WAYNE POLICE DEPARTMENT

APPLICATION FOR EMPLOYMENT



VILLAGE OF WAYNE IS AN EQUAL OPPORTUNITY EMPLOYER

*As an equal opportunity employer, The Village of Wayne will consider only the qualifications of all applicants, and will not tolerate discrimination in provision of services or employment due to disability, race, color, creed, national origin, sex or age.***PLEASE PRINT** Date

Position Applied for

Name Last First Middle

Address Number Street City State Zip code

Social Security Number Telephone

Have you filed an application with the Wayne Police Department before? Yes No

If yes, give date(s)

Are you employed now? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No

Are you available to work Full Time Part Time Temporary

Are you on lay-off and subject to recall? Yes No

Have you either been convicted of a felony or been released from prison following conviction of a felony? Yes No

If yes, please explain:

List professional, trade, business or civic activities and offices held. (You may exclude those which indicate race, color, religion, sex or national origin):

**REFERENCES**

Please list three references that are not related to you and are not previous employers:

Name Address Telephone Years Known Name Address Telephone Years Known Name Address Telephone Years Known

**EDUCATION** *Please list all Colleges, Universities, Trade, Vocational, High Schools and Elementary Schools*

Name of School Location Years Attended Diploma/Degree

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**MILITARY SERVICE**

Are you a Veteran? Yes No

Dates of Services Rank

Branch of Military

Technical Specialization

Date(s) of Separation/Discharge

**FOREIGN LANGUAGES**

|  |  |  |  |
| --- | --- | --- | --- |
| Indicate any foreign languages you can speak, read, and/or write | | | |
|  | FLUENT | GOOD | FAIR |
| SPEAK |  |  |  |
| READ |  |  |  |
| WRITE |  |  |  |

**SPECIALIZED SKILLS/TRAINING/QUALIFICATIONS**

*Please list any specialized skills, training, and qualifications you have gained through employment or other means.*

**EMPLOYMENT EXPERIENCE** *If you need additional space please use a blank sheet of paper*

**Employer Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employed from \_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor Title

Position Duties \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_

Reason for Leaving

**Employer Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employed from \_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor Title

Position Duties \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_

Reason for Leaving

**Employer Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employed from \_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor Title

Position Held/Duties \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_

Reason for Leaving

**Employer Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employed from \_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor Title

Position Duties \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_

Reason for Leaving

**Employer Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employed from \_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor Title

Position Duties \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_

Reason for Leaving

**APPLICANT DRIVING HISTORY**

To be included in the Application for Employment for all prospective new employees especially those who may on occasion drive a Village vehicle or any other vehicle on behalf of the Village of Wayne.

First, Middle and Last Name

Address

Ohio Driver License Number

Social Security Number Date of Birth

(The above information is required by the State of Ohio to run a Motor Vehicle Report.)

Position Applied for

I understand that as a condition of employment I must have a current and valid Ohio Driver’s License and an acceptable driving record that meets the standards of the Village’s auto liability insurer.

Contingent upon an offer of employment, I understand that I must provide proof of personal auto liability insurance that meets the requirements of the State of Ohio and existing county minimum requirements.

I further understand and authorize the Village of Genoa to obtain a copy of my Bureau of Motor Vehicles report showing my driving record for all states that I have resided in during the past thirty six (36) months period.

Questionnaire:

1. Can you do the requirements of the job, to include driving if necessary, with a reasonable accommodation?

2. If you answered yes to question no. 1, what is the accommodation you need, if any, to do the job?

During the previous forty-eight (48) months have you been involved in any of the following:

3. Had automobile insurance rejected, canceled, refused or been in a high-risk insurance program?

4. Been involved in any accidents either, at fault or not at fault? 5. Been arrested for any traffic related incidents?

6. Had any traffic violations other than overtime parking?

Please provide all details including date and location for any question that was answered by “yes.”

**APPLICANT DRIVING HISTORY**

I understand that by giving incorrect information or by omitting information I am falsifying my application and therefore subject to dismissal if hired. I further agree that the village as my employer may check my driving record at any time. I further agree to report to my supervisor any accidents, arrests, violations, or cancellation of personal insurance as soon as possible after they occur and prior to driving any vehicle on behalf of the village.

Prior to driving on behalf of the village, I understand all of the above and agree to all requirements. I further attest that all statements made by me in this report are true to the best of my knowledge.

Applicant Signature Date

**APPLICANT’S STATEMENT**

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I further authorize all individuals and organizations named or referred to in this application and any law enforcement organization to give The Village of Genoa all information relative to such verification and herby release such individuals, organizations, and The Village of Wayne from any and all liability for any claim or damage resulting there from. I understand that this application is not and is not intended to be a contract of employment.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Village.

Applicant Signature Date

