

OFFICIAL USE ONLY

NAME (L/F/M):

DATE RECEIVED:

# ORWELL POLICE DEPARTMENT



## APPLICATION FOR EMPLOYMENT

A COPY OF THE FOLLOWING DOCUMENTS MUST BE SUBMITTED WITH THE APPLICATION BY ALL APPLICANTS:

- \_\_\_ 1. Birth Certificate
- \_\_\_ 2. High School Diploma or GED (transcripts required if GED)
- \_\_\_ 3. College Degree(s) (if applicable)
- \_\_\_ 4. DD-214 form stating Honorable Discharge
- \_\_\_ 5. Driver's License
- \_\_\_ 6. Social Security card
- \_\_\_ 7. Current Auto Insurance card
- \_\_\_ 8. Ohio Peace Officer Training Commission basic training certificate
- \_\_\_ 9. Police In-Service Training certificates

[www.orwellpolice.com](http://www.orwellpolice.com)



# EMPLOYMENT APPLICATION

VILLAGE OF ORWELL – POLICE DEPARTMENT  
 78 EAST MAIN STREET  
 P.O. BOX 222  
 ORWELL, OHIO 44076

PLEASE TYPE OR PRINT

POSITION APPLYING FOR: FULL TIME \_\_\_\_\_ PART TIME \_\_\_\_\_

NAME \_\_\_\_\_ HOME PHONE (\_\_\_\_) \_\_\_\_\_

RES. ADDRESS \_\_\_\_\_ WORK PHONE (\_\_\_\_) \_\_\_\_\_

CITY, STATE, ZIP CODE \_\_\_\_\_ CELL PHONE (\_\_\_\_) \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

OHIO DRIVER LICENSE NUMBER \_\_\_\_\_ CLASS \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

HIGH SCHOOL ATTENDED \_\_\_\_\_ LOCATION \_\_\_\_\_ GRADUATE? YES  NO

NAME OF COLLEGES/UNIVERSITIES ATTENDED	LOCATION	DESCRIPTION OF COURSES, MAJOR SUBJECTS	DEGREE RECEIVED
_____	_____	_____	_____
_____	_____	_____	_____
PEACE OFFICER BASIC TRAINING ACADEMY ATTENDED	LOCATION	DATES ATTENDED	TOTAL HOURS
_____	_____	_____	_____

MILITARY SERVICE

BRANCH \_\_\_\_\_ DATE OF ENTRY \_\_\_\_\_ DATE OF RELEASE \_\_\_\_\_

HIGHEST RANK \_\_\_\_\_ TYPE OF DISCHARGE \_\_\_\_\_

- ARE YOU AT LEAST 21 YEARS OF AGE? . . . . . Yes  No
- HAVE YOU APPLIED WITH OR WORKED FOR THE VILLAGE OF ORWELL BEFORE? . . . . . Yes  No
- HAVE YOU EVER USED ANY OTHER NAME(S)? . . . . . Yes  No
- HAVE YOU EVER BEEN ARRESTED AND/OR CHARGED WITH A CRIME? . . . . . Yes  No
- HAVE YOU EVER PLED "GUILTY", "NO CONTEST," OR HAVE YOU EVER BEEN "CONVICTED" OF ANY CRIMINAL OFFENSE, OTHER THAN A MINOR TRAFFIC VIOLATION? (PLEASE NOTE: THIS INCLUDES ANY EXPUNGED RECORDS) . . . . . Yes  No
- ARE YOU CURRENTLY OUT ON BAIL OR HAVE YOU BEEN RELEASED ON YOUR OWN RECOGNIZANCE PENDING TRIAL? . . . . . Yes  No
- DO YOU HAVE ANY RELATIVES EMPLOYED BY THE VILLAGE OF ORWELL? . . . . . Yes  No
- WERE YOU EVER FIRED, FORCED TO RESIGN FROM A POSITION, OR RESIGNED IN LIEU OF BEING FIRED? . . . . . Yes  No
- WOULD YOU MIND IF WE CONTACTED YOUR PRESENT OR PAST EMPLOYER(S) FOR A WORK REFERENCE? . . . . . Yes  No

REMARKS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**FAILURE TO PROVIDE ALL INFORMATION REQUESTED IN THIS SECTION MAY LEAD TO YOUR APPLICATION BEING DISQUALIFIED.  
DO NOT ATTACH A RESUME IN LIEU OF PROVIDING THIS INFORMATION.**

**EXPERIENCE: BEGIN WITH YOU MOST RECENT EXPERIENCE.** LIST ALL POSITIONS SEPARATELY HELD FOR THE LAST TEN (10) YEARS, INCLUDING PERIODS OF UNEMPLOYMENT AND MILITARY SERVICE. GIVE FULL DETAILS ABOUT EXPERIENCE WHICH, IN YOUR OPINION, MAKES YOU QUALIFIED FOR THE JOB FOR WHICH YOU ARE APPLYING. IN ADDITION, LIST ANY VOLUNTEER EXPERIENCE WHICH YOU BELIEVE HAS ENHANCED YOUR QUALIFICATIONS. FOR FULL CONSIDERATION, YOU MUST PROVIDE ALL INFORMATION REQUESTED ABOUT YOUR QUALIFICATIONS AND WORK RECORD.

Mo/Yr to Mo/Yr	NAME AND ADDRESS OF BUSINESS OR AGENCY/DEPARTMENT	TITLE OF YOUR POSITION	No. EMPL. UNDER YOUR SUPERVISION
HOURS PER WEEK		NAME OF SUPERVISOR	SUPERVISOR'S PHONE No.
SALARY/MONTH \$	DUTIES: _____		
REASON FOR LEAVING	_____		
_____	_____		
_____	YOUR NAME WITH THIS AGENCY IF DIFFERENT THAN CURRENT NAME		
Mo/Yr to Mo/Yr	NAME AND ADDRESS OF BUSINESS OR AGENCY/DEPARTMENT	TITLE OF YOUR POSITION	No. EMPL. UNDER YOUR SUPERVISION
HOURS PER WEEK		NAME OF SUPERVISOR	SUPERVISOR'S PHONE No.
SALARY/MONTH \$	DUTIES: _____		
REASON FOR LEAVING	_____		
_____	_____		
_____	YOUR NAME WITH THIS AGENCY IF DIFFERENT THAN CURRENT NAME		
Mo/Yr to Mo/Yr	NAME AND ADDRESS OF BUSINESS OR AGENCY/DEPARTMENT	TITLE OF YOUR POSITION	No. EMPL. UNDER YOUR SUPERVISION
HOURS PER WEEK		NAME OF SUPERVISOR	SUPERVISOR'S PHONE No.
SALARY/MONTH \$	DUTIES: _____		
REASON FOR LEAVING	_____		
_____	_____		
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Mo/Yr to Mo/Yr	NAME AND ADDRESS OF BUSINESS OR AGENCY/DEPARTMENT	TITLE OF YOUR POSITION	No. EMPL. UNDER YOUR SUPERVISION
HOURS PER WEEK		NAME OF SUPERVISOR	SUPERVISOR'S PHONE No.
SALARY/MONTH \$	DUTIES: _____		
REASON FOR LEAVING	_____		
_____	_____		
_____	YOUR NAME WITH THIS AGENCY IF DIFFERENT THAN CURRENT NAME		

**CERTIFICATE OF APPLICANT:** I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION AND ATTACHMENTS ARE TRUE, AND I AGREE AND UNDERSTAND THAT MISSTATEMENTS OR OMISSIONS OF ANY MATERIAL FACT MAY BE CAUSE FOR DISQUALIFICATION OR DISMISSAL FROM EMPLOYMENT WITH THE VILLAGE OF ORWELL. I UNDERSTAND THAT THE VILLAGE MAY INVESTIGATE MY DRIVING RECORD AND MY CRIMINAL RECORD AND THAT AN INVESTIGATIVE CONSUMER REPORT MAY BE PREPARED. I FURTHER UNDERSTAND THAT THE VILLAGE MAY CONTACT MY PREVIOUS EMPLOYERS AND I AUTHORIZE THOSE EMPLOYERS TO DISCLOSE TO THE VILLAGE ALL RECORDS AND INFORMATION PERTINENT TO MY EMPLOYEMENT WITH THEM. IN ADDITION TO AUTHORIZING THE RELEASE OF ANY INFORMATION REGARDING MY EMPLOYMENT, I HEREBY FULLY WAIVE ANY RIGHTS OR CLAIMS I HAVE OR MAY HAVE AGAINST MY FORMER EMPLOYERS, THEIR AGENTS, EMPLOYEES OR REPRESENTATIVES, AS WELL AS OTHER INDIVIDUALS WHO RELEASE INFORMATION TO THE VILLAGE, AND RELEASE THEM FROM ANY AND ALL LIABILITY, CLAIMS, OR DAMAGES THAT MAY DIRECTLY OR INDIRECTLY RESULT FROM THE USE, DISCLOSURE, OR RELEASE OF ANY SUCH INFORMATION BY ANY PERSON OR PARTY, WHETHER SUCH INFORMATION IS FAVORABLE OR UNFAVORABLE TO ME.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_ PAGE \_\_\_\_\_ OF \_\_\_\_\_