



**LATERAL TRANSFER APPLICATION**  
***Sylvania Township Police Department***  
**4420 King Rd.**  
**Sylvania, Ohio 43560**  
**419-882-2055**

Sylvania Township is committed to a policy of fully complying with all applicable federal, state and local laws, rules and regulations prohibiting discrimination on the basis of gender, gender identity, race, color, national origin, sex, sexual orientation, genetic information, religion, age, disability, military status or other protected class under federal, state or local law in employment or the provision of services.

**Applicant Information**

Full Name: \_\_\_\_\_  
*Last First Middle*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Position Applied for: \_\_\_\_\_

Are you OPOTA certified?      YES    NO  
      

Are you certified as a peace officer in another State?      YES    NO  
      

**Education**

High School: \_\_\_\_\_ Address: \_\_\_\_\_

Did you graduate?    YES    NO    Diploma: \_\_\_\_\_  
   

College: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate?    YES    NO    Degree: \_\_\_\_\_  
   

Other: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate?    YES    NO    Degree: \_\_\_\_\_

**Previous Employment**

*Please start with your most recent employer.*

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference?      YES      NO  
        

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference?      YES      NO  
        

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference?      YES      NO  
        

**Military Service**

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

## References

Please list three persons who have knowledge of your experience and qualifications, preferably current or previous supervisors, co-workers, instructors, etcetera. Do not include relatives.

Full Name: _____	Relationship: _____
Company: _____	Phone: _____
Yrs Known: _____	
Full Name: _____	Relationship: _____
Company: _____	Phone: _____
Yrs Known: _____	
Full Name: _____	Relationship: _____
Company: _____	Phone: _____
Yrs Known: _____	

## Disclaimer and Signature

1. I certify that my answers are true and complete to the best of my knowledge.
2. In the event of employment, I understand that false or misleading information given in my application may result in discipline up to and including discharge. I also understand that I am required to abide by all rules and regulations of the employer.
3. In consideration of prospective employment, I authorize Sylvania Township to investigate information supplied by me and to inquire as allowed by law, in regards to my background, including academic, occupational, and criminal records.
4. I agree and understand that an employment offer is conditional upon the results of a post-offer medical examination, which may include psychological, drug, alcohol and nicotine tests.
5. **I understand, acknowledge and hereby consent to each of the above statements and conditions.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

The completed, signed application may be submitted in PDF format via email to [ksteinman@sylvaniatownshippolice.com](mailto:ksteinman@sylvaniatownshippolice.com) or delivered in-person to the Sylvania Township Police Department at 4420 King Rd., Sylvania, OH, 43560 during normal business hours by the application deadline date.