



Joseph A. Tucholski
Chief of Police
jtucholski@middlefieldpolice.com

APPLICATION FOR EMPLOYMENT

Applicants for employment with the Village of Middlefield Police Department are evaluated on the basis of individual merit and ability with respect to the position of police officer being filled. Applicants are selected and hired without discrimination based on race, color, ethnicity, religion, gender, gender orientation, sexual preference, age, national origin, political affiliation, disability, veteran status, or ancestry.

PLEASE PRINT

LAST NAME	FIRST NAME	MIDDLE INITIAL

ALL APPLICATIONS BECOME THE PROPERTY OF THE MIDDLEFIELD POLICE DEPARTMENT

WARNING

Candidates are cautioned to answer every question truthfully and without evasion. The Ohio Revised Code and the Middlefield Police Department rules and policies provide penalties for making a false statement of material fact, or for practicing any fraud or deception in obtaining or attempting to obtain employment. Penalties under section 2921.13 of the Ohio Revised Code include rejection for appointment, discharge after appointment and/or prosecution.

MIDDLEFIELD POLICE DEPARTMENT IS AN EQUAL OPPORTUNITY EMPLOYER

INSTRUCTIONS

This application is intended for use of the Middlefield Police Department. You must be truthful and complete all answers requested on this form. All information contained herein will be subject to verification, i.e., source documentation, voice stress analyzer, polygraph, interviews, and other screening procedures. Information contained herein will be considered confidential and will not be disclosed to any unauthorized person(s).

The answers to questions contained must be printed legibly in your own handwriting with black ink. Each question must be answered; there can be no blanks. If a question does not apply to your particular circumstance; insert "DNA" in that blank or area for "Does Not Apply". When answering questions that require dates, insert the full date; partial month-year responses are not acceptable. You must provide complete address information when requested; partial address responses are unacceptable.

READ THE FOLLOWING BEFORE SIGNING

It is my understanding the Middlefield Police Department will conduct a thorough investigation of my entire work history and may verify all data provided by me in this application, related papers or oral interviews. I authorize such investigation and the giving and receiving of any information requested by the Middlefield Police Department, and I release from liability any person giving or receiving such information. Upon my receiving a conditional offer of employment, I authorize any physician, psychologist, or medical facility to release information that may be necessary to determine my ability to perform the duties and essential functions of the job for which I am being considered.

I consent to take a truth verification examination (polygraph or voice-stress analyzer), medical, and/or psychological examination by qualified professionals at the discretion of the Chief of Police.

I understand falsification of data so given or other information which is unacceptable to the Middlefield Police Department which is discovered as a result of this investigation may prevent my being hired, or if hired, may subject me to progressive discipline up to and including termination.

I understand the police department may at times make the following conditions mandatory: overtime, shift work, work on holidays, a rotating work schedule, or a work schedule other than Monday through Friday, and I accept these as conditions of my continuing employment.

Signature: _____ Date: _____

**SECTION I
PERSONAL AND MARITAL RECORD**

LEGAL LAST NAME	FIRST NAME	FULL MIDDLE NAME
-----------------	------------	------------------

BY WHAT OTHER NAMES HAVE YOU BEEN KNOWN (MAIDEN, ALIASES, NICKNAMES, ETC.)
--

RESIDENCE ADDRESS (NUMBER, STREET, APT., CITY, STATE, AND ZIP CODE)

SOCIAL SECURITY NUMBER - -	DATE OF BIRTH - -	PHONE NUMBER HOME: () MOBILE: ()
-------------------------------	----------------------	--

EMAIL ADDRESS:

ARE YOU 21 YEARS OF AGE <input type="checkbox"/> YES <input type="checkbox"/> NO	HEIGHT	WEIGHT	HAIR COLOR	EYE COLOR
---	--------	--------	------------	-----------

PLACE OF BIRTH: CITY	COUNTY	STATE
----------------------	--------	-------

DRIVER'S LICENSE NO.	STATE	TYPE	EXPIRATION DATE
----------------------	-------	------	-----------------

LIST ANY IDENTIFYING MARKS (BIRTHMARKS, TATTOOS, SCARS, AMPUTATIONS, ETC.)
--

CURRENT MARITAL STATUS	STATE MARRIAGE PERFORMED	DATE MARRIAGE PERFORMED
NAME OF PRESENT SPOUSE	MAIDEN NAME (IF APPLICABLE)	BIRTHPLACE OF SPOUSE

NAME AND ADDRESS OF SPOUSES EMPLOYER

SECTION I
PERSONAL AND MARITAL RECORD CONTINUED

FATHER (NATURAL) LAST, FIRST, MIDDLE
ADDRESS (NUMBER, STREET, CITY, STATE, AND ZIP CODE)
MOTHER (NATURAL) LAST, FIRST, MIDDLE
ADDRESS (NUMBER, STREET, CITY, STATE, AND ZIP CODE)

LIST YOUR CHILDREN

<input type="checkbox"/> Son	NAME (LAST, FIRST, MIDDLE)	DATE OF BIRTH
<input type="checkbox"/> Daughter		
RELATIONSHIP: <input type="checkbox"/> Natural <input type="checkbox"/> Step <input type="checkbox"/> Foster	ADDRESS (IF DIFFERENT FROM CANDIDATE)	

<input type="checkbox"/> Son	NAME (LAST, FIRST, MIDDLE)	DATE OF BIRTH
<input type="checkbox"/> Daughter		
RELATIONSHIP: <input type="checkbox"/> Natural <input type="checkbox"/> Step <input type="checkbox"/> Foster	ADDRESS (IF DIFFERENT FROM CANDIDATE)	

<input type="checkbox"/> Son	NAME (LAST, FIRST, MIDDLE)	DATE OF BIRTH
<input type="checkbox"/> Daughter		
RELATIONSHIP: <input type="checkbox"/> Natural <input type="checkbox"/> Step <input type="checkbox"/> Foster	ADDRESS (IF DIFFERENT FROM CANDIDATE)	

<input type="checkbox"/> Son	NAME (LAST, FIRST, MIDDLE)	DATE OF BIRTH
<input type="checkbox"/> Daughter		
RELATIONSHIP: <input type="checkbox"/> Natural <input type="checkbox"/> Step <input type="checkbox"/> Foster	ADDRESS (IF DIFFERENT FROM CANDIDATE)	

SECTION I
PERSONAL AND MARITAL RECORD CONTINUED

LIST YOUR RELATIVES (BROTHERS, SISTERS, STEP-PARENTS, STEP-BROTHERS, STEP-SISTERS)			
RELATIONSHIP	NAME (LAST, FIRST, M.I.)	ADDRESS	AGE

Are you now supporting all dependents that you are required to support? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you paying alimony or child support? <input type="checkbox"/> Yes <input type="checkbox"/> No Amount per month: \$
Have you ever been sued for alimony payments, child support, and non-payment of debts or fraud? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give the name of the court in which you were sued and the case number of the lawsuit.

PREVIOUS MARRIAGES: If previously married, provide the following:				
Date Married	Where Married (City, State)	Name of Ex-Spouse (Maiden Name)	If Dissolved or Divorced (City, State)	Date Finalized

Are you a United States Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, check one of the following: <input type="checkbox"/> Native Born <input type="checkbox"/> Naturalized
Are you a permanent resident alien? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete the following: Port of Entry to United States: _____ Date of Entry to United States: _____

**SECTION III
FINANCIAL RECORD**

1. Are you currently delinquent in any financial obligation? Yes No

2. Do your monthly bills exceed your take-home pay? Yes No

INDEBTEDNESS: INVOLVING YOU, YOUR SPOUSE, YOUR EX-SPOUSE FOR WHICH YOU ARE LIABLE.					
TO WHOM OWED:	ADDRESS	DATE INCURRED	ORIGINAL AMOUNT	AMOUNT DUE	MONTHLY PAYMENT

NAME AND LOCATION OF YOUR BANK(S)	CHECKING	SAVINGS
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

SECTION III
FINANCIAL RECORD CONTINUED

YEAR, MAKE, BODY TYPE OF YOUR PRESENT VEHICLES	DATE PURCHASED	LICENSE NUMBER	NAME OF LEIN HOLDER/OWNER

<p>3. Do you, your spouse, or ex-spouse have any immediate civil action pending against you? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>4. Have you ever been garnished, filed for bankruptcy, or been declared bankrupt? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>IF YOU ANSWERED "YES" TO ANY OF THE ABOVE QUESTIONS, PLEASE EXPLAIN FULLY ON THE CONTINUATION SHEET, CITING THE REFERENCE, PAGE NUMBERS. BE COMPLETE ON ALL EXPLANATIONS REQUESTED.</p>

**SECTION IV
WORK HISTORY**

Have you previously applied for a position with the Village of Middlefield Police Department?	<input type="checkbox"/> YES <input type="checkbox"/> NO
When: _____	
Have you ever been employed by the Middlefield Police Department?	<input type="checkbox"/> YES <input type="checkbox"/> NO
When: _____ Reason for Leaving: _____	
Are you related to anyone employed by the Village of Middlefield?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Name: _____ Relationship to you: _____	

Have you applied for a position with any Law Enforcement or Government agency in the past 6 months?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Department or Agency:	Date Applied:	Accepted?	If no, give reason for rejection or declining of appointment:
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION IV
WORK HISTORY CONTINUED

EMPLOYMENT

Begin with your most recent job and list your work history in reverse chronological order. **Include in sequence all part-time jobs, periods of unemployment and military service for the last ten (10) years.** If presently employed, indicate so in date block. (attach additional sheet(s) if necessary)

May we contact your present employer?		<input type="checkbox"/> YES <input type="checkbox"/> NO
NAME OF EMPLOYER		PHONE NUMBER
ADDRESS OF EMPLOYER		JOB TITLE
DATES EMPLOYED FROM TO	SUPERVISOR	SALARY
REASON FOR LEAVING		

NAME OF EMPLOYER		PHONE NUMBER
ADDRESS OF EMPLOYER		JOB TITLE
DATES EMPLOYED FROM TO	SUPERVISOR	SALARY
REASON FOR LEAVING		

NAME OF EMPLOYER		PHONE NUMBER
ADDRESS OF EMPLOYER		JOB TITLE
DATES EMPLOYED FROM TO	SUPERVISOR	SALARY
REASON FOR LEAVING		

WORK HISTORY CONTINUED

NAME OF EMPLOYER		PHONE NUMBER
ADDRESS OF EMPLOYER		JOB TITLE
DATES EMPLOYED FROM TO	SUPERVISOR	SALARY
REASON FOR LEAVING		

NAME OF EMPLOYER		PHONE NUMBER
ADDRESS OF EMPLOYER		JOB TITLE
DATES EMPLOYED FROM TO	SUPERVISOR	SALARY
REASON FOR LEAVING		

NAME OF EMPLOYER		PHONE NUMBER
ADDRESS OF EMPLOYER		JOB TITLE
DATES EMPLOYED FROM TO	SUPERVISOR	SALARY
REASON FOR LEAVING		

NAME OF EMPLOYER		PHONE NUMBER
ADDRESS OF EMPLOYER		JOB TITLE
DATES EMPLOYED FROM TO	SUPERVISOR	SALARY
REASON FOR LEAVING		

SECTION V

MILITARY AND EDUCATIONAL RECORD

MILITARY

PRESENT DRAFT BOARD ADDRESS:	DRAFT BOARD NUMBER:	PRESENT DRAFT BOARD CLASS:
BRANCH OF SERVICE:	UNIT:	MILITARY SERIAL NUMBER:
ACTIVE DUTY DATES (DO NOT INCLUDE SHORT RESERVE TOURS OF 90 DAYS OR LESS):	HIGHEST RANK HELD:	TYPE OF SEPERATION:
TOTAL MONTHS COMBAT DUTY:	TOTAL MONTHS OVERSEAS DUTY:	RESERVE STATUS: <input type="checkbox"/> READY <input type="checkbox"/> STANDBY <input type="checkbox"/> N/A

1. Have you ever asked for or received deferment from military service? Yes No

2. Were you every court-martialed, tried on charges, or subject of a summary court-martial, captain's mast, article 15, company punishment, or any other disciplinary action while in the armed forces? If yes, explain on continuation sheet. Yes No

3. Have you ever received a government disability pension? If yes, explain on continuation sheet. Yes No

4. Have you ever taken a General Education Development (G.E.D.) test? Yes No

EDUCATIONAL

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 OTHER					
NAME OF SCHOOL	LOCATION OF SCHOOL (CITY & STATE)	DEGREE	AREA OF STUDY	GRADUATE	
				YES	NO

SECTION VI

REFERENCES

REFERENCES

Fill in below the names of five adults, not related to you and not former employers, who have known you for a period more than five years.

NAME	HOME PHONE (Area code/Number)
HOME ADDRESS (City, State, Zip)	Occupation
BUSINESS ADDRESS:	YEARS KNOWN:

NAME	HOME PHONE (Area code/Number)
HOME ADDRESS (City, State, Zip)	Occupation
BUSINESS ADDRESS:	YEARS KNOWN:

NAME	HOME PHONE (Area code/Number)
HOME ADDRESS (City, State, Zip)	Occupation
BUSINESS ADDRESS:	YEARS KNOWN:

NAME	HOME PHONE (Area code/Number)
HOME ADDRESS (City, State, Zip)	Occupation
BUSINESS ADDRESS:	YEARS KNOWN:

NAME	HOME PHONE (Area code/Number)
HOME ADDRESS (City, State, Zip)	Occupation
BUSINESS ADDRESS:	YEARS KNOWN:

SECTION VII
GENERAL INFORMATION INQUIRY

NOTICE: The information requested in this section is necessary because of the position for which you are applying. It is needed for a legally permissible reason, including without limitation, national security requirements, affirmative action, a bona fide occupational qualification or department necessity. Your answers may be verified through the use of a voice verification exam. If your response is "YES" to any of the following questions, you must explain the circumstance in detail on the continuation sheet provided.

		YES	NO
1.	If it became necessary in the course of your police duties to take a human life, would you have any reluctance to do so because of religious or other beliefs?		
2.	Have you ever been involved in or committed a serious criminal offense (e.g. possession or sale of illegal drugs, theft, assault, acts of violence, fraud, etc.) for which you were never arrested, charged, or convicted?		
3.	Have you ever been placed on or served in a criminal diversion type program that led to the eventual dismissal of any criminal charges?		
4.	Have you ever been convicted of a felony criminal offense?		
5.	Have you ever been convicted of a misdemeanor offense that was reduced from an original felony charge?		
6.	Have you ever been convicted of any criminal offense (e.g. theft offenses, assault and battery, domestic violence, wrongful influence of a minor, disorderly conduct, gambling, drug offenses, sex offenses, offenses involving immoral or indecent conduct, fraud, trespassing, conversion of trust, offenses involving military justice) or any other criminal offense?		
7.	Have you ever been convicted of any traffic offense (e.g. operating a vehicle while under the influence of alcohol or drugs, reckless operation, hit skip, vehicular homicide, speeding, drag racing, willfully fleeing or eluding police, operating an unsafe vehicle, driving without a license, passing a school bus receiving or discharging passengers) or any other traffic offense, excluding parking and equipment violations?		
8.	As an adult have you ever stolen anything?		
9.	Have you bought or sold any property that you knew was stolen?		
10.	Has your driver's license ever been suspended or revoked?		
11.	Have you ever been committed to any penal institution as a result of either a felony or misdemeanor conviction?		
12.	Are you presently under indictment or a defendant in any pending criminal, traffic, or civil actions?		
13.	Are you currently using or have you ever used any type of hallucinogenic drugs such as marijuana, LSD, mescaline, peyote, amphetamine variants, PCP, and psilocybin mushrooms? If YES, Age first used: Age last used: Total number of usages:		
14.	Are you currently using or have you ever used any type of illegal drugs such as cocaine, crack cocaine, heroin, barbiturates, amphetamines, hashish, etc.? If YES, Age first used: Age last used: Total number of usages:		

15.	Are you currently using or have you ever used any type of narcotic drugs such as opium, morphine, codeine, methadone, or any of their derivatives such as Darvon, Percodan, Percocet, Tylenol with codeine, Demerol, Dilaudid, etc.? If YES, Age first used: Age last used: Total number of usages:		
16.	Are you currently using or have you ever used prescription drugs such as Fiorinal, Tuinal, diazepam, Llubrium, Xanax, valium, Quaaludes, Ritalin, illegally or without a prescription from a doctor? If YES, Age first used: Age last used: Total number of usages:		
17.	Have you ever used any prescription medications for the purposes other than that for which they were originally prescribed or intended? If "YES", explain the type and use on continuation sheet.)		
18.	Are you currently using or have you ever used designer drugs-substances chemically altered in make-up but which give the same effect as illegal drugs? If YES, Age first used: Age last used: Total number of usages:		
19.	Are you currently using or have you ever used inhalant products such as glue, butane, or other chemical substance for the purpose of obtaining a state of intoxication or "high"? If YES, Age first used: Age last used: Total number of usages:		
20.	Are you currently using alcohol products or intoxicating liquors? If "YES" list the types, amounts, and frequency on continuation page.		
21.	Are you currently addicted to or using alcoholic beverages excessively or suffering from any alcohol related problems?		
22.	Are you currently addicted to or have you ever been addicted to any type or legal or illegal drug or controlled substances? If "YES" type, frequency, and/or action taken.		
23.	Have you ever filed for and received unemployment compensation, the amounts of which you were not eligible to receive?		
24.	Are you now, or have you ever, received any type of governmental support such as welfare, A.D.C., housing subsidy payments, medical or educational loans or grants that you were not eligible for, received in a fraudulent manner or after receiving became ineligible for but continued receiving?		
25.	Do you have any hatreds or prejudices toward others because of their race, sex, national origin, religion, color, sexual preference, veteran status, disability, or gender identity that would be detrimental to your functioning as a police officer?		
26.	Do you have any problems because of gambling?		
27.	Do you have any problems controlling your temper?		
28.	Have you ever been involved in an automobile accident?		
29.	Have you ever engaged in grossly unnatural sexual acts?		
30.	Have you ever engaged in any illicit sexual activities?		
31.	Have you ever traveled outside the United States? If "YES", what countries?		
32.	Are you currently receiving any psychiatric or psychological evaluations, treatments, or examinations because of current or past drug or substance abuse problems? If "YES", type and status.		
33.	You have been given a written job description listing the essential job functions of the position for which you have applied. Please review the job description and answer the following question. Are you able to perform each of the essential job functions listed for the position for which you have applied? If "NO", list the function(s) you are unable to perform and explain why you are unable to perform them.		
34.	What is your current uncorrected and corrected vision?		
35.	Have you ever undergone any type of eye surgery to correct your vision, e.g. radial keratotomy, etc.?		

