



LaGrange Police Department
355 South Center Street, LaGrange, OH 44050
Phone: (440) 355-4469 Fax: (440) 355-5556

Employment Application

Position Applying For: _____

PERSONAL DATA

Name: _____ Social Security Number: _____
 First Middle Last

Current Address: _____
 Number City State Zip

Home Phone: _____ Business Phone: _____

Drivers License # and State: _____ CDL# and Class: _____

Birth Date: _____ Birthplace: _____
 MM/DD/YYYY City State

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Have you ever been convicted of a crime other than a minor traffic violation?

Yes No

If yes, please give date, court charge and disposition: _____

Has your driver license ever been revoked or suspended? Yes No

List all traffic convictions in the past (5) five years, excluding parking tickets.

Date & Place	Offense	Disposition
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please use supplemental sheet if additional space is required.