

# **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:** \_\_\_\_\_



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

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

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

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

**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: \_\_\_\_\_

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.

**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. Include 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: \_\_\_\_\_

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 rejections or termination of employment.

---

Signature of Applicant

---

Date