

WAKEMAN POLICE

59 HYDE STREET
WAKEMAN, OHIO 44889
Phone: 440-839-2511 Fax: 440-839-2586
E-mail: wakemanpolice@yahoo.com



DEPARTMENT APPLICATION FOR EMPLOYMENT

NAME: _____ DOB: _____

E-MAIL: _____

DATE: _____ TIME: _____

THE WAKEMAN POLICE DEPARTMENT IS AN EQUAL OPPORTUNITY EMPLOYER.

WAKEMAN POLICE DEPARTMENT
Application for Employment

We are an equal opportunity Employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization.

Position(s) applied for or type of work desired: _____

Applicant Name: _____ Date: _____

Address: _____

Telephone # _____ Social Security # _____

Drivers License # _____ State _____ Date of Birth _____

Have you ever been convicted of a misdemeanor or felony? _____ yes _____ no

If yes, please explain: _____

Date you will be available to start work: _____

Are you currently employed? _____ yes _____ no

Have you ever been employed by our Department? _____ yes _____ no

Do you have prior military service? _____ yes _____ no

Do you have any military obligations at this time? _____ yes _____ no

Are you available to work 16 hours a month? _____ yes _____ no

Are you available to work more than 16 hours a month? _____ yes _____ no

Do you have an objection to working more than 8 hrs in a shift? _____ yes _____ no

Do you currently possess an Ohio Police Officer Certificate? _____ yes _____ no

If yes:

What Police Academy did you graduate from? _____

What is your graduating Police Academy OPOTA class number? _____

When did you graduate the Police Academy? _____

Do you have prior Police experience? _____ yes _____ no

If yes, what Department(s)? _____

Why do you want to become a Police Officer for the Village of Wakeman? _____

EDUCATION HISTORY

List school name and location, years completed, course of study, and any other degree or certifications earned.

Grade School: _____

High School: _____

College: _____

Technical Training: _____

Other: _____

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SCHEDULE AVAILABILITY (Please mark first three choices using 1, 2, & 3 on the lines provided.)

DAY	1 st shift 7am-3pm	2 nd shift 3pm-11pm	3 rd shift 11pm-7am
MON	_____	_____	_____
TUES	_____	_____	_____
WED	_____	_____	_____
THURS	_____	_____	_____
FRI	_____	_____	_____
SAT	_____	_____	_____
SUN	_____	_____	_____

If you are currently employed what is your work schedule? _____

Are you available to attend court when subpoenaed M-F, 9am-3pm? _____ yes _____ no

OTHER SKILLS AND QUALIFICATIONS

Summarize any job related training skills, licenses, certificates, and or other qualifications: _____

REFERENCES

List 3 references Names, Telephone Numbers, and years known (do not include relatives or employers)

Name: _____ Telephone # _____ Years _____

Name: _____ Telephone # _____ Years _____

Name: _____ Telephone # _____ Years _____

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EMPLOYMENT HISTORY

Employer: _____ Position Held: _____
Address: _____ Telephone #: _____
Immediate Supervisor and Title: _____
Dates employed: From _____ to _____ Salary: _____
Job Description: _____
Reason for Leaving: _____
May we contact employer? _____yes _____no

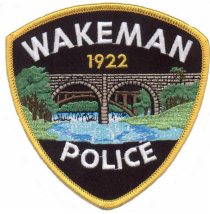
Employer: _____ Position Held: _____
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Address: _____ Telephone #: _____
Immediate Supervisor and Title: _____
Dates employed: From _____ to _____ Salary: _____
Job Description: _____
Reason for Leaving: _____
May we contact employer? _____yes _____no

Note: If you wish to add further work history, attach to back of application.



WAKEMAN POLICE DEPARTMENT

59 Hyde Street
Wakeman, Ohio 44889
Office: 440-839-2511 Fax: 440-839-2586
E-mail: wakemanpolice@yahoo.com

"Keeping Wakeman a Safe Community"

TIM B. HUNKER
Chief of Police

AUTHORITY TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I hereby authorize the Chief of Police or representative of the Wakeman Police Department in Wakeman, Ohio bearing this release, or photocopy thereof, fax or other transmission thereof, within 1 year of this date to obtain any information in files pertaining to my education records, medical records, employment records, credit records, arrest records or any information pertaining to me, either verbally or in writing. I hereby direct you to release information upon request of the requester. This release is executed with the full knowledge and understanding that the information is for official purpose of the Wakeman Police Department in Wakeman, Ohio to conduct a background investigation for employment with the Wakeman Police Department in Wakeman, Ohio.

Consent is granted for the Wakeman Police Department in Wakeman, Ohio to furnish such information as is described above to third parties in the course of fulfilling its official responsibilities. I hereby release you, as custodians of such records and any school or other education institution, hospital or other repository of medical records, employment records, credit bureau of consumer reporting agency, law enforcement agency, or any other person giving such information from any and all liability for damages of what ever kind, which may at anytime results to me, my heirs, family of associates because of compliance, or any attempt to comply with this release. Should there be any questions as to the validity of this release, you may contact me as indicated below.

Full Name: _____

Current address: _____

Phone: _____ SSN: _____ DOB: _____

I hereby swear or affirm that I have read the above authority to release information and consent to the release of any and all information as described herein.

Signature

Date

Sworn to and subscribed in before me by: _____ this _____ day of

_____, 20_____

Notary Signature

Date