

GENOA POLICE DEPARTMENT APPLICATION FOR EMPLOYMENT



VILLAGE OF GENOA IS AN EQUAL OPPORTUNITY EMPLOYER

As an equal opportunity employer, The Village of Genoa will consider only the qualifications of all applicants, and will not tolerate discrimination in provision of services or employment due to disability, race, color, creed, national origin, sex or age.

PLEASE PRINT

Date_____

Position Applied for_____

Name_____

_____ Last First Middle

Address_____

_____ Number Street City State

Zip code

Social Security Number_____ Telephone_____

Have you filed an application with the Genoa Police Department before?_Yes _____No

If yes, give date(s)_____

Are you employed now? _____Yes _____No

May we contact your present employer? _____Yes _____No

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

Are you available to work _____Full Time _____Part Time _____Temporary

Are you on lay-off and subject to recall? _____Yes _____No

Have you either been convicted of a felony or been released from prison following conviction of a felony? _____Yes _____No

If yes, please explain: _____

List professional, trade, business or civic activities and offices held. (You may exclude those which indicate race, color, religion, sex or national origin):_____

REFERENCES

Please list three references that are not related to you and are not previous employers:

_____ Name Address Telephone

Years Known _____

_____	Name	Address
Telephone	Years Known	_____
_____	_____	Name
Address	Telephone	Years Known

EDUCATION Please list all Colleges, Universities, Trade, Vocational, High Schools and Elementary Schools

Name of School _____ Location _____ Years Attended _____
 Diploma/Degree _____

MILITARY SERVICE

Are you a Veteran? _____ Yes _____ No

Dates of Services _____ Rank _____

Branch of Military _____

Technical Specialization _____

Date(s) of Separation/Discharge _____

FOREIGN LANGUAGES

Indicate any foreign languages you can speak, read, and/or write			
	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

SPECIALIZED SKILLS/TRAINING/QUALIFICATIONS

Please list any specialized skills, training, and qualifications you have gained through employment or other means.

EMPLOYMENT EXPERIENCE *If you need additional space please use a blank sheet of paper*

Employer Name _____ Employed from _____
_____ to _____

Address _____ Phone () _____

Supervisor _____ Title _____

Position Duties _____

Reason for Leaving _____

Employer Name _____ Employed from _____
_____ to _____

Address _____ Phone () _____

Supervisor _____ Title _____

Position Duties _____

Reason for Leaving _____

Employer Name _____ Employed from _____
_____ to _____

Address _____ Phone () _____

Supervisor _____ Title _____

Position Held/Duties _____

Reason for Leaving _____

Employer Name _____ Employed from _____
_____ to _____

Address _____ Phone () _____

Supervisor _____ Title _____

Position Duties _____

Reason for Leaving _____

Employer Name _____ Employed from _____
to _____

Address _____ Phone () _____

Supervisor _____ Title _____

Position Duties _____

Reason for Leaving _____

APPLICANT DRIVING HISTORY

To be included in the Application for Employment for all prospective new employees especially those who may on occasion drive a Village vehicle or any other vehicle on behalf of the Village of Genoa.

First, Middle and Last Name _____

Address _____

Ohio Driver License Number _____

Social Security Number _____ Date of Birth _____

(The above information is required by the State of Ohio to run a Motor Vehicle Report.)

Position Applied for _____

I understand that as a condition of employment I must have a current and valid Ohio Driver's License and an acceptable driving record that meets the standards of the Village's auto liability insurer.

Contingent upon an offer of employment, I understand that I must provide proof of personal auto liability insurance that meets the requirements of the State of Ohio and existing county minimum requirements.

I further understand and authorize the Village of Genoa to obtain a copy of my Bureau of Motor Vehicles report showing my driving record for all states that I have resided in during the past thirty six (36) months period.

Questionnaire:

1. Can you do the requirements of the job, to include driving if necessary, with a reasonable accommodation? _____

2. If you answered yes to question no. 1, what is the accommodation you need, if any, to do the job? _____

During the previous forty-eight (48) months have you been involved in any of the following:

3. Had automobile insurance rejected, canceled, refused or been in a high-risk insurance program? _____

4. Been involved in any accidents either, at fault or not at fault? _____

5. Been arrested for any traffic related incidents? _____

6. Had any traffic violations other than overtime parking? _____

Please provide all details including date and location for any question that was answered by "yes."

APPLICANT DRIVING HISTORY

I understand that by giving incorrect information or by omitting information I am falsifying my application and therefore subject to dismissal if hired. I further agree that the village as my employer may check my driving record at any time. I further agree to report to my supervisor any accidents, arrests, violations, or cancellation of personal insurance as soon as possible after they occur and prior to driving any vehicle on behalf of the village.

Prior to driving on behalf of the village, I understand all of the above and agree to all requirements. I further attest that all statements made by me in this report are true to the best of my knowledge.

Applicant Signature

Date

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I further authorize all individuals and organizations named or referred to in this application and any law enforcement organization to give The Village of Genoa all information relative to such verification and hereby release such individuals, organizations, and The Village of Genoa from any and all liability for any claim or damage resulting there from. I understand that this application is not and is not intended to be a contract of employment.

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 Village.

Applicant Signature

Date

AUTHORIZATION TO RELEASE INFORMATION

TO: US Armed Forces; Maritime Service; any academic dean, registrar, guidance counselor, or authorized person at any institution of higher education, trade school, elementary or secondary school; any local, State, federal law enforcement entity; any present or former employer of the person named below; the US Selective Service System; any friend or associate of the person named below.

I have applied for Employment with the **Genoa Police Department**. I am aware that my background is to be investigated thoroughly; and pledge to cooperate completely with the background screening process. I acknowledge that the **Genoa Police Department** will conduct the background screening process.

I hereby authorize the release of any and all information which you may have concerning me; including but not limited to, my employment, military, criminal, and educational history; and other records relating to my personal history. I also authorize you to release any information upon request of the bearer or sender of this document. I acknowledge the information which you might provide is for the official use of the Genoa Police Department, which is authorized to furnish the information obtained to third parties in the course of fulfilling Genoa Police Department duties.

I hereby release you as custodian of such records of information, and any employer, educational institution training provider, or other repository of military records, officers, employees, and related personnel, individually or collectively, from any and all liability for damages, which may accrue to me, my heirs, assigns, or associates, because of compliance with this authorization. I hereby hold harmless any person who reveals to the Genoa Police Department any information which is truthful and not given with malicious intent.

Full Name (Signature)

Full Name (Printed)

Date of Birth

Social Security Number

Current Residential Address

Phone Number (Include Area Code)