

ATTICA POLICE DEPARTMENT

20 S. Main Street P. O. Box 424 Attica, Ohio 44807 Phone: (419)426-3621 Fax: (419)426-3622 Atticaohio.us

Atticapolice@yahoo.com
Chief Keith D. Turner



APPLICATION FOR EMPLOYMENT AN EQUAL OPPORTUNITY EMPLOYER

PLEASE TYPE OR PRINT RESPONSES TO ALL OF THE QUESTIONS

CONTAINED ON THE ENTIRE APPLICATION FORM

POSITION SOUGHT:	
LAST NAME:	FIRST NAME:
MIDDLE NAME:	
HOME ADDRESS:	COUNTY:
CITY/STATE/ZIP:	
HOME PHONE: ()	-
SOCIAL SECURITY NUMBER: _	
DATE OF BIRTH//	_
ARE YOU AN ADULT 21 YEARS	S OF AGE OR OLDER? YES: NO:
* * * * * * * * * * * * * * * * * * * *	* * * * * * * * * * * * * * * * * * * *
EMPLOYMENT	HISTORY AND WORK EXPERIENCE
IN DATE ORDER, INCLUDING I	MPLOYMENT HISTORY AND WORK EXPERIENCE MILITARY EXPERIENCE. BEGIN WITH YOIJR DDITIONAL PAPER IF NECESSARY. FAILURE TO MAY BE GROUNDS FOR DISQUALIFICATION.
*********	*************
CURRENT EMPLOYER:	
(Enter "None" if unemployed)	
MAY WE CONTACT YOUR CUP	RRENT EMPLOYER PRIOR TO EMPLOYMENT?
YES: NO:	
ADDRESS:	
PHONE NUMBER:	

DATES EMPLOYED:	TO		
JOB TITLE:			
SUPERVISOR'S NAME:			
BEGINNING SALARY:			
DESCRIBE YOUR DUTIES, PROMOTIONS,ETC.:	RESPONSIE	BILITIES, EQUIPMENT OF	PERATED,
WHY DO YOU WANT TO L			
* * * * * * * * * * * * * * * * * * * *	*****	* * * * * * * * * * * * * * *	* * * * * * * * * *
PREVIOUS EMPLOYER:			
ADDRESS:			
PHONE NUMBER:			
DATES EMPLOYED:	T()	
JOB TITLE:			
SUPERVISOR'S NAME:			
BEGINNING SALARY:	PER	ENDING SALARY:	PER
DESCRIBE YOUR DUTIES, PROMOTIONS,ETC.:			<u> </u>
WHY DID YOU LEAVE?			
*********	*******	*******	*****
PREVIOUS EMPLOYER:			
ADDRESS:			
PHONE NUMBER:			
DATES EMPLOYED:	T()	
JOB TITLE:			
SUPERVISOR'S NAME:			
BEGINNING SALARY:			
DESCRIBE YOUR DUTIES, 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
DESCRIBE YOUR DUTIES, RESPONSIBILITIES, EQUIPMENT OPERATED, PROMOTIONS,ETC.:
WHY DID YOU LEAVE?
IF YOU NEED TO LIST ANY ADDITIONAL PREVIOUS EMPLOYERS, PLEASE USE A BLANK SHEET OF PAPER TO DO SO.
HAVE YOU EVER BEEN INVOLUNTARILY LAID OFF, DISCHARGED, TERMINATED, OR EVER ASKED TO RESIGN FROM EMPLOYMENT?
YES: NO:
IF YES EXPLAIN:

TRAINING AND EDUCATION

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:
COURSES PERTAINING TO JOB APPLIED FOR:
ACTIVITIES, AWARDS, SPORTS, ETC.:
GRADUATE SCHOOL(S) ATTENDED:
ADDRESS:
DATE 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.
HAVE YOU EVER BEEN IN THE MILITARY YES: NO:
IF SO WHAT BRANCH:WHERE YOU HONORABLY DISCHARGED?
YES: NO: CAN YOU PROVIDE A COPY OF YOUR DD-214 YES: NO:

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 CHARGED WITH A TRAFFIC OFFENSE?
YES: NO:
IF YES EXPLAIN:
HAVE YOU EVER PLEAD GUILTY OR BEEN CONVICTED OR PLEAD TO ANY MISDEMEANOR OR FELONY OFFENSIVES?
$YES: ___NO: ____ (The \ Employer \ will \ only \ consider \ specific \ crimes \ related \ to \ qualifications \ for \ positions \ applied \ for.)$
IF YES EXPLAIN:
DO YOU POSSESS A VALID DRIVERS LICENSE? YES: NO:
IF NO, CAN YOU OBTAIN ONE PRIOR TO EMPLOYMENT? YES: NO:
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:
DO YOU USE ALCOHOL AND TO WHAT EXTENT?
YES: NO:
IF YES EXPLAIN:
HAVE YOU EVER USED OR ABUSED ILLICIT AND/OR OVER THE COUNTER DRUGS? IF SO TO WHAT EXTENT?
YES: NO:
IF YES EXPLAIN:
DO YOU HAVE ANY PHYSICAL OR MENTAL CONDITIONS WHICH WOULD LIMIT YOUR ABLILITY TO PERFORM THE POSITION FOR WHICH YOU ARE APPLYING?
YES: NO:
IF YES EXPLAIN:

	THREE REFERENCES WHO ARE NOT RELATED TO YOU THAT YOU I AT LEAST ONE YEAR:
NAME:	
	ADDRESS:
EMAIL	
NAME:	
PHONE:	ADDRESS:
EMAIL	
NAME:	
PHONE:	ADDRESS:
EMAIL	
WOULD ASSIS	IDE ANY OTHER INFORMATION YOU DESIRE TO INCLUDE WHICH IT IN DETERMINING YOUR EMPLOYMENT WITH THE ATTICA RTMENT OR WHY YOU SHOULD BE HIRED?
THE INFORMA	LING TO SUBMIT TO A POLYGRAPH EXAMINATION REGARDING ATION AND ANSWERS YOU HAVE PROVIDED ON THE ATTICA RTMENT EMPLOYMENT APPLICATION?
YES: NO:	_
	LING TO SUBMIT TO A DRUG TEST & CREDIT CHECK PRIOR TO FWITH THE ATTICA POLICE DEPARTMENT?
YES: NO:	_

****************************** 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. If employed, I understand and accept that, depending on the department in which I am applying for employment, I may be required to work evening shifts or night shifts, including weekends and be on call and work mandatory overtime hours. Initials: 3. 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: 4. 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: 5. 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: 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 CONTAINEDIN 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. I RECOGNIZE THAT MY FUTURE EMPLOYMENT

WITH THE EMPLOYER WILL BE JEOPARDIZED IF I ENGAGE IN SUBSTANCE

(Date)

ABUSE, ILLEGAL DRUG USE, OR ALCOHOL ABUSE.

(Applicant's Signature)

ATTICA POLICE DEPARTMENT

20 SOUTH MAIN STREET P.O. BOX 424 ATTICA, OHIO 44807 PH: 419-426-3621

FAX: 419-426-3622

AUTHORITY TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I hereby authorize any police officer or representative of the Attica, Ohio Police Department bearing this release, or photocopy thereof, fax or other transmission thereof, within 1 (one) year of this date to obtain any information in files pertaining to my educational records, medical records, employment records, credit records, arrest records, or any information pertaining to me, either verbally or in writing. I hereby direct you to release information upon request of the requester. This release is executed with the full knowledge and understanding that the information is for official purposes of the Attica, Ohio Police Department to conduct a background investigation for employment with the Attica, Ohio Police Department.

Consent is granted for the Attica, Ohio Police Department to furnish such information as is described above to third parties in the course of fulfilling it's official responsibilities. I hereby release you, as custodians of such records and any school or other educational institution, hospital or other repository of medical records, employment records, credit bureau of consumer reporting agency, law enforcement agency, or any other person giving such information from any and all liability for damages of whatever kind, which may at anytime result to me, my heirs, family of associates because of compliance, or any attempt to comply with this release. Should there be any question as to the validity of this release, you may contact me as indicated below.

FULL NAME:			
TYPEI	O OR PRINTED		
CURRENT ADDRESS:			
SSN:	DOB:		
		ase information an	d consent to th
		ase information an	d consent to th
Sworn to and subscribed in before me, 20	described herein. DATE	_	