

937-599-1010  
EMERGENCY • DIAL 9-1-1  
INVESTIGATIONS • 599-3554  
CRIME TIPS • 599-TIPS  
FAX • 599-2545

BRANDON K. STANDLEY  
Chief of Police

LT. CHRISTOPHER S. MARLOW  
Executive Officer

SCOTT R. MARLOW  
Lieutenant

## Bellefontaine Police Department

135 NORTH DETROIT STREET BELLEFONTAINE, OHIO 43311-1479

[police@ci.bellefontaine.oh.us](mailto:police@ci.bellefontaine.oh.us)

### **Bellefontaine Police Department**

### **Internship Information**

#### **Instructions:**

Please complete this application accurately. When completed, return the finished application to the Bellefontaine Police Department, 135 North Detroit Street, Bellefontaine, Ohio 43311. You may email your completed application to [policechief@ci.bellefontaine.oh.us](mailto:policechief@ci.bellefontaine.oh.us). If you have questions, please don't hesitate to call Mrs. Meek, Administrative Secretary, at (937)599-1010.

Deadline to apply is Friday, March 4, 2022 by 3:00 PM.

#### **Purpose:**

To provide a paid internship to the Bellefontaine Police Department, and allow citizens to learn about policing. Successful applicants will receive a total of \$2,500.00 for successfully completing a 90-day internship. The \$2,500.00 will be divided into equal payments, bi-weekly so that the total sum is \$2,500.00 at the end of the 90-day, successful intern period.

#### **Process:**

All applicants will be interviewed at the police department. You'll be notified of your interview date/time. This will be a flexible schedule and we'll do our best to work around your busy schedule. Interviews will typically last 30-45 minutes. The police department will only select five successful applicants. All other applicants may be offered unpaid internships.

#### **Flexible Schedule:**

We understand that you may only have time to do this internship at a particular time of year. Our internship program will be set for any **consecutive, 90-day period**. In other words, some may want summertime, while others may want fall or winter. Regardless of what time of year you start, **you must complete the 90-day program consecutively in order to be compensated.**

### **Rules:**

Successful applicants will be awarded a paid internship. If hired by the City of Bellefontaine as a paid intern, you will complete a 90-day internship with the Bellefontaine Police Department. As an employer, the Bellefontaine Police Department will require you to complete daily tasks and track your training, while in our environment. You must successfully pass a local record check. During the 90-days, you will follow a work schedule that will require you to be flexible and understanding. This schedule has been developed to allow you the most in learning. It may require varying hours in one week's time. For example, you may find yourself working day shift hours on Monday and Tuesday, and then afternoon/evening hours the rest of your week. Those desiring to eventually be hired full-time in law enforcement must be flexible when hired at any law enforcement agency. This is why this program is designed like this.

During your employment, you will be expected to follow all rules of the City of Bellefontaine and the Bellefontaine Police Department. These basic rules include:

- Be prompt for work
- Follow directions
- Complete basic assignments as directed
- Be prepared to complete written assignments as directed
  - You will be required to track your work in a journal
  - You will be required to complete a final written project of what you learned during your internship
- Follow the laws and ordinances of the City of Bellefontaine, and State of Ohio
- Be flexible in your ability to work with others to achieve goals

### **Reasons for Termination of Employment:**

Your internship may be terminated at any time by the Chief of Police if you fail to complete daily tasks as directed, fail to cooperate in your position, or ongoing work-related issues (i.e. tardiness, excessive absences, unwillingness to follow direction, etc...). You will be an employee, and be expected to embrace our policing philosophy to learn.

### **Typical Tasks:**

During the 90-day internship, successful applicants will develop a greater understanding of police operations, both internally and externally. Tasks are anticipated to be broad in scope and may include answering phones, filing, riding with a police officer, learning from dispatchers, hands-on exercises with police equipment, communicating with the public, and developing a clearer understanding of policing in general. Tasks may change rapidly, at the direction of a police supervisor.

**In the area provided, please describe why you want to be a Police Intern:**

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**If selected, when would you like to start your 90-day internship (must be completed by December 31, 2022):** \_\_\_\_\_ (1<sup>st</sup>/Best Option)

\_\_\_\_\_ (2<sup>nd</sup>/Next Best Option)

**Your Name (printed):** \_\_\_\_\_

**Your Signature:** \_\_\_\_\_

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

**PLEASE RETURN THIS PAGE ONLY WITH YOUR COMPLETED APPLICATION DOCUMENTS. KEEP PAGES 1-2 OF THIS INFORMATION.**

**APPLICATION FOR EMPLOYMENT**

**CITY OF BELLEFONTAINE**

An Equal Opportunity Employer

*Please type or print responses to all the questions contained on the entire application form.*

Date of Application \_\_\_\_\_

Position Sought \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

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

Are you an adult, legally emancipated or otherwise legally eligible to work in the state

Of Ohio?

Yes

No

Are you legally permitted to work in the United States?

Yes

No

**EMPLOYMENT HISTORY AND WORK EXPERIENCE**

In this section, list all employment history and work experience in date order, including military experience. Begin with your current employer. Use additional paper if necessary. Failure to include all employment may be grounds for disqualification.

**Current Employer:** \_\_\_\_\_

(Enter "NONE" if unemployed)

May we contact your current employer prior to employment?  Yes  No

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Dates Employed \_\_\_\_\_ to \_\_\_\_\_

Job Title \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Beginning Salary \_\_\_\_\_ per \_\_\_\_\_ Ending Salary \_\_\_\_\_ per \_\_\_\_\_

Describe your duties and responsibilities: \_\_\_\_\_

Why do you want to leave? \_\_\_\_\_

**Application for Employment**

**City of Bellefontaine**

<b>Previous Employer:</b> _____ Address _____ Phone Number _____ Dates Employed _____ to _____
Job Title _____ Supervisor's Name _____ Beginning Salary _____ per _____ Ending Salary _____ per _____
Describe your duties and responsibilities: _____ _____
Why did you leave? _____ _____

<b>Previous Employer:</b> _____ Address _____ Phone Number _____ Dates Employed _____ to _____
Job Title _____ Supervisor's Name _____ Beginning Salary _____ per _____ Ending Salary _____ per _____
Describe your duties and responsibilities: _____ _____
Why did you leave? _____ _____

<b>Previous Employer:</b> _____ Address _____ Phone Number _____ Dates Employed _____ to _____
Job Title _____ Supervisor's Name _____ Beginning Salary _____ per _____ Ending Salary _____ per _____
Describe your duties and responsibilities: _____ _____
Why did you leave? _____ _____

If you need to list any additional previous employers,  
please use a blank sheet of paper to do so.

**EDUCATION AND TRAINING**

This section is intended to give the Employer information about the education and training that the applicant has completed, and to demonstrate the skills, knowledge, and abilities of the applicant to perform the job duties of the position.

**High School** attended \_\_\_\_\_

Address \_\_\_\_\_

Did you graduate?  Yes  No      High school equivalent?  Yes  No

Courses pertaining to job applied for: \_\_\_\_\_

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

Activities, awards, achievements, etc., related to the position applied for \_\_\_\_\_

\_\_\_\_\_

**College or Trade School** attended \_\_\_\_\_

Address \_\_\_\_\_

Dates of Attendance \_\_\_\_\_ to \_\_\_\_\_

Did you graduate?  Yes  No      Degree \_\_\_\_\_

Courses pertaining to job applied for: \_\_\_\_\_

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

Activities, awards, achievements, etc., related to the position applied for \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Graduate School** attended \_\_\_\_\_

Address \_\_\_\_\_

Dates of Attendance \_\_\_\_\_ to \_\_\_\_\_

Did you graduate?  Yes  No      Degree \_\_\_\_\_

Courses pertaining to job applied for: \_\_\_\_\_

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

Activities, awards, achievements, etc., related to the position applied for \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please use the following space to provide any further information on training, education, skills, abilities, hobbies, volunteer work, etc., that you possess or have experience in that may be helpful in the evaluation of your application.

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**Personal Information**

Do you have any commitments (i.e., second job, school, etc) which might interfere with or adversely affect your employment should we select you for a position?  Yes  No

If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of a felony?  Yes  No

If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

**(The Employer will only consider specific crimes related to qualifications for position applied for.)**

Do you have friends or relatives who presently work for the City?  Yes  No

If yes, list name(s) \_\_\_\_\_  
\_\_\_\_\_

(Area intentionally left blank)

Please answer the following questions if they are applicable to the position for which you are applying.

Do you possess a valid State of Ohio driver's license?  Yes  No

If no, can you obtain one prior to employment?  Yes  No

Please read each of the following paragraphs carefully. Indicate your understanding of, and consent to, the contents and conditions of each by placing your initials at the end of each paragraph. If you have any questions regarding one or more paragraphs, contact the Employer before initializing.

1. I understand and accept that, if I am selected for employment, my employment may be conditioned upon my passing any medical/psychological examination that the Employer deems necessary to determine whether I can perform the essential functions of the position, with reasonable accommodation when necessary. I understand and accept that this may include drug, alcohol, or substance abuse testing.

Initials: \_\_\_\_\_

2. I understand and accept that given the duties and responsibilities of the Employer, I may be required to work weekends, evening hours, or at other times as determined by the Employer, including overtime hours.

Initials: \_\_\_\_\_

3. I understand and accept that it may be necessary for me to sign waivers in order to permit the Employer to obtain information from my current and former employers, schools, and personal references.

Initials: \_\_\_\_\_

4. I understand and accept that if any information required in this application is found to be falsified or intentionally excluded, my application may be disqualified from further consideration. I further understand and accept that, if I am employed by the Employer, I may be subject to disciplinary action, including termination, if any information required by this application has been falsified or intentionally excluded.

Initials: \_\_\_\_\_

5. In the event the Employer offers and I (the applicant) accept a position with the City, I agree that the employment relationship between me and the Employer will be a classified or unclassified relationship. Unclassified employment can be terminated, with or without cause, and with or without notice, at any time, at the option of either party. For classified employees, employment can be terminated with or without cause, and with or without notice, at any time, at the option of either party, during the probationary period.

Initials: \_\_\_\_\_

I SOLEMNLY SWEAR THAT ALL OF THE INFORMATION FURNISHED IN THIS EMPLOYMENT APPLICATION IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT ANY MIREPRESENTATION OR FALSIFICATION OF THE INFORMATION PROVIDED MAY LEAD TO WITHDRAWAL OF AN EMPLOYMENT OFFER OR TERMINATION FOLLOWING EMPLOYMENT. I RECOGNIZE THAT MY FUTURE EMPLOYMENT WITH THE EMPLOYER



**Application for Employment**

**City of Bellefontaine**

**WILL BE JEOPARDIZED IF I ENGAGE IN SUBSTANCE ABUSE, ILLEGAL  
DRUG USE, OR ALCOHOL ABUSE.**

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Applicant's Signature

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Date