



## *Strasburg Police Department*

*358 Fifth St. S.W., Strasburg, Ohio 44680*

*Phone (330) 878-7011 Fax (330) 878-2021*

*Email: [police@villageofstrasburg.org](mailto:police@villageofstrasburg.org)*

*Chief David W. Warrick*

### **APPLICATION FOR EMPLOYMENT**

**Please print responses clearly to all of the questions contained on the entire application form.**

Position Sought: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**The Strasburg Police Department strives to provide quality police service to all people within the Strasburg community with respect, fairness, and compassion. We are committed to enhancement of life by providing a safe and secure environment; the enforcement of all laws; the prevention and detection of crime, and the apprehension and prosecution of violators; and to seek the support of the entire community. We operate within the framework of federal, state, and local laws.**

## Employment History and Work Experience

**In this section, list all employment history and work experience in chronological order including military experience. Begin with your current employer. Use additional pages if necessary. Failure to include all employment may be grounds for disqualification.**

May we contact your current /previous employer(s) to verify employment?

\_\_\_\_\_ Yes \_\_\_\_\_ No

Current Employer: \_\_\_\_\_

(Enter "None" if unemployed)

Address / Phone Number: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ To: \_\_\_\_\_

Job Title / Supervisor's Name: \_\_\_\_\_

Beginning Salary: \_\_\_\_\_ Per: \_\_\_\_\_

Ending Salary: \_\_\_\_\_ Per: \_\_\_\_\_

Describe your duties, responsibilities, equipment operated, promotions, etc...

\_\_\_\_\_  
\_\_\_\_\_

Why did you leave? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Previous Employer: \_\_\_\_\_

Address / Phone Number: \_\_\_\_\_

Dates employed: \_\_\_\_\_ To: \_\_\_\_\_

Describe your duties, responsibilities, equipment operated, promotions, etc...

\_\_\_\_\_  
\_\_\_\_\_

Why did you leave? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Previous Employer: \_\_\_\_\_

Address / Phone Number: \_\_\_\_\_

Dates employed: \_\_\_\_\_ To: \_\_\_\_\_

Describe your duties, responsibilities, equipment operated, promotions, etc...

\_\_\_\_\_

Why did you leave? \_\_\_\_\_

\_\_\_\_\_

Previous Employer: \_\_\_\_\_

Address / Phone Number: \_\_\_\_\_

Dates employed: \_\_\_\_\_ To: \_\_\_\_\_

Describe your duties, responsibilities, equipment operated, promotions, etc...

\_\_\_\_\_

Why did you leave? \_\_\_\_\_

\_\_\_\_\_

Previous Employer: \_\_\_\_\_

Address / Phone Number: \_\_\_\_\_

Dates employed: \_\_\_\_\_ To: \_\_\_\_\_

Describe your duties, responsibilities, equipment operated, promotions, etc...

\_\_\_\_\_

Why did you leave? \_\_\_\_\_

\_\_\_\_\_

Previous Employer: \_\_\_\_\_

Address / Phone Number: \_\_\_\_\_

Dates employed: \_\_\_\_\_ To: \_\_\_\_\_

Describe your duties, responsibilities, equipment operated, promotions, etc...

\_\_\_\_\_

Why did you leave? \_\_\_\_\_

\_\_\_\_\_

**If you need to list additional previous employers, please use a blank sheet of paper to do so.**

## **Education and Training**

**This section is intended to give the employer information about the education and training that the applicant has completed and to demonstrate the skills, knowledge, and abilities of the applicant to perform the job duties of the position.**

### **High School**

High School attended: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Did you graduate? \_\_\_ Yes \_\_\_ No High School Equivalent? \_\_\_ Yes \_\_\_ No

Courses pertaining to job applied for:

\_\_\_\_\_  
\_\_\_\_\_

List any activities, awards, achievements, etc. related to the position for which you are applying.

\_\_\_\_\_  
\_\_\_\_\_

### **College or Trade School**

College or Trade School attended: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Dates of Attendance: From \_\_\_\_\_ To: \_\_\_\_\_

Did you Graduate? \_\_\_\_\_ Degree: \_\_\_\_\_

Courses pertaining to the position applied for:

\_\_\_\_\_  
\_\_\_\_\_

List any activities, awards, achievements, etc., related to the position for which you are applying.

\_\_\_\_\_  
\_\_\_\_\_

**Graduate School**

Graduate School(s) Attended: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Dates of Attendance: From \_\_\_\_\_ To: \_\_\_\_\_

Did you graduate? \_\_\_\_\_ Degree: \_\_\_\_\_

Courses pertaining to the position for which you are applying:

\_\_\_\_\_  
\_\_\_\_\_

List any activities, awards, achievements, etc., related to the position for which you are applying.

\_\_\_\_\_  
\_\_\_\_\_

**Please use the following space to provide any further information on training, education, skills, activities, hobbies, volunteer work, etc., that you possess or have experience in that may be helpful in the evaluation of your application.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Personal Information**

Do you have any commitments (i.e., second job, school, etc.) which might interfere with or adversely affect your employment should we select you for a position?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, Explain: \_\_\_\_\_

Have you ever been convicted of a Felony? \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, Explain: \_\_\_\_\_

**The Strasburg Police Department will only consider specific crimes related to an applicant’s eligibility for the position for which you are applying.**

Do you have any objections working afternoons, midnights, weekends or holidays which may be required during the course of employment? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you legally permitted to work in the United States? \_\_\_\_\_ Yes \_\_\_\_\_ No

How long have you been a resident of the State of Ohio? \_\_\_\_\_

Can you provide proof of having been an Ohio Resident for the period specified above? \_\_\_\_\_ Yes \_\_\_\_\_ No

If no, can you obtain one prior to employment? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you possess a valid State of Ohio Commercial Driver’s License \_\_\_\_\_ Yes  
No

**Please list three (3) references that are not related to you that have known you for at least one (1) year.**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Please read the following paragraphs carefully.**

**Indicate your understanding of, and consent to, the contents and conditions of each by placing your initials at the end of each paragraph. If you have any questions regarding one (1) or more paragraphs, contact the employer before initialing.**

I understand and accept that any applicant who is under final consideration for a position that involves providing direct care to clients must undergo a criminal records check.

Initials: \_\_\_\_\_

I understand and accept that, if I am selected for employment, my employment may be conditioned upon my passing any medical / psychological examination that the Employer deems necessary to determine whether I can perform the essential functions of the position, with reasonable accommodation when necessary. I understand and accept that this may include drug, alcohol or substance abuse testing.

Initials: \_\_\_\_\_

I understand and accept that given the duties and responsibilities of the Employer, I may be required to work weekends, evening hours or at other times as determined by the Employer including overtime hours.

Initials: \_\_\_\_\_

I understand and accept that it may be necessary for me to sign waivers necessary to allow the Employer to obtain information from my current and former employers, schools and personal references.

Initials: \_\_\_\_\_

I understand and accept that if any information required in this application is found to be falsified or intentionally excluded, my application may be disqualified from further consideration. I further understand and accept that, if the Employer employs me, I may be subject to disciplinary action including termination if any information required by this application has been falsified or intentionally excluded.

Initials: \_\_\_\_\_

**I solemnly swear that all the information furnished in this employment application is true, accurate and complete to the best of my knowledge.**

**I authorize investigation of all statements contained in this application.**

**I understand that any misrepresentation or falsification of the information provided may lead to withdrawal of an employment offer or termination following employment.**

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_





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### **AUTHORIZATION TO RELEASE INFORMATION**

I hereby authorize and request all persons, to whom this request (original or reproduction) is presented, having information relating to or concerning me, to furnish such information to a duly appointed officer of the Village of Strasburg Police Department.

I am aware that this information may be of a personal nature and may otherwise be protected from disclosure by my constitutional, statutory or common law privileges. I hereby expressly waive all privileges which may attach to such communication or disclosure and release all persons, firms and corporations from all claims of any nature as a result of said communication or disclosure.

Information to be disclosed:

- Personal History
- Education Records
- Employment Records (past/present, experience, performance, attendance, etc.)
- Military Service Records
- Criminal History Record (CCH)
- Organizational Records
- Medical Records (physical and psychological)
- Any other information pertaining to suitability for employment with this department

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Signature of Person Waiving Rights to Information

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Date

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Witness