



**SYLVANIA TOWNSHIP POLICE DEPARTMENT  
4420 KING ROAD  
SYLVANIA OH 43560**

**EMPLOYMENT INTEREST**

Application information will be forwarded when the Department advertises for any position(s) you have indicated. Please complete this form and forward to the above address or the form may be faxed to 419.885.1116. This information will be retained for a period of two (2) years from the date received.

Thank you for your interest in employment with the Sylvania Township Police Department.

Please check **all** position(s) you are interested in:

Police Officer       Dispatcher       Clerical Positions

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Email \_\_\_\_\_

\*\*\*\*\*

For office use only

Date received \_\_\_\_\_

Date information sent \_\_\_\_\_