

Bentleyville Police Department
6253 Chagrin River Rd.
Bentleyville, OH 44022
Phone: 440-247-0155 Fax: 440-247-3755

Application for employment

An equal opportunity employer

Answer all questions by printing in black ink.

Name: _____
Last First Middle

Date of filing: _____

Current address: _____
Number Street

City State Zip Code

Home phone number: (____) _____

Social Security Number: _____

Work phone number: (____) _____

Date of Birth: _____
(mm/dd/yy)

Cell phone number: (____) _____

Are you either a United States Citizen or an alien authorized to work in the United States? ____ Yes ____ No

You have read and understand the Chief's policy concerning Auxiliary commission requirements. ____ Yes ____ No

Please take time and answer each question. If the question does not apply to you, write N/A (not available) in the space provided. Remember to answer all of the questions. If you need additional space, other than what is provided, use a separate sheet of paper. Refer to the questions by number.

1. The position of Reserve/Auxiliary officer / Part-time

2. Date that you could start: _____

3. Are you currently employed: ☐ Yes ☐ No

4. If so, where? _____

Position: _____

Address: _____

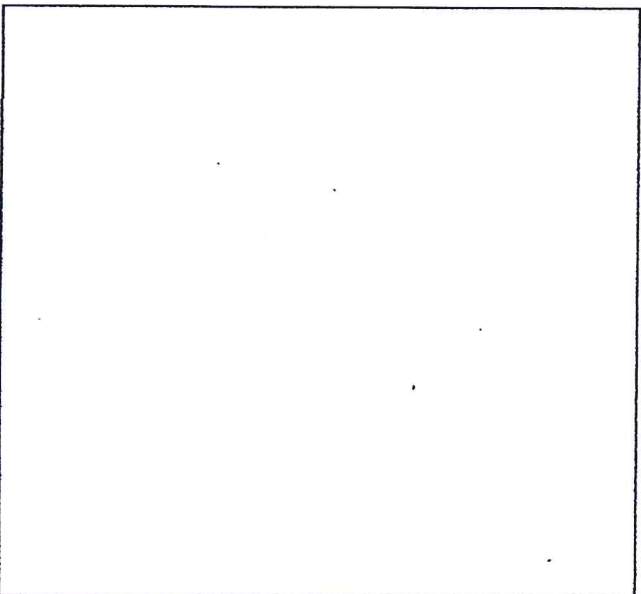
Phone: (____) _____

Supervisor: _____

6. May we contact your present employer? ☐ Yes ☐ No

7. If no, reason? _____

Attach Photograph Here



8. High school information:

Name of High School	Address	Number of years completed	Did you graduate?	Dates

9. College information:

Name of Institution	Address	Number of years completed	Degree?	Dates

10. Do you speak any foreign languages? If so, what language(s) and how fluent are you?

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11. Have you been or are you a member of any clubs or organizations? List: _____

12. Have you ever been forced to resign from any position of employment? If so, why? _____

13. List all places of employment for the past five years. Include any military service, college, schooling, part-time employment and temporary employment. List in proper sequence starting with the most present. If additional space is needed, photocopy page provided and attach to the back of page 7.

A. From: _____ To: _____ Title/Position: _____

Name and address of employer: _____

Supervisor's Name: _____

Salary per month/hour: _____ Reason for leaving: _____

General duties of employment: _____

B. From: _____ To: _____ Title/Position: _____

Name and address of employer: _____

Supervisor's Name: _____

Salary per month/hour: _____ Reason for leaving: _____

General duties of employment: _____

C. From: _____ To: _____ Title/Position: _____

Name and address of employer: _____

Supervisor's Name: _____

Salary per month/hour: _____ Reason for leaving: _____

General duties of employment: _____

D. From: _____ To: _____ Title/Position: _____

Name and address of employer: _____

Supervisor's Name: _____

Salary per month/hour: _____ Reason for leaving: _____

General duties of employment: _____

E. From: _____ To: _____ Title/Position: _____

Name and address of employer: _____

Supervisor's Name: _____

Salary per month/hour: _____ Reason for leaving: _____

General duties of employment: _____

14. Which one of these jobs did you like the best? Why? _____

15. Which one of these jobs did you like the least? Why? _____

16. Have you ever served in the United States military? ____ Yes ____ No

If yes, what branch? _____

Type of discharge? _____

Give date and location of entrance to active duty: _____

Give date and location of discharge from active duty: _____

List any page 11 and page 12 entries: _____

17. Are you currently an active or inactive member of any branch of the United States Reserve forces?

___Yes ___No

___Active ___Inactive

What branch? _____

Unit: _____ Rank: _____

Service Number: _____

Commanding Officer: _____

18. Are you now or have you been an active or inactive member of the National Guard:

___Yes ___No

___Active ___Inactive

What branch? _____

Unit: _____ Rank: _____

Service Number: _____

Commanding Officer: _____

19. Do you have a savings account? ___Yes ___No

Bank: _____

City and State: _____

20. Do you have a checking account? ___Yes ___No

Bank: _____

City and State: _____

21. List all home addresses from the past 10 years. (Include colleges, schools, etc.)

Number	Street	City	State	Zip code	County

22. What is your current driver's license number? _____ State: _____

23. Has your driver's license ever been suspended or revoked? ____Yes ____No

If yes, please explain: _____

24. Have you ever been convicted of a felony? ____Yes ____No

25. Vehicle information: (if you own/lease one or more automobile(s), please include below. If you do not own/lease a vehicle, please include primary vehicle for transportation.)

Year	Make	Model	Color	License Plate Number	Expiration	State

26. Have you ever held, or are you now holding a police officer commission? ____Yes ____No
 If so, where? _____ Rank/Title: _____

27. Have you ever applied for employment with the Village of Bentleyville before? ____Yes ____No
 If yes, list the date (month and year:) _____

28. A. Do you object to wearing the required uniform, working holidays and shift work? ____Yes ____No
 B. Do you understand that Auxiliary and part-time positions are required to work fill-in on weekends and holidays? ____Yes ____No

29. Please described in paragraph form why you wish to be a police officer and your own definition of what a police officer means. Please type on a separate sheet of paper and attached to the end of the application. Label as # 29.

30. Please list your strengths and weaknesses:

Strengths:

Weaknesses:

31. Fill-in below the name of five (5) people not related to you, not former employers, nor any household member. The names listed must have known you for at least three (3) years.

A. Name: _____

Home phone number: (____) _____

Address: _____

Profession: _____

Years known: _____

In what capacity have you known this person? _____

B. Name: _____

Home phone number: (____) _____

Address: _____

Profession: _____

Years known: _____

In what capacity have you known this person? _____

C. Name: _____

Home phone number: (____) _____

Address: _____

Profession: _____

Years known: _____

In what capacity have you known this person? _____

D. Name: _____

Home phone number: (____) _____

Address: _____

Profession: _____

Years known: _____

In what capacity have you known this person? _____

E. Name: _____

Home phone number: (____) _____

Address: _____

Profession: _____

Years known: _____

In what capacity have you known this person? _____

32. Have you ever gone by any name other than what is on this application? ____ Yes ____ No

If yes, please list: _____

Important notice: All statements, answers, date, comments on this application are subject to verification.



Bentleyville Police Department
6253 Chagrin River Road, Bentleyville, OH 44022
Phone: (440) 247-0155 Fax: (440) 247-2331

CHIEF OF POLICE: GABRIEL BARONE

Authority to Release Information

I hereby authorize any police officer or other authorized representative of the Bentleyville Police Department bearing this release, or copy thereof, within one (1) year of its date, to obtain any information in your files pertaining to my employment, military, academic, achievement, attendance, athletic, personal history and disciplinary records, medical records and/or credit record. I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the Village of Bentleyville. Consent is granted for the Village of Bentleyville 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 repository of medical records, credit bureau, lending institution, consumer reporting agency, or retail business establishment including its officers, employees 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. I understand that I have the right to cancel this Authorization by sending written notification to the Village of Bentleyville. I understand my cancellation will not be affected to the extent that the Village of Bentleyville has already taken action regarding the Authorization.

FULL NAME: _____
Signature

FULL NAME: _____
Typed or printed

COUNTY OF _____

_____ BEING FIRST DULY SWORN ON HIS/HER OATH STATES
THAT THE STATEMENTS MADE AND SUBSCRIBED BY HIM/HER IN THE FOREGOING
APPLICATION ARE TRUE. **(If not signed in the presence of police personnel, this form must be
signed and notarized).**

Signature of Applicant

Scribed in my presence by the said affiant by him/her sworn to before me this _____ day of
_____, 20__

Witnessed by Bentleyville Police Officer

Notary