LEESBURG POLICE DEPARTMENT

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer





LEESBURG POLICE DEPARTMENT

Selection process for a sworn officer may include:

- Initial Interview
- Background Investigation
- Second Interview with Village of Leesburg Mayor and/or Village Council
- Drug Test
- Physical (medical) examination

Re-Application:

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

MINIMUM QUALIFICATIONS FOR BELOW POSITION: 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 convictions within the past five years or any criminal minor misdemeanor within the past year.

SWORN OFFICER:

- Meets Ohio Police Officer Training Commission requirements
- 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

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

SWORN OFFICER:

- Patrols the Village of Leesburg 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 village.
- 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 motorist and issuing citations or warnings as appropriate; directs traffic around traffic crashes, disabled vehicles, or obstructions; enforces parking regulation.
- Performs other related task as assigned.

APPLICATION FOR EMPLOYMENT

Application Date:_____

Qualified applicants are considered for all position's 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. This application will remain on file for one year from the date of application with the Village of Leesburg Police Department.

NAME (Last, First, Midd	le)	(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 &	Area Code Work Phone Numbe	r & Area Code (ext #) Cell Number & Area Code
Email Address:		Operators Driver's License Number/State
Social Security No.	U.S. CitizenYes	No 18 years of age or olderYesNo
EDUCATION High School	SCHOOL NAME: FULL ADDRESS:	Diploma Received GED Received
		Date Received:
GPA:		
EDUCATION Undergraduate	SCHOOL NAME: FULL ADDRESS:	Associate Degree Bachelors Degree
GPA:	Major	Minor
EDUCATION- GRADUATE	SCHOOL NAME: FULL ADDRESS	Masters Degree Date Received:
GPA	Major	Minor

EDUCATION Other/Academy	SCHOOL NAME FULL ADDRESS		Masters Degree Date Received:
GPA	Course of Study		
MILITARY INFORMATION	Branch	From:	To:
Highest Rank or Grade	Discharged Rank or Grade		Type of Discharge
Nature of Duties: Awards/Honors:			

EMPLOYMENT INFORMATION

1. Company Name	Telephone Number
Address (Street, City, State, Zip Code)	Employed (Starting & Ending Date)
Name of Immediate Supervisor State Job Title and Describe Your Work	Other Supervisor
Reason for Leaving (Voluntary/Involuntary) Please Explain:	
2. Company Name	Telephone Number
Address (Street, City, State, Zip Code)	Employed (Starting & Ending Date)
Name of Immediate Supervisor State Job Title and Describe Your Work	Other Supervisor
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
State Job Title and Describe Your Work	· · · ·
Reason for Leaving (Voluntary/Involuntary) Please Explain:	
4. Company Name	Telephone Number
Address (Street, City, State, Zip Code)	Employed (Starting & Ending Date)
Name of Immediate Supervisor	Other Supervisor
State Job Title and Describe Your Work	
Reason for Leaving (Voluntary/Involuntary) Please Explain:	
readen for Leaving (Volandary, involundary) i foddo Explain.	

5. Company Name	Telephone Number
Address (Street, City, State, Zip Code)	Employed (Starting & Ending Date)
Name of Immediate Supervisor	Other Supervisor
Name of Immediate Supervisor State Job Title and Describe Your Work	Other Supervisor
State Job Title and Describe Your Work	
Reason for Leaving (Voluntary/Involuntary) Please Explain:	
6. Company Name	Telephone Number
6. Company Name	Telephone Number
	Telephone Number Employed (Starting & Ending Date)
6. Company Name Address (Street, City, State, Zip Code)	
Address (Street, City, State, Zip Code) Name of Immediate Supervisor	
Address (Street, City, State, Zip Code)	Employed (Starting & Ending Date)
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Address (Street, City, State, Zip Code) Name of Immediate Supervisor State Job Title and Describe Your Work	Employed (Starting & Ending Date)

7. Company Name	Telephone Number
Address (Street, City, State, Zip Code)	Employed (Starting & Ending Date)
Name of Immediate Supervisor	Other Supervisor
State Job Title and Describe Your Work	
Reason for Leaving (Voluntary/Involuntary) Please Explain:	
8. Company Name	Telephone Number
8. Company Name	Telephone Number
8. Company Name Address (Street, City, State, Zip Code)	Telephone Number Employed (Starting & Ending Date)
Address (Street, City, State, Zip Code)	Employed (Starting & Ending Date)
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Address (Street, City, State, Zip Code) Name of Immediate Supervisor State Job Title and Describe Your Work	Employed (Starting & Ending Date)

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

JOB RELATED QUESTIONS/PLANS/GOALS

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
What special skills, experience or qualifications, related to the position applied for, do you possess (sell 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
What programs are you familiar with?
To what extent?
Can you type? []Yes []No

REFERENCES

Business/ Occupation		
Home Address		
Work Address		
Home Phone	Business Phone	Cell Phone
Email Address:		
2. Name		Years Known
Business/ Occupation		
Home Address		
Work Address		
Home Phone	Business Phone	Cell Phone
Email Address:		
3. Name		Years Known
Business/ Occupation		
Home Address		
Work Address		
Home Phone	Business Phone	Cell Phone
Email Address:		

WAIVER OF CONFIDENTIAL RECORDS

Name (prin			Social Security Number	_	
Address:	Street	City	State	Zip Code	

To Whom It May Concern:

I am an applicant for a position with the Village of Leesburg Ohio. The Village 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 village.

I hereby authorize any representative of the Village of Leesburg 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 Village of Leesburg Police Department, whether said records are public, private, or confidential nature. The intent of this authorization is 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 investigation 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 it's 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 heir, 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 Village of Leesburg 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 and in consideration of the Village of Leesburg Police Department'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 Village of Leesburg. 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 Village of Leesburg in conjunction with employment procedures.

A photocopy, FAX copy, or email 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 Village of Leesburg.

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

(Print name of Applicant)

lawful affidavit and request for release of records.

Signature of Applicant

Sworn and subscribe before me, a Notary Public this _____day of _____, ____,

My commission expires _____, ____,

Signature of Notary Public

Printed Name of Notary

(Out of state notary must submit Certificate)

Printed Address of Notary

The Village of Leesburg Police Department does not discriminate in hiring or employment on the basis or race, color, religion, national origin, sex, marital, or 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 Village of Leesburg Police Department for one year from the date of application.

In the event of employment with the Village of Leesburg Police Department, I understand that I am responsible for learning, understanding and complying with all rules, regulations, polices and procedures of the Village of Leesburg Police Department. 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 Village of Leesburg Police Department may request that an investigative consumer and criminal investigative report be prepared, which may include information as to by credit and criminal history.

I certify that all statements 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 Village of Leesburg Police Department to investigate the statements contained in the application and any other information I provide in connection to 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 Public 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

Printed Address of Notary