



PEMBERVILLE POLICE DEPARTMENT



APPLICATION WAIVER FORM

To Whom It May Concern:

I have applied for employment with the Village of Pemberville and hereby give permission to said Village to conduct an investigation for the purpose of determining my eligibility for employment. I hereby give permission to the Village and/or agencies contracted by the Village, to make an investigation concerning my arrest records, school records and to interview any person that the Village believes to have information concerning my character.

I request and authorize the Village, County, State or Federal agency, to furnish any information contained in their files under my name. I agree to hold any source of information blameless for any error in reporting this information, and I release all persons whomsoever from any damage as a result of furnishing said information.

I hereby waive all provisions of law forbidding my physician or other person who has attended or examined me or who may hereafter attend or examine me, from disclosing any knowledge or information which he or she thereby acquired relevant to my employment, and I hereby consent that he or she may disclose such knowledge or information to the Village of Pemberville.

This investigation is for the purpose of determining eligibility for employment with the Village of Pemberville and information will be held in strict confidence.

Print full name: _____ **Date:** _____

Maiden name or alias: _____ **Social Security #** _____

Current full address: _____

Signature of applicant: _____



PEMBERVILLE POLICE DEPARTMENT



AUXILIARY PATROL OFFICER APPLICATION

Potential Candidates:

Thank you for your interest in the Pemberville Police Department! Within the following pages, you will be asked to provide information regarding your experience, education and training, criminal/traffic history, work history, and other general information. It is imperative that you fully complete this application/questionnaire in its entirety. Answer all questions truthfully to avoid being removed for falsification during the background investigation. Answer questions that do not apply to you with "NA". Print your answers clearly, and do not leave ANY question blank!

Position: Auxiliary Patrolman

Date: _____

Last Name: _____ First Name: _____ Middle Initial: _____

Street Address: _____ City: _____ State: _____ Zip: _____

County: _____ Police Jurisdiction: _____ Years at this address: _____

Home Phone #: () _____ - _____ Cell Phone #: () _____ - _____ Work Phone #: () _____ - _____

Date of Birth: _____ Social Security Number: _____ - _____ - _____

Home E-Mail Address: _____ Work E-Mail Address: _____

Please check the following that apply:

- I have read the job description and verify that I possess all of the necessary skills to perform this position.
- I understand that this is a volunteer position. No monetary compensation will be provided for my services, unless appointed to a paid position.
- I have attached a copy of my high school and/or college diploma or transcript.
- I have a driver's license with a good record and a copy of my license is attached.
- I understand that I must pass a thorough background check and interview process prior to appointment.
- I have not used Marijuana within the past 1 year.
- I have not used hallucinogens, narcotics or other like drugs within the last 2 years.
- I have not ever used LSD, heroin, crack, crank, or other like drug.

ADDRESS INFORMATION: List your previous addresses, unless you have resided at your current address more than five (5) years. Include college addresses that are not located in the same county and/or police jurisdiction as your permanent home address. Include the nearest city for military bases. Start with your current address, and work backwards in time.

Street Address:	City:	State:	Zip:
County:	Police Jurisdiction:	Dates: from:	to:

Street Address:	City:	State:	Zip:
County:	Police Jurisdiction:	Dates: from:	to:

Street Address:	City:	State:	Zip:
County:	Police Jurisdiction:	Dates: from:	to:

Street Address:	City:	State:	Zip:
County:	Police Jurisdiction:	Dates: from:	to:

Street Address:	City:	State:	Zip:
County:	Police Jurisdiction:	Dates: from:	to:

Street Address:	City:	State:	Zip:
County:	Police Jurisdiction:	Dates: from:	to:

REFERENCES: List three (3) adult references *that are not relatives or former employers* that you have known for at least three years. Provide *full* addresses, including zip codes.

Full Name:	Title:	Phone # ()
Street Address:		
City:	State:	Zip Code:
Length of years you have known this reference:		

Full Name:	Title:	Phone # ()
Street Address:		
City:	State:	Zip Code:
Length of years you have known this reference:		

Full Name:	Title:	Phone # ()
Street Address:		
City:	State:	Zip Code:
Length of years you have known this reference:		

PERSONAL INFORMATION: (write "dna" to questions that do not apply to you).

- 1. Print your legal full name: _____
- 2. Other names you have had (i.e. maiden, nicknames, aliases): _____
- 3. List any identifying scars, birthmarks, tattoos, etc.: _____
- 4. Your father's name and address: _____ DOB: _____
- 5. Your mother's name and address: _____ DOB: _____

MARITAL STATUS:

- 6. Single () Separated () Married () if so, date: _____ Divorced () if so, date: _____
- 7. Spouse's full name: _____ Maiden name: _____ DOB: _____
- 8. Name/Address of spouse's employer: _____

CHILD/CHILDREN INFORMATION: Include biological, step-children, adopted, etc., whether or not they live with you. If you have no children, write "none" on the first line.

Name	Full Address (if different from yours)	DOB	Birthplace

9. If applicable, are you current on alimony and/or child support? () Yes () No () DNA

10. If applicable, are you supporting all dependents you are required to support? () Yes () No () DNA

Note: if you answered "no" to the above two questions, explain in detail on the continuation page (#8).

11. Have you ever been in non-compliance of child support or alimony? () Yes () No () DNA

12. Have you ever been sued for alimony, child support or non-payment of debt? () Yes () No () DNA

Note: if you answered "yes" to the above two questions, explain in detail on the continuation page (#8).

EDUCATION AND TRAINING: complete the following and attach copy of diplomas/transcripts.

High school graduate? Yes No If so, what date: _____ If not, last grade attained: _____

Name and address of high school: _____

Attach copy of your diploma and/or transcript

GED Certificate? Yes No If so: Certificate # _____ Issued by: _____ Date: _____

Attach copy of your GED Certificate if applicable

Post high school education (including technical and business schools):

Name of College	Date of graduation	Degree Obtained	Credit Hours

Attach a copy of your diploma or transcript. If you do not have a degree, include your accumulated credit hours and provide a current official transcript.

List below the specific course work areas at high school or post high school relevant to the position for which you are applying; and indicate the number of courses you have successfully completed in each area.

Type of training	Length of training/ # of courses	Certificate obtained?
		(Y/N):
		(Y/N):
		(Y/N):

MILITARY RECORD:

1. If required, have you registered with the Selective Service? Yes No Not required.

If required, and you answered "no", explain on page 8.

2. Have you ever served in the military? Yes No **If yes, answer the following:**

a. Branch of Service: _____ Unit: _____

b. Highest military rank: _____ Total months in a combat zone: _____

c. Active duty dates: from _____ to _____ Reserve duty dates: from: _____ to _____

d. Military reserve status: Ready Standby None

e. Were you ever court-martialed, tried on charges or subject of a summary court martial, Captain's Mast, Article 15, company punishment or any other disciplinary action? Yes No

If you answered "yes", explain on page 8.

EMPLOYMENT RECORD:

List your most recent job and descend from there. There is no need to go back more than 15 years, unless terminated or forced to resign. For periods of unemployment, write "unemployed" on "employer name" and dates of unemployment on "dates employed" line. When listing military, substitute supervisor with the name and rank of the last commissioned officer who supervised you. Use blank paper or the continuation page (#8) if necessary.

You must provide full addresses with zip codes and phone number with area codes.

Employer Name:	Supervisor:
Street Address:	Phone Number: ()
City/State/Zip:	Job Title:
If applicable, reason for leaving:	Dates: from to

Employer Name:	Supervisor:
Street Address:	Phone Number: ()
City/State/Zip:	Job Title:
If applicable, reason for leaving:	Dates: from to

Employer Name:	Supervisor:
Street Address:	Phone Number: ()
City/State/Zip:	Job Title:
If applicable, reason for leaving:	Dates: from to

Employer Name:	Supervisor:
Street Address:	Phone Number: ()
City/State/Zip:	Job Title:
If applicable, reason for leaving:	Dates: from to

Employer Name:	Supervisor:
Street Address:	Phone Number: ()
City/State/Zip:	Job Title:
If applicable, reason for leaving:	Dates: from to

WORK HISTORY:

1. Have you ever applied with other law enforcement or other government agencies? () Yes () No

Name of Department/Agency and Position	Date applied	circle one:	circle one:
		Interviewed? Yes No	Hired? Yes No
		Interviewed? Yes No	Hired? Yes No
		Interviewed? Yes No	Hired? Yes No
		Interviewed? Yes No	Hired? Yes No
		Interviewed? Yes No	Hired? Yes No
		Interviewed? Yes No	Hired? Yes No

Note: Use page 8 if you need additional space. It is important to include all agencies.

List any that completed a background: _____

2. Have you ever worked for the Village of Pemberville? () Yes () No

If yes, what dates: _____ Position held: _____

3. Have you ever been discharged or asked to resign from a job in lieu of termination? () Yes () No

If yes, explain on page #8 and included employer's information and dates of employment.

VEHICLE OPERATION INFORMATION:

4. Do you have a valid driver's license? () Yes () No If not from Ohio, what state: _____

5. Are you currently insured? () Yes () No If not, why? _____

6. Name of insurance company: _____ Policy #: _____

7. Agency's name (if applicable) _____ Phone #: () _____

8. Has your driver's license ever been revoked or suspended? If so, explain on page 8. () Yes () No

If you answer "yes" to any of the following, explain on the continuation page #8.

9. Have you ever been convicted of vehicular assault, manslaughter or homicide? () Yes () No

If yes, what date: _____ and what State: _____

10. Have you been issued more than 2 moving violations in the past three years? () Yes () No

11. Have you been arrested for an OVI (or a reduced charge from an OVI) within () Yes () No the past five years?

12. Do you currently possess valid vehicular insurance on any vehicles registered to you? () Yes () No

GENERAL INFORMATION INQUIRY: Answer these questions truthfully as they could be verified through truth verification tests. If you answer "yes" to some of these questions, you could possibly be removed. However, if any answers are found to be untruthful, you will be removed from the eligible list due to falsification. If you answer "yes" to any question, provide complete explanation on page 8 and include dates (if applicable) and list the page and question number.

1. I understand this job is Volunteer, but may require me to work up to 32 hrs/year, and I will be able to do (Respond on page 8 if you answer "no"). **Yes No**
2. Have you ever used LSD (acid), ecstasy, cocaine, heroin, crack, crank, PCP, or other like drugs? **This is an automatic removal.** **Yes No**
3. Have you used marijuana or other like drugs or narcotics, or prescriptive drugs (incl. steroids) w/o a prescription, within the last year? **Automatic removal.** **Yes No**
4. Have you committed, admitted to, been arrested for or convicted of drug trafficking?..... **Yes No**
5. As an adult, have you used any prescriptive drug for any purpose other than its intent, or used any such drug for an extended period of time without a prescription? **Yes No**
6. As an adult, do you have a current or past pattern of continual use of any illegal drug, including prescription drugs without a prescription?..... **Yes No**
7. Do you drink alcohol or use tobacco?..... **Yes No**
8. Do you have trouble controlling your temper?..... **Yes No**
9. Do you have prejudices toward others because of their race, sex, national origin or religion, that would be detrimental to your employment? **Yes No**
10. Have you attempted or seriously contemplated suicide?..... **Yes No**
11. Have you traveled outside the United States? If so, why and where (pg. 8)..... **Yes No**
12. As an adult, have you engaged in any **illegal** sexual activities (incest, prostitution, etc)..... **Yes No**
13. Have you been accused or convicted of physical, emotional or sexual abuse of a spouse, ex-spouse, child, step-child, parent or any other relative or person? **Yes No**
14. As an adult, have you violated a protection or temporary restraining order?..... **Yes No**
15. Have you **illegally** received welfare, worker's or unemployment compensation or other public assistance? **Yes No**
16. Have you ever been convicted of or engaged in illegal gambling for a profit?..... **Yes No**
17. Have you ever committed, admitted to, been arrested for or convicted of a felony or violent misdemeanor level crime? **A felony is an automatic removal.** **Yes No**
18. As an adult, have you ever admitted to, been arrested and/or incarcerated for or convicted of a misdemeanor (including traffic offenses such as OVI, etc.)? **Yes No**
19. Have you ever **knowingly** bought or sold stolen property? **Yes No**
20. Have you ever **intentionally** stolen anything? (other than as a young child). **Yes No**
21. Are you presently under indictment or a defendant in any pending criminal, traffic charges or civil actions? **Yes No**
22. Have you ever committed, admitted to or convicted of a **criminal** sexual offense? **Yes No**
23. Have you ever been affiliated with or participated in illegal gang activity? **Yes No**
24. Are you considered currently able to possess automobile insurance? **Yes No**
25. If hired part-time by the Village, do you anticipate any income other than your salary?..... **Yes No**

Note: questions #4, #17, and #22 ask if you ever **committed** those acts; the intent is to find out if you did, regardless whether or not you were **caught and/or arrested** for the crime.

