

PERKINS TOWNSHIP POLICE OFFICER APPLICATION PACKET INSTRUCTIONS

What Documents Should I Gather for My Application Packet?

You will need all of these documents in your application packet when you return it to the Perkins Police Department

1. Completed Application
2. Affirmative Action Information form (*optional*)
3. Authorization and Release to Obtain Information (signed & notarized)
(This form can be notarized in the State where you currently reside.)
4. Copy of valid Driver License
5. Birth Certificate (Certified /Notarized Copy or Original)
6. High School Diploma (Certified/Notarized Copy, Original, or Transcript)
(Correspondence High School Diploma are not accepted.)
7. G.E.D. Certificate and test scores\High School Equivalency (Certified/Notarized Copy, Original, or Transcript)
8. Military DD214 Member Copy #2 and or #4 (if you are a military veteran)
*** To access your DD214 please visit <http://www.archives.gov/veterans/> ***
9. Ohio Peace Officer (OPOTC) Certificate for Police applicants (including out-of-state applicants)

What Else Should I Include?

When completing your application, please remember to:

- Include all of your residences you have lived for the past 10 years
- Include every employer for whom you have worked for the last 10 years, even if the business is now closed. Include temporary, seasonal, part-time and volunteer jobs.
- Have the Authorization to Release Obtain Information notarized.
- Review all the information you have provided for accuracy.

The information requested of you is very important in the consideration of your application. It is imperative that you provide all of the information requested; information must also be accurate and legible.

Mail or Return your completed packet to:	For questions call:
Perkins Township Police 2610 Columbus Ave. Sandusky, Ohio 44870	Perkins Township Police (419) 627-0824

POLICE OFFICER

Informational Packet

About the Position:

A Police Officer performs a variety of duties in the enforcement of laws and the prevention of crimes; to control traffic flow and enforce State and local traffic regulations; to perform investigation activities; and to perform a variety of technical and administrative tasks in support of the Police Department.

Police Officer Essential Job Functions:

- Effect an arrest, forcibly if necessary, using handcuffs and other restraints; subdue resisting suspects using maneuvers and weapons and resort to the use of hands and feet and other approved weapons in self-defense.
- Prepare investigative and other reports, including sketches, using appropriate grammar, symbols and mathematical computations.
- Exercise independent judgment in determining when there is reasonable suspicion to detain, when probable cause exists to search and arrest and when force may be used and to what degree.
- Operate a law enforcement vehicle during both the day and night; in emergency situations involving speeds in excess of posted limits, in congested traffic and in unsafe road conditions used by factors such as fog, smoke, rain, ice and snow.
- Communicate effectively and coherently over law enforcement radio channels while initiating and responding to radio communications.
- Gather information in criminal investigations by interviewing and obtaining the statements of victims, witnesses, suspects and confidential informers.
- Pursue fleeing suspects and perform rescue operations which may involve quickly entering and exiting law enforcement patrol vehicles; lifting, carrying and dragging heavy objects; climbing over and pulling oneself over obstacles; jumping down from elevated surfaces; climbing through openings; jumping over obstacles, ditches and streams; crawling in confined areas; balancing on uneven or narrow surfaces and using body force to gain entrance through barriers.
- Load, unload, aim and fire from a variety of body positions handguns, shotguns and other agency firearms under conditions of stress that justify the use of deadly force and at levels of proficiency prescribed in certification standards.
- Perform searches of people, vehicles, buildings and large outdoor areas which may involve feeling and detecting objects, walking for long periods of time, detaining people and stopping suspicious vehicles.
- Conduct visual and audio surveillance for extended periods of time.
- Engage in law enforcement patrol functions that include such things as working rotating shifts, walking on foot patrol and physically checking the doors and windows of buildings to ensure they are secure.
- Effectively communicate with people, including juveniles, by giving information and directions, mediating disputes and advising of rights and processes.
- Demonstrate communications skills in court and other formal settings.
- Detect and collect evidence and substances that provide the basis of criminal offenses and infractions and that indicate the presence of dangerous conditions.
- Endure verbal and mental abuse when confronted with the hostile views and opinions of suspects and other people encountered in an antagonistic environment.

Police Officer Essential Job Functions: *(contd)*

- Perform rescue functions at accidents, emergencies and disasters to include directing traffic for long periods of time, administering emergency medical aid, lifting, dragging and carrying people away from dangerous situations and securing and evacuating people from particular areas.
 - Process and transport prisoners and committed mental patients using handcuffs and other appropriate restraints.
 - Put on and operate a gas mask in situations where chemical munitions are being deployed.
 - Extinguish small fires by using a fire extinguisher and other appropriate means.
 - Read and comprehend legal and non-legal documents, including the preparation and processing of such documents as citations, affidavits and warrants.
 - Process arrested suspects to include taking their photographs and obtaining a legible set of inked fingerprints impressions.
-

Qualifications:

Perkins Township Police Department Officers are entrusted with the responsibility to keep our Township safe from crime and corruption. Therefore, a history of ethical and moral behavior is of the utmost importance. Your background will be looked at very closely. Applicants who have a history of unethical or immoral behavior will not be hired. You will be subjected to an intensive background evaluation, which will include, but is not limited to, the following:

- Your past behavior and the choices you have made must demonstrate positive traits that will support your candidacy for Police Officer and reflect favorably on your character.
- You must have a history of lawful conduct.
- You must possess high standards of honesty and integrity as demonstrated by your dealings with individuals and organizations. Falsifying, misrepresenting, or omitting information on any document or during the selection process will be closely scrutinized.
- You must respect the rights of all people and have an appreciation for the diversity that characterizes the Township of Perkins. A history of domestic violence, physical altercations, or discourteous, abusive, or violent treatment of others may indicate a lack of self-discipline, unwillingness or inability to cooperate, or a disregard for the rights of others.
- Your employment and military (if applicable) histories must demonstrate the motivation and success-orientation needed to succeed as a Police Officer.
- Your financial and driving records must demonstrate responsible decisions and appropriate behavior. Please call to discuss your driving history prior to applying if you have recent charges or convictions to determine if you are a suitable applicant.

Hiring Process:

The application process from start to finish may take several months. Successful completion of this process does not guarantee employment. The Perkins Township Police Department reserves the right to hire any candidate from the list depending on the department's needs.

1. Complete and submit all applications.
2. Criminal History and Driving History Review
3. Written Exam (For full time Police Officer position only)
4. Successfully complete the Police Officer Physical Ability Test
5. Complete an oral Interview
6. Submit to a background Investigation
7. Complete a Computer Voice Stress Analyzer (CVSA) / Polygraph Examination
8. Pass a physical examination administered by a practicing physician in the State of Ohio, to include vision, color blindness and drug testing.
9. Complete a psychological evaluation

Upon successful completion of the process, candidates may be considered for available positions.

Perkins Township Police Officer Application

Today's Date
Name (Last, First, Middle)

This application will be evaluated by those persons responsible for hiring at the Perkins Township Police Department. It will be reviewed as part of an extensive background investigation into your personal and employment history.

Any false, misleading or incomplete information or failure to follow the instructions listed below will be grounds to disqualify you for employment with the Perkins Township Police Department.

FOLLOW DIRECTIONS CAREFULLY

1. USE BLACK or BLUE INK TO COMPLETE QUESTIONNAIRE
2. COMPLETE THE FORM IN YOUR OWN HANDWRITING OR PRINTING. DO NOT TYPE.
3. WRITE OR PRINT LEGIBLY.
4. READ EACH QUESTION CAREFULLY.
5. ANSWER EACH QUESTION COMPLETELY AND ACCURATELY.
6. ANSWER ALL QUESTIONS. DO NOT LEAVE ANY BOXES BLANK.
7. IF A QUESTION DOES NOT APPLY TO YOU, WRITE N/A IN THE BOX.
8. FOR ADDITIONAL EMPLOYMENT SPACE COPY AN EMPLOYMENT HISTORY PAGE
9. IF YOU NEED ADDITIONAL SPACE, WRITE ON THE BACK PAGE.
10. BEFORE RETURNING QUESTIONNAIRE, READ, SIGN THE LAST PAGE AND MAINTAIN A COPY FOR YOUR RECORDS.

REFERRAL SOURCE / AVAILABILITY

A	Which position are you applying for?	<input type="checkbox"/> Police Officer	<input type="checkbox"/> Police Dispatcher
B	What types of work will you accept?	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time <input type="checkbox"/> Reserve
C	Please indicate your referral source:		
	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-In	<input type="checkbox"/> Township Employee <input type="checkbox"/> Internet Website, if so list name: <input type="checkbox"/> Newspaper <input type="checkbox"/> Other
D	If other referral source (please specify the name of the website, friend, Township employee or agency in which you found out about this position):		
E	If selected for this position, how soon can you begin employment?		
F	If you are not available for work now, enter the earliest date you could begin work?	<input type="checkbox"/> As soon as possible	<input type="checkbox"/> Two week notice <input type="checkbox"/> Need more notice

VOLUNTARY: Persons with disabilities who **DO NOT WISH** to report their disabilities should respond to the next question as "no". Information reported regarding this question will be kept confidential as required by State law. Public disclosure of this information without your consent would be a violation of OH Law.

B Do you have a disability? Yes No **DISABILITY:** Disability means, with respect to an individual: (1) a physical or mental impairment that substantially limits one or more of the major life activities of such individual; (2) a record of such impairment; or (3) being regarded as having such an impairment, (Americans with Disabilities Act of 1990).

If you answered yes to the above stated question, please list your disability:

C Can you, after employment submit proof of your legal right to work in the United States? Yes No

D Are you legally eligible to work in the United States? Yes No

E Are you a previous Perkins Township employee? Yes No If yes, please list dates of employment: (MO / YY)

F Are you currently working at Perkins Township as a regular or temporary employee? Yes No

G Are you related by blood or marriage to a person now employed by Perkins Township? Yes No If yes, please indicate:

Name: Relationship: Department:

2. REFERENCES

List three (3) references (NO relatives, household members, or former employers) who are responsible adults, and who have known you well for at least the last three (3) years.

Name	Street Address	City	State	Zip Code
How long known?	Occupation	Home Phone ()	Business Phone ()	
Name	Street Address	City	State	Zip Code
How long known?	Occupation	Home Phone ()	Business Phone ()	
Name	Street Address	City	State	Zip Code
How long known?	Occupation	Home Phone ()	Business Phone ()	

3. EDUCATION

A Indicate by checking all boxes that apply if you have any of the following: HS Diploma Degree GED Certificate College Degree Masters Degree

High School Name	Address	City	State	Zip Code
Dates Attended (MM/YY) From:	To:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Degree or Credit Hours	
High School Name	Address	City	State	Zip Code
Dates Attended (MM/YY) From:	To:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Degree or Credit Hours	

Name(s) and location(s) of Colleges, Universities or vocational schools attended or internships:

College Name	Address	City	State	Zip Code
Dates Attended (MM/YY) From:	To:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Degree or Credit Hours	
College Name	Address	City	State	Zip Code
Dates Attended (MM/YY)	Graduated?	Type of Degree or Credit Hours		

From:	To:	<input type="checkbox"/> Yes <input type="checkbox"/> No
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College Name		Address		City	State	Zip Code
Dates Attended (MM/YY) From:		Graduated?		Type of Degree or Credit Hours		
To:		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No				

B Have you ever been suspended, disciplined or expelled from any high school or institution of higher learning?
If YES, explain on the back page. Yes No

4. EMPLOYMENT HISTORY

A Have you ever been dismissed or asked to resign from ANY employment? Yes No **If YES, explain on the back page.**

B If you do not want your present employer to be contacted, check the box to the right and on the back page explain why.

Beginning with your present employer or most recent employer, list ALL of the places you have worked during the last ten (10) year period. Keep in chronological order. List periods of school, military service, each duty station, assigned military unit, unemployment, temporary assignments, volunteer service and part-time employment. List everything during the last ten (10) year period. Omit None! Copy the employment page and continue your information on the copy(s).

From	Name	Job Title
MO/YR	Street Address	Supervisor
To	City	Phone ()
MO/YR	State	Zip Code
		Starting Salary
		Ending Salary

Describe your duties

Part Time Full Time Seasonal Volunteer If part-time, list number of hours worked per week

Detail Reason for Leaving

From	Name	Job Title
MO/YR	Street Address	Supervisor
To	City	Phone ()
MO/YR	State	Zip Code
		Starting Salary
		Ending Salary

Describe your duties

Part Time Full Time Seasonal Volunteer If part-time, list number of hours worked per week

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From	Name	Job Title
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Part Time Full Time Seasonal Volunteer If part-time, list number of hours worked per week

Detail Reason for Leaving



From	Name	Job Title
MO/YR	Street Address	Supervisor
To	City	Phone ()
MO/YR	State	Zip Code
Starting Salary		
Ending Salary		
Describe your duties		
<input type="checkbox"/> Part Time <input type="checkbox"/> Full Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Volunteer If part-time, list number of hours worked per week		
Detail Reason for Leaving		
From	Name	Job Title
MO/YR	Street Address	Supervisor
To	City	Phone ()
MO/YR	State	Zip Code
Starting Salary		
Ending Salary		
Describe your duties		
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MO/YR	State	Zip Code
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Ending Salary		
Describe your duties		
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Starting Salary		
Ending Salary		
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Describe your duties		
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MO/YR	Street Address	Supervisor
To	City	Phone ()
MO/YR	State	Zip Code
Starting Salary		
Ending Salary		
Detail Reason for Leaving		
<input type="checkbox"/> Part Time <input type="checkbox"/> Full Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Volunteer If part-time, list number of hours worked per week		
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MO/YR	Street Address	Supervisor
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Starting Salary		
Ending Salary		
Describe your duties		
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Detail Reason for Leaving		
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MO/YR	Street Address	Supervisor
To	City	Phone ()
MO/YR	State	Zip Code
Starting Salary		
Ending Salary		
Describe your duties		
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Detail Reason for Leaving		
From	Name	Job Title
MO/YR	Street Address	Supervisor
To	City	Phone ()
MO/YR	State	Zip Code
Starting Salary		
Ending Salary		
Describe your duties		
<input type="checkbox"/> Part Time <input type="checkbox"/> Full Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Volunteer If part-time, list number of hours worked per week		
Detail Reason for Leaving		
From	Name	Job Title

MO/YR	Street Address	Supervisor
To	City	Phone ()
MO/YR	State	Zip Code
		Starting Salary
		Ending Salary

Describe your duties

Part Time
 Full Time
 Seasonal
 Volunteer
 If part-time, list number of hours worked per week

Detail Reason for Leaving

C Have you ever applied for ANY position with ANY law enforcement agency including local, state and federal agencies? Yes No

Date	Position	Law Enforcement Agency	Disposition

D Have you ever attended a law enforcement academy? Yes No

Were you certified? Yes No

Name of academy: _____

City & State: _____

Date attended: _____

E Has your law enforcement certification ever been suspended, revoked or brought before a review board? Yes No

5. ARREST HISTORY

The following questions pertain to your experiences in this country and all other countries as both a juvenile and an adult. Include any military law enforcement contact. If a charge or conviction was judicially expunged do not list it. **Explain all "YES" answers in detail.**

	Yes	No		Yes	No
A Have you ever had any contact with ANY law enforcement official, to include as a victim, witness or reporting party?	<input type="checkbox"/>	<input type="checkbox"/>	G Have you ever been convicted of a crime?	<input type="checkbox"/>	<input type="checkbox"/>
B Has a law enforcement official for any reason ever issued you a verbal or written warning?	<input type="checkbox"/>	<input type="checkbox"/>	H Have you ever been booked into jail?	<input type="checkbox"/>	<input type="checkbox"/>
C Have you ever been detained by a law enforcement official?	<input type="checkbox"/>	<input type="checkbox"/>	I Have you ever received a criminal citation?	<input type="checkbox"/>	<input type="checkbox"/>
D Have you ever been accused of a crime?	<input type="checkbox"/>	<input type="checkbox"/>	J Have any relatives of you or your spouse ever been convicted or held in any detention facility, jail or prison?	<input type="checkbox"/>	<input type="checkbox"/>
E Have you ever been charged with a crime?	<input type="checkbox"/>	<input type="checkbox"/>	K Have the police ever been called to your home for any reason?	<input type="checkbox"/>	<input type="checkbox"/>
F Have you ever been arrested?	<input type="checkbox"/>	<input type="checkbox"/>			

L If you have answered "yes" to any of the above questions, list the incident below and make certain you have explained it on the back page. **ALL INCIDENTS MUST BE EXPLAINED IN DETAIL BELOW. If more space is needed, use the back page.**

Section # (A-K)	MO/YR	Reason / Charge	Law Enforcement Agency - City / State	Disposition / Sentence	MO/YR

6. DRIVERS HISTORY

A List all valid driver's license you now hold

Issue Date	Type of License	Expiration Date	State	License Number

B If you have previously held a drivers license from ANY state, please indicate below:				
Issue Date	Type of License	Expiration Date	State	License Number
C Is your driver's license currently restricted, suspended, or revoked? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Reason: _____				
D Have you ever had a driver's license, canceled, refused, revoked, or suspended? If YES, explain in detail on the back page the reasons and dates.			<input type="checkbox"/> Yes <input type="checkbox"/> No	
E Have you ever been charged with driving under the influence of alcohol or drugs? If YES, explain on the back page.			Date of Reinstatement _____	
			Convicted? <input type="checkbox"/> Yes <input type="checkbox"/> No	

F List each and every **TRAFFIC** citation, summons and written warning you have ever received. List in chronological order beginning with the most recent. If you need more space use the back page.

MO / YR	Charge	Agency/ City or State	Disposition / Conviction	MO / YR

7. LIQUOR AND NARCOTICS

A Have you ever used any prescription drugs not prescribed to you by a doctor? Yes No **If YES, explain on the back page.**

B If you have tried, used or ingested **ANY** of the drugs listed below, check the "Yes" box; if you have not, check the "No" box. **Include the number of times used and dates.**

	Yes	No	Total # Times Used	Last Use (MO/YR)	Date/s (MO/YR)		Yes	No	Total # Times Used	Last Use (MO/YR)	Date/s (MO/YR)
Marijuana	<input type="checkbox"/>	<input type="checkbox"/>				Cocaine (powder/crack)	<input type="checkbox"/>	<input type="checkbox"/>			
Inhalants	<input type="checkbox"/>	<input type="checkbox"/>				Heroin	<input type="checkbox"/>	<input type="checkbox"/>			
Ecstasy	<input type="checkbox"/>	<input type="checkbox"/>				Opium	<input type="checkbox"/>	<input type="checkbox"/>			
Barbiturates	<input type="checkbox"/>	<input type="checkbox"/>				Injectable /Oral Steroids	<input type="checkbox"/>	<input type="checkbox"/>			
Hashish	<input type="checkbox"/>	<input type="checkbox"/>				Other: _____	<input type="checkbox"/>	<input type="checkbox"/>			
Amphetamines (speed, meth, etc)	<input type="checkbox"/>	<input type="checkbox"/>				Hallucinogenic Substances (LSD, PCP, Mescaline, Mushrooms, etc)	<input type="checkbox"/>	<input type="checkbox"/>			

If you have tried or used any of the drugs listed above or if you have tried or used any other drug without a doctor's prescription. **explain on the back page. You MUST include dates and number of times used.**

8. GANG AFFILIATIONS

A Are you currently, or have you formerly, been associated with a group that engages in criminal activity, to include motorcycle organizations, street gangs, or other organizations involved in criminal activity? Yes No **If YES, explain on the back page.**

B Are you now in a group, which seeks to alter the form of government of the United States by any unlawful or unconstitutional means? Yes No **If YES, explain on the back page.**

9. MILITARY SERVICE

A Have you served honorably in the Armed Forces of the United States on active duty for reasons other than training? Include Army, Navy, Marine Corps, Air Force, Coast Guard, ROTC, or any other military or other semi-military organization. Yes No
****ONLY Honorable Discharges will be considered for employment**

B List dates of military service: (list each service period separately)

MO / YR Entered	Branch / Organization	Discharge Date	Type of Discharge	Rank

C Are you a member of the Military Reserves? Yes No

D Have you received any form of disciplinary action from the military? Yes No **If YES, explain on the back page with the disciplinary action, what it is for, when, why and where.**

E Current Military Status

10. CVSA / POLYGRAPH

Please answer the following question concerning the scheduling of your CVSA / polygraph examination.

Occasionally, an applicant is unable to keep his/her scheduled CVSA / polygraph appointment. When this occurs, we attempt to schedule another applicant into that time slot.

How much notice do you require to be scheduled for a CVSA / polygraph examination?

Hours (s) _____

Day (s) _____

PLEASE READ BEFORE SIGNING

I certify that I have given true, accurate and complete information on this form to the best of my knowledge. In the event that confirmation is needed in connection with my work, I authorize educational institutions, previous employers, military units, associations, registration and licensing boards, and others to furnish Perkins Township whatever detail is available concerning my qualifications. I authorize Perkins Township to investigate all statements made in this application and understand that false information or documentation, or failure to disclose relevant information may be grounds for rejection of my application or disciplinary action up to and including dismissal shall I become an employee of Perkins Township. I further understand that I will not receive and am not entitled to a copy of any report of background investigation or to know its contents.

I understand that if I am currently employed as law enforcement, correctional officer, by a law enforcement or criminal justice related agency of any type, the results of any background checks may be made available to my current employer, whether or not I am offered employment by Perkins Township.

I also understand that employment is conditional until results of health evaluations are known as related to essential job functions and until information given by me on my application has been verified. I certify and acknowledge that I meet minimum age requirements of applicable laws by Perkins Township policy. I will accept travel assignments when job duties so require. I will work overtime and other than standard shift hours when job duties so require. As part of the Drug Free Workplace Act, I agree to submit to drug and alcohol screening tests when required upon a conditional offer of employment and during employment. I will participate in the Direct Payroll Deposit program as a condition of employment.

I further authorize Perkins Township and its representatives to perform any criminal records checks that may be required as part of this application process. I hereby release the Perkins Township and its directors, elected officials, employees and assigns from any and all liability or damage that may result from furnishing the requested information.

Perkins Township is an Equal Opportunity Employer

Signature of Applicant (Unsigned applications will not be processed)

Date

Print Name

PERKINS TOWNSHIP
Authorization and Release to Obtain Information

I, _____ authorize Perkins Township to conduct a background investigation in connection with my application for employment.

I understand that I will not receive, and am not entitled to, a copy of the report of the investigation or to know its contents. I further understand that the contents of this report are privileged. I agree to give any further information that may be required in reference to my past record. I fully understand that all information gained for such investigation is confidential and will be released only to authorized persons in the employment process.

This investigation may include information from educational institutions, previous employers, military units and organizations, all US Government agencies to include the Office of Personnel Management (OPM), Department of Motor Vehicle records in any state, any physician or medical records, insurance companies, police or court records, tax and property records, personal references, developed references, and any other appropriate sources. I authorize the release of any information that Perkins Township may request from the above sources. I also authorize my former or current employers to give any information regarding my employment; together with any information they may have regarding me, whether or not it is in their records.

I also understand that if I am currently employed as a law enforcement or correctional officer, or by a law enforcement or criminal justice related agency of any type, the results of this background investigation may be made available to my current employer, whether or not I am offered employment by Perkins Township.

I hereby release Perkins Township, or any of its agents or representatives, and any person or entity so furnishing such information from any and all liability of every nature and kind arising out of the furnishing or inspection of such documents, records, and other information for the investigation made by Perkins Township.

Social Security Number

Signature

Date of Birth

Date

State of _____

County of _____

I, _____, a Notary Public for said County and State, do hereby certify that _____ personally appeared before me this day and acknowledged the forgoing signature to be his/hers, and having been duly sworn by me, made oath that the statements in said instrument are true.

Witness my hand and official seal, this the _____ day of _____, 20 _____.

Notary Public Signature

My commission expires _____, 20_____.

Notary Public (Type or Print) Name

(Official Seal)

