
EMPLOYMENT APPLICATION



NELSONVILLE POLICE DEPARTMENT
211 LAKE HOPE DR
NELSONVILLE OHIO 45764

POLICE OFFICER

EMPLOYMENT APPLICATION

CITY OF NELSONVILLE OHIO
POLICE DEPARTMENT
211 LAKE HOPE DR
NELSONVILLE OHIO 45764

INSTRUCTIONS: Please fill out completely and **legibly**. _____
Return completed application to the Nelsonville Police Department
Clerk: Monday through Friday 8:30AM to 3:00PM (Address Above).
Completed Applications can also be emailed to:
npdclerk@cityofnelsonville.com

FOR OFFICE USE ONLY

DATE _____

TIME _____

INITIALS _____

Military: Approved

☐

Disapproved

☐

MILITARY CREDIT CLAIM

If you claim military service credit, check the box to the right.

☐

A copy of the Honorable Discharge or DD-214 specifying an Honorable Discharge must be **submitted with this application**.

1. Name _____ 2. Social Security Number _____

3. Address _____

Number & Street

City

State

Zip Code

4. Is any additional information relative to your name, such as names used in previous employment necessary to enable a check on your work record? If yes, please explain.

5. Phone number(s) where you may be reached:

Cell _____

Home _____

Other _____

6. Email Address: _____

7. Are you a U.S. citizen? Yes No (If no, please explain)

8. Have you ever been charged or convicted of a Felony or Misdemeanor? Yes ____ No ____

If yes, please explain:

9. Person(s) to be notified in an emergency (please list name, address, phone number and relationship to you)

10. List all previous addresses for the past five (5) years: (Number/Street, City/State, Zip code, Dates From/To)

Please list any Physical Limitations:

Do you have any active or Pending Civil Suits? Yes ____ No ____

If yes, please explain

11. Schools Attended	Name & Address	Did you Graduate	Degree	Major Studies
High School				
Business/Trade				
College				
Other (Specify)				

Special Qualifications (Include technical and professional licenses, academic, and professional awards, etc.)

Do you Possess an Ohio State Police Officer
Certificate?

Yes No

If yes, please list your Certificate No.

*Please enclose/attach a copy of your OPOTC
Certificate

12. a. Are you 21 years of age or older? _____

If no, what is your date of birth? _____

b. Do you have a Valid Driver's License? _____

If yes, what state? _____

c. Has your Driver's License ever been revoked?

Yes _____ No _____

If yes, please explain

d. Has your Driver's License ever been Suspended?

Yes _____ No _____

If yes, please explain:

PREVIOUS EMPLOYMENT:

Employers Name: _____

From: _____ To: _____

Address:

Telephone Number: _____

Type of Business: _____

Name and Title of Supervisor:

Your Job Title:

Reason for Leaving:

Briefly describe the nature and duties of your position:

Employers Name: _____

From: _____ To: _____

Address:

Telephone Number: _____

Type of Business: _____

Name and Title of Supervisor:

Your Job Title:

Reason for Leaving:

Briefly describe the nature and duties of your position:

14. Can we contact your current or most recent employer? YES NO

15. Have you ever been fired or asked to resign from any position? YES NO

If yes, please provide details:

16. Have you been previously employed by the City of Nelsonville? Yes No

If yes, when? _____ Position held? _____

Type of Employment Requested: Full Time ____ Part Time ____

What date are you available to start? _____

Salary Desired? _____

17. Personal References: **DO NOT LIST RELATIVES**

Name: _____

Occupation: _____

Address: _____

Home Phone: _____

Name: _____

Occupation: _____

Address: _____

Home Phone: _____

Name: _____

Occupation: _____

Address: _____

Home Phone: _____

18. How did you learn of this position? _____

19. Use this space to summarize any additional information to describe your full qualifications and for any explanation of answers to previous questions where additional space was needed:

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

20. BEFORE SIGNING, PLEASE CHECK THROUGH ENTIRE APPLICATION FOR ERRORS OR OMISSIONS. All information will be subject to extensive background investigation.

I hereby certify that, to the best of my knowledge and belief, all statements made herein or attached are complete and accurate. I understand that any false statements later disclosed will cause loss of my right to examination, certification, appointment, or retention of position and may subject me to prosecution under Ohio Revised Code Section 2921.13.

Further, I hereby authorize the City of Nelsonville to contact prior employers listed above to obtain any and all information related to my past work performances.

SIGNATURE _____ DATE _____

CITY OF NELSONVILLE, OHIO
RELEASE OF INFORMATION

NELSONVILLE POLICE DEPARTMENT
CITY OF NELSONVILLE
211 LAKE HOPE DR
NELSONVILLE OH 45764

As an applicant for a position with the City of Nelsonville, Ohio, and a former applicant / employee with the entity to whom this form is addressed, I hereby give my permission to the custodian of records, or other individual so empowered, to release any and all information maintained by such entity of an investigative, employment, or pre-employment nature.

I hereby include as subjects of release, information which can be broadly attributed to the following: personal/general, financial, employment, military, educational, criminal, and miscellaneous history information to the City of Nelsonville, Ohio. I understand that all information obtained will be used for the purpose of considering my employment with the City of Nelsonville.

Printed Name: _____

Signature: _____

Social Security Number: _____

Date: _____

