



# Dennison Police Department

302 Grant Street, Dennison, Ohio 44621

**TODD BEEMAN, Chief of Police**

Dispatch 740-922-3131 – Fax 740-922-6290

Emergency 911 Email: chiefofpolice@villageofdennison.org



## EMPLOYMENT APPLICATION

**PLEASE TYPE OR PRINT RESPONSES TO ALL OF THE QUESTIONS CONTAINED ON THE ENTIRE APPLICATION FORM.**

Position Sought:  Auxiliary  Part-Time  Full-Time  Other

Last Name: \_\_\_\_\_, First Name \_\_\_\_\_: M.I. \_\_\_\_\_

Current home address: \_\_\_\_\_ County: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell-phone \_\_\_\_\_

Do You Possess A Valid Ohio Driver's License?  Yes  No

Driver's License Number: \_\_\_\_\_ Are you over the age of 19  Yes  No

Are you an adult, legally emancipated or otherwise legally eligible to work in the State Of Ohio?

Would You Be Available To Work All Shifts & Holidays:  Yes  No

If hired, on what date will you be available to start work: \_\_\_\_\_

Have you ever been convicted of any criminal offenses'?  Yes  No (If Yes, List Below).

Date occurred \_\_\_\_\_ Offense \_\_\_\_\_ Location \_\_\_\_\_

Date occurred \_\_\_\_\_ Offense \_\_\_\_\_ Location \_\_\_\_\_

Date occurred \_\_\_\_\_ Offense \_\_\_\_\_ Location \_\_\_\_\_

Have you ever had any interaction with a police officer  Yes  No

Is yes please Explain

**IF YOU NEED TO LIST ANY ADDITIONAL CRIMINAL OFFENSES, PLEASE USE A BLANK SHEET OF PAPER TO DO SO.**

# VILLAGE OF DENNISON POLICE DEPARTMENT

## **EMPLOYMENT HISTORY AND WORK EXPERIENCE**

IN THIS SECTION, LIST ALL EMPLOYMENT HISTORY AND WORK EXPERIENCE IN DATE ORDER, INCLUDING MILITARY EXPERIENCE. BEGIN WITH YOUR CURRENT EMPLOYER.

*USE ADDITIONAL PAPER IF NECESSARY. FAILURE TO INCLUDE ALL EMPLOYMENT MAY BE GROUNDS FOR DISQUALIFICATION.*

1) Current Employer: \_\_\_\_\_

(Enter "None" If Unemployed)

May We Contact Your Current Employer Prior To Employment'? \_\_\_\_ Yes \_\_\_\_ No

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Supervisor's name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Dates Employed: FROM \_\_\_\_\_ TO \_\_\_\_\_

Beginning Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Describe Your Duties, Responsibilities, Equipment Operated, Promotions,  
Etc. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

Why Do You Want To Leave: \_\_\_\_\_,

2) Previous Employer: \_\_\_\_\_

May We Contact Your Current Employer Prior To Employment'? \_\_\_\_ Yes \_\_\_\_ No

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Supervisor's name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Dates Employed: FROM \_\_\_\_\_ TO \_\_\_\_\_

Beginning Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Describe Your Duties, Responsibilities, Equipment Operated, Promotions,  
Etc. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

Why Do You Want To Leave: \_\_\_\_\_,

**EMPLOYMENT HISTORY AND WORK EXPERIENCE**

3) Previous Employer: \_\_\_\_\_

May We Contact Your Current Employer Prior To Employment'? \_\_\_\_ Yes \_\_\_\_ No

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Supervisor's name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Dates Employed: FROM \_\_\_\_\_ TO \_\_\_\_\_

Beginning Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Describe Your Duties, Responsibilities, Equipment Operated, Promotions,  
Etc. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

Why Do You Want To Leave: \_\_\_\_\_,

4) Previous Employer: \_\_\_\_\_

May We Contact Your Current Employer Prior To Employment'? \_\_\_\_ Yes \_\_\_\_ No

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Supervisor's name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Dates Employed: FROM \_\_\_\_\_ TO \_\_\_\_\_

Beginning Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Describe Your Duties, Responsibilities, Equipment Operated, Promotions,  
Etc. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

Why Do You Want To Leave: \_\_\_\_\_,

5) Previous Employer: \_\_\_\_\_

May We Contact Your Current Employer Prior To Employment'? \_\_\_\_ Yes \_\_\_\_ No

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Supervisor's name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Dates Employed: FROM \_\_\_\_\_ TO \_\_\_\_\_

Beginning Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Describe Your Duties, Responsibilities, Equipment Operated, Promotions,  
Etc. \_\_\_\_\_  
\_\_\_\_\_.

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Why Do You Want To Leave: \_\_\_\_\_,

IF YOU NEED TO LIST ANY ADDITIONAL PREVIOUS EMPLOYERS PLEASE USE A BLANK SHEET OF PAPER TO DO SO.

## **EDUCATION AND TRAINING**

THIS SECTION IS INTENDED TO GIVE THE EMPLOYER INFORMATION ABOUT THE EDUCATION, AND TRAINING THAT THE APPLICANT HAS COMPLETED, AND TO DEMONSTRATE THE SKILLS KNOWLEDGE AND ABILITIES OF THE APPLICANT TO PERFORM THE JOB DUTIES OF THE POSITION.

**High School Attended:** \_\_\_\_\_

Address: \_\_\_\_\_, City: \_\_\_\_\_, State: \_\_\_\_\_

Did You Graduate'? \_\_\_\_ Yes \_\_\_\_ No: High School Equivalent'? \_\_\_\_ Yes \_\_\_\_ No

Courses pertaining To Job Applied

For \_\_\_\_\_

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Awards, Achievements, Etc., Related To The Position Applied

For: \_\_\_\_\_

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**College or Trade School Attended:** \_\_\_\_\_

Address: \_\_\_\_\_, City: \_\_\_\_\_ State: \_\_\_\_\_

Dates of attendance: From \_\_\_\_\_ To \_\_\_\_\_

Did You Graduate? \_\_\_\_ Yes \_\_\_\_ No Degree: \_\_\_\_\_

Courses pertaining To Job Applied

For: \_\_\_\_\_

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Awards, Achievements, Etc., Related To The position Applied

ect: \_\_\_\_\_

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**Graduate School(s) Attended:** \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Dates of Attendance: From \_\_\_\_\_ To \_\_\_\_\_

Did You Graduate? Degree: \_\_\_\_\_

Courses pertaining To Job Applied

For: \_\_\_\_\_

Awards, Achievements, Etc., Related To The position Applied

ect: \_\_\_\_\_

PLEASE USE THE FOLLOWING SPACE TO PROVIDE ANY FURTHER INFORMATION ON TRAINING, EDUCATION, SKILLS, ABILITIES, HOBBIES, ECT. THAT YOU POSSESS OR HAVE EXPERIENCE THAT MAY BE HELPFUL IN THE EVALUATION OF YOUR APPLICATION.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PERSONAL INFORMATION**

Do you have any commitments G-E-D Studies, Second Job, School, Etc, which might interfere with, or adversely affect, your employment should we select you for a position? \_\_\_\_\_ Yes \_\_\_\_\_ No

if Yes, Please

Explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Are you legally permitted to work in The United States? \_\_\_\_\_ Yes \_\_\_\_\_ No

How long have you been a resident of the State of Ohio? \_\_\_\_\_

PLEASE LIST THREE (3) REFERENCES WHO ARE NOT RELATED TO YOU THAT YOU HAVE KNOWN FOR AT LEAST (2) YEARS.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Occupation: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Occupation: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Occupation: \_\_\_\_\_

**PLEASE READ EACH OF THE FOLLOWING PARAGRAPHS CAREFULLY. INDICATE YOUR UNDERSTANDING AND CONSENT OF CONDITIONS OF EACH PARAGRAPH BY PLACING YOUR INITIALS AT THE END OF EACH PARAGRAPH.**

1.) I understand and accept that any application who is under final consideration for a position that involves providing direct interaction within a community must undergo a criminal records check.

Initials: \_\_\_\_\_

2.) I understand and accept that, if I am selected for employment, my employment may be conditioned upon my passing any medical/psychological and drug examination that the employer deems necessary to determine whether I can perform the essential functions of the position, with reasonable accommodation when necessary. I understand and accept that this may include drug, alcohol, substance abuse testing, Mental awareness & Psychological testing.

Initials: \_\_\_\_\_

3.) I understand and accept that given the duties and responsibilities of the employer. I may be required work weekends, evening hours, Holidays or at other times as determined by the employer, Including overtime hours.

Initials: \_\_\_\_\_

4.) I understand and accept that it may be necessary for me to sign any waivers necessary to allow the employer to obtain from my current and former employers, schools, and personal references.

Initials: \_\_\_\_\_

5.) I understand and accept that if any information required in this application is found to be falsified, excluded, or to misrepresent information, my application may be disqualified from further consideration. I further understand and accept that, if I am employed by the Employer, I may be subject to disciplinary action, including termination, if any information required by this application has been falsified or intentionally excluded and located at a later date.

Initials: \_\_\_\_\_

6.) I understand and accept that during the course of being considered that the Employer may check my social media, current and past comments, and associations.

Initials: \_\_\_\_\_

7) I understand that upon being considered for employment that I will be responsible for maintaining employment for one year with the Dennison Police Department.

I solemnly swear that all of the information furnished in this employment application is true, accurate and complete to the best of my knowledge. I authorize investigation of all statements contained in this application.

I understand that any misrepresentation or falsification of the information may lead to withdrawal of an **employment offer or termination** following employment.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SWORN TO AND ACKNOWLEDGED BEFORE ME**

THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20 \_\_\_\_\_

**SIGNATURE OF APPLICANT** (In the presence of Notary or substantially similar) \_\_\_\_\_

\_\_\_\_\_,  
(Signature of Notary/Deputy Clerk Or substantially Similar)

## **AUTHORIZTION TO RELEASE INFORMATION**

I hereby authorize and request all persons to whom this request (original or reproduction) is presented to, having information relating to or concerning me, to furnish such information to a duly appointed police officer of the Village of Dennison Police Department.

I am aware that this information maybe of personal nature and may otherwise be protected from disclosure by my constitutional, statutory, or common law privileges. I hereby expressly waive all these privileges, which may be attached to such communication to disclosure and release all persons, firms, corporations for all claims of any nature as a result of said communication or disclosure.

## **INFORMATION TO BE DISCLOSED**

Personal History

Personal Background

Employment records (past/present, experience, performance, attendance, discipline and any other records not contained herein).

Military service records

Financial records & reports

Criminal History Records (CCH- past records and/ or sealed records)

Organizational Memberships

Medical records (physical / Psychological)

Other information pertaining to suitability for employment with this department.

\_\_\_\_\_  
Signature of person waiving rights to information

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness signature

\_\_\_\_\_  
Date



