

The Village of Woodmere

“Gateway To The Chagrin Valley”
27899 Chagrin Boulevard * Woodmere Village, Ohio 44122

EMPLOYMENT APPLICATION

This application for employment with the Village of Woodmere, Ohio is first step of the hiring process. Please read each question carefully before answering. The Village of Woodmere utilizes various procedures to verify the accuracy of the information you have provided.

If any of the information contained in this application is found to be incorrect, or if you fail to list all relevant information, it may be grounds for not hiring you or for further terminating you after you have begun working.

We are an equal opportunity employer dedicated to a policy of non-discrimination in the terms and conditions of employment in the basis of race, sex, religion, color, national origin, citizenship, veterans’ status, age, or non-job related disability or handicap of any kind.

THIS APPLICATION MUST BE COMPLETED BY THE APPLICANT ONLY
(Please print legibly or type)

POSITION(S) APPLIED FOR: _____ Application Date _____

NAME: _____
(Last) (First) (Middle)

ADDRESS: _____
(Number) (Street) (City) (State) (Zip)

Telephone Number (_____) _____ Social Security #: _____
Area code

DOB: _____ Email: _____

HOW LONG HAVE YOU LIVED AT YOUR PRESENT ADDRESS? _____

1. Give any other names you have used, or have been known by: (maiden, former married name etc.)

2. Have you ever been arrested? If Yes when and where?

a) Convicted: Yes _____ No _____

b) Misdemeanor? Yes _____ No _____ Please provide full details: _____

c) Felony? Yes _____ No _____ Please provide full details: _____

3. Have you ever been placed on probation or supervision? Yes _____ No _____ If yes, Please provide Details:

4. Give the following information regarding marriage(s):

a. When: _____

b. State/City? County: _____

c. Spouse Name(s): _____

5. List Children's Names:

Name(s): Date of Birth(s) With whom/where residing

6. Are you supporting a child born to you, adopted by you or stepchildren?

Yes: _____ Amount/Month _____ If No, state full details:

7. Have you ever been involved in a paternity proceeding?

Yes _____ State full details below No _____

8. List family members, siblings, parents(natural/step), spouses parents, brother /sister-in-law's (use additional paper if needed)

Name: Address: Living/Deceased

9. Are you a citizen of the United States? Yes _____ No _____

Natural Born _____ Naturalized _____ (attach naturalization forms)

10. Have you been or are you now a member of any clubs or organizations? List:

11. List any and all Social Media networking websites that you have or have had an account with. Ex. Facebook, Instagram, Twitter, MySpace etc. **Include screen names.**

12. List every address that you have lived at for the last ten years:

From/to: Address: City/State

13. What is your present occupation? Title _____ Employer _____

Shift/Work Hours: Yes _____ Please describe _____

14. Do you object to working nights? Yes _____ No _____

15. Do you object to working nights? Yes _____ No _____

16. Do you object to working holidays? Yes___ No___

17. Do you have experience with shift work? Yes___ No___

18. If it became necessary in the course of your police duties to take a human life, would you have any reluctance to do so because of religious or other beliefs? Yes___ No___

19. Have your past employers always treated you fairly? Yes___ No___ If No please explain:

20. Have you ever been discharged or forced to resign because of misconduct or unsatisfactory job performance? Yes___ No ___ If Yes please explain:_____

21. Have you ever filed a claim for Work's Compensation? Yes___ No___ If Yes please explain:

22. List any and all licenses, state and federal, which you now hold or have held:

Type of License:	Issued By:	License No:	Address:	Date Held:
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23. Have you now or have you been engaged in any business as owner, partner or corporate member?

Yes_____ No_____ If Yes Please provide details:_____

EMPLOYMENT

24. LIST YOUR LAST TEN (10) YEARS OF EMPLOYMENT (USE ADDITIONAL PAPPER IF NEEDED)

25. IN THE LAST TEN (10) YEARS OF EMPLOYMENT, DID YOU RECEIVE ANY WRITTEN WARNINGS OR DISCIPLINARY ACTIONS FROM ANY OF YOUR EMPLOYERS? (add additional paper)

YES _____ NO _____ IF YES; GIVE NAME OF EMPLOYER AND REASON: _____

26. EMPLOYER: _____ FROM _____ TO _____

ADDRESS: _____

JOB TITLE: _____

STARTING SALARY: \$ _____ PER _____ (week, month or year)

FINAL SALARY: \$ _____ PER _____ (week, month or year)

DUTIES: _____

REASON FOR LEAVING: _____

NAME(S) OF SUPERVISOR(S) _____

MAY WE CONTACT FOR A REFERENCE? YES NO TELEPHONE# _____

27. EMPLOYER: _____ FROM _____ TO _____

ADDRESS: _____

JOB TITLE: _____

STARTING SALARY: \$ _____ PER _____ (week, month or year)

FINAL SALARY: \$ _____ PER _____ (week, month or year)

DUTIES: _____

REASON FOR LEAVING: _____

NAME(S) OF SUPERVISOR(S) _____

MAY WE CONTACT FOR A REFERENCE? YES NO TELEPHONE# _____

28. EMPLOYER: _____ FROM _____ TO _____

ADDRESS: _____

JOB TITLE: _____

STARTING SALARY: \$ _____ PER _____ (week, month or year)

FINAL SALARY: \$ _____ PER _____ (week, month or year)

DUTIES: _____

REASON FOR LEAVING: _____

NAME(S) OF SUPERVISOR(S) _____

MAY WE CONTACT FOR A REFERENCE? YES NO TELEPHONE# _____

29. EMPLOYER: _____ FROM _____ TO _____
ADDRESS: _____
JOB TITLE: _____
STARTING SALARY: \$ _____ PER _____ (week, month or year)
FINAL SALARY: \$ _____ PER _____ (week, month or year)
DUTIES: _____
REASON FOR LEAVING: _____
NAME(S) OF SUPERVISOR(S) _____
MAY WE CONTACT FOR A REFERENCE? YES NO TELEPHONE# _____

30. EMPLOYER: _____ FROM _____ TO _____
ADDRESS: _____
JOB TITLE: _____
STARTING SALARY: \$ _____ PER _____ (week, month or year)
FINAL SALARY: \$ _____ PER _____ (week, month or year)
DUTIES: _____
REASON FOR LEAVING: _____
NAME(S) OF SUPERVISOR(S) _____
MAY WE CONTACT FOR A REFERENCE? YES NO TELEPHONE# _____

31. EMPLOYER: _____ FROM _____ TO _____
ADDRESS: _____
JOB TITLE: _____
STARTING SALARY: \$ _____ PER _____ (week, month or year)
FINAL SALARY: \$ _____ PER _____ (week, month or year)
DUTIES: _____
REASON FOR LEAVING: _____
NAME(S) OF SUPERVISOR(S) _____
MAY WE CONTACT FOR A REFERENCE? YES NO TELEPHONE# _____

32. EMPLOYER: _____ FROM _____ TO _____
ADDRESS: _____
JOB TITLE: _____
STARTING SALARY: \$ _____ PER _____ (week, month or year)
FINAL SALARY: \$ _____ PER _____ (week, month or year)
DUTIES: _____
REASON FOR LEAVING: _____
NAME(S) OF SUPERVISOR(S) _____
MAY WE CONTACT FOR A REFERENCE? YES NO TELEPHONE# _____

FALSIFICATION OF A WORK HISTORY WILL RESULT IN DISQUALIFICATION OF AN APPLICANT FOR EMPLOYMENT. PLEASE ANSWER EACH QUESTION ACCURATELY.

PERSONAL INFORMATION

33. List any extended absences you have had from work and reason: _____

34. List every civil service, or police/fire competitive examination you have taken: If none state so: _____

35. Were you ever rejected for any civil service or police/fire position? Yes___ No ___ If Yes Please provide what village/city

36. Have you previously submitted an application with the Woodmere Police Department or nearby surrounding communities? Yes___ No ___ If yes what department(s)? _____

37. Have you ever worked for any deployment within the Valley Enforcement Group? Yes___ No___ If so list the department(s) _____

38. Have you ever received unemployment insurance, or other federal, state or local assistance of any kind? Yes___ No___ If yes please provide details _____

39. List the reasons for applying for this position. _____

40. Have you ever taken a Polygraph? Yes___ No ___ If yes please provide when and where it was taken including whether or not you passed:

41. Are you currently an active member of any military Service? Yes___ No ___ If yes, active Inactive (please provide a copy of DD214)
Branch: Unit: Rank: Service Number: Commanding Officer:

a) Have you ever asked for or received deferment from military service? Yes___ No___ If yes give Board Number, dates and full details on continuation page

b) Were you ever court martialed, tried on charges, or subject of a Summary Court Martial, Captains Mast, Article

15, Company Punishment or any other disciplinary action while in the armed services Yes___ No ___ If yes please explain _____

c) Have you ever received a government disability pension? Yes___ No___

d) Veteran Claim "C" number _____

e) Have you had any type of disciplinary action taken against you in any Military Service listed previously? Yes___ No ___ if yes please provide full details, including final disposition: _____

42. IS THERE ANY REASON WHY YOU MIGHT BE UNABLE TO PERFORM CONSISTANTLY AND PROMPTLY ANY OF THE JOB DUTIES REQUIRED? _____ YES _____ NO; IF YES, EXPLAIN WHY:

PERSONAL REFERENCE

List five references:

1. Name: _____ Mobile Number: _____
Email: _____ Home Number: _____
Complete Address: _____

Business: _____

In what capacity have you known this person: _____

2. Name: _____ Mobile Number: _____
Email: _____ Home Number: _____
Complete Address: _____

Business: _____

In what capacity have you known this person: _____

3. Name: _____ Mobile Number: _____
Email: _____ Home Number: _____
Complete Address: _____

Business: _____

In what capacity have you known this person: _____

4. Name: _____ Mobile Number: _____
Email: _____ Home Number: _____
Complete Address: _____

Business: _____

In what capacity have you known this person: _____

5. Name: _____ Mobile Number: _____
Email: _____ Home Number: _____
Complete Address: _____

Business: _____

In what capacity have you known this person: _____

EDUCATION AND TRAINING

HIGH SCHOOL:

NAME OF HIGH SCHOOL _____

LOCATION _____

GRADUATE? _____ YES _____ NO DATE OF GRADUATION _____

MAJOR AREA OF STUDY _____

UNDERGRADUATE:

NAME OF COLLEGE/UNIVERSITY _____

LOCATION _____

GRADUATE? _____ YES _____ NO DATE OF GRADUATION _____

DEGREE(S) _____

(List whether Associate, Bachelors, or Master's degree)

MAJOR _____

GRADUATE:

NAME OF COLLEGE/UNIVERSITY _____

LOCATION _____

GRADUATE? _____ YES _____ NO DATE OF GRADUATION _____

43. Have you ever been suspended or expelled from any school or were you ever disciplined by any school official? Yes ___ No ___ If Yes Please provide details: _____

PLEASE LIST ADDITIONAL EDUCATION, TRAINING OR CERTIFICATION BELOW

44. DO YOU CURRENTLY HAVE A VALID DRIVERS LICENSE? ___ YES ___ NO
STATE ISSUED _____ LICENSE NUMBER _____ EXP. DATE _____

45. DO YOU CURRENTLY HAVE A VALID COMMERCIAL DRIVERS LICENSE? ___ YES ___ NO
STATE ISSUED _____ LICENSE NUMBER _____ EXP. DATE _____

46. Have you ever been refused an operator's license by another state: Yes ___ No ___ if yes please
provide detail: _____

47. Have you ever been involved in an accident? Yes ___ No ___ If so please provide details on any and all:

A. Approx Date: _____ Location: _____
Police Report Y ___ N ___ Police Agency _____
Injury or Non- injury _____ Who was legally at fault _____

B. Approx Date: _____ Location: _____
Police Report Y ___ N ___ Police Agency _____
Injury or Non- injury _____ Who was legally at fault _____

C. Approx Date: _____ Location: _____
Police Report Y ___ N ___ Police Agency _____
Injury or Non- injury _____ Who was legally at fault _____

D. Approx Date: _____ Location: _____
Police Report Y ___ N ___ Police Agency _____
Injury or Non- injury _____ Who was legally at fault _____

PLEASE LIST BELOW ALL TRAFFIC VIOLATIONS FOR WHICH YOU HAVE BEEN CONVICTED IN THE
PAST FIVE (5) YEARS DO NOT INCLUDE PARKING VIOLATIONS:

DATE OF VIOLATION _____ TYPE OF VIOLATION _____
NAME AND LOCATION OF COURT _____
DATE OF CONVICTION _____
DISPOSITION AND FINE _____

DATE OF VIOLATION _____ TYPE OF VIOLATION _____
NAME AND LOCATION OF COURT _____
DATE OF CONVICTION _____
DISPOSITION AND FINE _____

DATE OF VIOLATION _____ TYPE OF VIOLATION _____
NAME AND LOCATION OF COURT _____
DATE OF CONVICTION _____

DISPOSITION AND FINE _____

DATE OF VIOLATION _____ TYPE OF VIOLATION _____

NAME AND LOCATION OF COURT _____

DATE OF CONVICTION _____

DISPOSITION AND FINE _____

DATE OF VIOLATION _____ TYPE OF VIOLATION _____

NAME AND LOCATION OF COURT _____

DATE OF CONVICTION _____

DISPOSITION AND FINE _____

48. Do you have a Savings Account? Yes___ No___

49. Do you have a Checking Account? Yes___ No___

50. Do you Own, Rent, Lease, or Live with Parent(s)_____

51. Do you Own, Lease, or buying a motor vehicle? _____

52. What income other than salary do you have at the present time? Include spouse's salary_____

53. What is your total income at this time?_____

54. Have you ever written any check of overdraft that was not honored for any reason? Yes___ No___ if yes please provide details._____

55. List all companies which you have or have had charge accounts from which you have borrowed money:

a. Name of Company_____ Type of Business address:_____

Type of Account : _____ Amount Borrowed:_____

Date opened_____ Date Closed:_____

Purpose:_____

b. Name of Company_____ Type of Business address:_____

Type of Account: _____ Amount Borrowed:_____

Date opened_____ Date Closed:_____

Purpose:_____

c. Name of Company_____ Type of Business address:_____

Type of Account: _____ Amount Borrowed:_____ Date

opened_____ Date Closed:_____

Purpose: _____

56. What is your present indebtedness? _____

57. Have you, your spouse or ex-spouse ever been sued or have any immediate civil action pending? Yes ___
No___ if yes please provide details. _____

58. Have you ever had your wages garnished or filed for bankruptcy? _____

59. Have you ever been placed on probation or supervision? Yes ___ No___ If Yes please provide details: _____

By signing this application below, I certify that all of my answers in this application are true and correct. I agree to the verification of my statements and answers in this application before any hiring decision is made. I authorize investigation of my past employment history as well as an investigation into my criminal history, credit and character. I agree to the ongoing nature of this application and understand and agree to supplement this application with any new information that would be responsive to, modify or supplement the information required to be provided on the application. If hired, failure to provide such supplemental information shall constitute a cause for discharge.

I understand that part of the hiring process may include additional questionnaires, interviews, a background check, physical examination and a drug screening test.

I understand and agree that any false, misleading or incomplete information given in my application, interview(s) or other pre-employment questionnaires and procedures, regardless of when discovered by the Village, will be sufficient basis for my disqualification for employment, or if employed, the termination of my employment with the Village. I agree that the Village shall not be liable in any respect if I am not hired or my employment is terminated as a result of providing such false, misleading or incomplete information.

I hereby acknowledge that I have read and understood all of the information above, and agree to the terms therein.

(Signature)

(Date)

WOODMERE POLICE DEPARTMENT

EMPLOYMENT APPLICATION

REQUIRED FORMS

1. COPY OF DRIVER LICENSE ____
2. COPY OF BIRTH CERTIFICATE ____
3. RECENT PHOTO ____
4. COPY OF HIGH SCHOOL DIPLOMA ____
5. COPY OF O.P.O.T.A. CERTIFICATION ____
6. RESUME ____
7. COPY MILITARY DISCHARGE DD214 ____
8. CURRENT CREDIT REPORT _____

Woodmere Police Department

VILLAGE OF WOODMERE
27899 CHAGRIN BLVD.
WOODMERE, OHIO
(216) 831-1234

**PERMISSION FOR RELEASE OF INFORMATION
FOR BACKGROUND INVESTIGATION**

TO: WOODMERE POLICE DEPARTMENT

DATE: _____

TO WHOM IT MAY CONCERN: I am an applicant for a position with the **Woodmere Police Department**. The **Woodmere Police Department** needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I applied for. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed to the **Woodmere Police Department**. I hereby authorize any representative of the **Woodmere 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 **Woodmere Police Department**, whether said records are of public, private, or confidential nature. The intent of this authorization is to give my 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 to the **Woodmere Police Department** to consider in determining my suitability for employment in this department. It is my specific intent to provide access to personnel information contained in investigatory 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 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, as the custodian of such records and your organization, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, including any liability or damage pursuant to any state or federal laws 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 **Woodmere Police Department** regardless of any agreement I may have had with you 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 and in consideration of the **Woodmere Police Department's** acceptance and processing of my application for employment, I agree to hold the **Village of Woodmere**, its agents and employees harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the Woodmere Police Department. I understand that should information of a serious criminal nature surface as a result 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, and O.R.C Sections 149.43 and 1347.01 with regard to access and to disclosure of records and I waive those rights with the understanding that information furnished will be used by the **Woodmere Police Department** in conjunction with employment procedures.

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

Should there be any questions as to the validity of this 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/her 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.

Signature: _____

Print Name & Address:

Presence of Notary: _____

Notary Seal

AUTHORIZATION AND DISCLOSURE OF CONSUMER REPORT AND INVESTIGATIVE COMSUMER
REPORT UNDER THE FAIR CREDIT REPORTING ACT

The Village may obtain or cause to be prepared consumer reports for employment purposes. It may be an investigative consumer report which is obtained through personal interviews and might include information as to character, general reputation, personal characteristics and mode of living.

You may make a written request, within a reasonable period of time, for a disclosure of the nature and scope of any investigative consumer report we have requested. You may also request a written summery of your rights under the Fair Credit Reporting Act.

If you consent to our obtaining a consumer report or investigative consumer, sign and date below. We will not process your application until this is signed.

I authorize the Village to obtain or cause to be prepared consumer reports, and investigative consumer reports, about me for employment purposes. I understand that in obtaining such reports and investigative consumer reports, a consumer reporting agency may be used, and I authorize such use. This authorization and disclosure will remain effective for the duration of my employment, if I am hired.

I have received a copy of this authorization and disclosure.

Date

Signature

Name Printed

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, ancestry or the presence of a non-job related medical condition or disability.

The Village of Woodmere complies with EEO/ADA guidelines and is a drug-free workplace

Woodmere Police Department Hardship Duty Requirements

1. **Shifts:** *There are three shifts 6a-2p, 2p-10p, 10p-6a along with any shift and shift assignments are as needed per your availability (part-time officers). Full Time officers will work rotating shifts and maybe subject to call-in for shift coverage during your time off. (Initial _____)*
2. **Days Off:** *(Full Time Officers) You will most likely having rotating days off that will cycle through weekends each month(Initial_____)*
3. **Vacation:** *(Full Time Only) The amount of time is allowed by The Village of Woodmere Ordinance and Union Contract and is according to number of years of service. (Initial_____)*
4. **Holidays:** *(Part Time Officers): You may be required to work many of the holidays throughout the year! (Initial_____)*
5. **Overtime:** *You will be required to stay and complete your assignments. You will not be able to plan on getting off on time every day. (Initial_____)*
6. **Weather:** *You may be required to spend long periods of time in the cold, rain, heat etc. and inclement weather. (Initial_____)*
7. **Loss of Personal Friends:** *Because of your duties, hours and just because you are a police officer, some of your friends may or will slowly stop their association with you. (Initial_____)*
8. **Hazardous Duty:** *You may be subject to assault, injury, exposure to communicable diseases and maybe death because of your contact with criminal and or mental subjects. (Initial_____)*
9. **Death:** *You will be required to carry a gun. You may be required to take a life in the line of duty. You may also be required to investigate deaths, some of which may be very grotesque and sickening. (Initial_____)*
10. **Traffic Duties:** *Part of your duties will include issuing traffic citations, arresting drunk drivers, and other violators. (Initial_____)*
11. **Extra Duty Jobs:** *You will not be permitted to work extra duty jobs until approval has been obtained from the Chief of Police. (Initial_____)*

Applicant Signature

Date

Spouse Signature

Date

Witness Signature

Date

The Village of Woodmere

EEO Survey

The information will not be used to evaluate your application!

The following information is requested for Equal Employment Opportunity (EEO) record keeping and reporting compliance purposes only as specified by Title VII of the Civil Rights Act of 1994, as amended by Equal Employment Opportunity Act of 1972, Section 709(c). This information will NOT be kept with your application for employment, and will NOT be used in making employment decisions and because we remove this information from your application. This information is voluntary and will be detached from the application upon receipt in the Department of Human Resources.

Please Print

Date of Application _____

1. Position Applied for: _____

Name: _____

Sex: (Check One): Male Female

Race/ Ethnic Categories (Check Only One)

- | | |
|--|--|
| <input type="checkbox"/> Black/ African American, not of Hispanic/ Latino Origin | <input type="checkbox"/> White, not of Hispanic/ Latino Origin |
| <input type="checkbox"/> Hispanic/ Latino | <input type="checkbox"/> Asian |
| <input type="checkbox"/> American Indian/ Alaska Native | <input type="checkbox"/> Native Hawaiian/ Other Pacific Islander |

Categories and Definition

- **American Indian or Alaska Native:** A person descending from any of the original people of North American or South American(including Central America) who possesses 1/4 degree of documented tribal decendency or is enrolled with a federal or state recognized tribe, or is recognized by a federally or state recognized tribe as American Indians for state affirmative action purposes
- **Asian:** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Island, Thailand, and Vietnam.
- **Black or African American:** A person having origins in any of the black racial groups of Africa. Terms such as "Hattian" or "Negro" can be used in addition to " Black or African American"
- **Hispanic or Latino:** A person of Cuban, Mexican, Puerto Rican, South or Central American, or Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic or Latino".
- **Native Hawaiian or Other Pacific Islander:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- **White:** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.