

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

DAVID KORAN, Chief of Police

Position Applying For: Patrol Officer: Full-Time Part-Time
Auxiliary Officer: Commissioned Non-Commissioned
Other: _____

Employer: _____ Position: _____
Address: _____ Telephone: _____
Supervisor/Title: _____ Phone: _____
Date Started: _____ Date Left: _____
Reason for Leaving: _____
Name of Co-Worker: _____ Phone: _____

Employer: _____ Position: _____
Address: _____ Telephone: _____
Supervisor/Title: _____ Phone: _____
Date Started: _____ Date Left: _____
Reason for Leaving: _____
Name of Co-Worker: _____ Phone: _____

Employer: _____ Position: _____
Address: _____ Telephone: _____
Supervisor/Title: _____ Phone: _____
Date Started: _____ Date Left: _____
Reason for Leaving: _____
Name of Co-Worker: _____ Phone: _____

Employer: _____ Position: _____
Address: _____ Telephone: _____
Supervisor/Title: _____ Phone: _____
Date Started: _____ Date Left: _____
Reason for Leaving: _____
Name of Co-Worker: _____ Phone: _____

MILITARY RECORD

Have you served in the U.S. Armed Forces? Yes No
Dates: _____
Branch(es): _____
Unit: _____ Designation: _____ Rank: _____
Type of Discharge: _____

Were you ever disciplined while in the military service? (Include court martial, captain's masts, company punishment, etc. Use additional sheet if necessary.)

Charge #1: Agency _____ Date: _____
Age: _____ Disposition: _____

Charge #2: Agency _____ Date: _____
Age: _____ Disposition: _____

EDUCATIONAL HISTORY

High School: _____

Address: _____

Years Attended: From: _____ To: _____

College/University/Vocational School: _____

Address: _____

Units Completed: _____ Major/Minor: _____

From: _____ To: _____ Degree Received: _____

College/University/Vocational School: _____

Address: _____

Units Completed: _____ Major/Minor: _____

From: _____ To: _____ Degree Received: _____

SPECIAL QUALIFICATIONS AND SKILLS List any special licenses you hold (pilot, radio operator, scuba, etc).

Licensing Authority: _____

Date of Issue: _____ Expiration Date: _____

Licensing Authority: _____

Date of Issue: _____ Expiration Date: _____

FOREIGN LANGUAGE SKILLS If you are fluent in a foreign language indicate your degree of fluency in the following:

Language: _____

Reading: _____

Speaking: _____

Understanding: _____

Writing: _____

TRAFFIC RECORD

Has your license ever been suspended or revoked? Yes No

Details: _____

Auto Insurance Carrier: _____ Phone: _____

List of driving citations received (juvenile and adult).

Month/Year/Charge/Jurisdiction (Court)/Disposition

*

*

*

Describe in a brief narrative any traffic accidents in which you have been involved - give approximate date and locations. _____

CRIMINAL RECORD

Have you ever been **CONVICTED** of any criminal offense? Yes No

Details / Date / Location / Disposition: _____

MARITAL AND FAMILY HISTORY (Please Circle)

Single Married Separated Divorced Widowed

If married:

Spouse's full name: _____

Date married: _____ City: _____ State: _____

Ex-spouse's full name: _____

Date married: _____ Date divorced: _____ Phone: _____

Present address: _____

List all children/dependents related to you or your spouse.

Name: _____ Relation: _____

Present address: _____

Name: _____ Relation: _____

Present address: _____

Name: _____ Relation: _____

Present address: _____

Name: _____ Relation: _____

Present address: _____

Name: _____ Relation: _____

Present address: _____

Other Relatives:

Father: _____

Present address: _____ Phone: _____

Mother: _____

Present address: _____ Phone: _____

Brother/Sister: _____

Present address: _____ Phone: _____

Brother/Sister: _____

Present address: _____ Phone: _____

Brother/Sister: _____

Present address: _____ Phone: _____

REFERENCES OR ACQUAINTANCES: List five persons who know you well enough to provide current information about you. Do not list relatives or former employers.

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____
Address: _____

Name: _____ Phone: _____
Address: _____

FINANCIAL HISTORY / SOURCES OF INCOME

Present salary/wages:

*
*

List other income:

*
*

Do you own real estate? Yes No

Location: _____

Value: _____

Location: _____

Value: _____

Do you own stocks &/or bonds? Yes No

Type: _____ Value: _____

Type: _____ Value: _____

Bank account(s)

Checking: _____ Avg Balance: _____

Savings: _____ Avg Balance: _____

Financial Obligations Give names and addresses of the individuals, companies, or others to whom you are indebted and the extent of your debt. Including rent, mortgage, vehicle payments, charge accounts, credit cards, loans, child support payments, and any other debts and payments. Include account numbers where applicable.

Name: _____ Type of Acct: _____

Address: _____

Acct #: _____ Balance Due: _____ Monthly Payments: _____

Reason for Purchase: _____

Name: _____ Type of Acct: _____

Address: _____

Acct #: _____ Balance Due: _____ Monthly Payments: _____

Reason for Purchase: _____

Name: _____ Type of Acct: _____

Address: _____

Acct #: _____ Balance Due: _____ Monthly Payments: _____

Reason for Purchase: _____

Name: _____ Type of Acct: _____

Address: _____

Acct #: _____ Balance Due: _____ Monthly Payments: _____

Reason for Purchase: _____

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 rejection or termination of employment.

Signature of Applicant: _____ Date: _____

FOR ADMINISTRATIVE PURPOSES ONLY BELOW THIS LINE

APPLICATION: RECEIVED BY: _____ DATE: _____

REJECTED: _____ DATE: _____ REASON: _____

ACCEPTED TO MOVE FORWARD: _____ DATE: _____