



MONROEVILLE POLICE DEPARTMENT
APPLICATION FOR EMPLOYMENT
AN EQUAL OPPORTUNITY EMPLOYER

Please type or print responses to all of the questions contained on the entire application form.

POSTION SOUGHT: _____

LAST NAME: _____ FIRST NAME: _____ MI: _____

FORMER NAMES: _____

HOME ADDRESS: _____ COUNTY: _____

CITY/STATE/ZIP: _____

HOME PHONE: _____

SOCIAL SECURITY NUMBER: _____

ARE YOU 21 OR OLDER? YES: _____ NO: _____

EMPLOYMENT HISTORY AND WORK EXPERIENCE

In this section, list all employment history and work experience in date order, including military experience. Begin with your current employer. Use additional paper if necessary. Failure to include all employment may be grounds for disqualification.

CURRENT EMPLOYER: _____

(Enter "none" if unemployed)

MAY WE CONTACT YOUR CURRENT EMPLOYER PRIOR TO EMPLOYMENT?

YES: _____ NO: _____

ADDRESS: _____

PHONE NUMBER: _____

DATES EMPLOYED FROM: _____ TO: _____

JOB TITLE: _____

SUPERVISOR'S NAME: _____

BEGINNING SALARY: _____ PER: _____ ENDING SALARY: _____ PER: _____

DESCRIBE YOUR DUTIES, RESPONSIBILITIES, EQUIPMENT OPERATED, PROMOTIONS, ETC.

WHY DO YOU WANT TO LEAVE: _____

PREVIOUS EMPLOYER: _____
ADDRESS: _____
PHONE NUMBER: _____
DATES EMPLOYED FROM: _____ TO: _____
JOB TITLE: _____
SUPERVISOR'S NAME: _____
BEGINNING SALARY: _____ PER: _____ ENDING SALARY: _____ PER: _____
DESCRIBE YOUR DUTIES, RESPONSIBILITIES, EQUIPMENT OPERATED, PROMOTIONS, ETC.

WHY DID YOU LEAVE: _____

PREVIOUS EMPLOYER: _____
ADDRESS: _____
PHONE NUMBER: _____
DATES EMPLOYED FROM: _____ TO: _____
JOB TITLE: _____
SUPERVISOR'S NAME: _____
BEGINNING SALARY: _____ PER: _____ ENDING SALARY: _____ PER: _____
DESCRIBE YOUR DUTIES, RESPONSIBILITIES, EQUIPMENT OPERATED, PROMOTIONS, ETC.

WHY DID YOU LEAVE: _____

PREVIOUS EMPLOYER: _____
ADDRESS: _____
PHONE NUMBER: _____
DATES EMPLOYED FROM: _____ TO: _____
JOB TITLE: _____
SUPERVISOR'S NAME: _____
BEGINNING SALARY: _____ PER: _____ ENDING SALARY: _____ PER: _____
DESCRIBE YOUR DUTIES, RESPONSIBILITIES, EQUIPMENT OPERATED, PROMOTIONS, ETC.

WHY DID YOU LEAVE: _____

EDUCATION

This section is intended to give the Employer information about the education and training that the applicant has completed, and to demonstrate the skills, knowledge and abilities of the applicant to perform the job duties of the position.

HIGH SCHOOL ATTENDED: _____
ADDRESS: _____
DID YOU GRADUATE? _____ YEAR: _____ HIGH SCHOOL EQUIVALENT? _____

COURSES PERTAINING TO JOB APPLIED FOR: _____

ACTIVITIES, AWARDS, ACHIEVEMENTS, ETC., RELATED TO THE POSITION APPLIED FOR: _____

COLLEGE OR TRADE SCHOOL ATTENDED: _____

ADDRESS: _____

DATES OF ATTENDANCE: _____ DID YOU GRADUATE: _____ DEGREE: _____

COURSES PERTAINING TO JOB APPLIED FOR: _____

ACTIVITIES, AWARDS, ACHIEVEMENTS, ETC., RELATED TO THE POSITION APPLIED FOR: _____

GRADUATE SCHOOL(S) ATTENDED: _____

ADDRESS: _____

DATES OF ATTENDANCE: _____ TO: _____

Please use the following space to provide any further information on training, education, skills, abilities, hobbies, volunteer work, etc., that you possess or have experience that may be helpful in the evaluation of you application.

PERSONAL INFORMATION

DO YOU HAVE ANY COMMITMENTS (I.E., SECOND JOB, SCHOOL, ETC.) WHICH MIGHT INTERFERE WITH, OR ADVERSELY AFFECT, YOUR EMPLOYMENT SHOULD WE SELECT YOU FOR A POSITION? YES: _____ NO: _____

IF YES, PLEASE EXPLAIN: _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES: _____ NO: _____

IF YES, PLEASE EXPLAIN: _____

(The employer will only consider specific crimes related to the qualifications for the position applied for.)

ARE YOU LEGALLY PERMITTED TO WORK IN THE UNITED STATES? YES: _____ NO: _____

DO YOU POSSESS A VAILD STATE OF OHIO DRIVER'S LICENSE? YES: _____ NO: _____

Please read each of the following paragraphs carefully. Indicate your understanding of, consent to, the contents and conditions of each by placing your initials in the space provided. If you have any questions regarding one or more paragraphs, contact the Employer before initialing.

1. I understand and accept that, if I am selected for employment, my employment may be conditioned upon my passing any medical/psychological examination that the Employer deems necessary to determine whether I can perform the essential functions of the position, with reasonable accommodation when necessary.
I understand and accept that this may include drug, alcohol, or substance abuse testing as part of or prior to any medical examination.

Initials: _____

2. I understand and accept that, given the duties and responsibilities of the Village of Monroeville, I may be required to work weekends, evening hours, or at other times determined necessary by the Employer, including mandatory overtime hours, and may also be required to be on-call.

Initials: _____

3. I understand and accept that, if any information required in this application is found to be falsified or intentionally excluded, my application may be disqualified from further consideration. I further understand and accept that, if I am employed by the Employer, I may be subject to disciplinary action, including termination, if any information required by this application has been falsified or intentionally excluded.

Initials: _____

4. I understand and accept that, the Employer requires a high degree of integrity and confidentiality of its employees, I also understand and accept that various law enforcement and informational agencies that exchange information and data with the Employer require that the Employer's employees do not have a past record of unlawful activities. Therefore, I understand and accept that, it may be necessary for the Employer to investigate my background for any criminal or unlawful activity.

Initials: _____

5. I hereby authorize the employers, schools, and personal references named in this application to provide information regarding my experience, education, work habits and conduct to the Employer. I further authorize the release of personnel, academic and other records to the Employer.

Additionally, I release the Village of Monroeville from all liability and claims of damage, along with any agency, firm, organization or individual providing such requested information to the Village of Monroeville.

Further, it is understood that all the personal information compiled as a result of this release shall be used for the exclusive purpose of evaluating my candidacy for employment with the Village of Monroeville.

Initials: _____

I SOLEMNLY SWEAR THAT ALL THE INFORMATION FURNISHED IN THE EMPLOYMENT APPLICATION IS TRUE, ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE AN INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT ANY MISREPRESENTATION OR FALSIFICATION OF THE INFORMATION PROVIDED MAY LEAD TO WITHDRAW OF AN EMPLOYMENT OFFER OR TERMINATION FOLLOWING EMPLOYMENT. I RECOGNIZE THAT MY FUTURE EMPLOYMENT WITH THE EMPLOYER WILL BE JEOPARDIZED IF I ENGAGE IN SUBSTANCE ABUSE, ILLEGAL DRUG USE OR ALCOHOL ABUSE.

Applicant's Signature

Date

**VILLAGE OF MONROEVILLE
INFORMATIONAL STATEMENT REGARDING
THE DANGERS OF DRUG USE (SUBSTANCE ABUSE)
IN THE WORK PLACE**

As an employee of the Village of Monroeville, you have been hired to perform specific duties to serve the citizens of our community. It is proven that drug use or substance abuse impairs an individual's ability to perform normally. The degree of such impairment may vary dependent upon the type and frequency of the substance(s) being used. Any impairment, however, will negatively impact your ability to perform the job for which you were hired and may cause you to endanger yourself, co-workers, and/or citizens of the community.

Some of the dangers and negative effects of using drugs in the work place are listed below:

1. May cause slower reflexes/lack of coordination/lack of clear judgment/drowsiness.
2. May cause mood swings, hallucinations, or delusions.
3. May cause over-exertion and subsequent fatigue.
4. May cause dizziness, confusion, depression.
5. May cause physical or psychological dependency, deterioration, or death.

Finally, the sale, use, or abuse of drugs in the work place is prohibited and may result in losing your job.

Signature: _____ Date: _____

**DRUG FREE WORK PLACE STATEMENT
FOR PROSPECTIVE EMPLOYEES**

The purpose of this statement is to verify that I have received a copy of the Village of Monroeville’s Drug Free Work Place Statement and Policy and Drug Testing Policy, and to further verify that I understand and support such statement and policies.

I further agree to refrain from violating these policies while employed by the Village of Monroeville.

I further acknowledge, in advance, that my understanding is that the penalty for violating these policies can be discharges, and I agree that such penalty is appropriate when supported by evidence.

I further acknowledge that I have been informed that the Village of Monroeville may engage in mandatory drug testing of applicants for positions, that I support such testing, and that I voluntarily consent to such testing.

I further acknowledge that I have been notified that drug testing of Village of Monroeville employees is conducted when there is individualized reasonable suspicion of drug use or drug impairment, and may be conducted as part of any required medical examination.

Signature: _____ Date: _____

Witnessed: _____ Date: _____

**STATEMENT OF SUPPORT
FOR VILLAGE OF MONROEVILLE'S
DRUG FREE POLICIES**

The purpose of this statement is to voluntarily demonstrate my support for a strict enforcement of the Village of Monroeville's Drug Free Work Place and Drug Testing Policies, and the Village of Monroeville's attempt to prevent/eradicate drugs in the work place.

Signature: _____ Date: _____

EEO DATA: VOLUNTARY DISCLOSURE FORM

Regulations of the Equal Employment Opportunity Commission (EEOC) require employers to compile data regarding the nature and makeup of their work forces in order to further the goals of title VII of the Civil Rights Act of 1964, as amended. Your responses to the following questions will help the employer comply with this requirement. Completion of this questionnaire is entirely voluntary on your part. Should you opt to complete the questionnaire, your response will be used by the employer solely for the purposes of preparing the reports required by the EEOC. Your response will be kept confidential, and will play no part in the employer's evaluation of your employment performance or status, or your treatment as an employee. The completed questionnaire will be kept separate from your personnel file.

Name: _____
(Optional)

Age: _____

Sex: _____

Classification/job for which you are applying: _____

_____ Date: _____

Racial and Ethnic Categories:

White (Not of Hispanic Origin) _____

Black (Not of Hispanic Origin) _____

Hispanic _____

Asian or Pacific Islander _____

American Indian or Alaskan Native _____

Handicapped/Disabled _____

Note: This form is to be maintained separately from the application form.