

**APPLICATION FOR THE POSITION**

**OF POLICE OFFICER**

**(FULL TIME)**

**(PART TIME)**

**(AUXILIARY)**

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LAST NAME FIRST MIDDLE

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ADDRESS

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CITY STATE ZIP

TELEPHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_

THE VILLAGE OF MAGNOLIA IS AN  
EQUAL OPPORTUNITY EMPLOYER

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FOR OFFICE USE ONLY

DATE FILED \_\_\_\_\_ RECEIVED BY \_\_\_\_\_

REVIEWED BY \_\_\_\_\_ DATE \_\_\_\_\_

REVIEWED BY \_\_\_\_\_ DATE \_\_\_\_\_

REVIEWED BY \_\_\_\_\_ DATE \_\_\_\_\_

DATE OF HIRE \_\_\_\_\_

## INSTRUCTIONS TO THE APPLICANT

The information you provide in this personal history statement will be used in the investigation into your background to assist in determining your suitability for the position of peace officer. Please fill out the questionnaire completely and accurately. Keep in mind that:

- 1) All statements are subject to verification.
- 2) Deliberate inaccuracies or incomplete statements may bar or remove you from employment.
- 3) All time periods in your back round must be accounted for.
- 4) Type or neatly print (in black ink) all information.

It is to your advantage to respond openly. Any negative factor in your background will be evaluated in terms of the circumstances and facts surrounding its occurrence, and its degree of relevance to the job of a peace officer. For example, being fired from a job or having an arrest record is not in itself grounds for disqualification. During the investigation, the investigator will inquire into the facts surrounding such an occurrence. An evaluation will then be made of the relevance of these facts to the requirements of the job.

Completing items #7 and #8: You must list the arrest and/or conviction if you have received a release or pardon. However, you need not list an arrest and/or conviction when the record of such an incident has been sealed by court order.

If a question does not apply to you, write N/A in the space provided for your answer. If you need more space to respond to a question, use the reverse side of the page and identify the additional information by question number.

Please return mailed responses to:

**MAGNOLIA POLICE DEPT  
CHIEF JEFF HAGER  
328 N MAIN ST · PO BOX 297  
MAGNOLIA OH 44643-9214**



12. Do you have an Associates or Bachelors degree in Law Enforcement/Criminal Justice?

Associates: \_\_\_\_\_ Bachelors: \_\_\_\_\_ None: \_\_\_\_\_  
Include copies of documentation, if applicable.

13. Do you presently hold a valid certificate from an accredited Police Academy?

State Certified: \_\_\_\_\_ Certificate Number: \_\_\_\_\_

If yes, please enclose a copy along with any other documentation that you may have that indicates your grades, class standing and firearms proficiency.

14. Please list any computer skills that you may have and any software that you are familiar with (ie, Windows, Office, etc.).

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15. Please list any special skills that you have that may be beneficial to your position as a police officer (language skills, special education, equipment, typing skills, etc.).

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16. As a police officer, you may occasionally be summoned to court. How will this affect your current employer:

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17. What is your current employment status and work schedule? Please be specific in detailing your work hours and days off.

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18. Please list, in detail, what type of schedule you can work for the Magnolia Police Department. Be specific when indicating which days per week or days per month along with available hours for those days. Remember that the Department operates 24 hours per day.

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19. Please list your spouse's name and children .

Spouse: \_\_\_\_\_ DOB: \_\_\_\_\_

Ex Spouse: \_\_\_\_\_ DOB: \_\_\_\_\_

Ex Spouse: \_\_\_\_\_ DOB: \_\_\_\_\_

Children: \_\_\_\_\_ DOB: \_\_\_\_\_

\_\_\_\_\_ DOB: \_\_\_\_\_

\_\_\_\_\_ DOB: \_\_\_\_\_

\_\_\_\_\_ DOB: \_\_\_\_\_

20. Have you served or are you presently in the US Military? If yes, please list status, branch and job assignments. List any other experience you may have.

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

21. List any other police agencies that you have applied to in the past:

A) \_\_\_\_\_

B) \_\_\_\_\_

C) \_\_\_\_\_

D) \_\_\_\_\_

22. List any hobbies or groups that you are associated with or belong to (ie, NRA, KKK, ACLU, Scouts, etc.).

A) \_\_\_\_\_

B) \_\_\_\_\_

C) \_\_\_\_\_

D) \_\_\_\_\_

23. EMPLOYMENT HISTORY: Please start with your present employment.

Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

Company Name: \_\_\_\_\_

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

Job Title: \_\_\_\_\_

Job Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact Name: \_\_\_\_\_  
Number: \_\_\_\_\_

Reason For Leaving: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

Company Name: \_\_\_\_\_

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

Job Title: \_\_\_\_\_

Job Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact Name: \_\_\_\_\_  
Number: \_\_\_\_\_

Reason For Leaving: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

Company Name: \_\_\_\_\_

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

Job Title: \_\_\_\_\_

Job Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact Name: \_\_\_\_\_  
Number: \_\_\_\_\_

Reason For Leaving: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
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Job Title: \_\_\_\_\_

Job Description: \_\_\_\_\_  
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Contact Name: \_\_\_\_\_  
Number: \_\_\_\_\_

Reason For Leaving: \_\_\_\_\_  
\_\_\_\_\_  
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Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

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Address: \_\_\_\_\_  
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Job Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Reason For Leaving: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Job Title: \_\_\_\_\_

Job Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact Name: \_\_\_\_\_  
Number: \_\_\_\_\_

Reason For Leaving: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CERTIFICATION OF APPLICANT**

I hereby certify that there are no willful misrepresentations, omissions, or falsifications in this application. All my answers are true and correct to the best of my knowledge and belief. (Any applicant who intentionally makes a false statement, will be refused appointment, or if already appointed, will be terminated from the Police Department.)

I certify that I have completely read this application form and that I understand or have had explained to my satisfaction, the selection process and qualifications for appointment to the position of Full Time or Part Time Police Officer with the Village of Magnolia.

SIGNATURE OF APPLICANT: \_\_\_\_\_

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

**EMERGENCY INFORMATION**

List the name and address of one person who will always know your whereabouts.

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NAME

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ADDRESS	CITY	STATE	ZIP	PHONE
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**REFERENCES**

Please list the names and addresses of three individuals, other than relatives, whom we may contact for a professional recommendation.

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NAME

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ADDRESS	CITY	STATE	ZIP	PHONE
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NAME

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ADDRESS	CITY	STATE	ZIP	PHONE
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NAME

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ADDRESS	CITY	STATE	ZIP	PHONE
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**PREVIOUS ADDRESSES**

Please list the two most recent previous home addresses with the date of residence for each previous address.

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ADDRESS	CITY	STATE	ZIP	PHONE
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TO/FROM DATES AT RESIDENCE

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ADDRESS	CITY	STATE	ZIP	PHONE
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TO/FROM DATES AT RESIDENCE

**RELEASE AND WAIVER**

To Whom It May Concern:

I hereby authorize any Police Officer or authorized representative of the Magnolia Police Department bearing this release, or a copy of it, within one year of its date, to obtain any information in your files pertaining to my employment, credit, medical, or educational records including - but not limited to - academic achievement, attendance, athletic, personal history, performance report, background investigation, polygraph examination results, disciplinary records, and credit records.

I also hereby authorize any Police Officer or other authorized representative of the Magnolia Police Department bearing this release or a copy of it, within one year of its date, to obtain any medical records or medical information in my files from any current or past physician (s).

I hereby direct you to release this information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the Magnolia Police Department.

Consent is granted for the Magnolia Police Department to furnish the information described above to third parties in the course of fulfilling its official responsibilities. I further understand that I waive any right to opportunity to read or review any background investigation report prepared by the Magnolia Police Department.

I hereby release you, as the custodian of such records, and any school, college, university, or other educational institution, hospital, or other repository of medical records, credit bureau, lending institution, consumer reporting agency, or retail business establishment - including its officers, employees, or related personnel both individually and collectively - from any and all liability for damage of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. Should there be any questions as to the validity of this release, you may contact me as indicated.

I understand that I have the right to receive a copy of this authorization.

FULL NAME: \_\_\_\_\_  
Print Name

FULL NAME: \_\_\_\_\_  
Signature

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