



# EMPLOYMENT APPLICATION

Deer Park Police Department  
 7777 Blue Ash Road  
 Cincinnati, Ohio 45236  
 (513) 791-8056  
*An Equal Opportunity Employer*

(PLEASE PRINT CLEARLY)

TODAY'S DATE \_\_\_\_\_

<b>P E R S O N A L</b>	NAME		LAST	FIRST	MIDDLE INITIAL		
	PRESENT ADDRESS		CITY	STATE	COUNTY	ZIP CODE	
	HOW LONG HAVE YOU LIVED AT YOUR PRESENT ADDRESS?		YRS. _____ MOS. _____		HOME PHONE NUMBER	ALTERNATE PHONE NUMBER	
	ARE YOU A CITIZEN OF THE U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	ARE YOU 21 OR OVER?
		YES <input type="checkbox"/>	NO <input type="checkbox"/>		YES <input type="checkbox"/>	NO <input type="checkbox"/>	SOCIAL SECURITY NUMBER
	POSITION APPLYING FOR						
ARE THERE ANY OTHER EXPERIENCES, SKILLS, OR QUALIFICATIONS WHICH WILL BE OF SPECIAL BENEFIT IN THE JOB FOR WHICH YOU ARE APPLYING? (APPLICANT SHOULD NOT LIST INFORMATION THAT FEDERAL AND/OR STATE LAW PRECLUDES OBTAINING IN THE PRE-EMPLOYMENT STAGE.) _____							

<b>E D U C A T I O N</b>	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					
LAW ENFORCEMENT OR OTHER (SPECIFY)						
ARE YOU NOW CONTINUING YOUR EDUCATION? YES <input type="checkbox"/> PLEASE INDICATE HOW NO <input type="checkbox"/>						
SCHOLASTIC HONORS OR SCHOLARSHIPS RECEIVED _____						

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.

EMPLOYMENT HISTORY

<b>1</b>	NAME AND ADDRESS OF EMPLOYER			<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> SUMMER
TYPE OF BUSINESS		PHONE NUMBER	SUPERVISOR'S NAME AND TITLE	
\$	<input type="checkbox"/> HOUR <input type="checkbox"/> WEEK <input type="checkbox"/> MONTH	ANNUAL INCOME	JOB TITLE	
MO.	YR.	MO.	YR.	REASON FOR LEAVING
	FROM		TO	
DESCRIBE MAJOR DUTIES				

<b>2</b>	NAME AND ADDRESS OF EMPLOYER			<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> SUMMER
TYPE OF BUSINESS		PHONE NUMBER	SUPERVISOR'S NAME AND TITLE	
\$	<input type="checkbox"/> HOUR <input type="checkbox"/> WEEK <input type="checkbox"/> MONTH	ANNUAL INCOME	JOB TITLE	
MO.	YR.	MO.	YR.	REASON FOR LEAVING
	FROM		TO	
DESCRIBE MAJOR DUTIES				

<b>3</b>	NAME AND ADDRESS OF EMPLOYER			<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> SUMMER
TYPE OF BUSINESS		PHONE NUMBER	SUPERVISOR'S NAME AND TITLE	
\$	<input type="checkbox"/> HOUR <input type="checkbox"/> WEEK <input type="checkbox"/> MONTH	ANNUAL INCOME	JOB TITLE	
MO.	YR.	MO.	YR.	REASON FOR LEAVING
	FROM		TO	
DESCRIBE MAJOR DUTIES				

<b>4</b>	NAME AND ADDRESS OF EMPLOYER			<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> SUMMER
TYPE OF BUSINESS		PHONE NUMBER	SUPERVISOR'S NAME AND TITLE	
\$	<input type="checkbox"/> HOUR <input type="checkbox"/> WEEK <input type="checkbox"/> MONTH	ANNUAL INCOME	JOB TITLE	
MO.	YR.	MO.	YR.	REASON FOR LEAVING
	FROM		TO	
DESCRIBE MAJOR DUTIES				

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.

EMPLOYMENT HISTORY

<b>5</b> NAME AND ADDRESS OF EMPLOYER				<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> SUMMER	
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	
MO. _____ FROM	YR. _____	MO. _____	YR. _____ TO	REASON FOR LEAVING	
DESCRIBE MAJOR DUTIES					
_____					
_____					

<b>6</b> NAME AND ADDRESS OF EMPLOYER				<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> SUMMER	
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	
MO. _____ FROM	YR. _____	MO. _____	YR. _____ TO	REASON FOR LEAVING	
DESCRIBE MAJOR DUTIES					
_____					
_____					

<b>7</b> NAME AND ADDRESS OF EMPLOYER				<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> SUMMER	
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	
MO. _____ FROM	YR. _____	MO. _____	YR. _____ TO	REASON FOR LEAVING	
DESCRIBE MAJOR DUTIES					
_____					
_____					

<b>8</b> NAME AND ADDRESS OF EMPLOYER				<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> SUMMER	
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	
MO. _____ FROM	YR. _____	MO. _____	YR. _____ TO	REASON FOR LEAVING	
DESCRIBE MAJOR DUTIES					
_____					
_____					

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

Signed \_\_\_\_\_

If there is a particular employer(s) you do not wish us to contact, please indicate which one(s). \_\_\_\_\_

T R A F F I C & C R I M I N A L H I S T O R Y	MONTH/YEAR	CHARGE	CITY OR STATE	DISPOSITION

STARTING WITH YOUR PRESENT ADDRESS, LIST ALL ADDRESSES YOU HAVE LIVED FOR THE PAST TEN (10) YEARS, INCLUDE YOUR ADDRESSES IN THE MILITARY SERVICE

P R E V I O U S A D D R E S S E S	DATES		STREET ADDRESS	CITY	COUNTY	STATE
	FROM	TO				

M I L I T A R Y	HAVE YOU SERVED IN THE U.S. ARMED FORCES?	YES <input type="checkbox"/> NO <input type="checkbox"/>	BRANCH OF SERVICE	DATE ENTERED	RANK
	DATE DISCHARGED				
	DUTIES AND SPECIAL TRAINING IN SERVICE			PRESENT DRAFT STATUS	

FOR APPLICANTS APPLYING FOR A POSITION WHICH INVOLVES DRIVING, LIST THE ISSUING STATE AND NUMBER OF YOUR DRIVERS LICENSE: STATE \_\_\_\_\_ LICENSE NUMBER \_\_\_\_\_

PLEASE EXCLUDE RELATIVES				
R E F E R E N C E S	NAME AND OCCUPATION	ADDRESS	PHONE NUMBER	YEARS KNOWN
	1. _____	_____	_____	_____
	2. _____	_____	_____	_____
	3. _____	_____	_____	_____

THE APPLICANT UNDERSTANDS THAT AN EXTENSIVE BACKGROUND INVESTIGATION MAY BE CONDUCTED, IN ADDITION, APPLICANTS 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.

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Applicant

**PLEASE READ AND SIGN BELOW**

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 at-will and can be terminated by either party with or without notice, at any time or for any reason.

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Applicant

I, \_\_\_\_\_ do hereby authorize the Veterans Administration, U.S. Navy, Army, Air Force, Marine Corps, Coast Guard, Medical Doctors, insurance companies, State and Federal Tax Bureaus, and Credit Bureaus to furnish the Deer Park Police with any and all available information regarding me in order that they may determine my suitability for police work.