



TIFFIN POLICE DEPARTMENT

51 E. Market St., Tiffin, Ohio 44883
Phone: 419.447.2323 Fax: 419.448.5417
www.tiffinohio.gov/tiffinpd
tiffin.prophoenix.com

Chief of Police
Fredrick W. Stevens

The Tiffin Police Department is pleased to offer area students the opportunity to take part in an internship which will provide insight into the career of a road patrol police officer. Participants will primarily be riding along with road patrol officers but could also have the opportunity to work with detectives, dispatch or records depending on the department's work needs.

The available Intern Positions are geared toward individuals desiring to pursue a career in a road patrol type of position. These positions are very limited to about 1-2 a semester. Applications will not be accepted more than one calendar year in advance.

Please apply via mail or email with the 3 page application packet and resume fully completed to:

Tiffin Police Department
Attn: Det. Lt. Mark E. Marquis or memarquis@tiffinohio.gov
51 E. Market St.
Tiffin, Ohio 44883

Fairness * Integrity * Respect * Service * Teamwork

Serving the Tiffin Community since 1851



City of Tiffin

POLICE



Name _____
 Local Street Address _____
 City _____ State _____ Zip Code _____
 Home # _____ Cell # _____
 Email _____
 Permanent Home Address (If different from above)
 Street _____
 City _____ State _____ Zip Code _____

OFFICE ADMINISTRATION USE

EDUCATION

HIGH SCHOOL _____ LOCATION _____ CUMULATIVE GPA _____
 COLLEGE _____ MAJOR _____ CUMULATIVE GPA _____
 ADDITIONAL EDUCATION _____ COURSE OF STUDY _____ CUMULATIVE GPA _____

EMPLOYMENT HISTORY

START DATE _____ END DATE _____ EMPLOYER _____ ADDRESS _____ PHONE # _____ POSITION HELD _____ REASON FOR LEAVING _____

PREFERRED CAREER POST GRADUATION _____

DESIRED OUTCOME OF INTERNSHIP _____

DESIRED SEMESTER FOR INTERNSHIP: (PLEASE CIRCLE PREFERENCE) SEPT.-DEC. _____ Year OR JAN.-APRIL _____ Year OR MAY-AUGUST _____ Year
 INTERNSHIP REQUIRED FOR GRADUATION: (PLEASE CIRCLE) YES _____ NO _____

SIGNATURE OF APPLICANT _____

DATE _____



City of Tiffin

POLICE



RELEASE AND WAIVER OF LIABILITY AND ASSUMPTION OF RISK AND INDEMNIFICATION AGREEMENT FOR POLICE RIDE-ALONG PROGRAM

I, _____ (participant's name) and or my parent/legal guardian, _____ (parent/legal guardian name), having read the following release or having had unrestricted opportunity to read the following "Release and Waiver of Liability, Assumption of Risk and Indemnification Agreement," do hereby acknowledge that it is my intention to participate in the Tiffin Police Ride-Along Program having released the City and its Police Department, agents and assigns, from any liability whatsoever and agree not to sue for any injuries of future injuries that may be caused as a result, however remote, of participating in this program.

I UNDERSTAND THAT SIGNING THIS WAIVER RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE THE CITY OF TIFFIN OR ITS POLICE DEPARTMENT FOR ALL LOSSES OR DAMAGE WHETHER CAUSED BY THE NEGLIGENCE OF THE TIFFIN POLICE DEPARTMENT, ITS EMPLOYEES OR AGENTS.

In consideration of the permission and privilege allowed me hereunder, I and/or my parent/legal guardian do so specifically agree that I will indemnify, save and hold harmless the City of Tiffin, its Police Department, agents and assigns from any and all losses, claims, actions, or proceedings of every kind and character which may be presented or initiated to recover money, property, or damages for any injuries to persons, or injurious results, or any damages to property suffered during the conduct of the Ride-Along Program.

I INTEND THAT MY SIGNATURE BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

(Participant Signature)

(Date)

(Parent/Legal Guardian Signature If Participant is under 18 YOA)

(Date)



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Background Investigation - Affidavit and Waiver

I, _____, do hereby voluntarily authorize the Tiffin Police Department to make such inquiries into my background as deemed necessary to determine my suitability for employment with the Tiffin Police Department. I understand that the following types of information will be collected: employment and educational histories; medical, military, government, insurance, credit and financial information, motor vehicle records, and all police records; information about my abilities, family, character, lifestyle, and organizational memberships; and information about any current drug use via drug testing. Information may be obtained by letter, telephone, and by personal interview with both primary and secondary sources. I authorize any of the persons or organizations contacted to furnish information, personal and otherwise, regarding my ability and fitness for employment or appointment with the Tiffin Police Dept. and I relieve all such parties from any and all liability for any damage that might result from furnishing such information. I understand that this information is used as one element for appointment decisions, and that information received by Tiffin Police Dept. in response to this background examination are public records.

This authority is granted on the condition that the information thus obtained is to be kept secure and not subject to use for any other purpose other than my suitability for employment with the City of Tiffin, Ohio, and that it shall not be released to any other persons except by order of a court of competent jurisdiction, as required by public records laws, or at my request. I authorize the Chief of Police of Tiffin Ohio, or his or her designee to make such inquiries. Any sources contacted in regard to my suitability for employment shall be advised of the reason for the inquiry.

(signature)

Sworn to and subscribed before me this _____ day of _____, 20____.

Notary Public, State of Ohio
My commission expires _____

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