

# Goshen Police District

Goshen Twp. Beloit Village Green Twp.  
14003 W. South Range Rd. Salem, Oh 44460  
330-332-1235 / 330-332-3411 (F)  
Chief John Calko

## POLICE OFFICER EMPLOYMENT APPLICATION PACKET

Completion of the Police Officer Employment Application Packet is the first step in the employment process. The information on these forms will be used to judge your qualifications for the position of police officer. Read all of the questions carefully and answer all questions completely and honestly.

You must complete this application packet yourself. Type or print the forms using a ball point pen. Do not leave any blank spaces. If a question does not apply, write "DNA" in the answer space. All information in this application is subject to verification. Any false, misleading, or incomplete information will result in your application being eliminated from consideration.

This packet contains the following forms:

- Police Officer Employment Application
- Waiver of Liability and Release Form
- Police Officer Position Description

Return the entire packet to the address below:

**Goshen Police District  
14003 South Range Rd  
Salem, Ohio 44460**

Office Use Only: Date received \_\_\_\_\_

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## POLICE OFFICER EMPLOYMENT APPLICATION

### Instructions

You must complete this application yourself. It may be printed in ink or typed. Your ability to completely and honestly complete this application is part of the process to determine your suitability for employment. If you intentionally leave out any information that might be detrimental to obtaining a job, such as past drug use or other crimes, it will automatically eliminate you from consideration for employment. The fact that you may have used drugs, committed a theft or another illegal act will not automatically eliminate you, but the omission of it during the application process will. Once submitted, this application becomes the property of the Township of Goshen.

### Basic Personal Information

Name: \_\_\_\_\_  
*Last First Middle*

Please list any other names that you have used: \_\_\_\_\_

Home Address: \_\_\_\_\_  
*Street City State Zip*

Social Security Number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Telephone: \_\_\_\_\_  
*Home Number Daytime Number Cell Number*

Driver's License: \_\_\_\_\_  
*Number State Type*

Place of birth: \_\_\_\_\_  
*City State Country*

### Eligibility

1. Are you at least 21 years of age?  Yes  No

2. Do you have a legal right to work in the United States? (Check one)  U.S. Citizen

Permanent Resident Status \_\_\_\_\_ Other (specify)

3. Are you a licensed peace officer in the State of Ohio?  Yes  No

4. If yes, where and when did you obtain your license? \_\_\_\_\_  
*OPOTA Training Academy or Department*

\_\_\_\_\_ *Address City State Zip Date*

5. Has your OH peace officer's license ever been suspended?  Yes  No

6. If yes, explain the circumstances on a separate sheet.

7. Are you a commissioned/licensed peace officer in another state of the U.S.?  Yes  No

8. If yes, in which state did you receive your commission/license? \_\_\_\_\_

9. If yes, when and where did you obtain your license? \_\_\_\_\_  
*Training Academy or Department*

\_\_\_\_\_ *Address* *City* *State* *Zip* *Date*

10. Have you applied for a position with the District before?  Yes  No

11. If yes, when and previous position(s) applied for: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### Military Service

Please make copies of all applicable service records including any discharge papers and attach to this application.

Branch: \_\_\_\_\_ Serial Number: \_\_\_\_\_

Date of service: \_\_\_\_\_ to \_\_\_\_\_ Reserve Status: \_\_\_\_\_

Type of discharge: \_\_\_\_\_ If not honorable, explain: \_\_\_\_\_

Grade and duty assignment at discharge/separation: \_\_\_\_\_

Are you registered for the Selective Service?  Yes  No

Selective Service Number: \_\_\_\_\_ Classification: \_\_\_\_\_

Are you a member of the Reserves or National Guard?  Yes  No

If yes, give unit, location, grade, and duty assignment: \_\_\_\_\_  
*Unit*

\_\_\_\_\_ *Location* *Grade* *Duty Assignment*

### Education

Please complete the information that applies and attach copies of your diplomas or copies of your course schedule and grades to the application.

If you did not complete high school, do you have a GED?  Yes  No

**SCHOOL NAME** **ADDRESS, PHONE NUMBER** **GRADUATE Yes/ No Dates Enrolled** **COURSE OF STUDY / MAJOR**

|             |  |  |  |
|-------------|--|--|--|
| HIGH SCHOOL |  |  |  |
|-------------|--|--|--|

|                 |  |  |  |
|-----------------|--|--|--|
| COLLEGE / UNIV. |  |  |  |
| GRADUATE SCHOOL |  |  |  |
| OTHER           |  |  |  |

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### Specialized Skills and Training

Do you speak another language other than English?  Yes  No      Fluent?  Yes  No

If yes, please list:

\_\_\_\_\_

Briefly list any computer skills you have. If you have copies of any certificates for computer training you have received, please attach them to the application:

\_\_\_\_\_  
 \_\_\_\_\_

Please list any social internet sites (Facebook, MySpace, personal blogs) that you have an active or past account with:

\_\_\_\_\_  
 \_\_\_\_\_

Briefly list any training or skills, including firearms, that would be of assistance in the job you are applying for. If you have any copies of certificates for any training, please attach them to the application:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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### Personal History

1. Do you know of any reason that you could not pass a background check?  Yes  No
2. Have you ever been fired or asked to resign from a job?  Yes  No
3. Have you ever received disciplinary action from an employer?  Yes  No
4. Have you ever stolen from an employer?  Yes  No
5. Have you ever committed a crime for which you were not arrested?  Yes  No
6. Have you ever assisted someone in committing a crime?  Yes  No
7. Have you ever falsified a police report?  Yes  No
8. Have you ever accepted money not to report a crime?  Yes  No

9. Have you ever slept on the job?  Yes  No
10. Has any driver's license issued to you ever been suspended or revoked?  Yes  No
11. Have you ever used, sold, or otherwise handled in an illegal manner any controlled substance?  Yes  No
12. Have you ever been bonded?  Yes  No
13. Have you ever been refused bond?  Yes  No

**If you answered yes to any of the questions listed above, please write a brief explanation for that question on a separate sheet.** List the question by number. If you are interviewed, you will be asked about any "yes" answers. Any "yes" answers will be closely examined during a background check. A "yes" answer does not automatically eliminate you from consideration for employment. **Your omission of these facts will automatically eliminate you from consideration.**

### Traffic, Civil Court, and Criminal Record

Please list your history of any traffic citations, any civil court actions in which you were or are a defendant, any arrests, convictions, and court actions. If additional space is needed, list on a separate sheet.

|    | <i>Type of case</i> | <i>Jurisdiction</i> | <i>City, State</i> |
|----|---------------------|---------------------|--------------------|
| 1. | _____               | _____               | _____              |
| 2. | _____               | _____               | _____              |
| 3. | _____               | _____               | _____              |
| 4. | _____               | _____               | _____              |
| 5. | _____               | _____               | _____              |
| 6. | _____               | _____               | _____              |
| 7. | _____               | _____               | _____              |

### Employment History

**NOTICE:** Start with your current job, if employed, and list your past employment in reverse order. Include all employment from high school to the present. Account for any time that you were unemployed by stating the nature of your activities. If additional space is needed, list on a separate sheet.

Company: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Dates from \_\_\_\_\_ to \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Job Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Company: \_\_\_\_\_ Position: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Dates from \_\_\_\_\_ to \_\_\_\_\_  
 Supervisor's Name: \_\_\_\_\_ Telephone No.: \_\_\_\_\_  
 Job Duties: \_\_\_\_\_  
 Reason for leaving: \_\_\_\_\_

Company: \_\_\_\_\_ Position: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Dates from \_\_\_\_\_ to \_\_\_\_\_  
 Supervisor's Name: \_\_\_\_\_ Telephone No.: \_\_\_\_\_  
 Job Duties: \_\_\_\_\_  
 Reason for leaving: \_\_\_\_\_

Company: \_\_\_\_\_ Position: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Dates from \_\_\_\_\_ to \_\_\_\_\_  
 Supervisor's Name: \_\_\_\_\_ Telephone No.: \_\_\_\_\_  
 Job Duties: \_\_\_\_\_  
 Reason for leaving: \_\_\_\_\_

Company: \_\_\_\_\_ Position: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Dates from \_\_\_\_\_ to \_\_\_\_\_  
 Supervisor's Name: \_\_\_\_\_ Telephone No.: \_\_\_\_\_  
 Job Duties: \_\_\_\_\_  
 Reason for leaving: \_\_\_\_\_

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### Residences

List the last (3) residences where you have lived during the past five years. Begin with your present address and work backwards. List the complete address including street number, street name, city, state, and zip code. If additional space is needed, list on a separate sheet.

| ADDRESS | CITY | STATE | ZIP CODE | DATES |
|---------|------|-------|----------|-------|
|         |      |       |          |       |
|         |      |       |          |       |
|         |      |       |          |       |

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**Personal References**

List three personal references that are not related to you. Do not use former or current employers. Be sure to include all of the information requested.

| NAME | ADDRESS, CITY<br>STATE, ZIP CODE | AREA CODE &<br>PHONE NUMBER |
|------|----------------------------------|-----------------------------|
|      |                                  |                             |
|      |                                  |                             |
|      |                                  |                             |

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**Remarks**

Please tell us about yourself. Include any awards, honors, licenses or certificates that you have received. What are your hobbies and interests? You can also use this section to expound upon any answers to any questions on this application:

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**Please Read Carefully Before Signing This Application**

*I declare that the foregoing statements are true and correct to the best of my knowledge and belief. I realize that falsification of any information on this application is grounds for disqualification. I further understand that any misrepresentation or omission of facts upon this application will be sufficient cause for cancellation and/or separation from City service if I have been employed.*

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The Goshen Police District looks at applicants at least once each year or as needed to fill vacancies. This is what will happen with your application.

1. Your application is reviewed to ensure you meet the minimum qualifications for a police officer position and for accuracy, legibility, and completeness.
2. If the application is accepted, you will receive notification of acceptance.
3. Your application will be placed on file until the next hiring date.
4. Failure to appear on the scheduled interview date disqualifies the applicant and their application will be discarded.



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## WAIVER OF LIABILITY AND RELEASE FORM

In consideration of the Goshen Police Department and the Township of Goshen, Ohio, hereinafter referred to as the Agency, processing my application for employment, I, \_\_\_\_\_ hereby irrevocably agree to the following terms and conditions: *Full Name (typed or printed)*

1. The term "background investigation" as used in this document refers to any and all information and sources of information that the Agency, in its sole discretion, may deem necessary to obtain or contact, to determine my fitness as a candidate for employment with the Agency.
2. I hereby release from liability and promise to hold harmless under any and all possible causes of legal action any officer, agent, or employee of the Agency who may conduct my background investigation.
3. I hereby release from liability and promise to hold harmless under any and all possible causes of legal action, any and all person and entities who shall furnish any information or opinions to the officers, agents, or employees of the Agency who conduct my background investigation.
4. I authorize any person or entity contacted by the Agency's officers, agents, or employees during the course of my background investigation, to furnish such officer, agents, or employees any information opinions they may have, and hereby expressly waive any and all legal privileges, the clergyman – penitent privilege, the husband-wife privilege, and the accountant – client privilege.
5. I hereby release from liability and promise to hold harmless, under any and all possible causes of legal action, the political subdivision, the Agency or any of its officers, agents or employees for any statements, acts or omissions in the course of my background check.
6. I expressly waive all of my legal rights and causes of actions to the extent that the Agency background check may violate or infringe upon these legal rights and causes of action.
7. I expressly agree that I will never, under any circumstances, attempt to obtain the results of my background investigation as conducted by the Agency, realizing such information must of necessity remain confidential.

### DO NOT SIGN BEFORE READING

This release from liability given by me to the political division, the Agency, its officers, agents and employees, and all others as mentioned above, shall apply to my right of action of any nature whatsoever that might accrue to myself, my heirs, or my personal representative.

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_

Date of birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Driver's License Number and State: \_\_\_\_\_

Date: \_\_\_\_\_ Witnessed by: \_\_\_\_\_

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