

Utica Police Department

39 Spring Street

Utica, Ohio 43080

740-892-2211

Application for Employment

The Utica Police Department is an Equal Opportunity Employer. We consider applications for all position without regard to race, color, national origin, sex, age, marital status, religion, or any other legally protected status.

NOTICE: The following additional documents must be attached to this application.

1. A copy of OPOTA Peace Officer Certificate (if applying for sworn position)
2. College transcripts and/or copies of certification of other advanced training.

POSITION APPLIED FOR:

() Full Time Sworn Officer

() Auxiliary Officer

() Part Time Officer

() Dispatcher/Communications

Today's Date _____

Home Phone _____

Cell Phone _____

E-Mail _____

Instructions

This application must be printed legibly in ink. Do not type. All questions must be answered. Applications which are not complete, or completed improperly, will not be considered. If space provided is not sufficient for complete answers or you wish to furnish additional information, attach sheets of the same size as this application, and number answers to correspond with questions.

Personal History

1. Full Name

Last

First

Middle

2. Other: List all other names you have used, including the circumstances and time periods you used them. (For example: maiden name, former name(s), alias(es), or nickname(s).)

Name	Circumstances	Dates From Mo./Yr.	Dates To Mo./Yr.

3. Are you a United States Citizen? () Yes () No
4. Social Security Number _____
5. Do you have or have you ever applied for a passport? ()Yes () No

Passport Number _____

1.

High School Name/Address	Did You Graduate?

2.

College/University Name/Address	From	To	Credit Hours Earned	Did You Graduate?	Type Of Degree

- Attach diploma or official transcript from last institution of higher education attended.

Major _____

Minor _____

8. Describe any special abilities, interests, and hobbies, including the degree of proficiency:

9. Indicate any type of special license such as pilot, radio operator, etc., showing licensing authority, where the license was first issued, and date current license expires (except vehicle operator's license)

10. Indicate any special skills you possess and equipment you can use which may be related to law enforcement work. (For example: two way radio communications, breathalyzer, speed detection equipment, firearms):

11. Typing Speed _____ Shorthand Speed _____

12. Have you ever used computers or computer terminals in your prior or current position?

() Yes () No If yes, list programs, software used:

13. Are you willing to work Nights? () Yes () No

Evenings? () Yes () No

Weekends? () Yes () No

Employment History

1. List chronologically all employment beginning with present employment, including summer and part-time employment while attending school. All time must be accounted for. If unemployed for a period, set forth dates of unemployment.

Name & Address of Employer	From	To	Salary	Job Responsibilities	Reason for Leaving
Name					
Address					
City, State, Zip					
Area Code & Phone No.					
Name					
Address					
City, State, Zip					
Area Code & Phone No.					
Name					
Address					
City, State, Zip					
Area Code & Phone No.					
Name					
Address					
City, State, Zip					
Area Code & Phone No.					
Name					
Address					
City, State, Zip					
Area Code & Phone No.					
Name					
Address					
City, State, Zip					
Area Code & Phone No.					

2. Have you ever been dismissed or asked to resign or had any disciplinary action taken against you from any employment or position you have held?

() Yes () No

3. Have you ever resigned, or left a job by mutual agreement following allegations of misconduct or unsatisfactory job performance?

() Yes () No If yes to Question #2 or #3, please provide details.

4. Have you ever applied to or performed paid or unpaid services for a law enforcement agency not listed as an employer? () Yes () No

If yes, please provide name of agency and date of application or service.

5. Do you own a business, or are you a partner or corporate officer in any business or organization not listed previously as a current or former employer? () Yes () No If yes, please provide name and address of business, corporation, or organization and describe your relationship or position.

Residence

1. Actual places of residence for past 10 years – list chronologically all addresses, including residences while at school and in military. For college on campus residences, give dormitory name, city and state. If residences in military service cannot be shown as street addresses, indicate complete military unit designation and location by city and state. If post office box, give location of post office.

From	To	Street Address	City	County	State

From	To	Street Address	City	County	State

Driving History

1. Are you a licensed Ohio automobile operator? Yes No

Do you have a Commercial Driver's License? Yes No

License Number: _____

Expiration Date: _____ Restrictions: _____

2. Do you hold or have you ever held an automobile operator's license or Commercial Driver's License (CDL) in another state? Yes No

If yes, please provide state(s), name used, and approximate dates license(s) was/were held:

3. Have you ever been denied issuance of a license or have you ever had a license suspended or revoked? Yes No

Military

1. Have you ever served on active duty in the Armed Forces of the United States?

Yes No Branch of Service: _____

Highest Rank: _____ Serial Number: _____

Duty Dates: From: _____ To: _____

From: _____ To: _____

2. Date of Discharge: _____

3. Are you now or have you ever been a member of a reserve unit or the National Guard?

Yes No

4. If yes, state branch of service, name and location of your unit and whether you attend drills, meetings, or camps:

5. Was any type of disciplinary taken against you in the service?

Yes No

If yes, please provide: Date: _____ Place: _____

Nature of Offense: _____

Action Taken: _____

Business Interests & Licenses

1. Do you or have you ever owned any stock or interest in any firm, partnership or corporation dealing wholly or partly in the sale or distribution of alcoholic beverages?

Yes No

2. Are you now issued or have you ever been issued a license to engage in a business or profession?

Yes No

3. Was license ever cancelled, suspended, or revoked? Yes No

If yes to question #1, #2, #3, please provide details:

Personal References & Acquaintances

1. Personal References: Give three (3) references (not relatives, former or present employers, fellow employees, or school teachers) who are responsible adults of reputable standing in their communities, such as property owners, business or professional men or women, who have known you for the past five (5) years. If retired, give former occupation.

Name	Address	City, State	Occupation	Years Known	Phone

2. Social Acquaintances: Give three (3) social acquaintances who have known you well for the past five (5) years.

Name	Address	City, State	Occupation	Years Known	Phone

3. Are you acquainted with any member of the Utica Police Department?

If so, list name(s) and your relationship to each.

Organization Membership

1. List all clubs of which you are or have been a member. Please exclude the name of any club or organization which may reveal your membership in a protected group including race, color, religion, sex, national origin, handicap, age, or ancestry.

Name	City & State	Former	Present (list position held & describe activity)

2. Are you now or have you ever been a member of any foreign or domestic organization, association, movement, group, or combination of persons which has adopted, or shows a policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the Constitution of the United States, or which seeks to alter the form of government of the United States by unconstitutional means?

Yes No

3. Have you ever made a financial or other material contribution to any organization of the type described in question #2 above? Yes No

4. At the time of your membership, participation, or contribution, did you know of any unlawful aims of the organization? Yes No

5. Did you intend to promote any unlawful aims of the organization? Yes No

If yes to question #2, #3, #4, or #5, explain, including the name of the organization and its location. _____

Applicant's Certification

I understand that my appointment will be contingent upon the results of a complete background investigation. I am aware that any omissions, falsifications, misstatements, or misrepresentations will be the basis for my disqualification as an applicant or my dismissal from the Utica Police Department. I agree to the best of my knowledge. I also understand that I will be fingerprinted. I understand that this employment application shall become the property of the Utica Police Department and that it and the information received in response to the background examination are public record.

I also understand that I may be required to furnish the Utica Police Department with a copy of my Income Tax Return for the year preceding this application and for each year during my employment or appointment.

I further understand and agree that my employment or appointment will be contingent upon the results of a complete drug test. I understand Drug and/or Alcohol tests may be performed at any time for any reason.

I understand that the use of drugs or alcohol is not permitted during work time, whether paid or unpaid, in the areas, including vehicles, where work is performed by employees or appointees.

I understand that my continued employment may be contingent upon the results of medical or psychological examinations that I may be required to take during the term of my employment or appointment and the maintenance of personal physical fitness, to the degree necessary, to perform satisfactorily the duties of my position or assignment with the Utica Police Department.

I understand the following types of information will be collected : employment and educational histories, medical, military, insurance, credit and financial information, motor vehicle and police records, information about your abilities, family, character, and organization memberships, and information about any current drug use via drug testing. Information will be obtained by letter, by telephone, and by personal interview with both primary and secondary sources. This information is used as one element for appointment decisions.

I authorize any of the persons or organizations referenced in this application to furnish information, personal or otherwise, regarding my ability and fitness for employment or appointment with the Police Department and I relieve all such parties from any and all liability for any damage that might result from furnishing such information to the Utica Police Department.

I agree to conform to the rules, regulations, and orders of the Police Department with knowledge that these rules, regulations, and orders may be changed, interpreted, withdrawn, or added to by the Utica Police Department, at its discretion, at any time and without any prior notice to me.

Signature of Applicant

Subscribed and sworn to me according to the law by the above named applicant on this ____ day of

_____, 20__.

Notary Public

4. Former Spouse(s) Name and Address:

Name	Social Security Number		
Street Address			
City	County	State	Zip Code

5. Can you perform the essential functions of the job duties set forth in the job description for which you applied, either with or without reasonable accommodation? () Yes () No

6. For job descriptions which include testing or examination, can you take the test or examination either with or without a reasonable accommodation? () Yes () No

7. Do you now, or have you possessed, supplied, or sold any narcotic or controlled substance such as, but not limited to, marijuana, hashish, cocaine, LSD, amphetamines, heroin, steroid or any drug of a similar nature? () Yes () No

If yes, please complete the following:

- a. Drug: _____
- b. Circumstances: _____
- c. Number of times possessed/supplied/sold: _____
- d. First time possessed/supplied/sold: _____
- e. Last time possessed/supplied/sold: _____

8. Do you currently use any narcotic or controlled substance, such as those listed in paragraph 7 or have you used such a narcotic or controlled substance within the last year?

() Yes () No

9. Please provide name and address of next of kin or other person to be contacted in case of emergency:

Name

Street Address

City

State

Zip Code

Phone Number

10. Please provide the name and address of your personal or family physician to be contacted in case of emergency:

Name

Street Address

City

State

Zip Code

Phone Number

11. Have you been under a doctor's care within the past 5 years?

Yes No If yes, explain.

Notice

If you need a question further answered or further information on completing this application, contact:

Utica Police Department
Administrative Division
39 Spring Street
Utica, Ohio 43080
(740)892-2211

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