

---

# 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

<u>FOR OFFICE USE ONLY</u>	
DATE	_____
TIME	_____
INITIALS	_____
Military: Approved	<input type="radio"/> Disapproved <input type="radio"/>

## 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

---

---



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c. Has your Driver's License ever been revoked?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



**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: \_\_\_\_\_