

## Application for Employment

The Bucyrus Police Department is an Equal Opportunity Employer. We consider applicants for all positions without regard to race, color, national origin, sex, age, disability, marital status, religion, or any other legally protected status.

**NOTICE:** The following additional documents must be attached to this application:

- A certified copy of high school diploma or G.E.D. and transcripts if available.
- A copy of military discharge(s) -All DD 214's issued.
- A copy of social security card.
- A copy of OPOTA Peace Officer Training Certificate or Director's letter of Basic Training Completion (required only for bonus points)
- Three letters of recommendation concerning applicant's suitability for the position.
- College transcripts and/or copies of certification of other advanced training.

**POSITION APPLIED FOR:** (Number in order of preference)

- ( ) Full-time Sworn Officer
- ( ) Dispatch/Communications
- ( ) Clerk/Typist
- ( ) Utility Person
- ( ) Other (specify) \_\_\_\_\_

If you have questions about this application for employment or would like further information on completing this application, contact the Bucyrus Police Department, (419-562-1006 or email [bpd@cityofbucyrusoh.us](mailto:bpd@cityofbucyrusoh.us)) Monday through Friday between the hours of 7:00 am. and 3:00 pm.

**Applicant Information**

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City State Zip

Phone numbers: \_\_\_\_\_  
home cell work

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

Email Address: \_\_\_\_\_

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**ADMINISTRATIVE USE ONLY:**

**APPLICANT NUMBER:** \_\_\_\_\_

Date Received: \_\_\_\_\_

Time Received: \_\_\_\_\_

Received By: \_\_\_\_\_

All Documents Included: Yes No  
Waivers signed: Yes No  
Photographed: Yes No  
Examination Fee: Yes No  
Valid Photo Identification: Yes No

**INSTRUCTIONS**

This application must be printed legibly in ink. Do not type. All questions must be answered. Applications that are not complete, or completed improperly, will not be considered. If space provided is not sufficient for complete answers, or you wish to furnish additional information, additional space is provided on page fourteen (14) of this application or you may attach sheets the same size as this application to the application. In either event, if additional space is needed, number answers to correspond with page numbers and questions.

**PERSONAL HISTORY**

1. Full Name

\_\_\_\_\_

Last Name	First	Middle
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2. Other: List all other names you have used, including the circumstances and time period you used them. (For example: maiden name, former name(s), alias(es), or nicknames(2)).

Name	Circumstances	Dates From Mo./Yr.	Dates To Mo./Yr.

3. Place of Birth

\_\_\_\_\_

City	County	State	Country
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4. Are you a United States Citizen?      Yes \_\_\_\_\_      No \_\_\_\_\_

5. Do you have or have you ever applied for a passport?    Yes \_\_\_\_\_    No \_\_\_\_\_

If yes, passport number \_\_\_\_\_

**EDUCATION/TRAINING**

**1. High School**

High School Name/Address/Phone	From	To	Years Completed	Did you Graduate?	Type of Diploma

**2. Higher Education**

*College/University Name/Address/Phone	From	To	Credit Hrs. Earned	Did you Graduate?	Type of Diploma

\*Attach copy of diploma or an official transcript from last institution of higher education attended.

Major \_\_\_\_\_ Minor \_\_\_\_\_

**3. Other Schools (Trade Vocational, Business, or Military):**

Name/Address/Phone	From	To	Credit Hrs. Applied	Area of Study	Did you Graduate?	Type of Certification

**4. Describe any awards, honors, citations, positions held in school organizations, and any other special recognition you received while attending school:**

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5. Indicate any foreign language you can: Speak \_\_\_\_\_  
Read \_\_\_\_\_  
Write \_\_\_\_\_

6. Indicate any law enforcement education/training: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Did you receive a certificate for this training? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, certificate number \_\_\_\_\_

8. Describe any special abilities, interests, and hobbies, including the degree of proficiency:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Indicate any type of special license such as pilot, radio operator, etc., showing licensing authority, where the license was first issued, and the date current license expires (except vehicle operator's license):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Indicate any special skills you possess and equipment you can use which may be related to law enforcement work. (For example: two-way radio communications, BAC Datamaster, speed detection equipment, firearms):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Have you used computers or computer terminals in your prior or current position?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, list software programs, software used:

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12. Are you willing to work  
 nights? Yes \_\_\_\_\_ No \_\_\_\_\_  
 evenings? Yes \_\_\_\_\_ No \_\_\_\_\_  
 weekends? Yes \_\_\_\_\_ No \_\_\_\_\_

**EMPLOYMENT HISTORY**

1. List chronologically all employment beginning with present employment, including all summer and part-time employment, including while attending school. All time must be accounted for. If unemployed for a period, set forth dates of unemployment.

Name & Address of Employer	From	To	Salary	Immediate Supervisor	Reason for Leaving
Name					
Address					
City, State, Zip					
Area Code & Phone number					
Job Responsibilities					
Name					
Address					
City, State, Zip					
Area Code & Phone number					
Job Responsibilities					
Name					
Address					
City, State, Zip					
Area Code & Phone number					
Job Responsibilities					

Name & Address of Employer	From	To	Salary	Immediate Supervisor	Reason for Leaving
Name					
Address					
City, State, Zip					
Area Code & Phone number					
Job Responsibilities					
Name					
Address					
City, State, Zip					
Area Code & Phone number					
Job Responsibilities					
Name					
Address					
City, State, Zip					
Area Code & Phone number					
Job Responsibilities					
Name					
Address					
City, State, Zip					
Area Code & Phone number					
Job Responsibilities					

2. Have you ever been dismissed or asked to resign or had any disciplinary action taken against you from any employment or position you have held?

Yes \_\_\_\_\_ No \_\_\_\_\_

3. Have you resigned or left a job by mutual agreement following allegations of misconduct or unsatisfactory job performance?  
 Yes \_\_\_\_\_ No \_\_\_\_\_ If yes to question #2 or #3, please provide details.

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4. Have you ever applied to or performed paid or unpaid services for a law enforcement agency not listed as an employer? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide the name of agency and date of application or service.

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5. Do you own a business, or are you a partner or corporate officer in any business or organization not listed previously as a current or former employer?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide name and address of business, corporation, or organization and describe your relationship or position.

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**RESIDENCES**

1. Actual places of residence for the past 10 years – list chronologically all address, including residences while at school and in military. For college on campus residences, give dormitory name, city, and state. If residences in military service cannot be shown as street address, indicate complete military unit designation and location by city and state. If post office box, give location of post office.

From	To	Street Address	City	County	State



**DRIVING HISTORY**

1. Are you a licensed Ohio automobile driver? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have a Commercial Driver's License (CDL)? Yes \_\_\_\_\_ No \_\_\_\_\_

License Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

2. Do you hold or have you ever held an automobile operator's license or Commercial Driver's License (CDL) in another state?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please provide state(s), name used, and approximate dates license(s) was/were held.

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

3. Have you ever been denied issuance of a license or have you ever had a license suspended or revoked?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please provide complete details including why the license was revoked.

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

**MILITARY HISTORY**

1. Have you ever served on active duty in the Armed Forces of the United States?

Yes \_\_\_\_\_ No \_\_\_\_\_ Branch of Service: \_\_\_\_\_

Highest Rank: \_\_\_\_\_

Duty Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

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

2. Date of Discharge: \_\_\_\_\_

3. Are you now or have you ever been a member of a reserve unit or the National Guard?

Yes \_\_\_\_\_ No \_\_\_\_\_

4. If yes, state branch of service, name and location of unit and whether you attend drills, meetings, or camps:

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5. Was any type of disciplinary action taken against you in the service?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide:      Date: \_\_\_\_\_      Place: \_\_\_\_\_

Nature of Offense: \_\_\_\_\_

Action Taken: \_\_\_\_\_

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**BUSINESS INTERESTS & LICENSES**

1. Do you or have you ever owned any stock or interest in any firm, partnership or corporation dealing wholly or partly in the sale or distribution of alcoholic beverages?

Yes \_\_\_\_\_ No \_\_\_\_\_

2. Are you now issued or have you ever been issued a license to engage in a business or profession?

Yes \_\_\_\_\_ No \_\_\_\_\_

3. Was the license ever canceled, suspended, or revoked?

Yes \_\_\_\_\_ No \_\_\_\_\_

If answer to question #1, #2, or #3 above was yes, please provide details:

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**PERSONAL REFERENCES AND ACQUAINTANCES**

1. **Personal References:** Give three (3) references (not relatives, former or present employers) who are adults, who have known you well for the past five(5) years. If retired, give former occupation.

Name	Street Address	City, State, Zip	Occupation	Years Known	Area Code & Phone Number

2. **Social Acquaintances:** Give three (3) social acquaintances who have known you well for the past five (5) years.

Name	Street Address	City, State, Zip	Occupation	Years Known	Area Code & Phone Number

3. **Are you acquainted with any members of the Bucyrus Police Department? If so, list name(s) and you relationship to each.**

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**ORGANIZATION MEMBERSHIP**

1. **Are you now or have you ever been a member of any foreign or domestic organization, association, movement, group, or combination of persons, which has adopted, or shows a policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the Constitution of the United States, or which seeks to alter the form of government of the United States by unconstitutional means?**

Yes \_\_\_\_\_ No \_\_\_\_\_

2. Have you ever made a financial or other material contribution to any organization of the type described in question #1 above?

Yes \_\_\_\_\_ No \_\_\_\_\_

3. At the time of your membership, participation, or contribution did you know of any unlawful aims of the organization?

Yes \_\_\_\_\_ No \_\_\_\_\_

4. Did you intend to promote any unlawful aims of the organization?

Yes \_\_\_\_\_ No \_\_\_\_\_

If answer to question #1, #2, #3, or #4 above was yes, please provide details, including the name of the organization and its location.

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**CRIMINAL/CIVIL HISTORY**

Police candidates' expunged criminal records are subject to scrutiny consistent with Ohio Revised Code 2953.33, therefore, you are required to make known to us every criminal record you have that has been expunged or legally sealed.

1. Criminal/Civil History: Have you ever been arrested, detained for, or charged with any violation? (include traffic arrests)      Yes \_\_\_\_\_      No \_\_\_\_\_

List all such matters even if not formally charged, or no court appearance, or found not guilty, or matter settled by payment of fine. (Expunged records or charges must be listed.)

Date	Location & Police Agency	Charge	Penalty/Disposition	Details

2. Have you ever been placed on a probation or diversion program? Yes \_\_\_\_\_ No \_\_\_\_\_

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

3. Have you ever filed for bankruptcy? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please give details: \_\_\_\_\_  
 \_\_\_\_\_

4. Have you ever had a financial judgment or lien made against you?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain: \_\_\_\_\_  
 \_\_\_\_\_



**APPLICANT'S CERTIFICATION**

I understand that my appointment or employment will be contingent upon the results of a complete background investigation. I am aware that any omission, falsification, misstatement, or misrepresentation will be the basis for my disqualification as an applicant or my dismissal from the Police Department. I agree to the conditions and certify that all statements made by me on this application are true and complete, to the best of my knowledge. I also understand that I will be fingerprinted. I understand that this employment application shall become the property of the Bucyrus Police Department and that it and the information received in response to the background examination are public records.

I also understand that I may be required to furnish the Police Department with a copy of my Income Tax Return for the year preceding this application and for each year during my employment or appointment.

I further understand and agree that my employment or appointment will be contingent upon the results of a complete drug test.

I understand that the use of drugs or alcohol is not permitted during work time, whether paid or unpaid, in the areas, including vehicles, where work is performed by employees or appointees.

I understand that my continued employment or appointment may be contingent upon the results of medical or psychological examinations that I may be required to take during the term of my employment or appointment and the maintenance of personal physical fitness, to the degree necessary, to perform satisfactorily the duties of my position or assignment with the Bucyrus Police Department.

I understand the following types of information may be collected about me during the employment application process: previous and/or current employment and educational histories; medical, military, insurance, credit and financial information, motor vehicle and police records; information about abilities, family, character, lifestyle, and organization memberships, and information about any current drug use via drug testing. I understand that this information may be obtained by letter, by telephone, and/or by personal interview with both primary and secondary sources. This information is used as one element for appointment decisions.

I authorize any of the persons or organizations referenced in this application to furnish information, personal or otherwise, regarding my ability and fitness for employment or appointment with the Police Department and I relieve all such parties from any and all liability for any damage that might result from furnishing such information to the Police Department.

I agree to conform to the rules, regulations, and orders of the Police Department and acknowledge that these rules, regulations, and orders may be changed, interpreted, withdrawn, or added to by the Police Department at its discretion, at any time and without any prior notice to me.

\_\_\_\_\_  
Signature of Applicant

Subscribed and sworn to be according to the law by the above named applicant on this  
\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

**CONFIDENTIAL EMPLOYEE HISTORY**

The information contained herein is confidential.  
To the extent permitted by law, it will not be made available for public inspection.

1. Applicant's Current Address:

Address \_\_\_\_\_ Street Name \_\_\_\_\_ Apartment Number \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing Address if different from above \_\_\_\_\_

( ) \_\_\_\_\_  
Telephone Number

2. Are you now able to participate in defensive tactics, firearms, or physical training, operation of a motor vehicle, or otherwise perform the duties set forth in the job description or task analysis related to the position for which you applied?

Yes \_\_\_\_\_ No \_\_\_\_\_

3. If your answer to question #2 is no, would you be able to perform these tasks with an accommodation?

Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_

4. If a test or examination is required for this position, would you be able to take this test or examination with an accommodation?

Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_

5. Explain what accommodation(s) you would need to perform these tasks or take the test or examination.

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



6. Do you now, or have you ever, possessed, supplied, or sold any narcotic or controlled substance such as, but not limited to, marijuana, hashish, cocaine, LSD, amphetamines, heroin, steroid or any drug of a similar nature?

Yes \_\_\_\_\_ No \_\_\_\_\_

a. Drug: \_\_\_\_\_

b. Circumstances: \_\_\_\_\_

c. Number of times possessed/supplied/sold: \_\_\_\_\_

d. First time possessed/supplied/sold: \_\_\_\_\_

e. Last time possessed/supplied/sold: \_\_\_\_\_

7. Do you currently use any narcotic or controlled substance, such as those listed in question #6?

Yes \_\_\_\_\_ No \_\_\_\_\_

8. Do you currently use alcohol?

Yes \_\_\_\_\_ No \_\_\_\_\_

9. Please provide name and address of next of kin or other persons to be contacted in case of emergency:

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

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Business Phone \_\_\_\_\_

10. Please provide the name and address of your personal or family physician to be contacted in case of emergency:

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

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Business Phone \_\_\_\_\_

## BUCYRUS POLICE DEPARTMENT PHYSICAL FITNESS 50 PERCENT SCORES

The following scores list the 50 percent (passing) mark for each test. All four test scores are based on age & gender. An average of 50 percent must be obtained to continue on in the application process. Your final score is based on a total of all four tests. Each test is worth 5 points with a max of 20 points being awarded. The list below gives you the 50 percent mark. The higher you score on each test, the more points you obtain towards your total.

Test	20-29 male 50%	20-29 female 50%	30-39 male 50%	30-39 female 50%	40-41 male 50%	40-41 female 50%
300 meter run	56.0	64.0	57.0	74.0	67.6	86.0
Sit-ups	40	35	36	27	31	22
Bench Press	1.06	0.65	0.93	0.57	0.84	0.52
Push-ups	33	18	27	13	21	11

To determine your bench press ratio score as listed above in the list, take what you

Bench press using free weights and use the formulas below.

Males – (Free weight 1 repetition maximum lift x 1.016) + 18.41 = 1 RM

1 RM divided by body weight equals Bench press weight ratio

Females - (Free weight 1 repetition maximum lift x .848) + 21.37 = 1 RM

1 RM divided by body weight equals Bench press weight ratio

**QUALIFICATION INQUIRY  
BUCYRUS POLICE DEPARTMENT**

On September 30, 1996 the Federal Government signed into law Sec. 658 of the Omnibus Spending Bill, which made it a Federal offense for any agency of government to issue, sell or transfer a firearm or ammunition to anyone convicted of domestic violence or a misdemeanor crime of violence, or for anyone so convicted to possess or own any firearm or ammunition, either before or after the effective date.

Since it is a requirement that a sworn police officer of the Bucyrus Police Department carry a firearm, you must truthfully answer this inquiry form.

Failure to answer this form truthfully will remove you from further consideration as an applicant for the Bucyrus Police Department. The answers you furnish and any information or evidence resulting there from may be used against you in a prosecution for knowingly and willfully providing false statements or information, and in the course of disciplinary hearings, should you be falsely hired based on this information.

1. Have you ever been convicted of a misdemeanor crime of domestic violence within the meaning of the statute (18 U.S.C. Sec. 922(g) -Federal, 2919.25 -ORC, 537.14 Bucyrus Codified Ordinance) The term "misdemeanor crime of violence" means an offense that:

- A. Is a misdemeanor under Federal, State, or City law; and
- B. Has, as an element, the use of physical force, or the threatened use of a deadly weapon, committed by a person who is cohabiting with or has cohabited with the victim as a spouse, parent, or guardian, or by a person similarly situated to a spouse, parent, or guardian of the victim.

Initial and Date: \_\_\_\_\_

2. If hired and if you are ever in the future convicted of domestic violence or crime of assault matching above definition you must notify the Chief of Police immediately.

I hereby certify that, to the best of my information and belief, all of the information provided is true, correct and complete. I understand that false or fraudulent information provided herein may be grounds for disciplinary action, up to and including dismissal, and is also criminally punishable.

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

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

Bucyrus Police Department  
PAR-Q  
Physical Activity Readiness Questionnaire

All participants are required to sign and certify the following waiver, acknowledging that they have met all of its requirements.

For most people, physical activity should not pose any problems or hazards. Par-Q is designed to identify the small number of adults for whom physical activity might be inappropriate or those who should have medical advice concerning the type of activity most suitable for them.

Please mark YES or NO to the following:

YES    NO

Has your doctor ever said that you have a heart condition and recommended only medically supervised physical activity?

\_\_\_    \_\_\_

Do you frequently have pains in your chest when you perform physical activity?

\_\_\_    \_\_\_

Have you had chest pain when you were not doing physical activity?

\_\_\_    \_\_\_

Do you lose your balance due to dizziness or do you ever lose consciousness?

\_\_\_    \_\_\_

Do you have a bone, joint or any other health problem that causes you pain or limitations that must be addressed when developing an exercise program (i.e. Diabetes, osteoporosis, high blood pressure, high cholesterol, arthritis, anemia, epilepsy, etc.)?

\_\_\_    \_\_\_

Have you had a recent surgery?

\_\_\_    \_\_\_

Are you pregnant now or have you given birth within the last 6 months?

\_\_\_    \_\_\_

Is there a physical reason not mentioned here why you should not follow an activity program even if you wanted to?

\_\_\_    \_\_\_

If you answered yes to one or more questions consult with your physician and you must submit the completed physician's statement prior to physical fitness testing. (See page 3)

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

Printed name \_\_\_\_\_

Bucyrus Police Department Application for Employment  
Release of Liability

I, the undersigned, hereby acknowledge that I have read the above statements. I am physically capable to participate in the testing. I agree to be fully responsible for any and all costs, damages, and expenses incurred by me as a result of any injuries, illnesses, or conditions resulting from participation in the testing program. I further release and forever waive, release and discharge the City of Bucyrus, Ohio, the Bucyrus Civil Service Commission, the Bucyrus Police Department and/or its agents or employees, and the Bucyrus City Schools from any and all claims of liability for any possible injury which may result by my participation in the physical fitness testing, which is a part of the qualification process for the Police Officer Candidates. I understand and am aware that any exercise program, whether or not requiring the use of exercise equipment, is a potentially hazardous activity. I also understand and am aware that any exercise and/or fitness activities involve a risk of injury, including a remote risk of death or serious disability, and that I am voluntarily participating in these activities and using equipment with full knowledge, understanding and appreciation of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury regardless of severity or death. I am physically sound and not suffering any condition impairment, disease, infirmity or other illness that would prevent my participation in these activities, whether or not the activities require the use of any equipment. I do hereby acknowledge that I have been informed of the need for a physician's approval for my participation in the fitness test if I answered YES to any item in the PAR-Q. I acknowledge that either I have had a physical examination and have been given my physician's permission to participate in the fitness testing or I have decided to participate in the exercise activities and use of equipment and do hereby assume all responsibility for my participation in said activities, and use of equipment.

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

Printed name \_\_\_\_\_

Bucyrus Police Department Application  
Physician's Statements

To the Physician: Please review the description of the physical evaluation activities. The examination of the police recruit should ascertain any condition which may be aggravated by strenuous physical exercise. The recruit will engage in a 1.5 mile run, bench press, sit-ups and push ups.

Patient's Name: \_\_\_\_\_

Does the patient have a medical history or demonstrate present symptoms of any of the following?

Yes	No		Comments: explain each yes response below
___	___	1. Uncorrectable visual deficiency	
___	___	2. Major impediment of the senses	
___	___	3. Asthma	
___	___	4. Breathing difficulties	
___	___	5. Heart attack	
___	___	6. Angina Pectoris	
___	___	7. Stroke	
___	___	8. Hemorrhage	
___	___	9. Hypertension	
___	___	10. Allergies	
___	___	11. Dizziness	
___	___	12. Fainting	
___	___	13. Backache or injury	
___	___	14. Chronic earache (swimmer's ear)	
___	___	15. Pregnancy	
___	___	16. Communicable diseases	
___	___	17. Amputation	
___	___	18. Prosthetic devices	
___	___	19. Taking medication	
___	___	20. Under physician's continuing care	

Physical Stature:

Height (without shoes)      ft. \_\_\_\_\_      in. \_\_\_\_\_

Weight      \_\_\_\_\_      lbs.

Resting pulse rate:      \_\_\_\_\_

Blood pressure:      \_\_\_\_\_

Printed name of examining physician: \_\_\_\_\_

My signature indicates that as a result of my physical examination, I have determined that the patient can safely function in all phases of strenuous testing.

Signature of examining Physician \_\_\_\_\_ Date \_\_\_\_\_

AUTHORIZATION TO RELEASE INFORMATION

TO: Any doctor, physician, psychologist, psychiatrist, dentist, hospital, nursing home, medical association

U.S. Armed Forces, maritime service, veteran association

Any academic dean, registrar, principal, guidance counselor, or authorized person at any: School, college, university, business school, trade school, high school, academy, or elementary school

Any local, state, or federal law enforcement agency, any past employer, present employer, credit bureau, retail merchants association, U.S. Selective Service System, any government agency, and any person or establishment public or private.

I, \_\_\_\_\_, have applied for employment with the Bucyrus Police Department, in Bucyrus, Ohio. I am aware that my entire background is to be investigated thoroughly. I hereby authorize and request release of any and all information you have concerning me, including, but not limited to, my employment, military, achievement, attendance, personal history, disciplinary records, and credit records. I hereby authorize you to release this information upon request to the bearer of this document. This release is executed with full knowledge and understanding that the information is for the official use of the Bucyrus Police Department. Consent is hereby granted for the Bucyrus Police Department to furnish this information as described above to third parties in the course of fulfilling its official responsibilities relative to my employment with the Bucyrus Police Department. I hereby release you as the custodian of such records, and employer, educational institution, physician, psychologist, psychiatrist, hospital, or other repository of medical records, credit bureau, consumer reporting agency, or military or governmental entity, including its officers, employees, or related personnel, both individually and collectively, or any other persons or establishments public or private, from any and all my heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it.

\_\_\_\_\_  
Full Name (signature)

\_\_\_\_\_  
Full Name (printed or typed)

\_\_\_\_\_  
Full Address

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

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

\_\_\_\_\_  
Witness (Bucyrus Police Officer)

\_\_\_\_\_  
Date