



POLICE DEPARTMENT

VILLAGE OF SILVER LAKE

2961 KENT ROAD

SILVER LAKE, OHIO 44224

330-928-7573

policedepartment@villageofsilverlake.com

Application for Police Employment

EQUAL OPPORTUNITY EMPLOYER

APPLICANT INFORMATION						
Name					Date	
Street Address					Apartment/Unit #	
City		State		ZIP		
Phone			E-mail Address			
Position Applied for						
Are you 18 or over?	Date Available		Salary Desired			
Are you a citizen of the United States? YES <input type="checkbox"/> NO <input type="checkbox"/>			If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Have you ever worked for this company? YES <input type="checkbox"/> NO <input type="checkbox"/>			If so, when?			
Have you ever been convicted of a felony? YES <input type="checkbox"/> NO <input type="checkbox"/>			If yes, explain:			
EDUCATION						
	Name & Location of School	Years Attended	Graduated? Yes or No	Subjects Studied		
High School						
College						
Other						
GENERAL INFORMATION						
Subjects of special study/research Work or special training/skills						
U.S. Military or Naval Service			Rank			
REFERENCES						
<i>Please list three professional references, not related to you, whom you have known at least one year.</i>						
Name	Phone	Relationship		Years known		

PREVIOUS EMPLOYMENT

Company Name & Address		Phone	
Job Title		Supervisor	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

Company Name & Address		Phone	
Job Title		Supervisor	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

Company Name & Address		Phone	
Job Title		Supervisor	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

I authorize investigation of all statements contained herein and the references and employers listed to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I authorize an investigation, as permitted by law, concerning any criminal conviction in my background and pertinent information involving my personal credit history.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

Signature		Date	
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DO NOT WRITE BELOW THIS LINE

REMARKS:

Start Date:	Position:	Wage:
Approved:		Date:

THERESE DUNPHY
Mayor

SEAN M. HOUSLEY, CPA
Clerk-Treasurer

MARK W. LIPAN
Director of Public Service

JAMIE NORRIS
Chief of Police

PATRICIA AMBROSE RUBRIGHT
Director of Law



SILVER LAKE VILLAGE HALL

2961 Kent Road
Silver Lake, Ohio 44224-3027

Phone 330-923-5233

POLICE
Non-Emergency 330-929-8771
Phone 330-928-7573
Fax 330-923-6965

www.villageofsilverlake.com

APPLICANT WAIVER

To Whom It May Concern:

I direct you to release to any authorized representative of the Village of Silver Lake, Ohio, bearing this release, or copy thereof, any information you have concerning my employment, military service, credit history, driving record, medical, education, and criminal history, and any information regarding my character, moral, psychological and physical suitability for employment with the Village of Silver Lake, Ohio.

This release is executed with full knowledge and understanding that the information is for obtaining history of the applicant.

I release you the entity being the custodian of such records, including officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may anytime result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it.

I certify that the statements contained in my employment application are true and accurate to the best of my knowledge and understand that any false statement made therein will be cause for disapproval of my appointment to the position sought or for discharge after employment.

Consent is granted to furnish the information described to the Village of Silver Lake, Ohio.

Signature _____ Date _____

Printed Name _____ Driver License Number _____

Silver Lake Police Department Sworn Personnel Application

This application is intended for use by the Silver Lake Police Department for a background investigation. All information contained herein may be verified through investigation and/or a polygraph examination. Answers must be printed and legible. If a question does not apply to you, simply write "N/A" in the given space. **LEAVE NO BLANK SPACES. INFORMATION MUST BE ACCURATE AND COMPLETE.** False information will be cause for disqualification from the hiring process (no appointment) or dismissal after an appointment. Sign each page at the bottom where indicated and use the back of the page if more space is needed.

PERSONAL DATA						
Name:						
	<i>Last</i>	<i>First</i>	<i>Middle</i>			
Address:						
	<i>Number</i>	<i>Street</i>	<i>Apt. #</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
Home Phone:	() _____			Cell Phone:	() _____	
Business Phone:	() _____			Which number should we use to contact you?		
				Circle One:	Home	Cell
Driver License #:	_____			DOB:	_____	
				Age:	_____	
Height:	_____		Weight:	_____		
			Hair:	_____		Eyes: _____
Have you been known by any other name including maiden name: _____						

SPOUSE INFORMATION						
Name:						
	<i>Last</i>	<i>First</i>	<i>Middle</i>			
Address:						
	<i>Number</i>	<i>Street</i>	<i>Apt. #</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
Home Phone:	_____			Cell Phone:	_____	

OTHER PERSONS LIVING IN YOUR HOME	
List other persons residing in your residence (relatives, roommates, children, significant others).	
Name: _____	Relationship: _____
Name: _____	Relationship: _____
Name: _____	Relationship: _____

PREVIOUS RESIDENCES

List all addresses where you have lived for the past 10 years. Account for all of the time, starting with your most recent address and list each preceding address.

Dates		Address
From:	To:	

FINANCIAL RESPONSIBILITIES

1. Are you now or have you ever failed to meet your financial obligation for child support or alimony?

Yes___ No___ If yes, explain _____

2. Have you ever been refused auto insurance or had your policy canceled?

Yes___ No___ If yes, explain _____

3. Have you ever had your wages garnished?

Yes___ No___ If yes, explain _____

4. Are you and/or your spouse currently a litigant or named party in a pending civil action?

Yes___ No___ If yes, explain _____

5. Have you received a bad credit rating within the past five (5) years?

Yes___ No___ If yes, explain _____

6. Have you ever filed for bankruptcy or for protection from creditors?

Yes___ No___ If yes, explain _____

7. Are you currently delinquent in any financial obligation including car payment, mortgage, etc.?

Yes___ No___ If yes, explain _____

WORK HISTORY

Have you ever applied for a position with a law enforcement or other governmental agency?

Yes___ No___

Department/Agency	Date Applied	Accepted Yes/No	Reason Not Accepted

List your three (3) most recent jobs, beginning with your current or most recent employer. Include in the sequence all part-time jobs and periods of unemployment.

Employer _____	Phone # _____
Address _____	
<i>Number</i> _____	<i>Street</i> _____
<i>City</i> _____	<i>State</i> _____
<i>Zip</i> _____	
Date of Employment: _____	Job Title _____
Job Duties _____	
Reason for Leaving _____	

Employer _____	Phone # _____
Address _____	
<i>Number</i> _____	<i>Street</i> _____
<i>City</i> _____	<i>State</i> _____
<i>Zip</i> _____	
Date of Employment: _____	Job Title _____
Job Duties _____	
Reason for Leaving _____	

Employer _____	Phone # _____
Address _____	
<i>Number</i> _____	<i>Street</i> _____
<i>City</i> _____	<i>State</i> _____
<i>Zip</i> _____	
Date of Employment: _____	Job Title _____
Job Duties _____	
Reason for Leaving _____	

CRIMINAL HISTORY

List all felony and misdemeanor arrests, including minor misdemeanors as an adult and juvenile.
List the disposition or outcome (conviction, dismissal, reduced charges, not guilty, etc.).

Charge/Incident	Location/City	Police Agency	Disposition/Outcome

MILITARY RECORD

Have you served in any branch of the United States Armed Forces? Yes____ No____

Branch _____ Dates of Service _____

EDUCATIONAL RECORD

List your high school, college, trade or specialized training including a police academy, starting with the most recent school.

Date	School	Location	Area of Study

List any clubs, organizations, extracurricular activities or sports that you participated in while in school or are currently active in.

HEALTH RECORD

Do you drink alcoholic beverages? Yes___ No___ How Often? _____
When was the last time you were intoxicated by drinking alcoholic beverages? _____
Have you ever used, purchased or sold marijuana? Yes___ No___
If yes, explain how often & when last used? _____
Have you ever used any other illegal drugs including cocaine, crack or meth? Yes___ No___
If yes, explain how often & when last used? _____
Have you ever used any non-prescribed controlled substances including pain-killers such as oxycotin or percocet, amphetamines, hallucinogenic drugs or barbituates? Yes___ No___
If yes, explain how often & when last used? _____
Have you ever experimented with sniffing glue, propane, hair spray or any other chemical commonly associated with "huffing"? Yes___ No___
If yes, explain how often & when last used? _____
Have you ever used bath salts or similar compounds? Yes___ No___
If yes, explain how often & when last used? _____

In the last two (2) years how many days have you taken off sick from your job? _____
Please explain any extended leave of absence from work such as caring for an elderly relative, loss of a job (temporary unemployment), illness requiring absence for a period of one week or more, etc.?

Please list the name, phone number and relationship of two (2) relatives, friends or work associates that we may contact as a personal reference.

Name	Relationship	Phone Number