FAIRPORT HARBOR POLICE DEPARTMENT (FHPD) APPLICATION FOR EMPLOYMENT

STATEMENT OF PURPOSE

The purpose of this form is to provide a complete profile of the applicant so that the FHPD can adequately evaluate their fitness for the position of police officer. You may refuse to answer any portion of the form; however this may make it difficult or impossible to properly evaluate your candidacy.



Fairport Harbor Police Department 220 Third Street Fairport Harbor, OH 44077 440-352-3150 Fax: 440-579-1040

Position Applying For:

INSTRUCTIONS: Complete each section completely and legibly. If something does not apply, write "DNA". If you do not wish to complete an item write "Declined". Include zip codes for all addresses. Add extra pages if necessary.

APPLICANT IDENTIFICATION

Informati	on provided in t	his section is used for i	dentification	purposes only.
Name:				
Last		First	State	Middle Zip Code:
				Zip code
Phone: Ho	ome:	Cell:		
Date of Birth: Bir		Birthplace:		U.S. Citizen: Yes No
Nickname	e(s)/Alias(es)/M		ity, State	
SS Numb	er:	Driver's Licen	se Number: _	
Height: _	Weight: _	Hair Color:	Eye Colo	or:
	attoos/Identify:	_		
				Location: Location:
Location.		Location		Location.
RESIDEN	ICES			
	•	apartment number, city	, state and z	-
FIOIII	10	:		
From	То	:		
From	То	:		
From	То	:		
From	То	:		
WORK H	ISTORY			
Include p	art-time, tempo		ods of unemp	yment held for the past ten years. loyment. Please indicate if your
Employer	::		Position:	
Address:				Telephone:
Superviso	or/Title:			
Name of (or Leaving: Co-Worker:			

	Position:	
Address:		Telephone:
Supervisor/Title:		-
Date Started:	Date Left:	
Name of Co Worker:		
Name of Co-worker.		
5 1	7 0. 111	
Employer:	Position:	
Address:		Telephone:
Supervisor/Title:		
Date Started:	Date Left:	
Reason for Leaving:		
Name of Co-Worker:		
		
Employer	Position:	
	Position:	
Supervisor/Title:		
	Date Left:	
Reason for Leaving:		
Name of Co-Worker:		
Employer:	Position:	
Address:		Telephone:
Supervisor/Title		
Date Started:	Date Left:	
Name of Co. Worlson		
Name of Co-worker:		
1/11 171 171 771 771 771		
MILITARY RECORD		
Have you served in the U.S.	. Armed Forces? Yes No	
Dates:		
Branch(es):		
Unit:	Designation:	Rank:
Type of Discharge:		
Type of Biseliarge.		
Were you ever disciplined w	hile in the military service? (Include c	court martial cantain's masts
	Use additional sheet if necessary.)	ourt martial, captain's masts,
company punishment, etc.	ose additional sheet if flecessary.)	
C1		Data
Charge #1: Agency		Date:
Age: Disposit	tion:	
Charge #2: Agency		Date:
Age: Disposit	tion:	
EDUCATIONAL HISTORY		
High School:		
, wai C33		
College / Heisensites / Marchine	nal Cabaali	
	nal School:	
Address:		
Units Completed:	Major/Minor:	
From:	To:	Degree Received:
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College/University/Voca Address:				
Units Completed:		Maior/N		
From:				Degree Received:
SPECIAL QUALIFICATION	ONS AND SK	ILLS		
List any special licenses	you hold (pile	ot, radio opera	tor, scuba, et	cc).
Licensing Authority:				
Date of Issue:]	Expiration Da	ate:
Licensing Authority:				
Date of Issue:]	Expiration Da	ate:
FOREIGN LANGUAGE S	WII I G			
FOREIGN LANGUAGE S	KILLS			
If you are fluent in a fore	ign language	indicate vour	degree of flue	ency in the following:
Language:		-	_	• - · · · · · · · · · · · · · · · · · ·
Reading:				
Speaking:				
Understanding:				
Writing:				
writing.				
Has your license ever been Details:				Di.
Auto Insurance Carrier:			·	Phone:
List of driving citations re Month/Year/Charge/Jui	•	,		
*				
*				
 Daganika in a kniafnanna	ticco care tack	io o o o idom to im		arra la a maine al maine
Describe in a brief narra approximate date and loo		ic accidents in	wnich you na	ave been involved - give
approximate date and loc	zations.			
MARITAL AND FAMILY	HISTORY			
(Please Circle): Single	Married	Separated	Divorced	Widowed
If manniad.				
If married:				
Spouse's full name:				
Date married:		City:		State:
Lx-spouse s Iuii name: _ Dote morried:	Doto di	vorced:	DI	none:
Descent address:	Date di	vorced:	Pr	10116
Present address:				

List all children/dependents related to you or you	r spouse.
Name:	Relation:
Present address:	
Nama	Polotion
Name:Present address:	
Name:	
Present address:	
Name:	
Present address:	
Name:	Relation:
Present address:	
Other Relatives:	
Father:	
Present address:	Phone:
Mother:Present address:	Phone
Trescrit address.	I Holic
Brother/Sister:	
Present address:	Phone:
Brother/Sister:	
Present address:	Phone:
Drather/Sistem	
Brother/Sister: Present address:	Phone:
REFERENCES OR ACQUAINTANCES	
List five persons who know you well enough to prorelatives or former employers.	ovide current information about you. Do not list
Name:	Phone:
Address:	
Name:	Phone:
Address:	
Name:Address:	
ridaress.	
Name:	
Address:	
Name:	Phone:
Address:	

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${\bf FINANCIAL\; HISTORY\;/\; SOURCES\; OF\; INCOME\; }$

Present salary/wages:		
*		
*		
List other income:		
*		
	7 N.T .	
Do you own real estate?		
Location:		
value.		
Location:		
Value:		
Do you own stocks &/or bo		
,		Value:
-		
Bank account(s)		
Checking:		Avg Balance:
Savings:		Avg Balance:
Financial Obligations		
		Type of Acct:
Address:		
		Monthly Payments:
Reason for Purchase:		
Nome:		Type of Acct:
Address:		
Acct #:	Balance Due:	Monthly Payments:
Reason for Purchase:		
		Type of Acct:
Address:		
Acct #:	Balance Due:	Monthly Payments:
Reason for Purchase:		
NT		Trans of Asset
		Type of Acct:
Address:	Rolonos Due:	Monthly Payments:
		wonding rayments.
icason for i dichase.		
Name:		
Address:		Type of Acct:
Acct #:		Type of Acct:
	Balance Due:	Monthly Payments:

I hereby certify that there are no willful misrepresentations, omissions, or falsifications in the foregoing statements and answers to questions. Any such acts may be grounds for rejections termination of employment.			
Signature of Applicant	Date		