

APPLICATION FOR EMPLOYMENT

(PRE-EMPLOYMENT QUESTIONNAIRE)

(AN EQUAL OPPORTUNITY EMPLOYER)

PERSONAL INFORMATION

DATE _____

NAME
 LAST FIRST MIDDLE

PRESENT ADDRESS
 STREET CITY

PERMANENT ADDRESS
 STREET CITY

PHONE NUMBER ARE YOU 18 YEARS OR OLDER YES

SPECIAL QUESTIONS

DO NOT ANSWER **ANY** OF THE QUESTIONS IN THIS FRAMED AREA UNLESS THE EMPLOYER HAS **CHECKED A BOX PRECEDING** A QUESTION, THEREBY INDICATING THAT THE INFORMATION IS REQUIRED FOR A BONA FIDE OCCUPATIONAL QUALIFICATION, OR DICTATED BY NATIONAL SECURITY LAWS, OR IS NEEDED FOR OTHER LEGALLY PERMISSIBLE REASONS.

- | | |
|--|---|
| <input type="checkbox"/> Height _____ feet _____ inches | <input type="checkbox"/> Citizen of U.S. ____ Yes ____ No |
| <input type="checkbox"/> Weight _____ lbs. | <input type="checkbox"/> Date of Birth* _____ |
| <input type="checkbox"/> What Foreign Languages do you speak fluently? _____ | Read _____ Write _____ |
| <input type="checkbox"/> _____ | _____ |

*The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.

EMPLOYMENT DESIRED

POSITION DATE YOU CAN START SALARY DESIRED

ARE YOU EMPLOYED NOW? IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?

EVER APPLIED TO THIS COMPANY BEFORE? WHERE? WHEN?

EDUCATION	NAME AND LOCATION OF SCHOOL	*NO OF YEARS ATTENDED	*DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL	_____			
HIGH SCHOOL	_____			
COLLEGE	_____			
TRADE BUSINESS OR CORRESPONDENCE SCHOOL	_____			

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GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK

U.S. MILITARY OR NAVAL SERVICE RANK PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES

(CONTINUED ON OTHER SIDE)

FORMER EMPLOYERS (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH THE LAST ONE FIRST.)

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

REFERENCES: GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU WHOM YOU HAVE KNOW AT LEAST ONE YEAR

NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
1			
2			
3			

PHYSICAL RECORD:

DO YOU HAVE ANY PHYSICAL LIMITATIONS THAT PRECLUDE YOU FROM PERFORMING ANY WORK FOR WHICH YOU ARE BEING CONSIDERED? Y NO

PLEASE DESCRIBE:

IN CASE OF EMERGENCY NOTIFY:			
NAME	ADDRESS	PHONE NO.	

I CERTIFY THAT THE FACT CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL
 I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO BIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE PERSONAL OR OTHERWISE AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU
 I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT ANY PRIOR NOTICE

DATE _____ SIGNATURE _____

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY _____ DATE _____

HIRED YES NO POSITION _____ DEPT. _____

SALARY/WAGE _____ DATE REPORTING TO WORK _____

APPROVED: 1. _____ 2. _____ 3. _____
EMPLOYMENT MANAGER DEPT. HEAD GENERAL MANAGER

This form has been designed to strictly comply with State and Federal fair employment practice laws prohibiting employment discrimination. This Application for Employment Form is sold for general use throughout the United States. TCPS assumes no responsibility for the inclusion in said form or any questions which, when asked by the Employer of the Job Applicant, may violate state and/ or Federal Law.

Village of Gates Mills

1470 Chagrin River Road
Gates Mills, Ohio 44040-9703
Phone: (440) 423-4405 Fax: (440) 423-2002
www.gatesmillsvillage.com

Police Officer Position

Affidavit

Directions: Read each question below and answer truthfully. Mark the appropriate box (YES/NO) with an "X". Any omission on this page, or answering "YES" to any question, **MAY** result in your application being removed from further consideration.

1. Have you ever been convicted of a felony?
YES **NO**
2. Have you ever been convicted of a misdemeanor related to sex crimes, crimes against persons, fraud or moral turpitude?
YES **NO**
3. Have you ever had a domestic violence related arrest, conviction, diversion or expungement?
YES **NO**
4. Have you had any misdemeanor convictions, diversions or expungements within the last three (3) years?
YES **NO**
5. Have you had any OVI convictions, diversions, expungements or breath test refusals in the last five (5) years?
YES **NO**
6. Have you been convicted of DUI/OVI more than once?
YES **NO**
7. Has your driver's license been suspended in the last five (5) years, not including financial responsibility act suspensions?
YES **NO**
8. Have you ever illegally used, sold, delivered, distributed or manufactured drugs?
YES **NO**

My signature below constitutes my certification that my responses are **TRUE** and **COMPLETE**. My signature further constitutes my authorization for the Village of Gates

Mills to investigate the facts submitted and for those with relevant information to release such information to the Village of Gates Mills.

I further understand and agree that should any investigation disclose any such misrepresentation, falsification, omission or concealment of fact, my application may be rejected, removed for further consideration or I may be terminated from employment with the Village of Gates Mills no matter when the falsification or omission is discovered.

Full Name: _____

Signature: _____

Date: _____