CITY OF CLEVELAND
Mayor Frank G. Jackson

City of Cleveland
Department of Public Safety
Division of Police
Cleveland Police Personnel Unit
1300 Ontario Street, Room 428
Cleveland, Ohio 44113

Phone: 216.623.3327 ▪ Hours of Operation: 8 am to 4 pm Weekdays ▪ Fax: 216.623.5820

Police Employment Interest Form

Instructions: This form can be hand-filled or filled in on your computer and faxed or mailed to the destination above, or emailed to amercado@city.cleveland.oh.us or eflynt@city.cleveland.oh.us

LAST NAME	FIRST NAME	MAIDEN OR OTHER NAME	MIDDLE NAME
DATE OF BIRTH	DRIVER'S LICENSE NUMBER	STATE / RACE	SEX ☐ M ☐ F

STREET ADDRESS	CITY	STATE	ZIP
CELL PHONE / HOME PHONE	EMAIL ADDRESS		

EMERGENCY CONTACT NAME	PHONE
EMERGENCY CONTACT NAME	PHONE
EMERGENCY CONTACT NAME	PHONE

MILITARY BRANCH, IF SERVED	SERVICE DATES (MM/DD/YY) **FROM:** **TO:**	DISCHARGE STATUS
LIST ANY LANGUAGES (OTHER THAN ENGLISH) YOU ARE FLUENT IN		

NAME OF HIGH SCHOOL	STREET ADDRESS	CITY	STATE	ZIP
GRADUATION DATE	IF YOU DID NOT GRADUATE, DID YOU EARN A GED? ☐ **YES** ☐ **NO**	ISSUING STATE		

SIGNATURE	DATE