

VILLAGE OF WALTON HILLS, OHIO
Division of Police

Communications Officer Application for Employment

WALTON HILLS IS AN EQUAL OPPORTUNITY EMPLOYER

7595 Walton Road - Walton Hills, Ohio 44146

Ph: 440.232.1313 - Fax: 440.786.2795



Kevin Hurst - Mayor/ Safety and Economic Development Director
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). 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: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____

Telephone Number: _____ (home) _____ (work)

_____ (cell) _____ (other)

Driver's License Number: _____ Exp. Date: _____

State of Issue: _____ Class: _____

Are you available to work at the minimum 24 hours per week while training? _____

Once training is complete are you available 32 hours per week? _____

Are you currently working another job? _____

If hired, do you plan on working both jobs? _____

Availability

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

Shift	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
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 (please circle one)

Name of department / Agency	Date Applied	Hired	If no give reason not hired
		Yes / No	
		Yes / No	
		Yes / No	
		Yes / No	
		Yes / No	

(If you have any additional information, continue on additional page)

Have you ever been discharged or asked to resign from a job? Yes / No (please circle one)

If "YES" explain below

Begin with your current or most recent employer 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 for "co-workers name".

Name of Employer		Address		
Phone Number		Starting Salary		Ending Salary
Start Date	End Date	Job Title	Years Worked	
Duties Performed				
Supervisors Name			Phone Number	
Co-workers Name			Phone Number	
Reason For leaving				

Name of Employer		Address	
Phone Number		Starting Salary	Ending Salary
Start Date	End Date	Job Title	Years Worked
Duties Performed			
Supervisors Name		Phone Number	
Co-workers Name		Phone Number	
Reason For leaving			

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Duties Performed			
Supervisors Name		Phone Number	
Co-workers Name		Phone Number	
Reason For leaving			

EDUCATION HISTORY

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				

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 _____

What School Clubs, extracurricular activities and sports did you participate in? _____

Vertical text on the right edge of the page, possibly a scanning artifact or page number.

HEALTH RECORD

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

Name of Physician _____

Address _____ Phone Number _____

Do you drink alcoholic Beverages? Yes / No (please circle one)

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

Have you ever used marijuana, hallucinogenic drugs, narcotics, cocaine, barbiturates or amphetamines? Yes / No (please circle one)

If "YES", 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 (please circle one)

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		Phone
Address		
Years known	Occupation	
Business Address		

Name		Phone
Address		
Years known	Occupation	
Business Address		

Name		Phone
Address		
Years known	Occupation	
Business Address		

Name		Phone
Address		
Years known	Occupation	
Business Address		

Name		Phone
Address		
Years known	Occupation	
Business Address		

Name		Phone
Address		
Years known	Occupation	
Business Address		

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Village of Walton Hills, Ohio

Police Department

7595 Walton Rd 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) 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 to arrive at an employment decision.

Signature: _____

Date: _____

**Application for 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 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.

I further certify and affirm that I understand the position of Walton Hills 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 to and subscribed in my presence this _____ day of _____

Notary Name and Signature _____

My Commission Expires: _____