

# APPLICATION FOR EMPLOYMENT

## VILLAGE OF PLYMOUTH

### DIVISION OF POLICE

EQUAL OPPORTUNITY EMPLOYER

(PLEASE TYPE OR PRINT) IF ADDITIONAL ROOM IS NEEDED, USE PAGE 5

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

Home Address: \_\_\_\_\_

Home Phone:( ) \_\_\_\_\_ Alternate Phone:( ) \_\_\_\_\_ Birth Date: \_\_\_\_\_

Age: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Sex: M / F Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Are you a US citizen? \_\_\_\_\_ Are you eligible to work in the US? \_\_\_\_\_

Do you currently hold a valid (in good standing) Ohio Peace Officer Certificate? \_\_\_\_\_

Position I am applying for: \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_ If so, explain \_\_\_\_\_

Have you ever been convicted with a violent misdemeanor? \_\_\_\_\_ If so explain \_\_\_\_\_

Do you possess a valid Ohio driver's license? \_\_\_\_\_ If no, can you obtain one? \_\_\_\_\_

Have you served any military time? \_\_\_\_\_ If yes, give details \_\_\_\_\_

**EMPLOYMENT;** Start with most recent. \*All employers may be contacted. Include lapse in employment.

<u>Name, Address and Phone</u>	<u>Dates</u>	<u>Supervisor</u>	<u>Title</u>	<u>Reason for Leaving</u>
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1.

2.

3.

4.

**EDUCATION;** Start with most recent:

<u>Name and Address</u>	<u>Dates</u>	<u>Course of Study</u>	<u>Graduate?</u>
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1.

2.

3.

4.

5.

Police Academy:

**\*Attach a list or copies of any other awards, training certificates, or accomplishments.**

**REFERENCES;** List 4 people to whom you have known for at least two years:

<u>Name and Address</u>	<u>Telephone</u>	<u>Employment</u>	<u>Years Known</u>
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1.

2.

3.

4.

Comments

*PLEASE READ EACH OF THE FOLLOWING PARAGRAPHS CAREFULLY. INDICATE YOUR UNDERSTANDING OF, CONSENT TO, THE CONTENTS AND CONDITIONS OF EACH BY PLACING YOUR INITIALS AT THE END OF EACH PARAGRAPH. 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 WRITTEN, MEDICAL, AND/OR 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 A PART OF OR PRIOR TO ANY MEDICAL EXAMINATION.

INITIALS: \_\_\_\_\_

2. I UNDERSTAND AND ACCEPT THAT, GIVEN THE DUTIES AND RESPONSIBILITIES OF THE VILLAGE OF PLYMOUTH, DIVISION OF POLICE, I WILL BE REQUIRED TO WORK WEEKENDS, EVENING HOURS, AND 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 VILLAGE OF PLYMOUTH, DIVISION OF POLICE, I MAY BE SUBJECT TO DISCIPLINARY ACTION, INCLUDING TERMINATION, AND/OR CRIMINAL ACTION PRESCRIBED BY THE OHIO REVISED CODE, IF ANY INFORMATION REQUIRED BY THIS APPLICATION HAS BEEN FALSIFIED OR INTENTIONALLY EXCLUDED.

INITIALS: \_\_\_\_\_

4. I UNDERSTAND AND ACCEPT THAT, THE VILLAGE OF PLYMOUTH, DIVISION OF POLICE, REQUIRES A HIGH DEGREE OF INTEGRITY AND CONFIDENTIALITY OF ITS EMPLOYEES. I ALSO UNDERSTAND AND ACCEPT THAT THE VARIOUS LAW ENFORCEMENT AND INFORMATIONAL AGENCIES THAT EXCHANGE INFORMATION AND DATA WITH THE EMPLOYER REQUIRE THAT THE EMPLOYEES DO NOT HAVE A PAST RECORD OF UNLAWFUL ACTIVITIES. THEREFORE, I UNDERSTAND AND ACCEPT THAT, IT MAY BE NECESSARY FOR THE VILLAGE OF PLYMOUTH, DIVISION OF POLICE, TO INVESTIGATE MY BACKGROUND FOR ANY CRIMINAL OR UNLAWFUL ACTIVITY.

INITIALS: \_\_\_\_\_

5. I HEREBY AUTHORIZE THE EMPLOYERS, SCHOOLS, DOCTORS, HOSPITALS, PERSONAL REFERENCES, AND ANY OTHER INDIVIDUAL OR ORGANIZATION NAMED IN THIS APPLICATION, BUT NOT LIMITED TO THOSE LISTED IN THIS APPLICATION, TO PROVIDE INFORMATION REGARDING MY EXPERIENCES, EDUCATION, WORK HABITS, HEALTH, AND CONDUCT TO THE VILLAGE OF PLYMOUTH, DIVISION OF POLICE. I FURTHER AUTHORIZE THE RELEASE OF PERSONNEL, ACADEMIC, MEDICAL, AND OTHER RECORDS TO THE VILLAGE OF PLYMOUTH, DIVISION OF POLICE. I RELEASE THE VILLAGE OF PLYMOUTH FROM ALL LIABILITY AND CLAIMS OF DAMAGES, ALONG WITH ANY AGENCY, FIRM, ORGANIZATION, OR INDIVIDUAL PROVIDING SUCH REQUESTED INFORMATION TO THE VILLAGE OF PLYMOUTH, DIVISION OF POLICE. FURTHER, IT IS UNDERSTOOD THAT ALL 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 PLYMOUTH, DIVISION OF POLICE.

INITIALS: \_\_\_\_\_

6. I UNDERSTAND AND ACCEPT THE MISSION OF THE VILLAGE OF PLYMOUTH, DIVISION OF POLICE. I CAN ABIDE BY THIS MISSION IN MY EVERYDAY DUTIES OF A POLICE OFFICER IF EMPLOYED BY THE VILLAGE OF PLYMOUTH, DIVISION OF POLICE.

*Plymouth Police Department's Mission*

THE MISSION OF THE PLYMOUTH POLICE DEPARTMENT IS TO WORK IN PARTNERSHIP WITH THE CITIZENS OF THE COMMUNITY TO PROVIDE A SAFE ENVIRONMENT WHERE THE QUALITY OF LIFE MAY BE IMPROVED. WE WILL STRIVE TO ANTICIPATE CRIME PROBLEMS AND IMPLEMENT PLANS TO PROACTIVELY PREVENT THEIR OCCURRENCE. WHEN CRIMINAL ACTIVITY DOES OCCUR, WE WILL RESPOND PROMPTLY AND PROFESSIONALLY, NEVER FORGETTING, THE NEEDS OF THE VICTIM OF THE CRIME. WE WILL ACCOMPLISH OUR GOAL AS A TEAM, WORKING WITH AND FOR THE CITIZENS OF THE VILLAGE OF PLYMOUTH, OHIO.

INITIALS: \_\_\_\_\_

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**\*PLEASE SIGN THE "AUTHORIZATION TO RELEASE INFORMATION" IN THE PRESENCE OF A NOTARY PUBLIC. (PAGE 6)**

INFORMATION PROVIDED IN THIS APPLICATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
APPLICANT'S SIGNATURE



**APPLICATION FOR EMPLOYMENT**  
**VILLAGE OF PLYMOUTH, DIVISION OF POLICE**

“AUTHORIZATION TO RELEASE INFORMATION”

TO:

I HAVE APPLIED TO THE VILLAGE OF PLYMOUTH, DIVISION OF POLICE, FOR EMPLOYMENT. PART OF THE EMPLOYMENT PROCESS IS AN INVESTIGATION AND VERIFICATION OF INFORMATION I PROVIDED AND/OR WILL PROVIDE ON MY APPLICATION FOR EMPLOYMENT, AND IN OCCASIONAL REPORTS DURING MY EMPLOYMENT WITH THE VILLAGE OF PLYMOUTH, DIVISION OF POLICE, THESE INVESTIGATIONS ARE CONDUCTED BY THE DEPARTMENT AND/OR ITS AUTHORIZED AGENT. THEREFORE, AT THIS TIME, AND UNTIL I SPECIFICALLY INFORM YOU TO THE CONTRARY IN WRITING, I HEREBY AUTHORIZE AND DIRECT YOU TO RELEASE TO THE VILLAGE OF PLYMOUTH, DIVISION OF POLICE, AND/OR ITS AGENT, INFORMATION CONTAINED IN YOUR FILES CONCERNING MY EMPLOYMENT WITH YOU, MY MOTOR VEHICLE RECORD, MY RECORD OF CRIMINAL CONVICTIONS, AND/OR INFORMATION CONTAINED IN YOUR FILES RELEVANT TO MY EMPLOYMENT WITH THE VILLAGE OF PLYMOUTH, DIVISION OF POLICE.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
PRINTED NAME OF APPLICANT

SWORN TO AND SUBSCRIBED BEFORE ME ON THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC  
(SEAL)

REVISED 7-25-2012