly on your abilities.		
Name <small>FIRST, LAST</small>	Address <small>CITY & STATE</small>	Phone #	Relationship & Occupation	Years Known
1)				
2)				
3)				
4)				
5)				

Family Members Please list your parents and siblings and close relatives

Name <small>FIRST, MI, LAST</small>	Address <small>CITY & STATE</small>	Phone #	Relationship

Social Media Please list your social media accounts

Account Name <small>i.e., Facebook, Instagram, TikTok, YouTube, etc.</small>	User Name	Private? Yes or No

NOTICE OF REQUEST TO SUBMIT TO DRUG TESTING AND MEDICAL SCREENING

I, _____, hereby acknowledge and understand that at some point during the application process, I will be required to submit to drug testing and medical screening as required by the Braceville Township Police Department. I further acknowledge and understand that I will be required to pass such drug test, or tests, in order to qualify for continued employment with the Braceville Township Police Department.

SIGNATURE: _____

DATE: _____



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WAIVER FOR RELEASE OF INFORMATION

In order to expedite the hiring process, we request that you voluntarily sign the release below. Records will be procured before an offer of employment is made.

I, _____, hereby authorize the release of information to the Braceville Township Police Department, for the purpose of conducting a pre-employment background investigation, such information may include, but is not limited to, any and all record pertaining to physical and mental health, academics, employment, military service, criminal history, financial status, character, and reputation.

I hereby give my permission and waive all provisions of law forbidding any physician or other person who has attended me or any other school official, court, police agency, credit bureau, firm or person, from disclosing any knowledge or information they have concerning me, which is requested or desired by the Braceville Township Police Department. I further consent that the chief of police or their representative is provided with a copy of any such record concerning me which they desire.

I hereby give my consent to the Braceville Township Police Department to treat, at it's discretion, certain sources as confidential and it's right to withhold from me, or my agent, the names of such confidential sources, and information obtained therefrom.

Signature of Applicant

Date

STATE OF OHIO
COUNTY OF _____

The foregoing instrument was acknowledged before me on _____ by _____
(date)

(Name of person acknowledged).

Notary Public Signature

Affix seal/stamp here

Printed Name: _____

My Commission Expires: _____