



Name: _____

Date: _____

Position Applying For: _____

APPLICATION FOR EMPLOYMENT

The Village of Newburgh Heights is an Equal Opportunity Employer

NEWBURGH HEIGHTS POLICE DEPARTMENT

4071 East 49th Street, Newburgh Heights, Ohio 44105 * (216) 641-5545 * Fax: (216) 641-2713

Background Check Release and Authorization

To Whom It May Concern:

I hereby authorize any police officer or other authorized representative of the Newburgh Heights Police Department bearing this release, or copy thereof, within two (2) years of its date, to obtain any information in your possession pertaining to my employment military service, credit or education. I hereby direct you to release such information upon the request of the bearer of this document.

This release is executed with full knowledge and understanding that the information is for official use by the Newburgh Heights Police Department. Consent is granted for the Newburgh Heights Police Department to furnish such information, as described above, to third parties in the course of fulfilling its official responsibilities.

I hereby release to you as the custodian of any such records and any school, college, university or other educational institution, hospital or other repository of medical records, credit bureau, lending institution, consumer reporting agency or retail business establishment including its officers, employees or related personnel, both individually and collectively, from any and 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 am furnishing my Social Security number on a voluntary basis with the understanding such is not required by Federal Statute of Regulation. I have been advised that the Newburgh Heights Police Department will utilize this number only to facilitate the location of employment, military, credit and education records concerning me in connection with this application. Should there be any question as to the validity of this release, you may contact me as indicated below.

Signature of Applicant: _____

Date: _____

Printed Name: _____

Address: _____

Social Security #: _____

Phone No.: _____

NEWBURGH HEIGHTS POLICE DEPARTMENT

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EMPLOYMENT APPLICATION

PLEASE PRINT IN INK OR TYPE

Name: _____
(Last) (First) (Middle)

Aliases: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Alternate Phone: _____

Date of Birth: _____ Social Security: _____

Have you ever served in the Armed Forces? (Circle One) Yes or No

Branch: _____ Dates of Service: _____

Type of Discharge: _____

Do you have a valid Ohio Driver's License? (Circle One) Yes or No

License Number: _____ Expiration Date: _____

Please indicate your availability for the following shifts:

Days _____ Evenings _____ Nights _____

Weekends _____ Holidays _____

Name, position and relationship of any relative or in-law employed by any public (government) agency:

Have you ever been convicted of a misdemeanor offense (not including traffic offenses)?

(Circle One) Yes or No If yes, please state the date and location of the offense:

Have you ever been convicted of a felony offense in Ohio or any other state?

(Circle One) Yes or No If yes, please explain: _____

Have you ever been charged with Domestic Violence or any other violent offense?

(Circle One) Yes or No If yes, please explain: _____

Person/Persons to notify in case of an emergency.

Name of Person to notify in case of emergency Phone Number Relationship

Alternate Person to notify in case of emergency Phone Number Relationship

WORK EXPERIENCE

Please give your complete employment history, starting with your most recent or present employer. Please explain any gaps in employment more than one (1) month.

If more space is needed, please use an additional sheet of paper and attach it to the application.

Employer's Name: _____ **Phone:** _____

Address: _____

Name of Supervisor: _____

May we contact them? *(Circle One)* Yes or No

Lenth of Employment: From: _____ To: _____ Number of years worked: _____

Rate of Pay: Starting \$ _____ Ending \$ _____

Description of duties: _____

Reason for leaving: _____

Employer's Name: _____ **Phone:** _____

Address: _____

Name of Supervisor: _____

May we contact them? *(Circle One)* Yes or No

Lenth of Employment: From: _____ To: _____ Number of years worked: _____

Rate of Pay: Starting \$ _____ Ending \$ _____

Description of duties: _____

Reason for leaving: _____

Employer's Name: _____ **Phone:** _____

Address: _____

Name of Supervisor: _____

May we contact them? *(Circle One)* Yes or No

Lenth of Employment: From: _____ To: _____ Number of years worked: _____

Rate of Pay: Starting \$ _____ Ending \$ _____

Description of duties: _____

Reason for leaving: _____

Employer's Name: _____ **Phone:** _____

Address: _____

Name of Supervisor: _____

May we contact them? *(Circle One)* Yes or No

Lenth of Employment: From: _____ To: _____ Number of years worked: _____

Rate of Pay: Starting \$ _____ Ending \$ _____

Description of duties: _____

Reason for leaving: _____

Employer's Name: _____ **Phone:** _____

Address: _____

Name of Supervisor: _____

May we contact them? *(Circle One)* Yes or No

Lenth of Employment: From: _____ To: _____ Number of years worked: _____

Rate of Pay: Starting \$ _____ Ending \$ _____

Description of duties: _____

Reason for leaving: _____

EDUCATIONAL HISTORY

Name of High School: _____

Address: _____

Did you graduate? (*Circle One*) Yes or No

If no, did you receive your GED? (*Circle One*) Yes or No

List any clubs or other extracurricular activities you were involved with: _____

Name of College or University: _____

Address: _____

Did you graduate? (*Circle One*) Yes or No

If yes, please list your degree(s) _____

Your Major: _____ Minor: _____ GPA _____

If you did not graduate, please list the number of semester or quarters completed: _____

In the space below, please list any special training that you think would be useful in your employment with this department. _____

REFERENCES

Please do not use relatives or people you have not known for less than two (2) years.

Name: _____

Phone #: _____

Address: _____

Yrs. Known: _____

Name: _____

Phone #: _____

Address: _____

Yrs. Known: _____

Name: _____

Phone #: _____

Address: _____

Yrs. Known: _____

CERTIFICATE OF APPLICANT

I certify that all statements made in this application are true and complete to the best of my knowledge.
I understand that any false statements of material facts will subject me to disqualification or dismissal.

Signature: _____

Date: _____

Print name: _____

.....
(Office use only)

To be interviewed: YES or NO

Date of 1st interview: _____

2nd interview: _____

Interviewed by: _____

Comments: _____

Hired: Yes or No

Date of Hire: _____

Signed by: _____