

# VILLAGE OF ROCKFORD POLICE DEPARTMENT

151 East Columbia Street  
Rockford, OH 45882  
Office: (419)363-3032  
Fax: (419) 363-2395  
chief.stetler@rockfordohio.org

Application For: ( ) Full-time ( ) Part-time

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

Name: \_\_\_\_\_ Social Security No: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last First Middle

Home Address: \_\_\_\_\_  
Number Street City or Town State Zip

Home Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Work: ( ) \_\_\_\_\_ - \_\_\_\_\_ ext: \_\_\_\_\_  
ADDITIONAL #: ( ) \_\_\_\_\_ - \_\_\_\_\_

## **PERSONAL HISTORY, PHYSICAL**

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_  
City or town County state

Height \_\_\_\_\_ Weight \_\_\_\_\_ lbs Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_

Marital Status ( ) Single ( ) Married ( ) Divorced ( ) Legally separated.

Spouse's Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Your Current Occupation \_\_\_\_\_ Title \_\_\_\_\_

Business Address \_\_\_\_\_  
Street City or Town State  
Zip Code

Your Spouse's Current Occupation \_\_\_\_\_ Title \_\_\_\_\_

Business Address \_\_\_\_\_  
Street City or Town State  
Zip Code

Your Supervisor's Name: \_\_\_\_\_ Title \_\_\_\_\_

Your Spouse's Supervisor's Name: \_\_\_\_\_ Title \_\_\_\_\_

Work Number: ( ) \_\_\_\_\_ - \_\_\_\_\_ Department or EXT: \_\_\_\_\_

Spouses' Work Number: ( ) \_\_\_\_\_ - \_\_\_\_\_ Department or EXT: \_\_\_\_\_

Current Work Schedule: From \_\_\_\_\_ am/pm To \_\_\_\_\_ am/pm

Days currently working SUN MON TUES WED THURS FRI SAT

DRIVING INFORMATION FOR APPLICATION AND IDENTIFICATION

Drivers License #: \_\_\_\_\_ Previous Operators License held in other State \_\_\_\_\_  
State

Have you been arrested for a traffic offense: Yes or No. If yes please give dates and reason for the arrest. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of operating a motor vehicle without auto insurance? Yes or No.

Have you ever been convicted of Driving under the Influence? Yes or No

CRIMINAL /ARREST HISTORY

Have you ever been arrested has a juvenile for a criminal offense, (whether or not the arrest was taken off has an adult) Yes or No.

If yes please explain the arrest in as much detail as possible and give the out come of the arrest. Please list date, arresting agency, along with court information. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Have you ever been arrested as an adult for a criminal offense? Yes or No. If yes please list in as much detail as possible and please give arrest date, arresting agency and court information. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Have you or are you currently being investigated for any crime: Yes or No

Have you ever been arrested for Domestic Violence in the State of Ohio? Yes or No.

Have you ever been arrested for Domestic Violence in a other State? Yes or No. List state: \_\_\_\_\_

Has Law Enforcement ever been called to your residence to mediate a Domestic disturbance? Yes or No.

**NOTE: It is against the Rockford Police department policy and procedure and Ohio State Law for any person convicted of a Domestic Violence Charge, to possess or carry a firearm. Persons failing to report a Domestic Violence Charge may subject themselves to Criminal charges.**

UNITED STATES MILITARY EXPERIENCE

Have you ever served in the U.S. Military: Yes or No.

Date of Service: From\_\_\_\_/\_\_\_\_/\_\_\_\_

To:\_\_\_\_/\_\_\_\_/\_\_\_\_

If yes, please list the Branch of Service: \_\_\_\_\_

Please list the Unit or Squad assigned to: \_\_\_\_\_

List your last rank: \_\_\_\_\_

List all duty assignments and stations \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Supervisor: Name and Rank: \_\_\_\_\_

Please list all training received while in military: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any disciplinary actions taken while in service: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Law Enforcement Experience**

Years of Service: \_\_\_\_\_

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

Position/rank: \_\_\_\_\_

Advanced Training received: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Rank: \_\_\_\_\_

Phone number: ( ) \_\_\_\_\_ - \_\_\_\_\_

List reason for leaving (if still employed disregard) \_\_\_\_\_

**PERSONAL REFERENCES**

1. NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

No. street City or Town

Relationship: \_\_\_\_\_ Phone number: ( ) \_\_\_\_\_ - \_\_\_\_\_ Years known: \_\_\_\_\_

2. NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

No. street City or Town

Relationship: \_\_\_\_\_ Phone number: ( ) \_\_\_\_\_ - \_\_\_\_\_ Years known: \_\_\_\_\_

3. NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

No. street City or Town

Relationship: \_\_\_\_\_ Phone number: ( ) \_\_\_\_\_ - \_\_\_\_\_ Years known: \_\_\_\_\_

WORK HISTORY
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Employer\_\_\_\_\_ Supervisor\_\_\_\_\_

Dates worked from\_\_\_\_\_ to \_\_\_\_\_

Reason for leaving

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employer\_\_\_\_\_ Supervisor\_\_\_\_\_

Dates worked from\_\_\_\_\_ to \_\_\_\_\_

Reason for leaving

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employer\_\_\_\_\_ Supervisor\_\_\_\_\_

Dates worked from\_\_\_\_\_ to \_\_\_\_\_

Reason for leaving

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employer\_\_\_\_\_ Supervisor\_\_\_\_\_

Dates worked from\_\_\_\_\_ to \_\_\_\_\_

Reason for leaving

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employer\_\_\_\_\_ Supervisor\_\_\_\_\_

Dates worked from\_\_\_\_\_ to \_\_\_\_\_

Reason for leaving

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ADDITIONAL INFORMATION FOR CONSIDERATION OF EMPLOYMENT

Please take a few minutes and give a short statement explaining why you would like to serve with the Rockford Police Department.

Also use this space to add any additional training, list of off duty activities, hobbies and special notes of information.

Large empty rectangular box with horizontal lines for writing.

Signature of Applicant

PLEASE INDICATE IF YOU HAVE EVER APPLIED FOR THE ROCKFORD POLICE DEPARTMENT: YES OR NO
PLEASE GIVE DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

DATE OF APPLICATION: \_\_\_\_/\_\_\_\_/\_\_\_\_
DATE RECEIVED: \_\_\_\_/\_\_\_\_/\_\_\_\_

OFFICER RECEIVING APPLICATION: \_\_\_\_\_

Indicate if a Resume was submitted Yes or No Is it attached to Application Yes or No

THANK YOU FOR TAKING THE TIME TO FILL OUT THE APPLICATION.
Bryan W. Stetler Chief of Police

**CHIEF OF POLICE EVALUATION**

Interview date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Time of Interview: \_\_\_\_\_hrs

Other person present: \_\_\_\_\_

Was person on time: Yes or No indicate if late minutes\_\_\_\_\_

Was person dressed appropriately: Yes or No.

Date and Time of Background check: \_\_\_\_/\_\_\_\_/\_\_\_\_

Indicate what checks where conducted. NCIC Internal Department. Celina Mercer Sheriff Courts

List findings on Traffic, Criminal and Personal References: \_\_\_\_\_

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Chief's Notes

Indicate opinion of person appearance: Poor Fair Good Excellent - \_\_\_\_\_

Indicate opinion of understanding of job and knowledge: Poor Fair Good Excellent-\_\_\_\_\_

Recommendation of Employment: Yes No Hold Further interview required. Give date  
\_\_\_\_/\_\_\_\_/\_\_\_\_

ADDITIONAL: \_\_\_\_\_

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SEND DATE TO VILLAGE COUNCIL FOR APPROVAL: \_\_\_\_/\_\_\_\_/\_\_\_\_

INDICATE DATE OF APPROVAL OR TERMINATE APPLICATION \_\_\_\_/\_\_\_\_/\_\_\_\_