

THE VILLAGE OF CRIDERSVILLE POLICE DEPARTMENT
AN EQUAL OPPORTUNITY EMPLOYER APPLICATION
FOR EMPLOYMENT

PAGE 1 OF 11

PLEASE TYPE OR PRINT RESPONSES TO ALL OF THE QUESTIONS
CONTAINED ON THE ENTIRE APPLICATION FORM

POSITION SOUGHT: _____

NAME: _____
Last First Middle Initial

HOME ADDRESS: _____

CITY/STATE/ZIP: _____

COUNTY: _____ HOME PHONE: _____

S.S. NUMBER: _____ ARE YOU AN ADULT? YES ☐ NO ☐

EMPLOYMENT HISTORY AND WORK EXPERIENCE
IN THIS SECTION, LIST ALL EMPLOYMENT HISTORY AND WORK EXPERIENCE IN
DATE ORDER, INCLUDING MILITARY EXPERIENCE. BEGIN WITH YOUR CURRENT
EMPLOYER. USE ADDITIONAL PAPER IF NECESSARY. FAILURE TO INCLUDE ALL
EMPLOYMENT MAY BE GROUNDS FOR DISQUALIFICATION.

CURRENT EMPLOYER: _____
(Enter "None" if unemployed)

MAY WE CONTACT YOUR CURRENT EMPLOYER PRIOR TO EMPLOYMENT?
YES ☐ NO ☐

ADDRESS: _____

PHONE NUMBER: _____

DATES EMPLOYED: _____ TO: _____

JOB TITLE: _____

SUPERVISOR'S NAME: _____

BEGINNING SALARY: _____ PER _____ CURRENT SALARY: _____ PER _____

THE VILLAGE OF CRIDERSVILLE POLICE DEPARTMENT
AN EQUAL OPPORTUNITY EMPLOYER APPLICATION
FOR EMPLOYMENT

PAGE 2 OF 11

DESCRIBE YOUR DUTIES, RESPONSIBILITIES, EQUIPMENT OPERATED,
PROMOTIONS, ETC.: _____

WHY DO YOU WANT TO LEAVE? _____

PREVIOUS EMPLOYER: _____

ADDRESS: _____

PHONE NUMBER: _____

DATES EMPLOYED: _____ TO: _____

JOB TITLE: _____

SUPERVISOR'S NAME: _____

BEGINNING SALARY: _____ PER _____ ENDING SALARY: _____ PER _____

DESCRIBE YOUR DUTIES, RESPONSIBILITIES, EQUIPMENT OPERATED,
PROMOTIONS, ETC.: _____

WHY DID YOU LEAVE? _____

PREVIOUS EMPLOYER: _____

ADDRESS: _____

PHONE NUMBER: _____

DATES EMPLOYED: _____ TO: _____

JOB TITLE: _____

SUPERVISOR'S NAME: _____

BEGINNING SALARY: _____ PER _____ ENDING SALARY: _____ PER _____

THE VILLAGE OF CRIDERSVILLE POLICE DEPARTMENT
AN EQUAL OPPORTUNITY EMPLOYER APPLICATION
FOR EMPLOYMENT

PAGE 3 OF 11

DESCRIBE YOUR DUTIES, RESPONSIBILITIES, EQUIPMENT OPERATED,
PROMOTIONS, ETC.: _____

WHY DID YOU LEAVE? _____

PREVIOUS EMPLOYER: _____

ADDRESS: _____

PHONE NUMBER: _____

DATES EMPLOYED: _____ TO: _____

JOB TITLE: _____

SUPERVISOR'S NAME: _____

BEGINNING SALARY: _____ PER _____ ENDING SALARY: _____ PER _____

DESCRIBE YOUR DUTIES, RESPONSIBILITIES, EQUIPMENT OPERATED,
PROMOTIONS, ETC.: _____

WHY DID YOU LEAVE? _____

PREVIOUS EMPLOYER: _____

ADDRESS: _____

PHONE NUMBER: _____

DATES EMPLOYED: _____ TO: _____

JOB TITLE: _____

SUPERVISOR'S NAME: _____

BEGINNING SALARY: _____ PER _____ ENDING SALARY: _____ PER _____

THE VILLAGE OF CRIDERSVILLE POLICE DEPARTMENT
AN EQUAL OPPORTUNITY EMPLOYER APPLICATION
FOR EMPLOYMENT

PAGE 4 OF 11

DESCRIBE YOUR DUTIES, RESPONSIBILITIES, EQUIPMENT OPERATED,
PROMOTIONS, ETC.: _____

WHY DID YOU LEAVE? _____

IF YOU NEED TO LIST ANY ADDITIONAL PREVIOUS EMPLOYERS OR ANY OTHER
INFORMATION RELATED TO PREVIOUS EMPLOYERS, PLEASE USE A BLANK
SHEET OF PAPER TO DO SO.

EDUCATION AND TRAINING

THIS SECTION IS INTENDED TO GIVE THE EMPLOYER INFORMATION ABOUT THE
EDUCATION AND TRAINING THAT THE APPLICANT HAS COMPLETED, AND TO
DEMONSTRATE THE SKILLS, KNOWLEDGE, AND ABILITIES OF THE APPLICANT TO
PERFORM THE JOB DUTIES OF THE POSITION.

HIGH SCHOOL ATTENDED: _____

ADDRESS: _____

DID YOU GRADUATE? _____ HIGH SCHOOL EQUIVALENT? _____

COURSES PERTAINING TO JOB APPLIED FOR: _____

ACTIVITIES, AWARDS, SPORTS, ETC.: _____

COLLEGE OR TRADE SCHOOL ATTENDED: _____

ADDRESS: _____

DATES OF ATTENDANCE: _____ TO: _____

DID YOU GRADUATE? _____ DEGREE: _____

THE VILLAGE OF CRIDERSVILLE POLICE DEPARTMENT
AN EQUAL OPPORTUNITY EMPLOYER APPLICATION
FOR EMPLOYMENT

PAGE 5 OF 11

COURSES PERTAINING TO JOB APPLIED FOR: _____

ACTIVITIES, AWARDS, SPORTS, ETC.: _____

GRADUATE SCHOOL(S) ATTENDED: _____

ADDRESS: _____

DATES OF ATTENDANCE: _____ TO: _____

DID YOU GRADUATE? _____ DEGREE: _____

PLEASE USE THE FOLLOWING SPACE TO PROVIDE ANY FURTHER INFORMATION
ON TRAINING, EDUCATION, SKILLS, ABILITIES, HOBBIES, VOLUNTEER WORK,
ETC., THAT YOU POSSESS OR HAVE EXPERIENCED THAT MAY BE HELPFUL IN THE
EVALUATION OF YOUR APPLICATION.

THE VILLAGE OF CRIDERSVILLE POLICE DEPARTMENT
AN EQUAL OPPORTUNITY EMPLOYER APPLICATION
FOR EMPLOYMENT

PAGE 6 OF 11

PERSONAL INFORMATION

ANY FALSE STATEMENTS, MISLEADING STATEMENTS, OR OMISSION OF FACT WILL RESULT IN DENIAL OF EMPLOYMENT AND TERMINATION OF AN EMPLOYEE.

DO YOU HAVE ANY COMMITMENTS (I.E., SECOND JOB, SCHOOL, ETC.) WHICH MIGHT INTERFERE WITH, OR ADVERSELY AFFECT, YOUR EMPLOYMENT SHOULD WE SELECT YOU FOR A POSITION? YES ☐ NO ☐

IF YES, PLEASE EXPLAIN: _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES ☐ NO ☐

IF YES, PLEASE EXPLAIN: _____

(CONVICTION OF A FELONY IS A DISQUALIFICATION FOR EMPLOYMENT.)

DO YOU POSSESS A VALID DRIVERS LICENSE? YES ☐ NO ☐

IF NO, CAN YOU OBTAIN ONE PRIOR TO EMPLOYMENT? YES ☐ NO ☐

HAVE YOU EVER BEEN CONVICTED OF A TRAFFIC VIOLATION? YES ☐ NO ☐

IF YES, PLEASE EXPLAIN: _____

(INDICATE THE STATE IN WHICH THE VIOLATION OCCURRED AND THE OUTCOME OF THE CASE)

HAVE YOU EVER BEEN CONVICTED FOR ANY CHARGE, OTHER THAN TRAFFIC? YES ☐ NO ☐

IF YES, PLEASE EXPLAIN: _____

(INCLUDE DATE OF CONVICTION AND OUTCOME OF THE CASE)

HAS YOUR DRIVER'S LICENSE EVER BEEN SUSPENDED OR REVOKED? YES ☐ NO ☐

THE VILLAGE OF CRIDERSVILLE POLICE DEPARTMENT
AN EQUAL OPPORTUNITY EMPLOYER APPLICATION
FOR EMPLOYMENT

PAGE 7 OF 11

IF YES, PLEASE EXPLAIN: _____

HAVE YOU EVER HAD A TRAFFIC ACCIDENT IN WHICH YOU WERE AT FAULT?
YES ☐ NO ☐

IF YES, PLEASE EXPLAIN: _____

ARE YOU ELIGIBLE TO WORK IN THE UNITED STATES? YES ☐ NO ☐

ARE YOU A RESIDENT OF OHIO? YES ☐ NO ☐

IF NOT, ARE YOU WILLING TO BECOME A RESIDENT UPON EMPLOYMENT?
YES ☐ NO ☐

ARE YOU RELATED TO ANYONE THAT IS CURRENTLY EMPLOYED BY THE
VILLAGE OF CRIDERSVILLE? YES ☐ NO ☐

DO YOU NOW HAVE, OR HAVE HAD IN THE PAST, ANY RELATIVES EMPLOYED BY
THE CRIDERSVILLE POLICE DEPARTMENT? YES ☐ NO ☐

IF YES, PLEASE EXPLAIN: _____

ARE YOU ABLE TO WORK DAYS, NIGHTS, WEEKENDS? YES ☐ NO ☐

IF NO, PLEASE EXPLAIN: _____

CAN YOU QUALIFY FOR A DEPARTMENT REQUIRED MEDICAL EXAM?
YES ☐ NO ☐

IF NO, PLEASE EXPLAIN: _____

ARE YOU CURRENTLY TAKING ANY PRESCRIPTION DRUGS OR OVER-THE-
COUNTER MEDICATIONS ON A REGULAR BASIS? YES ☐ NO ☐

IF YES, PLEASE EXPLAIN: _____

(INCLUDE THE NAME OF THE MEDICATION AND FREQUENCY OF USE)

DO YOU DRINK ALCOHOLIC BEVERAGES? YES ☐ NO ☐

THE VILLAGE OF CRIDERSVILLE POLICE DEPARTMENT
AN EQUAL OPPORTUNITY EMPLOYER APPLICATION
FOR EMPLOYMENT

PAGE 8 OF 11

WILL YOU ABSTAIN 24 HOURS PRIOR TO DUTY? YES ☐ NO ☐

DO YOU USE ILLEGAL DRUGS? YES ☐ NO ☐

IF YES, PLEASE EXPLAIN: _____

DO YOU HAVE ANY SCARS OR TATTOOS? YES ☐ NO ☐

IF YES, PLEASE EXPLAIN: _____

HAVE YOU EVER APPLIED FOR A POLICE COMMISSION WITH ANY DEPARTMENT?
YES ☐ NO ☐

IF YES, WERE YOU DENIED? YES ☐ NO ☐

IF YES, ARE YOU STILL EMPLOYED? YES ☐ NO ☐

IF YES, WHY DO YOU WISH TO TERMINATE YOUR EMPLOYMENT? _____

PLEASE LIST THREE (3) REFERENCES WHO ARE NOT RELATED TO YOU THAT YOU
HAVE KNOWN AT LEAST ONE (1) YEAR:

NAME: _____

PHONE: _____ ADDRESS: _____

NAME: _____

PHONE: _____ ADDRESS: _____

NAME: _____

PHONE: _____ ADDRESS: _____

THE VILLAGE OF CRIDERSVILLE POLICE DEPARTMENT
AN EQUAL OPPORTUNITY EMPLOYER APPLICATION
FOR EMPLOYMENT

PAGE 9 OF 11

PLEASE READ EACH OF THE FOLLOWING PARAGRAPHS CAREFULLY. INDICATE YOUR UNDERSTANDING OF, AND CONSENT TO, THE CONTENTS AND CONDITIONS OF EACH PARAGRAPH BY PLACING YOUR INITIALS AT THE END OF EACH PARAGRAPH. IF YOU HAVE ANY QUESTIONS REGARDING THESE PARAGRAPHS, CONTACT THE EMPLOYER BEFORE INITIALING THE PARAGRAPH.

1. I understand and accept that, if I am selected for employment, my employment may be conditioned upon my passing any medical examination that the employer deems necessary to determine whether I can physically perform the essential functions of the position, with reasonable accommodation when necessary. I understand and accept that this may include drug, alcohol or substance abuse testing.

Initials: _____

2. I understand and accept that if any information required in this application is found to be falsified or intentionally excluded, my application may be disqualified from further consideration. I further understand and accept that if I am employed by the employer, I may be subject to disciplinary action, including termination, if any information required by this application has been falsified or intentionally excluded.

Initials: _____

3. I understand and accept that the employer requires a high degree of integrity and confidentiality of its employees. I also understand and accept that the various law enforcement and informational agencies that exchange information and data with the employer require that the employer's employees do not have a past record of unlawful activities. Therefore, I understand and accept that, depending on the department in which I am applying for employment, it may be necessary for the employer to investigate my background for any criminal or unlawful activity.

Initials: _____

4. I hereby authorize the employers, schools and personal references named in this application to provide information regarding me to the employer. I further authorize the release of personnel, academic and other records to the employer.

Initials: _____

5. This application will be considered active for 60 days from the date filed. If you are hired, it will become part of your official employment record.

Initials: _____

THE VILLAGE OF CRIDERSVILLE POLICE DEPARTMENT
AN EQUAL OPPORTUNITY EMPLOYER APPLICATION
FOR EMPLOYMENT

PAGE 10 OF 11

6. If you are hired, this application will become part of your official employment record.

Initials: _____

7. I understand and accept that if I am hired it will be my responsibility to read and understand all written policies, directives, and SOPs; and that I will be disciplined for violating them.

Initials: _____

8. I understand that racial, religious, and sexual harassment are prohibited by law, and I understand and accept that I will be fired if I engage in prohibited harassing behavior.

Initials: _____

9. I understand that, as a law enforcement officer, I must maintain my credibility at all times. As such, I understand and agree that I should, and will, be terminated if I falsify a report or tell a lie during any investigation.

Initials: _____

10. I understand that my job is safety-sensitive and that I may be sent for a drug or alcohol test at any time.

Initials: _____

11. I understand that all information that comes into my possession is to be regarded as confidential, and that I may not copy any record for my own use without written permission, on pain of termination.

Initials: _____

****READ CAREFULLY BEFORE SIGNING****

I SOLEMNLY SWEAR THAT ALL OF THE INFORMATION FURNISHED IN THIS EMPLOYMENT APPLICATION IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT ANY MISREPRESENTATION OR FALSIFICATION OF THE INFORMATION PROVIDED MAY LEAD TO WITHDRAWAL OF AN EMPLOYMENT OFFER OR TERMINATION FOLLOWING EMPLOYMENT.

THE VILLAGE OF CRIDERSVILLE POLICE DEPARTMENT
AN EQUAL OPPORTUNITY EMPLOYER APPLICATION
FOR EMPLOYMENT

PAGE 11 OF 11

I ALSO RECOGNIZE THAT MY FUTURE EMPLOYMENT WITH THE EMPLOYER WILL BE JEOPARDIZED IF I ENGAGE IN SUBSTANCE ABUSE, ILLEGAL DRUG USE, OR ALCOHOL ABUSE.

FINALLY, I AGREE THAT ANY CLAIM OR LAWSUIT RELATING TO MY SERVICE WITH THE VILLAGE OF CRIDERSVILLE MUST BE FILED NO MORE THAN SIX (6) MONTHS AFTER THE DATE OF THE EMPLOYMENT ACTION THAT IS THE SUBJECT TO THE CLAIM OR LAWSUIT. I WAIVE ANY STATUTE OF LIMITATIONS TO THE CONTRARY.

(Applicant's Signature)

(Date)

(Notarized by)

(Date)

THE VILLAGE OF CRIDERSVILLE POLICE DEPARTMENT
FAIR CREDIT REPORTING ACT NOTICE AND AUTHORIZATION

In order to process your application, or during the course of your employment, a consumer report may be obtained on you for employment purposes. It may be an investigative consumer report that includes information regarding your character, general reputation, personal characteristics, and mode of living. Such report may also be necessary in relation to any investigation regarding allegations of sexual harassment, discrimination, or disciplinary charges associated with your employment. The Employer may utilize an outside organization to obtain a consumer report and/or to conduct investigations. If an investigative consumer report is obtained, you have a right to request disclosure of the nature and scope of the report, which involves personal interviews with sources such as your neighbors, friends, or associates.

I hereby authorize the Employer to obtain a consumer report on me for employment purposes and to conduct investigations as outlined above.

Signature of Applicant/Employee

Date

THE VILLAGE OF CRIDERSVILLE POLICE DEPARTMENT
AUTHORIZATION OF BACKGROUND/REFERENCE CHECKS

I understand that a background check may be required prior to employment. I hereby waive all provisions of law forbidding colleges or universities which I attended, or past employers, from disclosing any information which they acquired relevant to my employment. I consent that they may disclose such information to the employer for recruitment purposes.

I understand that information contained on the employment application form and any information obtained through background and reference checks may be considered public records and subject to disclosure under Ohio's Public Records Act (O.R.C. 149.43).

I hereby give consent and authorize the employer to conduct, either by itself or through the utilization of an outside agency, any investigation the employer deems necessary.

Signature

Date