



# Springfield Township Police Department

Summit County, Ohio

John A. Smith, Chief of Police

## Qualifications for Employment Springfield Township Police Officer

1. **Must be O.P.O.T.A. Certified.**
2. **Must be at least 21 years of age upon appointment.**
3. **Must possess a valid Ohio Driver's License.**
4. **No D.U.I conviction within the past 5 years.**
5. **No Domestic Violence Conviction.**
6. **No Felony Conviction.**
7. **Preferred College (Not Mandatory).**
8. **Must pass and maintain a mandatory Physical Fitness Program during employment.**
9. **Must pass a Written Examination.**
10. **Must pass a Psychological Examination.**
11. **Must pass an O.P.O.T.A. Certified Firearms Qualifications Course.**
12. **Must submit and pass Drug Testing.**
13. **Must pass a Background Investigation.**

# SPRINGFIELD TOWNSHIP POLICE DEPARTMENT APPLICANT QUESTIONNAIRE INSTRUCTIONS

## (READ COMPLETELY BEFORE GOING TO PAGE ONE)

This applicant questionnaire is intended to help gather information as we investigate you for possible appointment to the Springfield Township Police Department. You must complete all parts of this questionnaire. If any part does not apply to you, mark the blank "N/A".

You must also sign the release forms at the end of the questionnaire. We will use these waivers as we request information or confirmation of facts from various sources given by you throughout this questionnaire.

If you do not have enough room in the spaces provided, use the back of each page and mark OVER at the bottom of the front of the page.

Attach a copy of the following:

1. Driver's License
2. Social Security Card
3. DD Form 214 (when applicable)
4. Selective Service Registration Card
5. Birth Certificate
6. College Transcripts
7. High School Transcript
8. Income Tax Forms for last year (City, State, and Federal)

When filling out the questionnaire, please read each question carefully before answering.

The Springfield Township Police Department uses various procedures to verify the accuracy of the information you have provided.

If any information provided in the questionnaire is found to be incorrect, or if you fail to list all relevant information, it may be cause for disapproval of appointment or for discharge after appointment.

Upon completion, initial the lower right-hand corner of each page to verify information.

SPRINGFIELD TOWNSHIP POLICE DEPARTMENT  
APPLICANT QUESTIONNAIRE-PAGE 1  
\*\*PLEASE PRINT\*\*

Position applied for: \_\_\_\_\_  
Today's Date: \_\_\_\_\_

**IDENTIFICATION**

Name (including first, middle, last, Jr. or Sr., maiden names, etc.)

\_\_\_\_\_

Address (including apartment #, city, state, and zip code)

\_\_\_\_\_

Telephone number---Home \_\_\_\_\_  
Work \_\_\_\_\_ hrs/days you work \_\_\_\_\_  
Pager \_\_\_\_\_  
Cell \_\_\_\_\_

Age: \_\_\_\_\_

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

Place of birth (City, State, and County) \_\_\_\_\_

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

Mother's Maiden Name \_\_\_\_\_

**PREVIOUS ADDRESSES**

Please list addresses where you have lived for the past 15 years. Account for all of the period beginning with your present address. List dates you lived there and with whom, if anyone. Do not include Armed Forces addresses.

From:	To:	Address:	With Whom & Relationship
mth/yr	mth/yr		
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

\_\_\_\_\_ initials



