THE VILLAGE OF ROSEVILLE POLICE DEPARTMENT 107 N. MAIN STREET ROSEVILLE, OHIO 43731

PH. (740) 697-0315 FAX: (740) 697-0064

MAYOR DARRIN STRATE

CHIEF JOEY A. CARR

Application for Employment

The Roseville Police Department is an Equal Opportunity Employer. We consider applicants positions without regard to race, color, national origin, sex, age, disability, marital status, religion, or any other legally protected status.

NOTICE: The following additional documents must be attached to this application:

- 1. A copy of your social security card
- 2. A copy of OPOTA Peace Officer Certificate
- 3. One completed fingerprint card
- 4. Copies of GED or High School Diploma and other certificates of advanced training

Today's Date:	5
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Instructions

This application must be printed legibly in ink. Do not type. All questions must be answered to the best of your ability. Applications that are not complete, or completed improperly, may not be considered for employment. If space provided is not enough for complete answers, or if you wish to furnish additional information, attach sheets of same size of this application, and numbers to correspond with questions.

Personal History

1. Full Name

Last	Name	First Name		Middle
2.		•		ding the circumstance and time ame, former name(s), alias(es), or
Na	me	Circums	stance	Date From/To
3. A	Are You a United States	Citizen?	() Yes	() No
3.	Social Security Number	r		

Educational/Training

1.	High School Name/Address		Did you Graduate
2.			
Name/Address	y From/To		Type of Graduate? Degree
3. Other Schools (T Name/Address		Hrs. Area of Study	ry): Graduate? Type of Certificate
4. Describe any awai	ds, honors, citation	ns, positions held	in school organizations, and any
other special recog			

5.
Indicate any foreign language that you can speak, read, or write.
6.
Indicate any Law Enforcement Training/Education:
7.
Did you receive a certificate? () Yes () No
Certificate Number:
8.
Describe any special abilities, interests, and hobbies, including the degree of proficiency:
).
Indicate any special skills you possess and equipment you can use which may be related to law enforcement work (Example: two way radio communications, speed detection equipment, breathalyzer and firearms):

10.	
100	

Have you ever used computers in your prior and/or current position? () Yes () No. If yes, list programs, software used:				
11				
11.				
Are you willing	The state of the s	Weekends?		

Employment History

1.

List chronologically all employment <u>beginning with present employment</u>, including summer and part-time employment while attending school. All times must be accounted for. If unemployed for a period, please set forth dates of unemployment.

Name & Address of Employer	From/To	Salary	Reason for Leaving
Phone#:			
Name &Address of Employer	From/To	Salary	Reason for Leaving
Phone#:			
Name & Address of Employer	From/To	Salary	Reason for Leaving
Phone#:			
Name & Address of Employer	From/To	Salary	Reason for Leaving
Phone#:			
2.			
	ployment or po	sition you	r had any disciplinary action taken have held? If so, please describe



Actual places of residences for past 10 years—List Chronologically all addresses, including residences while at school and military. For college on campus, give dormitory name city and state. For military, indicate unit designation and location by city and state.

From/To	Street Address	City	County	State	
	Ī	Oriving H	listory		
	_				
Are vou	o licensed Ohio outomo	hila anarata	w? ()Vag (Mo	
Do you h	a licensed Ohio automo ave a Commercial Driv Number:	er's License	e? ()Yes (
Do you h License l		ver's Licenso	e? ()Yes (
Do you h License h Expiration	nave a Commercial Driv Number:	ver's License	e? ()Yes (

Military History

1. Have you ever served on active duty in the Armed Forces of the Ur () Yes () No	nited States?
Branch of Service:	
Highest Rank:	
Duty Dates: FromTo	
Duty Dates: FromTo	
2. Date of Discharge:	
3. Are you now or have ever been a member of a reserve unit or the N () Yes () No	ational Guard?
3. If yes, state branch of service, name, and location of your unit and vattended drills, meetings, or camps.	whether or not you
4. Was any type of disciplinary action taken against you in the service() Yes () No	?
If yes, Please provide: Date:Place:	
Nature of Offense:	
Actions Taken:	

Personal References and Acquaintances

adults profess	of reputable stand	ling in their men, who yo	communities	s or relatives who are responsible such as property owners, business or n for the past five (5) years. If retired,
Name	Street Address	City State	Occupation	Years known Phone#:
	you acquainted vne(s) and your rel			Crooksville Police Dept.? If so, list
-				
	nformation cont	ained hereir p		oyee History tial. It will not be made available for tion.
Address	Street	t Name		
City	(County	State	Zip Code
Telephone	e Number		THE TOTAL CONTRACT OF THE PARTY	
desc				job duties set forth in the job or without reasonable accommodation?
exai	descriptions whi			nination, can you take the test or modation?

4. Do you now, or have you possessed, supplied, or sold any narcotic or controlled substance such as, but not limited to marijuana hashish, cocaine, LSD, amphetamines, heroin, steroid, or any drug of similar nature? ()Yes ()No
If yes, please complete the following:
Drug:
Number of Times Sold/Possessed/Supplied: First Time Sold/Possessed/Supplied:
Last Time Sold/Possessed/Supplied:
5. Do you currently use any narcotic or any controlled substance, such as those listed in question 4 or have you used such a narcotic or controlled substance within the last year?() Yes () NoPlease provide name and address of next of kin or other person to be contacted in case of emergency:
Name
Address City State Zip Code
Phone Number
Please provide the name and address of your personal or family physician to be contacted in case of emergency:
Name
Address City State Zip Code
Business Phone
5. Have you been under the care of a Doctor's care within the past 5 years?() Yes () No

Applicant's Certification

I understand that my appointment or employment will be contingent upon the results of a complete background investigation. I am aware that any omission, falsification, misstatement, or misrepresentation will be the basis for my disqualification as an applicant or my dismissal from the Roseville Police Department. I agree to the conditions and certify that all statements made by me on this application are true and complete, to the best of my knowledge. I also understand that I will be fingerprinted. I understand that this employment application shall become property of the Roseville Police Dept. and that it and the information received in response to the background examination are public records.

I understand that the use of drugs and or alcohol is not permitted during work time, whether paid or unpaid, in the areas, including vehicles, where work is performed by employees or appointees.

I understand the following types of information will be collected: employment and educational histories; military history, motor vehicle, police records and personal character information from references. Information will be obtained via letter, telephone, or personal interviews. This information will be used as element for appointment decisions.

I authorize any of the persons or organizations referred in this application to furnish information, personal or otherwise, regarding my ability and fitness for employment or appointment with the Police Dept.

I agree to conform to the rules, regulations and orders of the Roseville Police Dept. and acknowledge that these rules, regulations and orders may be changed, interpreted, withdrawn, or added to by the Roseville Police Dept., at it's discretion, at anytime and without any prior notice to me.

Applicant's Signature	Date	
Subscribed and sworn to me according to law, 20	by the above named applicant on this	day of
Notary Public		