



# Village of Fairfax Police Department

## Employment Application

Please complete all applicable items (Type)



Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(First) (Middle) (Last)

Present Address: \_\_\_\_\_  
Street and Number City State zip code

Residence in Community: \_\_\_\_\_ Years \_\_\_\_\_ Months Telephone Number \_\_\_\_\_

Former Community: \_\_\_\_\_ Years Social Security # \_\_\_\_\_  
(City and State)

Previous Address (If less than 5 years at above address)	How Long at this address? From _____ To _____
Previous Address (If less than 5 years at above two addresses)	How Long at this address? From _____ To _____
Other phone numbers where you can be reached: Cell Phone: Pager: Other:	Position applying for: Circle one <b>Full time Police Officer</b>  <b>Auxillary Police Officer</b>

<b>Activities</b>	In the following, <u>DO NOT</u> list those activities which would disclose race, color, religion, sex nationality origin or handicap. <u>DO</u> list scholastic honors, school organizations (indicate offices held), hobbies, outside interests and community activities.
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Have you ever served in the Armed Forces of the U.S. or another Country? \_\_\_\_\_

Give dates of active service: From \_\_\_\_\_ to \_\_\_\_\_

Rank and organization at termination of service: \_\_\_\_\_

Present military status: \_\_\_\_\_ Are you willing to present discharge papers? \_\_\_\_\_

Do you hold a Valid Ohio Peace Officer Certification \_\_\_\_\_

***Village of Fairfax Police Department***

**Employment Application**

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**Schooling Record**

<b>Education</b>	<b>Years Completed</b>	<b>Name of School or College</b>	<b>GPA</b>	<b>Principal Courses</b>
<b>High School</b>				
<b>College</b>				
<b>Commercial</b>				
<b>Police Academy</b>				

**Employment Record**

<b>Employer &amp; Address</b>	<b>From</b>	<b>To</b>	<b>Position and type of work</b>	<b>Salary</b>	<b>Reason for leaving</b>
Present					
Second last					
Previous					
Previous					
Previous					

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

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***Village of Fairfax Police Department***

**Employment Application**

Please complete all applicable items (Type)

**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?**

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**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, 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, 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

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

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

\_\_\_\_\_  
Signature of Physician

\_\_\_\_\_  
Print name of Physician