



# MIKE DEWINE

★ OHIO ATTORNEY GENERAL ★



Ohio Peace Officer Training Commission  
740-845-2700  
800-346-7682  
Fax 740-845-2675

P.O. Box 309  
London, Ohio 43140  
www.OhioAttorneyGeneral.gov

## APPLICATION FOR PROBATION OFFICER 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: Residence \_\_\_\_\_ School \_\_\_\_\_

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.

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

School Name \_\_\_\_\_

School Address \_\_\_\_\_  
#/Street/P.O. Box City State Zip Code

### II. EMPLOYMENT HISTORY (FULL TIME ONLY) – Minimum of 7 years Law Enforcement

<u>Department</u>	<u>Employment Dates</u>	<u>Highest Rank Obtained</u>
_____	From ____/____/____ To ____/____/____	_____
_____	From ____/____/____ To ____/____/____	_____

### Supervisory Experience (Full Time Only) – Minimum of 2 years Law Enforcement Supervisor

Department \_\_\_\_\_ Rank \_\_\_\_\_ From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

Department \_\_\_\_\_ Rank \_\_\_\_\_ From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

### III. TRAINING/EDUCATION

#### Basic School Information

Name of School \_\_\_\_\_ From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

Peace Officer/Probation 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 – Minimum of 90 quarter hours or 60 semester hours

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. PROFESSIONAL REFERENCES**

<u>Name</u>	<u>Rank</u>	<u>Department</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

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

**V. ATTEST**

I have not been convicted of a felony, crime of moral turpitude, or a firearms disability per ORC 2923.

I certify that the information contained in this application is true and correct to the best of my knowledge. I understand that this application is made with purpose to secure issuance of a commander's certificate by a governmental agency. I understand the certification requested may, with proper cause, be withdrawn, canceled or revoked by the issuing agency.

YOU MUST PERSONALLY APPEAR BEFORE A NOTARY PUBLIC OR OTHER AUTHORIZED OFFICIAL FOR THIS PURPOSE.

SIGNATURE OF APPLICANT \_\_\_\_\_

SUBSCRIBED AND SWORN BEFORE ME ACCORDING TO LAW, BY THE ABOVE NAMED APPLICANT THIS \_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_

AT \_\_\_\_\_ IN THE COUNTY OF \_\_\_\_\_ AND THE STATE OF OHIO.

SIGNATURE OF NOTARY PUBLIC \_\_\_\_\_ (AFFIX SEAL BELOW)

OFFICIAL TITLE \_\_\_\_\_

MY COMMISSION EXPIRES \_\_\_\_\_

**INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED**