

# Village of Terrace Park

ver. 7/2008

428 Elm Ave  
Terrace Park, Ohio 45174

The Village of Terrace Park, an equal opportunity employer, does not discriminate in hiring or employment on the basis of race, sex, color, religious creed, national origin or ancestry. Or on the basis of age, against persons whose age is between 40 and 70, or on the basis of handicap not limiting the applicant's ability to perform satisfactorily the job available. No question on this form is intended to secure information to be used for such discrimination.

The Village of Terrace Park will give this application every consideration. However, in accepting it, the village makes no commitment of employment to the applicant.

## APPLICANT QUESTIONNAIRE

Those who will be considering you for employment with the Village of Terrace Park will use this questionnaire for reference. Fill it out **COMPLETELY** and **CORRECTLY!** An extensive background investigation will be conducted into your personal history. Applicants for Law Enforcement Officer Positions will be required to take a drug screen for illegal narcotics and fire a semi-auto handgun proficiency qualification and may be required to take a medical examination. Civilian applicants may also be requested to take a drug screen. Any **FALSE**, **MISLEADING** or **INCOMPLETE** information will be grounds to disqualify you for employment with Village of Terrace Park.

I have read and fully understand the above \_\_\_\_\_  
Signature

### ***FOLLOW DIRECTIONS CAREFULLY***

1. Use ink. Complete this form in your own handwriting or printing.
2. Write or print legibly.
3. **Make certain that each question is answered completely and correctly.** If additional space is needed, write on back of page or use supplemental sheet.
4. Read each question carefully.
5. **Do not** leave a question blank. If it does not apply to you, write "N/A" in the space.

### **1. PERSONAL DATA:**

Date Applied \_\_\_\_\_

<b>Name:</b>		
Last	First	Middle
<b>Telephone:</b>		
Home ( ) _____ - _____	<b>Social Security Number:</b>	
Business ( ) _____ - _____	□ □ □ - □ □ - □ □ □ □	
Alternate ( ) _____ - _____	<b>List Any Other Names You Have Ever Used:</b>	
<b>Mailing Address:</b>		
Street _____		
City _____	State _____	Zip Code _____





## 4. Military Service

Branch Served: \_\_\_\_\_

Years Served: \_\_\_\_\_ Date discharged: \_\_\_\_\_ Rank upon separation: \_\_\_\_\_

Discharge:

Honorable: \_\_\_\_\_ General: \_\_\_\_\_ Dishonorable: \_\_\_\_\_

**Applicants who apply with military service must attach a copy of Form DD 214**

## 5. EMPLOYMENT HISTORY:

Have you ever been dismissed or asked to resign from any employment?  Yes  No

Have you filed employment applications with any other sources recently?  Yes  No

If yes, List below those sources you have current applications for employment with

<u>Firm Name</u>	<u>Address</u>
_____	_____
_____	_____
_____	_____

**Please list employers in chronological order starting with your most recent employer.**

From _____ <small>Month/Day/Year</small>	to _____ <small>Month/Day/Year</small>	Job Title: _____
Name of Employer: _____	Name and Title of Supervisor: _____	
Address of Employer: _____	Phone Number: _____	
Street _____	Beginning Salary: _____	Ending Salary: _____
City _____ State _____ Zip Code _____	\$ _____	\$ _____
Describe Your Duties: _____		
Reason For Leaving: _____		
From _____ <small>Month/Day/Year</small>	to _____ <small>Month/Day/Year</small>	Job Title: _____
Name of Employer: _____	Name and Title of Supervisor: _____	
Address of Employer: _____	Phone Number: _____	
Street _____	Beginning Salary: _____	Ending Salary: _____
City _____ State _____ Zip Code _____	\$ _____	\$ _____
Describe Your Duties: _____		
Reason For Leaving: _____		

From \_\_\_\_\_ to \_\_\_\_\_  
Month/Day/Year Month/Day/Year

Job Title: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Name and Title of Supervisor: \_\_\_\_\_

Address of Employer: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Street \_\_\_\_\_

Beginning Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_  
\$ \$

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Describe Your Duties: \_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_  
Month/Day/Year Month/Day/Year

Job Title: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Name and Title of Supervisor: \_\_\_\_\_

Address of Employer: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Street \_\_\_\_\_

Beginning Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_  
\$ \$

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Describe Your Duties: \_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_  
Month/Day/Year Month/Day/Year

Job Title: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Name and Title of Supervisor: \_\_\_\_\_

Address of Employer: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Street \_\_\_\_\_

Beginning Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_  
\$ \$

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Describe Your Duties: \_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_  
Month/Day/Year Month/Day/Year

Job Title: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Name and Title of Supervisor: \_\_\_\_\_

Address of Employer: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Street \_\_\_\_\_

Beginning Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_  
\$ \$

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Describe Your Duties: \_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

**6. CRIMINAL HISTORY:**

Have you ever been convicted of any crime other than traffic?  Yes  No

If yes, explain in detail: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**7. DRIVING HISTORY:**

List all drivers's or chauffeur's licenses you hold now. Indicate if you have ever had your license revoked or suspended.

State	Type of License	Expiration Date	License Number	Revoked or Suspended

**8. DUI / DRUG USE:**

Have you ever been convicted for driving under the influence?  Yes  No

Have you illegally used drugs in the last 15 years?  Yes  No

(Include marijuana, LSD, peyote, heroin, opium, cocaine, abusing prescription drugs, etc.)

If yes, what was the illegally used drug? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**9. ORGANIZATION MEMBERSHIP:**

Are you now, or have you ever been, a member of any foreign or domestic organization, association, movement, group, or combination of persons which is totalitarian, fascist, communist, or subversive, or which has adopted or shows a policy of advocating or approving the commission of acts of force or violence to deny other persons of their rights under the constitution of the United States or the State of Ohio or which seeks to alter the form of government of the United States, or the State of Ohio, by any unlawful or unconstitutional means?

Yes  No If yes, EXPLAIN on the reverse.

# Village of Terrace Park Police Department

## Consent & Release Form for Law Enforcement Employee's/Applicants Only

I, \_\_\_\_\_, as an employee/applicant of the Village of Terrace Park Police Department, hereby acknowledge that the Village of Terrace Park Police Department policy requires me to submit to drug and or alcohol testing for employment as a Law Enforcement Officer.

I further understand that the purpose of this analysis is to determine or rule out the presence of non-prescribed or prohibited dangerous controlled substances in my system.

I hereby freely and voluntarily consent to this request for a designated sample (i.e. Blood Breath or Urine) for drugs and or alcohol, and agree to participate in the testing program.

I hereby and herewith release the Village of Terrace Park Police Department, it's employees, agents and contractors from any and all liability whatsoever arising from this request for testing, from the actual testing procedures, and from decisions made concerning my application for or continuation of employment based on the results of the analysis.

I agree to cooperate in all aspects of the testing program.

I hereby authorize the release of my drug and/or alcohol test results to the contractor's Medical Review Officer (MRO), and/or to the Village of Terrace Park's Police Departments examining physician, as provided by the Village of Terrace Park Police Department.

I further acknowledge that the Village of Terrace Park Police Department has provided me with an opportunity to ask questions related to its drug and alcohol testing program and that all my questions have been answered.

Employee/Applicant Signature: \_\_\_\_\_

Employee/Applicant Printed Name: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_

Printed name of Witness: \_\_\_\_\_

Date of Signatures: \_\_\_\_\_

## Village of Terrace Park Police Handgun Qualification Test for Law Enforcement Applicants

To determine the selection of Law Enforcement Officers for the Village of Terrace Park a handgun qualification course will be fired by the applicant. The applicant must pass this test should they want to move on in the process for selection as a Law Enforcement Officer. All applicants will be given a minimum of one weeks notice prior to the range date to prepare for the qualification. Persons who apply will need the following items listed below.

1. **Handgun (If caliber is other then 9mm the applicant will have to provide the ammo a minimum of 120 rounds will be needed.)**
2. **3 Magazines**
3. **Duty Belt**
4. **Duty Holster**
5. **Magazine pouch**
6. **Eye Protection**
7. **Ear Protection**
8. **Flashlight**

Any applicant that is late on the **date and time** of the **range** will be considered an **automatic failure** and will not be allowed to shoot the course. Applicants will be given **TWO** chances to pass an SPO if they fail an SPO two times they will fail the entire course. All rounds fired must be in the Preferred Area of the Target.

Applicants are encouraged to meet with one of the department firearms officers prior to the test date to work on any problems they may have with the handgun they choose to use when they take the test or to increase their chances of passing the course. **NO HANDGUNS WILL BE SUPPLIED BY THIS DEPARTMENT.**

I have read and understand the above requirements for selection as a Law Enforcement Officer with the Village of Terrace Park I also have been issued a copy of the Handgun Qualification Rules and a copy of the Handgun Qualification Course.

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Print Name of Applicant

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Signature of Applicant

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Date

## AUTHORIZATION FOR RELEASE OF INFORMATION

I, \_\_\_\_\_, do hereby authorize the Veterans Administration, U.S. Navy, Army, Air Force, Marine Corps, Coast Guard, current and/or former employers, Medical and/or Psychological Doctors, Insurance Companies, Schools, Colleges, Universities, State and Federal Tax Bureaus, and Credit Bureaus to furnish the Village of Terrace Park Police Department with any and all available information regarding me in order that the Village may determine my suitability to work.

I authorize the Village of Terrace Park Police Department to make inquiry of my present and past employers regarding my character, integrity, and reputation. Exceptions, if any:

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**EXCEPTIONS: (Make note if you do not wish your present employer contacted, and why.)**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_