



## **EDUCATION**

**NOTE:** ALL information must also be included on the application.

In order to receive additional credit for college education on the City of Brookville's Police Officer examination, applicants must complete this verification sheet and include with their application at the time it is submitted.

In addition, an **OFFICIAL TRANSCRIPT** must be delivered directly to the City of Brookville Police Department by the University or College prior to the completion of the background investigation. The transcript must be mailed or faxed to:

**City of Brookville Police Department**  
301 Sycamore Street  
Brookville, OH 45309  
(937) 833-4837 – Fax  
Attention Major Tom Simon

Full Name of Applicant (please print): \_\_\_\_\_

Name of College or University Attended: \_\_\_\_\_

\_\_\_\_\_ (school must be accredited by the  
North Central Association of Colleges and Schools or another affiliated region of the same organization)

List **SPECIFIC** college degree completed and diploma earned at the time of application:

Associate's Degree: \_\_\_\_\_

Bachelor's Degree: \_\_\_\_\_

Master's Degree: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



### **OPOTC CERTIFICATION**

In order to receive additional credit on the City of Brookville's Police Officer examination for OPOTC certification, applicants must complete this verification sheet and include with the application at the time it is submitted.

Full Name of Applicant (please print): \_\_\_\_\_

Do you hold a current OPOTC certificate as an Ohio Law Enforcement Officer?

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

Date of OPOTC Certificate: \_\_\_\_\_

**(Attach copy of OPOTC certificate or OPOTA/Ohio Attorney General letter)**

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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**FULL-TIME**

**POLICE OFFICER EXPERIENCE**

**NOTE:** ALL information must also be included on the application.

In order to receive additional credit on the City of Brookville's Police Officer examination for one or more years of full-time police officer experience with current OPOTC certification as an Ohio Law Enforcement Officer, applicants must complete this verification sheet(s) and include with their application at the time it is submitted.

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Full Name of Applicant (please print): \_\_\_\_\_

Date of OPOTC Certificate: \_\_\_\_\_  
.....

Police Department Name: \_\_\_\_\_

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

Date employed as a full-time sworn/commissioned law enforcement officer with current OPOTC certification (month/day/year): \_\_\_\_\_

and remained continuously employed until (month/day/year): \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## **PART-TIME**

### **POLICE OFFICER EXPERIENCE**

**NOTE:** ALL information must also be included on the application.

In order to receive additional credit on the City of Brookville's Police Officer examination for one or more years of part-time police officer experience with current OPOTC certification as an Ohio Law Enforcement Officer, applicants must complete this verification sheet(s) and include with their application at the time it is submitted.

Full Name of Applicant (please print): \_\_\_\_\_

Date of OPOTC Certificate: \_\_\_\_\_

Police Department Name: \_\_\_\_\_

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

Date employed as a part-time sworn/commissioned law enforcement officer with current OPOTC certification (month/day/year): \_\_\_\_\_

and remained continuously employed until (month/day/year): \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**PERMISSION FOR RELEASE OF INFORMATION  
FOR BACKGROUND INVESTIGATION**

TO: \_\_\_\_\_ DATE : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby give my permission for authorized agents of the Brookville Police Department to conduct an investigation of my background, including education, employment, credit, reputation, military records and any other factors which agents may deem necessary, in order to properly assess my character and background in connection with my application for the position of \_\_\_\_\_ with the Brookville Police Department.

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(s), business or institution from all liability for providing correct information.

I recognize the right of the Brookville Police Department to treat, at its discretion certain sources as confidential, and its right to withhold from me or my agent the names of such confidential sources and information obtained therein.

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

Print/type Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

(optional)

In Presence of Witness: \_\_\_\_\_

Print name and title