



NEW RICHMOND POLICE DEPARTMENT

102 WILLOW STREET

NEW RICHMOND, OHIO 45157

PHONE: 513-553-3121

APPLICATION FOR EMPLOYMENT

PLEASE COMPLETE APPLICATION FULLY. INCOMPLETE APPLICATIONS MAY GET OVER LOOKED OR
NOT CONSIDERED



VILLAGE OF NEW RICHMOND POLICE DEPARTMENT

APPLICATION FOR EMPLOYMENT

POSITION APPLIED FOR: _____

HOW DID YOU LEARN ABOUT THE POSITION? _____

DO YOU KNOW ANY CURRENT OFFICERS ON THE DEPARTMENT? IF SO, WHO? HOW DO YOU KNOW THEM? _____

NAME: _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP CODE: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____

SOCIAL SECURITY NUMBER: _____ - _____ - _____ DRIVERS LICENSE NUMBER: _____

DATE AVAILABLE TO START IF HIRED: _____

WAGE DESIRED: _____

ARE YOU A US CITIZEN, OR ARE YOU OTHERWISE AUTHORIZED TO WORK IN THE US WITHOUT ANY RESTRICTION? ☐ YES ☐ NO

HAVE YOU EVER BEEN CONVICTED OF A FELONY OFFENSE? ☐ YES ☐ NO

IF YES, PLEASE DESCRIBE THE CIRCUMSTANCES:

IF SELECETED FOR EMPLOYEMNT, ARE YOU WILLING TO SUBMITTO A PRE-EMPLOYMENT DRUG SCREENING TEST? ☐ YES ☐ NO

EDUCATIONAL HISTORY

| SCHOOL NAME | LOCATION | YEARS ATTENDED | DEGREE RECEIVED Y/N | MAJOR |
|-------------|----------|-------------------|---------------------------|-------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

OTHER TRAINING OR CERTIFICATES HELD :

LIST ANY OTHER INFORMATION PERTINENT TO THE EMPLOYMENT WITH THE NEW RICHMOND POLICE DEPARTMENT YOU ARE SEEKING:

IF APPLYING FOR A POLICE OFFICER POSITION, ARE YOU CURRENTLY CERTIFIED IN THE STATE OF OHIO AS A PEACE OFFICER? [☐] YES [☐] NO

IF NO, ARE YOU CURRENTLY IN A POLICE ACADEMY? [☐] YES [☐] NO

IF CURRENTLY IN POLICE ACADEMY, PLEASE PROVIDE ACADEMY INFORMATION:

NAME OF ACADEMY: _____

ACADEMY COMMANDER: _____

ACADEMY CONTACT NUMBER: _____

WHEN WILL YOUR ACADEMY BE COMPELTE? _____

EMPLOYMENT HISTORY

PLEASE LIST ALL EMPLOYMENT FOR THE PAST 5 YEARS STARTING WITH YOUR CURRENT OR MOST RECENT EMPLOYER.

EMPLOYER: _____

JOB TITLE: _____ DATES EMPLOYED: _____

PRIOR POSITIONS HELD AT COMPANY (IF ANY): _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

STARTING SALARY: _____ ENDING SALARY: _____

DUTIES/RESPONSIBILITIES: _____

REASON FOR LEAVING: _____

EMPLOYER: _____

JOB TITLE: _____ DATES EMPLOYED: _____

PRIOR POSITIONS HELD AT COMPANY (IF ANY): _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

STARTING SALARY: _____ ENDING SALARY: _____

DUTIES/RESPONSIBILITIES: _____

REASON FOR LEAVING: _____

EMPLOYER: _____

JOB TITLE: _____ DATES EMPLOYED: _____

PRIOR POSITIONS HELD AT COMPANY (IF ANY): _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

STARTING SALARY: _____ ENDING SALARY: _____

DUTIES/RESPONSIBILITIES: _____

REASON FOR LEAVING: _____

EMPLOYER: _____

JOB TITLE: _____ DATES EMPLOYED: _____

PRIOR POSITIONS HELD AT COMPANY (IF ANY): _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

STARTING SALARY: _____ ENDING SALARY: _____

DUTIES/RESPONSIBILITIES: _____

REASON FOR LEAVING: _____

EMPLOYER: _____

JOB TITLE: _____ DATES EMPLOYED: _____

PRIOR POSITIONS HELD AT COMPANY (IF ANY): _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

STARTING SALARY: _____ ENDING SALARY: _____

DUTIES/RESPONSIBILITIES: _____

REASON FOR LEAVING: _____

EMPLOYER: _____

JOB TITLE: _____ DATES EMPLOYED: _____

PRIOR POSITIONS HELD AT COMPANY (IF ANY): _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

STARTING SALARY: _____ ENDING SALARY: _____

DUTIES/RESPONSIBILITIES: _____

REASON FOR LEAVING: _____

MILITARY RECORD

Are you registered with Selective Service? Yes () No ()

If so, date registered: _____

Selective Service Number: _____

Have you ever served on active duty in the U.S. Armed Forces? Yes () No ()

Branch _____ Date of Service _____

Serial Number _____ Type of Discharge _____

Are you currently, or have you ever been a member of the Reserves or National Guard?

Yes () No () Branch _____ Date of Service _____

Reserve Status _____

If you are in a pay status, where do you attend drills, meetings, or camps. Give name of unit and location, name of Supervisor and phone number. _____

_____ Were you
ever tried, punished, reprimanded or reduced in rank for infraction(s) of military rules and
regulations? Yes () No () If yes, indicate the following information: Date: _____

Charges: _____

Type of Proceedings: _____

Disposition: _____

Has your discharge or separation ever been corrected or changed? Yes () No ()

If yes, list details below:

Changed from: _____

Changed to: _____

Authority: _____

Date of Change: _____

DRUGS/ NARCOTIC USAGE

Do you now or have you ever used any tobacco products? Yes () No ()

If yes explain:

2. Do you now or have you ever used marijuana? () Yes () No

If yes when did you first use marijuana? _____ Last use? _____

3. Estimate the total number of USAGES: _____ Periods of heavier USAGE: _____

4. Ever purchase, sell, distribute marijuana, or assist anyone? Yes () No ()

5. Ever USE marijuana while at work? Yes () No ()

6. Do you now or have you ever used Cocaine? () Yes () No If yes, when did you first use Cocaine? _____ Last use? _____

7. Estimate total USAGE of cocaine? _____ Most used in 24hr period: _____

8. Ever purchase, sell, manufacture distribute cocaine, or assist anyone? Yes () No ()

9. Other drugs tried:

| | FIRST TIME | LAST TIME | TOTAL TIMES |
|-------------------|------------|-----------|-------------|
| Hashish | _____ | _____ | _____ |
| Heroin | _____ | _____ | _____ |
| Quaaludes | _____ | _____ | _____ |
| Downers | _____ | _____ | _____ |
| Speed/Meth | _____ | _____ | _____ |
| LSD/Acid | _____ | _____ | _____ |
| Mescaline | _____ | _____ | _____ |
| Peyote | _____ | _____ | _____ |
| Mushrooms | _____ | _____ | _____ |
| THC (purple pill) | _____ | _____ | _____ |

FIRST TIME LAST TIME TOTAL TIMES

PCP/ angel dust

Ecstasy

Steroids

Illy

Nitrous Oxide

Rush (amyl nitrate)

10. Ever USED any other illegal narcotic substance that has not been mentioned? Yes () No () If "yes" Explain:

11. Ever you ever USED any other person's prescription medication? Yes () No ()

12. Are any close friends, relatives or significant others (examples; spouse, fiancé, live-in) involved in the use, sale, manufacture, or distribution of any illegal substance? Yes () No ()

WHY DO YOU WANT TO WORK FOR THE NEW RICHMOND POLICE DEPARTMENT?

ON THIS PAGE, PLEASE TELL US WHY YOU WANT TO WORK FOR THE NEW RICHMOND POLICE DEPARTMENT AND WHAT MAKES YOU STAND OUT FROM OTHER APPLICANTS:



A large, faint, yellow star-shaped watermark is centered on the page. The star has a circular seal in the center. The seal features a landscape with a sun, trees, and water. The words "NEW RICHMOND" are written in a circular path around the seal, and "OHIO" is at the bottom. The word "POLICE" is written across the middle of the star. The star is overlaid on a series of horizontal lines for writing.

ACKNOWLEDGEMENT AND AUTHORIZATION

I CERTIFY THAT ALL 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 MAY BE NECESSARY IN ARRIVING AT AN EMPLOYMENT DECISION.

THIS APPLICATION FOR EMPLOYMENT SHALL BE CONSIDERED ACTIVE FOR A PERIOD OF TIME NOT TO EXCEED 45 DAYS. ANY APPLICANT WISHING TO BE CONSIDERED FOR EMPLOYMENT BEYOND THAT TIME PERIOD SHOULD INQUIRE AS TO WHETHER OR NOT APPLICATIONS ARE BEING ACCEPTED AT THAT TIME.

I HEREBY UNDERSTAND AND ACKNOWLEDGE THAT, UNLESS OTHERWISE DEFINED BY APPLICABLE LAW, ANY EMPLOYMENT RELATIONSHIP WITH THIS ORGANIZATION IS OF AN "AT WILL" NATURE, WHICH MEANS THAT THE EMPLOYEE MAY RESIGN AT ANY TIME AND THE EMPLOYER MAY DISCHARGE EMPLOYEE AT ANY TIME WITH OR WITHOUT CAUSE. IT IS FURTHER UNDERSTOOD THAT THIS "AT WILL" EMPLOYMENT RELATIONSHIP MAY NOT BE CHANGED BY ANY WRITTEN DOCUMENT OR BY CONDUCT UNLESS SUCH CHANGE IS SPECIFICALLY ACKNOWLEDGED IN WRITING BY AN AUTHORIZED EXECUTIVE OF THE ORGANIZATION.

IN THE EVENT OF EMPLOYMENT, I UNDERSTAND THAT FALSE OR MISLEADING INFORMATION GIVEN IN MY APPLICATION OR INTERVIEW(S) MAY RESULT IN DISCHARGE. I UNDERSTAND ALSO, THAT I AM REQUIRED TO ABIDE BY ALL RULES AND REGULATIONS OF THIS EMPLOYER.

SIGNATURE OF APPLICANT

DATE



TO BE COMPLETED BY NRPD PERSONNEL ONLY



RECEIVED BY: _____ BADGE #: _____

DATE RECEIVED: _____

WAS THE APPLICATION HANDED IN PERSON [], FAXED []. OR MAILED [].

APPEARANCE OF APPLICANT IF HANDED IN PERSON:

