

EMPLOYMENT HISTORY

**List below present and past employment, beginning with your most recent
(Attach additional sheets if necessary)**

I

Name and address of Company & type of business	From		To		Weekly Starting Salary	Weekly Ending Salary	Reason for leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.				
	Describe the work you did:							
Telephone:								

II

Name and address of Company & type of business	From		To		Weekly Starting Salary	Weekly Ending Salary	Reason for leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.				
	Describe the work you did:							
Telephone:								

III

Name and address of Company & type of business	From		To		Weekly Starting Salary	Weekly Ending Salary	Reason for leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.				
	Describe the work you did:							
Telephone:								

IV

Name and address of Company & type of business	From		To		Weekly Starting Salary	Weekly Ending Salary	Reason for leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.				
	Describe the work you did:							
Telephone:								

I hereby give permission to contact the employers listed above concerning my prior work experience as indicated below:

Employer I? Yes _____ No _____
 Employer II? Yes _____ No _____
 Employer III? Yes _____ No _____
 Employer IV? Yes _____ No _____

Signed: _____

RECORD OF EDUCATION

School	Name and Address of School	Course of Study	Indicate Last Year Completed	Did You Graduate?	List Diploma or Degree
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other (Specify)				<input type="checkbox"/> Yes <input type="checkbox"/> No	

PERSONAL REFERENCES (Not Former Employers or Relatives)

Name and Occupation	Address	Phone Number

May we telephone you to follow up on this application at home? Yes_____ No_____

If yes, what is the best time to call? _____

May we telephone you to follow up on this application at work? Yes_____ No_____

If yes, what is the best time to call? _____

What is your business telephone number? _____

PLEASE READ AND SIGN BELOW

The facts set forth in my application for employment are true and complete. I understand that if employed, any false statement on this application may result in my dismissal. I further understand that this application is not and is not intended to be a contract of employment, nor does this application obligate the employer in any way if the employer decides to employ me. I understand and agree that my employment is at-will and can be terminated by either party with or without notice, at any time, for any reason or no reason. No one other than an officer of the City has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing and then only in a writing signed by an officer.

Signature of Applicant

Return form to: Chief of Police, 10150 Montgomery Road, Montgomery, OH 45242

**APPLICANT - Do not write on this page
FOR INTERVIEWER'S USE**

INTERVIEWER	DATE	COMMENTS

FOR TEST ADMINISTRATOR'S USE

TEST ADMINISTERED	DATE	RAW SCORE	RATING	COMMENTS & INTERPRETATION

REFERENCE CHECK

Position Number	Results of Reference Check
I	
II	
III	
IV	

CITY OF MONTGOMERY, OHIO
E.E.O. DATA FORM

The following requested information in no way affects you as an individual applicant or employee. This form is detached from the employment application prior to distribution of the application to City departments for employment consideration. The information is used to evaluate (1) the effectiveness of the City's recruitment efforts in reaching all segments of the population, (2) the validity of the City's selection methods and (3) the objectivity of the City's employment practices.

Please check the appropriate boxes and complete lines 8, 9, and 10. Do not affix your signature to this form.

1. Sex Male Female
2. Racial or Ethnic Group American Indian Oriental
 Black Spanish or Mexican
 Caucasian or white Other _____
3. Age Under 18 years 30-39 years 60-64 years
 18-20 years 40-49 years 65 or more years
 21-29 years 50-59 years
4. Education 9-12 years, but not high school graduate BA, BS or comparable degree
 high school graduate or GED graduate school course short of graduate degree
 post high school vocational or business school training M.A., M.S. or comparable degree
 college, less than B.A. or B.S. degree Ph.D., JD, LLB or similar professional degree
5. Religion Catholic Jewish
 Protestant Other _____
6. Marital Status Married Divorced Separated
 Single Widowed Other _____
7. Physical Disability Yes No

If yes, please describe: _____

8. Department and position for which you are applying _____

9. How did you hear about this position? _____

Date: _____