MILTON TOWNSHIP POLICE DISTRICT

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer



MILTON POLICE DISTR

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APPLICATION FOR EMPLOYMENT

Elements of the selection process for a sworn officer may include:

- Fitness test
- Initial Interview
- Job Related Skills Evaluation
- Written Test
- Background Investigation
- Oral Panel Interview
- Voice Stress Analyzer (VSA) Examination
- Drug Test
- Psychological Examination
- Physical (medical) examination

Elements of the selection process for a civilian may include:

- Oral Interview
- Job Related Skills Evaluation
- Background Investigation
- Voice Stress Analyzer (VSA) Examination

Duration of the Selection Process:

• From the beginning of the hiring process, the expected duration may take up to five months.

Re-Application

• All applications will remain active for a period of one year from the date of application. Once the oneyear period has expired, a new application may be completed entirely and submitted.

MINIMUM QUALIFICATIONS FOR BELOW POSITIONS: Preferably, the applicant will have no criminal history. If a criminal history exists, the applicant must not have been convicted of a felony or a misdemeanor involving honesty or public safety. There should not be a criminal misdemeanor 3 or 4 conviction within the past five years or any criminal minor misdemeanor within the past year.

SWORN OFFICER:

- US Citizen
- Twenty-one Years of Age
- Earned a high school Diploma or GED
- Valid Ohio Police Officer Training Academy Basic Certificate
- Valid Ohio Driver's License

CIVILIAN POSITIONS:

- US Citizen
- Twenty-one Years of Age
- Earned a high school Diploma or GED

DUTIES, RESPONSIBILITIES and REQUISITE SKILLS include, but are not limited to, the following:

SWORN OFFICER:

- Patrols the township in a vehicle or on foot during an assigned shift or turn, to prevent or detect criminal behavior, maintain order, and observe public safety conditions and circumstances within the township.
- Investigates crimes, incidents, traffic crashes, alarms, and suspicious activity or circumstances.
- Prepares and submits written reports and forms in accordance with departmental policy and procedures
- Receives complaints, inquiries, and information from citizens, in person or by telephone; provides aid, assistance, information, or referrals as required.
- Talks to residents, merchants, and visitors to maintain good community relations.
- Enforces traffic laws by stopping motorists and issuing citations or warnings as appropriate; directs traffic around traffic crashes, disabled vehicles, or obstructions; enforces parking regulations
- Performs other related tasks as assigned.

CLERICAL POSITION:

- Operates a computer terminal to input or retrieve data.
- Answers telephone, assists customers at the counter, and corresponds with parties requesting information or copies of reports. Serves as receptionist, referring calls and visitors to the proper party.
- Maintains and updates a number of files. Maintains active files, including labeling file folders and drawers and rotating file locations according to space needs.
- Answers in-coming telephone calls and assists citizens with information and referral as requested.
- Performs clerical and general office tasks as assigned.

APPLICATION FOR EMPLOYMENT			
Application Date:			
Position(s) Applied For: Res	serve Police Officer 🔲 Police Officer	☐ Office/Clerical	
Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, martial or veteran status, or the presence of any non-job related medical condition or handicap. This application will remain on file for one year from the date of application with the Milton Township Police District.			
NAME (Last, First, Middle)		(Maiden Name)	
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	
Home Phone Number	Work Phone Number & Ext.#	Mobile Phone Number	
Email Address:		Driver's License Number /State	
Social Security Number	U.S. Citizen: Yes No	18 Years of age or older Yes No	
	Date of Birth:	21 Years of age or older Yes No	
EDUCATION – High School	SCHOOL NAME: FULL ADDRESS:		
GPA	Course of Study		
EDUCATION – Undergraduate	SCHOOL NAME: FULL ADDRESS:		
GPA	Course of Study		
EDUCATION -	SCHOOL NAME:		
Graduate	FULL ADDRESS:		
GPA	Course of Study		
MILITARY INFORMATION	Branch	From: To:	
Highest Rank or Grade	Discharged Rank or Grade	Type of Discharge	

EMPLOYMENT INF	ORMATION		
List ALL employment starting with your present position, then the position before that, and so forth. Use			
additional forms if needed. Do not omit ant employment.			
1. Company Name	Telephone Number		
Address (Street, City, State, Zip Code)	Employed (Starting & Ending Date)		
, , , , , , , , , , , , , , , , , , , ,	Employed (starting & Ending Bute)		
Name of Immediate Supervisor:	0.1		
Name of fininediate Supervisor.	Other Supervisor:		
State Job Title & Describe Your Work			
Reason for Leaving (Voluntary/Involuntary) Please Explain:			
2. Company Name	Telephone Number		
Address (Street, City, State, Zip Code)	Employed (Starting & Ending Date)		
causes (causes, casy, caus, 22p code)	Employed (starting & Ending Date)		
Name of Immediate Supervisor:	Other Supervisor:		
State Job Title & Describe Your Work			
Reason for Leaving (Voluntary/Involuntary) Please Explain:			
3. Company Name	Telephone Number		
Address (Street, City, State, Zip Code)	Employed (Starting & Ending Date)		
Name of Immediate Supervisor:	Other Supervisor:		
Trumo of Immodute Supervisor.	Office Supervisor.		
State Job Title & Describe Your Work			
State Job Title & Describe Your Work			
Reason for Leaving (Voluntary/Involuntary) Please Explain:			
We may contact the employers listed above unless you indicate those you	do not want us to contact.		
DO NOT CONTACT: Employer Number(s)	Reasons		

4. Company Name	Telephone Number
Address (Street, City, State, Zip Code)	Employed (Starting & Ending Date)
Address (Street, City, State, Zip Code)	Employed (Starting & Ending Date)
Name of Immediate Supervisor:	Other Supervisor:
State Job Title & Describe Your Work	
Reason for Leaving (Voluntary/Involuntary) Please Explain:	
5. Company Name	Telephone Number
Address (Street, City, State, Zip Code)	Employed (Starting & Ending Date)
Name of Immediate Supervisor:	Other Supervisor:
State Job Title & Describe Your Work	
Reason for Leaving (Voluntary/Involuntary) Please Explain:	
6. Company Name	Telephone Number
Address (Street, City, State, Zip Code)	Employed (Starting & Ending Date)
Name of Immediate Supervisor:	Other Supervisor:
State Job Title & Describe Your Work	
Reason for Leaving (Voluntary/Involuntary) Please Explain:	
We may contact the employers listed above unless you indicate those you	do not want us to contact.
DO NOT CONTACT: Employer Number(s)	_ Reasons

7. Company Name	Telephone Number
Address (Street, City, State, Zip Code)	Employed (Starting & Ending Date)
Name of Immediate Supervisor:	Other Supervisor:
State Job Title & Describe Your Work	
Reason for Leaving (Voluntary/Involuntary) Please Explain:	
8. Company Name	Telephone Number
Address (Street, City, State, Zip Code)	Employed (Starting & Ending Date)
Name of Immediate Supervisor:	Other Supervisor:
State Job Title & Describe Your Work	
Reason for Leaving (Voluntary/Involuntary) Please Explain:	
9. Company Name	Telephone Number
Address (Street, City, State, Zip Code)	Employed (Starting & Ending Date)
Name of Immediate Supervisor:	Other Supervisor:
State Job Title & Describe Your Work	
Reason for Leaving (Voluntary/Involuntary) Please Explain:	
We may contact the employers listed above unless you indicate those you d	o not want us to contact.
DO NOT CONTACT: Employer Number(s)	Reasons

Applicant's Name: (print)
List all certifications you have obtained related to the position applied for.
Have you ever been denied a commission status with any law enforcement agency? [] Yes [] No
If yes, please explain:
What special skills, experiences or qualifications, related to the position(s) applied for, do you possess? (Sell yourself).
what operations, experiences of quantications, related to the position(s) applied for, do you possess: (Bon yourself).
List all departments at which you have current applications filed. Note status of employment opportunities for each application (Best
guess):
Do you have any driving convictions? [] Yes [] No. If "Yes," please explain.
Do you have any Criminal or Traffic charges pending? [] Yes [] No. If "Yes," please explain.
Are you computer literate? [] Yes [] No. If "Yes," please explain.
Are you computer incrate: [] Tes [] No. II Tes, picase explain.
What programs are you familiar with?
To what extent?
W .
Can you type? [] Yes [] No.
can you type: [] 105 [] 110.

REFERENCES

ADULTS, AND WHO HAVE KNOWN YOU W		
Name	ELL DUMING THE LAST FIVE TEA	Years Known
Business/Occupation		
Home Address		
Work Address		
Home Phone	Business Phone	Mobile Phone
Email Address:		
Name		Years Known
Business/Occupation		
Home Address		
Work Address		
Home Phone	Business Phone	Mobile Phone
Email Address:		
Name		Years Known
Business/Occupation		
Home Address		
Work Address		
Home Phone	Business Phone	Mobile Phone
Email Address:		

WAIVER OF CONFIDENTIAL RECORDS

Name (print)			Social Secur	rity Number
Address:	Street	Township/City	State	Zip Code
To Whom It M	lay Concern:			
thoroughly inv for which I ap	restigate my background an	the Township of Milton, Lake Milton and personal history to evaluate my interest that all relevant inform ove township.	qualifications to	hold the position
information in information up part thereof, co whether said re	your files pertaining to on request of the bearer. I oncerning myself, by and to ecords are of public, private	he Milton Township Police District my employment records and I le do hereby authorize a review of for any duly authorized agent of the e, or confidential nature. The inter- dersonal or confidential it may appear	hereby direct you uill disclosure of a milton Townshi at of this authoriza	to release such ll records, or any p Police District,
work record, restatus, my crime efficiency rational law, or other copresently have	ny background and reputational history record, includings, complaints or grievance ounsel, whether representing, or have had an interest, a	ublic and private information that tion, my military service records, and any arrest records, any information es filed by or against me, the record g me or another person in my case attendance records, polygraph exactly files which are deemed to be con-	educational recordion contained in interest or recollections, either criminal or minations, and an	rds, my financial avestigatory files, as of attorneys at a civil, in which I y internal affairs
the information release you, as personnel, both any time result to release inforthe duly accred have made with	requested, including any little custodian of such record individually and collective to me, my heirs, family, or mation, or any attempt to collited representative of the Manyou previously to the cont	ad all others from liability or damage ability or damage pursuant to any ds of your organization, including ely, from any and all liability for datassociates because of compliance amply with it. I direct you to release that the comply with it. I direct you to release that the complex of the	state or federal law its officers, employ mages of whateve with this authoriza se such information ardless of any agre- cation requesting the	vs. I hereby yees or related r kind, which at tion and request upon request of the bement I may the information
Initial:				

For and in consideration of the Township of Milton's acceptance and processing of my application 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 Township of Milton. 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 Township of Milton 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 Township of Milton.

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:

(Print Name of Applicant), having be	een duly sworn under oath states that this is his/her
lawful affidavit and request for release of records.	
	Signature of Applicant
Sworn and subscribed before me, a Notary Public	this,,
My commission expires,	·
SEAL MUST BE AFFIXED	
	Signature of Notary Public
	Printed Name of Notary
	Printed Address of Notary

(Out of state notary must submit Certificate)

The Milton Township Police District does not discriminate in hiring or employment on the basis of race, color, religion, national origin, sex, age, veteran status or any non-job related handicap or disability except where such characteristic constitutes a bona fide occupational disqualification. This application will be given every consideration, but its receipt does not imply that the applicant will be employed. The application will remain active and retained on file with the Milton Township Police District for one year from the date of application.

In the event of employment with the Milton Township Police District, I understand that I am responsible for learning, understanding and complying with all rules, regulations, policies and procedures of the Milton Township Police District. My failure to do so may result in my discharge.

I understand that any job offer which may result out of this employment application is contingent upon my producing satisfactory documentation specified under the Immigration Reform and Control Act of 1986 proving my identity and authorization for employment in the United States. All employment offers are conditioned upon the applicant passing the elements of the selection process (see cover page of application).

In processing this application, the Milton Township Police District may request that an investigative consumer and criminal investigative report be prepared, which may include information as to my credit and criminal history.

I certify that all statement made by me on this application are true and complete to the best of my knowledge and that I have nothing that would, if disclosed, affect this application unfavorably. I hereby authorize the Milton Township Police District to investigate the statements contained in the application and any other information I provide in connection with my application for employment. I understand that any false or misleading statements or omission may result in my application being rejected or, if I am hired, in my discharge from employment.

I hereby acknowledge that I have read the above statement, that I understand the same, and I agree with and/or consent to the terms, conditions and requirements as stated above.

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

Print Name of Applicant			
(Signature of Applicant)			
Sworn and subscribed before me, a Notary Pu	ablic this	day of	,
My commission expires			
SEAL MUST BE AFFIXED			
	Signature	of Notary Public	

(Out of state notary must submit Certificate)

Printed Name of Notary

Please print your answers clearly and legibly. Be sure to answer each question completely. If you need additional space, you may use the reverse side of each page. You must answer all questions truthfully. Answers will be verified by a truth detection test.

1.	Have you ever taken a polygraph or voice stress analysis test before? YES NO lif yes, explain when, why and for what agency or employer:
2.	Would you take a polygraph to confirm the answers that you gave today? YES NO life not, why not:
3.	How many days did you call off or call in sick from work during the last year when you were not actually sick? Explain the circumstances:
	Have you ever been disciplined for absence or tardiness at work for non-health related reasons? YES NO lifyes, explain the circumstances:

5.	Do you drink alcohol? YES NO If so, what type and how frequently:
6.	Have you ever been convicted, fined or had an expungement for Operating a Motor Vehicle While Impaired (OVI)? YES NO If yes, please give the details:
7.	When is the last time you have used or been around any illegal drugs? (Give the month and year, the type of drug and the circumstances):
8.	How many times in your life have you used illegal drugs and which drugs?
9.	Have you ever missed work because of drugs or alcohol? YES NO lif yes, please explain:

10.	Have you been terminated from employment because of drugs or alcohol? YES NO NO If yes, please explain:
1 1.	Have you ever received any disciplinary action for conduct at work? YES NO Substitute NO Substitute If yes, what employer issued the discipline, when was is issued and what type of discipline (write-Up, suspension, termination)?
12.	Have you been asked to resign or quit a job? YES NO If yes, please explain why:
13.	Have you been terminated or fired from a job? YES NO If yes, please explain the circumstances:
14.	Have you quit a job because of a conflict with someone you worked with? YES NO NO lif yes, which employer, what name/position of employee you had conflict and what was the conflict about:

15.	Have you stolen anything from work or elsewhere? (This would
	include shoplifting) YES NO lif yes, please explain:
16.	Were you accused or questioned about stealing anything from work or elsewhere? YES NO lif yes, please explain:
17.	Have you been convicted, fined or had an expungement for any criminal offense? YES NO lifyes, what was the charge, court and year:
18.	You will be required to work various shifts, weekends and holidays; will this create a problem for you or your family? YES NO If yes, please explain:
19.	Have you been involved in a civil suit that did not involve injury or disability? YES NO lift yes, please explain:

20.	Have you been involved in anything that may embarrass you or the Mahoning County Sheriff's Office now or in the future? YES NO lift yes, please explain:
21.	Have any of your family members or friends ever been in jail or do any of them have a criminal record? YES NO NO If yes, provide family members name, charge, and year of charge:
22.	Have the police ever been called in response to a complaint files against you? YES NO lif yes, please explain:
23.	Were you ever involved in a physical fight? YES NO lif yes, when was it, with who and about what:
24.	Have you caused the death of another person or caused a person to be hospitalized? YES NO If yes, please explain:

25.	Have you ever been incarcerated? YES NO If yes, when, where and what was the charge:
26.	Have you been known by any other names to include maiden names or names of former spouses? YES NO
	If yes, please explain:
27.	Do you know anyone that works for the Milton Township Police District, past or present? YES NO III If yes, please explain:
Cand	idate's Name (printed)
	idate's Name (signature)