



**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 OVERLOOKED 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 :

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

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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:

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REASON FOR LEAVING:

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EMPLOYER: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_ DATES EMPLOYED: \_\_\_\_\_

PRIOR POSITIONS HELD AT COMPANY (IF ANY): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

STARTING SALARY: \_\_\_\_\_ ENDING SALARY: \_\_\_\_\_

DUTIES/RESPONSIBILITIES:

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REASON FOR LEAVING:

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EMPLOYER: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_ DATES EMPLOYED: \_\_\_\_\_

PRIOR POSITIONS HELD AT COMPANY (IF ANY): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

STARTING SALARY: \_\_\_\_\_ ENDING SALARY: \_\_\_\_\_

DUTIES/RESPONSIBILITIES:

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REASON FOR LEAVING:

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EMPLOYER: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_ DATES EMPLOYED: \_\_\_\_\_

PRIOR POSITIONS HELD AT COMPANY (IF ANY): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

STARTING SALARY: \_\_\_\_\_ ENDING SALARY: \_\_\_\_\_

DUTIES/RESPONSIBILITIES:

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REASON FOR LEAVING:

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JOB TITLE: \_\_\_\_\_ DATES EMPLOYED: \_\_\_\_\_

PRIOR POSITIONS HELD AT COMPANY (IF ANY): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

STARTING SALARY: \_\_\_\_\_ ENDING SALARY: \_\_\_\_\_

DUTIES/RESPONSIBILITIES:

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REASON FOR LEAVING:

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EMPLOYER: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_ DATES EMPLOYED: \_\_\_\_\_

PRIOR POSITIONS HELD AT COMPANY (IF ANY): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

STARTING SALARY: \_\_\_\_\_ ENDING SALARY: \_\_\_\_\_

DUTIES/RESPONSIBILITIES:

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REASON FOR LEAVING:

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## 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 been altered or changed? [ ] Yes [ ] No

If yes, list details below:

Changed from: \_\_\_\_\_

Changed to: \_\_\_\_\_

Authority: \_\_\_\_\_

Date of Change: \_\_\_\_\_

## DRUGS/ NARCOTIC USAGE

1. Do you now or have you ever used any tobacco products? [ ☐ ] Yes [ ☐ ] No

If yes explain:

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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 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. Have 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

\_\_\_\_\_

**REFERENCES:** Give the names of three (3) persons not related to you along with their contact information whom you have known at least one (1) year.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

PHONE NO: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NO: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NO: \_\_\_\_\_

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:

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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### 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.

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SIGNATURE OF APPLICANT

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DATE



TO BE COMPLETED BY NRPD PERSONNEL ONLY



RECEIVED BY: \_\_\_\_\_ BADGE #: \_\_\_\_\_

DATE RECEIVED: \_\_\_\_\_

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

APPEARANCE OF APPLICANT IF HANDED IN PERSON:

\_\_\_\_\_  
\_\_\_\_\_