

**HOCKING COLLEGE POLICE OFFICER
APPLICATION PACKET INSTRUCTIONS – FULL-TIME**

What documents should be gathered for an application packet?

When applying for a position with the Hocking College Police Department, the applicant will need to:

1. Completed application
2. Affirmative Action Information form (optional)
3. Authorization and Release to Obtain Information (signed and notarized)
4. Copy of valid Driver's License
5. High School Diploma or G.E.D. Certificate
6. Military DD214 Member Copy #2 and/or #4 (if you are a military veteran)
7. Ohio Peace Officer (OPOTC) Certificate for Police applicants

What else should be included?

When completing the application please remember to:

- Include all residence addresses for the last 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 and Release to Obtain Information notarized.
- Review all information provided for accuracy.

The information requested is very important during the consideration process. It is imperative that **all** of the information requested be provided. Information must also be accurate and legible.

| | |
|--|---|
| Mail or Return the completed packet to: | For questions call: |
| Hocking College Human Resources 3301 Hocking Parkway Nelsonville, Ohio 45764 | Hocking College Human Resources (740) 753-7040 |

POLICE OFFICER

Informational Packet

About the Position:

A Police Officer will perform 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 investigative 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; subdues 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 day and night; in emergency situations involving speeds in excess of posted limits, in congested traffic and in unsafe road conditions caused 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 evolve quickly; entering and exiting law enforcement patrol vehicles; lifting, carrying and dragging heavy objects; climbing over and pulling oneself over obstacles; jumping down from elevates 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 the levels of proficiency prescribed in certification methods.
- 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 campus 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 hostile views and opinions of suspects and other people encountered in an antagonistic environment.
 - 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 or to evacuate an area that is immediately dangerous to life and health.
 - 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 such as citations, affidavits and warrants.
 - Process arrested suspects to include taking photographs and obtaining legible set of inked fingerprint impressions.
 - Operate under the recognized principle of the Incident Command System.
 - Performs other job related duties as assigned, which should not be over 10 to 15%.
-

Qualifications:

Hocking College Police Department Officers are entrusted with the responsibility to keep our campus 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:

- Past behavior and the choices made must demonstrate positive traits that will support the applicant's candidacy for Police Officer and reflect favorably on the applicant's character.
- Applicant must have a history of lawful conduct.
- Applicant must possess high standards of honesty and integrity as demonstrated by dealings with individuals and organizations. Falsifying, misrepresenting, or omitting information on any document or during the selection process will be closely scrutinized.
- Applicant must respect the rights of all people and have an appreciation for diversity that makes Hocking College unique. 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 disregard for the rights of others.
- Applicant's employment and military (if applicable) history must demonstrate motivation and success-orientation needed to succeed as a Police Officer.
- Applicant's financial and driving records must demonstrate responsible decisions and appropriate behavior. Applicant is to call and discuss driving history prior to applying if there have been recent charges or convictions to determine if applicant will be suitable for employment.

Hiring Process:

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

1. High School Diploma;
2. Current Ohio Peace Officers Training Council (OPOTC) peace officer certification;
3. Valid Ohio driver's license;
4. No felony convictions;
5. No misdemeanor convictions involving crimes of moral turpitude;
6. Acceptable driving record;
7. Associate degree and/or prior law enforcement experience preferred;
8. Complete and submit all applications
9. Criminal History and Driving History review
10. Written exam
11. Pre-employment drug test
12. Successfully complete the Police Officer Physical Ability Test
13. Complete a personal interview
14. Submit to a background investigation
15. Pass a physical examination administered by a practicing physician in the State of Ohio, to include vision and color blindness.
16. Complete a psychological evaluation

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

Hocking College Police Officer Application

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

This application will be evaluated by those persons responsible for hiring at the Hocking College 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 Hocking College Police Department.

FOLLOW DIRECTIONS CAREFULLY

1. USE BLACK or BLUE INK TO COMPLETE QUESTIONAIRE.
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 BLANK BOXES.
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 OF THE PAGE.
10. BEFORE RETURNING QUESTIONAIRE, READ AND 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 | Which 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"/> College Employee <input type="checkbox"/> Website <input type="checkbox"/> Newspaper <input type="checkbox"/> Other |
| D | If other referral source, please specify the name of the website, friend, College 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 able to work now, enter the earliest date you could begin work below: _____ |

| | | | | | |
|--|---|--|--------------------------------|---|--|
| B | Can you, after employment, submit proof of your legal right to work in the United States? | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| C | Are you legally eligible to work in the United States? | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| D | Are you a previous Hocking College employee? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list dates of employment: | | | | |
| E | Are you currently working at Hocking College as a regular or temporary employee? | | | | |
| F | Are you related by blood or marriage to a person now employed by Hocking College? <input type="checkbox"/> Yes <input type="checkbox"/> 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, who have know you well for at least the last three (3) years. | | | | | |
| Name | | Street Address | City | State | Zip |
| How long known? | Occupation | Home Phone () | Business Phone () | | |
| Name | | Street Address | City | State | Zip |
| How long known? | Occupation | Home Phone () | Business Phone () | | |
| Name | | Street Address | City | State | Zip |
| 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: | | | <input type="checkbox"/> HS Diploma | <input type="checkbox"/> GED Cert. |
| | | | | <input type="checkbox"/> College Degree | <input type="checkbox"/> Masters Degree |
| High School Name | | Address | | | |
| Dates Attended (MM/YY) | | Graduated? | Type of Degree or Credit Hours | | |
| From: / / | To: / / | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| High School Name | | Address | | | |
| Dates Attended (MM/YY) | | Graduated? | Type of Degree or Credit Hours | | |
| From: / / | To: / / | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Name(s) and location(s) of Colleges, Universities or vocational schools attended or internships: | | | | | |
| College Name | | Address | | | |
| Dates Attended (MM/YY) | | Graduated? | Type of Degree or Credit Hours | | |
| From: / / | To: / / | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| College Name | | Address | | | |
| Dates Attended (MM/YY) | | Graduated? | Type of Degree or Credit Hours | | |
| From: / / | To: / / | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| College Name | | Address | | | |
| Dates Attended (MM/YY) | | Graduated? | Type of Degree or Credit Hours | | |
| From: / / | To: / / | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| B | Have you ever been suspended, disciplined or expelled from any high school or Institution of higher learning? | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | If Yes, explain on back of page. | | | | |

4. EMPLOYMENT HISTORY

A Have you ever been dismissed or asked to resign from ANY employment? Yes No

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** places you have worked during the last ten (10) years. 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) years. Do Not Omit Any Employment.** Copy the following page and continue your information on the copies if additional space is needed.

| | | |
|---------------|---|----------------------------------|
| From MO/YR | Name Address | Job Title Supervisor |
| To: MO/YR | City State Zip Phone | 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 MO/YR | Name Address | Job Title Supervisor |
| To: MO/YR | City State Zip Phone | 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 MO/YR | Name Address | Job Title Supervisor |
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| From MO/YR | Name Address | Job Title Supervisor |
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Describe your duties:

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

Detail reason for leaving

| | | |
|---|---|-----------------|
| From MO/YR | Name | Job Title |
| | Address | Supervisor |
| To: MO/YR | City | Starting Salary |
| | State Zip Phone | 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 MO/YR | Name | Job Title |
| | Address | Supervisor |
| To: MO/YR | City | Starting Salary |
| | State Zip Phone | 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 MO/YR | Name | Job Title |
| | Address | Supervisor |
| To: MO/YR | City | Starting Salary |
| | State Zip Phone | 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 MO/YR | Name | Job Title |
| | Address | Supervisor |
| To: MO/YR | City | Starting Salary |
| | State Zip Phone | 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 | | |
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|---|---|----------------------------------|
| From MO/YR | Name Address | Job Title Supervisor |
| To: MO/YR | City State Zip Phone | 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 MO/YR | Name Address | Job Title Supervisor |
| To: MO/YR | City State Zip Phone | 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 MO/YR | Name Address | Job Title Supervisor |
| To: MO/YR | City State Zip Phone | 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 MO/YR | Name Address | Job Title Supervisor |
| To: MO/YR | City State Zip Phone | 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 MO/YR | Name Address | Job Title Supervisor |
| To: MO/YR | City State Zip Phone | 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 | | |
| | | |
| | | |

| | | | | |
|----------|--|----------|------------------------|-------------|
| C | Have you ever applied for ANY position with ANY law enforcement agency including local, state, and federal agencies? | | | |
| | Date | Position | Law Enforcement Agency | Disposition |
| | | | | |
| | | | | |
| | | | | |

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|----------|--|--|
| D | Have you ever attended a law enforcement academy? <input type="checkbox"/> Yes <input type="checkbox"/> No | Were you certified? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Name of academy: _____ City & State _____ | Date attended: _____ |

| | |
|----------|---|
| E | Has your law enforcement certificate ever been suspended, revoked, or brought before a review board? <input type="checkbox"/> Yes <input type="checkbox"/> 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.

| | | | | | |
|----------|--------------------------|--------------------------|--|--------------------------|--------------------------|
| | Yes | No | | Yes | No |
| A | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had any contact with a law enforcement official, to include as a victim, witness or reporting party? | <input type="checkbox"/> | <input type="checkbox"/> |
| B | <input type="checkbox"/> | <input type="checkbox"/> | Has a law enforcement official, for any reason, ever issued you a verbal or written warning? | <input type="checkbox"/> | <input type="checkbox"/> |
| C | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been detained by a law enforcement official? | <input type="checkbox"/> | <input type="checkbox"/> |
| D | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been accused of a crime? | <input type="checkbox"/> | <input type="checkbox"/> |
| E | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been charged with a crime? | <input type="checkbox"/> | <input type="checkbox"/> |
| F | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been arrested? | <input type="checkbox"/> | <input type="checkbox"/> |
| G | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been convicted of a crime? | <input type="checkbox"/> | <input type="checkbox"/> |
| H | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been booked into jail? | <input type="checkbox"/> | <input type="checkbox"/> |
| I | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever received a criminal citation? | <input type="checkbox"/> | <input type="checkbox"/> |
| J | <input type="checkbox"/> | <input type="checkbox"/> | 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"/> |
| K | <input type="checkbox"/> | <input type="checkbox"/> | Have the police ever been called to your home for any reason? | <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 # | MO/YR | Reason/Charge | Law Enforcement Agency – City/St | Disposition/Sentence |
|-----------|-------|---------------|----------------------------------|----------------------|
| | | | | |
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6. DRIVER'S 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 driver's license from ANY other 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"/> Yes <input type="checkbox"/> No |
|----------|--|

| | |
|----------|---|
| D | Have you ever had a driver's license canceled, refused, revoked, or suspended? <input type="checkbox"/> Yes <input type="checkbox"/> No |
|----------|---|

If YES, explain in detail on the back page the reasons and dates

| | |
|----------|---|
| E | Have you ever been charged with driving under the influence of alcohol or drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No |
|----------|---|

If YES, explain on the back page.

| | |
|----------|--|
| 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 space use the back page. |
|----------|--|

| MO/YR | Charge | Agency/City, State | Disposition/Conviction |
|-------|--------|--------------------|------------------------|
| | | | |

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7. LIQUOR AND NARCOTICS

| | | | | | | | | | | | |
|---|--|--------------------------|-----------------|-------------|-------|---|--------------------------|--------------------------|-----------------|-------------|-------|
| A | Have you ever used any prescription drugs not prescribed to you by a doctor? Yes No | | | | | | | | | | |
| 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 # Uses | Last Use | Dates | | Yes | No | Total # Uses | Last Use | Dates |
| | <input type="checkbox"/> | <input type="checkbox"/> | | | | Cocaine | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| | <input type="checkbox"/> | <input type="checkbox"/> | | | | Heroin | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| | <input type="checkbox"/> | <input type="checkbox"/> | | | | Opium | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| | <input type="checkbox"/> | <input type="checkbox"/> | | | | Injectable/Oral Steroids | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| | <input type="checkbox"/> | <input type="checkbox"/> | | | | Other: _____ | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| | <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? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES explain on 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? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES explain on 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 organizations. ***ONLY Honorable Discharges will be considered for employment. | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| B | List dates of military service: (list each period separately) | | | | |
| | MO/YR Entered | Branch/Organization | Discharge Date | Type of Discharge | Rank |
| | | | | | |
| | | | | | |
| C | Are you a member of the Military Reserves? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| D | Have you received any form of disciplinary action from the military? <input type="checkbox"/> Yes <input type="checkbox"/> 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 scheduling 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 appointment into that time slot.

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

Hours _____

Days _____

ADDITIONAL BACK PAGE

This page is to add or clarify any part of this questionnaire. Please indicate the section (such as Employment History) and the specific questions answered by letter. For example, a narcotics explanation would be listed as Section Name – Narcotics, #B

APPLICANT CERTIFICATION OF APPLICATION

APPLICANT:

| | | |
|----------------------------|---------------|----------------------|
| Name [Last, First, Middle] | Date of Birth | Last 4 Digits of SSN |
|----------------------------|---------------|----------------------|

I CERTIFY THAT THE ANSWERS CONTAINED IN THIS QUESTIONNAIRE ARE TRUE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY FALSE ANSWERS AND/OR STATEMENTS MADE IN THIS QUESTIONNAIRE MAY BE CAUSE FOR DISAPPROVAL OF MY APPOINTMENT OR DISCHARGE AFTER APPOINTMENT. I FURTHER REALIZE THAT ANY FALSE STATEMENTS MADE BY ME ARE SUBJECT TO PROSECUTION UNDER OHIO REVISED CODE SECTION 2921.13 – FALSIFICATION.

| | |
|--|-------------|
| X | |
| Applicant [ONLY SIGN IN THE PRESENCE OF AN HCPD REPRESENTATIVE] | Date |

| | |
|---|-------------|
| X | |
| Hocking College Police Department Representative | Date |

**AUTHORIZATION FOR RELEASE OF INFORMATION
MEDICAL EXAMINATION**

APPLICANT:

| | | |
|----------------------------|---------------|----------------------|
| Name [Last, First, Middle] | Date of Birth | Last 4 Digits of SSN |
|----------------------------|---------------|----------------------|

I HEREBY VOLUNTARILY AUTHORIZE THE RELEASE OF THE RESULTS OF MY MEDICAL EXAMINATION TO THE APPROPRIATE DESIGNATED REPRESENTATIVE OF THE HOCKING COLLEGE POLICE DEPARTMENT.

I UNDERSTAND THAT THESE RESULTS WILL BE USED IN CONSIDERING MY APPLICATION FOR A POSITION WITH THE HOCKING COLLEGE POLICE DEPARTMENT.

I HEREBY VOLUNTARILY WAIVE ANY AND ALL CLAIMS OF PRIVILEGED COMMUNICATION AND/OR PRIVACY.

| | |
|--|-------------|
| X | |
| Applicant [ONLY SIGN IN THE PRESENCE OF AN HCPD REPRESENTATIVE] | Date |

| | |
|---|-------------|
| X | |
| Hocking College Police Department Representative | Date |

**AUTHORIZATION FOR RELEASE OF INFORMATION
PSYCHOLOGICAL PROFILE EVALUATION**

APPLICANT:

| | | |
|----------------------------|---------------|----------------------|
| Name [Last, First, Middle] | Date of Birth | Last 4 Digits of SSN |
|----------------------------|---------------|----------------------|

I HEREBY VOLUNTARILY AUTHORIZE THE RELEASE OF THE RESULTS OF ANY PSYCHOLOGICAL EXAMINATION(S) ADMINISTERED BY QUALIFIED PROFESSIONALS CONTRACTED BY THE HOCKING COLLEGE POLICE DEPARTMENT.

I UNDERSTAND THAT THESE RESULTS MAY BE RELEASED TO ANY DESIGNATED REPRESENTATIVE OF THE HOCKING COLLEGE POLICE DEPARTMENT AND THAT THE RESULTS WILL BE CONSIDERED IN THE HIRING PROCESS

I VOLUNTARILY WAIVE ANY AND ALL CLAIMS OF PRIVILEGED COMMUNICATION AND/OR PRIVACY.

| | |
|--|-------------|
| X | |
| Applicant [ONLY SIGN IN THE PRESENCE OF AN HCPD REPRESENTATIVE] | Date |

| | |
|---|-------------|
| X | |
| Hocking College Police Department Representative | Date |

INFORMATION RELEASE FORM

AUTHORITY FOR RELEASE OF INFORMATION

APPLICANT:

| | | | |
|----------------------------|--------|---------------|----------------------|
| Name [Last, First, Middle] | | Date of Birth | Last 4 Digits of SSN |
| Address | | | |
| City | County | State | Zip Code |

I HEREBY AUTHORIZE A REVIEW OF AND FULL DISCLOSURE OF ALL RECORDS, OR ANY PART THEREOF, CONCERNING MYSELF, BY AND TO ANY DULY AUTHORIZED AGENT OF THE HOCKING COLLEGE POLICE DEPARTMENT, WHETHER THE SAID RECORD(S) ARE OF A PUBLIC, PRIVATE, OR CONFIDENTIAL NATURE.

THE INTENT OF THIS AUTHORIZATION IS TO GIVE MY CONSENT FOR FULL AND COMPLETE DISCLOSURE OF EDUCATIONAL RECORDS FROM ANY PUBLIC OR PRIVATE SECONDARY OR POST SECONDARY INSTITUTION; RECORDS OF CREDIT RATING MAINTAINED BY ANY LICENSED CREDIT BUREAU; EMPLOYMENT AND PRE-EMPLOYMENT RECORDS (INCLUDING BACKGROUND RECORDS; EFFICIENCY RATINGS; COMPLAINTS OR GRIEVANCES FILED BY ME OR AGAINST ME, AND SALARY RECORDS); RECORDS OF COMPLAINT, ARREST, TRIAL AND/OR CONVICTIONS FOR ALLEGED OR ACTUAL VIOLATIONS OF LAW (INCLUDING CRIMINAL, CIVIL AND/OR TRAFFIC RECORDS); THE RESULTS OF ANY POLYGRAPH EXAMINATION(S); RECORDS OF COMPLAINT OF A CIVIL NATURE MADE BY ME OR AGAINST ME, OR ANOTHER PERSON FOR ANY CASE IN WHICH I PRESENTLY HAVE, OR HAVE HAD AN INTEREST.

I REITERATE AND EMPHASIZE THAT THE INTENT OF THIS AUTHORIZATION IS TO PROVIDE FULL AND FREE ACCESS TO THE BACKGROUND AND HISTORY OF MY PERSONAL LIFE. THIS IS BEING DONE FOR THE SPECIFIC PURPOSE OF PURSUING A BACKGROUND INVESTIGATION WHICH MAY PROVIDE PERTINENT DATA FOR USE BY THE HOCKING COLLEGE POLICE DEPARTMENT. I UNDERSTAND THAT ALL MATERIALS PERTAINING TO THIS BACKGROUND INVESTIGATION SHALL BECOME PROPERTY OF THE HOCKING COLLEGE POLICE DEPARTMENT AND NOT RETURNED TO ME.

I AGREE TO IDENTIFY AND HOLD HARMLESS THE PERSON TO WHOM THIS REQUEST IS PRESENTED AND HIS/HER AGENTS AND EMPLOYEES FROM AND AGAINST ALL CLAIMS, DAMAGES, LOSSES, AND EXPENSES (INCLUDING REASONABLE ATTORNEY FEES) ARISING OUT OF OR BY REASON OF COMPLYING WITH THIS REQUEST.

A COPY OF THIS SIGNED RELEASE SHALL ACT AS THE ORIGINAL COPY. THE ORIGINAL SHALL BE ON FILE AT THE HOCKING COLLEGE POLICE DEPARTMENT FOR INSPECTION.

SUBSCRIBED AND SWORN BEFORE ME THIS _____ DAY OF _____ 20_____

| | |
|----------------------------|--------------------------------|
| X | X |
| Applicant Signature | Notary Public Signature |

| | | |
|---|----------------------|-----------------------|
| Notary Printed Name [Last, First, Middle] | | |
| State of Commission | County of Commission | Commission Expiration |

