

Village of Walton Hills, Ohio
Division of Police

7595 Walton Road • Walton Hills, Ohio 44146 • (440) 232-1313 • FAX (440) 786-2975
Kevin Hurst – Mayor / Safety Director • Kenn L. Thellmann – Chief of Police

Walton Hills
Auxiliary Police Unit

APPLICATION FOR EMPLOYMENT



Kevin Hurst ★ Mayor / Safety Director
Kenn L. Thellmann ★ Chief of Police
Captain Stanley Jaworski ★ Chairman of Auxiliary Unit

★ Auxiliary Officer's Employment Packet ★

VILLAGE OF WALTON HILLS DIVISION OF POLICE

BACKGROUND INVESTIGATION

WALTON HILLS IS AN EQUAL OPPORTUNITY EMPLOYER

PERSONAL HISTORY QUESTIONNAIRE

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

Address: _____

City: _____ State: _____ Zip Code: _____

Driver's License Number: _____ State: _____ Last 4 of Social Security # _____

Position: Auxiliary Police Officer

Date this questionnaire was completed: _____

INSTRUCTIONS:

This personal history questionnaire is intended for the use of the Walton Hills Police Department personnel administration section. You must be truthful and complete all answers requested on this form. All information contained herein will be subject to verification. I.E. SOURCE DOCUMENTATION, POLYGRAPH AND SCREENING. Information contained herein will be considered to be strictly confidential and will not be disclosed to any unauthorized person(s).

Please print all answers.

Answer all questions and fill in call blanks.

If a question does not apply to your particular circumstance, insert: N/ A

When answering questions that require dates, insert full dates. Partial month and year responses are not acceptable.

WARNING

Applicants are CAUTIONED to answer every question truthfully and without evasion. Both the Ohio Revised Code and rules and regulations of the Walton Hills Police Department provide penalties for making false statements of a material fact, or for practicing any fraud or deception in obtaining or attempting to obtain employment. Such penalties include rejected for appointment or discharge after employment and /or prosecution under Ohio Revised Code Section 2921.13.

PRE-EMPLOYMENT INQUIRY RELEASE FORM
WALTON HILLS POLICE DEPARTMENT

TO WHOM IT MAY CONCERN:

I hereby permit any authorized representative of the Walton Hills Police Department or any person designated by the Chief of Police or the Mayor of Walton Hills to conduct background checks of applicants, bearing this release, or copy thereof, within two (2) years of this date, to obtain any information you have concerning my moral and character suitability for the position of Auxiliary police officer.

I hereby direct you to release to the bearer upon request, any information in your files pertaining to my employment, military, credit or educational records including but not limited to academic achievement, attendance, athletic, personal history, and disciplinary records. This release is executed with full knowledge and understanding that the information is for the official use of the Walton Hills Police Department. Consent is granted to the Walton Hills Police Department to furnish such information, as described above to third parties in the course of fulfilling its official responsibilities.

I hereby release you as the custodian of records, any schools, college university, or other educational institution, credit bureau, lending institution, consumer reporting agency, 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.

Signature of Applicant: _____

Printed Name: _____

Driver's License Number: _____ Date of Birth: _____

City/State/Zip _____

Home Phone: () Cell Phone: ()

Date: _____

(Fill in or Complete only if investigated or on eligibility list from another agency)

I also request under the Freedom of Information Act and the Ohio Public Records Law that the city of:

_____, _____, _____,
and its police department, or person designated by the Mayor or Walton Hills and or the Chief of Police of Walton Hills, for review any and all written documentation in their files and/or records pertaining to me as an applicant with the above named city or Law Enforcement organization. I further request copies of my original application(s), scores, placement on eligibility list, background examinations, physical exams, drug testing, physical agility, stress evaluation and other testing conducted by or on my person be made eligible for review.

Signature of Applicant: _____ Date: _____

BACKGROUND INVESTIGATION

BACKGROUND INFORMATION FORM

EDUCATIONAL RECORD

High School Graduate / GED?	<input type="checkbox"/>	YES
	<input type="checkbox"/>	NO

Year Graduated/Completed _____

Course of Study (college Prep, Vocational Education, General, Etc.)	G.P.A.
_____	_____

List each high school, trade school, college or university that you have attended.
Start with the most recent school attended.

Name of School	Address	Dates Attended
_____	_____	_____
_____	_____	_____
Primary area of study:	_____	Graduated
		YES
		NO

Name of School	Address	Dates Attended
_____	_____	_____
_____	_____	_____
Primary area of study:	_____	Graduated
		YES
		NO

Name of School	Address	Dates Attended
_____	_____	_____
_____	_____	_____
Primary area of study:	_____	Graduated
		YES
		NO

Name of School	Address	Dates Attended
_____	_____	_____
_____	_____	_____
Primary area of study:	_____	Graduated
		YES
		NO

Name of School	Address	Dates Attended
_____	_____	_____
_____	_____	_____
Primary area of study:	_____	Graduated
		YES
		NO

Highest Degree / Year Attended _____

In what School clubs, Extra curricular activities, and sports did you participate?

BACKGROUND INVESTIGATION
BACKGROUND INFORMATION FORM

WORK HISTORY

Have you ever applied for a position with any law enforcement or other government agency? YES NO

Name of Department / Agency	Date Applied	Accepted	If no give reason
1		<input type="checkbox"/> YES	
		<input type="checkbox"/> NO	
2		<input type="checkbox"/> YES	
		<input type="checkbox"/> NO	
3		<input type="checkbox"/> YES	
		<input type="checkbox"/> NO	
4		<input type="checkbox"/> YES	
		<input type="checkbox"/> NO	

(If you have any additional information, continue on the back of this page)

Have you ever been discharged or asked to resign from a job? YES NO
 If "YES" explain below.

Begin with your current or most recent employment and list your complete work history in chronological order. Include in sequence all part time jobs, periods of unemployment, and military service. When listing military service, substitute the name, address, and rank of the commissioned officer that was your immediate superior for the "name and address of immediate supervisor", and substitute the name, address, and rank of a non-commissioned officer with whom you served.

Name of Employer			Address		Phone Numbers
Start Date	End Date	Job Title	Starting Salary	Ending Salary	Total Time Employed
Duties Performed:					
Supervisors Name				Phone Number	WK
					HM
Co-Workers Name				Phone Number	WK
					HM
Reason For Leaving					

BACKGROUND INVESTIGATION

BACKGROUND INFORMATION FORM

WORK HISTORY - CONTINUED

Name of Employer			Address		Phone Numbers
Start Date	End Date	Job Title	Starting Salary	Ending Salary	Total Time Employed
Duties Performed:					
Supervisors Name				Phone Number	WK
					HM
Co-Workers Name				Phone Number	WK
					HM
Reason For Leaving					

Name of Employer			Address		Phone Numbers
Start Date	End Date	Job Title	Starting Salary	Ending Salary	Total Time Employed
Duties Performed:					
Supervisors Name				Phone Number	WK
					HM
Co-Workers Name				Phone Number	WK
					HM
Reason For Leaving					

BACKGROUND INVESTIGATION

BACKGROUND INFORMATION FORM

MILITARY RECORD

Have you ever served in the U.S. Armed Forces?

YES
 NO

Branch		Highest Rank Held	
--------	--	-------------------	--

Active duty		Start Date		End Date	
-------------	--	------------	--	----------	--

Rank at Time of Discharge / Separation	
--	--

Duties, Rate and / or Classification	
--------------------------------------	--

Are you registered with the Selective Service?

YES
 NO

Are you a member of the Armed Forces Reserve?

YES
 NO

If "YES", what Branch, Unit and location:

Unit Commander & Phone Number

Section Supervisor & Phone Number

Unit Phone Number

Are you a member of the Ohio National Guard?

YES
 NO

If "YES", what Branch, Unit and location:

Unit Commander & Phone Number

Unit Supervisor & Phone Number

Unit Phone Number

BACKGROUND INVESTIGATION

BACKGROUND INFORMATION FORM

FINANCIAL RECORD - CONTINUED

Name of Your Bank	Address	Checking
		Savings
		Other

Name of Your Bank	Address	Checking
		Savings
		Other

VEHICLE INFORMATION (include spouse's vehicle) (year, make, model, color, license #, state)	Registered to	Owner
1		
2		
3		
4		
5		
6		

DRIVING RECORD

List all the states you have held, or currently hold, drivers licenses with.

State	License Type	License Number	Date Received

List all moving traffic violations and accidents with the dates and locations, including arrests for traffic violations, within the past TEN years.

Also note the disposition of the cases.

Incident / Accident	Date	Location	Disposition
1			
2			
3			
4			
5			
6			

BACKGROUND INVESTIGATION

BACKGROUND INFORMATION FORM

CRIMINAL RECORD

Have you ever been convicted of a misdemeanor or felony offense, as a juvenile, adult, or while in the armed forces?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

If "YES", note the information for each incident below.

DATE	CHARGE / INCIDENT	LOCATION	AGENCY
1			
2			
3			
4			
5			
6			

Has any member of your immediate family (father, mother, brother, sister, children) ever been convicted of a felony?

<input type="checkbox"/>	YES
<input type="checkbox"/>	NO

If "YES", please explain.

Has any member of your spouses family been convicted of a felony?

<input type="checkbox"/>	YES
<input type="checkbox"/>	NO

If "YES", please explain.

BACKGROUND INVESTIGATION

BACKGROUND INFORMATION FORM

HEALTH RECORD

Answer each question completely. In each question, note every incident that applies, giving the type of incident, date, and physician of facility that treated you. If you require more space, continue on the back of the page, indicating which question your answer applies

Name of your Physician	
Address	Phone Number

Do you drink Alcoholic beverages?

<input type="checkbox"/>	YES
<input type="checkbox"/>	NO

IF "YES, how much do you consume, and how often:

Do you currently use marijuana, hallucinogenic drugs, narcotics, cocaine, barbituates or amphetamines?

<input type="checkbox"/>	YES
<input type="checkbox"/>	NO

If "YES" explain:

BACKGROUND INVESTIGATION

BACKGROUND INFORMATION FORM

FAMILY HISTORY

List your relatives in the following order: Father, Mother, Step Father, Step Mother, Children, Step Children, Brother(s), Sister(s), Father in law, Mother in law, Brother(s) in law, Sister(s) in law, Ex-Spouse(s).

Relationship	Name (last, first, mi)	Birth Date	Age	SSN#
Address			Phone Number	

Relationship	Name (last, first, mi)	Birth Date	Age	SSN#
Address			Phone Number	

Relationship	Name (last, first, mi)	Birth Date	Age	SSN#
Address			Phone Number	

Relationship	Name (last, first, mi)	Birth Date	Age	SSN#
Address			Phone Number	

Relationship	Name (last, first, mi)	Birth Date	Age	SSN#
Address			Phone Number	

BACKGROUND INVESTIGATION
BACKGROUND INFORMATION FORM

FAMILY HISTORY - CONTINUED

Relationship	Name (last, first, mi)	Birth Date	Age	SSN#
Address		Phone Number		

Relationship	Name (last, first, mi)	Birth Date	Age	SSN#
Address		Phone Number		

Relationship	Name (last, first, mi)	Birth Date	Age	SSN#
Address		Phone Number		

Relationship	Name (last, first, mi)	Birth Date	Age	SSN#
Address		Phone Number		

Relationship	Name (last, first, mi)	Birth Date	Age	SSN#
Address		Phone Number		

Relationship	Name (last, first, mi)	Birth Date	Age	SSN#
Address		Phone Number		

BACKGROUND INVESTIGATION

BACKGROUND INFORMATION FORM

PERSONAL REFERENCES

List five persons other than relatives, past employers, or immediate neighbors who have known you for a period of more that three years.

Name		Home Phone	
Address			
Years Known		Occupation	
Business Address			

Name		Home Phone	
Address			
Years Known		Occupation	
Business Address			

Name		Home Phone	
Address			
Years Known		Occupation	
Business Address			

Name		Home Phone	
Address			
Years Known		Occupation	
Business Address			

Name		Home Phone	
Address			
Years Known		Occupation	
Business Address			

Village of Walton Hills, Ohio
Police Department
Kenn L. Thellmann, Chief of Police

Release Waiver

Agreement (Please read the following statements carefully)

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge and agree that falsified information or signification omission may disqualify me from consideration for employment and may be considered justification for dismissal if discovered at a later date.

I authorize persons, schools, current employer (if applicable) and previous employers and organizations named in this application (and accompanying resume, if any) to provide the Village of Walton Hills with any relevant information that may be required at an employment decision and hereby release such persons and/or entities from any liability in providing said information.

Signature: _____ Date: _____

Application for Auxiliary Police Officer

Village of Walton Hills, Ohio

Applicant Name: _____

Have you promised to pay or been given any money, material, service or consideration to any person, directly or indirectly, for any recommendation or promise of influence toward procuring you employment with the Village of Walton Hills?

_____ Yes _____ No

If "yes" please explain: _____

CERTIFICATION

I, _____ certify and affirm that all the information and statements made and contained in this application or any part therein are true and accurate to the best of my knowledge. I understand that any false statements made in this application will be cause for denial of appointment with the Village of Walton Hills, or for my discharge at any time after appointment with the Village of Walton Hills.

I further certify and affirm that I understand the position of a Walton Hills Auxiliary Police Officer is considered at-will employment. At-will employment means that I may resign from employment at any time and that the Village of Walton Hills may terminate my employment at any time for any non-discriminatory reason or for no reason at all.

Name (printed) _____ Date _____

Signature: _____

NOTARY SIGNATURE AND SEAL

STATE OF OHIO

_____ County

Sworn and subscribed in my presence this _____ day of _____

Notary Name and Signature _____

My Commission Expires: _____