

Madison Village Police Department

Employment Application

Version 2.04



PATROL OFFICER

(FOR OFFICE USE ONLY)

APPLICANT NAME:

(Last, First, MI)

Time Stamp

APPLICANT INSTRUCTIONS

This personal history questionnaire is intended for the use of Madison Village Police Department personnel administration section. You must be truthful and complete all answers requested on this form. All information contained herein will be subject to verification, e.g., **source documentation, polygraph, and screening procedures.**

The answers to questions contained in this questionnaire must be printed, legibly in black ink only. Each individual question must be answered; there can be no blanks. If a question **Does Not Apply** to your particular circumstance, insert "**DNA**" in that blank. When answering questions that require dates, insert the full date; partial month-year responses are not acceptable. You must provide complete address information when requested; partial address responses are unacceptable.

FOR OFFICE USE ONLY

REC'D BY _____

DATE _____

APPLICATION FOR EMPLOYMENT

POSITION OF _____

APPLICANT-PLEASE READ THIS INTRODUCTION CAREFULLY BEFORE ANSWERING ANY QUESTIONS WITHIN THIS APPLICATION. Federal law prohibits discrimination in employment because of race, color, creed, religion, sex or national origin, age, citizenship, disability, veteran status, attainment of benefits, and participation in union activities. The laws of most states and many localities also prohibit some or all of the above types of discrimination as well as some additional types including, but not limited to, discrimination based upon ancestry, marital status, parental status, sexual orientation, or source of income. The Fair Credit Reporting Act imposes restrictions with respect to credit data. The Madison Village Police Department is an equal opportunity employer and selects the best-matched individuals for the job based upon related qualifications regardless of race, color, creed, sex, national origin, age, handicap, or other protected groups under state and federal equal opportunity laws. You can aid us in making a fair appraisal of those qualifications by answering each question accurately. We assure you this application will be considered and handled as a confidential record; however, it may be discoverable for release under Ohio Public Records Law.

PLEASE PRINT

LAST NAME		FIRST NAME	MIDDLE NAME
COUNTY OF RESIDENCE		SOCIAL SECURITY NUMBER	
ORAL INTERVIEW (For Office Use)		TIME AND DATE (For Office Use)	

ALL APPLICATIONS BECOME THE PROPERTY OF MADISON VILLAGE POLICE DEPARTMENT.

EQUAL OPPORTUNITY EMPLOYER

WARNING

Applicants are cautioned to answer every question truthfully and without evasion. The Ohio Revised Code provides penalties for making a false statement of material fact, or for practicing any fraud or deception in obtaining or attempting to obtain municipal employment. Such penalties include rejection for appointment or discharge after appointment and/or prosecution under Ohio Revised Code section 2921.13.

READ THE FOLLOWING BEFORE SIGNING

It is my understanding that the Madison Village Police Department will make a thorough investigation of my entire work history and may verify all data given in this application for employment, related papers or oral interviews. I, _____ authorize such investigation and the giving and receiving of any information requested by Madison Village Police Department, and I release from liability any person giving or receiving such information. Upon my receiving a conditional offer of employment, I authorize any physician, psychologist, or medical facility to release information that may be necessary to determine my ability to perform the duties of the job I am being considered for. I consent to take a polygraph/V.S.A., medical, and psychological examination by qualified professionals at the discretion of the Chief of Police. I understand that falsification of data so given or other information which is unacceptable to the Madison Village Police Department which is discovered as a result of this investigation may prevent me from being hired, or if hired, may subject me to immediate dismissal. I understand that MVPD needs may at times make the following conditions mandatory: overtime, shift work, a rotating work schedule, or a work schedule other than Monday through Friday, and I accept these conditions of my continuing employment.

Signature _____ Date _____

Sworn to before me this _____ day of _____, 20_____

Notary Public Signature _____

Recorded in County of _____

My Commission expires: _____ Seal:

PERSONAL INFORMATION

ANSWER ALL QUESTIONS COMPLETELY

USE BLACK INK ONLY

PRINT LEGIBLY

LEGAL LAST NAME		FIRST		FULL MIDDLE NAME	
BY WHAT OTHER NAMES HAVE YOU BEEN KNOWN (Former Married Names, Aliases, Nicknames, Etc.)				RESIDENCE PHONE NUMBER & AREA CODE	
RESIDENCE ADDRESS (Number, Street, Apartment, City, County, State & Zip Code)				SOCIAL SECURITY NUMBER	
EMAIL ADDRESS					
ARE YOU LEGALLY ABLE TO WORK IN THE U.S. ?				ARE YOU OVER 18 YEARS OF AGE ?	
OHIO DRIVER'S LIC #	TYPE	EXPIRATION DATE	OUT-OF-STATE OPERATOR'S LIC #	TYPE STATE OR TERR	EXPIRATION DATE
POSITION APPLYING FOR					
DATE AVAILABLE TO START					
APPLYING FOR FULL TIME OR PART TIME ?			IF PART TIME, NUMBER OF HOURS DESIRED PER WEEK		

WORK HISTORY

EMPLOYMENT

Begin with your most recent job and list your complete work history in chronological order. **Include in sequence all part-time jobs, periods of unemployment and military service.** When listing military service, substitute for the name and address of immediate supervisor, the name, address and rank of the last commissioned officer who was your immediate officer with whom you served. When listing periods of unemployment, indicate dates in space provided and in the block designated "Name of Employer" write in "Unemployed". In that block designated "Reason for Leaving" indicate from what source you received income during that period of unemployment. **Address information must be complete - Number, Street, Apartment or Suite, City, State and Zip Code.**

MAY WE CONTACT YOUR PRESENT EMPLOYER?
IF NO, EXPLAIN ON THE LAST PAGE

YES NO

HAVE YOU EVER BEEN DISCHARGED OR ASKED TO RESIGN FROM A JOB?
IF YES, EXPLAIN FULLY ON LAST PAGE.

YES NO

IF PRESENTLY UNEMPLOYED, INDICATE SO IN FIRST BLOCK.

FROM (Date)	NAME OF EMPLOYER	JOB TITLE
TO (Date)	ADDRESS OF EMPLOYER (Number, Street, City, State & Zip Code)	DESCRIPTION OF DUTIES
BUSINESS PHONE		
SALARY	FULL NAME OF IMMEDIATE SUPERVISOR	REASON FOR LEAVING
FROM (Date)	NAME OF EMPLOYER	JOB TITLE
TO (Date)	ADDRESS OF EMPLOYER (Number, Street, City, State & Zip Code)	DESCRIPTION OF DUTIES
BUSINESS PHONE		
SALARY	FULL NAME OF IMMEDIATE SUPERVISOR	REASON FOR LEAVING
FROM (Date)	NAME OF EMPLOYER	JOB TITLE
TO (Date)	ADDRESS OF EMPLOYER (Number, Street, City, State & Zip Code)	DESCRIPTION OF DUTIES
BUSINESS PHONE		
SALARY	FULL NAME OF IMMEDIATE SUPERVISOR	REASON FOR LEAVING

WORK HISTORY - (CONT'D)

FROM (Date)	NAME OF EMPLOYER	JOB TITLE
TO (Date)	ADDRESS OF EMPLOYER (Number, Street, City, State & Zip Code)	DESCRIPTION OF DUTIES
BUSINESS PHONE		
SALARY	FULL NAME OF IMMEDIATE SUPERVISOR	REASON FOR LEAVING
FROM (Date)	NAME OF EMPLOYER	JOB TITLE
TO (Date)	ADDRESS OF EMPLOYER (Number, Street, City, State & Zip Code)	DESCRIPTION OF DUTIES
BUSINESS PHONE		
SALARY	FULL NAME OF IMMEDIATE SUPERVISOR	REASON FOR LEAVING
FROM (Date)	NAME OF EMPLOYER	JOB TITLE
TO (Date)	ADDRESS OF EMPLOYER (Number, Street, City, State & Zip Code)	DESCRIPTION OF DUTIES
BUSINESS PHONE		
SALARY	FULL NAME OF IMMEDIATE SUPERVISOR	REASON FOR LEAVING
FROM (Date)	NAME OF EMPLOYER	JOB TITLE
TO (Date)	ADDRESS OF EMPLOYER (Number, Street, City, State & Zip Code)	DESCRIPTION OF DUTIES
BUSINESS PHONE		
SALARY	FULL NAME OF IMMEDIATE SUPERVISOR	REASON FOR LEAVING

WORK HISTORY - (CONT.)

FROM (Date)	NAME OF EMPLOYER	JOB TITLE
TO (Date)	ADDRESS OF EMPLOYER (Number, Street, City, State & Zip Code)	DESCRIPTION OF DUTIES
BUSINESS PHONE		
SALARY	FULL NAME OF IMMEDIATE SUPERVISOR	REASON FOR LEAVING
FROM (Date)	NAME OF EMPLOYER	JOB TITLE
TO (Date)	ADDRESS OF EMPLOYER (Number, Street, City, State & Zip Code)	DESCRIPTION OF DUTIES
BUSINESS PHONE		
SALARY	FULL NAME OF IMMEDIATE SUPERVISOR	REASON FOR LEAVING
FROM (Date)	NAME OF EMPLOYER	JOB TITLE
TO (Date)	ADDRESS OF EMPLOYER (Number, Street, City, State & Zip Code)	DESCRIPTION OF DUTIES
BUSINESS PHONE		
SALARY	FULL NAME OF IMMEDIATE SUPERVISOR	REASON FOR LEAVING
FROM (Date)	NAME OF EMPLOYER	JOB TITLE
TO (Date)	ADDRESS OF EMPLOYER (Number, Street, City, State & Zip Code)	DESCRIPTION OF DUTIES
BUSINESS PHONE		
SALARY	FULL NAME OF IMMEDIATE SUPERVISOR	REASON FOR LEAVING

WORK HISTORY - (CONT.)

FROM YOUR PREVIOUS WORK HISTORY, CHOOSE AT LEAST ONE JOB AND DESCRIBE WHICH CHARACTERISTICS OF THE JOB YOU ENJOYED AND WHY. THEN, DESCRIBE THE CHARACTERISTICS YOU DISLIKED AND EXPLAIN WHY.

LIST AND EXPLAIN ANY OTHER EDUCATIONAL TRAINING YOU HAVE RECEIVED THAT WOULD BE RELEVANT TO THE POSITION YOU ARE APPLYING FOR:

MILITARY AND EDUCATIONAL RECORD

MILITARY

PRESENT DRAFT BOARD ADDRESS (Number, Street, City, State, & Zip Code)		DRAFT BOARD NO. PRETTY D B CLASS
BRANCH OF SERVICE (Army, Navy, Etc.)	UNIT (Tank Corp, Engineers, Medics, Etc.)	MILITARY SERIAL NO.
MILITARY ACTIVE DUTY DATES (Do Not Include Short Reserve Tours of 90 Days or Less)	HIGHEST MILITARY RANK HELD	TYPE OF SEPARATION
TOTAL MONTHS OF COMBAT DUTY	TOTAL MONTHS OF OVERSEAS DUTY	MILITARY RESERVE STATUS <input type="checkbox"/> READY <input type="checkbox"/> STANDBY <input type="checkbox"/> NONE

1. HAVE YOU EVER ASKED FOR OR RECEIVED DEFERMENT FROM MILITARY SERVICE? YES NO
2. WERE YOU EVER COURT MARTIALED, TRIED ON CHARGES, OR SUBJECT OF A SUMMARY COURT MARTIAL, CAPTAINS MAST, ARTICLE 16, COMPANY PUNISHMENT, OR ANY OTHER DISCIPLINARY ACTION WHILE IN THE ARMED SERVICES? IF YES, EXPLAIN ON LAST PAGE OF APPLICATION. YES NO
3. HAVE YOU EVER RECEIVED A GOVERNMENT DISABILITY PENSION? IF YES, EXPLAIN ON THE LAST PAGE OF APPLICATION. VET'S CLAIM "C" NO. _____ YES NO
4. HAVE YOU EVER TAKEN A GENERAL EDUCATION DEVELOPMENT "GED" TEST? YES NO

EDUCATIONAL

CIRCLE HIGHEST GRADE COMPLETED 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 OTHER						
LIST EACH GRAMMAR, JR HIGH, HIGH SCHOOL, TRADE, PART TIME, NIGHT SCHOOL, BUSINESS COLLEGE, AND UNIVERSITY THAT YOU HAVE ATTENDED. START WITH THE MOST RECENT SCHOOL ATTENDED.						
NAME OF SCHOOL	LOCATION OF SCHOOL (City & State)	ATTENDANCE DATES FROM	TO	GRADUATE YES	NO	DEGREES OR NO. OF UNITS

REFERENCES

LIST FOUR INDIVIDUALS THAT HAVE KNOWN YOU FOR AT LEAST FIVE YEARS IN A PROFESSIONAL CAPACITY. IF YOU HAVE FEWER THAN FOUR PROFESSIONAL REFERENCES, YOU MAY LIST NON-PROFESSIONAL REFERENCES. DO NOT LIST FAMILY MEMBERS.

NOTE: PROFESSIONAL REFERENCES WILL BE WEIGHTED MORE HEAVILY

NAME		HOME ADDRESS (Number, Street, City, State, & Zip Code)	HOME PHONE (Area Code & Number)
YEARS KNOWN	BUSINESS/OCCUPATION	BUSINESS ADDRESS (Number, Street, City, State, & Zip Code)	BUSINESS PHONE (Area Code & Number)
NAME		HOME ADDRESS (Number, Street, City, State, & Zip Code)	HOME PHONE (Area Code & Number)
YEARS KNOWN	BUSINESS/OCCUPATION	BUSINESS ADDRESS (Number, Street, City, State, & Zip Code)	BUSINESS PHONE (Area Code & Number)
NAME		HOME ADDRESS (Number, Street, City, State, & Zip Code)	HOME PHONE (Area Code & Number)
YEARS KNOWN	BUSINESS/OCCUPATION	BUSINESS ADDRESS (Number, Street, City, State, & Zip Code)	BUSINESS PHONE (Area Code & Number)
NAME		HOME ADDRESS (Number, Street, City, State, & Zip Code)	HOME PHONE (Area Code & Number)
YEARS KNOWN	BUSINESS/OCCUPATION	BUSINESS ADDRESS (Number, Street, City, State, & Zip Code)	BUSINESS PHONE (Area Code & Number)

ESSAY

WHY DO YOU WANT TO WORK FOR THE MADISON VILLAGE POLICE DEPARTMENT, AND WHAT MAKES YOU THE BEST CANDIDATE FOR THE POSITION? (BE THOROUGH AND DETAILED)

