

Application for Employment

We are an equal opportunity employer, dedicated to a policy of non-discrimination on any basis including race, creed, color, age, sex, religion or nation of origin.

PERSONAL INFORMATION		Date	Social Security Number	
Name				
	Last	First	Middle	
Address				
	Street	City	State	Zip
Phone	Height		Weight	
List the name(s) of any relative(s) already employed by this department				
Referred By:				

EMPLOYMENT DESIRED

Position	Date you can start	Salary Desired
Are you employed now?	If so, may we contact your present employer?	
Ever applied to this department before?	If yes when?	

EDUCATION

	Name and Location of School	Circle last year completed	Did you graduate?	Subject studied and degree received
High School		1 2 3 4	Y / N	
College		1 2 3 4	Y / N	
Trade, Business or Other School		1 2 3 4	Y / N	
Police Academy				

Subjects of special study or research work-
Have you ever been convicted of any crime other than minor traffic offenses? Yes / No
Activities other than religious (Civic, Athletic, etc.)-

FORMER EMPLOYERS List below the last four Employers starting with the last one first.

Date Month and Year	Name and address of employer	Salary	Position	Reason for leaving
From				
To				
From				
To				
From				
To				
From				
To				

REFERENCES Give below the names of three persons not related to you, whom you have known at least one year.

Name	Address & Phone	Business	Years Acquainted

PHYSICAL RECORD Do you have any physical condition which may limit your ability to perform the job applied for? Y / N
If yes, explain:

In case of emergency notify

NAME _____ PHONE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any previous notice.

Date _____ Signature _____



BACKGROUND INFORMATION

TO THE APPLICANT Answers must be typed or printed clearly in black ink. Each question must be answered completely. If it is not applicable, indicate N/A. All information must be true and complete to the best of your knowledge. If space provided is not sufficient for complete answers or you wish to furnish additional information, use the attached continuation sheet.

The answers to this employment Background Information form will be verified by polygraph or Computer Voice Stress Analysis (CVSA), formal and informal interviews and a thorough background investigation. Refusal to submit to the polygraph/CVSA examination when requested will be grounds for rejection of your application.

The information requested in this form will be used to assist the Police Department in determining the qualifications of the applicant.

Name <small>(first, middle, last)</small>					
Current Address					
City		State		Zip	
Phone		E-Mail			
Date of Birth		SSN			
Drivers License #		State			
Were you born a U.S. Citizen?	Yes / No	If not, explain:			
Marital Status	Single	Married	Separated	Divorced	Widowed

Have you ever used a different name, date of birth or social security number? Y / N

If yes, please describe and explain _____

Position applied for:	Full-time Police Officer	Part-time Police Officer
	Volunteer Police Officer	Civilian Employee

Circle all that apply

SECTION 1 – Residential History – List, chronologically, **ALL** of your residences in the past 10 years (Including addresses while attending school if away from home and all military addresses including any off-military base).

Dates				Completes Address	
From		To		Street Address / City / State / Zip Code / Apt #	
<i>Month</i>	<i>Year</i>	<i>Month</i>	<i>Year</i>		
				<i>Landlord</i>	
From		To		Street Address / City / State / Zip Code / Apt #	
<i>Month</i>	<i>Year</i>	<i>Month</i>	<i>Year</i>		
				<i>Landlord</i>	
From		To		Street Address / City / State / Zip Code / Apt #	
<i>Month</i>	<i>Year</i>	<i>Month</i>	<i>Year</i>		
				<i>Landlord</i>	
From		To		Street Address / City / State / Zip Code / Apt #	
<i>Month</i>	<i>Year</i>	<i>Month</i>	<i>Year</i>		
				<i>Landlord</i>	
From		To		Street Address / City / State / Zip Code / Apt #	
<i>Month</i>	<i>Year</i>	<i>Month</i>	<i>Year</i>		
				<i>Landlord</i>	
From		To		Street Address / City / State / Zip Code / Apt #	
<i>Month</i>	<i>Year</i>	<i>Month</i>	<i>Year</i>		
				<i>Landlord</i>	
From		To		Street Address / City / State / Zip Code / Apt #	
<i>Month</i>	<i>Year</i>	<i>Month</i>	<i>Year</i>		
				<i>Landlord</i>	

SECTION 2 – Education – List, chronologically, **ALL** the schools in which you have attended.

From		To		School / Grade School / High School / Trade School / College
Month	Year	Month	Year	

From		To		School / Grade School / High School / Trade School / College
Month	Year	Month	Year	

From		To		School / Grade School / High School / Trade School / College
Month	Year	Month	Year	

From		To		School / Grade School / High School / Trade School / College
Month	Year	Month	Year	

From		To		School / Grade School / High School / Trade School / College
Month	Year	Month	Year	

List any degrees you have			Degree
	<i>School</i>		
	<i>School</i>		
	<i>School</i>		

#1- Were you ever dismissed from a school or was any disciplinary action ever taken against you during your scholastic career?

No _____ Yes _____ Explain: _____

#2- List awards, honors, citations, positions held in school organizations, athletic endeavors, and any other special recognition you received while attending school.

School	Award

SECTION 3 – Employment History – List, chronologically, **ALL** employers. Include summer and part-time employment while attending school. **ALL** time must be accounted for. If unemployed for a period of time, list those dates and reason(s). If you do not wish present employer be contacted, please indicate so.

From		To		Employer
Month	Year	Month	Year	
<i>Position</i>				<i>Reason for leaving-</i>
<i>Salary</i>				
<i>Supervisor</i>				

From		To		Employer
Month	Year	Month	Year	
<i>Position</i>				<i>Reason for leaving-</i>
<i>Salary</i>				
<i>Supervisor</i>				

From		To		Employer
Month	Year	Month	Year	
<i>Position</i>				<i>Reason for leaving-</i>
<i>Salary</i>				
<i>Supervisor</i>				

From		To		Employer
Month	Year	Month	Year	
<i>Position</i>				<i>Reason for leaving-</i>
<i>Salary</i>				
<i>Supervisor</i>				

From		To		Employer
Month	Year	Month	Year	
<i>Position</i>				<i>Reason for leaving-</i>
<i>Salary</i>				
<i>Supervisor</i>				

From		To		Employer
Month	Year	Month	Year	
<i>Position</i>				<i>Reason for leaving-</i>
<i>Salary</i>				
<i>Supervisor</i>				

#1- Have you ever been dismissed or asked to resign from any employment or position held?

No _____ Yes _____ Explain: _____

#2- Were you ever disciplined for any reason?

No _____ Yes _____ Explain: _____

#3- Have you ever applied for a position with any government agency, police or fire department?

*** LIST ALL ***

Department/Agency	Position Applied For	Hired Yes/No/Pending

#4- Have you ever served on active duty in the Armed Forces of the United States?

No _____ Yes _____

Branch:			
<i>Date of entry</i>		<i>Date of Discharge</i>	
<i>Highest rank attained</i>		<i>Type of Discharge</i>	

#5- Did you ever receive a Court-Martial? Y / N

If yes, please explain _____

#6- Were you ever AWOL? Y / N

If yes, please explain_____

#7- Did you ever spend time in a Brig or Stockade? Y / N

If yes, please explain_____

#8- Were you ever reduced in rank? Y / N

If yes, please explain_____

#9- Did you ever convert or sell any government property? Y / N

If yes, please explain_____

#10- Were you ever given non-judicial punishment (Article 15)? Y / N

If yes, please explain_____

#11- Have you ever been refused entry into the United States Armed Forces? Y / N

If yes, please explain_____

Attach a copy of your DD Form 214

End of Section 3 – Continue on to Section 4

SECTION 4 – Legal History –

#1- Are you a licensed automobile operator? Y / N

#2- Have you ever had you license suspended? Y / N If yes, explain _____

#3- Have you ever received a traffic citation? Y / N If yes, list below.

Citations received (Speeding, Red Light, etc.)	Date

#4- Have you ever driven a vehicle after consuming alcohol or other substances that appreciably impaired your ability to safely operate the vehicle, including “buzzed driving”? Y / N

If yes, please explain (when/how long ago, etc.) _____

#5- Have you ever been arrested or charged with any violation other than a traffic violation? Y / N
If yes, list below.

Charge received (Assault, Disorderly Conduct, etc.)	Date

#6- Have you ever committed, conspired to commit, or participated in any of the following crimes?

<i>Murder</i>	Y / N	<i>Robbery</i>	Y / N
<i>Manslaughter</i>	Y / N	<i>Arson</i>	Y / N
<i>Rape</i>	Y / N	<i>Burglary</i>	Y / N
<i>Sodomy</i>	Y / N	<i>Grand Theft</i>	Y / N
<i>Other sex crime</i>	Y / N		

If yes, please explain _____

#7- Have you ever been involved in a situation from which someone could blackmail you? Y / N

If yes, please explain _____

#8- Have you ever been a plaintiff or defendant in a civil lawsuit? Y / N

If yes, please explain _____

#9- Have you ever used marijuana? Y / N If yes, complete below.

When was first use (approximately)? _____

Approximately how many times have you used marijuana? _____

When did you last use marijuana? _____

Have you ever purchased marijuana? _____

When? _____

Have you ever sold marijuana? _____

#10- Have you ever used any other type of illegal substance? Y / N If yes, complete below.

Type of substance? _____

When was first use (approximately)? _____

Approximately how many times? _____

When did you last use? _____

Have you ever purchased this substance? _____

When? _____

Have you ever sold this substance? _____

#11- Have you ever received treatment for use of drugs and or alcohol? Y / N

*If Yes,
Explain-*

#12- Have you ever taken or been asked to take a polygraph/CVSA exam? Y / N

*If Yes,
Explain-*

SECTION 5 – Financial and Credit Disclosure – Provide information regarding your financial stability, payment history and credit history.

#1- Have you ever filed bankruptcy? Y / N If yes, Discharge Date _____

If yes, please explain _____

#2- Are you currently delinquent on any financial obligations? Y / N

If yes, please explain _____

#3- Are you required to pay child support, spousal support/alimony? Y / N

If yes, are you current? Y / N

#4- Have you ever had your wages attached or garnered? Y / N

If yes, please explain _____

#5- Have you ever had any of your financial obligations referred to a collection agency? Y / N

If yes, please explain _____

#6- Have you ever had any property repossessed? Y / N

If yes, please explain _____

#7- Please rate your credit: Excellent Good Fair Poor

#8- Do you owe any back taxes? Y / N

If yes, please explain _____

#9- Have you ever failed to file tax returns? Y / N

If yes, please explain _____

#10- Do you have or have you ever had any gambling habits? Y / N

If yes, please explain _____

#11- Do you have or have you ever had any debts related to any gambling activities? Y / N

If yes, please explain _____

SECTION 6 – Medical/Health History –

#1- When was the last time you received a vision exam? _____

#2- What is the name and address of the Doctor who conducted the exam?

Doctor	Address
<i>Phone</i>	

#3- When was the last time you were examined by a physician? _____

#4- What is the name and address of the physician who treated you?

Doctor	Address
<i>Phone</i>	

#5- List below any serious injuries or illnesses.

Injury / Illness	Approximate Date

#6- Have you ever been treated for a mental disorder? Y / N

*If Yes,
Explain-* _____

SECTION 7 – References – Give three references (not relatives, former or present employers, fellow employees or school teachers) who are responsible adults of reputable standing in their communities, such as property owners, business or professional men or women who have known you well for at least five years. Additionally, give two social acquaintances.

Name		Complete Address	
<i>Phone</i>			
<i># Years Known</i>		<i>Acquainted how?</i>	

Name		Complete Address	
<i>Phone</i>			
<i># Years Known</i>		<i>Acquainted how?</i>	

Name		Complete Address	
<i>Phone</i>			
<i># Years Known</i>		<i>Acquainted how?</i>	

Give two social acquaintances.

Name		Complete Address	
<i>Phone</i>			
<i># Years Known</i>		<i>Acquainted how?</i>	

Name		Complete Address	
<i>Phone</i>			
<i># Years Known</i>		<i>Acquainted how?</i>	

I solemnly swear or affirm that the answers I have made to each and all of the questions in this application are complete and true to the best of my knowledge and belief. I hereby waive all provisions of law forbidding colleges or universities which I attended, or past employers, from disclosing any knowledge or information which they thereby acquired relevant to my employment and I hereby consent that they may disclose such knowledge or information to the Plain City Police Department. I understand that failure to list any information or listing of any untrue information would result in my disqualification from consideration for employment with the Plain City Police Department and may subject me to prosecution under Ohio Revised Code Section 2921.13.

Signature of Applicant _____
Date

Background Information Continuation Sheet

Section	Question	Response

PLAIN CITY POLICE DEPARTMENT



PRE-EMPLOYMENT POLYGRAPH/CVSA RELEASE

Name: _____ Date: _____
Print

I understand that I do not have to submit to a polygraph or a Computer Voice Stress Analysis (CVSA) examination. However, I agree to submit to this examination of my own free will and accord, in order to assist the Plain City Police Department in their selection of the best possible candidates for employment.

It is my intention to answer all questions truthfully and to the best of my knowledge during this examination.

As a further consideration and inducement to have this polygraph/CVSA examination conducted, I wish to state that I know of no reason why my mental or physical condition would have an adverse effect on the results of the polygraph/CVSA examination. Nor do I know of any reason why the polygraph/CVSA examination would have an adverse effect on my mental or physical condition.

I hereby knowingly and intelligently submit to this polygraph/CVSA examination, and I completely release and absolve the Plain City Police Department and its employees from all liability connected in any manner, either directly or indirectly, with the conduct of this examination.

Signature of Applicant

Date

Signature of Witness

PLAIN CITY POLICE DEPARTMENT



APPLICANT RELEASE

I, _____, residing at _____
_____ for the last _____,
have applied for employment with the Plain City Police Department.

I have been instructed and understand that a representative of the Plain City Police Department will be conducting a thorough investigation into my background to assist in determining my eligibility for this employment. I realize that, in conducting this background investigation, officers will be making inquiries of: officials and record offices at schools which I have attended, physicians and/or other persons who may have examined or treated me for any physical or other type illness or injury; police or courts with whom I may have an arrest or conviction record; credit bureaus and/or firms who may have information regarding my credit record and/or financial standing; present and previous employers; and other persons who may be able to provide information about me which the Plain City Police Department desires.

I hereby expressly release and waive all provisions of state and federal law which may forbid the disclosure of information from any physician or other person who has treated me, or any school official, court, police agency, credit bureau, employer, firm or person, from disclosing any knowledge or information they have concerning me which is requested by the Plain City Police Department. I further consent that the Chief of Police of the Plain City Police Department, or his/her representative, be provided with a copy of any such record concerning me upon request.

I further release, discharge and exonerate the Plain City Police Department and the Village of Plain City, its agents, officers, and representatives, and any person, agency, company, or firm furnishing information from any and all liabilities of every nature arising out of the furnishing or inspection of such documents, records and other information, or the investigation made by or on behalf of the Plain City Police Department.

I recognize the right of the Plain City Police Department to treat, at its discretion, certain sources of information as confidential, and its right to withhold from me or my agent the names of such confidential informed sources, and information obtained therefrom.

Signature of Applicant

Date

Signature of Witness