



CITY OF BELLBROOK

APPLICATION FOR EMPLOYMENT - POLICE

15 EAST FRANKLIN STREET, BELLBROOK, OHIO 45305
(937) 848-4666 WWW.CITYOFBELLBROOK.ORG

PERSONAL INFORMATION

LAST NAME _____ FIRST NAME _____ MI _____

ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

PHONE (____) _____ - _____ EMAIL _____

ARE YOU 18 YEARS OF AGE OR OLDER? Yes No

ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE UNITED STATES? Yes No

DESIRED EMPLOYMENT

POSITION _____ DATE YOU CAN START ____/____/____

DEPARTMENT _____ FULL-TIME PART-TIME VOLUNTEER

EDUCATION

SCHOOL LEVEL	NAME, CITY AND STATE OF SCHOOL	DID YOU GRADUATE?	SUBJECT(S) STUDIED
HIGH SCHOOL			
COLLEGE OR UNIVERSITY			
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL			

KNOWLEDGE & SKILLS

SPECIAL SUBJECTS OF STUDY _____

SPECIAL TRAINING _____

SPECIAL SKILLS _____

LICENSES OR CERTIFICATIONS _____

OTHER _____

OFFICE USE ONLY

DATE & TIME RECEIVED	INITIALS OF RECEIVER	DEPARTMENT	METHOD OF RECEIPT
____/____/____ _____ PM / AM			<input type="checkbox"/> MAIL <input type="checkbox"/> IN PERSON

EMPLOYMENT HISTORY

PRESENT OR MOST RECENT EMPLOYER

NAME OF COMPANY OR ORGANIZATION _____

ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

JOB TITLE _____ START DATE ____/____/____ LEAVE DATE ____/____/____

DESCRIPTION OF WORK _____

REASON FOR LEAVING _____

MAY WE CONTACT YOUR SUPERVISOR? YES NO

NAME OF SUPERVISOR _____ SUPERVISOR TITLE _____

PREVIOUS EMPLOYER

NAME OF COMPANY OR ORGANIZATION _____

ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

JOB TITLE _____ START DATE ____/____/____ LEAVE DATE ____/____/____

DESCRIPTION OF WORK _____

REASON FOR LEAVING _____

MAY WE CONTACT YOUR SUPERVISOR? YES NO

NAME OF SUPERVISOR _____ SUPERVISOR TITLE _____

PREVIOUS EMPLOYER

NAME OF COMPANY OR ORGANIZATION _____

ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

JOB TITLE _____ START DATE ____/____/____ LEAVE DATE ____/____/____

DESCRIPTION OF WORK _____

REASON FOR LEAVING _____

MAY WE CONTACT YOUR SUPERVISOR? YES NO

NAME OF SUPERVISOR _____ SUPERVISOR TITLE _____

PREVIOUS EMPLOYER

NAME OF COMPANY OR ORGANIZATION _____

ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

JOB TITLE _____ START DATE ____/____/____ LEAVE DATE ____/____/____

DESCRIPTION OF WORK _____

REASON FOR LEAVING _____

MAY WE CONTACT YOUR SUPERVISOR? YES NO

NAME OF SUPERVISOR _____ SUPERVISOR TITLE _____

IF YOU WISH TO FURTHER DESCRIBE OR INCLUDE ADDITIONAL WORK EXPERIENCE, PLEASE INCLUDE ON A SEPARATE PIECE OF PAPER.

REFERENCES

PLEASE INCLUDE THE CONTACT INFORMATION OF THREE PERSONS NOT RELATED TO YOU.

NAME (FIRST & LAST)	ADDRESS, PHONE & EMAIL	COMPANY OR ORGANIZATION	YEARS ACQUAINTED

AUTHORIZATION

I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE THE CITY OF BELLBROOK ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE AND RELEASE THE CITY OF BELLBROOK FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION.

I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF THE CITY OF BELLBROOK HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING, UNLESS, IT IS IN WRITING AND SIGNED BY THE CITY MANAGER.

SIGNATURE _____ DATE ____/____/____