



# Brimfield Township Police Department

## Employment Application

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street Address Apartment/Unit #  
\_\_\_\_\_  
City State ZIP Code

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Date Available: \_\_\_\_\_ Driver's License No.: \_\_\_\_\_  
OPOTA Certificate? YES NO

Position Applied for: \_\_\_\_\_

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you applied to BPD previously? YES NO If yes, when? \_\_\_\_\_

Can you, with or without reasonable accommodation, perform the essential functions of this job? YES NO

If no, explain: \_\_\_\_\_

### Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES NO Diploma: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES NO Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES NO Degree: \_\_\_\_\_

### References

*Please list three professional references.*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**Previous Employment**

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary:\$ \_\_\_\_\_ Ending Salary:\$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary:\$ \_\_\_\_\_ Ending Salary:\$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary:\$ \_\_\_\_\_ Ending Salary:\$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

**Military Service**

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

If other than honorable, explain: \_\_\_\_\_

**Disclaimer and Signature**

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

*If this application leads to employment, I understand that any false or misleading information or omission of material facts in my application, supplemental applications, or interview(s) may result in my release.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**This application for employment expires one (1) year after the date indicated next to your signature.**

*As an equal opportunity employer, the Brimfield Township Police Department will strive to conduct all personnel practices and procedures, including recruitment, selection, employment, compensation, benefits, evaluations, promotions, demotions, assignments, transfers, layoffs, terminations, training, education, recreational and social activities, and safety and health programs, without regard to race, color, religion, gender, national origin, age, disability, veteran status, or any other status protected under local, state or federal laws.*

**Authorization for Release of Information**

*For the purpose of my possible employment, if selected to proceed in the hiring process I authorize Brimfield Township to make a thorough investigation into my background which may include financial status, academic record, employment record, military service, driving record, criminal record, reputation and character references. I understand that I may be required to submit to the following examinations as required by Brimfield Township: Drug screen/medical and/or polygraph.*

*I understand that information obtained from a background investigation and/or the above examinations may constitute a basis for denial of employment. I understand that any information obtained from a background investigation will be used solely for the purpose for which it is intended.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Employer Use Only:**

Date/Time Application Received: \_\_\_\_\_ By Unit # \_\_\_\_\_

- Received by:  US Mail
- E-Mail
- In-Person