

Patrol Division: Updated 1/12/21

Application for Employment		Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of any non-job related medical condition or handicap.	
Application Date		Referred by	Positions(s) Applied For: [check box below]
Personal Information	Social Security #: _____ - _____	License #: State: _____ Number: _____	<input type="checkbox"/> Full-Time Sworn Police Officer <input type="checkbox"/> Part-Time Sworn Police Officer <input type="checkbox"/> Auxiliary Non-Sworn Officer
NAME (Last, First, Middle)		Area Code & Phone Number	
CURRENT ADDRESS (Street, Apt, City, State, Zip Code)		Length of Time at Address	
PREVIOUS ADDRESS (Street, Apt, City, State, Zip Code)		Length of Time at Address	
Cell. Phone Number & Area Code	Work Phone Number & Area Code (ext.#)		Email Address:
Education High School	SCHOOL NAME: FULL ADDRESS:		<input type="checkbox"/> Diploma Received <input type="checkbox"/> G.E.D. Received Date Received:
GPA	Course of Study	Awards/Honors/Offices	Extracurricular Activities
Attendance Record		Favorite Class	
Education Undergraduate	SCHOOL NAME: FULL ADDRESS:		<input type="checkbox"/> Associate Degree <input type="checkbox"/> Bachelors Degree Date Received:
GPA	Major / Minor	Awards/Honors/Offices	Extracurricular Activities
Why was this school chosen?			
Attendance Record		Favorite Class	
Education Graduate	SCHOOL NAME: FULL ADDRESS:		<input type="checkbox"/> Masters Degree Date Received:
GPA	Major / Minor	Awards/Honors/Offices	Extracurricular Activities
Why was this school chosen?			
Attendance Record		Favorite Class	
Education Other/Academy	SCHOOL NAME: FULL ADDRESS:		<input type="checkbox"/> Completion Date Received:
GPA	Course of Study	Awards/Honors/Offices	Extracurricular Activities
Why was this school chosen?			
Attendance Record		Favorite Class	
Military Information	Branch	From:	To
Highest Rank or Grade	Terminal Rank or Grade	Type of Discharge	
Nature of Duties:			
Awards/Honors:			

Over

Employment Information		List ALL employment starting with your present position, then the last position before that, and so forth. Use additional forms if needed.	
#1: From:	To	Company Name	Position / Title Held
LOCATION (Street, City, State, Zip Code)			Immediate Supervisor
Other Supervisor:	Other Supervisor:	Bus. Phone:	
Responsibilities:			
What did you like most about your job?			
What did you least enjoy?			
Reasons for leaving:			
Compensation:			
Attendance Record:			
Permission to contact for background check? <input type="checkbox"/> Yes <input type="checkbox"/> No Signature:			
#2: From:	To	Company Name	Position / Title Held
LOCATION (Street, City, State, Zip Code)			Immediate Supervisor
Other Supervisor:	Other Supervisor:	Bus. Phone:	
Responsibilities:			
What did you like most about your job?			
What did you least enjoy?			
Reasons for leaving:			
Compensation:			
Attendance Record:			
Permission to contact for background check? <input type="checkbox"/> Yes <input type="checkbox"/> No Signature:			
#3: From:	To	Company Name	Position / Title Held
LOCATION (Street, City, State, Zip Code)			Immediate Supervisor
Other Supervisor:	Other Supervisor:	Bus. Phone:	
Responsibilities:			
What did you like most about your job?			
What did you least enjoy?			
Reasons for leaving:			
Compensation:			
Attendance Record:			
Permission to contact for background check? <input type="checkbox"/> Yes <input type="checkbox"/> No Signature:			

#4: From: To	Company Name	Position / Title Held
LOCATION (Street, City, State, Zip Code)		Immediate Supervisor
Other Supervisor:	Other Supervisor:	Bus. Phone:
Responsibilities: What did you like most about your job? What did you least enjoy? Reasons for leaving: Compensation: Attendance Record: Permission to contact for background check? <input type="checkbox"/> Yes <input type="checkbox"/> No Signature:		
#5: From: To	Company Name	Position / Title Held
LOCATION (Street, City, State, Zip Code)		Immediate Supervisor
Other Supervisor:	Other Supervisor:	Bus. Phone:
Responsibilities: What did you like most about your job? What did you least enjoy? Reasons for leaving: Compensation: Attendance Record: Permission to contact for background check? <input type="checkbox"/> Yes <input type="checkbox"/> No Signature:		
#6: From: To	Company Name	Position / Title Held
LOCATION (Street, City, State, Zip Code)		Immediate Supervisor
Other Supervisor:	Other Supervisor:	Bus. Phone:
Responsibilities: What did you like most about your job? What did you least enjoy? Reasons for leaving: Compensation: Attendance Record: Permission to contact for background check? <input type="checkbox"/> Yes <input type="checkbox"/> No Signature:		

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CANFIELD POLICE DEPARTMENT: PATROL DIVISION APPLICATION

#7: From:	To	Company Name	Position / Title Held
LOCATION (Street, City, State, Zip Code)			Immediate Supervisor
Other Supervisor:	Other Supervisor:	Bus. Phone:	
Responsibilities: What did you like most about your job? What did you least enjoy? Reasons for leaving: Compensation: Attendance Record: Permission to contact for background check? <input type="checkbox"/> Yes <input type="checkbox"/> No Signature:			
#8: From:	To	Company Name	Position / Title Held
LOCATION (Street, City, State, Zip Code)			Immediate Supervisor
Other Supervisor:	Other Supervisor:	Bus. Phone:	
Responsibilities: What did you like most about your job? What did you least enjoy? Reasons for leaving: Compensation: Attendance Record: Permission to contact for background check? <input type="checkbox"/> Yes <input type="checkbox"/> No Signature:			
#9: From:	To	Company Name	Position / Title Held
LOCATION (Street, City, State, Zip Code)			Immediate Supervisor
Other Supervisor:	Other Supervisor:	Bus. Phone:	
Responsibilities: What did you like most about your job? What did you least enjoy? Reasons for leaving: Compensation: Attendance Record: Permission to contact for background check? <input type="checkbox"/> Yes <input type="checkbox"/> No Signature:			
Other Employment? <input type="checkbox"/> Yes <input type="checkbox"/> No. If "Yes," please list all other employment on a separate sheet of paper and attach to this form! Applicant hereby certifies that all employment is hereby accounted for on this application, and further understands that failure to disclose any previous employment is grounds for termination in the event that applicant is hired with this agency.			
Signature:			

Job Related Questions / Plans / Goals	Applicant's Name: (print)
List all law enforcement or E.M.T. related certifications you have attained:	
What special skills, experiences or qualifications, related to the position(s) applied for, do you possess?	
List all departments at which you have current applications filed. Note status of employment opportunities for each application:	
If applying for a part time position: What are your available hours and days to train and work at this agency?	
What are your long-term goals for employment?	
<p>Are you computer literate? <input type="checkbox"/> Yes <input type="checkbox"/> No. If "Yes," please explain.</p> <p>What programs are you familiar with?</p> <p>To what extent?</p> <p>Can you type? <input type="checkbox"/> Yes <input type="checkbox"/> No.</p>	
I hereby authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal and/or termination from the civil service list.	
Date:	Signature:

Please feel free to include your current resume and copies of applicable certifications with this application.

WAIVER OF CONFIDENTIAL RECORDS

Name (print)

Date of Birth

Social Security Number

Address:

Street

City

State

Zip Code

To Whom It May Concern: I am an applicant for a position with the Canfield Police Department, City of Canfield, Ohio. The department needs to thoroughly investigate my background and personal history to evaluate my qualifications to hold the position for which I applied. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed to the above department.

I hereby authorize any representative of the Canfield Police Department bearing this release to obtain any information in your files pertaining to my employment records and I hereby direct you to release such information upon request of the bearer. I do hereby authorize a review of full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the Canfield Police Department, whether said records are of public private, or confidential nature. The intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation that may provide pertinent data for the Canfield Police Department to consider in determining my suitability for employment in that department. It is my specific intent to provide access to personal information, however personal or confidential it may appear to be.

I consent to your release of any and all public and private information that you may have concerning me, my work record, my background and reputation, my military service records, educational records, my financial status, my criminal history record, including any arrest records, any information contained in investigatory files, efficiency ratings, complaints or grievances filed by or against me, the records or recollections of attorneys at law, or other counsel, whether representing me or another person in my case, either criminal or civil, in which I presently have, or have had an interest, attendance records, polygraph examinations, and any internal affairs investigations and discipline, including any files which are deemed to be confidential, and/or sealed.

I hereby release you, your organization, and all others from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I hereby release you, as the custodian of such records of your organization, including its officers, employees or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which 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. I direct you to release such information upon request of the duly accredited representative of the Canfield Police Department regardless of any agreement I may have made with you previously to the contrary. The law enforcement organization requesting the information pursuant to this release will discontinue processing my application if you refuse to disclose the information requested.

Initial: _____

for employment, I agree to hold your organization, its agents and employees harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the Canfield Police Department. I understand my rights under Title 5, United States Code, section 552a, the Privacy Act of 1974 and related Ohio Revised Code sections, with regard to access and to disclosure of records, and I waive those rights with the understanding that the information furnished will be used by the Canfield Police Department in conjunction with employment procedures.

A photocopy or FAX copy of this release form will be valid as an original thereof, even though the said photocopy or FAX copy does not contain an original writing of my signature.

This waiver is valid upon my signature during the time associated with the selection process of the Canfield Police Department.

I agree to indemnify and hold harmless the person to whom this request and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees arising out of or by reason of complying with this request.

The following information must be completed in the presence of a certified Notary Public:

_____, having been duly sworn under oath states that this is his/her
Name of Applicant/ Affiant

lawful affidavit and request for release of records.

Signature of Applicant

Sworn and subscribed before me, a Notary Public this _____ day of _____, 20_____.

SEAL MUST BE AFFIXED

Signature of Notary Public

Printed Name of Notary

Printed Address of Notary

(Out of state notary must submit Certificate)