

VILLAGE OF PIONEER POLICE DEPARTMENT



APPLICATION FOR EMPLOYMENT

**PIONEER POLICE DEPARTMENT
205 S. STATE STREET
PO BOX 426
PIONEER, OHIO 43554
(419) 737-3129**

WWW.PIONEERPOLICE.COM

The Village of Pioneer is an Equal Opportunity Employer

Essential Job Functions

The position of Police Officer is under the general supervision of the Lieutenant and or First line Supervisor. The individual assuming this position will be responsible for providing a highly visible, professional police presence while conducting patrol activities within the Village of Pioneer. Answers calls when a crime is suspected, or an emergency exists; takes such actions as necessary to prevent crime and/or to apprehend a criminal; to maintain safety and to assist citizens in a wide range of emergency and non-emergency situations. Takes proper enforcement action as necessary and required to maintain the order, safety, and general welfare of the Village of Pioneer utilizing the United States Constitution, the Ohio Revised Code, and Pioneer Codified Ordinances. Initiates reports, affects arrests, processes prisoners, conducts investigations, shares intelligence information, and coordinates police resources; observes and identifies potential problem areas within the community.

INSTRUCTIONS

Read each question carefully and answer each question accurately and truthfully. An applicant may be disqualified from further processing if the applicant makes a false statement in the application. All entries must be printed legibly in **BLACK INK** or typed. If any question does not apply to you, write N/A.

Date of Application: _____

Position: _____

SECTION 1: PERSONAL HISTORY

Last Name		First Name		Middle Name	
Street Address		City		State	Zip
Home Phone		Cell Phone		Work Phone	
DOB	SSN		Driver's License Number		Driver's License State
Previous Address (if at current less than a year)		City		State	Zip
Are you an United States Citizen: Yes <input type="checkbox"/> No <input type="checkbox"/>			If you're a Naturalized Citizen, please provide:		
Date		Certificate Number		Location	
Marital Status: Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/>					
OPOTA Certified: Yes <input type="checkbox"/> No <input type="checkbox"/>			If yes, Date Certified:		

SECTION 2: EMPLOYMENT HISTORY

List your work history for the past 10 years, beginning with your present position. List periods of unemployment, include all part-time and volunteer positions. Attach additional sheets if necessary.

Employer Name			Phone Number		
Street Address			City		State Zip
Dates Employed	From:	To:	Salary:		
Position Held:	Part-Time <input type="checkbox"/> Full-Time <input type="checkbox"/>		Hours Per Week:		
Duties:					
Reason for Leaving:					
Name of Supervisor		If current employer, may we contact: Yes <input type="checkbox"/> No <input type="checkbox"/>			

EMPLOYMENT HISTORY CONTINUED:

Employer Name			Phone Number	
Street Address		City	State	Zip
Dates Employed	From:	To:	Salary:	
Position Held:	Part-Time <input type="checkbox"/> Full-Time <input type="checkbox"/>		Hours Per Week:	
Duties:				
Reason for Leaving:				
Name of Supervisor		If current employer, may we contact: Yes <input type="checkbox"/> No <input type="checkbox"/>		

Employer Name			Phone Number	
Street Address		City	State	Zip
Dates Employed	From:	To:	Salary:	
Position Held:	Part-Time <input type="checkbox"/> Full-Time <input type="checkbox"/>		Hours Per Week:	
Duties:				
Reason for Leaving:				
Name of Supervisor		If current employer, may we contact: Yes <input type="checkbox"/> No <input type="checkbox"/>		

Employer Name			Phone Number	
Street Address		City	State	Zip
Dates Employed	From:	To:	Salary:	
Position Held:	Part-Time <input type="checkbox"/> Full-Time <input type="checkbox"/>		Hours Per Week:	
Duties:				
Reason for Leaving:				
Name of Supervisor		If current employer, may we contact: Yes <input type="checkbox"/> No <input type="checkbox"/>		

Employer Name			Phone Number	
Street Address		City	State	Zip
Dates Employed	From:	To:	Salary:	
Position Held:	Part-Time <input type="checkbox"/> Full-Time <input type="checkbox"/>		Hours Per Week:	
Duties:				
Reason for Leaving:				
Name of Supervisor		If current employer, may we contact: Yes <input type="checkbox"/> No <input type="checkbox"/>		

SECTION 3: EDUCATION

List all course work taken beginning with High School. Attach copies of Diploma, Degrees, and Transcripts.

School Name		Address	
Dates Attended	From:	To:	Courses Taken or Major
Did you graduate: Yes <input type="checkbox"/> No <input type="checkbox"/>		Type of Degree / Diploma	

School Name		Address	
Dates Attended	From:	To:	Courses Taken or Major
Did you graduate: Yes <input type="checkbox"/> No <input type="checkbox"/>		Type of Degree / Diploma	

School Name		Address	
Dates Attended	From:	To:	Courses Taken or Major
Did you graduate: Yes <input type="checkbox"/> No <input type="checkbox"/>		Type of Degree / Diploma	

School Name		Address	
Dates Attended	From:	To:	Courses Taken or Major
Did you graduate: Yes <input type="checkbox"/> No <input type="checkbox"/>		Type of Degree / Diploma	

School Name		Address	
Dates Attended	From:	To:	Courses Taken or Major
Did you graduate: Yes <input type="checkbox"/> No <input type="checkbox"/>		Type of Degree / Diploma	

List any awards, honors, citations, and positions held in school organizations. _____

Where you ever dismissed from high school or college, or was there any disciplinary action including academic probation, taken against you? Yes ☐ No ☐ (If YES, explain below)

Name of School	Date	Type of Action	Reason
Name of School	Date	Type of Action	Reason
Name of School	Date	Type of Action	Reason
Name of School	Date	Type of Action	Reason
Name of School	Date	Type of Action	Reason

SECTION 4: DRIVING HISTORY

List all driver's or chauffeur's licenses you currently hold.

State	License Number	License Type	Exp. Date

Have you ever been licensed to drive in another state? Yes ☐ No ☐ If YES, list below.

State	License Number	License Type

Have you ever had your license revoked, suspended, or restricted? Yes ☐ No ☐ If YES, explain below.

State	License Number	Reason

SECTION 5: MILITARY STATUS

Have you ever served in, or are currently in the Army, Navy, Marine Corps, Air Force, Coast Guard, R.O.T.C., or any Military Reserve unit? Yes ☐ No ☐ If YES, list below.

Entry Date	Branch	Rank	Discharge Type	Discharge Date

SECTION 6: NARCOTICS

Have you ever tried or used an illegal narcotic or dangerous drug, either in pill form or by injection, or any other manner of ingestion? (Include prescription drugs taken illegally) Yes ☐ No ☐ If YES, explain below.

Type of Drug	Date of Last Use	Times Tried Since the Age of 18				
		1	2-5	6-10	11-20	20+
Marijuana						
Hash						
Cocaine						
Crack						
Speed						
Heroin						
Opium						
Morphine						
LSD						
Acid						
Peyote						
Mescaline						
Steroids						
Other (Type)						
Other (Type)						

Have you ever GIVEN or SOLD prescription drugs, marijuana, or any other illegal narcotic or dangerous drugs? Yes ☐ No ☐ If YES, explain below.

SECTION 7: REFERENCES

List five (5) references (not relatives or former employers) who are responsible adults, and who have known you well during the past five years (5) years (include area code and phone):

Name	Address	
Home Phone Number	Other Phone Number	Years Known

Name	Address	
Home Phone Number	Other Phone Number	Years Known

Name	Address	
Home Phone Number	Other Phone Number	Years Known

Name	Address	
Home Phone Number	Other Phone Number	Years Known

Name	Address	
Home Phone Number	Other Phone Number	Years Known

CERTIFICATE OF APPLICANT

(Read Carefully Before Signing)

I hereby certify that all statements made in this application are true and I authorize investigation of all matters contained in this application. I understand and agree any misstatement or omission of fact on this application will cause forfeiture on my part of all rights of employment with the Village of Pioneer. I further agree and understand that I may be fingerprinted, and required to furnish proof of age and citizenship as may be directed. I also understand and agree that all applicants conditionally selected for this position may be required to submit a urinalysis test for illegal drug use.

Applicant Name (Printed)

Applicant Signature

Date

EMPLOYER USE ONLY. DO NOT WRITE IN THIS AREA.

Accepted _____ Not Accepted _____ Late filling _____
Department _____
Supervisor _____
Start Date _____ Rate of pay _____
Job Title _____

Prior to submitting this application, please ensure you meet the following criteria. Please utilize this sheet to ensure you are prepared to submit the application.

- ☐ Minimum of High School Diploma or GED
- ☐ Ohio Basic Peace Officer certified
- ☐ If not certified, are you able to provide proof of enrollment in an OPOTA academy
- ☐ Be able to pass an extensive background check
- ☐ Understand that per Ohio Revised Code, section 737.162, No person may be appointed as a police officer with a felony conviction.
- ☐ Must be able to physically perform the job functions of police officer