



Norwalk Police Department
 37 North Linwood Avenue
 Norwalk, Ohio 44857

Application For Employment

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

Last Name	First Name	Middle Name	
Address	City	State	Zip Code
Home Telephone Number	Cell Phone Number	Social Security Number	E-Mail Address

Date: _____ Position applied for: _____

Have you ever filed an application with us before? Yes No

If yes, give date: _____

Have you ever been employed with us before? Yes No

If yes, give date: _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or immigration status? Yes No

Proof of citizenship or immigration status will be required upon employment.

Are you available to work: Full-Time Part-Time Shift Work

On what date would you be available for work: _____ Give date: _____

Have you ever had any job-related training in the United States Military? Yes No

If yes, please describe: _____

Please answer all questions on the following pages thoroughly. Make sure all addresses and phone numbers are filled in completely and are current. Applicant may be disqualified if addresses are not complete and phone numbers are not current! Please confirm them.

THE NORWALK POLICE DEPARTMENT IS AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION

<i>School</i>	<i>Name, Address and E-Mail Of School</i>	<i>Course of Study</i>	<i>Number of Years Completed</i>	<i>Diploma/Degree Year of Graduation</i>
<i>High School</i>				
<i>Undergraduate College</i>				
<i>Graduate/ Professional</i>				
<i>Other/ Specify</i>				

SKILLS/QUALIFICATIONS

Describe any specialized training, special job related skills, apprenticeship, other skills and honors you have received:

List professional, trade, business or civic activities and offices held:

(You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status)

Summarize special job-related skills and qualifications acquired from employment or other experience, which may be of interest to the Norwalk Police Department. Also, state any additional information you feel may be helpful to us in considering your application:

List any languages, other than English, which you can speak, read and/or write:

<i>Language</i>	<i>Speak</i>	<i>Read</i>	<i>Write</i>
	Fluent / Good / Fair	Fluent / Good / Fair	Fluent / Good / Fair
	Fluent / Good / Fair	Fluent / Good / Fair	Fluent / Good / Fair
	Fluent / Good / Fair	Fluent / Good / Fair	Fluent / Good / Fair
	Fluent / Good / Fair	Fluent / Good / Fair	Fluent / Good / Fair

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status. Make sure address and phone numbers are current.

Employer	Work Performed
Full Address (Include City, State, Zip)	
Telephone Number	Dates Employed
	From: _____ To: _____
Job Title	Supervisor
Hourly Rate/Salary	Employer E-Mail
Starting: _____ Ending: _____	
Reason for Leaving:	

Employer	Work Performed
Full Address (Include City, State, Zip)	
Telephone Number	Dates Employed
	From: _____ To: _____
Job Title	Supervisor
Hourly Rate/Salary	Employer E-Mail
Starting: _____ Ending: _____	
Reason for Leaving:	

Employer	Work Performed
Full Address (Include City, State, Zip)	
Telephone Number	Dates Employed
	From: _____ To: _____
Job Title	Supervisor
Hourly Rate/Salary	Employer E-Mail
Starting: _____ Ending: _____	
Reason for Leaving:	

Employer	Work Performed
Full Address (Include City, State, Zip)	
Telephone Number	Dates Employed
	From: _____ To: _____
Job Title	Supervisor
Hourly Rate/Salary	Employee E-Mail
Starting: _____ Ending: _____	
Reason for Leaving:	

Employer	Work Performed
Full Address (Include City, State, Zip)	
Telephone Number	Dates Employed
	From: _____ To: _____
Job Title	Supervisor
Hourly Rate/Salary	Employer E-Mail
Starting: _____ Ending: _____	
Reason for Leaving:	

Employer	Work Performed
Full Address (Include City, State, Zip)	
Telephone Number	Dates Employed
	From: _____ To: _____
Job Title	Supervisor
Hourly Rate/Salary	Employer E-Mail
Starting: _____ Ending: _____	
Reason for Leaving:	

Employer	Work Performed
Full Address (Include City, State, Zip)	
Telephone Number	Dates Employed
	From: _____ To: _____
Job Title	Supervisor
Hourly Rate/Salary	Employer E-Mail
Starting: _____ Ending: _____	
Reason for Leaving:	

PRIOR POLICE EXPERIENCE

Have you ever applied for a position with any other law enforcement or other governmental agency? If so, please list below:

Name of Department or Agency	Date Applied	Accepted	If no, give reason for rejections or declining of appointment
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

FINANCIAL RECORD

Follow directions carefully and answer all questions.

NOTICE: If there are any "yes" blocks checked, explain fully on the continuation sheet, citing the reference and page number. Be complete on all answers.

1. Are you now delinquent in any financial obligation? Yes No
2. Do your monthly bills exceed your take-home pay? Yes No
3. Do you have any immediate civil action pending against you? Yes No
4. If employed by the police department, do you anticipate any income other than your police salary? If so, explain on continuation sheet. Yes No

5. Have you ever been refused an automobile insurance policy? Yes No
6. Have you ever been garnished, filed for bankruptcy, or been declared bankrupt? Yes No
7. Are you supporting all dependents that you are required to support? Yes No
8. Are you paying alimony or child support? Yes No
9. If yes to the above question, what amount per month: \$ _____
10. Have you ever been sued for alimony payments, child support, nonpayment of debts or fraud? If yes, give the name of the court in which you were sued and the court number of the lawsuit: _____

General Information

Notice: The following questions and answers may be verified through polygraph (lie detector test). If there are any "yes" blocks checked, it will be necessary for you to explain, in detail, on the continuation sheet provided. Full and comprehensive explanations are required.

1. If it became necessary in the course of your police duties to take a human life, do you think you would be able to do so? Yes No
2. Have you ever committed a felony or misdemeanor for which you were never arrested or convicted? Yes No
3. Have you ever been convicted of any criminal offense? Yes No
4. Have you ever been convicted of any traffic offense? Yes No
5. Has your driver's license ever been suspended or revoked? Yes No
6. Have you ever been committed to any penal institution or jail, as a result of either a felony or misdemeanor conviction? Yes No
7. Are you presently under indictment or a defendant in any pending criminal, traffic or civil action? Yes No
8. 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
9. Do you have any problem controlling your temper? Yes No
10. Have you ever been involved in an automobile accident? Yes No
11. Are you known by any other names (i.e. maiden name, former married names, aliases, nicknames, legal name change, etc)? Yes No
12. Do you use tobacco products? If so, explain on continuation sheet. Yes No
13. Do you use alcohol? If yes, to what extent? Yes No

REFERENCES

Fill in below the names of three adults not related to you and not former employers, who have known you for a period of preferably more than five years. Make sure all requested information is filled in and correct!

Name	E-Mail	Home address (City, State, Zip)	Home/Cell Phone Number
Years Known	Occupation/Profession	Business Address (City, State, Zip)	Business Phone Number
Name	E-Mail	Home address (City, State, Zip)	Home/Cell Phone Number
Years Known	Occupation/Profession	Business Address (City, State, Zip)	Business Phone Number
Name	E-Mail	Home address (City, State, Zip)	Home/Cell Phone Number
Years Known	Occupation/Profession	Business Address (City, State, Zip)	Business Phone Number

APPLICANT'S STATEMENT

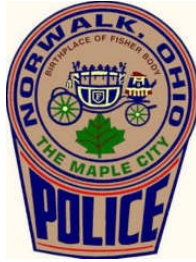
I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the employee may resign at any time and the employer may discharge an employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date



AUTHORITY TO RELEASE INFORMATION

I hereby authorize the Norwalk 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 use by the Norwalk 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 Norwalk and anyone contacted by the Norwalk 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.

I further hold this consent to expire after a period of one (1) year effective on the below listed signing date. Beyond this date, this consent is no longer valid.

DATE: _____

SIGNATURE: _____

PRINTED NAME: _____

ADDRESS: _____

SSN: _____

I certify that on _____ I witnessed the above signature.

Witness Signature: _____

Witness Printed Name: _____



PUBLIC EMPLOYMENT

In accordance with section 2909.34 of the Ohio Revised Code

DECLARATION REGARDING MATERIAL ASSISTANCE/NONASSISTANCE TO A TERRORIST ORGANIZATION

This form serves as a declaration by an applicant for public employment of material assistance/nonassistance to an organization on the U.S. Department of State Terrorist Exclusion List ("TEL"). Please see the Ohio Homeland Security Division Web site for a copy of the TEL.

Any answer of "yes" to any question, or the failure to answer "no" to any question on this declaration shall serve as a disclosure that material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List has been provided. Failure to disclose the provision of material assistance to such an organization or knowingly making false statements regarding material assistance to such an organization is a felony of the fifth degree.

For the purposes of this declaration, "material support or resources" means currency, payment instruments, other financial securities, funds, transfer of funds, financial services, communications, lodging, training, safe houses, false documentation or identification, communications equipment, facilities, weapons, lethal substances, explosives, personnel, transportation, and other physical assets, except medicine or religious materials.

LAST NAME		FIRST NAME		MIDDLE INITIAL
HOME ADDRESS				
CITY	STATE	ZIP	COUNTY	
HOME PHONE			WORK PHONE	

DECLARATION

In accordance with section 2909.32 (A)(2)(b) of the Ohio Revised Code

For each question, indicate either "yes," or "no" in the space provided. Responses must be truthful to the best of your knowledge.

- Are you a member of an organization on the U.S. Department of State Terrorist Exclusion List? Yes No
- Have you used any position of prominence you have with any country to persuade others to support an organization on the U.S. Department of State Terrorist Exclusion List? Yes No
- Have you knowingly solicited funds or other things of value for an organization on the U.S. Department of State Terrorist Exclusion List? Yes No
- Have you solicited any individual for membership in an organization on the U.S. Department of State Terrorist Exclusion List? Yes No
- Have you committed an act that you know, or reasonably should have known, affords "material support or resources" to an organization on the U.S. Department of State Terrorist Exclusion List? Yes No
- Have you hired or compensated a person you knew to be a member of an organization on the U.S. Department of State Terrorist Exclusion List, or a person you knew to be engaged in planning, assisting, or carrying out an act of terrorism? Yes No

If an applicant's employment is denied due to a positive indication on this form, the applicant may request the Ohio Department of Public Safety to review the denial. Please see the Ohio Homeland Security Web site for information on how to file a request for review.

CERTIFICATION

I hereby certify that the answers I have made to all of the questions on this declaration are true to the best of my knowledge. I understand that if this declaration is not completed in its entirety, it will not be processed and I will be automatically disqualified. I understand that I am responsible for the correctness of this declaration. I understand that failure to disclose the provision of material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List, or knowingly making false statements regarding material assistance to such an organization is a felony of the fifth degree. I understand that any answer of "yes" to any question, or the failure to answer "no" to any question on this declaration shall serve as a disclosure that material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List has been provided by myself or my organization. If I am signing this on behalf of a company, business or organization, I hereby acknowledge that I have the authority to make this certification on behalf of the company, business or organization referenced above.

APPLICANT SIGNATURE X	DATE
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