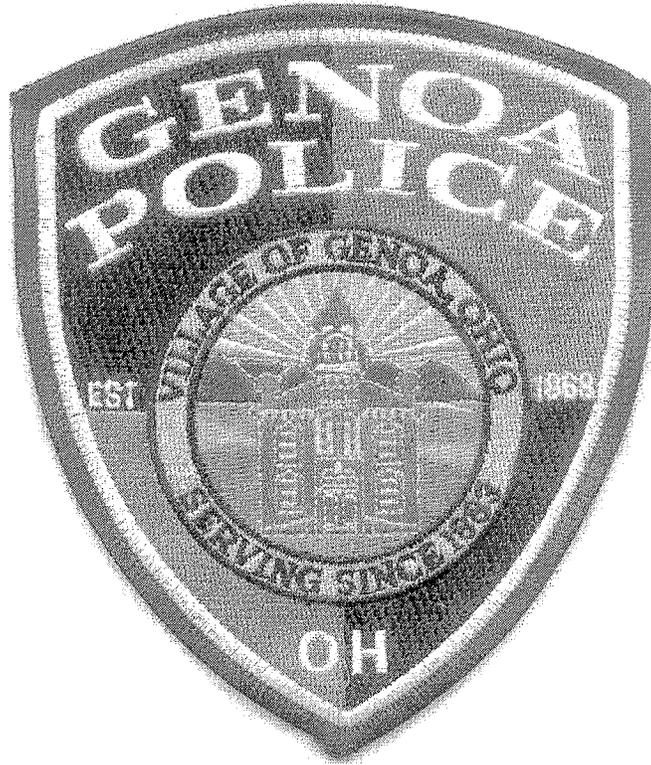


GENOA POLICE DEPARTMENT

APPLICATION FOR EMPLOYMENT



VILLAGE OF GENOA IS AN EQUAL OPPORTUNITY EMPLOYER

As an equal opportunity employer, The Village of Genoa 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 Genoa 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

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 Genoa.

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 hereby release such individuals, organizations, and The Village of Genoa 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



PUBLIC EMPLOYMENT

In accordance with section 2909.34 of the Ohio Revised Code

DECLARATION REGARDING MATERIAL ASSISTANCE/NO ASSISTANCE TO A TERRORIST ORGANIZATION

This form serves as a declaration of the provision of material assistance to a terrorist organization or organization that supports terrorism as identified by the U.S. Department of State Terrorist Exclusion List (see the Ohio Homeland Security Division Web site for the Terrorist Exclusion List).

Any answer of "yes" to any question, or the failure to answer "no" to any question on this declaration shall serve as a disclosure that material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List has been provided.

For the purposes of this declaration, "material support or resources" means currency, payment instruments, other financial securities, funds, transfer of funds, and financial services that are in excess of one hundred dollars, as well as communications, lodging, training, safe houses, false documentation or identification, communications equipment, facilities, weapons, lethal substances, explosives, personnel, transportation, and other physical assets, except medicine or religious materials.

Form with fields: LAST NAME, FIRST NAME, MIDDLE INITIAL, HOME ADDRESS, CITY, STATE, ZIP, COUNTY, HOME PHONE, WORK PHONE

DECLARATION

In accordance with section 2909.32 (A)(2)(b) of the Ohio Revised Code

For each question, indicate either "yes," or "no" in the space provided. Responses must be truthful to the best of your knowledge.

- 1. Are you a member of an organization on the U.S. Department of State Terrorist Exclusion List?
2. Have you used any position of prominence you have with any country to persuade others to support an organization on the U.S. Department of State Terrorist Exclusion List?
3. Have you knowingly solicited funds or other things of value for an organization on the U.S. Department of State Terrorist Exclusion List?
4. Have you solicited any individual for membership in an organization on the U.S. Department of State Terrorist Exclusion List?
5. Have you committed an act that you know, or reasonably should have known, affords "material support or resources" to an organization on the U.S. Department of State Terrorist Exclusion List?
6. Have you hired or compensated a person you knew to be a member of an organization on the U.S. Department of State Terrorist Exclusion List, or a person you knew to be engaged in planning, assisting, or carrying out an act of terrorism?

In the event of a denial of licensure due to a positive indication that material assistance has been provided to a terrorist organization, or an organization that supports terrorism as identified by the U.S. Department of State Terrorist Exclusion List, a review of the denial may be requested.

CERTIFICATION

I hereby certify that the answers I have made to all of the questions on this declaration are true to the best of my knowledge. I understand that if this declaration is not completed in its entirety, it will not be processed and I will be automatically disqualified.

X
APPLICANT SIGNATURE

DATE

AUTHORIZATION TO RELEASE INFORMATION

TO: ANY DOCTOR, PHYSICIAN, PSYCHOLOGIST, PSYCHIATRIST, DENTIST, HOSPITAL, NURSING HOME, OR MEDICAL ASSOCIATION.

U.S. ARMED FORCES, MARITIME SERVICE, VETERAN ASSOCIATION

ANY ACADEMIC DEAN, REGISTRAR, PRINCIPAL, GUIDANCE COUNSELOR OR AUTHORIZED PERSON AT ANY: SCHOOL, COLLEGE, UNIVERSITY, BUSINESS SCHOOL, TRADE SCHOOL OR ELEMENTARY SCHOOL.

ANY LOCAL, STATE OR FEDERAL LAW ENFORCEMENT AGENCY, ANY PAST EMPLOYER, PRESENT EMPLOYER, CREDIT BUREAU, RETAIL MERCHANTS ASSOCIATION, U.S. SELECTIVE SERVICE SYSTEM OR ANY GOVERNMENT AGENCY.

I, _____, OF _____, HAVE APPLIED FOR EMPLOYMENT WITH THE POLICE DEPARTMENT OF THE VILLAGE OF GENOA, OHIO. I AM AWARE THAT MY BACKGROUND IS TO BE INVESTIGATED THOROUGHLY. I HEREBY AUTHORIZE AND REQUEST RELEASE OF ANY AND ALL INFORMATION YOU HAVE CONCERNING ME, INCLUDING, BUT NOT LIMITED TO, MY EMPLOYMENT, MILITARY, CREDIT, PSYCHOLOGICAL, CRIMINAL, MEDICAL OR EDUCATIONAL (INCLUDING THE TRANSCRIPT OF ANY ACADEMIC RECORD) AND ANY OTHER RECORDS RELATING TO ACHIEVEMENT, ATTENDANCE, PERSONAL HISTORY, DISCIPLINARY RECORDS AND CREDIT RECORDS. I HEREBY AUTHORIZE YOU TO RELEASE THIS INFORMATION UPON REQUEST TO THE BEARER OF THIS DOCUMENT. THIS RELEASE IS EXECUTED WITH FULL KNOWLEDGE AND UNDERSTANDING THAT THE INFORMATION IS FOR THE OFFICIAL USE OF THE GENOA POLICE DEPARTMENT. CONSENT IS HEREBY GRANTED FOR THE GENOA POLICE DEPARTMENT TO FURNISH THIS INFORMATION AS DESCRIBED ABOVE TO THIRD PARTIES IN THE COURSE OF FULFILLING ITS OFFICIAL RESPONSIBILITIES RELATIVE TO MY EMPLOYMENT WITH THE GENOA POLICE DEPARTMENT. I HEREBY RELEASE YOU AS THE CUSTODIAN OF SUCH RECORDS, AND EMPLOYER, EDUCATIONAL INSTITUTION, PHYSICIAN, PSYCHOLOGIST, PSYCHIATRIST, HOSPITAL OR OTHER REPOSITORY OF MEDICAL RECORDS, CREDIT BUREAU, CONSUMER REPORTING AGENCY OR MILITARY OR GOVERNMENTAL ENTITY, INCLUDING ITS OFFICERS, EMPLOYEES OR RELATED PERSONNEL, BOTH INDIVIDUALLY AND COLLECTIVELY, FROM ANY AND ALL RESPONSIBILITY OR 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 ATTEMPT TO COMPLY WITH IT.

FULL NAME (SIGNATURE)

CURRENT ADDRESS

FULL NAME (TYPED OR PRINTED)

PHONE NUMBER (INCLUDE AREA CODE)

DATE OF BIRTH: DAY MONTH YEAR

WITNESSED BY

SOCIAL SECURITY NUMBER

POLICE OFFICER, VILLAGE OF GENOA - BADGE #