

Schooling Record

Education	Years Completed	Name of School or College	GPA	Principal Courses
High School				
College				
Commercial				
Police Academy				

Employment Record

Employer & Address	From	To	Position and type of work	Salary	Reason for leaving
Present					
Second last					
Previous					
Previous					
Previous					

Have you ever been arrested? Include traffic citations, if any. Explain in full.

References- We prefer business or professional persons who have known you three years or more. Do not give relatives or friends younger than 25 years old.

Name & Address	Phone Number	Profession	Years Acquainted
1)			
2)			
3)			

Why do you want to work for the Fairfax Police Department?

NOTICE: In connection with this application, an investigative consumer report may be prepared which will provide applicable information concerning character, general reputation, personal characteristics, and mode of living. This information will be obtained through personal interviews with your friends, neighbors, and associates. Upon written request, additional information as to the nature and scope of any inquiry, if one is made, will be provided.

I understand that if I am accepted for a position and any representation on this application is not true and complete, or if my references and verifications of previous employment are not entirely satisfactory, I may be discharged immediately. I hereby authorize the release of any and all education and employment records. If employed, I understand that my employment is not a contract of employment.

Signature: _____

Village of Fairfax Police Department

Steven M Kelly
Chief of Police
5903 Hawthorne Avenue
Fairfax, Ohio 45227-3630

Telephone (513) 271-7250
Fax (513) 271-7030

**VILLAGE OF FAIRFAX, OHIO
APPLICANT RELEASE FORM**

BACKGROUND INVESTIGATION

I, _____, presently residing at _____ have applied for a position as a police officer with the Village of Fairfax Police Department. In choosing to take part in the application and evaluation process, I understand that the Village will conduct a thorough investigation of my background to assist in determining my suitability for employment with the Police Department. I further understand that the investigation may include, but not limited to, inquires as to: my educational record; whether I am a United States citizen; and my character and fitness for the position for which I have applied.

With the foregoing understandings and agreements in mind and in consideration of being allowed to apply for a position with the Village Police Department, I hereby unconditionally waive, release, and discharge any and all claims, charges, debts, rights or causes of action, damages, complaints, obligations, and demands of whatever kind which may hereafter accrue against the Village of Fairfax and its officials, officers, employees, and agents which may arise out of the foregoing investigation. I further hereby give my consent to any person or entity having possession of the information or documents sought by the Village in connection with the foregoing investigation to disclose such information and produce any requested documents to the Village to the full extent permitted by law.

Signed and executed this _____ day of _____, _____.

Signature of Applicant

Applicant Name (Print)

Signed and executed in my presence, _____

Notary Public

Village of Fairfax Police Department

Steve M. Kelly
Chief of Police
5903 Hawthorne Avenue
Fairfax, Ohio 45227-3630

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VILLAGE OF FAIRFAX, OHIO PHYSICIAN CERTIFICATION FORM

I, _____, whose office is located at _____ am a physician licensed to practice medicine in the State of _____. I have been informed by _____ that (s)he is an applicant for a position as a Police Officer with the Village of Fairfax Police Department. I have further been informed that by choosing to take part in the application and evaluation process, (s)he will be required, within the next thirty days from the date of this Physician Certification Form, to perform certain tasks, including taking part in physical agility and physical fitness tests, which the Village believes may present some risk of physical injury, including death. Having personally examined the applicant on _____, it is my opinion that absent any material change in circumstances of which I am not aware, the applicant (can or cannot) safely perform the following functions which will be part of the testing process to include the Cooper Standards, "see attached requirements" if applicable.

<u>Jumping Jacks</u>	<u>20X</u>	_____ Yes	_____ No
<u>Step Post</u>	<u>13X</u>	_____ Yes	_____ No
<u>Vault</u>	<u>10X</u>	_____ Yes	_____ No
<u>Sit-Ups</u>	<u>13X</u>	_____ Yes	_____ No
<u>Push-Ups</u>	<u>13X</u>	_____ Yes	_____ No
<u>Monkey Bar</u>	<u>2X</u>	_____ Yes	_____ No
<u>Body Curls</u>	<u>10X</u>	_____ Yes	_____ No
<u>Chin-Ups</u>	<u>3X</u>	_____ Yes	_____ No
<u>Parallel Bars</u>	<u>2X</u>	_____ Yes	_____ No
<u>Run/Jog</u>	<u>9/10 of a mile</u>	_____ Yes	_____ No

Date: _____

Signature of Physician

Print name of Physician

Village of Fairfax Police Department

Steven M. Kelly
Chief of Police
5903 Hawthorne Avenue
Fairfax, Ohio 45227-3630

Telephone (513) 271-7250
Fax (513) 271-7030

VILLAGE OF FAIRFAX, OHIO APPLICANT RELEASE FORM

WAIVER AND RELEASE

I, _____, presently residing at _____ have applied for a position as a Police Officer with the Village of Fairfax Police Department. In choosing to take part in the application and evaluation process, I understand that I will be required to perform certain tasks, including taking part in physical agility and physical fitness tests, which may present some risk of physical injury, including death, to me. I further understand that the tests will evaluate me for, among other physical traits and abilities necessary for the job for which I have applied cardio-respiratory fitness, flexibility, muscular strength, and endurance. Therefore, I agree to notify my supervisor on the tests to which I have been assigned to perform any task, which presents an extraordinary or unusual risk of physical injury to me. I also agree that before I take part in any of the tests described above, I will submit to the Village a fully and, to the best of my knowledge and belief, truthfully completed Physician Certification Form attached hereto.

With the foregoing understandings and agreements in mind and in consideration of being allowed to apply for a position with the Village Police Department, I hereby unconditionally waive, release, and discharge any and all claims, charges, debts, rights or causes of action, damages, complaints, obligations, and demands of whatever kind which may hereafter accrue against the Village of Fairfax and its officials, officers, employees, and agents which may arise out of my participation in any of the tests administered to me while I am applying for a position with the Village Police Department.

Date: _____

Signature of Applicant