**City of Parma Police Department**

Application for Employment

**Applicant Instructions:**

* This application must be filled out completely using a computer or by printing legibly with ink. Incomplete or improperly completed applications will not be accepted and will result in the rejection of the applicant.
* Requests to refer to previously submitted applications will not be honored. This law enforcement application is the only form accepted by the Civil Service Commission.
* The information provided on this application will be rated and will affect your final standing. Any information not provided will not be assumed and may result in a lower standing.
* You must advise the City of Parma of any change in address.
* Applicants will be required to complete an oral interview, background investigation, and physical aptitude examination. During the background check we will contact your present employer.
* Civil service rules and regulations, procedures and practices apply to this application.
* Any violation of these instructions may result in rejection of the application.
* Applications must be received by the Police Department on or before the published deadline.
* Proof of certifications, experience, and education must accompany this application.
* The City of Parma Police Department is an Equal Opportunity Employer.

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| --- |
| Position applying for:  |
| Shifts available: [ ]  Day [ ]  Night [ ]  Any | Available start date:  |

**PERSONAL HISTORY**

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| --- |
|  |
| Name (Last, First, Middle) |
|  |
| Address |
|  |
| City, State, Zip Code |
|  |
| Home Phone | Cell Phone |
|  |
| Email Address |
|  |
| Social Media Accounts:  |
|  |
|  |
| Social Security Number:  |
|  |
| Driver’s License Number:  | State:  |
| Has your driver’s license ever been suspended or revoked? [ ]  Yes [ ]  No If yes, please provide details. |

List all other names you have used, where, and when. (i.e.: maiden, married, adopted, nicknames.)

|  |  |  |
| --- | --- | --- |
| Name: | Location: | Date range: |

I certify that I am in compliance with the provisions of the Selective Service Act (Draft Registration).

[ ]  Yes [ ]  No

I certify that I am a United States Citizen: [ ]  Yes [ ]  No

If naturalized please provide the following:

|  |  |  |
| --- | --- | --- |
| Place:  | Court:  | Naturalization Number: |

Do you have or have you ever applied for a passport?

[ ]  Yes, Passport Number: [ ] No

Are you at least 21 years of age? [ ]  Yes [ ]  No

Can you pass the POST fitness evaluation? [ ]  Yes [ ]  No

Have you ever committed a Misdemeanor? [ ]  Yes [ ]  No [ ] Not Sure If yes or unsure, provide explanation in *Additional Information section*.

Have you ever committed a Felony? [ ]  Yes [ ]  No [ ] Not Sure If yes or unsure, provide explanation in *Additional Information section*.

Have you previously been employed by the City of Parma or Parma Police Department?

[ ]  Yes If yes, when? [ ] No

**EXPERIENCE**

Do you have previous experience as a law enforcement officer? [ ]  Yes [ ]  No

If yes, please provide the following:

|  |  |
| --- | --- |
| Agency Name:  | Dates of Service:  |

Are you certified by another state’s Peace Officer Standards and Training equivalent to basic certification or intermediate certification in the state of Idaho? [ ]  Yes [ ]  No

If yes, please provide the following:

|  |  |  |  |
| --- | --- | --- | --- |
| State:  | Academy:  | Date Attended:  | Certificate Held:  |

Are you a veteran? [ ]  Yes [ ]  No

If yes, please provide the following:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Military Branch:  | Dates of Service:  | Serial Number & Highest Rank:  | Rank at Separation:  | Type & Date of Separation:  |

**EDUCATION & TRAINING**

(Secondary & Post-Secondary Schools Attended)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| School Name& Address | Attended From To | Years Completed /Credit Earned | Did you Graduate? | Diploma or Degree |
|  |  |  |  |  |  |
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|  |  |  |  |  |  |

**WORK HISTORY**

(Most recent employer first)

|  |  |  |  |
| --- | --- | --- | --- |
| Job Title:  | From:  | To:  | Hours/Week:  |
| Employer:  | Address:  |
| Supervisor:  | Phone:  |
| Reason for leaving:  |
| May we contact this employer? [ ]  Yes [ ]  No  |

|  |  |  |  |
| --- | --- | --- | --- |
| Job Title:  | From:  | To:  | Hours/Week:  |
| Employer:  | Address:  |
| Supervisor:  | Phone:  |
| Reason for leaving:  |
| May we contact this employer? [ ]  Yes [ ]  No  |

|  |  |  |  |
| --- | --- | --- | --- |
| Job Title:  | From:  | To:  | Hours/Week:  |
| Employer:  | Address:  |
| Supervisor:  | Phone:  |
| Reason for leaving:  |
| May we contact this employer? [ ]  Yes [ ]  No  |

If you need additional space, please continue on a separate sheet of paper.

Summarize special skills and qualifications acquired from employment or other experience. Include copies of all certifications.

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**PERSONAL REFERENCES**

List three references, other than family or former employers, who are familiar with your character and qualifications.

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| --- | --- | --- | --- |
| Name | Address | Phone | Years Known |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Please list your hobbies and special interests:

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***ADDITIONAL INFORMATION***

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| --- |
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| --- | --- |
| Signature | Date |
| With the signature above, I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that should an investigation disclose untruthful or misleading answers, my application may be rejected, my name removed from consideration, or my employment with the City of Parma will be terminated. |

**City of Parma Police Department**

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| It is very important that you read this section carefully and that you fully understand before you sign it. This section affects your legal rights. If you have any questions please ask the Parma Police Department representative before you sign this application. ***Please initial each numbered item below showing you have read and understand each statement.***  |
| **In exchange for the City of Parma’s consideration of this employment application:** \_\_\_\_\_1. I promise that all information supplied in this application and any other form, oral or written, is true and accurate, and I agree that any misstated, misleading, incomplete, or false information is grounds for rejection, refusal to hire, withdrawal of an offer of employment, or immediate discharge without recourse, whenever and however discovered. I make this promise because I understand that you will rely on my statements to you in making your decision to hire me. \_\_\_\_\_2. I understand and agree that the City of Parma, any agent acting on their behalf, as well as any other person responding to a reference request to this application, can and will seek and/or disclose any and all information about me which said corporation, agent, or person may have. I specifically authorized said disclosure and agree to hold all such corporations, agents, or persons harmless for the same. That is, I will not file a lawsuit, claim or charge against them for such disclosure. Nor will I threaten same or otherwise seek any kind of compensation for such disclosure. \_\_\_\_\_3. I understand and agree with the fact that the City of Parma maintains a drug-free workplace that maintenance of the same is essential to the safety of the workplace and employees, and that I will be required to undergo a pre-employment drug and/or alcohol screening and testing, and/or practical exercise designed to ascertain my suitability for employment and/or the job for which I’m being considered. I also understand and agree that I will be subject to such testing during the course of my employment, and specifically agreed not to oppose in any fashion such pre-hire or post hire testing. I understand that, subject to the applicable law, the City of Parma shall be the sole judge of the acceptability of any test results. \_\_\_\_\_4. I acknowledge that I have been advised that the City of Parma is an equal opportunity employer, that the City of Parma does not discriminate against persons who are physically or mentally disabled, and that the City of Parma administers its employment policies in a nondiscriminatory manner. \_\_\_\_\_5. I understand that I have an opportunity to review a copy of the City of Parma’s employee handbook and that if I so desire I can review said handbook before I submit this employment application. I agree to abide by the terms and conditions of all City of Parma rules and regulations. I also understand personnel policies, programs, and procedures may out of necessity change from time to time without prior notification.\_\_\_\_\_6. I understand and agree that, if hired, my employment will be at will, and that I or the City of Parma can terminate this employment relationship at any time, with or without notice, for any reason, good or bad, without recourse by either of us, with the exception of the contract signed stating that I will repay the city for the cost of training should I voluntarily leave in the first three years of employment. I also understand that if I am hired, the City of Parma Police Department has a one-year probationary period during which I’m expected to determine as quickly as possible whether I wish to continue to work for the City of Parma, just as the City of Parma will determine as quickly as possible whether it wants me to continue working for the City of Parma. Nothing about this introductory period, or its completion, changes the fact that, if hired, my employment will be at will. I also understand that no one at the City of Parma, or any City of Parma client, has authority to alter any of the terms and conditions of this application or Parma city employment policies, except those specified in the City of Parma personnel policies. \_\_\_\_\_7. I understand and agree that work schedules and requirements vary and can be unpredictable, and that, while the City of Parma will make reasonable efforts to accommodate work schedules and employee availability, I may be required to work overtime, weekends, different shifts, or other arrangements. I consent to these requirements as they are necessary and legitimate conditions of employment. \_\_\_\_\_8. I understand that this application will be kept on file for 12 months after which the application will be destroyed. I also understand that my application will not be considered for a specific position unless I contact the Parma Police Department and request my application be considered for current position opening. However, if I am employed then this application will become part of my permanent record. \_\_\_\_\_9. I have read or have had this application read to me, and I understand everything on this application.  |
| APPLICANT | WITNESS |
| Printed Name:  | Printed Name:  |
| Signature:  | Signature:  |
| Date:  | Date:  |