

VILLAGE OF MORROW
MORROW POLICE DEPARTMENT

150 E. Pike Street
Morrow, Ohio 45152
513-899-2211
Fax 513-899-6518
EMERGENCY 911

**APPLICANT RELEASE OF BACKGROUND INFORMATION
FORM**

I, _____ residing at _____
for the last ____ (Years/Months), have applied for employment with the Morrow Police
Department. I have been advised and understand that a representative of the Morrow
Police Department will be conducting a thorough investigation of my background to assist
in determining my eligibility for this employment. I realize that, in conducting this
background investigation, officers will be making inquiries of officials and records offices
at school which I have attended; police or courts with whom I may have an arrest or
conviction record; present and previous employees; and any other persons who may be
able to provide information about me which the Morrow Police Department desires.

I hereby expressly release and waive all provisions of state and federal law which may
forbid the disclosure of information from any school official, court, police agency,
employer, firm or person, from disclosing any knowledge or information they have
concerning me which is requested by the Morrow Police Department. I further consent
that the Morrow Police Department, or their representative, be provided with a copy of
any such record concerning me upon request.

I further release, discharge, exonerate the Morrow Police Department, its agents, officers,
and representatives, and any person, agency, company, organization, or firm furnishing
information from any and all liabilities of every nature arising out of the furnishing or
inspection of such documents, records and other information, or the investigation made by
or on behalf of the Morrow Police Department.

I hereby request and authorize the Department of the _____ (Air
Force, Army, Coast Guard, Marines, or Navy) to furnish to the Morrow Police
Department, the records of each period of my service, and to furnish the character of
services rendered. My serial number was _____.

I understand that a screening committee, appointed by the Chief of
Police _____, will review my completed background investigation and
determine my eligibility for appointment as a Peace Officer. All other civilian backgrounds
are reviewed to determine eligibility.

VILLAGE OF MORROW

MORROW POLICE DEPARTMENT

150 E. Pike Street
Morrow, Ohio 45152
513-899-2211
Fax 513-899-6518
EMERGENCY 911

I recognize the right of the Morrow Police Department to treat, at its discretion, certain sources of information as confidential, and its right to withhold from me or my agent the names of such confidential informed sources, and information obtained therefrom.

A photocopy of this authorization is to be accepted the same as the original.

Signature of Applicant

Date: _____

SSN: _____

Witness



Application For Employment

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For		Date of Application	
How Did You Learn About Us?			
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-In	
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other	
Last Name	First Name	Middle Name	
Address	Number	Street	City State Zip Code
Telephone Number(s)		Social Security Number	

If you are under 18 years of age, can you provide required proof of your eligibility to work?

Yes No

Have you ever filed an application with us before?

Yes No

If Yes, give date _____

Have you ever been employed with us before?

Yes No

If Yes, give date _____

Are you currently employed?

Yes No

May we contact your present employer?

Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?

Proof of citizenship or immigration status will be required upon employment.

Yes No

On what date would you be available for work? _____

Are you available to work: Full Time Part Time Shift Work Temporary

Are you currently on "lay-off" status and subject to recall?

Yes No

Can you travel if a job requires it?

Yes No

Have you been convicted of a felony within the last 7 years?

Conviction will not necessarily disqualify an applicant from employment.

Yes No

If Yes, please explain _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Education

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Indicate any foreign languages you can speak, read and / or write			
	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the United States military.

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1.	Employer		Dates Employed		Work Performed
	Address		From	To	
	Telephone Number(s)		Hourly Rate/Salary		
	Job Title	Supervisor	Starting	Final	
	Reason for Leaving				
2.	Employer		Dates Employed		Work Performed
	Address		From	To	
	Telephone Number(s)		Hourly Rate/Salary		
	Job Title	Super-visor	Starting	Final	
	Reason for Leaving				
3.	Employer		Dates Employed		Work Performed
	Address		From	To	
	Telephone Number(s)		Hourly Rate/Salary		
	Job Title	Supervisor	Starting	Final	
	Reason for Leaving				
4.	Employer		Dates Employed		Work Performed
	Address		From	To	
	Telephone Number(s)		Hourly Rate/Salary		
	Job Title	Supervisor	Starting	Final	
	Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

Additional Information

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

Specialized Skills

Check Skills/Equipment Operated

CRT

Fax

Production/Mobile
Machinery (list):

Other (list):

PC

Lotus 1-2-3

Calculator

PBX System

Typewriter

Wordperfect

State any additional information you feel may be helpful to us in considering your application.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached.

YES NO

References

1. _____ ()
(Name) Phone #

(Address)

2. _____ ()
(Name) Phone #

(Address)

3. _____ ()
(Name) Phone #

(Address)

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless other-wise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview Yes No

Remarks _____

Employed Yes No

Date of Employment _____

INTERVIEWER _____ DATE _____

Job Title _____ Hourly Rate/
Salary _____ Department _____

By _____
NAME AND TITLE _____ DATE _____

NOTES _____

This Application For Employment is sold for general use throughout the United States. Amsterdam Printing and Litho assumes no responsibility for the use of said form or any questions which, when asked by the employer of the job applicant, may violate State and/or Federal Law.