

UNIONTOWN POLICE DEPARTMENT

Application for Employment



CHIEF MICHAEL P. BATCHIK

**UNIONTOWN POLICE DEPARTMENT
1635 EDISON ST. N.W.
UNIONTOWN, OHIO 44685**

This is a pre-employment application for the purpose of conducting a background investigation.

NAME: _____

EMAIL: _____

PHONE: _____

DATE: _____

Uniontown Police Department, Lake Township, Ohio



Uniontown Police Department

1635 Edison St. N.W. Uniontown, Ohio 44685

PH (330)699-6444 | FAX (330)699-9501

AUTHORIZATION FOR RELEASE OF INFORMATION AGREEMENT

To whom it may concern: I _____ am an applicant for a position with the Uniontown Police Department who needs to thoroughly investigate my background including criminal, financial, military service, education and medical history for the purpose to evaluate my qualifications to hold the position for which I have applied. It is in the public's interest that all relevant information concerning my personal and employment history as described be disclosed to the above department.

I do hereby authorize a review of and full disclosure of all records, public and private and/or confidential in nature, the intent of this authorization is to give consent for full and complete disclosure. I hereby release you, your organization and all others from liability or damages that may result from furnishing this information as intended. I agree to indemnify and hold harmless the person to whom this request is presented, his agents and employees, from and against all claims, damages and expenses, including reasonable attorney fees, arising out of or by reason of complying with this request.

I direct you to release this information upon request, of a duly authorized representative of the Uniontown Police Department regardless of any agreement I may have had with you previously to the contrary.

I authorize a photocopy or FAX 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 for a period of 1 year from the date of my signature. Should there be any question as to its validity of this release, you may contact me at the address listed on the form.

Name: _____ DOB: _____

Address: _____

Phone: _____

Date: _____ Signature of Applicant: _____

Notary signature: _____ Commission Expires: _____

Stamp

Thank you for considering the Uniontown Police Department.

Please keep this page of the application for your files!

The employment process starts with an application. You will be evaluated based on the information provided so please fill out the application thoroughly.

The career in Law Enforcement is exciting and comes with a lot of responsibility, we pride ourselves in selecting quality candidates. We will discuss with you what this agency has to offer in salary, training and needs to our community.

The process you will be asked to follow (outlined below) will take some time to complete, please be patient and work with us to get you through the appointments. We may ask for additional information at any time. There is no guarantee an offer of employment will be made, and you can be dismissed as an applicant at any time during the process.

- Application
- Waiver
- Initial Interview
- Ride Along (if requested)
- Interview with Police Command Staff
- Conditional Offer of Employment
- Polygraph Examination & Background Investigation
- Psychological Testing and Medical Evaluation
- Offer of Employment

If you have any questions contact the department and a supervisor can assistance you.

UNIONTOWN POLICE DEPARTMENT
1635 Edison St. N.W. Uniontown, Ohio 44685
PH (330)699-6444 | FAX (330)699-9501

THE UNIONTOWN POLICE DEPARTMENT BACKGROUND REMOVAL STANDARDS FOR POLICE OFFICER CANDIDATES

A. Honesty/Falsification — Applicants will be removed from eligibility for any of the following reasons:

1. Any credible evidence of an intentional falsehood or attempt to conceal disqualifying information during the selection process includes the omission of pertinent information.
2. Failure to pass a polygraph examination or any attempt to distort the polygraph examination results.
3. Use or attempted use of influence of a township official to gain the employment as a police officer.

B. Family History — Applicants will be removed from eligibility for any of the following reasons.

1. Verified or admitted physical or emotional abuse of one's spouse, child, stepchild, parent or any other relative or person whom one lives or has a relationship, within (10) ten years.
2. Non-compliance with a final court order or legal contract as determined by an adverse finding of any court of law within (5) five years.
3. Intentional violation of any protective or temporary restraining order as determined by a court of law within (7) seven years.
4. Verified or admitted sexual abuse of one's spouse, ex-spouse, child, stepchild, parent or other relative with whom one lives or has a relationship.

C. Employment — Applicants will be removed from eligibility for any of the following reasons.

1. Voluntary failure to retain full time employment, as an adult for an average period of (12) twelve months or longer during the last (5) five years, unless engaged in recent higher education.
2. Discharge or resignation in lieu of discipline from any criminal justice occupation.

D. Military History — Applicants will be removed from eligibility for any of the following reasons.

1. Dishonorable discharge from military service.
2. Conviction of any article of the Uniform Code of Military Justice that would be equivalent to a felony under the Ohio Revised Code. **Traffic Related Offenses** — Applicants will be removed from eligibility for any of the following reasons.
 1. Admission to (3) or more OVI's in the last (3) three years.
 2. OVI conviction within the last (5) five years.
 - No more than one OVI conviction as an adult.
 - No more than (2) two OVI convictions including juvenile conviction record are permitted.
 3. Three (3) or more moving violations in the past (24) twenty-four months.
 4. Four (4) or more moving violations or at fault accidents in the past (7) seven years as an adult.

5. At the time of interview the applicant does not possess a valid Driver's License or have valid insurance as required by the residence state on owned vehicles.
6. One (1) revocation or suspension of a driver's license as an adult, in effect, due to points violations or by the courts, in the last (5) years.
7. Any conviction for vehicular homicide shall permanently eliminate the applicant from consideration.

F. Gambling Offenses -- Applicants will be removed from eligibility for any of the following reasons.

1. Conviction of a gambling offense in the last (5) five years.
2. Conviction of or admission of engaging in the promotion of illegal gambling activity where in the applicant gains a financial benefit.

G. Criminal Activity — Applicants will be removed from eligibility for any of the following reasons.

1. Any admission/conviction of theft offenses within the past (5) five years.
2. Any fraudulent insurance claims or fraudulent applications for welfare, workers compensation, or conviction of a theft offense as an adult as defined by ORC as a felony.
3. Any conviction of a M-1, M-2 misdemeanors, other than a theft offense, as defined by ORC, as an adult in the last (5) years.
4. Credible evidence of immoral conduct, to include public indecency, corrupting minors, voyeurism, importuning and other sexually related offenses.

H. Substance Abuse — Applicants will be removed from eligibility for any of the following reasons.

1. Credible evidence of any use or purchase of illegal drugs (except marijuana) within (7) seven years (other than as a juvenile) before application or after application.
2. Credible evidence of any use or purchase of marijuana within (1) one year before application.
3. Credible evidence of any illegal sales of drugs of abuse, marijuana, or prescription drugs.
4. Credible evidence of abuse of alcohol, chemical agents/solvent-based substances, or prescriptive drugs within the past 3 years.

PRE-EMPLOYMENT QUESTIONNAIRE

APPLICANT NAME	SOCIAL SECURITY NUMBER
DATE QUESTIONNAIRE RECEIVED	DATE QUESTIONNAIRE RETURNED

INSTRUCTIONS TO THE APPLICANT

The information provided by the applicant will be considered confidential to the extent that it is excluded from disclosure under state and federal law. The information provided will be used by the department to determine the applicant's qualifications for employment.

Each question must be answered honestly and as completely as possible. If a question does not apply to your particular circumstances, insert "DNA" (Does Not Apply) into the caption. Should there not be sufficient space for you to fully explain your answer to a question, or provide the necessary information, insert another sheet of paper or write on the back of the page.

NOTE: The information and answers to questions contained in this questionnaire will be verified by *Polygraph Examination* and a complete *Background Investigation*. *Omissions and Falsification will be considered grounds for rejection of your application.*

The following questions are to determine if you meet the minimum qualifications of employment. If you answer "NO" to any of the next four questions, you do not meet the minimum qualifications for employment.

- ☐ Yes ☐ No Do you currently hold a High School Diploma or GED?
- ☐ Yes ☐ No Are you currently a United States Citizen?
- ☐ Yes ☐ No Do you currently have a Valid Driver's License?
- ☐ Yes ☐ No Are you currently OPOTA certified?

The above questions are used to determine if you possess the basic qualifications required of the position. Your application will be screened for additional qualifications and standards during the hiring process. If you have any questions regarding the basic qualifications please contact a recruiter. *Omissions and Falsification will be considered grounds for rejection of your application.*

INITIALS _____

Personal Information

LAST NAME		FIRST NAME		MIDDLE
STREET ADDRESS		CITY	STATE	ZIP
HOME PHONE		WORK PHONE	CELL PHONE	
EMAIL ADDRESS			HOW LONG HAVE YOU LIVED AT THE ABOVE ADDRESS?	
DATE OF BIRTH	RACE / ETHNICITY		SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	
HEIGHT	WEIGHT	MARITAL STATUS	IF MARRIED, FIRST MARRIAGE? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Secondary Address (if applicable: college, military)

STREET ADDRESS	CITY	STATE	ZIP
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Previous Addresses

STREET ADDRESS	CITY	STATE	ZIP
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STREET ADDRESS	CITY	STATE	ZIP
----------------	------	-------	-----

STREET ADDRESS	CITY	STATE	ZIP
----------------	------	-------	-----

Family History

FATHER'S NAME	DATE OF BIRTH	LIVING OR DECEASED? <input type="checkbox"/> LIVING <input type="checkbox"/> DECEASED
ADDRESS		
HOME PHONE	OCCUPATION	

MOTHER'S NAME	DATE OF BIRTH	LIVING OR DECEASED? <input type="checkbox"/> LIVING <input type="checkbox"/> DECEASED
ADDRESS		
HOME PHONE	OCCUPATION	

SPOUSE NAME	DATE OF BIRTH	LIVING OR DECEASED? <input type="checkbox"/> LIVING <input type="checkbox"/> DECEASED
ADDRESS		
HOME PHONE	OCCUPATION	

Use the following captions below to provide the same information on children, brothers, and sisters. If previously married, include your ex-spouse. Please indicate the relationship with the name.

Additional Family History

NAME	RELATIONSHIP	DATE OF BIRTH	LIVING OR DECEASED? <input type="checkbox"/> LIVING <input type="checkbox"/> DECEASED
ADDRESS			
HOME PHONE	OCCUPATION		

NAME	RELATIONSHIP	DATE OF BIRTH	LIVING OR DECEASED? <input type="checkbox"/> LIVING <input type="checkbox"/> DECEASED
ADDRESS			
HOME PHONE	OCCUPATION		

NAME	RELATIONSHIP	DATE OF BIRTH	LIVING OR DECEASED? <input type="checkbox"/> LIVING <input type="checkbox"/> DECEASED
ADDRESS			
HOME PHONE	OCCUPATION		

NAME	RELATIONSHIP	DATE OF BIRTH	LIVING OR DECEASED? <input type="checkbox"/> LIVING <input type="checkbox"/> DECEASED
ADDRESS			
HOME PHONE	OCCUPATION		

NAME	RELATIONSHIP	DATE OF BIRTH	LIVING OR DECEASED? <input type="checkbox"/> LIVING <input type="checkbox"/> DECEASED
ADDRESS			
HOME PHONE	OCCUPATION		

NAME	RELATIONSHIP	DATE OF BIRTH	LIVING OR DECEASED? <input type="checkbox"/> LIVING <input type="checkbox"/> DECEASED
ADDRESS			
HOME PHONE	OCCUPATION		

NAME		RELATIONSHIP	DATE OF BIRTH	INITIALS _____ LIVING OR DECEASED? <input type="checkbox"/> LIVING <input type="checkbox"/> DECEASED	
ADDRESS					
HOME PHONE		OCCUPATION			

NAME		RELATIONSHIP	DATE OF BIRTH	LIVING OR DECEASED? <input type="checkbox"/> LIVING <input type="checkbox"/> DECEASED	
ADDRESS					
HOME PHONE		OCCUPATION			

Please list five persons as personal references. Do NOT include family members or former employers. Use friends, neighbors, co-workers, school teachers, coaches, or other associates.

References

NAME		RELATIONSHIP
ADDRESS		
HOME PHONE	OCCUPATION	

References (continued)

NAME		RELATIONSHIP
ADDRESS		
HOME PHONE	OCCUPATION	
NAME		RELATIONSHIP
ADDRESS		
HOME PHONE	OCCUPATION	

NAME		RELATIONSHIP
ADDRESS		
HOME PHONE	OCCUPATION	

NAME		RELATIONSHIP
ADDRESS		
HOME PHONE	OCCUPATION	

Education

HIGH SCHOOL		
ADDRESS		
DATES OF ATTENDANCE TO	GRADUATED <input type="checkbox"/> Yes <input type="checkbox"/> No	DATE OF GRADUATION

GENERAL EQUIVALENCY (GED)	DATE OBTAINED
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TRADE / VOCATIONAL SCHOOL		MAJOR / COURSE OF STUDY
ADDRESS		
DATES OF ATTENDANCE TO	GRADUATED <input type="checkbox"/> Yes <input type="checkbox"/> No	DATE OF GRADUATION

TRADE / VOCATIONAL SCHOOL		MAJOR / COURSE OF STUDY
ADDRESS		
DATES OF ATTENDANCE TO	GRADUATED <input type="checkbox"/> Yes <input type="checkbox"/> No	DATE OF GRADUATION

COLLEGE / UNIVERSITY		MAJOR / COURSE OF STUDY
ADDRESS		
DATES OF ATTENDANCE TO	GRADUATED <input type="checkbox"/> Yes <input type="checkbox"/> No	DATE OF GRADUATION

COLLEGE / UNIVERSITY		MAJOR / COURSE OF STUDY
ADDRESS		
DATES OF ATTENDANCE TO	GRADUATED <input type="checkbox"/> Yes <input type="checkbox"/> No	DATE OF GRADUATION

Military Service

BRANCH	SPECIALTY	HIGHEST RANK OBTAINED
DATES OF SERVICE TO	DATE OF DISCHARGE	HONORABLE DISCHARGE <input type="checkbox"/> Yes <input type="checkbox"/> No
WERE YOU EVER SUBJECT TO A COURT MARTIAL? <input type="checkbox"/> Yes <input type="checkbox"/> No		WERE YOU EVER REJECTED A SECURITY CLEARANCE? <input type="checkbox"/> Yes <input type="checkbox"/> No

Employment Begin with your current employer and work backwards to your first.

CURRENT EMPLOYER		TITLE / POSITION HELD	
ADDRESS			
TELEPHONE		DATE HIRED	IMMEDIATE SUPERVISOR
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you been late for work? How many times?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you ever been subject of an internal investigation?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you ever received any discipline for violation of work rules?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you ever been subject of a customer / employee complaint?	
Explain any circumstances regarding investigations, discipline, and complaints:			

PREVIOUS EMPLOYER		TITLE / POSITION HELD	
ADDRESS			
TELEPHONE		DATE HIRED	DATE LEFT
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you been late for work? How many times?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you ever been subject of an internal investigation?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you ever received any discipline for violation of work rules?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you ever been subject of a customer / employee complaint?	
Explain any circumstances regarding investigations, discipline, and complaints:			

Employment (continued)

PREVIOUS EMPLOYER			TITLE / POSITION HELD		
ADDRESS					
TELEPHONE		DATE HIRED		DATE LEFT	
IMMEDIATE SUPERVISOR					
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Have you been late for work? How many times?	
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Have you ever been subject of an internal investigation?	
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Have you ever received any discipline for violation of work rules?	
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Have you ever been subject of a customer / employee complaint?	
Explain any circumstances regarding investigations, discipline, and complaints:					

PREVIOUS EMPLOYER			TITLE / POSITION HELD		
ADDRESS					
TELEPHONE		DATE HIRED		DATE LEFT	
IMMEDIATE SUPERVISOR					
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Have you been late for work? How many times?	
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Have you ever been subject of an internal investigation?	
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Have you ever received any discipline for violation of work rules?	
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Have you ever been subject of a customer / employee complaint?	
Explain any circumstances regarding investigations, discipline, and complaints:					

INITIALS _____

PREVIOUS EMPLOYER		TITLE / POSITION HELD	
ADDRESS			
TELEPHONE		DATE HIRED	DATE LEFT
IMMEDIATE SUPERVISOR			
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Have you been late for work?		How many times?	
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Have you ever been subject of an internal investigation?			
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Have you ever received any discipline for violation of work rules?			
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Have you ever been subject of a customer / employee complaint?			
Explain any circumstances regarding investigations, discipline, and complaints:			

PREVIOUS EMPLOYER		TITLE / POSITION HELD	
ADDRESS			
TELEPHONE		DATE HIRED	DATE LEFT
IMMEDIATE SUPERVISOR			
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Have you been late for work?		How many times?	
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Have you ever been subject of an internal investigation?			
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Have you ever received any discipline for violation of work rules?			
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Have you ever been subject of a customer / employee complaint?			
Explain any circumstances regarding investigations, discipline, and complaints:			

INITIALS _____

PREVIOUS EMPLOYER			TITLE / POSITION HELD		
ADDRESS					
TELEPHONE		DATE HIRED		DATE LEFT	
IMMEDIATE SUPERVISOR					
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Have you been late for work? How many times?	
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Have you ever been subject of an internal investigation?	
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Have you ever received any discipline for violation of work rules?	
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Have you ever been subject of a customer / employee complaint?	
Explain any circumstances regarding investigations, discipline, and complaints:					

PREVIOUS EMPLOYER			TITLE / POSITION HELD		
ADDRESS					
TELEPHONE		DATE HIRED		DATE LEFT	
IMMEDIATE SUPERVISOR					
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Have you been late for work? How many times?	
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Have you ever been subject of an internal investigation?	
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Have you ever received any discipline for violation of work rules?	
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Have you ever been subject of a customer / employee complaint?	
Explain any circumstances regarding investigations, discipline, and complaints:					

INITIALS _____

Driving Record / Status

DRIVER LICENSE NUMBER	STATE	RESTRICTIONS
DATE OF ISSUANCE		DATE OF EXPIRATION
How long have you been a licensed driver?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you ever had a license in another state? State
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Has your license ever been suspended or revoked?
Explain any suspensions or revocations:		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do you have any pending traffic tickets / citations?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do you currently have auto insurance? Insurance Company
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you ever been placed on high risk insurance?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you ever been cited or issued a summons for a traffic offense?

If cited or arrested for any traffic related offense, list below.

List all traffic violations, or convictions.

DATE	VIOLATION	LOCATION / COURT	POLICE AGENCY

List all traffic crashes where you were a driver: Include any non-reported crashes. Indicate if there were any injuries and if you were at fault in the captions.

DATE	LOCATION	POLICE AGENCY	INJURIES / YOUR FAULT

Criminal Record

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Have you ever been arrested, charged, or convicted of a crime?
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Have you ever been subject of a criminal complaint or case?
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Have you ever been investigated for a criminal offense?
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Have you ever been indicted by the Grand Jury?
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Have you ever been incarcerated?
Explain any of the above circumstances regarding arrests, charges, complaints, or criminal offenses:				

List all criminal violations, arrest or convictions.

DATE	VIOLATION	LOCATION / COURT	POLICE AGENCY

Police Reports

List any incidents where you were party to an official police report, complaint, or investigation.

DATE	LOCATION	POLICE AGENCY	TYPE OF INCIDENT

Civil Suits / Orders

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Have you ever been sued or party to a lawsuit?
Have you ever been subject of a protection order?				
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Explain:				

[illegible]

Financial Record / Standing

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Have you ever filed for bankruptcy?
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Have you ever had your wages garnished?
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Have you ever been sued for an unpaid debt?
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Have you ever had a debt turned over to a collection agency?
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Have you ever had anything reposed after defaulting on a loan?
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Have you ever been delinquent in paying child support or spousal support?
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Are you currently behind on the payment of any outstanding bills / debts?
Explain any of the above circumstances regarding your financial standings:				

Final Instructions

Please review your questionnaire to ensure each caption has been completed honestly and accurately. This questionnaire will be used to screen your application to determine if you meet the minimum qualifications of employment. Any questions regarding completion of the form or the listed questions should be directed to your recruiter.

NOTE: The information and answers to questions contained in this questionnaire will be verified by *Polygraph Examination* and a complete *Background Investigation*. *Omissions and Falsification will be considered grounds for rejection of your application.*

Please sign and date your questionnaire below. *Be sure to initial each page at the top in the space provided.*

APPLICANT SIGNATURE X	DATE
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