



VILLAGE OF ADDYSTON POLICE DEPARTMENT

Dorian D. La Course
Chief of Police

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It is the policy of The Village of Addyston to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability or veteran status.

2. Applicant Information

Applicant Name: _____
Address: _____
City/State/ZIP: _____
Number of years at this address: _____
Daytime phone: _____ Evening phone: _____
Social Security Number: _____ * See Social Security Number Disclaimer
Driver's License (State/Number): _____

3. Emergency Contact

Who should be contacted if you are involved in an emergency?

Contact Name: _____
Relationship to you: _____
Address: _____
City/State/ZIP: _____
Daytime phone: _____ Evening phone: _____

4. Job Position Applied For: _____

5. Who referred you to our company? _____

6. Have you applied to our company previously? _____ Yes _____ No
If yes, when? _____

7. Are you at least 18 years old? _____ Yes _____ No

8. Are you willing to work any shift, including nights and weekends? _____ Yes _____ No
 If no, please state any limitations:

9. If applicable, are you available to work overtime? _____ Yes _____ No

10. If you are offered employment, when would you be available to begin work?

11. Are you able to perform the essential functions of the job position with or without reasonable accommodation? _____ Yes _____ No

What reasonable accommodation, if any, would you require?

12. Have you ever been convicted of any crime, including traffic violations?
 _____ Yes _____ No If yes, please describe:

THE EXISTENCE OF A CRIMINAL RECORD DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT UNLESS RELEVANT TO THE TYPE OF EMPLOYMENT.

13. Applicant's Skills

Check those skills that you have. List any other skills that may be useful for the job you are seeking. Enter the number of years of experience, and circle the number which corresponds to your ability for each particular skill. (One represents poor ability, while five represents exceptional ability.)

Skill	Years of Experience	Ability or Rating
<input type="checkbox"/> Microsoft Office Suite (Word, Excel, etc.)	_____	1 2 3 4 5
<input type="checkbox"/> Accounting/Bookkeeping	_____	1 2 3 4 5
<input type="checkbox"/> Customer service	_____	1 2 3 4 5
<input type="checkbox"/> Communication	_____	1 2 3 4 5
<input type="checkbox"/> Supervision	_____	1 2 3 4 5
<input type="checkbox"/> Administrative	_____	1 2 3 4 5
<input type="checkbox"/> _____	_____	1 2 3 4 5
_____	_____	1 2 3 4 5
_____	_____	1 2 3 4 5

14. Applicant Employment History

List your current or most recent employment first.

Employer Name: _____
Supervisor Name: _____
Address: _____
City/State/ZIP: _____
Job Duties: _____
Reason for Leaving: _____
Dates of Employment (Month/Year): _____

Employer Name: _____
Supervisor Name: _____
Address: _____
City/State/ZIP: _____
Job Duties: _____
Reason for Leaving: _____
Dates of Employment (Month/Year): _____

Employer Name: _____
Supervisor Name: _____
Address: _____
City/State/ZIP: _____
Job Duties: _____
Reason for Leaving: _____
Dates of Employment (Month/Year): _____

15. Applicant's Education and Training

College/University Name and Address

Did you receive a degree? _____ Yes _____ No If yes, degree received:

High School/GED Name and Address

Did you receive a degree? _____ Yes _____ No
_____ Yes _____ No

Other Training (graduate, technical, vocational):

Awards, Honors, Special Achievements:

Military Service:

_____ Yes _____ No

Branch: _____

Specialized Training: _____

16. References

List any two people who would be willing to provide a reference for you.

Name: _____

Address: _____

City/State/ZIP: _____

Telephone: _____

Relationship: _____

Name: _____

Address: _____

City/State/ZIP: _____

Telephone: _____

Relationship: _____

17. Please provide any other information that you believe should be considered:

Certifications, Licenses and Registrations

Licenses/Certification issued by:	Your Specialization	License/Certification Number	Expires

***SOCIAL SECURITY NUMBER NOTICE**

Social Security Numbers (SSNs) are used to match individuals with their application file. Disclosure of your SSN is voluntary, however a nine- digit number is necessary to process your application. Upon appointment and pursuant to Section 5101.321 of the Ohio Revised Code and other laws and regulations, a request for a SSN is mandatory. Your SSN may be used for purposes including but not limited to the following: Identification of obligators under child support orders, detection of welfare fraud, processing background checks and tax information or general employee identification.

CERTIFICATION

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my application, or if employment commences, immediate termination.

I authorize The Village of Addyston to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS.

APPLICANT SIGNATURE

DATE