



Felicity Ohio Police Department

Employment Application

Please Download, Fill in, Print and Bring or Mail to the Felicity Police Department
at 415 West Walnut Street P.O. Box 613 Felicity, Ohio 45120

Do not fill out on line for security reasons.

APPLICANT INFORMATION										
Last Name			First			Middle				
Street Address					Apartment/Unit #					
City			State			ZIP				
Phone			E-mail Address							
Date Available			Social Security No.							
Position Applied for		Part Time Police Officer <input type="checkbox"/>			Full Time Police Officer <input type="checkbox"/>					
Are you a citizen of the United States?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		If no, are you authorized to work in the U.S.?		YES <input type="checkbox"/>		NO <input type="checkbox"/>
Do you have a valid drivers license		YES <input type="checkbox"/>		NO <input type="checkbox"/>						
Have you ever been convicted of a traffic offense, misdemeanor, or a felony?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		If yes, explain				
*Use the back or separate piece of paper if needed.										
EDUCATION										
High School			Address							
From		To		Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>			
College			Address							
From		To		Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>			
OPOTA			Address							
From		To		Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>			
REFERENCES										
<i>Please list three professional references.</i>										
Full Name										
Company					Phone					
Address										
Full Name										
Company					Phone					
Address										
Full Name										
Company					Phone					
Address										

REFERENCES*Please list three **personal** references.*

Full Name		Relationship	
Address			
Phone			
Full Name		Relationship	
Address			
Phone			
Full Name		Relationship	
Address			
Phone			

CURRENT AND PREVIOUS EMPLOYMENT

Company				Phone	
Address				Supervisor	
Job Title		Starting Salary		Ending Salary	
Responsibilities					
From		To		Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>					
Company				Phone	
Address				Supervisor	
Job Title		Starting Salary		Ending Salary	
Responsibilities					
From		To		Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>					
Company				Phone	
Address				Supervisor	
Job Title		Starting Salary		Ending Salary	
Responsibilities					
From		To		Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>					

DISCLAIMER AND SIGNATURE

I hereby certify that the answers herein contained are true and complete to the best of my knowledge. I authorize the complete investigation of any and all statements contained in this application as may be deemed necessary by the Village of Felicity or any of its officers. I understand that any false or misleading information given in writing or verbally could result in denial of employment or dismissal from the department.

I understand that my final acceptance as an employee of this department is largely dependent upon my successful completion of all the requirements of the Village of Felicity Police Department and the State of Ohio.

I further agree to abide by the Policies and Procedures of the department as well as all laws, state and federal, that apply to Law Enforcement Officers at all levels or that apply to the department as a whole. I understand that all information I am exposed to concerning the department is confidential and cannot be discussed with persons outside the department except as required by law.

Signature of Applicant: _____ Date: _____

RECORDS RELEASE

I _____ permit an authorized representative of the Village of Felicity Police Department, Clermont County, Ohio bearing this release, or copy there of, within one (1) year of its date, to obtain any information in your files pertaining to employment, including personal history and disciplinary records. I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for official use of employment investigation.

I hereby release you, as the custodian of such records, both individually and collectively, from any and all liability for damages whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it.

Signature of Applicant: _____ Date: _____