

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: _____

Employer 2 _____
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: _____

Employer 3 _____
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: _____

Employer 4 _____
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: _____

PLEASE READ THE FOLLOWING CAREFULLY AND SIGN BELOW

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 Village of Hartville after this time, I must fill out another application.

I understand and agree that this application for employment does NOT 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.

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

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/Alaskan Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islanders

White

Female _____

Male _____

ETHNICITY

Hispanic or Latino

Not Hispanic or Latino

Female _____

Male _____

Personal and Marital Record – Section I

Legal Name: Last		First		Middle		
SSN#	Date of Birth	Age	Height	Weight	Hair	Eyes
Place of Birth: City	County		State		Birth Certificate Number	
Residence Address					Residence Phone Number	
Scars, Birthmarks, Tattoos, Amputations, Etc.						
By what other names have you been known? (Aliases, Nicknames, Maiden Name, Former Married Name/s, Etc.)						
Ohio Drivers License Number	Class	Expiration	Out-of-State License Number	Class	Expiration	
Current Marital Status		City, County, State Current Marriage Performed			Date Performed	
Are you a U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes <input type="checkbox"/> Native Born <input type="checkbox"/> Naturalized		Permanent Resident Alien <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes: Port of Entry	
If Naturalized, List City and State			Date Naturalized	Certificate Number		
Name of Present Spouse (Last, First, Middle)			Spouse's Maiden Name		Spouse's SSN #	
Spouse D.O.B.			Birthplace of Spouse			
Spouse's Employer		Address			Phone Number	
Father (Natural) (Last, First, Middle)			D.O.B.	Address		
Mother (Natural) (Last, First, Middle)			D.O.B.	Address		
Mothers Maiden Name			Former Married Names (Most Recent First)			

Personal and Marital Record (Continued)

If you have been previously married, provide the following:

Date	City, County, State	Ex-Spouse (Maiden Name)	Dissolved/Divorced City, County, State	Date
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Date	City, County, State	Ex-Spouse (Maiden Name)	Dissolved/Divorced City, County, State	Date
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Children

<input type="checkbox"/> Son Name (Last, First, Middle) <input type="checkbox"/> Daughter	D.O.B.	Birth Place (City, State)
Address	Relationship to You <input type="checkbox"/> Natural <input type="checkbox"/> Step <input type="checkbox"/> Foster	Relationship to your Spouse <input type="checkbox"/> Natural <input type="checkbox"/> Step <input type="checkbox"/> Foster

<input type="checkbox"/> Son Name (Last, First, Middle) <input type="checkbox"/> Daughter	D.O.B.	Birth Place (City, State)
Address	Relationship to You <input type="checkbox"/> Natural <input type="checkbox"/> Step <input type="checkbox"/> Foster	Relationship to your Spouse <input type="checkbox"/> Natural <input type="checkbox"/> Step <input type="checkbox"/> Foster

<input type="checkbox"/> Son Name (Last, First, Middle) <input type="checkbox"/> Daughter	D.O.B.	Birth Place (City, State)
Address	Relationship to You <input type="checkbox"/> Natural <input type="checkbox"/> Step <input type="checkbox"/> Foster	Relationship to your Spouse <input type="checkbox"/> Natural <input type="checkbox"/> Step <input type="checkbox"/> Foster

<input type="checkbox"/> Son Name (Last, First, Middle) <input type="checkbox"/> Daughter	D.O.B.	Birth Place (City, State)
Address	Relationship to You <input type="checkbox"/> Natural <input type="checkbox"/> Step <input type="checkbox"/> Foster	Relationship to your Spouse <input type="checkbox"/> Natural <input type="checkbox"/> Step <input type="checkbox"/> Foster

<input type="checkbox"/> Son Name (Last, First, Middle) <input type="checkbox"/> Daughter	D.O.B.	Birth Place (City, State)
Address	Relationship to You <input type="checkbox"/> Natural <input type="checkbox"/> Step <input type="checkbox"/> Foster	Relationship to your Spouse <input type="checkbox"/> Natural <input type="checkbox"/> Step <input type="checkbox"/> Foster

<input type="checkbox"/> Son Name (Last, First, Middle) <input type="checkbox"/> Daughter	D.O.B.	Birth Place (City, State)
Address	Relationship to You <input type="checkbox"/> Natural <input type="checkbox"/> Step <input type="checkbox"/> Foster	Relationship to your Spouse <input type="checkbox"/> Natural <input type="checkbox"/> Step <input type="checkbox"/> Foster

Are you now supporting all dependents that you are required to support? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you paying Alimony/Child Support? <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount?
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Have you ever been sued for alimony payments, child support, non-payment of debts or fraud?
 Yes No

If Yes Court/Case Number

Court/Case Number

Court/Case Number

Relatives

List your relatives in the following order 1.Brothers 2.Sisters 3.Step-Mother 4.Step-Father 5.Step-Brothers 6.Step-Sisters
 7.Father-in-Law 8.Mother-in-Law 9.Brothers-in-Law 10.Sisters-in-Law

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

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

Work History – Section V

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

Yes No

If yes, list below.

Name of Department	Date Applied	Accepted Y/N	If you were turned down for employment, give reason
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

Employment

Begin with your most recent job and list your complete work history in chronological order. Include in sequence all part time jobs, periods of unemployment and military service.

When listing military service, substitute for the name and address of immediate supervisor, the name, address and rank of the last Commission Officer who was your immediate Commissioned Superior and substitute for the name and address of co-worker, the name and address of a Non-Commissioned Officer with whom you served.

When listing periods of unemployment, indicated dates in the space provided. In the block designated "Name of Employer" write "Unemployed". In the block designated "Reason for Leaving" indicate from what source you received income during that period of unemployment.

May we contact your present employer? (If No, explain on continuation page) Yes No

Have you ever been discharged or asked to resign? (If Yes, explain on continuation page) Yes No

If currently employed, list hours worked and days off: _____

Employer	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	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	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	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	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:		

Military and Educational Record – Section VI

Military Service

Branch of Service	Unit	Military Serial Number	Active Duty Dates
Highest Rank Held	Type of Separation/Code	Reserve Status	

Were you ever Court Martialed, tried on charges, or subject of a summary court martial? Yes No
(If Yes, explain on continuation page)

Have you ever received a government disability pension? Yes No
(If Yes, explain on continuation page)

Education

Have you ever taken a General Educational Development “GED” test? Yes No

List each high school, trade school, college, or university you have attended starting with the most recent.

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

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? 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? Yes No
26. Have you ever engaged in any grossly unnatural sexual acts? Yes 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

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 NAME _____

S.S # _____

DATE OF BIRTH _____

Is any additional information relative to change of name, use of any assumed name or nickname, necessary to enable a check on your work record? _____

If yes, explain: _____

SIGNATURE _____

DATE _____

WITNESS _____

DATE _____