

**Apple Creek Police Department
Apple Creek, Wayne County, Ohio**

WAIVER

I, _____ do hereby authorize the Apple Creek Police Department, Apple Creek, Ohio to conduct a full background check on my past activities, to determine my eligibility for employment by the Village of Apple Creek Police Department. This background check may include the following:

1. Fingerprinting.
2. Federal Bureau of Investigation and Bureau of Criminal Identification and any outside law enforcement agency check and obtain copies of previous criminal record.
3. Local police criminal activity check.
4. Interview with parents, spouse, ex-spouse, other relatives, associates, employers, ex-employers, acquaintances, neighbors, physicians, and hospitals. I specifically authorize any of these persons to allow the Apple Creek Police Department to inspect and obtain copies of any and all records in their possession that pertain to my physical condition or employment record.
5. Check and obtain copies of all pertinent records to include:
 - a. Birth certificate
 - b. Motor Vehicle Operators License.
 - c. Diplomas, Degrees, or Certificates that verify educational achievements.
 - d. All documents pertaining to military service.
 - e. Naturalization papers.
6. I also authorize the Apple Creek Police Department to access and view any and all social media accounts that I may possess or utilize.

It is understood and agreed that I completely release and absolve the Apple Creek Police Department, the Village of Apple Creek, it's employees, and its agents from all liability connected in any manner, either directly or indirectly, with the conduct of these examinations. All examination material becomes a permanent record of the Village of Apple Creek and the Apple Creek Police Department. The examinee waives all rights to review said materials or results of various examinations.

Dated the _____ day of _____, 20____, at _____ o'clock

Applicant Signature Date

Witness Signature Date

Application For Employment



Village of Apple Creek
63 E. Main St./ P.O. Box 208
Apple Creek, Ohio 44606

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

Please Print

Position(s) Applied For		Date of Application			
How Did You Learn About Us?					
<input type="checkbox"/> Advertisement		<input type="checkbox"/> Relative		<input type="checkbox"/> Inquiry	
<input type="checkbox"/> Employment Agency		<input type="checkbox"/> Friend		<input type="checkbox"/> Other _____	
Last Name		First Name		Middle Name	
Address		Number	Street	City	State
					Zip Code
Telephone Number			Social Security Number (Voluntary)		

Best time to contact you at home is: :

If you are under 18 years of age, can you provide required proof of proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No

If yes, give date _____

Have you ever been employed with us before?..... Yes No

If yes, give date _____

Do you have any friends or relatives, other than a spouse, work here? Yes No

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you currently on "lay-off" status and subject to recall?..... Yes No

We are an equal opportunity employer

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status

Proof of citizenship or immigration status will be required upon employment. Yes No

What is your desired salary range _____

Date available to work ____/____/____

Full-Time (please indicate 1st 2nd 3rd shift)

Are you available to work:

Part-Time (please indicate Mornings Afternoons Evenings)

Temporary (please indicate dates available ____/____-____/____)

Are you currently on "lay-off" status and subject to recall?..... Yes No

Can you travel if a job requires it?..... Yes No

	Name and Address of School	Course of Study	No. of Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other Specify				

Describe any special training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the United States Military.

Other Qualifications

Summarize special job related skills and qualifications acquired from employment or other experience.

State any additional information you feel may be helpful to us in considering your application.

Specialized Skills

_____ Terminal	_____ Spreadsheet	_____ PC/ Mac
_____ Word Processing	_____ Typewriter	_____ Shorthand
_____ WPM TYPE	_____ WPM SH	

Note to applicants: DO NOT answer the question unless you have been informed about the requirements of the job for which you are applying.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given. _____ Yes _____ No

List professional, trade, business or civic activities and offices held. You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

Start with your most recent job.

Employment Experience

Employer 1	From	To	Work Performed
Address	Start Salary	End Salary	

Job Title		Supervisor		Phone Number
Employer 2		From	To	Work Performed
Address		Start Salary	End Salary	
Job Title		Supervisor		Phone Number
Employer 3		From	To	Work Performed
Address		Start Salary	End Salary	
Job Title		Supervisor		Phone Number
Employer 4		From	To	Work Performed
Address		Start Salary	End Salary	
Job Title		Supervisor		Phone Number

References			
1)	Name		Phone #
	Address		
2)	Name		Phone #
	Address		
3)	Name		Phone #
	Address		

Applicants Statement

I certify that answers given herein are true and complete.
 I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.
 This application for employment shall be considered active for a period of time not to exceed 45 days.
 Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the employee may resign at any time and the employer may discharge the employee at any time with or without any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer and the State of Ohio.

Signature of Applicant

Date

For Personnel Use Only

Arrange Interview..... Yes No

Remarks _____

Is Position applied for open..... Yes No

Position considered for _____

Employed..... Yes No

Job Title _____

Department _____

Hourly Rate/ Salary _____

Name and Title

Date



Apple Creek Police Department
63 E. Main St., P.O. Box 208
Apple Creek, Ohio 44606
Office (330)698-5811
Fax (330)778-0099



Pre-employment questionnaire

Name: _____ Date: _____

Address: _____

Phone Number: _____ Date of Birth: _____

Drivers License Number: _____

1. List you previous employers starting with most recent: _____

2. Have you ever been terminated from a job? If so, explain. _____

3. Have you ever been subject to a disciplinary action at any of your previous employers?
If so explain

4. Have you ever been investigated for a violation of company rules or policy? If so, explain. _____

5. Have you ever been investigated for a criminal matter by a Law Enforcement agency?
If so, explain.

6. Are you currently under investigation for any criminal matter? If so, explain. _____

7. Have you ever lived outside of Ohio? If so, where else. _____

8. Have you ever used or even experimented with drugs? If so, what and when. _____

9. Do you drink? If so, how much on average? _____

10. Do you have any traffic citations to include but not limited to OVI's, DUS's, speeds etc? If so,
What are they?

11. Are you currently or have you been sought by debt collection agencies of any kind?
If so, when and has the debt matter been resolved?

Notes:
