

c. Type of Discharge: _____

Are you a member of the Reserve or National Guard: Yes or No Service Branch: _____

Are you registered for the Selective Service: Yes or No

Selective Service Number: _____ Date Registered: _____

8. Education/Training: List all education/training, which you feel, relates to the position for which you are applying. Describe in sufficient detail to demonstrate that you meet the minimum requirement of the position.

Did you graduate from High School: Yes or No GED obtained: Yes or No

Name of School, City & State: _____

Colleges/Universities/Academy, Business, Trade, or other schools attended:

<u>Name</u>	<u>Location</u>	<u>Field of Study</u>	<u>Type of Degree</u>	<u>Date Graduation</u>

Current Professional Licenses or Certificates: (O.P.O.T.A)

<u>Name</u>	<u>Issuing Agency</u>	<u>Dates Issued</u>	<u>Expiration Date</u>

9. Court Records: If you were ever arrested or charged with any criminal violation, list below and the disposition.

<u>Date</u>	<u>Place</u>	<u>Charge</u>	<u>Final Disposition</u>

List all traffic citations.

Date	Place	Charge	Final Disposition

List any court action where you have been a plaintiff or defendant, including divorce.

Date	Place	Charge	Final Disposition

10. Relatives/Friends Employed by any Government Agency: List complete names of any close relatives or friends (including in-laws) who are employed in law enforcement.

Name	Agency Where Employed	City & State	Final Disposition

11. References: List 5 references who are not related to you.

Name	Address, City, State, Zip Code	Phone #	Years Known

12. Relatives; List complete information concerning relatives. List Spouse, Children, Parents, Brother(s), Sister(s) and also step Brother(s) and Sister(s).

Name Address. City, State, Zip Code Phone # Relation

Name	Place	Charge	Final Disposition

13. Employment; List all work experience, starting with the most recent position and work back. Fill in completely. Be accurate and complete. If you wish to elaborate on your experience, a supplemental sheet or resume may be attached, ***but this section must be completed.***

Job Title: _____ Dates: From _____ to _____
Employer's Name & Address: _____
Phone Number: _____ Duties: _____
Reason for Leaving: _____ Ending Salary: _____

Job Title: _____ Dates: From _____ to _____
Employer's Name & Address: _____
Phone Number: _____ Duties: _____
Reason for Leaving: _____ Ending Salary: _____

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Job Title: _____ Dates: From _____ to _____

Employer's Name & Address: _____

Phone Number: _____ Duties: _____

Reason for Leaving: _____ Ending Salary: _____

Job Title: _____ Dates: From _____ to _____

Employer's Name & Address: _____

Phone Number: _____ Duties: _____

Reason for Leaving: _____ Ending Salary: _____

14. Documents:

In order to be considered for employment, the following documents **MUST** accompany this completed form:

- 1) Legible copy of Birth Certificate.
- 2) Legible copy of social security card
- 3) Legible copy of High School Diploma or G.E.D.
- 4) Legible copies of any certificates or diplomas.
- 5) Legible copy of Driver's License.
- 6) Legible copy of High School Transcripts

15. ACKNOWLEDGMENT OF INFORMATION BY APPLICANT

I certify that all statements made in this application are true and agree and understand that any deliberate misstatements or omissions of material facts will cause forfeiture on my part of all eligibility to any employment with the Village of Peninsula.

Signature of Applicant

Date

**PENINSULA POLICE DEPARTMENT
PENINSULA, OHIO**

TO WHOM IT MAY CONCERN: I am an applicant for a position with the Peninsula Police Department. The department needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I applied. It is in the public's interest that all-relevant information concerning my personal and employment history be disclosed to the above department.

I hereby authorize any representative of the Peninsula Police Department bearing this release to obtain any information in your files pertaining to my employment records and I hereby direct you to release such information upon request of the bearer. I do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the Peninsula Police Department, whether said records are of public, private, or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure. I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation that may provide pertinent data for the Peninsula Police Department to consider in determining my suitability for employment in that department. It is my specific intent to provide access to personnel information, however personal or confidential it may appear be.

I consent to your release of any and all public and private information that you may have concerning me, my work record, my background and reputation, my military service records, educational records, my financial status, my criminal history record, including any arrest records, any information contained in investigator files, efficiency ratings, complaints or grievances filed by or against me, the records or recollections of attorneys at law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest, attendance records, polygraph examinations, and any internal affairs investigations and discipline, including any files which are deemed to be confidential, and/or sealed. I hereby release you, your organization, and all others from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws.

I hereby release you, as the custodian of such records of police organization, including its officers, employees, or related personnel, both individually and collectively, from all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I direct you to release such information upon request of the duly accredited representative of the Peninsula Police Department regardless of any agreement I may have made with previously to the contrary. The law enforcement organization requesting the information pursuant to this release will discontinue processing my application if you refuse to disclose the information requested.

For an in consideration of the Peninsula Police Department's acceptance and processing of my application for employment, I agree to hold the Peninsula Police Department, its agents and employees harmless from all claims and liability associated with my application for employment or in any way connected with the decision whether to employ me with the Peninsula Police Department. I understand that should information of a serious criminal nature surface because of this investigation, such information may be turned over to the proper authorities.

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access and to disclosure of records, I waive those rights with the understanding that information. Department in conjunction with employment procedures.

A photocopy or FAX copy of this release for will be valid as an original thereof, even though the said photocopy of FAX copy does not contain an original writing of my signature.

This waiver is valid for a period of one year from the date of my signature. Should there be any questions as to the validity of the release, you may contact me at the address listed on this form.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request.

FULL NAME SIGNATURE: _____

FULL NAME PRINTED: _____

ADDRESS: _____

DATE: _____

SOCIAL SECURITY NUMBER: _____