Village of Terrace Park

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 additional Interviews/Test. 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 <u>completely and correctly</u>. 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.

<u> 1. PERSONAL DATA:</u>

				Bate replied
Name:				
Las	t		First	Middle
Telephone:				
Home ()			
Business ()			Email:
Alternate ()			
Email:			<u></u>	
Mailing Addre	ess:			List Any Other Names You Have Ever Used:
Street		· · · · · · · · · · · · · · · · · · ·		
City		State	Zip Code	

Date Annlied

Police:	Fire:	EMS:	Office:	Maintenance: _	Other:		
Work St	atus:						
Full Time	:: Part	Time:	Auxiliary:	Volunteer:	Seasonal	l:	
Starting v years incl	vith your <u>pr</u> uding your	esent address addresses in	s, list the addre the military se	esses where you hervice.	ave lived fo	or the past tw	venty (20)
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FROM	TO	STF	REET ADDRESS	CITY	Υ	COUNTY	STATE
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List three and who l	ERENCES (3) reference have known	es (<u>not</u> relat	ives, former e			are responsil	ble adults
Name:			•	Occupati	ion:		
Telephone Home (Business (How Lon	i g Have You Years	ı Known Eac	h Other: Months
Residence	or Busines	s Address:					
Street				City		State	Zip Code
Name:				Occupat	ion:		
Telephone Home (_	-		How Lon	ıg Have Yοι	ı Known Eac	h Other:
Business () <u> </u>				Years		Months
Residence	or Busines:	s Address:					
Street		·.		City		State	Zip Code

Work Desired:

Name:		Occupation:			
Telephone: Home ()_ Business ()_		How Long Have You	Known E	ach Other:	
Residence or Busi	ness Address:				
Street		City	State	Zip Code	 _
3. EDUCATIO	<u>N:</u>				
Do you have (chec	ck one): 🗆 College Degree	☐ GED Certificate ☐ H	igh Scho	ol Di pl oma	
When and where o	lid you earn them: List all so	chools, colleges and universities	s you hav	e attended?	
Dates Attended	Name of School	Address (Number & Street, City. State & Phone Number)	Diplom	a/Degree Rece	ived
Elementary		a Frone Wallbery			
Jr. High					
High School					□ No GED
College			*		
Other or Police Fire/Academy)				-	□ No ation:
List Honors earned	d, extra curricular activities v	while in school and current hob	oies;		
would qualify you	for the type of work for whi inteer work, etc. You need no	s or special knowledge that you ch you are applying. Such as ex ot list any organization that refe	eperience	in the	

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 Firm Name Address Please list employers in chronological order starting with your most recent employer. Job Title: _____ Month/Day/Year Month/Day/Year Name of Employer: Name and Title of Supervisor: Address of Employer: Phone Number: Street Beginning Salary: **Ending Salary:** State Zip Code Describe Your Duties: Reason For Leaving: __ to _____ Month/Day/Year Job Title: _____ Month/Day/Year Name of Employer: Name and Title of Supervisor: Address of Employer: Phone Number: Street Beginning Salary: **Ending Salary:**

Zip Code

Describe Your Duties:

Reason For Leaving: __

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From Month/Day/Year	to Month/Day/Year	Job Title:	
Name of Employer:	тығы <i>ы ауғ</i> , ∙	Name and Title of Supervisor:	
Address of Employer:		Phone Number:	
Street		Beginning Salary:	Ending Salary:
city Describe Your Duties:			\$
FromMonth/Day/Year	to Month/Day/Year	Job Title:	
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Address of Employer:		Phone Number:	
Street		Beginning Salary:	Ending Salary:
City Describe Your Duties:	State Zip Code	Ψ	\$
			
From	to		
		Job Title: Name and Title of Supervisor:	
From Month/Day/Year	to	Job Title:	
From Month/Day/Year Name of Employer:	to	Job Title: Name and Title of Supervisor: Phone Number: Beginning Salary:	Ending Salary:
From	toMonth/Day/Year	Job Title: Name and Title of Supervisor: Phone Number: Beginning Salary: \$	
From	toMonth/Day/Year	Job Title: Name and Title of Supervisor: Phone Number: Beginning Salary: \$	Ending Salary:
From	to Month/Day/Year State Zip Code	Job Title: Name and Title of Supervisor: Phone Number: Beginning Salary: \$	Ending Salary:
From	to	Job Title: Name and Title of Supervisor: Phone Number: Beginning Salary: \$	Ending Salary:
From	to Month/Day/Year State Zip Code	Job Title: Name and Title of Supervisor: Phone Number: Beginning Salary: \$ Job Title:	Ending Salary:
From	to Month/Day/Year State Zip Code	Job Title: Name and Title of Supervisor: Phone Number: Beginning Salary: \$ Job Title: Name and Title of Supervisor: Phone Number: Beginning Salary:	Ending Salary: \$ Ending Salary:
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TT 914 14 4 4 4	T.C **** 1		of any crime other the		□ Yes	
List all drivers's or chauffeur's licenses you hold now. Indicate if you have ever had your 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 Have you illegally used drugs in the last 15 years? Yes Have you illegally used drugs in the last 15 years? Yes Have you illegally used drugs in the last 15 years? Yes Have you illegally used 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 organ association, movement, group, or combination of persons which is totalitarian, fascist, com or subversive, or which has adopted or shows a policy of advocating or approving the com of acts of force or violence to deny other persons of their rights under the constitution	ir yes, expi	ain in detail:			*	
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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:

AUTHORIZATION FOR RELEASE OF INFORMATION

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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, Credit Bureaus, Municipal, County, State and
Federal Law Enforcement, Municipal, County, State and Federal Courts and Private Information
Companies 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:
EXCEPTIONS: (Make note if you do not wish your present employer contacted, and why.)
Signed: Date: