



## NEW MIDDLETOWN POLICE DEPARTMENT

10711 Main Street New Middletown, Ohio 44442

(330) 542-2846 Fax (330) 542-2239



Thank you for your interest in applying for a police officer position with the New Middletown Police Dept.  
NMPD is a full service police department providing services 24 hours per day seven days a week.  
The goal of the Village of New Middletown is to employ the best officers who have a community policing mind set.  
Please review the pre-employment requirements and expectations before submitting this application.

### INCOMPLETE APPLICATIONS WILL NOT BE REVIEWED.

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Applicants must be at least 21 years of age.

Applicant must have an approved Ohio Peace Officer Training Academy course.

Applicant must be able to pass a drug and alcohol screen.

Applicant must be able to pass a medical physical, psychological evaluation, and a comprehensive background investigation.

Applicant must have a good driving record.

Applicant must be bondable and have no criminal or civil actions pending.

Applicant must submit a current photograph with this application.

Applicant must possess good comprehension, verbal, and writing skills as well as have a basic working knowledge of computers.

Applicant must be able to work well with others, be self-motivated, goal oriented, and be able to follow instructions.

Applicants for a part time position must have at least 40 hours (five shifts) of availability per month.

Applicants must submit the following with this application:

1. Copy of the applicant's valid driver's license.
2. High school diploma.
3. College diploma or transcripts if the applicant has not graduated.
4. Training certificates applicable to the position of police officer.

Upon successful submission:

The application will be reviewed for completeness and accuracy.

A preliminary background investigation will be completed.

An interview with a patrol sergeant shall be scheduled.

A second interview may be scheduled upon completion of the background check to clarify any questions or issues.

Upon recommendation, an interview will be scheduled with the Chief of Police.

A form will be completed by the candidate's personal physician attesting to his/her physical fitness level.

The Chief of Police may then recommend the hiring of the applicant to the Mayor of the Village of New Middletown.

The Mayor of the Village of New Middletown may then recommend hiring to the village council at a regular meeting or a special meeting if circumstances dictate immediate hiring.

The candidate will then be administered the oath of office.



# NEW MIDDLETOWN POLICE DEPARTMENT

*Chief Jim Craven*

10711 Main Street New Middletown, Ohio 44442  
(330) 542-2846 Fax (330) 542-2239

## FROM THE CHIEF OF POLICE

Thank you for your interest in the position of police officer with the Village of New Middletown. The NMPD provides around the clock police service to the incorporated area of the Village of New Middletown. The NMPD continuously accepts applications throughout the year. We ask that you complete the application thoroughly and return it with the required documents.

Positions to be applied for within the NMPD:

### **ORC 737.16**

**Full time police officer:** those who apply for and are offered a full time position shall work forty hours per week as a uniformed patrol officer and may be required or mandated to work in excess of the forty hour work week relative to the need of the police department. A full time police officer's schedule shall include nights, weekends, and holidays.

### **ORC 737.16**

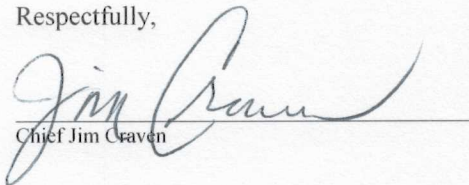
**Part time police officer:** those who apply for and are offered a part time position shall be available no less than forty hours per month. Part time officers are crucial to the operation of the police department and assume the same duties and responsibilities as a full time police officer. There is no distinction regarding full time and part time officers relative to peace officer functions performed.

Each part time police officer must provide a minimum of 40 hours (five shifts) of availability per month. Officers may or may not be scheduled for all five shifts.

We ask that you review the requirements and obligations for each position and carefully consider your ability to commit to either. Appointments to the position of police officer are made by the New Middletown Village Council based on necessity to assure around the clock police services to the Village of New Middletown.

We look forward to reviewing your application and speaking with you in the future.

Respectfully,

  
Chief Jim Craven



*"To honorably serve and protect our community and preserve the quality of life, family and community through ethical service and the unbiased enforcement of the law."*

New Middletown Police Department

10711 Main Street P.O. Box 463

New Middletown, Ohio 44442

E-mail: [newmiddletownpd@comcast.net](mailto:newmiddletownpd@comcast.net)



## APPLICATION FOR EMPLOYMENT

Your application is the first step in the process of obtaining employment with New Middletown. Please read all instructions carefully and complete all sections to the best of your knowledge. Falsification or Omission of information may result in rejection of the application or dismissal if you are employed by the Village of New Middletown.

Please PRINT in BLACK ink or use a typewriter. Pencil is not acceptable. If an item does not apply to you, write in the letters "NA" or "Not Applicable." A resume may be attached to supplement this application, however, you must complete all information requested on the application.

*Applications remain on file for a period of one (1) year from the date of completion.*

Date: \_\_\_\_\_ Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Present Permanent Address:

\_\_\_\_\_  
Street Apt. #

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Home Phone Work Phone Cell Phone

May we contact you at work? ☐ Yes ☐ No

Position(s) applied for: 1. \_\_\_\_\_ 2. \_\_\_\_\_

Salary Desired: \_\_\_\_\_

Date Available to work: \_\_\_\_\_

Days/ Hours available to work

*Check all that are applicable*

Availability: ☐ Full-time ☐ Part-time ☐ Temporary ☐ Seasonal ☐ 1<sup>st</sup> Shift ☐ 2<sup>nd</sup> Shift ☐ 3<sup>rd</sup> Shift



No Preference \_\_\_\_\_ Monday \_\_\_\_\_ Tuesday \_\_\_\_\_  
 Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday \_\_\_\_\_  
 Saturday \_\_\_\_\_ Sunday \_\_\_\_\_ Holidays \_\_\_\_\_

How many hours can you work weekly? \_\_\_\_\_ Can you work days? \_\_\_\_\_

### EDUCATION

Depending on the position sought, you may be required to provide a copy of your high school or college transcript/degree and/or professional registration. Give dates of attendance, type of degree, and major/minor. Be sure to answer "HAVE YOU GRADUATED?" List all technical and/or trade courses or programs you have completed.

Please check highest level of education:

<input type="checkbox"/> Some High School	<input type="checkbox"/> Some College	<input type="checkbox"/> Bachelor's Degree
<input type="checkbox"/> High School Graduate or GED	<input type="checkbox"/> AA or AS Degree	<input type="checkbox"/> Master's Degree
<input type="checkbox"/> Doctorate Degree	<input type="checkbox"/> Other Training	

Type of School	Name of School	Location (Complete mailing address)	Number of years/hours completed	Major & Degree
High School				
College				
Business or Trade School				
OPOTA				

### WORK EXPERIENCE

- Are you a U.S. Citizen? ☐ Yes ☐ No
- Have you ever been discharged or asked to resign from any job? ☐ Yes ☐ No  
If yes, make sure job is listed on the continuation page.
- May we contact your current employer? ☐ Yes ☐ No ☐ N/A  
If no, explain why on continuation page and be prepared to bring in copies of performance evaluations or other documentation.

Please list your work experience for the past 5 years beginning with your most recent job held. If you were self-employed, give firm name. Include any part time jobs, periods of unemployment, and military service. When listing military service, substitute for the name and address of immediate supervisor, the name address and rank of the last commissioned officer who was your immediate commissioned officer with whom you served. When listing periods of unemployment, indicate dates in the space provided. In the box designated as "Name of Employer" write in unemployed. In the block designated as "Reason for Leaving" indicate from what source you received income during that period of unemployment. Attach additional sheets if necessary.



From Date	Name of Employer	Job Title	Average # Hours Worked <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time
To Date	Address of Employer	Description of Duties	Reason for leaving
Total Time Emp.	Full name of Immediate Supervisor	Address of Immediate Supervisor	Telephone # of Business
Salary Start	Full name of Co-Worker	Address of Co-Worker	Telephone # of Co-Worker
Final			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

From Date	Name of Employer	Job Title	Average # Hours Worked <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time
To Date	Address of Employer	Description of Duties	Reason for leaving
Total Time Emp.	Full name of Immediate Supervisor	Address of Immediate Supervisor	Telephone # of Business
Salary Start	Full name of Co-Worker	Address of Co-Worker	Telephone # of Co-Worker
Final			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			



From Date	Name of Employer	Job Title	Average # Hours Worked <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time
To Date	Address of Employer	Description of Duties	Reason for leaving
Total Time Emp.	Full name of Immediate Supervisor	Address of Immediate Supervisor	Telephone # of Business
Salary Start  Final	Full name of Co-Worker	Address of Co-Worker	Telephone # of Co-Worker
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

From Date	Name of Employer	Job Title	Average # Hours Worked <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time
To Date	Address of Employer	Description of Duties	Reason for leaving
Total Time Emp.	Full name of Immediate Supervisor	Address of Immediate Supervisor	Telephone # of Business
Salary Start  Final	Full name of Co-Worker	Address of Co-Worker	Telephone # of Co-Worker
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			



Have you ever applied for a position with any law enforcement or other government agency?

[ ] Yes [ ] No

Name of Department or Agency Complete Address	Position Applied For	Date Applied	Steps	Status Completed
			<input type="checkbox"/> Written Test <input type="checkbox"/> Physical Fitness <input type="checkbox"/> Background <input type="checkbox"/> Polygraph <input type="checkbox"/> Interview	<input type="checkbox"/> Active <input type="checkbox"/> Eliminated
			<input type="checkbox"/> Written Test <input type="checkbox"/> Physical Fitness <input type="checkbox"/> Background <input type="checkbox"/> Polygraph <input type="checkbox"/> Interview	<input type="checkbox"/> Active <input type="checkbox"/> Eliminated
			<input type="checkbox"/> Written Test <input type="checkbox"/> Physical Fitness <input type="checkbox"/> Background <input type="checkbox"/> Polygraph <input type="checkbox"/> Interview	<input type="checkbox"/> Active <input type="checkbox"/> Eliminated
			<input type="checkbox"/> Written Test <input type="checkbox"/> Physical Fitness <input type="checkbox"/> Background <input type="checkbox"/> Polygraph <input type="checkbox"/> Interview	<input type="checkbox"/> Active <input type="checkbox"/> Eliminated
			<input type="checkbox"/> Written Test <input type="checkbox"/> Physical Fitness <input type="checkbox"/> Background <input type="checkbox"/> Polygraph <input type="checkbox"/> Interview	<input type="checkbox"/> Active <input type="checkbox"/> Eliminated

#### PERSONAL DATA

1. Have you ever been convicted of a felony? [ ] Yes [ ] No If yes,

Offense: \_\_\_\_\_ Date: \_\_\_\_\_

County: \_\_\_\_\_ State: \_\_\_\_\_

Sentence for each conviction:

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2. Other than a minor offense, have you ever been convicted of a misdemeanor? ☐ Yes ☐ No

If yes, Offense: \_\_\_\_\_ Date: \_\_\_\_\_

3. Are you legally eligible for employment in the United States? ☐ Yes ☐ No

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

Height	Weight	Hair Color	Eye Color	Age	Sex
Place of Birth		City	County	State	
E-mail Address					
By what other names have you been known? (Maiden Name, Former Married Name(s), Aliases, Nicknames, Etc.)					
Driver's License No.		Type	Date Issued	State of Issue	Expiration Date
Present Marital Status		Name of current spouse (First, Middle, Last)		Maiden Name (Spouse, If Applicable)	
Name and Address of Spouse's Employer				Phone Number and Area Code	
<b>Complete for each category that applies:</b>					
Father:	Last, First, Middle Name		Address (No., Street, City, State, Zip)		
Mother:	Last, First, Middle Name		Address (No., Street, City, State, Zip)		
<b>Person to be notified in case of emergency</b>					
Name			Telephone		
Address			Relationship		

**FOR INSURANCE PURPOSES ONLY- LIST ALL DEPENDENTS**

NAME	RELATIONSHIP	BIRTHDATE

1. Are you now supporting all dependents that you are required to support? ☐ Yes ☐ No ☐ N/A  
If no, explain in detail on continuation sheets.



2. Are you paying child support or alimony? ☐ Yes ☐ No \$\_\_\_\_\_ amount per month if applicable.  
a. Is the amount you pay in child support/alimony in compliance with the court order or an order from a support enforcement agency? ☐ Yes ☐ No  
If no, explain in detail on continuation sheets.

3. Have you ever been sued for alimony payments, child support, nonpayment of debt or fraud?  
☐ Yes ☐ No If yes, explain in detail below.

	Court	Case Number	Date of Disposition
a.	_____		
b.	_____		
c.	_____		

4. Have you ever been convicted or accused of, or engaged in, physical, emotional, or sexual abuse of a spouse, ex-spouse, child, step-child, parent or any other relative or person? ☐ Yes ☐ No  
If yes, explain in detail on continuation sheets.

5. Have you ever had a protection or temporary restraining order, including Stalking and/or Telephone Harassment filed against you?

☐ Yes ☐ No If yes, explain in detail on continuation sheets.

a. Have you ever violated it? ☐ Yes ☐ No

b.

6. Have you ever had an account(s) on any social media site? ☐ Yes ☐ No

If yes, what is the name of the account(s)?

\_\_\_\_\_

### Non-Law Enforcement References

List two references that are familiar with your work history and experience.  
Do not list relatives, friends, or personal references.

Name: _____	Name: _____
Position: _____	Position: _____
Company: _____	Company: _____
Address: _____	Address: _____
_____	_____
Telephone: _____	Telephone: _____
Years Known: _____	Years Known: _____
Home Address: _____	Home Address: _____
_____	_____
Home Phone: _____	Home phone: _____

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

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## MILITARY RECORD

1. Are you now or ever have been in any branch of the Armed Forces/ Reserve? ☐ Yes ☐ No

Branch of Service (Army, Navy, Etc.)	Unit (Tank Corps, Engineers, Medic, Etc.)	Selective Service Number
Active Duty Dates (Do not include short reserve tours of 60 days or less)  From: _____ To: _____	Highest Military Rank or Rank Held	Type of Separation
Total Months Of Combat Duty	Total Months of Overseas Duty	Name & Address of Guard/Reserve Unit

2. Have you registered with the selective service? ☐ Yes ☐ No  
If no, why? \_\_\_\_\_

3. Have you asked for or received deferment from military service? ☐ Yes ☐ No  
If yes, give board number, dates and full details on continuation page

4. Have you ever received anything other than an honorable discharge? ☐ Yes ☐ No  
If yes, explain on continuation sheet.

5. Have you ever been convicted of any article of the uniform code of military justice?  
☐ Yes ☐ No If yes, explain on continuation sheet.

## TRAFFIC RECORD

1. Have you ever been convicted of an OVI, as an adult? ☐ Yes ☐ No

If yes, please explain:

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2. List all moving violations you have received. Be as complete as possible.

Date	Offense	Convicted- Yes/No	Location or citing agency	Age at time of violation

List additional on back.

3. List all traffic accidents you have been involved in. Be as complete as possible.

Date	Location	Agency of Traffic Citation

4. Do you have automobile insurance? ☐ Yes ☐ No

If no, please explain:

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Insurance Agency	Name of Agent	Phone Number

5. Has your driver's license ever been revoked or suspended? ☐ Yes ☐ No If yes, please explain

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GENERAL INFORMATION INQUIRY

1. Have you ever used/tried or purchased marijuana? ☐ Yes ☐ No If yes, please explain:

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2. Have you ever used/tried or purchased illegal drugs other than marijuana? ☐ Yes ☐ No

If yes, please explain:

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3. Have you ever sold illegal drugs, prescriptive drugs or marijuana? ☐ Yes ☐ No If yes, please explain:

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4. Do you abuse or are you addicted to alcohol? ☐ Yes ☐ No If yes, please explain:

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5. In the last seven years, have you had an unstable financial or credit history as a result of gambling? ☐ Yes ☐ No
6. Have you ever been convicted of, or engaged in, the promotion of illegal gambling where you gained a financial benefit? ☐ Yes ☐ No
7. If it became necessary in the course of your police duties to take a human life, would you be reluctant to do so? Only Police Officer Applicants need to answer this question. ☐ Yes ☐ No

#### FINANCIAL RECORD

1. Are you now delinquent in any financial obligations? ☐ Yes ☐ No
2. Have you ever filed bankruptcy? ☐ Yes ☐ No If yes, please explain:

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3. Do you have any immediate civil action pending against you? ☐ Yes ☐ No



4. Have you ever had check(s) returned for non-sufficient funds, account closed or turned over to collections? ☐ Yes ☐ No

5. Indebtedness: List any debts for which you are liable

To Whom Owed	Address	Date Incurred	Original Amount	Amount Due	Monthly Payment
Name and Location of Your Bank			<input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account		
Year, Make, Body Type, and License Number of Your Present Vehicle			Date Purchased	Name of Legal Owner	

#### CRIMINAL RECORD

1. Have you ever been found guilty by and **federal** court for any offenses? ☐ Yes ☐ No

If yes, please explain:

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2. Have you ever been found guilty by any criminal court, in any state, for any **felony** or the equivalent of a felony offense? ☐ Yes ☐ No If yes, please explain:

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3. Have you ever been found guilty by any criminal court, in any state, for any **misdemeanor**, or the equivalent of a misdemeanor offense? ☐ Yes ☐ No If yes, please explain:

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4. Have you ever been found guilty by any criminal court, in any state, for any **misdemeanor** or **felony traffic offenses within the last 3 years?** ☐ Yes ☐ No If yes, please explain:

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5. Have you ever been a defendant in a civil action or has a civil judgement ever been filed against you? ☐ Yes ☐ No If yes, please explain:

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6. Have you ever filed a workers compensation claim for any injury sustained while employed by any employer or the equivalent of a workers compensation claim for self-insured employers?

☐ Yes ☐ No If yes, please explain:

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7. Do you have any past or current medical conditions or problems which would prevent you from lifting any object heavier than 15 pounds? ☐ Yes ☐ No If yes, please explain:

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8. Do you have any past or current medical conditions or problem which would prevent you from running? ☐ Yes ☐ No If yes, please explain:

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9. Are you taking any prescribed medications for any reason? ☐ Yes ☐ No If yes, please explain:

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10. Have you ever seen a psychologist or psychiatrist or been treated for any psychological or mental disorders? ☐ Yes ☐ No If yes, please explain:

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11. Will you submit to a physical and/or physical agility test if requested? ☐ Yes ☐ No If no, please explain:

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I, the undersigned, understand all statements I make in response to the above questions are subject to investigation and verification in connection with my application for employment with the New Middletown Police Department. I further understand that the New Middletown Police Department may make inquiries to the appropriate law enforcement agencies, credit bureau, local, state or federal courts, my past and current employers, family, neighbors, associates, doctors, bureau of motor vehicles, bureau of workers compensation and other agencies which contain my past activities to verify any record or convictions.

I do hereby certify under penalty to perjury that my responses to these questions are true and correct to the best of my knowledge.

I hereby authorize without reservation, the New Middletown Police Department to conduct a comprehensive criminal, civil medical psychological and credit background check as they see fit.

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Applicant (Please Print)

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Applicant (Please Sign)

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Witness (Please Print)

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Witness (Please Sign)

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Date (Please Print)

VILLAGE OF NEW MIDDLETOWN POLICE DEPARTMENT  
10711 Main Street  
P.O. Box 463  
New Middletown, Ohio 44442  
Phone: (330)542-2846 Fax: (330)542-2239  
EMAIL: [NEWMIDDLETOWNPD@COMCAST.NET](mailto:NEWMIDDLETOWNPD@COMCAST.NET)

The following criteria are to be used when considering employment of a part-time officer.  
Please write a brief response indicating why you are the best qualified person for the job you  
are seeking. Please answer honestly and to the best of your ability.

Experience

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Training & Education

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Type of Work Presently Performed (Duties)

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Attitude Toward Quality of Duties & Others

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Desire to Work (Holidays, Weekends & Midnights)

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Absentee Record (Injury or Illness)

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Career Goals

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General Knowledge (Involving Police Work)

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Ability to Handle Pressure of Police Work

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How Well Do You Work With Others

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Committed to Complete Assigned Tasks or Goals

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AUTHORIZATION TO RELEASE INFORMATION

TO: Any Doctor, physician, psychologist, dentist, hospital, nursing home, medical association

U.S. Armed Forces, Maritime Service, Veteran Association

Any academic dean, registrar, principal, guidance counselor, or any authorized person at any:  
school, college, university, business school, trade school or elementary school

Any local, state or federal law enforcement agency, any past employer, present employer, credit  
bureau, retail merchants association, U.S. selective service system or any government agency;

I, \_\_\_\_\_,

of \_\_\_\_\_, have applied for  
employment with the NEW MIDDLETOWN VILLAGE POLICE DEPARTMENT. I am aware that my entire  
background is to be investigated thoroughly. I hereby authorize and request release of any and all  
information you may have concerning me, including, but not limited to, my employment, military, credit,  
psychological, criminal, medical or educational (including transcript of any academic record) and any  
other records relating to credit records. I hereby authorize you to release this information with full  
knowledge and understanding that the information is for the official use of the NEW MIDDLETOWN  
VILLAGE POLICE DEPARTMENT. Consent is hereby granted for the NEW MIDDLETOWN POLICE  
DEPARTMENT to furnish the information as described above to third parties in the course of fulfilling its  
official responsibilities relative to my employment with the NEW MIDDLETOWN VILLAGE POLICE  
DEPARTMENT. I hereby release you as custodian of such records, and employer, educational institution,  
physician, psychologist, psychiatrist, hospital or other repository of medical records, credit bureau,  
consumer reporting agency, or military or governmental entity, including its officers, employees, or  
related personnel, both individually and collectively, from any and all responsibility of liability for  
damages of whatever kind, which may result to me, my heirs, family or associates because of  
compliance with this authorization and request to release information, or any attempt to comply with it.  
I am willing that a Photostat of the authorization be accepted with the same authority as the original.

\_\_\_\_\_  
Full Name (Signature)

\_\_\_\_\_  
Current Address

\_\_\_\_\_  
Full Name (Printed)

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Witnessed By

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Witnessed By





10711 Main Street, P.O. Box 463, New Middletown, Ohio 44442  
Office: (330)542-2846 Fax: (330)542-2239

PLEASE READ CAREFULLY  
APPLICATION FORM WAIVER

In exchange for the consideration of my job application by the New Middletown Police Department, Village of New Middletown, I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Village practices, shall serve to create an actual or implied contract of employment. Both the undersigned and the New Middletown Police Department, Village of New Middletown, may end the employment relationship at any time, without specified notice or reason during the one year probationary period. If employed, I understand that the New Middletown Police Department, Village of New Middletown, may unilaterally change or revise their benefits, policies and procedures as they see fit.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts in this application is cause for dismissal at any time without any previous notice. I hereby give the New Middletown Police Department, Village of New Middletown permission to contact schools, previous employers (unless otherwise indicated), references and others, and hereby release the New Middletown Police Department, Village of New Middletown, from any liability as a result of such contract.

I also understand that (1) the New Middletown Police Department, Village of New Middletown, has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that in connection with the routine processing of your employment application, the New Middletown Police Department, Village of New Middletown, may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from the New Middletown Police Department, Village of New Middletown, will provide me with an additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the New Middletown Police Department, Village of New Middletown shall be probationary for a period of one year (365) days and further that at any time during the probationary period, my employment relation with the New Middletown Police Department, Village of New Middletown, is terminable at will for any reason by the New Middletown Police Department, Village of New Middletown, and/or Chief of Police.

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

The New Middletown Police Department, Village of New Middletown, is an equal employment opportunity employer; we adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with the New Middletown Police Department, Village of New Middletown, depends solely on your qualifications.



**CRIMINAL BACKGROUND CHECK  
NEW MIDDLETOWN POLICE DEPARTMENT**

The New Middletown Police Department is committed to providing the public with a well-trained staff who possess moral character and standards. Conducting criminal background checks on all prospective employees helps to protect employees, visitors, the general public and property.

The New Middletown Police Department requires a criminal background check as a part of the hiring process for all prospective employees.

Background checks will be performed prior to an offer of employment with the New Middletown Police Department.

All employment offers are contingent upon satisfactory results of a criminal background check.

Criminal: background information released to the New Middletown Police Department will be used only for purposes of assisting in employment decisions.

If a background check identifies issues, which may preclude employment, the applicant will be notified and the candidate will no longer be considered for employment.

Applicants will be required to sign a **Criminal Background Check Authorization Form**, which includes inquiries about criminal, and traffic convictions. The form also includes questions regarding credit worthiness, medical tribulations, past worker compensation claims and civil judgements. Refusal to provide adequate correct information or to provide consent for investigation will result in withdrawal of the application for consideration of employment.

If the background check identifies a criminal conviction not disclosed on the **Criminal Background Check Authorization Form**, or the applicant has not completed the form truthfully, he or she will be notified and the candidate will no longer be considered for employment.

Reasonable efforts will be made to ensure that results of criminal background checks are kept as confidential as possible with a limited number of persons authorized to review the results.

ANY DECISION TO REJECT OR ACCEPT AN APPLICATION IS SOLELY  
AT THE DISCRETION OF THE NEW MIDDLETOWN POLICE DEPARTMENT.

I, the undersigned, have read and understand the above policy of the New Middletown Police Department.

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Applicant (Please Print)

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Applicant (Please Sign)

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Witness (Please Print)

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Witness (Please Sign)



DISCLAIMER AND SIGNATURE

I certify all the information in this application/questionnaire is true and complete. I authorize New Middletown Police Department to fully investigate all statements contained in this application. I acknowledge that if any false information, omissions or misrepresentations are discovered, my application may be rejected, and if I am employed, my employment may be terminated

\_\_\_\_\_  
*Initials*

In consideration of my employment, I agree to conform to New Middletown Police Department's rules and regulations. I agree that my employment and compensation can be terminated with or without cause, with or without notice and at any time by the Village of New Middletown. I acknowledge and agree that the terms and conditions of my employment may be charged with or without cause and with and without notice at any time by New Middletown Police Department. I understand that only the Village Council has the authority to enter into any agreement for employment in writing, for any specific period of time, or to agree to terms and conditions contrary to the foregoing.

\_\_\_\_\_  
*Initials*

I understand and accept that if selected for employment, my employment may be conditioned upon my passing any medical examination the New Middletown Police Department deems necessary to determine whether I can physically perform the essential functions of the position, with reasonable accommodation when necessary. I understand and accept that this may include drug, alcohol or substance abuse testing.

\_\_\_\_\_  
*Initials*

If employed I understand and accept that, depending upon the department to which I am applying for employment, I may be required to work evening shifts, night shifts, weekends, and may be on-call to work mandatory overtime hours.

\_\_\_\_\_  
*Initials*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

In case of an emergency, notify: \_\_\_\_\_

Phone: \_\_\_\_\_

*It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin or other protected classification.*



8.2015.2 (c)

## VILLAGE OF NEW MIDDLETOWN EEO SURVEY

### THIS INFORMATION WILL NOT BE USED TO EVALUATE YOUR APPLICATION.

The following information is requested for Equal Employment Opportunity (EEO) record keeping and reporting compliance purposes only as specified by Title VII of the Civil Rights Act of 1964, as amended by the Equal Employment Opportunity Act of 1972, Section 709(c). This information will NOT be kept with your application for employment, and will NOT be used in making employment decisions and because we remove this information from your application. This information is voluntary and will be detached from the application upon receipt in the Department of Human Resources. <Standard 8.2015.2 Bullet Example 3

*Please Print*

Date of Application: \_\_\_\_\_

1. Position Applied For: \_\_\_\_\_ Position Req #: \_\_\_\_\_

2. Position Applied For: \_\_\_\_\_ Position Req #: \_\_\_\_\_

Name: \_\_\_\_\_

Sex: (Check One) ☐ Male ☐ Female

Race/Ethnic Categories (Check Only One)

- |   |   |
|---|---|
| <input type="checkbox"/> Black/African American not of Hispanic/Latino Origin | <input type="checkbox"/> White, not of Hispanic/Latino Origin   |
| <input type="checkbox"/> Hispanic/Latino                                      | <input type="checkbox"/> Asian                                  |
| <input type="checkbox"/> American Indian/Alaska Native                        | <input type="checkbox"/> Native Hawaiian/Other Pacific Islander |

#### Categories and Definitions

- **American Indian or Alaska Native.** A person descending from any of the original peoples of North American or South American (including Central America) who possesses ¼ degree of documented tribal descendancy or is enrolled with a federally or state recognized tribe, or is recognized by a federally or state recognized tribe as American Indians for state affirmative action purposes.
- **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.
- **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black or African American."
- **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term, "Spanish origin," can be used in addition to "Hispanic or Latino."
- **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- **White.** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.



You are required to sign and date your application. Falsification or omission of information will result in rejection of the application or dismissal if you are employed by the Village of New Middletown.

**AGREEMENT**

I certify that answers given herein and the application supplement are true and complete to the best of my knowledge. I understand that false or misleading information given in my application or interview(s) may result in disqualification from consideration for employment or discharge from employment if I am hired. I also understand that an offer of employment by any representative of the Village is not a formal or binding offer until approved by the Village Council and that I have no grounds for relying upon such an offer until it is approved. If employed, I understand that I am required to abide by all rules and regulations of the Village of New Middletown. I consent to any post-conditional offer screenings that may be required for this position, including drug and alcohol and physical examination.

I acknowledge that I have read the above statements and hereby grant permission to verify the information supplied on this application and employment related documents I have provided.

_____	_____	_____
Print Name	Signature	Date

<Standard 8.2015.2, Bullet C> example 4

*In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or the presence of a non-job related medical condition or disability.*

The Village of New Middletown complies with EEO/ADA guidelines and is a drug-free workplace.