

# ELIDA POLICE DEPT.

200 W. Main Street  
Elida, Ohio 45807  
(419) 339-9481

## AUTHORIZATION FOR RELEASE OF INFORMATION

DATE \_\_\_\_\_.

I HEREBY AUTHORIZE AND REQUEST THE RELEASE OF ANY INFORMATION CONTAINED IN YOUR FILES PERTAINING TO POLICE RECORDS, MEDICAL AND FINANCIAL RECORDS TO THE REPRESENTATIVES OF THE ELIDA POLICE DEPARTMENT.

I EXPRESSLY UNDERSTAND AND AGREE THAT NO LIABILITY OF ANY NATURE SHALL ATTACH TO EITHER THE ABOVE DESIGNATED ORGANIZATION, EMPLOYEES OF SAID INSTITUTION, ATTENDING CLERKS OR MANAGER, OR TO THE CHIEF OF ELIDA POLICE, OR HIS REPRESENTATIVE IN ACTING UPON THIS REQUEST.

X

SIGNED \_\_\_\_\_

Signature of person authorized guardian if minor

or

Mentally incompetent nearest of kin if deceased.

## APPLICATION FOR EMPLOYMENT- POLICE DEPT.

Village of Elida, County of Allen, State of Ohio

Date Filed \_\_\_\_\_.

INSTRUCTIONS: Answer each question completely and accurately in your own hand printing using an ink pen. If your application is completed properly and neatly, it may increase your chances for employment. All statements in your questionnaire are subject to verification and incorrect statements may bar or remove you from employment, if the space provided is inadequate, use the other side of the sheet and identify additional information by question number. After the application has been filled in, check it over for completeness and sign under oath as provided.

PLEASE PRINT      \*\*\*\*\*      PLEASE PRINT      \*\*\*\*\*      PLEASE PRINT

1. Name in full \_\_\_\_\_.

2. Present Address \_\_\_\_\_.

3. Phone number \_\_\_\_\_.

4. Driver License number & State \_\_\_\_\_.

5. Give your residence address for past two (2) years:

\_\_\_\_\_.

6. Are you a Citizen of the United States? \_\_\_\_\_.

Natural Born \_\_\_\_\_ Naturalized \_\_\_\_\_ Derivative \_\_\_\_\_

**\*The village of Elida is an equal opportunity employer (E.O.E)\***

7. Have you ever by word of mouth or in writing, advocated, advised, or taught the doctrine that the government of the United States of America or of any State or any State or any political subdivision thereof, should be overthrown or overturned by force, violence or any unlawful means?

\_\_\_\_\_.

8. Are you now or have ever been a member of any subversive organization?

\_\_\_\_\_.

9. Have you ever been connected or affiliated in any manner with or have you ever attended any meeting of any subversive organization? \_\_\_\_\_.

If yes, describe the circumstances and reasons for attendance:

\_\_\_\_\_.

10. Were you ever discharged or forced to resign because of misconduct or unsatisfactory service as an officer? \_\_\_\_\_.

If yes, give details:

\_\_\_\_\_.

\_\_\_\_\_.

11. Do you object to working nights? \_\_\_\_\_.

11. Do you object to working nights? \_\_\_\_\_.

12. List all jobs you have in the last five years. Out your present or more recent job first. By being complete you may improve your chances for employment. For additional information, use back of sheet. Include military service in proper time sequence and temporary part-time jobs.

From \_\_\_\_\_ to \_\_\_\_\_  
Date Date Title or position

Name & Address of employer:

\_\_\_\_\_.

Number supervised by you, if any: \_\_\_\_\_ Monthly Salary \_\_\_\_\_

Reason for Separation: \_\_\_\_\_.

From \_\_\_\_\_ to \_\_\_\_\_  
Date Date Title or position

Name & Address of employer:

\_\_\_\_\_.

Number supervised by you, if any: \_\_\_\_\_ Monthly Salary \_\_\_\_\_

Reason for Separation: \_\_\_\_\_.

From \_\_\_\_\_ to \_\_\_\_\_  
Date Date Title or position

Name & Address of employer:

\_\_\_\_\_.

Number supervised by you, if any: \_\_\_\_\_ Monthly Salary \_\_\_\_\_

Reason for Separation: \_\_\_\_\_.

**\*Use additional paper if needed\***

13. Are you able to safely and substantially perform essential job functions, like lifting 30 pounds? \_\_\_\_\_

If no, explain \_\_\_\_\_

\_\_\_\_\_.

14. List below any extended absences from your work you have had because of

14. List below any extended absences from your work you have had because of personal illness or issues, please describe the cause.

15. Are you now on any eligibility lists? \_\_\_\_\_  
If yes, explain \_\_\_\_\_

16. Have you ever served in a military organization? \_\_\_\_\_  
Give Branch of service \_\_\_\_\_  
Highest Rank \_\_\_\_\_

17. What is the type of your discharge: Honorable, Dishonorable, Medical, Honorable Conditions, etc. \_\_\_\_\_

18. Were you ever court-martialed, tried on charges, or were you the subject of a summary court, deck court, captains mast or company punishment, or any other disciplinary actions while a member of the armed forces? \_\_\_\_\_  
If yes, explain \_\_\_\_\_

19. Indicate on form below the various schools you have attended and other information requested. If you cannot remember, say so. Do not trouble to write to the school for information.

<u>Name of School</u>	<u>City &amp; State</u>	<u>Grades Attended</u>	<u>Dates</u>
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Grammar Schools:

Junior High School:

High School:

<u>Name of School</u>	<u>City &amp; State</u>	<u>Grades</u>
<u>Attended</u>	<u>Dates</u>	

Special Courses:

University or Colleges and list your major:

20. Have you ever been sued? \_\_\_\_\_ If yes, explain \_\_\_\_\_

20. Have you ever been sued? \_\_\_\_\_ If yes, explain  
\_\_\_\_\_  
\_\_\_\_\_

21. If you have ever been fingerprinted by a police agency other than for an arrest, give details below. Your answers will be checked with the FBI and other agencies.

Agency \_\_\_\_\_ Date \_\_\_\_\_ Purpose \_\_\_\_\_

22. Can you operate a motor Vehicle? \_\_\_\_\_.

23. Do you possess a valid operator's license from the State of Ohio? \_\_\_\_\_.

License Number \_\_\_\_\_ Year Issued \_\_\_\_\_.

24. Was your license ever suspended or revoked? \_\_\_\_\_.

If yes, state which, reasons, and locations:  
\_\_\_\_\_  
\_\_\_\_\_

25. Have you ever been refused an operator's license by any state? \_\_\_\_\_.

If so, give details \_\_\_\_\_  
\_\_\_\_\_

26. Have you ever been in a motor vehicle accident? \_\_\_\_\_

If yes, give details \_\_\_\_\_  
\_\_\_\_\_

27. Fill in below the names of the three (3) persons not related to you, and not former employers, who have known you for a substantial period, preferably more than 5 years. All persons to whom you refer will be asked to appraise your character, ability, experience, personality and other qualities.

Name \_\_\_\_\_ Address \_\_\_\_\_

Business occupation or profession \_\_\_\_\_ Years Known \_\_\_\_\_

Business Address \_\_\_\_\_ Business Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

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Name \_\_\_\_\_ Address \_\_\_\_\_

Business occupation or profession \_\_\_\_\_ Years Known \_\_\_\_\_

Business Address \_\_\_\_\_ Business Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

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Name \_\_\_\_\_ Address \_\_\_\_\_

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Name \_\_\_\_\_ Address \_\_\_\_\_

Business occupation or profession \_\_\_\_\_ Years Known \_\_\_\_\_

Business Address \_\_\_\_\_ Business Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

28. Are you willing to submit to random drug and alcohol screening test?

If no, explain \_\_\_\_\_.

29. Give a brief statement explaining why you are making an application for the Village of Elida Police Department:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

I, \_\_\_\_\_ DO STATE THAT THE ANSWERS  
AND FACTS CONTAINED HEREIN ARE IN MY OWN HAND PRINTING  
AND ARE TRUE AND CORRECT AS I VERILY BELIEVE

\_\_\_\_\_  
Signature of Applicant