



## CANINE EVALUATOR APPLICATION

### MUST BE TYPED

☐ **PATROL-RELATED**  
☐ **SPECIAL PURPOSE**

Name \_\_\_\_\_ Date \_\_\_\_\_  
Last First Middle

Previous Name(s) or Alias \_\_\_\_\_

DOB: \_\_\_\_\_ SSN: \_\_\_\_\_ I am currently a sworn peace officer. \_\_\_\_no \_\_\_\_yes

Home Address \_\_\_\_\_  
#/Street/P.O. Box City County Zip Code

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

Phone: Residence (\_\_\_\_) \_\_\_\_\_ Daytime Phone Number (\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_

Cell (\_\_\_\_) \_\_\_\_\_ EMAIL: \_\_\_\_\_

☐ At times we receive requests for information on evaluators approved to conduct evaluations. By checking this box, you are authorizing OPOTC staff to release information about your evaluator certification which would allow others to contact you in their efforts to find an evaluator.

### **I. FULL-TIME LAW ENFORCEMENT EXPERIENCE:** (starting with most recent; five years required)

**Total number of years:** \_\_\_\_\_

<u>Employer Name and Address</u>	<u>Position(s)</u>	<u>Employment Dates</u>
_____	_____	From ____/____/____ To ____/____/____
_____	_____	From ____/____/____ To ____/____/____
_____	_____	From ____/____/____ To ____/____/____

### **II. CANINE EXPERIENCE AND TRAINING:**

Number of years as a: PATROL RELATED: handler \_\_\_\_trainer: \_\_\_\_ SPECIAL PURPOSE: handler \_\_\_\_trainer: \_\_\_\_

Dates as canine handler within the last five years \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm dd yy mm dd yy

Dates as canine trainer within the last five years \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm dd yy mm dd yy

Canine Training Programs Attended:

Name	Type	Date Completed		
( )				
#/Street/P.O. Box	City	State	Zip Code	Phone Number

  

Name	Type	Date Completed	Trainer	
( )				
#/Street/P.O. Box	City	State	Zip Code	Phone Number

**III. EVALUATOR TRAINING COMPLETED**

**Evaluator Core Course:**

Location of Training	Date Completed	Course Number
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**Patrol Related Evaluator Course:**

Location of Training	Date Completed	Course Number
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**Special Purpose Evaluator Course:**

Location of Training	Date Completed	Course Number
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**Note: It is required that you attach all documentation of training and/or certification.**

**IV. BACKGROUND INFORMATION**

Moral turpitude includes any criminal, civil, administrative, employment, or other matter alleging violence, morality, ethics matters and/or sexual misconduct of any sort. Matters of veracity include any criminal, civil, administrative, employment, or other matters alleging theft offenses, falsification of documents, or any other matters where one's honesty has been called into question.

Have you ever been convicted for a crime involving theft, fraud, or deception? ☐ no ☐ yes **\*If yes, attach explanation and documentation**

Do you currently have criminal charges pending against you 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. 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