

POLAND TOWNSHIP POLICE DEPARTMENT

Chief of Police: Greg Wilson



Dear Police Applicant:

Enclosed you will find a message from the Chief of Police, application for employment, equal opportunity information sheet, and waiver of confidential information. The requirements for consideration for the position of Poland Township Police Officer are as follows:

1. Minimum age of twenty-one years (at time of appointment)
2. United States citizen
3. Valid Ohio driver's license (at time of appointment)
4. General good health
5. High school diploma or diploma equivalence
6. Current Ohio Peace Officer Certificate (at time of appointment)
7. No felony convictions
8. Ability to get along with others
9. History of regular and predictable attendance
10. Successful completion of a background investigation to include all testing as prescribed by the Chief of Police

Please complete and return the enclosed application with a current photograph. You may attach any certificates or other documentation to the application that may assist us with this process.

Sincerely,

A handwritten signature in black ink, appearing to read "Greg Wilson", is written over a horizontal line.

Greg Wilson

POLAND TOWNSHIP POLICE DEPARTMENT

Chief of Police: Greg Wilson



Dear Police Applicants:

I am excited that you have an interest in joining our department. We strive to be the premiere standard of law enforcement excellence and would like the opportunity to include you within the ranks of our officers.

Our department is built by men and women that believe strongly in the core values of fairness, loyalty, respect, pride, and integrity. Many apply to become police officers with our department but only the best candidates are hired and given the opportunity to participate in our rigorous Field Training Program. The training is challenging and very demanding but also very rewarding.

If you believe you have the qualities, characteristics and the initiative needed to become one of the best police officers possible and you want to make a difference within the Poland Township community, then I welcome your application.

Sincerely,

A handwritten signature in black ink, appearing to read "Greg Wilson". The signature is fluid and cursive, with a long horizontal stroke at the end.

Greg Wilson

POLAND TOWNSHIP POLICE DEPARTMENT

Chief of Police: Greg Wilson



Application for Employment Part 1	The Poland Township Police Department shall recruit and hire qualified individuals while providing equal employment opportunity.		
	In accordance with applicable federal, state, and local law, the Poland Township Police Department provides equal opportunities for applicants and employees regardless of actual or perceived race, ethnicity, national origin, religion, sex, sexual orientation, gender identity or expression, age, pregnancy, genetic information, veteran status, marital status, and any other classification or status protected by law. The Department does not show partiality or grant any special status to any applicant, employee, or group of employees unless otherwise required by law.		
	The Poland Township Police Department shall not discriminate against individuals with disabilities and afford them the same access to employment provided to all citizens. Where possible the department will provide reasonable accommodation to the known disabilities of qualified individuals.		
	The Department will recruit and hire only those qualified individuals who demonstrate a commitment to service and who possess the traits and characteristics that reflect personal integrity and high ethical standards.		
Application Date	Referred by	Are you a U.S. Citizen	
Personal Information	Social Security #:	License #: State: _____ Number:	Date of Birth / Place of Birth
	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: Address:		Diploma Received G.E.D. Received Date Received:
	GPA	Course Of Study	Awards/Honors/Offices Extracurricular Activities
Education Undergraduate	School Name: Address:		Associate Degree Bachelors Degree Date Received:
	GPA	Major / Minor	Awards/Honors/Offices Extracurricular Activities
Education Graduate	School Name: Address:		Masters Degree Date Received:
	GPA	Major / Minor	Awards/Honors/Offices Extracurricular Activities
Education Other/Academy	School Name: Address:		Completion Date Received:

GPA	Course of Study	Awards/Honors/Offices	Extracurricular Activities
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Military Information	Branch	From:	To
	Highest Rank or Grade	Terminal Rank or Grade	Type of Discharge
Nature of Duties:			
Awards/Honors:			

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
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? Yes 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? Yes No Signature:			

Other Employment? Yes 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 if applicant is hired with this agency.

Date: _____

Signature: _____

Personal Information	Name	Social Security #:	Date of Birth

The Poland Township Police Department requests that you supply the information below to assist our efforts regarding equal employment opportunity. This information is strictly voluntary and will in no way affect the processing of your application. This information sheet will be processed separately and will be used for statistical purposes only.

Thank you for your cooperation.

Check One	Race	Description
	White	Persons having origins in any of the original peoples of Europe, North Africa or Middle East.
	Black	Persons having origins in any Black racial groups.
	Hispanic	Persons of Mexican, Puerto Rico, Cuban, Central or South America, or other Spanish culture or origin, regardless of race.
	American Indian	Persons having origins in any of the original peoples of North American, and who maintain culture identified through tribal affiliation or community recognition.
	Asian/Pacific	Persons having origins in any of the original peoples of the Far East, Southeast Asia, Indian Subcontinent, or Pacific Islanders.
	Other	
Check One	Disabled	
	Yes	Individual with a physical or mental impairment that substantially limits
	No	One or more of the major life activities
Check One	Accommodation	
	Yes	If you have a disability which will require special accommodation in testing,
	No	please check the Yes box below, and describe the type of accommodation
		Required, such as closed-circuit TV, Optacons, readers, large type, Braille,
		A sign language interpreter, or other, if known.
Describe		

References / General Information	Applicant's Name: (print)			
#1: Name	Address	Cell Phone Number	Email Address	Years Acquainted
#2: Name	Address	Cell Phone Number	Email Address	Years Acquainted
#3: Name	Address	Cell Phone Number	Email Address	Years Acquainted
What are your available hours and days to train and work at this agency?				
Special Training and Certificates				
Are you computer literate? Yes No If "Yes," please explain.				
What programs are you familiar with?				
To what extent?				
Can you type? Yes No				
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 employment.				
Date:		Signature:		

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

Personal Information	Name	Social Security #:	Date of Birth
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WAIVER OF CONFIDENTIAL RECORDS

To: physician, psychologist, psychiatrist, dentist, hospital, nursing, or medical association, or

U.S. Armed Forces, Maritime Services, Veterans Association, or

Any academic dean, registrar, principal, guidance counselor, or authorized person at any; school, college, university, business school, trade school, high school, or elementary school, or

Any local, state, or federal law enforcement agency, and past employer, present employer, credit bureau, retail merchants' association, U.S. selective service system or, and government agency:

I am an applicant for a position with the Poland Township Department. 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 Poland Township Police Department bearing this release to obtain any information in your files 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 Poland Township 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 Poland Township 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 including but not limited to, my medical records, my work records, 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 Poland Township 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.

For and in Consideration of the Poland Township Police Department's acceptance and processing of my application for employment, I agree to hold your organization, it's 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 Poland Township 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 Poland Township 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 Poland Township Police Department.

I agree to indemnify and hold harmless the person to whom this request and his/her 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.

Signature of Applicant

Date and Time