



The Village of New Bremen Police Department



Michael Skinner, Police Chief
419-629-3036

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PERSONNEL APPLICATION

INSTRUCTIONS

The applicant for employment should answer each question on this application as completely, accurately and honestly as possible. The information placed on this application will form the basis for an exhaustive pre-employment background investigation which will be accomplished before the applicant is hired. Intentional misstatements or false information will be cause for refusal of employment or dismissal. This application, the information contained on it and any information developed by the pre-employment investigation will remain the property of the New Bremen Police Department and is considered confidential information.

PERSONAL DATE

Applicant's Full Name _____

Maiden Name _____ Other Name Used _____

Address _____

Home Phone Number _____ Business Phone Number _____

Date of Birth _____ Place of Birth _____

Social Security Number _____ Number of Dependents _____

Marital Status _____ Drivers license number _____ State _____

Height _____ Weight _____ Color of Eyes _____

Do you wear eyeglasses? Y ___ N ___

Relatives:

Spouse: Full Name _____ Maiden Name _____

Address _____ Date of Birth _____

Father: Full Name _____

Address _____ Date of Birth _____

Mother Full Name _____ Maiden Name _____

Address _____ Date of Birth _____

Brother/
Sister: Full Name _____

Address _____ Date of Birth _____

Full Name _____

Address _____ Date of Birth _____

Full Name _____

Address _____ Date of Birth _____

Children: Full Name _____

Address _____ Date of Birth _____

Full Name _____

Address _____ Date of Birth _____

Full Name _____

Address _____ Date of Birth _____

Full Name _____

Address _____ Date of Birth _____

(If this page does not contain enough space, use additional page and attach to application)

Residences:

List addresses for the past ten years starting with your present address:

From	To	Address of Residence	If Rented, Name & Address of Owner
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Employment:

Are you now or have you ever been engaged in any business as an owner, partner, or corporate member?

Yes ___ No ___ If yes, give details below

Were you ever discharged or forced to resign because of misconduct or unsatisfactory service?

Yes ___ No ___ If yes, give details below

Have your employers always treated you fairly? ___ Yes ___ No If not, give details below

May we contact your present employer for work reference purposes? _____

Do you object to wearing a uniform? _____

Do you object to working nights? _____

Have you had experience with shift work? _____

Employment: (Continued)

Have you ever filed a claim for Worker's Compensation? ___ Yes ___ No If yes, give details below

When would you be available to begin employment? _____

Are you now on any Civil Service eligibility lists? ___ Yes ___ No If yes, list below

Were you rejected for any Civil Service position? ___ Yes ___ No If yes, list below

Have you ever previously submitted any application for appointment to any law enforcement agency?

___ Yes ___ No If so, what location _____

Date of Application _____

List below your reasons for making an application with the New Bremen Police Department

List all the jobs you have held in the last ten years starting with your present or most recent job first. By being complete, you may improve your chances for employment. For additional information, use the back of this sheet. Include military service in proper time sequence and temporary/ part time jobs

From _____ to _____
Date Date Exact Title or Position

Name & Address of Employer _____

Name & Title of Your Supervisor _____

Number Supervised by You, if any _____ Monthly Salary _____

Reason for Separation _____

Employment: (Continued)

From _____ to _____
Date Date Exact Title or Position

Name & Address of Employer _____

Name & Title of Your Supervisor _____

Number Supervised by You, if any _____ Monthly Salary _____

Reason for Separation _____

From _____ to _____
Date Date Exact Title or Position

Name & Address of Employer _____

Name & Title of Your Supervisor _____

Number Supervised by You, if any _____ Monthly Salary _____

Reason for Separation _____

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Date Date Exact Title or Position

Name & Address of Employer _____

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Number Supervised by You, if any _____ Monthly Salary _____

Reason for Separation _____

Employment: (Continued)

From _____ to _____
Date Date Exact Title or Position

Name & Address of Employer _____

Name & Title of Your Supervisor _____

Number Supervised by You, if any _____ Monthly Salary _____

Reason for Separation _____

References:

Give three (3) references (not relatives, former or present employees, fellow employees or school teachers) who are responsible adults of reputable standing in their communities, such as property owners, business or professional men or women, including your physician, if you have one, who has **known you at least five years**, preferably those who have known you during the past five years. If retired, give former occupation.

Name _____ Address _____

Business, Occupation or Profession _____ Years Known _____

Business Address _____

Business Phone _____ Residence Phone _____

Name _____ Address _____

Business, Occupation or Profession _____ Years Known _____

Business Address _____

Business Phone _____ Residence Phone _____

References: (Continued)

Name _____ Address _____

Business, Occupation or Profession _____ Years Known _____

Business Address _____

Business Phone _____ Residence Phone _____

Name _____ Address _____

Business, Occupation or Profession _____ Years Known _____

Business Address _____

Business Phone _____ Residence Phone _____

Name _____ Address _____

Business, Occupation or Profession _____ Years Known _____

Business Address _____

Business Phone _____ Residence Phone _____

Name _____ Address _____

Business, Occupation or Profession _____ Years Known _____

Business Address _____

Business Phone _____ Residence Phone _____

Financial History:

Principal City in which you transact your personal business: _____

Have you ever been sued by a creditor? _____ Yes _____ No If yes, explain below

Are you presently a defendant in any type of lawsuit? _____ Yes _____ No If yes, explain below

Has your credit record ever been considered **UNSATISFACTORY** or have you refused credit?

Criminal Arrests:

Have you ever been arrested or detained by any Police Agency? _____ Yes _____ No

If yes, explain fully, giving the name of Police Agency, date of arrest, charge and disposition of the case. **INCLUDE ANY SERIOUS TRAFFIC VIOLATIONS**

Has your drivers license ever been suspended? _____ Yes _____ No

If yes, explain below including date, court and reason for suspension.

Have you ever had a traffic accident in which you were at fault _____ Yes _____ No

If so give details below:

Medical Information:

Do you have any physical disabilities? _____ Yes _____ No If yes explain below:

How many days of work/school have you missed due to illness in the past five years? _____

Do you use drugs or hallucinogens of any type? _____ Yes _____ No

If yes indicate the drugs used: _____

Military Status:

Have you ever served in a military or naval organization of the United States? _____ Yes _____ No

Branch of Service _____

What is your service number? _____

What is your highest rank held? _____

How many periods of active military service have you held? _____

Are you presently in an active reserve unit? _____ Yes _____ No If yes give identification -

location of unit:

List all medals and decorations awarded to you as a member of the Armed Forces:

What is your type of discharge: Honorable, Dishonorable, Medical, Honorable, etc.? Be Exact

Give the date and location of entrance to active duty:

Military Status: (Continued)

Were you ever court-martialed, tried on charges, or were you the subject of summary court, deck court, captain's mast or company punishment, or any other disciplinary action while a member of the armed forces? _____ Yes _____ No If yes, explain below:

Education:

Indicated on the form below the various schools you have attended and other information requested.

<u>Name of School</u>	<u>City & State</u>	<u>Grade Attended</u>	<u>Dates Attended</u>
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Grammar Schools:

Junior High Schools:

High Schools:

Special Courses:

Universities or Colleges:

Degree(s):

Miscellaneous:

What are your hobbies? _____

Are you related to anyone affiliated with or employed by the Village of New Bremen, Ohio?

Yes _____ No _____ If yes, whom? _____

Have you ever, by word of mouth or in writing, advocated, advised or taught the doctrine that the government of the United States of America or of any state or any political subdivision thereof should be overthrown by force, violence, or any lawful means? ____ Y ____ N

Are you now or have you ever been a member of any subversive organization? ____ Y ____ N

Have you ever been connected or affiliated in any manner with or have you ever attended any meetings of any subversive organization? ____ Y ____ N

If yes, describe the reasons for attendance below

TO WHOM IT MAY CONCERN:

1. I hereby state that all the information that I have provided on this application interview, and hiring process will be true and accurate, if I am employed and any such interview is later found to be false in any respect, I may be dismissed.
2. I hereby authorize the release of any and all information concerning my education, employment (past & present), medical history and financial condition to Chief Michael Skinner of the New Bremen, Ohio Police Department. The release is for the use in conducting an employment background investigation.
3. With this waiver I hereby release all persons providing such information to said Chief Michael Skinner, or designee, from any liability, civil or criminal that might arise from releasing this information.

Applicant

Date

Sworn to before me and subscribed in my presence this ____ day of _____, 20__

Notary Public