Georgetown Police Department

Employment Application

Please Complete and email to shaun.inlow@georgetownohio.gov

OFFICE USE
Application Received: _____
Applicant Interviewed: _____
Application Action: _____
( ) Hold ( ) Recommended ( ) Not Recommended

APPLICANT INFORMATION											
Last Name		First		M.I.	Date						
Street Address				Apartment/Unit #							
City		State		ZIP							
Phone		E-mail Address									
Date Available		Social Security No.		Drivers License No.							
Position Applied for	Part-Time Police Officer ☐	Full Time Police Officer ☐									
Are you a citizen of the United States?	YES ☐	NO ☐	If no, are you authorized to work in the U.S.?	YES ☐	NO ☐						
Have you ever worked for this agency?	YES ☐	NO ☐	If so, when?								
Have you ever been convicted of a traffic offense, misdemeanor, or a felony?	YES ☐	NO ☐	If yes, explain								
*Use the back or separate piece of paper if needed.											

EDUCATION											
High School					Address						
From		To		Did you graduate?	YES ☐	NO ☐	Degree				
College					Address						
From		To		Did you graduate?	YES ☐	NO ☐	Degree				
Other					Address						
From		To		Did you graduate?	YES ☐	NO ☐	Degree				

REFERENCES			
*Please list three **professional** references.*			
Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			

REFERENCES			
*Please list three **personal** references.*			
Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			

PREVIOUS EMPLOYMENT			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary $	Ending Salary $	
Responsibilities			
From To	Reason for Leaving		
May we contact your previous supervisor for a reference? YES ☐ NO ☐			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary $	Ending Salary $	
Responsibilities			
From To	Reason for Leaving		
May we contact your previous supervisor for a reference? YES ☐ NO ☐			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary $	Ending Salary $	
Responsibilities			
From To	Reason for Leaving		
May we contact your previous supervisor for a reference? YES ☐ NO ☐ Signature Release			

MILITARY SERVICE	
Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain	

RESIDENTIAL INFORMATION					FROM	TO
Street		**City**		**State**		
Street		**City**		**State**		
Street		**City**		**State**		
Street		**City**		**State**		

SPECIAL INTERESTS, HOBBIES, GROUPS, OR ORGANIZATIONAL MEMBERSHIPS

PERSONAL INFORMATION: BRIEFLY DESCRIBE WHY YOU WISH TO JOIN THE DEPARTMENT. INCLUDE WHAT YOU EXPECT TO GAIN AS WELL AS WHAT THE DEPARTMENT CAN GAIN FROM YOU

EMERGENCY CONTACT INFORMATION

Name:_____ Relationship:_____ Phone:_____ Address:_____

Name:_____ Relationship:_____ Phone:_____ Address:_____

Name:_____ Relationship:_____ Phone:_____ Address:_____

DISCLAIMER AND SIGNATURE

I hereby certify that the answers herein contained are true and complete to the best of my knowledge. I authorize the complete investigation of any and all statements contained in this application as may be deemed necessary by the Village of Georgetown or any of its officers. I understand that any false or misleading information given in writing or verbally could result in denial of employment or dismissal from the department.

I understand that my final acceptance as an employee of this department is largely dependent upon my successful completion of all the requirements of the Village of Georgetown Police Department and the State of Ohio.

I further agree to abide by the Policies and Procedures of the department as well as all laws, state and federal, that apply to Law Enforcement Officers at all levels or that apply to the department as a whole. I understand that all information I am exposed to concerning the department is confidential and cannot be discussed with persons outside the department except as required by law.

Signature of Applicant:_____ Date:_____

RECORDS RELEASE

I _____ permit an authorized representative of the Village of Georgetown Police Department, Brown County, Ohio bearing this release, or copy thereof, within one (1) year of its date, to obtain 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 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, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it.

Signature of Applicant:_____ Date:_____