



Gibsonburg Police Department

214 W. Madison St. Gibsonburg, OH 43431

419-637-2143 Fax 419-637-2275



POLICE OFFICER EMPLOYMENT APPLICATION PACKET

Completion of the Police Officer Employment Application Packet is the first step in the employment process. The information on these forms will be used to judge your qualifications for the position of police officer. Read all of the questions carefully and answer all questions completely and honestly.

You must complete this application packet. Type or print the forms using a ball point pen. Do not leave any blank spaces. If a question does not apply, write "DNA" in the answer space. All information in this application is subject to verification. Any false, misleading, or incomplete information will result in your application being eliminated from consideration.

This packet contains the following forms:

- Police Officer Employment Application
- Waiver of Liability and Release Form

Return the entire packet to the address below or via email:

Gibsonburg Police Department
214 W. Madison St.
Gibsonburg, OH 43431
d.karr@gibsonburgohio.org

Office Use Only: Date received _____

Gibsonburg Police Department

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Gibsonburg, OH 43431

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POLICE OFFICER EMPLOYMENT APPLICATION

Instructions

You must complete this application. It may be printed in ink or typed. Your ability to completely and honestly complete this application is part of the process to determine your suitability for employment. If you intentionally leave out any information that might be detrimental to obtaining a job, it will automatically eliminate you from consideration for employment. Once submitted, this application becomes the property of the Village of Gibsonburg.

Basic Personal Information

Name: _____
Last First Middle

Please list any other names that you have used: _____

Home Address: _____
Street City State Zip

Social Security Number: _____ E-mail address: _____

Telephone: _____
Home Number Daytime Number Cell Number

Driver's License: _____
Number State Type

Place of Birth: _____
City State Country

Eligibility

Are you at least 21 years of age? _____ Yes _____ No

Do you have a legal right to work in the United States? _____ U.S. Citizen

Are you a certified peace officer in the State of Ohio? _____ Yes _____ No

If yes, where and when did you obtain your certification? _____
Training Academy or Department

_____ Address City State Zip Date

Has your Ohio peace officer certification ever been suspended? Yes No

If yes, explain the circumstances on a separate sheet.

Are you a commissioned/licensed peace officer in another state of the U.S.? Yes No

If yes, in which state did you receive your commission/license? _____

If yes, when and where did you obtain your license? _____
Training Academy or Department

Address *City* *State* *Zip* *Date*

Have you applied for a position with the Village of Gibsonburg before? Yes No

If yes, when and previous position(s) applied for: _____

Military Service

Please make copies of all applicable service records including any discharge papers and attach to this application.

Branch: _____ Serial Number: _____

Date of Service: _____ to _____ Reserve Status: _____

Type of discharge: _____ If no honorable, explain: _____

Grade and duty assignment at discharge / separation: _____

Are you a member of the Reserves or National Guard? Yes No

If yes, give unit, location, grade, and duty assignment: _____
Unit

Location *Grade* *Duty Assignment*

Education

Please complete the information that applies and attach copies of your diplomas or copies of your course schedule and grades to the application.

School Name	Address Phone Number	Graduate Yes / No Dates Enrolled	Course of Study / Major
High School			
College / Univ.			
Graduate School			
Other			

Specialized Skills and Training

Do you speak another language other than English? ___ Yes ___ No Fluent? ___ Yes ___ No

If yes, please list:

Briefly list any computer skills you have. If you have copies of any certificates for computer training you have received, please attach them to the application:

Please list any social internet sites that you have an active or past account with:

Briefly list any training or skills, including firearms, that would be of assistance in the job you are applying for. If you have any copies of certificates for any training, please attach them to the application:

Personal History

1. Do you know of any reason that you could not pass a background check? Yes No
2. Have you ever been fired or asked to resign from a job? Yes No
3. Have you ever received disciplinary action from an employer? Yes No
4. Have you ever stolen from an employer? Yes No
5. Have you ever committed a crime for which you were not arrested? Yes No
6. Have you ever assisted someone in committing a crime? Yes No
7. Have you ever falsified a police report? Yes No
8. Have you ever accepted money not to report a crime? Yes No
9. Has any driver's license issued to you ever been suspended or revoked? Yes No
10. Have you ever used, sold, or otherwise handled in an illegal manner any controlled substance? Yes No

If you answered yes to any of the questions listed above, please write a brief explanation for that question on a separate sheet. List the question by number. If you are interviewed, you will be asked about any "yes" answers. Any "yes" answers will be closely examined during a background check. A "yes" answer does not automatically eliminate you from consideration for employment. **Your omission of these facts will automatically eliminate you from consideration.**

Traffic, Civil Court, and Criminal Record

Please list your history of any traffic citations, any civil court actions in which you were or are a defendant, any arrests, convictions, and court actions. If additional space is needed, list on a separate sheet.

Type of case	Jurisdiction	City, State
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____

Financial Status

Have you ever declared bankruptcy? _____ Yes _____ No

If yes, give date and circumstances: _____

Employment History

Notice: Start with your current job, if employed, and list your past employment in reverse order. Include all employment from high school to the present. Account for any time that you were unemployed by stating the nature of your activities. If additional space is needed, list on a separate sheet.

Company: _____ Position: _____ FT PT

Address: _____ City: _____ State: _____ ZIP: _____

Dates from _____ to _____

Supervisor's Name: _____ Telephone No.: _____

Job Duties: _____

Reason for leaving: _____

Company: _____ Position: _____ FT PT

Address: _____ City: _____ State: _____ ZIP: _____

Dates from _____ to _____

Supervisor's Name: _____ Telephone No.: _____

Job Duties: _____

Reason for leaving: _____

Company: _____ Position: _____ FT PT

Address: _____ City: _____ State: _____ ZIP: _____

Dates from _____ to _____

Supervisor's Name: _____ Telephone No.: _____

Job Duties: _____

Reason for leaving: _____

Company: _____ Position: _____ FT PT

Address: _____ City: _____ State: _____ ZIP: _____

Dates from _____ to _____

Supervisor's Name: _____ Telephone No.: _____

Job Duties: _____

Reason for leaving: _____

Company: _____ Position: _____ FT PT

Address: _____ City: _____ State: _____ ZIP: _____

Dates from _____ to _____

Supervisor's Name: _____ Telephone No.: _____

Job Duties: _____

Reason for leaving: _____

Residences

List all residences where you have lived during the past five years. Begin with your present address and work backwards. List the complete address including street number, street name, city, state, and zip code. If additional space is needed, list on a separate sheet.

ADDRESS	CITY	STATE	ZIP CODE	DATES

Personal References

List three personal references that are not related to you. Do not use former or current employers. Be sure to include all of the information requested.

NAME	ADDRESS, CITY STATE, ZIP CODE	AREA CODE & PHONE NUMBER

Professional References



Gibsonburg Police Department

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WAIVER OF LIABILITY AND RELEASE FORM

In consideration of the Gibsonburg Police Department and the Village of Gibsonburg, Ohio, hereinafter referred to as the Agency, processing my application for employment, I, _____ hereby irrevocably agree to the following terms and conditions: *Full Name (typed or printed)*

1. The term "background investigation" as used in this document refers to any and all information and sources of information that the Agency, in its sole discretion, may deem necessary to obtain or contact, to determine my fitness as a candidate for employment with the Agency.
2. I hereby release from liability and promise to hold harmless under any and all possible causes of legal action any officer, agent, or employee of the Agency who may conduct my background investigation.
3. I hereby release from liability and promise to hold harmless under any and all possible causes of legal action, any and all person and entities who shall furnish any information or opinions to the officers, agents, or employees of the Agency who conduct my background investigation.
4. I authorize any person or entity contacted by the Agency's officers, agents, or employees during the course of my background investigation, to furnish such officer, agents, or employees any information or opinions they may have, and hereby expressly waive any and all legal privileges, the clergyman – penitent privilege, the husband – wife privilege, and the accountant – client privilege.
5. I hereby release from liability and promise to hold harmless, under any and all possible causes of legal action, the political subdivision, the Agency or any of its officers, agents or employees for any statements, acts or omissions in the course of my background check.
6. I expressly waive all of my legal rights and causes of actions to the extent that the Agency background check may violate or infringe upon these legal rights and causes of action.

DO NOT SIGN BEFORE READING

This release from liability given by me to the political division, the Agency, its officers, agents and employees, and all others as mentioned above, shall apply to my right of action of any nature whatsoever that might accrue to myself, my heirs, or my personal representative.

Date: _____ Signature of Applicant: _____

Date of birth: _____ SSN: _____

Driver's License Number and State: _____

Date: _____ Witnessed by: _____