



CITY OF CHILlicothe
Civil Service Commission
EMPLOYMENT APPLICATION



The City of Chillicothe provides equal employment opportunities to all people regardless of age, race, color, religion, national origin, ancestry, or disability. A high school diploma or equivalent is required for employment with the City of Chillicothe.

PLEASE PRINT

POSITION APPLYING FOR: POLICE OFFICER

PERSONAL INFORMATION:

NAME: _____

(Last)

(First)

(Middle Initial)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: (Required) _____

SOCIAL SECURITY NUMBER: _____

Are you available to work any day of the week and at unusual hours? Yes _____ No _____

Are you a U.S. citizen or legally authorized to work in the U.S.? Yes _____ No _____
 (Verification must be provided which establishes both identity and work authorization)

Do you wish to receive veteran's credit? Yes _____ No _____

(Please note: A copy of your DD214 showing discharge as "Honorable or Under Honorable Conditions" must be attached to your application for you to receive credit.)

EMPLOYMENT HISTORY

Current/Most Recent Employer: _____

Position _____ Address: _____

Phone Number: _____ Supervisor: _____

Dates of Employment: _____ Reason for Leaving: _____

Duties: _____

Next Previous Employer: _____

Position _____ Address: _____

Phone Number: _____ Supervisor: _____

Dates of Employment: _____ Reason for Leaving: _____

Duties: _____

Next Previous Employer: _____

Position _____ Address: _____

Phone Number: _____ Supervisor: _____

Dates of Employment: _____ Reason for Leaving: _____

Duties: _____

Next Previous Employer: _____

Position _____ Address: _____

Phone Number: _____ Supervisor: _____

Dates of Employment: _____ Reason for Leaving: _____

Duties: _____

ADDITIONAL QUESTIONS

If you are currently employed, may we contact your employer at this time? Yes_____ No_____

PLEASE NOTE: The City of Chillicothe reserves the right to contact the current employer if an offer is made.

EDUCATION

High School

Name: _____ Diploma, GED or Degree: _____

Location (City, State): _____

Did you graduate? Yes _____ No _____

College or University

Name: _____ Degree: _____

Location (City, State): _____

Did you graduate? Yes _____ No _____

Vocational or Business

Name: _____ Diploma or Degree: _____

Location (City, State): _____

Did you graduate? Yes _____ No _____

Certification

Are you a Certified Ohio Police Officer, OPOTA Certification? Yes:_____ No _____

If No, are you currently in a police academy? _____ Estimated date of graduation? _____

Additional Comments _____

LICENSE INFORMATION

Driver's License #: _____ Class: _____

State: _____ Expiration Date: _____

CDL? Yes _____ No _____ CDL Permit? Yes ___ No ___

Please list 3 references who are not related to you

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

APPLICANT

As a condition of employment, do you consent to taking a drug test if an offer is made and at offer times during employment? Yes _____ No _____

Do you fully understand that for up to 1 (one) year of your employment, beginning with the first date you perform your job responsibilities, you will be on probation, which means that your continued employment will be at the discretion of the City of Chillicothe? Yes _____ No _____

Do you authorize the City of Chillicothe to make any investigation it considers necessary in regard to your application? Yes _____ No _____

I certify that the information contained in this application and all supporting documents are correct, to the best of my knowledge, and understand that falsification of employment records is grounds for dismissal regardless of the date such falsification is discovered.

Applicants Printed Name: _____

Applicant's Signature: _____ Date _____

(Original signature required)

Please print completed application, sign and return it along with either the application fee OR "fee waiver form" AND related documents

Workforce Diversity Information

The City of Chillicothe is dedicated to equal opportunities in employment without regard to race, religion, gender, sexual orientation, national origin, age, veteran or disabled status or any other protected class.

The City of Chillicothe requests that you supply the following information in order to assist our efforts in ensuring we are providing equal employment opportunities to all people. Providing this information is **VOLUNTARY** and will in no way affect the processing of your application or your being considered for employment. If you choose to fill out this form, please submit it with your application. Thank you.

The following information is **VOLUNTARY** and will be kept confidential insofar as is possible.

Please complete the following entries:

_____ I choose not to provide race and/or gender information at this time.

OR

Sex: Male _____ Female _____

Ethnicity:

_____ **Hispanic or Latino** -- Persons of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin

_____ **American Indian or Alaska Native** -- A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment

_____ **Black or African American** -- A person having origins in any of the black racial groups of Africa

_____ **Asian** -- A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including for example; Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam

_____ **White** -- A person having origins in any of the original peoples of Europe, the Middle East, or North Africa

_____ **Native Hawaiian or Other Pacific Islander** -- A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands



CITY OF CHILLICOTHE
LUKE M. FEENEY, MAYOR

TAMRA J. LOWE
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Police Officer Exam Fee Waiver Request

A \$25 Civil Service examination/application fee is required and must be submitted with the completed employment application but may be waived upon completion of this form if your income is very low or you can demonstrate a financial hardship. The Application Fee Waiver must be completed, signed and submitted with the employment application in lieu of the \$25 check or money order.

Applicant's Name _____

(Please Print – Last First Middle Initial)

Last four (4) digits of applicant's Social Security Number _____

Please briefly outline your financial situation or financial hardship below (please print)

I request a waiver of the application fee for the City of Chillicothe Civil Service Police Exam. I certify that to the best of my knowledge, the information furnished above is true and complete. I further understand that submitting false information on this waiver form or any other part of the employment application is grounds for disqualification from the Civil Service/Chillicothe Police selection process.

Signature

Date

Please complete form, print, sign and return with completed application only if you are requesting to have your application fee waived.