



APPLICATION FOR 2021 CADET POLICE OFFICER EXAMINATION

TO ALL APPLICANTS: PLEASE TYPE OR PRINT ALL INFORMATION AND SIGN YOUR NAME WHERE INDICATED.

NAME: (FIRST) (MIDDLE) (LAST)

PRESENT ADDRESS: (NUMBERS/STREET) (CITY) (STATE) (ZIP CODE)

SOCIAL SECURITY NUMBER: DATE OF BIRTH: AGE:

TELEPHONE NUMBERS: HOME: WORK:

CELLPHONE: EMAIL ADDRESS:

DRIVER'S LICENSE NO: EXPIRATION DATE: STATE ISSUED:

LIST PRIOR RESIDENCE ADDRESSES FOR THE LAST TEN (10) YEAR PERIOD:

STREET ADDRESS/APT. # CITY STATE ZIP CODE FROM / TO

STREET ADDRESS/APT. # CITY STATE ZIP CODE FROM / TO

STREET ADDRESS/APT. # CITY STATE ZIP CODE FROM / TO

DO NOT WRITE IN THIS SPACE

RAW TEST SCORE:

ADDITIONAL CREDIT (MAX 35%)

ELIGIBLE FOR:

- VETERAN CREDIT (20%)
POLICE CERTIFICATION (10%)
PRIOR EXPERIENCE (15%)
RESIDENT CREDIT (10%)
2 YEARS DEGREE OR HIGHER (5%)

DATE:

TOTAL SCORE:

REMARKS:

FILING DEADLINE: THURSDAY, April 28, 2021 AT 4:00 PM

NOTE: ONLY THE FIRST 250 COMPLETED APPLICATIONS WILL BE ACCEPTED.

CITY OF MAPLE HEIGHTS



CIVIL SERVICE COMMISSION

MILITARY SERVICE HISTORY:

HAVE YOU SERVED IN THE MILITARY? _____ YES _____ NO. BRANCH? _____

DATES OF SERVICE: FROM: _____ TO: _____ HONORABLE DISCHARGE: _____ YES _____ NO

IF NO, PLEASE EXPLAIN: _____

WHAT WERE YOUR DUTIES? _____

*PLEASE ATTACH A COPY OF YOUR DD214 (LONG FORM)

IF YOU ARE CURRENTLY A MEMBER OF THE NATIONAL GUARD OR ANY RESERVE ORGANIZATION:

NAME OF UNIT: _____ RANK: _____ ACTIVE: _____ INACTIVE: _____

WHAT IS THE TERMINAL DATE OF YOUR RESERVE OBLIGATIONS? _____

EDUCATION:

GRADE SCHOOL ATTENDED: _____ (PHONE NUMBER)

ADDRESS/STREET _____ CITY _____ STATE _____ ZIP CODE _____

HIGH SCHOOL ATTENDED: _____ (PHONE NUMBER)

ADDRESS/STREET _____ CITY _____ STATE _____ ZIP CODE _____

DATE ENTERED: _____ DATE LEFT: _____ GRADUATED: _____ YES _____ NO

DATE AND LOCATION OF GED (IF APPLICABLE): _____

PLEASE ATTACH A COPY OF YOUR HIGH SCHOOL DIPLOMA OR GED EQUIVALENT CERTIFICATE

COLLEGE ATTENDED: _____

ADDRESS/STREET _____ CITY _____ STATE _____ ZIP CODE _____

DATE ENTERED: _____ DATE LEFT: _____ MAJOR: _____

GRADUATED: _____ DATE OF GRADUATION: _____ DEGREE: _____

PLEASE ATTACH AN OFFICIAL COPY OF YOUR TRANSCRIPTS AND AWARD OF DEGREE

LIST OTHER PROFESSIONAL OR TRADE SCHOOLS ATTENDED:

SCHOOL ATTENDED: _____

ADDRESS: _____ (STREET) _____ (CITY) _____ (STATE) _____ (ZIP CODE)

DATE ENTERED: _____ DATE LEFT: _____ MAJOR: _____

DID YOU GRADUATE: _____ YES, _____ NO. DATE: _____ CONCENTRATION: _____

*PLEASE ATTACH COPIES OF YOUR TRANSCRIPTS, DEGREE AND/OR CERTIFICATION



EMPLOYMENT HISTORY:

PRESENT EMPLOYER: _____ TELEPHONE NUMBER: _____

ADDRESS: _____
(STREET) (CITY) (STATE) (ZIP CODE)

DATE EMPLOYED: FROM: _____ TO: _____ POSITION: _____

MAY WE CONTACT YOUR PRESENT EMPLOYER: _____ YES, _____ NO

IF NO, WHY? _____

LIST *ALL* PRIOR EMPLOYERS:

1. EMPLOYER: _____ TELEPHONE NUMBER _____

ADDRESS: _____
(STREET) (CITY) (STATE) (ZIP CODE)

DATE EMPLOYED: FROM: _____ TO: _____ POSITION: _____

REASON FOR LEAVING: _____

MAY WE CONTACT THIS EMPLOYER: _____ YES, _____ NO. IF NO, WHY? _____

2. EMPLOYER: _____ TELEPHONE NUMBER _____

ADDRESS: _____
(STREET) (CITY) (STATE) (ZIP CODE)

DATE EMPLOYED: FROM: _____ TO: _____ POSITION: _____

REASON FOR LEAVING: _____

MAY WE CONTACT THIS EMPLOYER: _____ YES, _____ NO. IF NO, WHY? _____

3. EMPLOYER: _____ TELEPHONE NUMBER _____

ADDRESS: _____
(STREET) (CITY) (STATE) (ZIP CODE)

DATE EMPLOYED: FROM: _____ TO: _____ POSITION: _____

REASON FOR LEAVING: _____

MAY WE CONTACT THIS EMPLOYER: _____ YES, _____ NO. IF NO, WHY? _____

HAVE YOU HAD ANY PERIODS OF UNEMPLOYMENT DURING THE PAST FIVE YEARS? _____ YES _____ NO.

IF YES, PLEASE EXPLAIN: _____

CITY OF MAPLE HEIGHTS



CIVIL SERVICE COMMISSION

4. EMPLOYER: _____ TELEPHONE NUMBER _____

ADDRESS: _____

(STREET)

(CITY)

(STATE)

(ZIP CODE)

DATE EMPLOYED: FROM: _____ TO: _____ POSITION: _____

REASON FOR LEAVING: _____

MAY WE CONTACT THIS EMPLOYER: _____ YES, _____ NO. IF NO, WHY? _____

5. EMPLOYER: _____ TELEPHONE NUMBER _____

ADDRESS: _____

(STREET)

(CITY)

(STATE)

(ZIP CODE)

DATE EMPLOYED: FROM: _____ TO: _____ POSITION: _____

REASON FOR LEAVING: _____

MAY WE CONTACT THIS EMPLOYER: _____ YES, _____ NO. IF NO, WHY? _____

6. EMPLOYER: _____ TELEPHONE NUMBER _____

ADDRESS: _____

(STREET)

(CITY)

(STATE)

(ZIP CODE)

DATE EMPLOYED: FROM: _____ TO: _____ POSITION: _____

REASON FOR LEAVING: _____

MAY WE CONTACT THIS EMPLOYER: _____ YES, _____ NO. IF NO, WHY? _____

7. EMPLOYER: _____ TELEPHONE NUMBER _____

ADDRESS: _____

(STREET)

(CITY)

(STATE)

(ZIP CODE)

DATE EMPLOYED: FROM: _____ TO: _____ POSITION: _____

REASON FOR LEAVING: _____

MAY WE CONTACT THIS EMPLOYER: _____ YES, _____ NO. IF NO, WHY? _____

8. EMPLOYER: _____ TELEPHONE NUMBER _____

ADDRESS: _____

(STREET)

(CITY)

(STATE)

(ZIP CODE)

DATE EMPLOYED: FROM: _____ TO: _____ POSITION: _____

REASON FOR LEAVING: _____

MAY WE CONTACT THIS EMPLOYER: _____ YES, _____ NO. IF NO, WHY? _____

CITY OF MAPLE HEIGHTS



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LIST FIVE REFERENCES (NOT RELATIVES) WHO CAN COMMENT UPON YOUR SUITABILITY FOR THE POSITION:

NAME _____ TELEPHONE NUMBER _____

ADDRESS: _____
(STREET) (CITY) (STATE) (ZIP CODE)

NAME _____ TELEPHONE NUMBER _____

ADDRESS: _____
(STREET) (CITY) (STATE) (ZIP CODE)

NAME _____ TELEPHONE NUMBER _____

ADDRESS: _____
(STREET) (CITY) (STATE) (ZIP CODE)

NAME _____ TELEPHONE NUMBER _____

ADDRESS: _____
(STREET) (CITY) (STATE) (ZIP CODE)

NAME _____ TELEPHONE NUMBER _____

ADDRESS: _____
(STREET) (CITY) (STATE) (ZIP CODE)

WILL YOU SUPPORT THE CONSTITUTION OF THE UNITED STATES, THE CONSTITUTION OF THE STATE OF OHIO, AND THE CHARTER OF THE CITY OF MAPLE HEIGHTS? _____ YES _____ NO.

IF NO, PLEASE EXPLAIN: _____

DO YOU HAVE ANY PRESENT MEDICAL CONDITIONS OR DISABILITIES THAT WOULD PREVENT YOU FROM PERFORMING THE ESSENTIAL FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING? (IF YES, WHAT KINDS OF TASKS AND OR REASONABLE ACCOMMODATION WILL YOU REQUIRE PERFORMING THE ESSENTIAL FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING?)

STATE YOUR REASON FOR DESIRING EMPLOYMENT WITH THE MAPLE HEIGHTS POLICE DEPARTMENT:

LIST ANY SKILLS OR BACKGROUND THAT YOU FEEL WOULD BE BENEFICIAL TO THE MAPLE HEIGHTS POLICE DEPARTMENT:

CITY OF MAPLE HEIGHTS



CIVIL SERVICE COMMISSION

NAME: _____ SOCIAL SECURITY NO. _____
(FIRST) (MIDDLE) (LAST)

I, _____, do hereby understand and agree that:

- A. I will be required to successfully pass a Physical Agility test, and that I will release the City of Maple Heights and all of its Officials and agents from any liability whatsoever in connection with any harm, injury or damages of whatever nature suffered or incurred as a result if said physical agility test.
- B. I will be required to successfully pass a background investigation and that I will release the City of Maple Heights and all of its officials and agents from any liability whatsoever in connection with any harm, injury or damages of whatever nature suffered or incurred as a result of said background investigation.
- C. I will be required to successfully pass a polygraph examination, and that I will release the City of Maple Heights and all of its officials and agents from any liability whatsoever in connection with any harm, injury or damages of whatever nature suffered or incurred as a result of said polygraph test.
- D. I will be required to successfully pass a psychological examination and that I will release the City of Maple Heights and all of its officials and agents from any liability whatsoever in connection with any harm, injury or damages of whatever nature suffered or incurred as result of said psychological examination.
- E. If I am terminated or otherwise separated from employment during the next two (2) years, for any reason, I will return to the City of Maple Heights all monies expended for training and equipment on my behalf.
- F. If, during the first year of my employment, I am terminated or otherwise separated for any reason, I will repay the City of Maple Heights all monies received for clothing allowance and turn in my ballistic vest.

Applicant Signature Date

ACKNOWLEDGEMENT

I, _____, hereby certify that I fully understand and agree that any falsification of information contained in this application will disqualify me from further consideration for appointment to the position of Cadet Police Officer with the City of Maple Heights Police Department. I further understand and agree, as a condition of employment, that any falsification of information contained in the application which is discovered subsequently to my employment by the City of Maple Heights shall be considered just and sufficient cause for the termination of my employment.

Applicant Signature Date

AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize you to release any and all information which you have concerning my employment or educational background to the City of Maple Heights. I understand that this information will be used solely for the purpose of background investigation concerning my suitability as a candidate for the employment with the City of Maple Heights. Mechanical reproduction of this RELEASE shall have the same effect as an original signature.

Applicant Signature Date