

**Application for Employment
Navarre Police Department
Chief Dennis Albaugh**

Please submit one application to the address indicated on the job posting. Copies are acceptable. Applications lacking sufficient information will be rejected. It is your responsibility to assure that your application is received or is postmarked by the closing date, as required by the hiring agency. Please fill out all the pages of this form. Also please note that this completed form will become public record when submitted to the government agency.

Job Title: _____ Date: _____

Personal Information

Last Name: _____ First Name _____ Middle Initial: _____

Home Address: _____

City: _____ State: _____ County _____ Zip: _____

Home Phone: (____) _____ Work Phone(____) _____ S.S.N. _____

1. Do you have a valid Ohio drivers license? _____ License Number _____

2. Have you ever been convicted of a felony? _____ If Yes, please explain: _____

3. Have you completed an O.P.O.T.C. Police Academy? _____ If Yes, list dates and the academy _____

4. Do you have any additional training or certifications? _____ If Yes, please attach a copy of the training and or certification(s) to this application.

5. High School Graduate? _____ Name and Location of High School(City, State, and Zip)

6. GED Certificate Number: _____ GED issued by: _____

Social Security Number Notice

Social Security Number (SSN's) are used to match individuals with their application file. Disclosure of your SSN is voluntary; however, a nine-digit number is necessary to process your application. Upon appointment and pursuant to Section 5101.312 of the Revised Code and certain other laws and regulations, a request for a SSN is mandatory. Your SSN may be used for purposes including but not limited to the following: Identification of obligors under child support orders, detection of welfare fraud, processing background checks and tax information or general employee identification.

Experience

In the areas below, please list your past work experience beginning with your most recent employment. Military experience and volunteer work may also be included as employment. NOTE: In order to be considered for employment, you must fill in the information below, accurately and completely. You must submit a resume in addition to completing this section.

Employer: _____ Phone: (____) _____
Address: _____
City: _____ State: _____ Zip: _____
Job Title: _____ Job Duties: _____

Reason for Leaving: _____

From: ____/____/____ To: ____/____/____ Salary: _____ Supervisor's Name and Title: _____

Employer: _____ Phone: (____) _____
Address: _____
City: _____ State: _____ Zip: _____
Job Title: _____ Job Duties: _____

Reason for Leaving: _____

From: ____/____/____ To: ____/____/____ Salary: _____ Supervisor's Name and Title: _____

Certification

I certify that the answers I have made to all of the questions in this application are true and complete to the best of my knowledge. I understand that if this application is not completed in entirety, it will not be processed, and I will be automatically disqualified. I understand that I am responsible for the correctness of this application. I also understand that a background check may be required prior to employment, and that, in accordance with the Drug-Free Workplace Program, drug testing may be required. I waive all provisions of law forbidding colleges or universities which I attended, or past employers, from disclosing any information to the Village and/or the department that holds the vacancy for which I am applying and to appropriate officials for recruitment purpose. I understand that any offer of employment is conditional upon proof of legal authorization to work in the United States as required by the Immigration Reform and Control Act.

Applicant Signature: _____ Date: _____

For Official Use Only

Received By: _____ Date: _____

You must personally appear before a notary public or other authorized official for this purpose.

I solemnly swear or affirm that the answers I have made to each and all of the questions in this application are complete and true to the best of my knowledge and belief. I hereby waive all provisions of law forbidding my physician or other person who has attended or examined me or who may hereafter attend or examine me, from disclosing any knowledge or information.

Signature of Applicant: _____

Subscribed and duly sworn before me according to law, by the above-named applicant this ____ day of _____, _____ at _____ County of _____ and State of Ohio.

Signature of Official: _____

Official Seal of
Notary Public
