

**CITY OF CLYDE  
POLICE DEPARTMENT**

**APPLICATION FOR EMPLOYMENT**

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We consider applicants for all positions without regard to race, color, religion, sex, national origin, age or other legally protected statuses. The City of Clyde is an equal opportunity employer.

**(PLEASE PRINT OR TYPE)**

Position(s) applied for: \_\_\_\_\_

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**SECTION I PERSONAL INFORMATION**

Name: \_\_\_\_\_  
Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Present Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Are you over 21 years of age (if applying for sworn law enforcement): Yes No

Are you at least 18 years of age (for all other positions): Yes No

Do you hold a valid Ohio Peace Officer's Certificate: Yes No

If "No" are you working on it and when will you receive it? \_\_\_\_\_

Have you ever filed an application with us before? Yes No If yes, give date \_\_\_\_\_

Are you currently employed? Yes No

May we contact your present employer(s) Yes No

Are you currently on "lay off" status and subject to recall? Yes No

On what date would you be available to work? \_\_\_\_\_

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**SECTION II WORK EXPERIENCE**

**Employment History and Work Experience:**

**In this section, list all employment history and work experience in date order, including military experience. Begin with your current employer. Use additional paper if necessary. Failure to include all employment may be grounds for disqualification.**

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1. Name of Current Employer: \_\_\_\_\_

Address / City / State: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Job Title: \_\_\_\_\_

Dates Employed – From: \_\_\_\_\_ To: \_\_\_\_\_

Beginning Salary \$ \_\_\_\_\_ Current Salary: \$ \_\_\_\_\_

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

Describe your duties, responsibilities, equipment operated, etc. for position(s) held: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why do you want to leave? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Name of Employer: \_\_\_\_\_

Address / City / State: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Job Title: \_\_\_\_\_

Dates Employed – From: \_\_\_\_\_ To: \_\_\_\_\_

Beginning Salary \$ \_\_\_\_\_ Current Salary: \$ \_\_\_\_\_

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

Describe your duties, responsibilities, equipment operated, etc. for position(s) held: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Why did you leave? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Name of Employer: \_\_\_\_\_

Address / City / State: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Job Title: \_\_\_\_\_

Dates Employed – From: \_\_\_\_\_ To: \_\_\_\_\_

Beginning Salary \$ \_\_\_\_\_ Current Salary: \$ \_\_\_\_\_

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

Describe your duties, responsibilities, equipment operated, promotions, etc.: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Why did you leave? \_\_\_\_\_

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IF YOU NEED TO LIST ANY ADDITIONAL PREVIOUS EMPLOYERS, PLEASE USE A  
BLANK SHEET OF PAPER TO DO SO.  
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**SECTION III EDUCATIONAL EXPERIENCE AND TRAINING**

This section is intended to give the employer information about the education and training that the applicant has completed, and to demonstrate skills, knowledge, and abilities to perform the job duties of the position.

High School Attended: \_\_\_\_\_

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

Did you graduate? \_\_\_\_\_ High School Equivalent? \_\_\_\_\_

List courses taken pertaining to job applied for: \_\_\_\_\_

College or trade school attended: \_\_\_\_\_

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

Dates of attendance: \_\_\_\_\_ to \_\_\_\_\_

Did you graduate? \_\_\_\_\_ Degree: \_\_\_\_\_

List courses pertaining to job applied for: \_\_\_\_\_

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Graduate School(s) attended: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Dates of Attendance: \_\_\_\_\_ to: \_\_\_\_\_

Did you graduate? \_\_\_\_\_ Degree: \_\_\_\_\_

Summarize special job-related skills and qualifications acquired from employment or other experience, which may be of interest to the Clyde Police Department.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**SECTION IV REFERENCES**

Fill in below the names of three (3) adults not related to you and not former employers, who have known you for at least five (5) years. Note: applicant may be disqualified if all addresses and telephone numbers are not completed and current; confirm them.

Name: \_\_\_\_\_ Years known: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Years known: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Years known: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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**Please read each of the following paragraphs carefully, indicate your understanding of, and consent to, the contents and conditions of each paragraph by placing your signature at the end of each paragraph. If you have any questions regarding these paragraphs, contact the employer before signing the paragraph.**  
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1. I understand and accept that, if I am selected for employment, my employment may be conditioned upon my passing any medical examination that the employer deems necessary to determine whether I can physically perform the essential functions of the position with reasonable accommodation when necessary. I understand and accept that this may include drug, alcohol, or substance abuse testing. Any cost incurred for the examination and/or testing will be paid for by the City of Clyde.

Initial: \_\_\_\_\_

2. I understand and accept that, if I am selected for employment, my employment may be conditioned upon my passing a Polygraph Examination by a qualified examiner, which will be at the choice of the Chief of Police. Any cost incurred for the examination will be paid for by the City of Clyde.

Initial: \_\_\_\_\_

3. If employed, I understand and accept that, I may be required to work evening shifts or night shifts, including weekends and be on call and work mandatory overtime hours.

Initial: \_\_\_\_\_

4. I understand and accept that if any information required in this application is found to be falsified or intentionally excluded, my application may be disqualified from further consideration. I further understand and accept that if I am employed by the City of Clyde, I may be subject to disciplinary action, including termination, if any information required by this application has been falsified or intentionally excluded.

Initial: \_\_\_\_\_

5. I understand and accept that the Clyde Police Department required a high degree of integrity and confidentiality of its employees. I also understand and accept that the various law enforcement and informational agencies that exchange information and data with the Clyde Police Department require that the employees do not have a past record of unlawful activities. Therefore, I understand and accept that it is necessary for the City of Clyde, Department of Police to investigate my background.

Initial: \_\_\_\_\_

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**\*\*READ CAREFULLY BEFORE SIGNING\*\***

I SOLEMNLY SWEAR THAT ALL OF THE INFORMATION FURNISHED IN THIS EMPLOYMENT APPLICATION IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT ANY MISREPRESENTATION OR FALSIFICATION OF THE INFORMATION PROVIDED MAY LEAD TO WITHDRAWAL OF AN EMPLOYMENT OFFER OR TERMINATION FOLLOWING EMPLOYMENT. I RECOGNIZE THAT MY FUTURE EMPLOYMENT WITH THE EMPLOYER WILL BE JEOPARDIZED IF I ENGAGE IN SUBSTANCE ABUSE, ILLEGAL DRUG USE, OR ALCOHOL ABUSE.

I AGREE THAT ANY CLAIM OF LAWSUIT RELATING TO MY SERVICE WITH THE CITY OF CLYDE MUST BE FILED NO MORE THAN SIX (6) MONTHS AFTER THE DATE OF THE EMPLOYMENT ACTION THAT IS THE SUBJECT OF THE CLAIM OR LAWSUIT. I WAIVE ANY STATUTE OF LIMITATION TO THE CONTRARY. I UNDERSTAND, ALSO, THAT I AM REQUIRED TO ABIDE BY ALL RULES AND REGULATIONS OF THE EMPLOYER.

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

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

*City of Clyde*  
*Department of Police*

**VOLUNTARY SURVEY**

Government agencies at times require periodic reports on the sex, ethnicity, handicap, veteran and other protected status of employees. This data is for statistical analysis with respect to the success of the Affirmative Action Program. **SUBMISSION OF THIS INFORMATION IS VOLUNTARY.**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Circle the following correct information:

1. Male or Female
2. White — Black — Hispanic — American Indian — Alaskan Native — Asian — Pacific Islander

Other: \_\_\_\_\_

3. Vietnam Era Veteran — Disabled Veteran — Handicapped Individual

Current Job: \_\_\_\_\_

*City of Clyde*  
*Department of Police*

**AUTHORITY TO RELEASE INFORMATION**

I hereby authorize the Clyde Police Department to inquire into and obtain records concerning my past and current employment, personal references, education, credit, criminal or civil actions and any leads developed regarding suitability for employment. This release is executed with the full knowledge and understanding that this information is for the use by the Clyde Police Department as part of an official background or criminal investigation and that any information obtained may be released to third parties as may be necessary in fulfilling employment or legal responsibilities.

I hold this consent as exonerating from all liability, both criminal and civil, the City of Clyde and anyone contacted by the Clyde Police Department to provide the above described records from any and all liability for damages of any kind which may at any time result to me, my heirs, family or associates because of compliance with this authorization or any attempt to comply with it.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Printed Name: \_\_\_\_\_

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

Operator's License Number \_\_\_\_\_ State \_\_\_\_\_

State of Ohio, County of \_\_\_\_\_ } ss

Before me, a Notary Public for the State of Ohio, appeared the above named \_\_\_\_\_

Who acknowledged and signed the foregoing instrument and their signing was their free act.

IN TESTIMONY WHEREOF, I have hereunto subscribed my name and affixed my seal this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Notary Signature \_\_\_\_\_

(seal) Printed Name: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_