

OXFORD TOWNSHIP POLICE DEPARTMENT



APPLICATION FOR EMPLOYMENT

Name: _____

Last First Middle

Address: _____

Street City State Zip

Phone: _____

Home Work Cell Other

APPLICANTS PERSONAL INFORMATION

Drivers License Number: _____ State: _____ Expiration Date: _____

Social Security Number: _____ Date of Birth: _____

Height: _____ Weight: _____ Hair: _____ Eyes: _____ Sex: _____

Spouses Name: _____ Number of Dependents: _____

Children: _____ Age: _____ Age: _____

_____ Age: _____ Age: _____

_____ Age: _____ Age: _____

APPLICANTS WORK HISTORY

(List only last 6 Employers)

EMPLOYER: _____

ADDRESS: _____

Street City State Zip Phone

Start Date: _____ End Date: _____ Reason for Leaving: _____

EMPLOYER: _____

ADDRESS: _____

Street City State Zip Phone

Start Date: _____ End Date: _____ Reason for Leaving: _____

EMPLOYER: _____

ADDRESS: _____

Street City State Zip Phone

Start Date: _____ End Date: _____ Reason for Leaving: _____

EMPLOYER: _____

ADDRESS: _____

Street City State Zip Phone

Start Date: _____ End Date: _____ Reason for Leaving: _____

EMPLOYER: _____

ADDRESS: _____

Street City State Zip Phone

Start Date: _____ End Date: _____ Reason for Leaving: _____

EMPLOYER: _____

ADDRESS: _____

Street City State Zip Phone

Start Date: _____ End Date: _____ Reason for Leaving: _____

LAW ENFORCEMENT TRAINING

OPOTA CERTIFIED ACADEMY : _____

ACADEMY CLASS NUMBER: _____

DATES ATTENDED: _____ to _____ Totals: _____

SPECIALIZED TRAINING:

COURSE: _____ DATE ATTENDED: _____

COURSE: _____ DATE ATTENDED: _____

COURSE: _____ DATE ATTENDED: _____

COURSE: _____ DATE ATTENDED: _____

COURSE: _____ DATE ATTENDED: _____

COURSE: _____ DATE ATTENDED: _____

COURSE: _____ DATE ATTENDED: _____

COURSE: _____ DATE ATTENDED: _____

ADDITIONAL COMMENTS OR TRAINING LIST BELOW

APPLICANTS EDUCATION INFORMATION

HIGH SCHOOL

High School Name: _____

Did you graduate?: _____ GED?: _____

COLLEGE

University Name: _____

Degree: _____ Did you Graduate?: _____

ADDITIONAL SCHOOLS/EDUCATION

Name: _____

Course/Certification: _____

Completed: _____

NAME: _____

Course/Certification: _____

Completed: _____

NAME: _____

Course/Certification: _____

Completed: _____

APPLICANTS BACKGROUND/DISCLOSURE REPORT

Have you ever used illegal Drugs: Yes [] No []

Have you ever permitted illegal Drug use: Yes [] No []

Have you ever been arrested for a criminal offense: Yes [] No []

Have you ever been arrested for a traffic offense: Yes [] No []

Have you or do you now have a family member who is

Or has used an illegal Drug(s): Yes [] No []

Have you been convicted of a sexual offense: Yes [] No []

Have you ever been convicted or charged with a theft Yes [] No []

Have you been or are you currently involved in a Civil Action Yes [] No []

Have you been charged or arrested for any offense: Yes [] No []

PLEASE EXPLAIN ANY "YES" ANSWERS BELOW

APPLICANTS REFERENCE(S) OF EMPLOYMENT

NAME: _____ Position: _____

ADDRESS: _____

Street City State Zip

PHONE: _____ Best Time to Contact: _____

NAME: _____ Position: _____

ADDRESS: _____

Street City State Zip

PHONE: _____ Best Time to Contact: _____

NAME: _____ Position: _____

ADDRESS: _____

Street City State Zip

PHONE: _____ Best Time to Contact: _____

NAME: _____ Position: _____

ADDRESS: _____

Street City State Zip

PHONE: _____ Best Time to Contact: _____

NAME: _____ Position: _____

ADDRESS: _____

Street City State Zip

PHONE: _____ Best Time to Contact: _____

APPLICANTS BACKGROUND WAVIER

I _____ give my permission to the Oxford Township Police Department to do a background check on myself in reference to employment application. I understand that this may be done by computer, writings, and personal contact with references, family, former and current employees. I understand that a home visit to my residence may be made also by an Oxford Township Police Officer. I hereby waive all rights to the use and collection of any and all information obtained that relates to my potential employment.

Applicants Signature Date

Sworn to before me and subscribed in my presence in the County of _____

State of Ohio this _____ day of _____ 20 _____

Notary Public-Expiration Date

All Applicants must pass a Drug Screen, Background Check, CVSA

Mail to: Chief Michael D. Goins
Oxford Township Police Department
925 Collins Run Road
Oxford, Ohio 45056

ATTACH PHOTO OF APPLICANT BELOW