MIKE DEWINE
★ OHIO ATTORNEY GENERAL ★

Ohio Peace Officer Training Commission
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APPLICATION FOR PEACE OFFICER BASIC TRAINING ACADEMY COMMANDER CERTIFICATION

I. PERSONAL DATA

Name _____ _____ _____
First Middle Last

SSN_____ DOB _____ Male ____ Female ____

Mailing Address _____
#/Street/P.O. Box

_____ _____ _____ _____
City State Zip Code County

Phone: Residence (_____)_____ Daytime (_____)_____

Cell (_____)_____ FAX (_____)_____

Email _____
NOTE: This email address will be used for OPOTC/OPOTA business-related communications, some of which may be time sensitive.

Academy Name _____ _____
County

Academy Address _____ _____ _____ _____
#/Street/P.O. Box City State Zip Code

Academy Phone (_____)_____

A letter from the CEO of school (i.e. college president, department chair) attesting to appointment or employment as the school commander of the POBT school is required.

II. EMPLOYMENT HISTORY (FULL TIME ONLY) - Minimum of 7 Years Law Enforcement

Department	Employment Dates	Highest Rank Obtained
_____	From _____/_____/_____ To _____/_____/_____	_____
_____	From _____/_____/_____ To _____/_____/_____	_____

Supervisory Experience (Full Time Only)

Department _____ Rank _____ From ____/____/____ To ____/____/____

Department _____ Rank _____ From ____/____/____ To ____/____/____

III. TRAINING/EDUCATION

Basic Academy Information

Name of Academy _____ From ____/____/____ To ____/____/____

Peace Officer Certification Number (attach copy of certificate) _____

Secondary Education Information

High School Attended _____ City & State _____

Date of Graduation or Date of Receipt of GED ____/____/____
(Circle Graduation or GED, whichever is applicable.)

College/University Information

Institution Attended _____ City & State _____

Course of Study/Major _____ Dates Attended: From ____/____/____ To ____/____/____

Diploma/Degree Awarded (if applicable) _____ Date ____/____/____
(Attach Copy of Degree/Diploma)

If no degree, number of quarter hours _____ semester hours _____ attended.
(Attach Copy of Transcript from College/University showing number of hours attended)

IV. BACKGROUND INFORMATION

Have you ever been convicted of a felony in any jurisdiction of the United States or under the uniform code of military justice?
_____no _____yes

Have you ever been convicted of an offense of domestic violence or any related offense occurring as a result of a domestic violence incident? _____no _____yes

Do you currently have criminal charges pending in any jurisdiction? _____no _____yes

Have you ever been investigated for, disciplined for, terminated for, matters of veracity or of moral turpitude? _____no _____yes
If yes, include a detailed summary.
_____
_____
_____

V. PROFESSIONAL REFERENCES (Must be current police administrator, or rank of Lieutenant or above.)

Name	Rank	Department

Attach letters of reference from the above-named individuals. These must accompany application.

MUST APPEAR IN PERSON BEFORE A NOTARY TO COMPLETE THE FOLLOWING AFFIDAVIT

AFFIDAVIT

I declare under the penalty of perjury that the information in this Application is true and correct to the best of my knowledge.

_____ _____
Signature Date

Subscribed and sworn personally before me by the above-named Affiant, this _____ day of _____ , 20____ , at _____, in the County of _____, and State of Ohio.

_____
Printed name of Notary

(Seal)

_____
Signature of Notary

_____
Date notary commission expires

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.