



CITY OF ORRVILLE  
207 N. Main Street  
Orrville, Ohio 44667  
(330) 684-5047

## LATERAL TRANSFER POLICE OFFICER

The Orrville Police Department seeks applicants for the classified position of Police Officer. Responsibilities are varied and involve the enforcement of state and local laws. Applicants must possess the ability to deal tactfully and firmly with the public, understand and interpret a wide range of local laws, understand and give commands and directions. Pay range: \$35.85 to \$44.54, after FTO training is completed, plus benefits.

**Qualifications:** Applicants must possess a HS diploma or equivalent, be age 21, be a Citizen of the United States, possess a valid Ohio driver's license, and be able to perform the essential functions of the position. No visible tattoos while in uniform.

**Exam Information:** To be placed on the eligible list, applicants must successfully "pass" each of the following criteria:

- Must currently hold a valid Ohio Peace Officer Training Academy (OPOTA) certification
- Must be presently commissioned as a peace officer with a law enforcement agency in the State of Ohio
- Must be in good standing with their current department, with no pending disciplinary action or decertification proceedings
- Must pass a Controlled Voice Stress Analysis exam
- Must successfully pass an investigative background check
- Must successfully pass a psychological exam and drug screen
- Must sit for at least two structured interviews with City personnel

**Application:** Applications are available at [www.orrville.com](http://www.orrville.com). To be considered, all candidates must fully complete a City Application and Personal History Questionnaire and submit them with a resume including references, a copy of the candidate's OPOTA Certification, and a copy of the candidate's High School diploma, to [hr@orrvilleoh.gov](mailto:hr@orrvilleoh.gov).

**Job will remain posted until the position is filled.**

*The City of Orrville is an equal opportunity employer and does not discriminate based on race, sex, religion, national origin, age, or disability.*



## EMPLOYMENT APPLICATION

This application will not be considered for employment unless all information has been completed. A resume is not a substitute for application, but you are welcome to attach it.

**Date of Application**

### Personal Information

Full Name (First, Middle, Last)

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Address

City/State/Zip Code

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Phone Number

Email Address

<input type="text"/>	<input type="text"/>
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### Position & Availability

Position applied for:

Are you eligible to work in the U.S.?

**Police Officer - Lateral**

YES  NO

How did you hear about this position? (please be specific and indicate all that apply)

City of Orrville Website:  YES  NO

Advertisement (e.g., Newspaper Ad, Online Ad) on \_\_\_\_\_  
Website name

Social media (e.g., Facebook, Twitter, Instagram) on \_\_\_\_\_  
Name of social media site

Online Job Board (e.g., Indeed, LinkedIn, Glassdoor) on \_\_\_\_\_  
Name of online job board

Friend \_\_\_\_\_ Other \_\_\_\_\_



**Education**

<b>School Name</b>	<b>Address</b>
<input type="text"/>	<input type="text"/>

<b>Did you graduate?</b>	<b>Degree Earned?</b>	<b>Type of Degree/Major:</b>
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="text"/>

<b>School Name</b>	<b>Address</b>
<input type="text"/>	<input type="text"/>

<b>Did you graduate?</b>	<b>Degree Earned?</b>	<b>Type of Degree/Major:</b>
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="text"/>

<b>School Name</b>	<b>Address</b>
<input type="text"/>	<input type="text"/>

<b>Did you graduate?</b>	<b>Degree Earned?</b>	<b>Type of Degree/Major:</b>
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="text"/>

Describe any specialized training, apprenticeships, and/or skills including OPOTA, CDL, and any other endorsements or other state held licenses



**Military Information**

**Complete only if you want to receive military credit on exam (optional)**

Branch of Service	Discharge Date	Length of Active Duty (years & months)

Describe your duties and any special training

**Employment History**

**Start with current or most recent job and attach additional pages if necessary**

Company Name	Dates of Employment	
	FROM	TO

Job Title	Supervisor's Name / Phone Number	

Core Job Responsibilities

Reason for leaving (optional)	May we contact this employer?
	<input type="checkbox"/> YES <input type="checkbox"/> NO



### Employment History (continued)

Company Name

Dates of Employment

	FROM	TO
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Job Title

Supervisor's Name / Phone Number

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Core Job Responsibilities

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Reason for leaving (optional)

May we contact this employer?

	<input type="checkbox"/> YES <input type="checkbox"/> NO
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Company Name

Dates of Employment

	FROM	TO
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Job Title

Supervisor's Name / Phone Number

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Core Job Responsibilities

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Reason for leaving (optional)

May we contact this employer?

	<input type="checkbox"/> YES <input type="checkbox"/> NO
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**Disclaimer / Signature**

The City of Orrville is an equal opportunity employer. All applicants will be considered for employment without attention to race, color, religion, sex, sexual orientation, gender identity, national origin, veteran, or disability status.

**Read statements below and initial each statement indicating you understand and agree.**

I understand that if I am selected for employment, my employment will be conditioned upon my passing a pre-employment physical and drug test and may also be conditioned upon passing a criminal background check.

Initials: \_\_\_\_\_

I understand and accept that if driving a motor vehicle is an essential function of any position I might obtain with the City of Orrville, my continued employment is conditioned upon my maintaining the operator's license required for such position.

Initials: \_\_\_\_\_

I acknowledge by signing below that the answers given within this employment application are accurate and complete to the best of my knowledge. I understand that any false or misleading information can be used to justify refusing to hire me or for dismissal if I am hired.

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Printed Name of Applicant

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Signature of Applicant

Date

**CITY of ORRVILLE  
POLICE DEPARTMENT  
PERSONAL HISTORY QUESTIONNAIRE**



Personal History of: \_\_\_\_\_  
(Last Name) (First) (Middle)

Position Applied For: Police Officer

Date This Questionnaire Completed: \_\_\_\_\_

**INSTRUCTIONS**

This personal history questionnaire is intended for use by the Orrville Police Department to conduct a back ground investigation for an applicant for this department. You must be truthful and complete all answers requested on this form. All information contained herein will be subject to verification, i.e., source documentation, truth verification and screening procedures. Information contained herein will be considered to be strictly confidential and will not be disclosed to any unauthorized person(s).

The answers to questions contained herein must be printed in your own hand, legible in BLUE INK ONLY. Each individual question must be answered, THERE CAN BE NO BLANKS. If a question Does Not Apply to your particular circumstance, insert "DNA" in that blank. When answering questions that require dates, insert the full date, partial month-year responses are unacceptable. You must provide complete address information when requested. Partial address responses are unacceptable.

If explanations require more space than is given, please note the page number, heading and/or question number on the continuation page provided.

**WARNING**

Applicants are cautioned to answer every question truthfully and without evasion. The Ohio Revised Code and Rules and Regulations of the Orrville, Ohio Municipal Civil Service Commission provide penalties for making a false statement of a material fact, or for practicing any fraud or deception in obtaining or attempting to obtain municipal employment. Such penalties include rejection for appointment or discharge after appointment and/or prosecution under Ohio Revised Code Section 2921.13.

**Please Print Legibly - Identification**

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Known by any  
Other names: \_\_\_\_\_  
(Aliases, Nicknames, Maiden name, etc.)

Address: \_\_\_\_\_  
Street number, Apt. City Street Zip

Phone: \_\_\_\_\_ (Home) \_\_\_\_\_ (Business) \_\_\_\_\_ (Shift Working)

Age: \_\_\_\_\_, Date of Birth: \_\_\_\_\_, Place of Birth: \_\_\_\_\_  
(City, County, State)

SS# \_\_\_\_\_, Mother's Maiden Name: \_\_\_\_\_  
(Copy to be attached)

**Family Status**

Marital Status: (Married, Single, Separated, Divorced): \_\_\_\_\_

When and Where Married: \_\_\_\_\_  
(If applicable)

Name of Present Spouse: \_\_\_\_\_ No. of Children \_\_\_\_\_

Address of  
Present Spouse: \_\_\_\_\_ Telephone: \_\_\_\_\_  
(If different from your own)

Spouse's Shift Work  
Employer: \_\_\_\_\_ Working: \_\_\_\_\_ Telephone: \_\_\_\_\_

First Name(s) of Child(ren)  
Living With You \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_

Brother/Sister's  
Name and Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Brother/Sister's  
Name and Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

**All Applicants must sign the following certificate:** I certify that the statements contained are true to the best of my knowledge and understand that any false statements made in this application will be cause for disapproval of my appointment or for discharge after appointment.

\_\_\_\_\_  
Signature of Applicant Date

Family Status (Continued)

Father-in-Law’s

Name and Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Mother-in-Law’s

Name and Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

In Cases of an Emergency, Whom Shall We Contact?

Name:	Last	First	Middle
Address:			Telephone:

Names(s) and Address(es) of Former Spouse(s):

1.) \_\_\_\_\_  
Last First Middle St. number, apt. City, State, Zip

2.) \_\_\_\_\_  
Last First Middle St. number, apt. City, State, Zip

Date(s) of Divorce(s): 1.) \_\_\_\_\_ What Court: \_\_\_\_\_

2.) \_\_\_\_\_ What Court: \_\_\_\_\_

Names of children by

Previous Marriage(s): \_\_\_\_\_

**Driving Record**

Driver’s License No. \_\_\_\_\_ State: \_\_\_\_\_, Expiration Date: \_\_\_\_\_

(Copy to be attached)

List all moving violations, accidents, locations, and dates of traffic citations or arrests within the last 10 years, and disposition of cases;

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**Financial Record**

The following questions regard your finances: (All “Yes” answers, explain on attached continuation page.) **YES or NO**

Have you, your spouse, or ex-spouse(s) ever had wages attached? YES  NO

**All Applicants must sign the following certificate:** I certify that the statements contained are true to the best of my knowledge and understand that any false statements made in this application will be cause for disapproval of my appointment or for discharge after appointment.

\_\_\_\_\_  
Signature of Applicant Date

Financial Record ('Continued)

(All “Yes” answers, explain on continuation page.)

**YES or NO**

1. Have you, your spouse, or ex-spouse(s) ever been a party to a small claim or other court action?	YES <input type="checkbox"/> NO <input type="checkbox"/>
2. Do you, your spouse, or ex-spouse(s) have any immediate civil action pending against you?	YES <input type="checkbox"/> NO <input type="checkbox"/>
3. Have you, your spouse, or ex-spouse(s) ever had a judgement rendered against you?	YES <input type="checkbox"/> NO <input type="checkbox"/>
4. Have you ever been refused an automobile or other insurance policy?	YES <input type="checkbox"/> NO <input type="checkbox"/>
5. Have you ever had an automobile or other insurance policy canceled?	YES <input type="checkbox"/> NO <input type="checkbox"/>
6. If employed by the Police Dept, do you anticipate any income other than Police Dept. salary?	YES <input type="checkbox"/> NO <input type="checkbox"/>
7. Have you ever been refused credit?	YES <input type="checkbox"/> NO <input type="checkbox"/>
8. Have you ever had any property repossessed?	YES <input type="checkbox"/> NO <input type="checkbox"/>
9. Have you, your spouse, or ex-spouse(s) ever filed for bankruptcy or been declared bankrupt?	YES <input type="checkbox"/> NO <input type="checkbox"/>
10. Have you ever been bonded?	YES <input type="checkbox"/> NO <input type="checkbox"/>
11. Have you ever had a bond refused?	YES <input type="checkbox"/> NO <input type="checkbox"/>

**Present Indebtedness, Involving You, Your Spouse, or Ex-Spouse(s):**

1.) Debtor: \_\_\_\_\_ For What? \_\_\_\_\_  
 Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Date Incurred: \_\_\_\_\_ Original Amount: \_\_\_\_\_  
 Amount Due: \_\_\_\_\_ Monthly Payments: \_\_\_\_\_

**All Applicants must sign the following certificate:** I certify that the statements contained are true to the best of my knowledge and understand that any false statements made in this application will be cause for disapproval of my appointment or for discharge after appointment.

\_\_\_\_\_  
 Signature of Applicant Date

Financial Record (Continued)

2.) Debtor: \_\_\_\_\_ For What? \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Date Incurred: \_\_\_\_\_ Original Amount: \_\_\_\_\_

Amount Due: \_\_\_\_\_ Monthly Payments: \_\_\_\_\_

3.) Debtor: \_\_\_\_\_ For What? \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Date Incurred: \_\_\_\_\_ Original Amount: \_\_\_\_\_

Amount Due: \_\_\_\_\_ Monthly Payments: \_\_\_\_\_

4.) Debtor: \_\_\_\_\_ For What? \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Date Incurred: \_\_\_\_\_ Original Amount: \_\_\_\_\_

Amount Due: \_\_\_\_\_ Monthly Payments: \_\_\_\_\_

Names and Location of Your Bank(s) \_\_\_\_\_

Checking Account No:	Savings Account No:	Savings Account No:
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**Previous Residences**

Address where you have lived for the past 10 years. Account for all of the period beginning with your present address and time you lived there. No Armed Forces addresses are necessary.

From: Mo./Yr.	To: Mo./Yr.	Address	Name of adult(s) with whom You lived and relationship

**All Applicants must sign the following certificate:** I certify that the statements contained are true to the best of my knowledge and understand that any false statements made in this application will be cause for disapproval of my appointment or for discharge after appointment.

\_\_\_\_\_  
Signature of Applicant Date

**Military**

Have you served in the U.S. Armed Forces? **YES**  **NO**  Branch: \_\_\_\_\_

Have you ever been rejected for service in the U.S. Armed Forces for **other than medical** reasons?  
**YES**  **NO**  Why? \_\_\_\_\_

Length of Duty: _____	Type of Discharge: _____	Registered with Selective Service? <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/>
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Were you discharged from military service for other than medical reasons? **YES**  **NO**

If yes, give date, reason, and type of discharge, whether honorable, other than honorable, etc. (**may omit if for medical reasons**)

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Are you a member of the: Armed Forces Reserve  National Guard

Location and Unit: \_\_\_\_\_

**Employment**

May we contact your present employer without jeopardizing your job? **YES**  **NO**

1.) Present Employer: \_\_\_\_\_ Date(s) Employed: \_\_\_\_\_

Address \_\_\_\_\_ Telephone: \_\_\_\_\_

Name of Immediate Supervisor: \_\_\_\_\_

2.) Previous Employer: \_\_\_\_\_ Date(s) Employed \_\_\_\_\_

Address \_\_\_\_\_ Telephone: \_\_\_\_\_

Name of Immediate Supervisor: \_\_\_\_\_

Why did you leave this job? \_\_\_\_\_

3.) Previous Employer: \_\_\_\_\_ Date(s) Employed \_\_\_\_\_

Address \_\_\_\_\_ Telephone: \_\_\_\_\_

Name of Immediate Supervisor \_\_\_\_\_

Why did you leave this job? \_\_\_\_\_

**All Applicants must sign the following certificate:** I certify that the statements contained are true to the best of my knowledge and understand that any false statements made in this application will be cause for disapproval of my appointment or for discharge after appointment.

\_\_\_\_\_  
**Signature of Applicant** **Date**

**Employment** (Continued – see page 14 for additional space)

4.) Previous Employer: \_\_\_\_\_ Date(s) Employed \_\_\_\_\_

Address \_\_\_\_\_ Telephone: \_\_\_\_\_

Name of Immediate Supervisor \_\_\_\_\_

Why did you leave this job? \_\_\_\_\_

Are you now or have you ever been employed, or considered for employment, by any other police Department or law enforcement agency? YES  NO

If “yes”, explain whether employed or considered for employment and by what agency(s) or Department(s): \_\_\_\_\_

If previously employed by any other police department(s) or law enforcement agency(s), why did You leave? \_\_\_\_\_

Have you ever been fired or asked to resign for other than medical reasons? YES  NO

If “Yes”, explain \_\_\_\_\_

**Education**

High School attended: \_\_\_\_\_ Years Attended: \_\_\_\_\_

Did you graduate? YES  NO  Year: \_\_\_\_\_ GED? YES  NO  When: \_\_\_\_\_

Colleges and Trade Schools attended: \_\_\_\_\_

Degrees attained and dates: \_\_\_\_\_

**Criminal Record**

Have you ever been convicted or arrested either as a juvenile or an adult? YES  NO  If “Yes”, explain. (Include date, charge, agency, penalty) \_\_\_\_\_

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\_\_\_\_\_  
Signature of Applicant Date



## General Information Inquiry

### ATTENTION:

The following questions and answers will be verified through the process of a truth verification instrument. If the answer to any of the following is yes, it will be necessary for you to explain in detail on the continuation sheet provided. Full, complete, and comprehensive explanations are required. Circle the appropriate answer.

1. Have you ever committed a crime for which you were never arrested or convicted? YES  NO
2. Have you ever been placed on or served in an adult criminal diversion type program that led to the eventual dismissal of a felony, a sexual assault, theft, a first degree misdemeanor or a crime which resulted in serious injury to another? YES  NO
3. Have you ever been convicted of a felony? YES  NO
4. Have you ever been convicted of a misdemeanor that had been reduced from an original felony charge? YES  NO
5. Have you ever been convicted of a first degree misdemeanor offense that was a: theft offense, assault and battery, gambling, drug offenses, sex offense, domestic violence, contributing to the delinquency of a minor, or any similar offense? YES  NO
6. Have you ever been convicted of any traffic offense which is a first degree misdemeanor? i.e. driving Under the influence of alcohol and/or drugs, driving under suspension, reckless operation, fleeing from a police officer, drag racing, leaving the scene of an accident, or any other offense punishable by a jail term of 6 months or more? YES  NO
7. As an adult (age 18) have you stolen anything with a value? List below. YES  NO
8. As an adult, (age 18) have you ever bought or sold any property that you knew was stolen? YES  NO
9. Has your driver's license ever been suspended or revoked? YES  NO
10. Have you ever been committed to any penal institution as a result of either a felony or misdemeanor conviction? YES  NO
11. Are you presently under indictment or a defendant in any pending criminal, traffic, or civil action? YES  NO

**All Applicants must sign the following certificate:** I certify that the statements contained are true to the best of my knowledge and understand that any false statements made in this application will be cause for disapproval of my appointment or for discharge after appointment.

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Signature of Applicant

Date

**ATTENTION:**

**The following questions and answers will be verified through the process of a truth verification instrument. If the answer to any of the following is yes, it will be necessary for you to explain in detail on the continuation sheet provided. Full, complete, and comprehensive explanations are required. Circle the appropriate answer.**

12. As an adult (age 18) have you used any hallucinogens such as mescaline, PCP, THC, Peyote, PCE, TCP, Angel Dust, or any of their derivatives, etc. If yes, provide age at first usage, age last used, and approximate number of usages. **YES**  **NO**
13. As an adult (age 18) have you used marijuana? If yes, age at first usage, age last used, and the approximate number of usages. **YES**  **NO**
14. As an adult (age 18) have you used cocaine? If yes, age at first usage, age last used, and approximate number of usages. **YES**  **NO**
15. As an adult (age 18) have you used heroin? If yes, age at first usage, age last used, and approximate number of usages. **YES**  **NO**
16. As an adult (age 18) have you ever used any narcotics such as opium, morphine, codeine, meperidine, methadone, or any of their derivatives such as Darvon, lomotil etc.? If yes, age at first usage, age last used, and the approximate number of usages. **YES**  **NO**
17. As an adult (age 18) have you used any prescription drugs such as barbiturates, amphetamines, valium, Librium, spools, uppers/downers, steroids, etc. without the benefit of a prescription? If yes, age at first usage, age last used, and the approximate number of usages. **YES**  **NO**
18. As an adult (age 18) have you used any prescribed medication for purposes other than that for which they were originally prescribed or intended? If yes, type and use, and approximate number of such usages. **YES**  **NO**
19. As an adult (age 18) have you used what are described as designer drugs, i.e., substances that are chemically altered in makeup, but which give the same effect as illicit drugs etc.? If yes, age at first usage, age last used, and the approximate number of usages. **YES**  **NO**

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Signature of Applicant

Date

**ATTENTION:**

**The following questions and answers will be verified through the process of a truth verification instrument. If the answer to any of the following is yes, it will be necessary for you to explain in detail on the continuation sheet provided. Full, complete, and comprehensive explanations are required. Circle the appropriate answer.**

20. As an adult (age 18), have you been involved in glue sniffing or used any other such chemical agents for the purpose of obtaining a state of intoxication? If yes, age at first usage, age last used, and approximate number of usages. **YES**  **NO**
21. Are you presently addicted to or use alcohol excessively or have you within the last five years suffered from any alcohol related problems, or received any related treatments. (If yes, describe your usage and the problems that you suffer from.) **YES**  **NO**
22. As an adult, have you engaged in any grossly unnatural or illicit sexual acts which were illegal in the jurisdiction where they took place or which involved a minor; i.e. incest, sex with animals, etc. (If yes, list the illegal acts and circumstances.) **YES**  **NO**

Are you now, or have you ever, received any type of governmental support such as welfare, ADC, housing subsidy payments, medical or educational loans or grants that you were not eligible for, received in a fraudulent manner or after receiving became ineligible for but continued to receive? **YES**  **NO**

Do you have any hatreds or prejudices toward others because of their race, sex, national origin, religion or color, that would be detrimental to your functioning as a police officer? **YES**  **NO**

23. Do you have any problems because of gambling? **YES**  **NO**
24. Do you have any problems controlling your temper? **YES**  **NO**
25. Have you ever been involved in an automobile accident? **YES**  **NO**
26. As an adult (age 18) have you ever engaged in any grossly unnatural sexual acts? **YES**  **NO**
27. As an adult (age 18) have you ever engaged in any illicit sexual activities? **YES**  **NO**
28. Have you ever traveled outside the United States? (If yes, what countries). **YES**  **NO**
29. Have you answered all questions truthfully and to the best of your ability? **YES**  **NO**
30. Have you purposefully omitted any information from this questionnaire? **YES**  **NO**

**All Applicants must sign the following certificate:** I certify that the statements contained are true to the best of my knowledge and understand that any false statements made in this application will be cause for disapproval of my appointment or for discharge after appointment.

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Signature of Applicant

Date

**References**

Five persons other than relatives, past employers, or immediate neighbors who know you well enough to give information about you.

- 1.) Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ How Long Known? \_\_\_\_\_  
When would be convenient to contact? \_\_\_\_\_
- 2.) Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ How Long Known? \_\_\_\_\_  
When would be convenient to contact? \_\_\_\_\_
- 3.) Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ How Long Known? \_\_\_\_\_  
When would be convenient to contact? \_\_\_\_\_
- 4.) Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ How Long Known? \_\_\_\_\_  
When would be convenient to contact? \_\_\_\_\_
- 5.) Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ How Long Known? \_\_\_\_\_  
When would be convenient to contact? \_\_\_\_\_

**Activities, Hobbies, Skills, Foreign Languages**

Include a list of all organizations, societies, clubs, unions, and fraternities of which you are now or have been a member.

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**Comments**

Use this space to state any additional information or explanations which you think may assist us in our investigation.

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**All Applicants must sign the following certificate:** I certify that the statements contained are true to the best of my knowledge and understand that any false statements made in this application will be cause for disapproval of my appointment or for discharge after appointment.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date





5.) Previous Employer: \_\_\_\_\_ Date(s) Employed: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name of Immediate Supervisor: \_\_\_\_\_

Why did you leave this job? \_\_\_\_\_

6.) Previous Employer: \_\_\_\_\_ Date(s) Employed: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name of Immediate Supervisor: \_\_\_\_\_

Why did you leave this job? \_\_\_\_\_

7.) Previous Employer: \_\_\_\_\_ Date(s) Employed: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name of Immediate Supervisor: \_\_\_\_\_

Why did you leave this job? \_\_\_\_\_

8.) Previous Employer: \_\_\_\_\_ Date(s) Employed: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name of Immediate Supervisor: \_\_\_\_\_

Why did you leave this job? \_\_\_\_\_

9.) Previous Employer: \_\_\_\_\_ Date(s) Employed: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name of Immediate Supervisor: \_\_\_\_\_

Why did you leave this job? \_\_\_\_\_

**All Applicants must sign the following certificate:** I certify that the statements contained are true to the best of my knowledge and understand that any false statements made in this application will be cause for disapproval of my appointment or for discharge after appointment.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date