

EDUCATION

	School Name	Course of Study	Years Completed	Degree
Elementary				
High School				
College				
Professional				
Other				

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 you think should be considered for the position applied:

EMPLOYMENT EXPERIENCE

Start with your present or last job; you may include any military service assignments and voluntary activities.

Employer: _____ Employed from _____ to _____

Address:

Phone #:

Hourly Rate/Salary:

Job Title:

Supervisor:

Reason for leaving:

Employer: _____ Employed from _____ to _____

Address:

Phone#:

Hourly Rate/Salary:

Job Title:

Supervisor:

Reason for leaving:

Employer: _____ Employed from _____ to _____

Address:

Phone #:

Hourly Rate/Salary:

Job Title

Supervisor:

Reason for leaving:

Employer: _____ Employed from _____ to _____

Address:

Phone#:

Hourly Rate/Salary:

Job Title:

Supervisor:

Reason for leaving:

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

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 the activities involved in the job or occupation for which you have applied for?

YES { } NO { }

REFERENCES:

All references will be called and interviewed. Questions concerning your professional work ethics as well as personal questions concerning you will be asked. **You must list at least (5) references, two may be related; two may be friends and one co-worker (not supervisor).**

1. NAME:
 ADDRESS:
 PHONE#:

2. NAME:
 ADDRESS:
 PHONE#:

3. NAME:
 ADDRESS:
 PHONE#:

4. NAME;
 ADDRESS:
 PHONE#:

5. NAME:
 ADDRESS:
 PHONE#:

Comments: _____

FOR PERSONNEL DEPARTMENT USE ONLY

Position Applied for: _____

Date of Interview: _____

Present at interview: _____

Paper Work assigned:

Back Ground # 1 YES { } NO { }

Consent Form for GCIC YES { } NO { }

Salary/Benefit Work Sheet YES { } NO { }

NOTES:

Applicants Statement

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements 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 (6) months. 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 otherwise defined by applicable law, any employment relationship with this organization is of “at will” nature, which means that the employment 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

Sign this form only in the presence of a Notary

Oakwood Police Department Consent Form for Employment Background Check

As an applicant for employment with the Oakwood Police Department, I hereby authorize the requesting Oakwood City Government Agency to request and receive any Criminal History Records, Driver History Records Information, Previous Employment Records and Information, Personnel Files of Employment (Previous or Current) or any other pertinent information pertaining to me which may be in the files of any Federal, State or Local Criminal Justice Agency to be used for the purpose of my background investigation.

Full Name Printed First Middle Last

Home Address: Must be physical address, no Post Office Box accepted

City State Zip Code

Driver's License Number _____ **State of Issue** _____

Expiration Date of License _____

In addition to your current state of residence, list all other states where you have lived. If none write "NONE" in this space.

Place of Birth _____ **Date of Birth** _____
City, County, State Month, Day, Year

Citizenship _____ **Social Security Number** _____

Height _____ **Ft.** _____ **In.** **Weight** _____ **Lbs** **Sex** _____ **M** _____ **F**

Race _____ **Color of Hair** _____ **Color of Eyes** _____
Spell out Spell out Spell out

Signature of Applicant Date

Notary Signature Date