

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.  
\*\*\*\*\*

POSITION SOUGHT: \_\_\_\_\_

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ M.I.: \_\_\_\_\_

FORMER NAMES: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ COUNTY: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

ARE YOU AN ADULT? 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: \_\_\_\_\_ 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: \_\_\_\_\_

COLLEGE OR TRADE SCHOOL ATTENDED: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
DATES OF ATTENDANCE: \_\_\_\_\_ DEGREE: \_\_\_\_\_  
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, educations, skills, abilities, hobbies, volunteer work, etc., that you possess or have experience that may be helpful in the evaluation of your application.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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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: \_\_\_\_\_

\*\*\*\*\*  
Please list three references who are not related to you that you have known at least one year.

NAME: \_\_\_\_\_  
PHONE: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

NAME: \_\_\_\_\_  
PHONE: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

NAME: \_\_\_\_\_  
PHONE: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

NAME: \_\_\_\_\_  
PHONE: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

# MONROEVILLE POLICE DEPARTMENT



*"Community First"*

Michael G. Ruggles  
Chief of Police

## Authority To Release Information

I hereby authorize the Monroeville Police Department to inquire into and obtain records concerning my past and current employment, personal references, education, credit, criminal or civil actions and any leads developed regarding suitability for employment. This release is executed with the full knowledge and understanding that this information is for use by the Monroeville Police Department as part of an official background or criminal investigation and that any information obtained may be released to third parties as may be necessary in fulfilling employment or legal responsibilities.

I hold this consent as exonerating from all liability, both criminal and civil, the Village of Monroeville and anyone contacted by the Monroeville Police Department to provide the above described records from any and all liability for damages of any kind which may at any time result to me, my heirs, family or associates because of compliance with this authorization or any attempt to comply with it.

I further hold this consent to expire after a period of one (1) year effective on the below listed signing date. Beyond this date, this consent is no longer valid.

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Print

Signature: \_\_\_\_\_ DOB: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Current Address: \_\_\_\_\_  
\_\_\_\_\_

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.

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 also 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 judgement/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 you 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: \_\_\_\_\_

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: \_\_\_\_\_

\*\*\*\*\*

PREVIOUS EMPLOYER

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

DATES EMPLOYED: \_\_\_\_\_ 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: \_\_\_\_\_ 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: \_\_\_\_\_ TO: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

SUPERVISOR'S NAME: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

WHY DID YOU LEAVE? \_\_\_\_\_

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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.

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HIGH SCHOOL ATTENDEL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DID YOU GRADUATE? \_\_\_\_\_ HIGH SCHOOL EQUIVALENT? \_\_\_\_\_

COURSES PERTAINING TO JOB APPLIED FOR: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

Please answer the following questions if they are applicable to the position for which you are applying. (This information will be considered for selection purposes only if such licensure is required by law to perform the duties of the position for which you are considered.)

DO YOU POSSESS A VALID STATE OF OHIO DRIVER'S LICENSE? YES: \_\_\_\_\_ NO: \_\_\_\_\_  
IF NO, CAN YOU OBTAIN PRIOR TO EMPLOYMENT? 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 at the end of each paragraphs. If you have any questions regarding one or more paragraphs, contact the Employer before initialing.  
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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 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 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 the 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 damages, 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.

ISOLEMNLV SWEAR THAT ALL THE INFORMATION FURNISHED IN THIS EMPLOYMENT APPLICATION IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT ANY MISREPRESENTATION OR FALSIFICATION OF THE INFORMATION PROVIDED MAY LEAD TO WITHDRAWL 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