



Clinton Township Division of Police

3820 Cleveland Avenue Columbus, Ohio 43224

614-471-1479, 614-476-9700 Fax

<http://www.clintontwp-columbus.org/police.htm>

EMPLOYMENT APPLICATION

PLEASE PRINT

Date of Application _____

Are you available to work _____ Full time _____ Part time _____ Temporary

Name _____
Last First Middle Maiden

Address _____
Number Street City State Zip

Telephone () _____ Social Security Number _____

Position(s) Applied For _____

Rate of Pay Expected _____

Referral Source: __Advertisement__ Friend __Relative__ Walk-in __Other

Do you presently hold a valid State of Ohio Drivers License? *(This information will be considered for selection purposes only if such license is required by law to perform the duties for which you applied.)* _____ YES _____ NO

If YES, type: _____ Operators License Number
Endorsements? _____ YES _____ NO TYPE _____

Have you filed an application here before? _____ YES _____ NO

If yes, give date: _____

Are you employed now? _____ YES _____ NO

May we contact your present employer? _____ YES _____ NO

BELOW THIS LINE - OFFICE USE ONLY

Date Application received: _____ By _____



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EDUCATION

<u>School Name</u>	<u>Address</u>	<u>Year Attended</u>	<u>Did You Graduate?</u>
Grammar			
High School			
College			
Trade or Technical			

Describe Specialized Training, Licenses, Certificates, Apprenticeship Skills and Extra Curricular Activities:

Honors Received: _____

State any additional information you may feel helpful to us in considering your application, including typing speed, shorthand, computer experience, etc.:

Special Skills and Qualifications

Summarize special skills and qualifications acquired from employment or other experience:

List professional, trade, business or civic activities and offices held. (May exclude those which indicate race, religion, color, sex, or national origin.)



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EMPLOYMENT EXPERIENCE

Start with your present or last job. Include military service assignments and volunteer activities. Exclude organizations that indicate race, religion, sex or national origin.

1. Employer Name and Address: _____

Employed From: _____ to _____ Salary _____ Per _____

Position held: _____

Supervisor Name, Title, Telephone: _____

Reason for Leaving: _____

2. Employer Name and Address: _____

Employed From: _____ to _____ Salary _____ Per _____

Position held: _____

Supervisor Name, Title, Telephone: _____

Reason for Leaving: _____

Employer Name and Address

Give name, addresses and telephone numbers of three (3) references who are not relatives and who are not previous employers. Please give complete information:



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APPLICANTS STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as necessary in arriving at an employment decision. I further authorize all individuals and organizations named or referred to in this application and any law enforcement organization to give Clinton Township and the Clinton Township Division of Police all information relative to such verification and hereby release such individual(s), organization(s) and Clinton Township Division of Police from any/all liability for any claim or damage resulting there from. I understand that this application is not intended to become a contract of employment.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

SIGNATURE OF APPLICANT

DATE

Sworn in my presence this _____ day of _____ 20 _____.

AFFIX SEAL HERE

NOTARY PUBLIC SIGNATURE

As an equal opportunity employer, the Clinton Township Police Department will consider the qualifications of all applicants and will not tolerate discrimination in provisions of services or employment due to disability, race, color, creed, national origin, sex, or age.

Thank you for your application and your interest in the Clinton Township Division of Police.

Michael H. Jones
Chief of Police