

New London Police Department

115 East Main Street, New London, Ohio 44851

An Equal Opportunity Employer

Are you interested in a:			EMPLOYER USE ONLY DO NOT WRITE IN THIS AREA
Yes No	Accepted _____	Not Accepted _____	Late Filing _____
Full Time Position () ()	Background Investigation assigned to: _____		
Part Time Position () ()	Background completed on: _____		
Reserve Position () ()	Background Results: Favorable _____ Unfavorable _____		
			Interview: Offered _____ Declined by applicant _____

All applicants are subject to urinalysis screening prior to appointment. Any applicant with a positive test shall not be appointed.

Please Note:

1. All applications must be filled out completely.
2. All applicants will undergo a thorough background investigation. Any inconsistencies in offered information will subject the applicant to disqualification.
3. All applications will be held on file for one year. It is the responsibility of the applicant to keep a current contact number/address on file.

POSITION APPLYING FOR: _____

Full Name: _____ **Social Security Number:** _____

Address: _____

Home Phone: _____ **Cell / Other Phone:** _____

E-Mail Address: _____

EDUCATION

Please note: A Current O.P.O.T.C. Certificate is required for any Full/Part Police Officer Positions

List all schools (elementary, middle, high, college) attended.

Name/Address of School Attended	Title of Courses Taken or Major	Did you Graduate?	Certificate or Degree earned.

Please list the following information reference your O.P.O.T.A. training.

School Name	Class Number	Dates Attended	OPOTC Certificate	Date of last appointment
	BAS-			

EDUCATION CONTINUED:

Are you familiar with Computers and their operation? _____

Do you have any related Law Enforcement training? (i.e., A.D.A.P., Radar, Asp, etc.)

WORK HISTORY

In the areas below, please type or print legibly, all work experience beginning with your most recent employer. If your title or position changed during the course of employment with the same employer, note it as a separate employment. Attach extra sheets if necessary. Verifiable volunteer work may also be included. **NOTE: A resume may not be used as a substitute for this section.**

MILITARY SERVICE

Have you served in any branch of the Military? _____ If answering yes, please attach a copy of your DD214. If you are claiming any military disability, please attach a copy of the Veterans Administration Form 802 to the application as well.

PRESENT OR MOST RECENT JOB:

Employers name and address: _____
Length of Employment: From: mo. _____ / yr. _____ To mo. _____ / yr. _____
Reason for leaving: _____
Position / Title: _____ Salary: Beginning: _____ Ending: _____
Duties performed: _____

Supervisors name: _____

NEXT MOST RECENT JOB:

Employers name and address: _____
Length of Employment: From: mo. _____ / yr. _____ To mo. _____ / yr. _____
Reason for leaving: _____
Position / Title: _____ Salary: Beginning: _____ Ending: _____
Duties performed: _____

Supervisors name: _____

Employers name and address: _____
Length of Employment: From: mo. _____ / yr. _____ To mo. _____ / yr. _____
Reason for leaving: _____
Position / Title: _____ Salary: Beginning: _____ Ending: _____
Duties performed: _____

Supervisors name: _____

Employers name and address: _____

Length of Employment: From: mo. _____ / yr. _____ To mo. _____ / yr. _____

Reason for leaving: _____

Position / Title: _____ Salary: Beginning: _____ Ending: _____

Duties performed: _____

Supervisors name: _____

Employers name and address: _____

Length of Employment: From: mo. _____ / yr. _____ To mo. _____ / yr. _____

Reason for leaving: _____

Position / Title: _____ Salary: Beginning: _____ Ending: _____

Duties performed: _____

Supervisors name: _____

Employers name and address: _____

Length of Employment: From: mo. _____ / yr. _____ To mo. _____ / yr. _____

Reason for leaving: _____

Position / Title: _____ Salary: Beginning: _____ Ending: _____

Duties performed: _____

Supervisors name: _____

Employers name and address: _____

Length of Employment: From: mo. _____ / yr. _____ To mo. _____ / yr. _____

Reason for leaving: _____

Position / Title: _____ Salary: Beginning: _____ Ending: _____

Duties performed: _____

Supervisors name: _____

Employers name and address: _____

Length of Employment: From: mo. _____ / yr. _____ To mo. _____ / yr. _____

Reason for leaving: _____

Position / Title: _____ Salary: Beginning: _____ Ending: _____

Duties performed: _____

Supervisors name: _____

If more space is needed, it may be typed or hand written on a piece of paper and attached to the application.

REFERENCES:

Please list the names and addresses of three individuals, other than a relative, whom we may contact for a professional reference.

Name	Address	City	State / Zip Code	Phone

Have you received any traffic citations for moving violations within the last 5 years? A "YES" answer does not automatically bar employment. Each case is considered individually. Yes () please list No ()

Violation	Approximate Date	Court	Disposition

Have you ever been convicted of any offense of Domestic Violence, any offense involving an act of violence, or any other criminal act? Please note that state and federal law prohibit persons convicted of Domestic Violence and certain other acts of violence from owning or possessing firearms and would bar employment. Yes () please list No ()

Violation	Approximate Date	Court	Disposition

CERTIFICATE OF APPLICANT (Please read carefully before signing)
 I hereby certify that all statements made in this application are true and I authorize investigation all matters contained in this application. I understand and agree any misstatement or omission of fact on this application will cause forfeiture on my part of all rights of employment with the Village of New London. I further agree to be fingerprinted, and to furnish such proof of age and citizenship as may be directed. I also understand that all applicants conditionally selected for this position may be required to submit to a urinalysis test and to complete a full medical examination prior to appointment. A conditional offer of employment may be rescinded for an applicant that tests positive for illegal drug use and/or who failed a complete medical examination.

Signature: _____ Date: _____

VILLAGE OF NEW LONDON EQUAL OPPORTUNITY QUESTIONNAIRE

The Village of New London is asking all applicants to comply with the United States Government Equal Opportunity Requirements. Data collected will be used for statistical purposes only. This information which you provide voluntarily will be detached from your application and will be kept separate and confidential.

Social Security Number: _____ Date of Birth: _____

- A. Are you? () Male () Female
- B. Do you have a Disability () Yes () No
- C. Ethnic Origin: White () Black () Hispanic () Asian/Pacific Islander () Native American ()