

**APPLICATION FOR EMPLOYMENT
STRASBURG, OHIO POLICE DEPARTMENT**

**Please type or clearly print responses to all of the questions
contained on the entire application form**

Position Sought: _____

Last Name: _____ First Name: _____ M.I. _____

Home Address: _____

City / State / Zip: _____

Home Phone: _____

Employment History and Work Experience

In this section, list all employment history and work experience in chronological order including military experience. Begin with your current employer. Use additional pages if necessary. Failure to include all employment may be grounds for disqualification.

May we contact your current /previous employer(s) to verify employment?

_____ Yes _____ No

Current Employer: _____
(Enter "None" if unemployed)

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 do you want to leave? _____

Previous Employer: _____

Address / Phone Number: _____

Dates employed: _____ To _____

Describe your duties, responsibilities, equipment operated, promotions, etc. . .

Why did you leave? _____

Previous Employer: _____

Address / Phone Number: _____

Dates employed: _____ To _____

Describe your duties, responsibilities, equipment operated, promotions, etc. . .

Why did you leave? _____

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Address / Phone Number: _____

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Why did you leave? _____

Previous Employer: _____

Address / Phone Number: _____

Dates employed: _____ To _____

Describe your duties, responsibilities, equipment operated, promotions, etc. . .

Why did you leave? _____

If you need to list additional 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

High School attended: _____

Address: _____

Did you graduate? _____ High School Equivalent? _____

Courses pertaining to job applied for: _____

List any activities, awards, achievements, etc. related to the position for which you are applying.

College or Trade School

College or Trade School attended: _____

Address: _____

Dates of Attendance: _____ to _____

Did you Graduate? _____ Degree: _____

Courses pertaining to the position applied for: _____

List any activities, awards, achievements, etc., related to the position for which you are applying.

Graduate School

Graduate School(s) Attended: _____

Address: _____

Dates of Attendance: _____ To _____

Did you graduate? _____ Degree _____

Courses pertaining to the position for which you are applying: _____

Please use the following space to provide any further information on training, education, skills, activities, hobbies, volunteer work, etc., that you possess or have experience in that may be helpful in the evaluation of your application.

Personal Information

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, Explain : _____

Have you ever been convicted of a Felony? _____ Yes _____ No

If Yes, Explain: _____

The employer will only consider specific crimes related to an applicant's eligibility for the position for which you are applying.

Are you legally permitted to work in the United States?

_____ Yes _____ No

How long have you been a resident of the State of Ohio? _____

Can you provide proof of having been an Ohio Resident for the period specified above?

_____ Yes _____ No

Please list three (3) references that are not related to you that have known you for at least one (1) year.

Name: _____

Address: _____ Phone: _____

Name: _____

Address: _____ Phone: _____

Name: _____

Address: _____ Phone: _____

Please answer the following questions if they are applicable to the position for which you are applying.

Do you possess a valid State of Ohio Driver's License? _____ Yes _____ No

If No, can you obtain one prior to employment? _____ Yes _____ No

Do you possess a valid State of Ohio Commercial Driver's License? _____ Yes _____ No

If Yes, what Class of License? _____

What CDL Endorsement? _____

If No, can you obtain the proper class of Commercial Driver's License and Endorsement for the position you are applying for prior to employment?

_____ Yes _____ No

Please read the following paragraphs carefully.

Indicate your understanding of, and consent to, the contents and conditions of each by placing your initials at the end of each paragraph. If you have any questions regarding one (1) or more paragraphs, contact the employer before initialing.

I understand and accept that any applicant who is under final consideration for a position that involves providing direct care to clients must undergo a criminal records check.

Initials: _____

I understand and accept that, if I am selected for employment, my employment may be conditioned upon my passing any medical / psychological examination that the Employer deems necessary to determine whether I can 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: _____

I understand and accept that given the duties and responsibilities of the Employer, I may be required to work weekends, evening hours or at other times as determined by the Employer including overtime hours.

Initials: _____

I understand and accept that it may be necessary for me to sign waivers necessary to allow the Employer to obtain information from my current and former employers, schools and personal references.

Initials: _____

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 the Employer employs me, I may be subject to disciplinary action including termination if any information required by this application has been falsified or intentionally excluded.

Initials: _____

I solemnly swear that all 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.

Applicant's Signature / Date _____



Strasburg Police Department
358 Fifth St. S.W., Strasburg, Ohio 44680
Phone (330) 878-7011 Fax (330) 878-2021
Email: Police@VillageOfStrasburg.com
Chief William J. McCamant IV

AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize and request all persons to who this request (original or reproduction) is presented, having information relating to or concerning me, to furnish such information to a duly appointed officer of the Village of Strasburg Police Department.

I am aware that this information may be of a personal nature and may otherwise be protected from disclosure by my constitutional, statutory, or common law privileges. I hereby expressly waive all privileges, which may attach to such communication or disclosure and release all persons, firms, and corporations for all claims of any nature, as a result of said communication or disclosure.

Information to be disclosed:

- Personal History**
- Education Records**
- Employment Records (past/present, experience, performance, attendance, etc.)**
- Military Service Records**
- Financial Records**
- Criminal History Record (CCH)**
- Organizational Records**
- Medical Records (physical and psychological)**
- Other information pertaining to suitability for employment with this office.**

Signature of person waiving rights to information

Date

Witness

Witness