



Miami Township Police Department, Montgomery County
2660 Lyons Road, Miamisburg, OH 45342
(937) 433-2301

Application for Employment

Print Clearly and in BLUE INK and reply to all questions

Position applying for: _____ Expected wage/salary: _____

Were you previously employed by Miami Township? ___ If yes, when: _____

If your application is considered favorably, when would you be available for work? _____

Have you read and do you understand the Job Description and the essential functions for the position for which you are applying? Yes _____ No _____

Are you capable of performing the material and substantial duties of the position that you are applying for with or without reasonable accommodation? Yes _____ No _____

I understand that if hired I am subject to random drug testing as outlined in any applicable collective bargaining agreements and the employee policy manual? Yes _____ No _____

Referred by (Newspaper / Internet / School / Professional Organization / Township Employee /

Other) Explain all areas marked: _____

PERSONAL INFORMATION

Name: _____ Soc. Sec. #: _____ - _____ - _____
Last First M.

Current Address: _____

Street

City

State

Zip

How long have you lived there? _____ Home Phone :(_____)

Cell Phone :(_____)

E-mail: _____ (an email address is highly recommended to insure receipt of follow up information).

Driver's License #: _____ State: _____ Expires: _____

Are you legally eligible for employment in the country? Yes No
Proof of U.S. citizenship will or immigration status will be required upon employment.

CURRENT OR MOST RECENT EMPLOYMENT HISTORY/EXPERIENCE

From: _____ To: _____ Employer: _____

Job Title: _____ Starting Wage: _____

Mailing Address: _____

Brief Description of Work Duties: _____

Current/Ending Wage: _____

Supervisor's Name: _____

Telephone number: (____) _____

Reason for Leaving: _____

READ CAREFULLY BEFORE SIGNING

I certify that the information provided in and with this Employment Application is true, correct and complete. I agree that, if I am hired, Miami Township may terminate my employment for any false or misleading statements or omissions in this application regardless of when they may be discovered. I understand that an investigative background report may be made concerning my character, general reputation, personal characteristics and code of living. Upon written request within a reasonable period of time, I may obtain from Miami Township a written disclosure of the nature and scope of any investigation requested.

I have read and do understand the Job Description and the essential functions for the position for which I am applying.

I understand that if hired I am subject to random drug testing as outlined in any applicable collective bargaining agreements and the employee policy manual.

I understand I will be required to obtain educational transcript and military records.

I understand that if I have a qualifying conviction of certain state or federal laws will disqualify me from employment as a police officer.

I agree that, if hired, my employment is for no definite period of time, my employment may be terminated any time for any reason in accordance with the language in any applicable labor agreement or employee manual of Miami Township. I agree that Miami Township can change this in writing and that any verbal statement to the contrary is not binding.

If any section(s) of this Application for Employment are held to be invalid, the remaining sections shall not be affected and shall remain in effect.

Signature: _____ Date: _____

READ CAREFULLY BEFORE SIGNING

This Application for Employment will be considered active for the period in which the position being applied for is open and active. If you are hired, the Application for Employment and all addendums and additions become a part of your official employment record.

By signing below, I am acknowledging that I have read and that I understand all that is contained within the Application for Employment.

Signature: _____ Date: _____

READ CAREFULLY BEFORE SIGNING

I hereby give my permission for authorized agents of the Miami Township to conduct an investigation of my background, including education, employment, credit, reputation, military records, social networks, and any other factors which such agents may deem proper and necessary in connection with my application.

I hereby authorize those parties to whom this document (or reproduction thereof) is presented to make full disclosure of all records, reports, and related documents or information that would reflect favorably or unfavorably upon my application for employment with Miami Township. In addition, I authorize those parties to conduct pre-employment investigation and examinations; not limited to a credit check, drug and alcohol testing, polygraph, pre-employment physical, and psychological examination. I also specifically waive any right I may have to written notice from any former employer, references, or schools prior to the release of my employment information to Miami Township.

I give my permission for any person, business or institution contacted in the course of such investigation to release any and all information properly requested, and Photostats of same if requested, and do hereby release such person, business or institution from all liability for providing correct information.

You may be requested to sign additional release of information waiver forms.

My signature below indicates that I have read, that I understand, that I agree with the above information, and that my agreement is legal and binding.

Signature: _____ Date: _____

Miami Township considers applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, veteran status or any other legally protected status. Equal access to programs, services, and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or selection process need to contact the chief of police in a timely fashion.



EQUAL EMPLOYMENT OPPORTUNITY

Miami Township is an Equal Opportunity Employer. In compliance with the provision of Federal Anti-Discrimination Laws, Miami Township seeks qualified applicants regardless of age, sex, race, color, religion, national origin, disability, veteran status or other legally protected status.

In an effort to comply with government Equal Employment Opportunity Commission reporting requirements, we invite you to complete this voluntary applicant data survey to be used for statistical purposes only. This information will be filed separately from your application for employment, and cannot be used for interview purposes or hiring considerations.

Date of Application: _____

Position Applied for: _____

Gender: (check one) Male Female

Race/Ethnic Identification: (check one)

- White (not of Hispanic origin)
- Black (not of Hispanic origin)
- Hispanic
- Asian or Pacific Islanders
- American Indian or Alaskan Native

PLEASE REMOVE THIS FORM FROM YOUR APPLICATION

PLEASE DO NOT PLACE YOUR NAME ON THIS FORM



PUBLIC EMPLOYMENT

In accordance with section 2909.34 of the Ohio Revised Code

DECLARATION REGARDING MATERIAL ASSISTANCE/NONASSISTANCE TO A TERRORIST ORGANIZATION

This form serves as a declaration by an applicant for public employment of material assistance/nonassistance to an organization on the U.S. Department of State Terrorist Exclusion List ("TEL"). Please see the Ohio Homeland Security Division Web site for a copy of the TEL.

Any answer of "yes" to any question, or the failure to answer "no" to any question on this declaration shall serve as a disclosure that material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List has been provided. Failure to disclose the provision of material assistance to such an organization or knowingly making false statements regarding material assistance to such an organization is a felony of the fifth degree.

For the purposes of this declaration, "material support or resources" means currency, payment instruments, other financial securities, funds, transfer of funds, financial services, communications, lodging, training, safe houses, false documentation or identification, communications equipment, facilities, weapons, lethal substances, explosives, personnel, transportation, and other physical assets, except medicine or religious materials.

LAST NAME		FIRST NAME		MIDDLE INITIAL
HOME ADDRESS				
CITY		STATE	ZIP	COUNTY
HOME PHONE () -		WORK PHONE () -		

DECLARATION

In accordance with section 2909.32 (A)(2)(b) of the Ohio Revised Code

For each question, indicate either "yes," or "no" in the space provided. Responses must be truthful to the best of your knowledge.

- Are you a member of an organization on the U.S. Department of State Terrorist Exclusion List? Yes No
- Have you used any position of prominence you have with any country to persuade others to support an organization on the U.S. Department of State Terrorist Exclusion List? Yes No
- Have you knowingly solicited funds or other things of value for an organization on the U.S. Department of State Terrorist Exclusion List? Yes No
- Have you solicited any individual for membership in an organization on the U.S. Department of State Terrorist Exclusion List? Yes No
- Have you committed an act that you know, or reasonably should have known, affords "material support or resources" to an organization on the U.S. Department of State Terrorist Exclusion List? Yes No
- Have you hired or compensated a person you knew to be a member of an organization on the U.S. Department of State Terrorist Exclusion List, or a person you knew to be engaged in planning, assisting, or carrying out an act of terrorism? Yes No

If an applicant's employment is denied due to a positive indication on this form, the applicant may request the Ohio Department of Public Safety to review the denial. Please see the Ohio Homeland Security Web site for information on how to file a request for review.

CERTIFICATION

I hereby certify that the answers I have made to all of the questions on this declaration are true to the best of my knowledge. I understand that if this declaration is not completed in its entirety, it will not be processed and I will be automatically disqualified. I understand that I am responsible for the correctness of this declaration. I understand that failure to disclose the provision of material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List, or knowingly making false statements regarding material assistance to such an organization is a felony of the fifth degree. I understand that any answer of "yes" to any question, or the failure to answer "no" to any question on this declaration shall serve as a disclosure that material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List has been provided by myself or my organization. If I am signing this on behalf of a company, business or organization, I hereby acknowledge that I have the authority to make this certification on behalf of the company, business or organization referenced above.

APPLICANT SIGNATURE X	DATE
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***** FOR INSTRUCTIONAL USE ONLY *****

READ BEFORE COMPLETING YOUR DMA FORM

Forms not conforming to the specifications listed below or not submitted to the appropriate agency or office will not be processed.

- To complete this form, you will need a copy of the Terrorist Exclusion List for reference. The Terrorist Exclusion List can be found on the Ohio Homeland Security Web site at the following address:

<http://www.homelandsecurity.ohio.gov/dma/dma.asp>

- Be sure you have the correct DMA form. If you are applying for a state issued license, permit, certification or registration, the "State Issued License" DMA form must be completed (HLS 0036). If you are applying for employment with a government entity, the "Public Employment" DMA form must be completed (HLS 0037). If you are obtaining a contract to conduct business with or receive funding from a government entity, the "Government Business and Funding Contracts" DMA form must be completed (HLS 0038).
- Your DMA form is to be submitted to the issuing agency or entity. "Issuing agency or entity" means the government agency or office that has requested the form from you or the government agency or office to which you are applying for a license, employment or a business contract. For example, if you are seeking a business contract with the Ohio Department of Commerce's Division of Financial Institutions, then the form needs to be submitted to the Department of Commerce's Division of Financial Institutions. Do NOT send the form to the Ohio Department of Public Safety UNLESS you are seeking a license from or employment or business contract with one of its eight divisions listed below.
- Department of Public Safety Divisions:

Administration	Ohio Homeland Security*
Ohio Bureau of Motor Vehicles	Ohio Investigative Unit
Ohio Emergency Management Agency	Ohio Criminal Justice Services
Ohio Emergency Medical Services	Ohio State Highway Patrol
- * DO NOT SEND THE FORM TO OHIO HOMELAND SECURITY UNLESS OTHERWISE DIRECTED. FORMS SENT TO THE WRONG AGENCY OR ENTITY WILL NOT BE PROCESSED.

***** FOR INSTRUCTIONAL USE ONLY *****

Revised November 24, 2010

Current List of Designated Foreign Terrorist Organizations

1. Abu Nidal Organization (ANO)
2. Abu Sayyaf Group (ASG)
3. Al-Aqsa Martyrs Brigade (AAMS)
4. Al-Shabaab
5. Ansar al-Islam (AAI)
6. Asbat al-Ansar
7. Aum Shinrikyo (AUM)
8. Basque Fatherland and Liberty (ETA)
9. Communist Party of the Philippines/New People's Army (CPP/NPA)
10. Continuity Irish Republican Army (CIRA)
11. Gama'a al-Islamiyya (Islamic Group)
12. HAMAS (Islamic Resistance Movement)
13. Harakat ul-Jihad-i-Islami/Bangladesh (HUJI-B)
14. Harakat ul-Mujahidin (HUM)
15. Hizballah (Party of God)
16. Islamic Jihad Union (IJU)
17. Islamic Movement of Uzbekistan (IMU)
18. Jaish-e-Mohammed (JEM) (Army of Mohammed)
19. Jemaah Islamiya organization (JI)
20. Kahane Chai (Kach)
21. Kata'ib Hizballah (KH)
22. Kongra-Gel (KKG, formerly Kurdistan Workers' Party, PKK, KADEK)
23. Lashkar-e Tayyiba (LT) (Army of the Righteous)
24. Lashkar i Jhangvi (LJ)
25. Liberation Tigers of Tamil Eelam (LTTE)
26. Libyan Islamic Fighting Group (LIFG)
27. Moroccan Islamic Combatant Group (GICM)
28. Mujahedin-e Khalq Organization (MEK)
29. National Liberation Army (ELN)
30. Palestine Liberation Front (PLF)
31. Palestinian Islamic Jihad (PIJ)
32. Popular Front for the Liberation of Palestine (PFLP)
33. PFLP-General Command (PFLP-GC)
34. al-Qaida in Iraq (AQI)
35. al-Qa'ida (AQ)
36. al-Qa'ida in the Arabian Peninsula (AQAP)
37. al-Qaida in the Islamic Maghreb (formerly GSPC)
38. Real IRA (RIRA)
39. Revolutionary Armed Forces of Colombia (FARC)

40. Revolutionary Organization 17 November (17N)
41. Revolutionary People's Liberation Party/Front (DHKP/C)
42. Revolutionary Struggle (RS)
43. Shining Path (Sendero Luminoso, SL)
44. United Self-Defense Forces of Colombia (AUC)
45. Harakat-ul Jihad Islami (HUJI)
46. Tehrik-e Taliban Pakistan (TTP)
47. Jundallah