

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 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 _____

Name:		
Last	First	Middle
Telephone:		
Home () _____ - _____	Email: _____	
Business () _____ - _____		
Alternate () _____ - _____		
Email: _____		
Mailing Address:		List Any Other Names You Have Ever Used:
Street _____		
City	State	Zip Code

Work Desired:

Police: ___ Fire: ___ EMS: ___ Office: ___ Maintenance: ___ Other: ___

Work Status:

Full Time: ___ Part Time: ___ Auxiliary: ___ Volunteer: ___ Seasonal: ___

Starting with your present address, list the addresses where you have lived for the past twenty (20) years including your addresses in the military service.

DATES		STREET ADDRESS	CITY	COUNTY	STATE
FROM	TO				

2. REFERENCES:

List three (3) references (**not** relatives, former employers or neighbors) who are responsible adults and who have known you well during the past five years.

Name: _____	Occupation: _____
Telephone: Home () _____ - _____ Business () _____ - _____	How Long Have You Known Each Other: _____ Years _____ Months
Residence or Business Address:	
Street _____	City _____ State _____ Zip Code _____
Name: _____	Occupation: _____
Telephone: Home () _____ - _____ Business () _____ - _____	How Long Have You Known Each Other: _____ Years _____ Months
Residence or Business Address:	
Street _____	City _____ State _____ Zip Code _____

Name:	Occupation:
Telephone: Home () _____ - _____ Business () _____ - _____	How Long Have You Known Each Other: _____ Years _____ Months
Residence or Business Address:	
Street _____	City _____ State _____ Zip Code _____

3. EDUCATION:

Do you have (check one): College Degree GED Certificate High School Diploma

When and where did you earn them: List all schools, colleges and universities you have attended?

Dates Attended	Name of School	Address (Number & Street, City, State & Phone Number)	Diploma/Degree Received
Elementary			
Jr. High			
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No Diploma GED
College			<input type="checkbox"/> Yes <input type="checkbox"/> No Degree:
Other or Police Fire/Academy)			<input type="checkbox"/> Yes <input type="checkbox"/> No Degree/Certification:

List Honors earned, extra curricular activities while in school and current hobbies;

Please indicate other abilities, experience, skills or special knowledge that you particularly feel would qualify you for the type of work for which you are applying. Such as experience in the armed forces, volunteer work, etc. You need not list any organization that refers to religion, ethnic group, ancestry or national origin.

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 _____ to _____ <small>Month/Day/Year 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 _____ <small>Month/Day/Year 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: _____

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, 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: _____