

Covington Township
Police Department
Formal Application

Last Name, First Name, Middle Name

Street Address, Apartment No.

City

State

Zip Code

Telephone Number

Alternate Telephone

Email Address

What type of employment are you applying for?

_____ Full-Time

_____ Part-Time

1. GENERAL INFORMATION	
List any names previously used (examples may include, but are not limited to: aliases, nicknames, maiden names, previous names, etc.)	Social Security #
Are you a U.S. Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>	

2. EDUCATION							
High Schools Attended:							
Name	Address	Dates Attended		Years Completed	Graduated		
		From	To		Yes	No	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
Colleges or Universities Attended:							
Name	Address	Dates Attended		Credit Hours	Degree Rec'd	Graduated	
		From	To			Yes	No
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
Trade, Technical, Vocational, Business, or Military Schools Attended:							
Name	Address	Dates Attended		Courses Studied	Graduated		
		From	To		Yes	No	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	

3. FOREIGN LANGUAGE				
Do you speak a language other than English? Yes <input type="checkbox"/> No <input type="checkbox"/>				
If yes, identify your aptitude by specifying each language and your skill level as Limited, Conversational or Fluent.				
Language	Read	Speak	Understand	Write

4. DRIVING HISTORY					
List any driver's license(s) you have held or presently hold:					
License Type (Operator's, CDL, etc.)	Driver License Number	Restriction(s) (If any)	State Issued	Issue Date	Expiration Date
Has your driver's license ever been suspended or revoked? Yes <input type="checkbox"/> No <input type="checkbox"/> . If yes, provide detail(s) below:					
Date	State of Suspension	Length of Suspension	Reason for Suspension		

5. EMPLOYMENT HISTORY	
Please list your employment history <u>BEGINNING WITH YOUR PRESENT</u> or most recent job and working backwards for the last 10 yrs. You must include all full-time, part-time, temporary and seasonal, paid/unpaid internship and volunteer jobs and account for any period of unemployment greater than 30 days.	
If unemployed, write UNEMPLOYED with appropriate dates – <u>there can be no gaps in employment. YOU MUST LIST FULL NAMES FOR ALL SUPERVISORS AND COWORKERS FOR EVERY EMPLOYMENT.</u>	

From Date (Mo/Yr)	Employer	Job Title	Part-Time/Full-Time
To Date (Mo/Yr)	Street Address	City, State & Zip Code	Phone No.
Beginning Salary	Duties Performed	Supervisor Name	
Ending Salary	Reason for Leaving	Co-Worker Name	

From Date (Mo/Yr)	Employer	Job Title	Part-Time/Full-Time
To Date (Mo/Yr)	Street Address	City, State & Zip Code	Phone No.
Beginning Salary	Duties Performed	Supervisor Name	
Ending Salary	Reason for Leaving	Co-Worker Name	

5. EMPLOYMENT HISTORY (continued)			
From Date (Mo/Yr)	Employer	Job Title	Part-Time/Full-Time
To Date (Mo/Yr)	Street Address	City, State & Zip Code	Phone No.
Beginning Salary	Duties Performed		Supervisor Name
Ending Salary	Reason for Leaving		Co-Worker Name

From Date (Mo/Yr)	Employer	Job Title	Part-Time/Full-Time
To Date (Mo/Yr)	Street Address	City, State & Zip Code	Phone No.
Beginning Salary	Duties Performed		Supervisor Name
Ending Salary	Reason for Leaving		Co-Worker Name

From Date (Mo/Yr)	Employer	Job Title	Part-Time/Full-Time
To Date (Mo/Yr)	Street Address	City, State & Zip Code	Phone No.
Beginning Salary	Duties Performed		Supervisor Name
Ending Salary	Reason for Leaving		Co-Worker Name

Have you ever been fired, terminated, laid-off, asked to resign, or placed in an inactive status for cause (suspended, relieved from duty, or subjected to disciplinary action) while in any position other than with the military? Yes No

If yes, provide detailed information including name(s) and address(es) of employer(s), date(s) of action, reason(s) and outcome(s):

6. MILITARY SERVICE

Have you served in the Armed Forces? Yes No . If yes, complete the following:

Active Duty Date (MM/DD/Year)	Branch of Service	Rank	Occupational Specialty	Discharge Date (MM/DD/Year)	Type of Discharge	Reason for Discharge

Are you/have you been a member of the U.S. Reserve Forces, National Guard or State Guard Organization?

Yes No . If yes, complete the following:

Service Date (MM/DD/Year)	Branch of Service	Rank	Occupational Specialty	Discharge Date (MM/DD/Year)	Type of Discharge	Reason for Discharge

Status:

Active Standby Inactive Discharged

Reserve Obligation(s):

7. RESIDENCE

List all addresses where you resided since the age of 18, beginning with your current address:

From (Mo/Yr)	To (Mo/Yr)	Street Address	City	State	Zip Code	Country

8. CHARACTER REFERENCES

Character references are individuals other than your relatives or former supervisors/employers who have definite knowledge of your qualifications and fitness for the position for which you are applying.

List a minimum of (3) non relative character references, who live in the United States or its territories, their names, addresses and daytime telephone numbers.

Name	Street Address	City and State	Phone Number(s)

9. NEIGHBOR			
List the name, address and daytime telephone number of a current neighbor. <u>YOU MUST PROVIDE ALL CONTACT INFORMATION FOR A NEIGHBOR WHETHER THEY PERSONALLY KNOW YOU OR NOT.</u>			
Name	Street Address	City and State	Phone Number(s)

10. CRIMINAL HISTORY		
Have you ever been convicted of a misdemeanor, felony or greater criminal violation? Yes <input type="checkbox"/> No <input type="checkbox"/>		
IF YOU ANSWERED "YES" TO THE QUESTION ABOVE, PROVIDE DETAILS IN THE CHART BELOW.		
Date	Charge	Court of Jurisdiction
Circumstances:		

Date	Charge	Court of Jurisdiction
Circumstances:		

Date	Charge	Court of Jurisdiction
Circumstances:		

Date	Charge	Court of Jurisdiction
Circumstances:		

Date	Charge	Court of Jurisdiction
Circumstances:		

11. ORGANIZATION MEMBERSHIP(S)			
List all clubs, societies or organizations of which you are or have been a member:			
Name	City	State	List Position(s) Held and Extent of Activity

I hereby swear and affirm that there are no misrepresentations, omissions, or falsifications of the answers, responses, and statements that I have provided in this Formal Application. I am aware that should an investigation disclose any misrepresentations, falsifications, or omissions, I will be disqualified from the process. In addition, if after my employment, a subsequent investigation should disclose any misrepresentations, falsifications, or omissions, it may be just cause for my dismissal.

Applicant Signature

Date