

## **GREENWICH POLICE DEPARTMENT**

47 Main Street. Greenwich, OH 44837 (419) 752-5701 An Equal Opportunity Employer Reasonable accommodation will be provided as required by law.

## **Employment Application**

Applicant Information							
Full Name:				Date	):		
	Last	First	t	h.	1.1.		
Address:							
	Street Address					Apartment/Unit #	
	City			S	tate	ZIP Code	
Phone:				Email			
Date of Birth:/			So	cial Security No.:	_//		
Date Available//				Desired Salary: \$			
Position Applied for:							
Are you a citizen of the United States?		YES	NO □	If no, are you authorize	ed to work in t	YES he U.S.? □	NO □
Have you ever worked for this company?		YES	NO □	If yes, when?			
Have you ever been convicted of a felony?		YES	NO □	If yes, explain:			

Any offer of employment is conditioned upon completing form I-9 and providing the appropriate documents for identity and work authorization. If under 18 years of age, you will be required to submit a birth certificate or work certificate as required by state of federal law.

Education						
High School:		Address:				
From:	То:	Did you graduate?	YES	NO	Diploma::	
College:		Address:				
From:	То:	Did you graduate?	YES	NO	Degree:	
Other:		Address:				
From:	То:	Did you graduate?	YES	NO □	Degree:	
References						

Please list three professional references. ON NEXT PAGE

Full Name:				Relationship:	
Company:				Phone:	
Address:					
Full Name:				Relationship:	
Compony"				Phone:	
Address:					
Full Name:				Relationship:	
Company:				Phone:	
Address:					
	Previous I	Employme	ent		
Company:				Phone:	
Address:				Supervisor:	
Job Title:	Starting	Salary: <u>\$</u>		Ending Salary: <u>\$</u>	
Responsibilities:					
	То:				
		YES	NO		
	previous supervisor for a reference?				
Company:				Phone:	
Address:				Supervisor:	
Job Title:	Starting	Salary: <u>\$</u>		Ending Salary: <u>\$</u>	
Responsibilities:					
From:	То:				
May we contact your	previous supervisor for a reference?	YES			
Company:				Phone:	
				- ·	
	Starting Salary:				
Responsibilities:					
From:	To:	Reason fo	or Leaving:		
May we contact your	previous supervisor for a reference?	YES	NO □		

Military Service					
Branch:	From: To:				
Rank at Discharge:	Type of Discharge:				
If other than honorable, explain:					
Driver's License Verification					
Do you have a valid driver's license?	Driver's License #: State Issued:				
Dates of Validation: From: To:	Endorsements:				
Disclaime	er and Signatures				
I certify that all of the information provided in this employment application is true and complete to the best of my knowledge, and I authorize investigation of all statements contained in this application, including a criminal background, credit history check, and drug test. I understand that any false or incomplete information may disqualify me from further consideration for employment and may result in my immediate discharge if discovered at a later date.					
I authorize the investigation of any or all statements contained in this application and also authorize any person, school, current employer, past employers, and other organizations to provide information concerning my previous employment and other relevant information that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.					
I have read, understand and agree to the above statements.					
Signature:	Date:				

Please provide a copy of your Police Academy Certificate and any Certifications that you currently hold with this employment application. Application must be submitted in person at the Greenwich Ohio Police Department 47 Main Street. Greenwich, Ohio 44837