



# CITY OF CLINTONVILLE POLICE DEPARTMENT EMPLOYMENT APPLICATION

The City of Clintonville is an equal opportunity employer and fully subscribes to the principles of Equal Employment Opportunity. It is the policy of the City of Clintonville to provide employment, compensation and other benefits related to employment based on qualifications, without regard to race, color, religion, national origin, age, sex, veteran status or disability, or any other basis prohibited by federal or state law. As an equal opportunity employer, the City of Clintonville intends to comply fully with all federal and state laws and the information requested on this application will not be used for any purposes prohibited by law. Disabled applicants may request any needed accommodation.

**PLEASE PRINT PLAINLY – BE SURE TO SIGN THIS APPLICATION**

Last Name	First Name	Middle Name

Present Address (number, street, city, state, zip)	Home Phone
E-Mail Address	Alternate Phone

Position Applied For:	
What Shift(s) are you available to work? <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Mornings <input type="checkbox"/> Afternoons <input type="checkbox"/> Evenings <input type="checkbox"/> Rotating <input type="checkbox"/> Weekend <input type="checkbox"/> Non-Standard	What days are you available to work? <input type="checkbox"/> Monday-Friday <input type="checkbox"/> Weekends Only <input type="checkbox"/> Non-Standard <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday

Have you been previously employed by the City of Clintonville?  Yes  No

If yes, when? \_\_\_\_\_ In what capacity? \_\_\_\_\_

Have you ever applied here before?  Yes  No If yes, when? \_\_\_\_\_

Do you have a valid driver's license?  Yes  No If yes, number: \_\_\_\_\_

Are you currently employed?  Yes  No May we contact your current employer?  Yes  No

Are you on a lay off and subject to recall?  Yes  No What date can you begin employment? \_\_\_\_\_

Are you a United States citizen or do you have an entry permit which allows you to lawfully work in the U.S.?  Yes  No

Have you ever been convicted of a felony?  Yes  No If yes, explain \_\_\_\_\_



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Do you have a High School Diploma, HSED, or GED?  Yes  No Highest grade completed in college? \_\_\_\_\_

Name and Location of High School \_\_\_\_\_ Number of years completed? \_\_\_\_\_

College Attended \_\_\_\_\_ Number of years completed? \_\_\_\_\_

Degree or Course of Study \_\_\_\_\_

List any special skills or qualifications which you feel are relevant to the job for which you are applying:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### EMPLOYMENT HISTORY

Please give accurate and complete information. Start with present or most recent employer.

Company Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Address \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Hourly Pay: Start \_\_\_\_\_ Last \_\_\_\_\_

Position and Responsibilities \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Company Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Address \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Hourly Pay: Start \_\_\_\_\_ Last \_\_\_\_\_

Position and Responsibilities \_\_\_\_\_

Reason for Leaving \_\_\_\_\_



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Address \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Hourly Pay: Start \_\_\_\_\_ Last \_\_\_\_\_

Position and Responsibilities \_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Company Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Address \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Hourly Pay: Start \_\_\_\_\_ Last \_\_\_\_\_

Position and Responsibilities \_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Company Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Address \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Hourly Pay: Start \_\_\_\_\_ Last \_\_\_\_\_

Position and Responsibilities \_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving \_\_\_\_\_

### **REFERENCES**

List three reference you have known for at least two years who are not related to you & are not previous employers.

	NAME	ADDRESS	PHONE	RELATIONSHIP
1.				
2.				
3.				



# CITY OF CLINTONVILLE POLICE DEPARTMENT EMPLOYMENT APPLICATION

Please read the following statements carefully before you sign your name.

I HEREBY CERTIFY that the answers give by me to the above questions and statements are true and correct and hereby authorize you to contact references, past or present employers, persons, schools, law enforcement agencies and any of sources of information which may be relevant to my application for employment. It is understood and agreed that any misrepresentation, false statement or omissions by me in this Application will be sufficient reason for rejection of my application or for dismissal at any time during my employment, without liability to the City of Clintonville. This includes furnishing a false name or social security number. I have read, understand and agree to the above statement. (Please initial here) \_\_\_\_\_

I further understand that no representative of the City of Clintonville has the authority to enter into any agreement for employment for any specified period of time and that the City of Clintonville is not guaranteeing employment for anyone. No employee contract is created by virtue of my being hired by the City of Clintonville, and, if hired, my employment will be at will and may be terminated at any time without prior notice. I have read, understand and agree to the above statement. (Please initial here) \_\_\_\_\_

If employed, I agree to abide by all of the work and safety rules of the City of Clintonville. I understand that the City of Clintonville is committed to maintaining a drug-free workplace. I am aware that the City of Clintonville may require a drug test as a part of the hiring process. Also, if employed, I realize that the City of Clintonville conducts post-accident and/or reasonable suspicion drug and alcohol testing of its employees. I have read, understand and agree to the above statement. (Please initial here) \_\_\_\_\_

I understand that this application will remain on file for 60 days for consideration. After 60 days, if I am still interested in a position with the City of Clintonville, it will be necessary for me to complete a new application form.

SIGN HERE \_\_\_\_\_ DATE \_\_\_\_\_