

Position: Chief of Police

Name: _____

Bellefontaine Neighbors Police Department

INITIAL INFORMATION FOR EMPLOYMENT SCREENING



"Powered by Partnership, Driven by Community"

The City of Bellefontaine Neighbors resolved that subject to all applicable State and Federal statutory or judicial exemptions, all qualified applicants for employment and/or advancement, whether commissioned or civilian, shall be given equal opportunity for consideration, selection, appointment, and retention, regardless of race, color, religion, sex, national origin, age, disability, political affiliation, or other non-merit factors.

AN EQUAL OPPORTUNITY EMPLOYER

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SECTION 1: PERSONAL

CONFIDENTIAL

1. YOUR FULL NAME			
LAST	FIRST	MIDDLE	
2. OTHER NAMES YOU HAVE USED OR BEEN KNOWN BY (INCLUDE MAIDEN NAME AND NICKNAMES)			<input type="checkbox"/> N/A
3. ADDRESS WHERE YOU LIVE			
NUMBER / STREET		APT / UNIT	
CITY		STATE	ZIP
4. MAILING ADDRESS, IF DIFFERENT FROM ABOVE (FOR EXAMPLE, PO BOX)			
5. CONTACT NUMBERS			
HOME	WORK	EXT	OTHER <input type="checkbox"/> CELL <input type="checkbox"/> FAX
6. CONTACT EMAIL		7. LIST ALL OTHER EMAIL ADDRESSES (SEPARATED BY COMMAS)	
8. CITIZENSHIP			
Are you a U.S. citizen?..... <input type="checkbox"/> Yes <input type="checkbox"/> No			
IF NO, are you a resident alien who is eligible and has applied for U.S. citizenship?..... <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. BIRTH PLACE (CITY / COUNTY / STATE / COUNTRY)			
10. BIRTHDATE (MM/DD/YYYY)	11. SOCIAL SECURITY NUMBER	12. DRIVER'S LICENSE	
		NUMBER:	STATE: EXPIRES:
13. PHYSICAL DESCRIPTION			
HEIGHT:	WEIGHT:	HAIR COLOR:	EYE COLOR:

SECTION 2: EDUCATION

CONFIDENTIAL

1. Do you have: (check all that apply)					
<input type="checkbox"/> GED/HIGH SCHOOL <input type="checkbox"/> 3-31 College Credit Hours <input type="checkbox"/> 32-63 College Credit Hours <input type="checkbox"/> 64-119 College Credit Hours <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Post Graduate Degree					
2. LIST ALL COLLEGES AND UNIVERSITIES ATTENDED					<input type="checkbox"/> N/A
3.	NAME OF HIGH SCHOOL		FROM (MM/YYYY)	TO (MM/YYYY)	
	ADDRESS (NUMBER / STREET)				
	CITY		STATE	ZIP	
4.	NAME OF COLLEGE/UNIVERSITY		FROM (MM/YYYY)	TO (MM/YYYY)	TOTAL UNITS COMPLETED
	ADDRESS (NUMBER / STREET)				<input type="checkbox"/> QUARTER <input type="checkbox"/> SEMESTER
	CITY		STATE	ZIP	MAJOR / AREA OF STUDY
5.	NAME OF NAME OF TRADE, VOCATIONAL, OR BUSINESS SCHOOL/INSTITUTE		FROM (MM/YYYY)	TO (MM/YYYY)	DID YOU COMPLETE THE COURSE?
	ADDRESS (NUMBER / STREET)				<input type="checkbox"/> YES <input type="checkbox"/> NO
	CITY		STATE	ZIP	TYPE OF SCHOOL OR TRAINING

SECTION 2: EDUCATION *continued*

CONFIDENTIAL

6. Have you ever attended a **POST** Basic Course/Academy: Regular, Specialized Investigators', Reserve, or Dispatcher? Yes No
 IF YES, provide the following information:

7.	NAME OF ACADEMY	FROM (MM/YYYY)	TO (MM/YYYY)	DID YOU PASS/GRADUATE? <input type="checkbox"/> Yes <input type="checkbox"/> No
	LOCATION (CITY, STATE)	NAME OF TRAINING OFFICER / ACADEMY COORDINATOR		CONTACT NUMBER
8.	NAME OF ACADEMY	FROM (MM/YYYY)	TO (MM/YYYY)	DID YOU PASS/GRADUATE? <input type="checkbox"/> Yes <input type="checkbox"/> No
	LOCATION (CITY, STATE)	NAME OF TRAINING OFFICER / ACADEMY COORDINATOR		CONTACT NUMBER

9. Have you ever been subject to any disciplinary action, including academic probation, civil fine, suspension, or expulsion from any high school(s), college/university, business, trade school, or **POST** basic course/academy? Yes No
 IF YES, please describe below. Include the date, the name of the institution, explanation of circumstances, and the type of disciplinary action.

SECTION 3: EXPERIENCE, EMPLOYMENT & MILITARY

CONFIDENTIAL

1.	NAME OF CURRENT EMPLOYER, IF APPLICABLE.			FROM (MM/YYYY)	TO (MM/YYYY)
	ADDRESS (NUMBER / STREET / SUITE)			SUPERVISOR	
	CITY	STATE	ZIP	CONTACT NUMBER	EXT
	JOB TITLE / RANK			EMAIL	
	DUTIES / ASSIGNMENTS			TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY) <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
	NAMES OF CO-WORKERS 1) 2)			REASON FOR WANTING TO LEAVE	
	Would there be a problem if we contact your current employer?..... <input type="checkbox"/> Yes <input type="checkbox"/> No				
	IF YES, explain:				

2.	NAME OF MILITARY UNIT, IF APPLICABLE			FROM (MM/YYYY)	TO (MM/YYYY)
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)			SUPERVISOR	
	CITY	STATE	ZIP	CONTACT NUMBER	EXT
	JOB TITLE / RANK			EMAIL	
	DUTIES / ASSIGNMENTS			TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY) <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
	NAMES OF CO-WORKERS 1) 2)			REASON FOR WANTING TO LEAVE	

3. Have you **ever** applied for **any** position at another law enforcement agency (city, county, state, or federal)?..... Yes No

4. NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MM/YYYY)	
ADDRESS (NUMBER / STREET)			BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)		
CITY	STATE	ZIP	CONTACT NUMBER	EXT	
POSITION APPLIED FOR			EMAIL		
CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:					
STEP: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical Ability <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chief's Oral <input type="checkbox"/> Conditional Offer					
STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On Eligibility List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified <input type="checkbox"/> List Expired					

SECTION 4: MILITARY EXPERIENCE **CONFIDENTIAL**

1. Are you required to register for the Selective Service?..... Yes No
 IF YES, have you registered? Yes No
 IF NO, explain:

2. Have you ever served in the military? Yes No

3. If you answered "YES" to Question 43, include the following service information:

BRANCH OF SERVICE	FROM (MM/YYYY)	TO (MM/YYYY)
TYPE OF DISCHARGE		
<input type="checkbox"/> Entry Level <input type="checkbox"/> Honorable <input type="checkbox"/> General <input type="checkbox"/> OTH (Other than Honorable) <input type="checkbox"/> Bad Conduct <input type="checkbox"/> Dishonorable Re-entry Code (1-4) if applicable – refer to your DD-214:		

4. Are you currently participating in one of the following?
 Military Reserve National Guard IF CHECKED, date obligation ends (MM/DD/YY):

5. Have you ever been the subject of any judicial or non-judicial disciplinary action (such as, court martial, captain's mast, office hours, company punishment)? Yes No

6. Were you ever denied a security clearance, or had a clearance revoked, suspended, or downgraded?..... Yes No

7. Have you ever taken military property without permission for personal use, to sell, or to give away?..... Yes No

If you answered "YES" to any of **Questions in Section 4: 5, 6, or 7**, explain (include dates and circumstances).

SECTION 5: LEGAL **CONFIDENTIAL**

63. Have you **EVER** been detained by law enforcement for *investigation, arrested, indicted, charged, or convicted of any misdemeanor or felony* offense in this state or any other legal jurisdiction (including offenses in the Uniform Code of Military Justice)? Yes No
 IF YES, explain each incident:

SECTION 6: ACKNOWLEDGEMENT & CERTIFICATION

1. I have received information on basic employment salary and benefits, basic job qualifications needed to be eligible for employment consideration, and the employment process expectations for the job in which I am applying.

I have received the job description concerning the job for which I am applying.

I hereby certify that I have personally completed and initialed each page of this form and any attached supplemental page(s), and that all statements made are true and complete to the best of my knowledge and belief. I understand that any misstatement of material fact may subject me to disqualification; or, if I have been appointed, may disqualify me from continued employment.

Signature in Full: ▶ _____ Date: _____

Voluntary Self-Identification Form

INSTRUCTIONS

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM

Anti-Discrimination Notice. It is an unlawful employment practice for an employer to fail or refuse to hire or discharge any individual, or otherwise to discriminate against any individual with respect to that individual's terms and conditions of employment, because of such individual's race, color, religion, sex, or national origin.

This employer is subject to certain nondiscrimination and affirmative action recordkeeping and reporting requirements which require the employer to invite employees to voluntarily self-identify their race/ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable federal laws, executive orders, and regulations, including those which require the information to be summarized and reported to the Federal Government for civil rights enforcement purposes.

If you choose not to self-identify your race/ethnicity at this time, the federal government requires this employer to determine this information by visual survey and/or other available information.

For civil rights monitoring and enforcement purposes only, all race/ethnicity information will be collected and reported in the seven categories identified below. The definitions for each category have been established by the federal government. If you choose to voluntarily self-identify, you may mark only **one** of the boxes presented below.

INVITATION TO SELF-IDENTIFY

PLEASE ANSWER THE FOLLOWING QUESTION

What is your race/ethnicity? Please mark the **one box** that describes the race/ethnicity category with which you primarily identify.

- Hispanic or Latino:** a person of Cuban, Mexican, Chicano, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- White:** a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black or African American:** a person having origins in any of the black racial groups of Africa.
- Asian:** a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Native Hawaiian or Other Pacific Islander:** a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- American Indian or Alaska Native:** a person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Two or More Races:** a person who primarily identifies with two or more of the above race/ethnicity categories.