

VILLAGE OF WALTON HILLS, OHIO
Division of Police
Communications Officer Application for Employment

WALTON HILLS IS AN EQUAL OPPORTUNITY EMPLOYER

The Village is an equal opportunity employer, and is committed to fostering the growth and development of its employees. No employee or applicant will be discriminated against on the basis of race, color, ancestry, religion, national origin, gender, age, veteran status, disability, and/or any other factor protected by federal state or local law.

7595 Walton Road - Walton Hills, Ohio 44146
Ph: 440.232.1313 - Fax: 440.786.2975



Stan Jaworski - Chief of Police

General Instructions

The information requested in this application is intended for the use of the Walton Hills Police Department. All information contained herein will be subject to verification. To the extent permitted by law the information contained herein will be considered to be confidential and will not be disclosed to any unauthorized person(s).

Please print all answers except where your signature is required. You must answer all questions and fill in all blanks, if a question does not apply to your particular circumstance simply insert N/A (Not Applicable) and when answering questions that require dates you must insert full dates, partial month and year responses are not acceptable.

Applicants are strongly cautioned to answer every question truthfully and without evasion. Both the Ohio Revised Code and the 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 rejection for employment or discharge at any time after employment and/or prosecution under Ohio Revised Code Section 2921.13.

PERSONAL INFORMATION

Applicant Name _____

Address _____

Date of Birth _____ Phone number _____

Driver's license # _____ Exp. Date _____ State of Issue _____ Class _____

Are you available to work at the minimum 24 hours per week while training? _____ Yes _____ No

Once training is complete are you available 32 hours per week? _____ Yes _____ No

Are you currently working another job? _____ Yes _____ No

If hired, do you plan on working both jobs? _____ Yes _____ No

AVAILABILITY

Please only mark when you are **available**, these are our shifts that you could possibly be scheduled

Shift	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
7am – 3pm							
3pm – 11pm							
11pm – 7am							

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 ____ Yes ____ No, if no give reason

Name of Department / Agency _____

Date Applied _____ Accepted ____ Yes ____ No, if no give reason

Name of Department / Agency _____

Date Applied _____ Accepted ____ Yes ____ No, if no give reason

Name of Department / Agency _____

Date Applied _____ Accepted ____ Yes ____ No, if no give reason

(If you have any additional information continue on a blank sheet of paper)

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 for 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 Number _____ Job Title _____

Start Date _____ End Date _____ Starting Salary _____ Ending Salary _____

Duties Performed _____

Supervisors Name _____ Phone Number _____

Co-workers Name _____ Phone Number _____

Reason for Leaving _____

Name of Employer _____

Address _____

Phone Number _____ Job Title _____

Start Date _____ End Date _____ Starting Salary _____ Ending Salary _____

Duties Performed _____

Supervisors Name _____ Phone Number _____

Co-workers Name _____ Phone Number _____

Reason for Leaving _____

Name of Employer _____

Address _____

Phone Number _____ Job Title _____

Start Date _____ End Date _____ Starting Salary _____ Ending Salary _____

Duties Performed _____

Supervisors Name _____ Phone Number _____

Co-workers Name _____ Phone Number _____

Reason for Leaving _____

EDUCATION RECORD

High School Graduate / GED? _____ Yes _____ No Year Graduated/ Completed _____

Course of Study (college prep, vocational education, general, etc.) _____

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 _____ Graduated _____ Yes _____ No

Primary area of study _____

Name of School _____

Address _____

Dates Attended _____ Graduated _____ Yes _____ No

Primary area of study _____

Name of School _____

Address _____

Dates Attended _____ Graduated _____ Yes _____ No

Primary area of study _____

Please list highest degree obtained and year obtained _____

In what school clubs, extracurricular activities and sports did you participate? _____

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.

Name of your Physician _____

Address _____

Phone number _____

Do you drink alcoholic beverages? ____ Yes ____ No

If "Yes" how much do you consume and how often _____

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

____ Yes ____ No

If "Yes" please explain _____

Do you have any medical conditions or disabilities that would prevent you from performing the essential functions of the job of Communications officer? ____ Yes ____ No

If "Yes" what kinds of reasonable accommodation(s) will you require to enable you to perform the essential functions? _____

PERSONAL REFERENCES

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

Name _____

Address _____

Phone number _____ Years known _____

Occupation _____

Name _____

Address _____

Phone number _____ Years known _____

Occupation _____

Name _____

Address _____

Phone number _____ Years known _____

Occupation _____

Name _____

Address _____

Phone number _____ Years known _____

Occupation _____

Name _____

Address _____

Phone number _____ Years known _____

Occupation _____

Name _____

Address _____

Phone number _____ Years known _____

Occupation _____

Village of Walton Hills, Ohio
Police Department
7595 Walton Road Walton Hills, Ohio 44146
Police 440-232-1313 Fax 440-786-2975

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 significant omission may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

I authorize persons, schools, current employer (if applicable) an 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 to arrive at an employment decision.

Signature_____

Date_____

Application for Communications Officer

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 your 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.

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 _____