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VILLAGE OF HARTVILLE

202 West Maple Street Hartville, Ohio 44632 Phone: (330) 877-9222 Fax: (330) 877-9778

www.hartvilleoh.com

APPLICATION FOR EMPLOYMENT

(Please Print Plainly)

			Date:
NameLast			
Last	First	Initial	
Present addressN	o. Street	City	State Zip
Social Security No.		•	State Zip
	bove address?		
	? If no, hire is subject to		
Are you a U.S. Citizen?			
Type of Work Desired: Fi	ull Time Part Time Position	Desired:	
	red favorably, on what date will you be avai		
	ed by us? If yes, former position		
	rrently employed by the Village of Hartville		
Are there any positions or t	voes of work for which you should not b		
	sabliity or handicap? Yes No		
tre there any other experience	es, skills, or qualifications which you feel w	vould especially fit you for wo	rk with the Village?

^{*}The Village of Hartville is an equal opportunity employer.

RECORD OF EDUCATION

Name and Address of School	Course of Study	Degree
	ili e e e e e e e e e e e e e e e e e e	
М	ILITARY SERVICE RECORD*	
Have you ever been in the U.S. Armed Force	es? Yes No If yes, what Branch?	
Are you now a member of the National Guar	rd? Yes 🗆 No 🗆	
Date Entered Discharge	e Date	
List duties in the service including special tra	aining	
DO YOU HAVE A DRIVER'S LICENSE? YO	es 🗆 No 🗀	
Driver's License Number	State Expiration	
ı	PERSONAL REFERENCES	
Name and Occupation	Address	Phone No.
Name and Occupation	Address	Phone No.

List below all present and past employment, beginning with your most recent Employer 1 Address City State Zip Phone # Supervisor's Name Job Title ______ Reason for Leaving _____ Dates of Employment: ___/___ to ___/__ Salary or Hourly Wage ____ List the jobs you held, duties performed, skills used or learned while you worked at this company: Address City State Zip Phone # ______ Supervisor's Name _____ Job Title _____ Reason for Leaving _____ Dates of Employment: ___/___ to ___/__ Salary or Hourly Wage _____ List the lobs you held, duties performed, skills used or learned while you worked at this company: Employer 3 _____ City _____ State ____ Zip ____ Phone #_____ Supervisor's Name _____ _____ Reason for Leaving _____ Dates of Employment: / to / Salary or Hourly Wage List the lobs you held, duties performed, skills used or learned while you worked at this company: Employer 4 City State Zip Phone # Supervisor's Name Job Title _____ Reason for Leaving

List the jobs you held, duties performed, skills used or learned while you worked at this company:

Dates of Employment: ___/__ to __/ Salary or Hourty Wage ____

PLEASE READ THE FOLLOWING CAREFULLY AND SIGN BELOW

I have read, understand, and agree to the above statements.

I declare that I am qualified to perform all the duties of the position I am seeking with or without reasonable accommodation. I also declare that the information contained in this application is true and complete to the best of my knowledge, and I understand that any false statements or omissions shall be grounds for rejection of, or dismissal from employment with the Village of Hartville. I further agree to keep the information updated and accurate at all times while this application is active.

I authorize investigation of all statements contained in this application, including a criminal background, driving history, credit history check, and drug test, as applicable. I also authorize any person, school, current employer, past employers, and other organizations to provide information concerning my previous employment and other relevant information that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

This employment application will be considered active for six (6) months from the date below. If I want to be reconsidered for a job with the VIIIage of Hartville after this time, I must fill out another application.

I understand and agree that this application for employment does <u>NOT</u> create a contract for employment or a guarantee of employment. If an employment relationship is established, I understand that my employment is "AT WILL" and can be terminated with, or without cause, with, or without notice, at the option of either myself or the Village of Hartville.

SIGNATURE:	DATE:	

The following information regarding race, national origin and gender is requested to assure the Federal Government, acting through Rural Development that the Village of Hartville is complying with Federal Laws prohibiting discrimination against applicants.

You are not required to provide this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the Village of Hartville is required to note your race, national origin and gender on the basis of visual observation or surname.

RACE American Indian/Alaska Asian Black or African America Native Hawaiian or Othe White	an		
Female	Male	_	
ETHNICITY Hispanic or Latino Not Hispanic or Latino			
Female	Male		

Hartville Police Department Personal History Questionnaire

Applicant:				
	st Nar	ne)	(First)	(Middle)
(Da	(Date of Birth)) (Social	Security Number)
Position Applied For:	a/ []	Full-Time Police Offic	eer
(choose multiple if desired)		1	Part-Time Police Office	eer
	[]	Auxiliary Police Office	er
Date and time returned: _				
Received by:				

Instructions

This personal history questionnaire is intended for the sole use of the Hartville Police Department. You must be truthful and complete all answers requested on this form. All information contained herein will be subject to verification. Information contained herein will be considered confidential and will not be disclosed to any unauthorized person.

The answers to the questions contained in the questionnaire must be answered entirely by the applicant. You may fill out the questionnaire by printing; in your own hand, legibly in black ink only or electronically type your responses. You must completely answer each question that applies to you.

Warning

Applicants are cautioned to answer every question truthfully and without evasion. Both the Ohio Revised Code and the Rules and Regulations of the Hartville Police Department provide penalties for making false statements of a material fact, or for practicing any fraud or deception in obtaining or attempting to obtain employment. Such penalties include rejection for appointment or discharge after appointment and/or prosecution under Ohio Revised Code Section 2921.13.

Personal and Marital Record - Section I

Legal Name: Last First				Middle			
						_	
SSN#	Date of Birt	h Age	Height	Weigh	t H	air	Eyes
Place of Birth: City	County		State			Birth Co	ertificate Number
Residence Address						Reside	nce Phone Number
Scars, Birthmarks, Tattoos, Amj	putations, Et	c.					
By what other names have you b	peen known?	(Aliases, Nickna	ames, Maiden	Name, Forme	Married No	ame/s, Etc.)	
Ohio Drivers License Number	Class	Expiration	Out-o	f-State Licens	e Number	Class	Expiration
Current Marital Status		City, County, S	State Current N	lагтіage Perfo	rmed	Dat	te Performed
Are you a U.S. Citizen [] Yes [] No	If Yes [] Nativ	e Born alized	Perma [] Y		Alien	If Yes: I	Port of Entry
If Naturalized, List City and Stat	te		Date Nati	ralized	Certifica	te Number	
Name of Present Spouse (Last, F	irst, Middle)	Spouse's	Maiden Nam	е	Spo	ouse's SSN #
Spouse D.O.B.			Birthp	lace of Spous	е		
Spouse's Employer		Address				Pl	hone Number
Father (Natural) (Last, First, Middle)				A	ddress		
Mother (Natural) (Last, First, Middle)				A	Address		
Mothers Maiden Name				r Married Nar	nes (Most R	ecent First)	

Personal and Marital Record (Continued)

If you have been previously married, provide the following:

Date	City, County, State		Name) State		vorced City, County,	Date	
Date	City, County, State				vorced City, County,	Date	
	1		Ch	ildren			
[] Son N [] Daughte	Jame (Last, First, Middle) er		1	D.O.B.		Birth Place (City, St	ate)
Address				hip to You al []Ste	p [] Foster	Relationship to your	
[] Son N [] Daughte	Jame (Last, First, Middle)		1	D.O.B.		Birth Place (City, St	ate)
Address				nip to You al []Step	o [] Foster	Relationship to your	Spouse tep [] Foster
[]Son N []Daughte	lame (Last, First, Middle)		I	D.O.B.		Birth Place (City, St	ate)
Address				nip to You al []Step	[] Foster	Relationship to your	
[] Son N [] Daughte	lame (Last, First, Middle)		I	D.O.B.		Birth Place (City, St	ate)
Address				nip to You al [] Step	[] Foster	Relationship to your	Spouse ep [] Foster
[] Son N [] Daughter	fame (Last, First, Middle)		I	D.O.B.		Birth Place (City, St	Ate)
Address				nip to You al [] Step	[]Foster	Relationship to your	
Son N Daughter	ame (Last, First, Middle)		I).O.B.		Birth Place (City, St	ate)
Address			Relationship to You [] Natural [] Step [] Foster		[]Foster	Relationship to your	Spouse ep [] Foster
Are you now that you are r	supporting all dependents required to support?	Are you payin		/Child Sup	port? Amo	ount?	

[]	een sued for alimony payments, ch	na sahbord non-bahmem or deor	on nami	
If Yes Court/Ca.	se Number			
Court/Case Num	1ber			
Court/Case Nun	nber			
		Relatives		
List your relative	es in the following order 1.Brott 7.Fathe	ners 2.Sisters 3.Step-Mother 4.St er-in-Law 8.Mother-in-Law 9.Br	ep-Father 5.Step-Brothers 6.Step-Sis others-in-Law 10.Sisters-in-Law	ters
Relationship	Name (Last, First, Middle)	Address	Phone #	Age
Relationship	Name (Last, First, Middle)	Address	Phone #	Age
Relationship	Name (Last, First, Middle)	Address	Phone #	Age
Relationship	Name (Last, First, Middle)	Address	Phone #	Age
Relationship	Name (Last, First, Middle)	Address	Phone #	Age
Relationship	Name (Last, First, Middle)	Address	Phone #	Age
Relationship	Name (Last, First, Middle)	Address	Phone #	Age
Relationship	Name (Last, First, Middle)	Address	Phone #	Age
Relationship	Name (Last, First, Middle)	Address	Phone #	Age
Relationship	Name (Last, First, Middle)	Address	Phone #	Age

Previous Residences Record - Section II

List all addresses since age 15 or the last 20 years. Account for all time spans with the most recent address first. Include all military addresses, listing the nearest city in proximity to the base if you resided on base. If renting or leasing include the agent or management company.

Date	Address	With whom did you live?	Relationship	
Date	Address	With whom did you live?	Relationship	
Date	Address	With whom did you live?	Relationship	
Date	Address	With whom did you live?	Relationship	
Date	Address	With whom did you live?	Relationship	
Date	Address	With whom did you live?	Relationship	
Date	Address	With whom did you live?	Relationship	
Date	Address	With whom did you live?	Relationship	

References - Section III

List below the names of three adults not related to you, who were not former employers, who have known you for a period of preferably more than five years.

Name	Home Address	Home Phone	
Years Known	Work Address	Work Phone	
Name	Home Address	Home Phone	
Years Known	Work Address	Work Phone	
Name	Home Address	Home Phone	
Years Known	Work Address	Work Phone	

Financial Record - Section IV

Are you delinquen	t in any financial obligation?	(If yes explain	on contin	uation pa	ge) [] Ye	s []No
Do your monthly b	oills exceed your take-home p	pay?			[]Ye	es []No
Indebtedness: Invo	olving you, your spouse, or yo	ou ex-spouse fo	or which y	ou are lial	ble	
Owed To	Address	Date Inc	urred	Original Amount	Amount Due	Monthly Payment.
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
Name and address of yo	our bank					[] Savings [] Checking
Year, make, model, lice	anse number of your present vehicles	3	Date Purcl	nased	Name of Legal	Owner
1.						
2,						
3.						
A .	ne questions below: If there a numbers; Be complete on all		nswers, ex	plain fully	y on the continu	uation sheet, citin
Do you, your spous	se, or ex- spouse have any civ	vil action pendi	ng against	you?	[] Ye.	s []No
If employed by this	s agency, do you anticipate ar	ny income othe	r than fror	n this jobʻ	? []Ye	s [] No
Have you ever been	n refused a life, automobile, l	nealth, or other	insurance	policy?	[] Ye	s [] No
Have you ever been	n garnished, filed for bankrup	otcy, or been de	clared bar	krupt?	[] Ye	s [] No

Work History - Section V

Have you ever applied for a position with any other law enforcement or other government agency?

Name of Department		Date Applied	Accepted Y/N	If you were turned do give reason	own for employment,
1.					
2.					
3.					
4.					
5,					
5.					
7.					_
8.					
Begin with your me part time jobs, peri	ost recent job and list ods of unemployment	your complete wor and military service	k history in æ.	chronological orde	r. Include in sequen
part time jobs, peri When listing milita rank of the last Cor and address of co-v When listing period Employer" write "I received income du May we contact yo	ost recent job and list ods of unemployment ry service, substitute in mission Officer who worker, the name and its of unemployment, if unemployed". In the buring that period of unur present employer?	for the name and as was you immediate address of a Non-Cindicated dates in the control of the co	ddress of im the Commissione commissione the space pro Reason for L	mediate supervisor oned Superior and ed Officer with who vided. In the block eaving" indicate fro page)	, the name, address substitute for the name om you served. designated "Name om what source you
part time jobs, peri When listing milita rank of the last Cor and address of co-v When listing perio Employer" write "I received income du May we contact yo Have you ever beer	ods of unemployment ry service, substitute and nmission Officer who worker, the name and a dis of unemployment, i Unemployed". In the buring that period of un ur present employer?	for the name and as was you immediated dates of a Non-Cindicated dates in the control of the con	ddress of im the Commissione commissione the space pro Reason for L	mediate supervisor oned Superior and ed Officer with who vided. In the block eaving" indicate fro page)	, the name, address substitute for the name om you served. designated "Name om what source you
part time jobs, peri When listing milita rank of the last Cor and address of co-v When listing period Employer" write "I received income du May we contact yo Have you ever beer	ods of unemployment ry service, substitute a nmission Officer who worker, the name and a ds of unemployment, i Unemployed". In the b uring that period of un ur present employer? In discharged or asked	for the name and as was you immediated dates of a Non-Cindicated dates in the control of the con	ddress of im the Commissione commissione the space pro Reason for L	mediate supervisor oned Superior and d Officer with who vided. In the block eaving" indicate fro page) [, the name, address substitute for the name om you served. designated "Name om what source you
part time jobs, peri When listing milita rank of the last Cor and address of co-v When listing perio Employer" write "I received income du May we contact yo Have you ever beer	ods of unemployment ry service, substitute a nmission Officer who worker, the name and a ds of unemployment, i Jnemployed". In the b uring that period of un ur present employer? In discharged or asked and list hours worked	for the name and as was you immediated dates of a Non-Cindicated dates in the control of the con	ddress of im te Commissione the space pro Reason for L continuation explain on c	mediate supervisor oned Superior and d Officer with who vided. In the block eaving" indicate fro page) [the name, address substitute for the name on you served. designated "Name on what source you Yes [] No Yes [] No

Employer	Address Phone Number Name of		Name of Supervisor		
From: MM/DD/YY	Description of Duties	Salary			
To: MM/DD/YY	Reason For Leaving:				
Employer	Address	Phone Number	Name of Supervisor		
From: MM/DD/YY	Description of Duties	Description of Duties			
To: MM/DD/YY	Reason For Leaving:				
Employer	Address	Phone Number	Name of Supervisor		
From: MM/DD/YY	Description of Duties		Salary		
To: MM/DD/YY	Reason For Leaving:				
Employer	oyer Address Phone Number		Name of Supervisor		
From; MM/DD/YY	Description of Duties		Salary		
To: MM/DD/YY	Reason For Leaving:				
Employer	Address	Phone Number	Name of Supervisor		
From: MM/DD/YY	Description of Duties		Salary		
To: MM/DD/YY	Reason For Leaving:				
Employer	mployer Address Phone Number Name of		Name of Supervisor		
From: MM/DD/YY	Description of Duties		Salary		
To: MM/DD/YY	Reason For Leaving:				
Employer	Address	Phone Number	Name of Supervisor		
From; MM/DD/YY	Description of Duties		Salary		
To: MM/DD/YY	Reason For Leaving:				

From: MM/DD/YY	Description of Dut	ies				Salary	
To: MM/DD/YY	Reason For Leavin	g:					
Employer	Address		Phone	e Number	Name	of Supervisor	
From: MM/DD/YY	Description of Duties Salary						
To: MM/DD/YY	Reason For Leavin	g:					
	Milita	ry and Educs Mili	ntional Rec		Section VI		
Branch of Service	Unit		Military Serie	al Number	Active	Duty Dates	
Highest Rank Held		Type of Separation/0	Code	R	eserve Status	3	
Were you ever Cour (If Yes, explain on of Have you ever recei (If Yes, explain on of	continuation page ved a governmen	e) at disability pensi		mmary c	ourt martial?	[] Yes [] No	
		E	ducation				
Have you ever taker	à General Educ	ational Developm	ient "GED" t	est?		[] Yes [] No	
List each high school	ol, trade school, c	ollege, or univer	sity you have	attended	starting with	the most recent.	
Name of School	Location (City, St	Dates Atter	nded	Graduate Y	/N	Degree	
			- 11				
Name of School	Location (City, St	nte) Dates Atter	ided	Graduate Y	/N	Degree	
Name of School	Location (City, Str	nte) Dates Atter	ded	Graduate Y	7/N	Degree	
Name of School	Location (City, Sta	Dates Atten	ded	Graduate Y	/N	Degree	

Name of Supervisor

Phone Number

Employer

Address

Name of School	Location (City, State)	Dates Attended	Graduate Y/N	Degree
Name of School	Location (City, State)	Dates Attended	Graduate Y/N	Degree
Name of School	Location (City, State)	Dates Attended	Graduate Y/N	Degree

Miscellaneous

List all social media accounts and usernames you have used (IE: email addresses, Facebook name, Twitter handle, Snapchat, Instagram name, etc.) You may be required to provide access to your social media account during the background investigation or interview process.

Type of Account:	Usemame:					
List all organizations, clubs, and social groups of which you are now, or have been a member.						

Name of Organization	Dates	Position/Membership Status	
Name of Organization	Dates	Position/Membership Status	
Name of Organization	Dates	Position/Membership Status	
Name of Organization	Dates	Position/Membership Status	

General Information Inquiry

Notice: If the answer to any of the following is Yes – It will be necessary for you to explain, in detail, on the continuation sheet provided. Full and comprehensive explanations are required.

1. If it became necessary in the course of your police duties to take a human life, would you have any reluctance to do so because of religious or other beliefs?	[] Yes	[] No
2. Have you ever committed a felony for which you were never arrested or convicted?	[] Yes	[] No
3. Have you ever been placed on, or served in a criminal diversion type program that led to the eventual dismissal of any criminal charges or applied for and had any charges/convictions sealed?	[] Yes	[] No
4. Have you ever been convicted of a felony?	[] Yes	[] No
5. Have you ever been convicted of a misdemeanor that had been reduced from original felony charges?	[] Yes	[] No
6. Have you ever been convicted of any criminal offense?	[] Yes	[] No
7. Have you ever been convicted of any traffic offenses?	[] Yes	[] No
8. Have you ever been arrested or detained for any violation of law, for which you were either involved in or the perpetrator?	[] Yes	[] No
9. As an adult, have you ever stolen anything?	[] Yes	[] No
10. Have you either bought or sold any property that you knew was stolen?	[] Yes	[] No
11. Has your driver's license ever been suspended or revoked?	[] Yes	[] No
12. Have you ever been committed to any penal institution as a result of either a felony or misdemeanor conviction?	[] Yes	[] No
13. Are you presently under indictment or a defendant in any criminal, traffic, or civil action?]] Yes	[] No
14. Have you ever used any illegal drug? (If yes, age 1st used, last used, total number of usages)	[] Yes]] No
15. Have you ever used any prescribed medications for purposes other than that for which they were originally prescribed or intended?]] Yes	[] No
16. Have you ever used any substance with the intent to experience the same or similar effects of any illegal or prescription drug?]] Yes]] No
17. Have you ever sold, been party to the sale, or in any other way been financially rewarded due to the sale of any controlled substances or prescription drugs or any other substance purported to be a controlled substance?]] Yes	[] No
18. Are you addicted to or use alcohol excessively or suffer from any alcohol related problems, or received any related treatments?	[] Yes	[] No

19. Have you ever used, sold, or been party to the sale and use of any Steroids or similar substances without the benefit of a prescription or for any undocumented medical reason?	E] Yes	[] No
20. Have you ever filed for, or received, compensation from Workers Compensation?	[] Yes	[] No
21. Have you ever applied for and received unemployment compensation, the amounts of which you were not eligible to receive?	[] Yes	[] No
22. Are you now, or have you ever, received any type of governmental support such as welfare, housing subsidy, medical or educational loans or grants that you were not eligible for, receiving in a fraudulent manner or after receiving became ineligible for but continued receiving?	[] Yes	[] No
23. Do you have hatreds or prejudices toward others because of their race, sex, sexual orientation, national origin, religion, or color.	[] Yes	[] No
24. Do you have problems with gambling?	[] Yes	[] No
25. Do you have any problem controlling your temper?	1] Yes	[] No
26. Have you ever engaged in any grossly unnatural sexual acts?	[] Yes	1] No
27. Have you ever engaged in any illicit sexual acts?]] Yes	[] No
28. Have you ever traveled outside the United States?	[] Yes	[] No
29. Is there anything in your medical or psychological history, that you are aware of, that could disqualify you from this position?	[] Yes	[] No
30. Have you ever received any psychiatric or psychological evaluations, treatments, or examinations?	[] Yes	[] No
31. Have you ever been a patient in any state or private mental institution?	[] Yes	[] No
32. Do you wear glasses or contacts for any vision defect?]] Yes	[] No
33. Are you color blind?	[] Yes	[] No
34. Have you been subject to any disciplinary action from your current or former employer?	[] Yes	[] No
35. Are you currently under investigation or part of an ongoing disciplinary process?	[] Yes	[] No
36. Are you aware of anything else that could eliminate you from holding a law enforcement commission?	[] Yes	[] No
37. Are you on any medications that would prevent you from operating a police cruiser or carrying a handgun?	[] Yes	[] No

Continuation Sheet

In utilizing this section to explain or further add to answers, make reference to the particular Section Number, Page Number, and/or Question Number. Your answers must be clear in meaning, explaining all facets of the particular question. Caution: in signing the above certificate, you are attesting to the validity of all answers noted within this continuation, as well as all areas of the questionnaire. Should you require further space, attach an 8.5×11 sheet of paper.

Section #	Page #	Question #	Continuation
	_		
		-	
_			

All applicants must sign the following certificate

I certify that the statements contained in this questionnaire are true to the best of my knowledge. I understand that any false statements made in this questionnaire may be cause for disapproval of my application, appointment, or discharge after appointment. I further realize that any falsehoods may subject me to prosecution under Ohio Revised Code Section 2921.13.

Signature of Applicant:	
Date:	
Signature of Witness:	
Date:	



Hartville Police Department

650 S. Prospect Ave Suite 200. Hartville, Ohio 44632

Phone: 330-877-2500 Fax: 234-281-0003



AUTHORIZATION TO RELEASE INFORMATION

(For the release of personal data and record information)

To Whom it May Concern:

I hereby authorize and request any of the following (whether the relationship is present or in the past):

- 1. Employer
- 2. School (private or public funded)
- 3. Law Enforcement Jurisdiction (Federal, State, County or Municipal)
- 4. Keeper of civil court records
- 5. Keeper of criminal conviction records
- 6. Any person or persons having personal knowledge about me
- 7. Professional organizations of which I am or have been a member
- 8. Federal, State, County or Municipal Licensing Board
- 9. Financial institution or credit reporting agency

To furnish the Hartville Police Department with any and all information in their possession or knowledge regarding me in connection with an application for employment. I am willing that a photocopy of this authorization be accepted with the same authority as the original.

	PRINT NAMES.S #	
	DATE OF BIRTH	
necessary to enable	formation relative to change of name, use of any assumed name or a check on your work record?	r nickname
	SIGNATURE	
	DATE	
	WITNESS	
	The A Period	