



Mariemont Police Department

APPLICATION FOR EMPLOYMENT

Chief Richard D. Hines

6907 Wooster Pike
 Mariemont, Ohio 45227
 (513) 271-4089 (513) 271-2455 (FAX)

Revised 02/16/2016

THE VILLAGE OF MARIEMONT IS AN EQUAL OPPORTUNITY EMPLOYER

Date of application: _____

| | | | |
|--|-------|------------|-------------------|
| NAME: LAST | FIRST | M.I. | SOCIAL SECURITY # |
| CURRENT ADDRESS | CITY | STATE | ZIP CODE |
| HOW LONG HAVE YOU LIVED AT YOUR PRESENT ADDRESS? _____ YRS _____ MONTHS | | HOME PHONE | ALTERNATE PHONE |
| ARE YOU A US CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO ARE YOU 21 YRS OF AGE OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE US? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| POSITION APPLYING FOR: <input type="checkbox"/> POLICE OFFICER <input type="checkbox"/> CIVILIAN (Police Clerk / Court Clerk) | | | |

EDUCATION:

| TYPE OF SCHOOL | NAME AND ADDRESS OF SCHOOL | LAST GRADE COMPLETED | COURSE OF STUDY | DATES | DEGREE OR DIPLOMA |
|-----------------|----------------------------|----------------------|-----------------|-------|-------------------|
| ELEMENTARY | | | N/A | | |
| HIGH SCHOOL | | | | | |
| COLLEGE | | | | | |
| LAW ENFORCEMENT | | | | | |

ARE YOU CONTINUING YOUR EDUCATION? _____ YES _____ NO
 IF YES, PLEASE INDICATE HOW:

SCHOLASTIC HONORS OR SCHOLARSHIPS RECEIVED:

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Dear Sir,

I, _____, permit any authorized representative of the MARIEMONT POLICE DEPARTMENT, Hamilton County, Ohio bearing this release, or copy thereof, within (1) year of its date, to obtain and retain 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 the 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, of associates because of compliance with this authorization and request to release information, or any attempt to comply with it.

Signature: _____

Date: _____

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Employment History

| Please list all employment, starting with your present or most recent employer. Account for all periods, including all unemployment or time spent in school or the military. | | |
|---|--------------------------------|--|
| 1 | Name and address of employer : | <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time |
| Dates of employment: / | Phone Number: | Supervisor's Name & Title : |
| Final Salary \$ _____ [] Hourly [] Monthly [] Yearly | Job Title: | Reason for leaving: |
| Describe the type of business and duties: | | |

| Please list all employment, starting with your present or most recent employer. Account for all periods, including all unemployment or time spent in school or the military. | | |
|---|--------------------------------|--|
| 2 | Name and address of employer : | <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time |
| Dates of employment: / | Phone Number: | Supervisor's Name & Title : |
| Final Salary \$ _____ [] Hourly [] Monthly [] Yearly | Job Title: | Reason for leaving: |
| Describe the type of business and duties: | | |

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| 3 | Name and address of employer : | <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time |
| Dates of employment: / | Phone Number: | Supervisor's Name & Title : |
| Final Salary \$ _____ [] Hourly [] Monthly [] Yearly | Job Title: | Reason for leaving: |
| Describe the type of business and duties: | | |
| Please list all employment, starting with your present or most recent employer. Account for all periods, including all unemployment or time spent in school or the military. | | |
| 4 | Name and address of employer : | <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time |
| Dates of employment: / | Phone Number: | Supervisor's Name & Title : |
| Final Salary \$ _____ [] Hourly [] Monthly [] Yearly | Job Title: | Reason for leaving: |
| Describe the type of business and duties: | | |
| Please list all employment, starting with your present or most recent employer. Account for all periods, including all unemployment or time spent in school or the military. | | |
| 5 | Name and address of employer : | <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time |
| Dates of employment: / | Phone Number: | Supervisor's Name & Title : |
| Final Salary \$ _____ [] Hourly [] Monthly [] Yearly | Job Title: | Reason for leaving: |
| Describe the type of business and duties: | | |

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| | | |
|---|--------------------------------|--|
| Please list all employment, starting with your present or most recent employer. Account for all periods, including all unemployment or time spent in school or the military. | | |
| 6 | Name and address of employer : | <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time |
| Dates of employment: / | Phone Number: | Supervisor's Name & Title : |
| Final Salary \$ _____ [] Hourly [] Monthly [] Yearly | Job Title: | Reason for leaving: |
| Describe the type of business and duties: | | |
| Please list all employment, starting with your present or most recent employer. Account for all periods, including all unemployment or time spent in school or the military. | | |
| 7 | Name and address of employer : | <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time |
| Dates of employment: / | Phone Number: | Supervisor's Name & Title : |
| Final Salary \$ _____ [] Hourly [] Monthly [] Yearly | Job Title: | Reason for leaving: |
| Describe the type of business and duties: | | |
| Please list all employment, starting with your present or most recent employer. Account for all periods, including all unemployment or time spent in school or the military. | | |
| 8 | Name and address of employer : | <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time |
| Dates of employment: / | Phone Number: | Supervisor's Name & Title : |
| Final Salary \$ _____ [] Hourly [] Monthly [] Yearly | Job Title: | Reason for leaving: |
| Describe the type of business and duties: | | |

I hereby give my permission to contact the employers I have listed concerning my present and prior work experience.

Signature: _____ **Date:** _____

Previous Address(s)

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| Starting with your present address, list ALL addresses where you lived for the past ten (10) years. Include military addresses. | | | | |
|---|----------------|------|--------|-------|
| Dates | Street Address | City | County | State |
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Military Service

| | | | |
|--|-------------------|----------------------|------|
| Have you served In the US Armed Services? <input type="checkbox"/> YES <input type="checkbox"/> NO | Branch of Service | Date entered | Rank |
| Date Discharged (Please attach DD214) | | Present Draft Status | |
| Duties and special training while active | | | |

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References (do not list persons related to you)

| | | |
|--------------|------|-------------|
| 1 | Name | Phone # |
| Address | | City |
| | | State / Zip |
| Relationship | | |

| | | |
|--------------|------|-------------|
| 2 | Name | Phone # |
| Address | | City |
| | | State / Zip |
| Relationship | | |

| | | |
|--------------|------|-------------|
| 3 | Name | Phone # |
| Address | | City |
| | | State / Zip |
| Relationship | | |

| | | |
|--------------|------|-------------|
| 4 | Name | Phone # |
| Address | | City |
| | | State / Zip |
| Relationship | | |

| | | |
|--------------|------|-------------|
| 5 | Name | Phone # |
| Address | | City |
| | | State / Zip |
| Relationship | | |

| | | |
|--------------|------|-------------|
| 6 | Name | Phone # |
| Address | | City |
| | | State / Zip |
| Relationship | | |

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PERSONAL HISTORY QUESTIONNAIRE

Please complete all sections for the Personal History Questionnaire.

- I. Financial Status
- II. Membership in organizations
- III. Prior applications with other police agencies

- I. Financial Status
 - Indebtedness (check all that apply)

- Own Rent / Lease living with parents
- Living with other Other

All yes answers require an explanation (use additional sheets if necessary)

YES NO

- A. Have you ever had your wages attached or garnished?

If yes when _____

- B. Have you ever been a defendant in small claims court?

If yes explain _____

- C. Do you have any civil action pending against you?

If yes explain _____

- D. Have you ever filled bankruptcy or been declared bankrupt?

If yes when _____

- E. Have you ever been declared delinquent in child support payments ordered by the court?

If yes explain _____

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Financial Status (continued)

F. Have you ever been refused credit?

If yes explain _____

G. Have you ever had property repossessed?

If yes explain _____

H. Do you owe past taxes?

If yes explain _____

I. Have you written check within the past twelve (12) months that you knew would be returned or insufficient funds but wrote then anyway?

If yes explain _____

J. Have you skipped paying bills or debts on time?

If yes explain _____

K. Are any of your bills in the hands of a bill collection agency?

If yes explain _____

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Financial Status (continued)

| Obligations | Company (Name, City, State) | Amount owed Past due /overdue |
|------------------|-----------------------------|----------------------------------|
| HOME LOAN | | |
| PERSONAL LOAN | | |
| AUTO LOAN #1 | | |
| AUTO LOAN #2 | | |
| FINANCE CO. | | |
| FINANCE CO. | | |
| MASTERCARD | | |
| VISA | | |
| DEPARTMENT STORE | | |
| DEPARTMENT STORE | | |
| CREDIT UNION | | |
| OBLIGATIONS | COURT OF JURISDICTION | |
| CHILD SUPPORT | | |
| SHILD SUPPORT | | |
| CHAPTER 13 | | |
| BANKRUPTCY | | |
| SMALL CLAIMS | | |
| FRA(TRAFFIC) | | |
| CIVIL SUITS | | |
| ALIMONY | | |
| OTHER | | |

YES NO

Do you have any personal checking accounts?

If yes institution name _____

Do you have a personal savings account?

If yes institutions name _____

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II. Membership in organizations

List all organizations, past and present, that you are/were a member or associate of:

| Organization | Dates of membership |
|--------------|---------------------|
| | |
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III. Have you previously applied for employment with any other police department/s? If so what department/s and when?

| Department | Date of application |
|------------|---------------------|
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CERTIFICATION OF AUTHENTICITY

I CERTIFY THAT THE STATEMENTS CONTAINED IN THIS QUESTIONNAIRE ARE TRUE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY OMISSIONS OR FALSE STATEMENTS MADE ON THIS QUESTIONNAIRE MAY BE CAUSE FOR REMOVAL FROM THE APPLICATION PROCESS, OR DISCHARGE AFTER APPOINTMENT. I FURTHER REALIZE THAT ANY FALSEHOOD MAY SUBJECT ME TO PROSECUTION UNDER OHIO REVISED CODE SECTION 2921.13.

PRINT NAME _____

SIGNATURE _____

DATE _____