

**Village of Terrace Park**  
**EMPLOYMENT APPLICATION**  
**428 Elm Avenue**  
**Terrace Park, OH 45174**

The Village of Terrace Park, an equal opportunity employer, does not discriminate on the basis of race, sex, color, religious creed, national origin or ancestry. Also, the Village does not discriminate based on age of any person between the ages of 40 and 70, nor on the basis of handicap not limiting the applicant's ability to satisfactorily perform the job available. The questions below are not intended to secure information to be used for such discrimination.

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

**APPLICANT QUESTIONNAIRE**

Please complete the following questions completely and accurately. An extensive background investigation will be conducted of your personal history. Applicants for Law Enforcement Officer Positions will be required to take a drug screen for illegal narcotics as well as complete a semi-auto handgun proficiency qualification. Officer applicants may also be required to take a medical examination. Civilian applicants may be requested to take a drug screen. Any false, misleading or incomplete information will be grounds to disqualify applicant for employment with the 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.
2. Write or print legibly.
3. **Answer each question completely and correctly.** If additional space is needed, write on the back of the page or use a supplemental sheet. A resume may be attached in place of or to supplement Education and Employment History ONLY.
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 ( ) \_\_\_\_\_ - \_\_\_\_\_

Business ( ) \_\_\_\_\_ - \_\_\_\_\_

Alternate ( ) \_\_\_\_\_ - \_\_\_\_\_

Social Security Number:

\_\_\_\_ - \_\_\_\_ - \_\_\_\_

Mailing Address: \_\_\_\_\_

List Any Other Names You Have Ever Used: \_\_\_\_\_

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					
To	From	Street Address	City	County	State

## 2. REFERENCES

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

Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Telephone:

Home: ( ) \_\_\_\_\_ - \_\_\_\_\_

Business: ( ) \_\_\_\_\_ - \_\_\_\_\_

Alternate: ( ) \_\_\_\_\_ - \_\_\_\_\_

How many years have you known  
this person: \_\_\_\_\_

Residence or Business Address: \_\_\_\_\_

Street

City

State

Zip Code

Name: _____		Occupation: _____	
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p><b>Telephone:</b></p> <p>Home (    ) _____ - _____</p> <p>Business (    ) _____ - _____</p> <p>Alternate (    ) _____ - _____</p> </div> <div style="width: 35%;"> <p><b>How many years have you known this person?</b> _____</p> </div> </div>			
<b>Residence or Business Address</b>			
Street _____	City _____	State _____	Zip Code _____

Name: _____		Occupation: _____	
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p><b>Telephone:</b></p> <p>Home (    ) _____ - _____</p> <p>Business (    ) _____ - _____</p> <p>Alternate (    ) _____ - _____</p> </div> <div style="width: 35%;"> <p><b>How many years have you known this person?</b> _____</p> </div> </div>			
<b>Residence or Business Address</b>			
Street _____	City _____	State _____	Zip Code _____

### 3. EDUCATION

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

**List all schools, colleges and universities you have attended:**

Dates Attended	Name of School	Address City, State & Phone Number	Diploma Received
Elementary			
Jr. High			
High School			
College			
<b>Other Schools</b>			

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

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Please indicate other abilities, experience skills or special knowledge that you believe would further qualify you for the type of work for which you are applying. This experience can include armed forces, volunteer work, etc.. Please do not include any organizations that refer to religion, ethnic group, ancestry or national origin.

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#### 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 with whom you have currently applied.

Firm Name

Address

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Please list employment history in chronological order starting with your most recent employer. (Resume may be attached.)

From _____	To _____	Job Title: _____
Name of Employer: _____	Name and Title of Supervisor: _____	
Address of Employer: _____	Phone Number: _____	
Street _____	Beginning Salary: _____	Ending Salary: _____
City _____ State _____ Zip _____		
Describe your duties: _____		
_____		
Reason for Leaving: _____		

From _____	To _____	Job Title: _____
Name of Employer: _____	Name and Title of Supervisor: _____	
Address of Employer: _____	Phone Number: _____	
Street _____	Beginning Salary: _____	Ending Salary: _____
City _____ State _____ Zip _____		
Describe your duties: _____		
_____		
Reason for Leaving: _____		

From _____	To _____	Job Title: _____
Name of Employer: _____	Name and Title of Supervisor: _____	
Address of Employer: _____	Phone Number: _____	
Street _____	Beginning Salary: _____	Ending Salary: _____
City _____ State _____ Zip _____		
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 driver or chauffeur licenses that you currently hold. 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, abuse of prescription drugs, etc.)

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

## 9. ORGANIZATION MEMBERSHIP

Are you a current or former 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. Are you a current or former member of any organization that 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, please EXPLAIN on the reverse.

## 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, please list below:

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

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_