

VILLAGE OF PIONEER POLICE DEPARTMENT



APPLICATION FOR EMPLOYMENT

PIONEER POLICE DEPARTMENT
205 S. STATE STREET
PO BOX 426
PIONEER, OHIO 43554
(419) 737-3129

WWW.PIONEERPOLICE.COM

The Village of Pioneer is an Equal Opportunity Employer

INSTRUCTIONS

Read each question carefully and answer each question accurately and truthfully. An applicant may be disqualified from further processing if the applicant makes a false statement in the application. All entries must be printed legibly in **BLACK INK** or typed. If any question does not apply to you, write N/A.

Date of Application: _____ Position: _____

SECTION 1: PERSONAL HISTORY

Last Name		First Name		Middle Name	
Street Address		City		State	Zip
Home Phone		Cell Phone		Work Phone	
DOB	SSN		Driver's License Number		Driver's License State
Previous Address (if at current less than a year)		City		State	Zip
Are you an United States Citizen: Yes <input type="checkbox"/> No <input type="checkbox"/>			If you're a Naturalized Citizen, please provide:		
Date	Certificate Number		Location		
Marital Status: Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/>					
OPOTA Certified: Yes <input type="checkbox"/> No <input type="checkbox"/>			If yes, Date Certified:		
Email Address:					

SECTION 2: EMPLOYMENT HISTORY

List your work history for the past 10 years, beginning with your present position. List periods of unemployment, include all part-time and volunteer positions. Attach additional sheets if necessary.

Employer Name			Phone Number		
Street Address		City		State	Zip
Dates Employed	From:	To:	Salary:		
Position Held:	Part-Time <input type="checkbox"/> Full-Time <input type="checkbox"/>		Hours Per Week:		
Duties:					
Reason for Leaving:					
Name of Supervisor		If current employer, may we contact: Yes <input type="checkbox"/> No <input type="checkbox"/>			

EMPLOYMENT HISTORY CONTINUED:

Employer Name			Phone Number		
Street Address		City		State	Zip
Dates Employed	From:	To:	Salary:		
Position Held:	Part-Time <input type="checkbox"/> Full-Time <input type="checkbox"/>		Hours Per Week:		
Duties:					
Reason for Leaving:					
Name of Supervisor		If current employer, may we contact: Yes <input type="checkbox"/> No <input type="checkbox"/>			

Employer Name			Phone Number		
Street Address		City		State	Zip
Dates Employed	From:	To:	Salary:		
Position Held:	Part-Time <input type="checkbox"/> Full-Time <input type="checkbox"/>		Hours Per Week:		
Duties:					
Reason for Leaving:					
Name of Supervisor		If current employer, may we contact: Yes <input type="checkbox"/> No <input type="checkbox"/>			

Employer Name			Phone Number		
Street Address		City		State	Zip
Dates Employed	From:	To:	Salary:		
Position Held:	Part-Time <input type="checkbox"/> Full-Time <input type="checkbox"/>		Hours Per Week:		
Duties:					
Reason for Leaving:					
Name of Supervisor		If current employer, may we contact: Yes <input type="checkbox"/> No <input type="checkbox"/>			

Employer Name			Phone Number		
Street Address		City		State	Zip
Dates Employed	From:	To:	Salary:		
Position Held:	Part-Time <input type="checkbox"/> Full-Time <input type="checkbox"/>		Hours Per Week:		
Duties:					
Reason for Leaving:					
Name of Supervisor		If current employer, may we contact: Yes <input type="checkbox"/> No <input type="checkbox"/>			

SECTION 3: EDUCATION

List all course work taken beginning with High School. Attach copies of Diploma, Degrees, and Transcripts.

School Name		Address	
Dates Attended	From:	To:	Courses Taken or Major
Did you graduate: Yes <input type="checkbox"/> No <input type="checkbox"/>		Type of Degree / Diploma	

School Name		Address	
Dates Attended	From:	To:	Courses Taken or Major
Did you graduate: Yes <input type="checkbox"/> No <input type="checkbox"/>		Type of Degree / Diploma	

School Name		Address	
Dates Attended	From:	To:	Courses Taken or Major
Did you graduate: Yes <input type="checkbox"/> No <input type="checkbox"/>		Type of Degree / Diploma	

School Name		Address	
Dates Attended	From:	To:	Courses Taken or Major
Did you graduate: Yes <input type="checkbox"/> No <input type="checkbox"/>		Type of Degree / Diploma	

School Name		Address	
Dates Attended	From:	To:	Courses Taken or Major
Did you graduate: Yes <input type="checkbox"/> No <input type="checkbox"/>		Type of Degree / Diploma	

List any awards, honors, citations, and positions held in school organizations. _____

Where you ever dismissed from high school or college, or was there any disciplinary action including academic probation, taken against you? Yes No (If YES, explain below)

Name of School	Date	Type of Action	Reason
Name of School	Date	Type of Action	Reason
Name of School	Date	Type of Action	Reason
Name of School	Date	Type of Action	Reason
Name of School	Date	Type of Action	Reason

SECTION 4: DRIVING HISTORY

List all driver's or chauffeur's licenses you currently hold.

State	License Number	License Type	Exp. Date

Have you ever been licensed to drive in another state? Yes No If YES, list below.

State	License Number	License Type

Have you ever had your license revoked, suspended, or restricted? Yes No If YES, explain below.

State	License Number	Reason

SECTION 5: MILITARY STATUS

Have you ever served in, or are currently in the Army, Navy, Marine Corps, Air Force, Coast Guard, R.O.T.C., or any Military Reserve unit? Yes No If YES, list below.

Entry Date	Branch	Rank	Discharge Type	Discharge Date

SECTION 6: NARCOTICS

Have you ever tried or used an illegal narcotic or dangerous drug, either in pill form or by injection, or any other manner of ingestion? (Include prescription drugs taken illegally) Yes No If YES, explain below.

Type of Drug	Date of Last Use	Times Tried Since the Age of 18				
		1	2-5	6-10	11-20	20+
Marijuana						
Hash						
Cocaine						
Crack						
Speed						
Heroin						
Opium						
Morphine						
LSD						
Acid						
Peyote						
Mescaline						
Steroids						
Other (Type)						
Other (Type)						

Have you ever GIVEN or SOLD prescription drugs, marijuana, or any other illegal narcotic or dangerous drugs? Yes No If YES, explain below.

List five (5) references (not relatives or former employers) who are responsible adults, and who have known you well during the past five years (5) years (include area code and phone):

Name	Address	
Home Phone Number	Other Phone Number	Years Known

Name	Address	
Home Phone Number	Other Phone Number	Years Known

Name	Address	
Home Phone Number	Other Phone Number	Years Known

Name	Address	
Home Phone Number	Other Phone Number	Years Known

Name	Address	
Home Phone Number	Other Phone Number	Years Known

CERTIFICATE OF APPLICANT

(Read Carefully Before Signing)

I hereby certify that all statements made in this application are true and I authorize investigation of all matters contained in this application. I understand and agree any misstatement or omission of fact on this application will cause forfeiture on my part of all rights of employment with the Village of Pioneer. I further agree and understand that I may be fingerprinted, and required to furnish proof of age and citizenship as may be directed. I also understand and agree that all applicants conditionally selected for this position may be required to submit a urinalysis test for illegal drug use.

Applicant Name (Printed)

Applicant Signature

Date

EMPLOYER USE ONLY. DO NOT WRITE IN THIS AREA.		
Accepted _____	Not Accepted _____	Late filling _____
Department _____		
Supervisor _____		
Start Date _____	Rate of pay _____	
Job Title _____		

WAIVER OF LIABILITY AND RELEASE FOR BACKGROUND INVESTIGATION

To: Concerned Person or Authorized Representative of Any Organization, Institution or Repository of Records

I, _____, am presently applying for employment as a police officer with the Village of Pioneer, which I acknowledge and understand, must thoroughly investigate my employment background, criminal history, personal background, education and references in order to evaluate my qualifications for a position as a police officer. I understand that it is in the public's interest that all relevant information in this regard, including my personal and employment history with my current and former employers, be disclosed to the Village of Pioneer.

The intent of this authorization is to permit all former employers identified in my employment application to provide, and for the Village of Pioneer to obtain, full and free access to the background and history of my personal life and my employment history and performance, for the specific purpose of permitting the Village of Pioneer to conduct a thorough background investigation regarding me that will provide pertinent data for consideration by the Village of Pioneer in determining my suitability for employment as a police officer. It is my specific intent to provide the Village of Pioneer with access to personnel information, however personal or confidential it may appear to be.

I authorize all former employers, which have been fully disclosed and identified in my employment application, to release any and all public and private information that it may have concerning me, my work record, my background and reputation, my military service records, educational records, my financial status, my criminal history record, including my arrest record(s) and records compiled during or as the result of a criminal investigation(s) of me, efficiency ratings, complaints or grievances filed by or against me, the records or recollections of attorneys at law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had, an interest, attendance records, polygraph examinations, and any internal affairs investigations and discipline, including any files which are deemed to be confidential and/or sealed.

I hereby release all former employers identified in my employment application, and, if applicable, their elected and appointed officials, employees and agents and all others from liability of damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I hereby release all former employers identified in my employment application, and, if applicable, its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I direct all former employers identified in my employment application to release such information upon request of the duly accredited representative of the Village of Pioneer, regardless of any agreement, written or oral, I may have made with the former employer to the contrary.

In addition, I also give the Village of Pioneer the right to thoroughly investigate my background, previous employment, education and references in order to ascertain my suitability for service as a Village of Pioneer employee. I release and hold harmless the Village of Pioneer, its elected and appointed officials, agents and employees from and against any and all liability which might result from conducting such an investigation, including any damages of whatever kind which may at any time result to me, my heirs, family or associates because of such investigation.

I recognize and understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access and disclosure of records, and I waive those rights with the understanding that information furnished by any former employer will be used by the Village of Pioneer in conjunction with employment procedures.

I understand that if a former employer refuses to cooperate with this investigation by failing to provide full disclosure of any and all relevant information about me, then the Village of Pioneer may disqualify me from further consideration for employment as a police officer.

A photocopy or facsimile of this release form will be valid as an original thereof, even though the said photocopy or facsimile does not contain an original writing of my signature. This waiver is valid for a period of three years from the date of my signature. Should there be any questions as to the validity of this release, you may contact me at the address listed on my employment application.

I agree to indemnify and hold harmless the person, to whom this request is presented, as well as his agents and employees, from and against all claims, damages, losses and expenses including reasonable attorney's fees, arising out of or by reason of complying with this request.

Print Name

DOB

Signature

Date