Village of Reminderville, 3382 Glenwood Blvd, Reminderville, Ohio 44202
www.reminderville.com

The Civil Rights Act of 1964 prohibits discrimination in employment practice because of race, color, religion, sex, or national origin. The Age Discrimination Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age. The American with Disabilities Act prohibits discrimination on the basis of disability. The Village of Reminderville is an Equal Opportunity Employer.

Position Applying For: _____

Name _____ Date _____

Present Address _____

Phone Number _____ Email _____

Last Former Address _____

Former Name(s) _____

Were you previously employed by the Village of Reminderville? ☐ Yes ☐ No

If yes, when, and in which position(s)? _____

_____

Are you over the age of 18? ☐ Yes ☐ No

Are you over the age of 21? ☐ Yes ☐ No

Are you legally eligible for employment in the United States? ☐ Yes ☐ No

Have you been convicted of a crime in the past ten (10) years? ☐ Yes ☐ No

If yes, please explain: _____

_____

MILITARY SERVICE RECORD

Are you a military Veteran? ☐ Yes ☐ No

If yes, what branch? _____

Job relevant training received: _____

WORK EXPERIENCE

List your employment history below **beginning with your current or most recent employment.**

1. Dates of Employment: From _____ To _____

_____
Title or Position

Salary: _____ Beginning _____ Ending

_____
Name & Address of Employer

_____
Immediate Supervisor/Phone Number

_____
URL of Employer

_____
Reason for Leaving

_____
Description of Duties & Responsibilities

---

2. Dates of Employment: From _____ To _____

_____
Title or Position

Salary: _____ Beginning _____ Ending

_____
Name & Address of Employer

_____
Immediate Supervisor/Phone Number

_____
URL of Employer

_____
Reason for Leaving

_____
Description of Duties & Responsibilities

---

3. Dates of Employment: From _____ To _____

_____
Title or Position

Salary: _____ Beginning _____ Ending

_____
Name & Address of Employer

_____
Immediate Supervisor/Phone Number

_____
URL of Employer

_____
Reason for Leaving

_____
Description of Duties & Responsibilities

---

4. Dates of Employment: From _____ To _____

_____
Title or Position

Salary: _____ Beginning _____ Ending

_____
Name & Address of Employer

_____
Immediate Supervisor/Phone Number

_____
URL of Employer

_____
Reason for Leaving

_____
Description of Duties & Responsibilities

RECORD OF EDUCATION

School	Name/City/State School	Course of Study	Years Completed	Did You Graduate?	List Diploma or Degree
High School			1 2 3 4	☐Yes ☐No	
College			1 2 3 4	☐Yes ☐No	
College			1 2 3 4	☐Yes ☐No	
Other			1 2 3 4	☐Yes ☐No	

CERTIFICATIONS, LICENSES & OTHER

What certifications/licenses do you currently hold that you feel are relevant to the position for which you are applying?

Certification/License(s) (check all that apply) **Expiration Date & Card No.** (if applicable)

___Ohio Peace Officer Training Academy (OPOTA) _____
___Physical Agility Test Passed ___Police ___Fire _____
___Firefighter II ___Paramedic Certification _____
___Emergency Vehicle Driver Certification _____
___CPR provider ___CPR Instructor _____
___ACLS Provider ___ACLS Instructor _____
___First Aid Provider ___First Aid Instructor _____
___Water Safety Instructor (WSI) _____
___Lifeguard Instructor (LGI) _____
___Lifeguard Training Certification _____
___CDL License Type: _____ _____

Other Licenses/Certifications:

_____

_____

REFERENCES

Please list three professional references (no relatives please)

1. Name: _____ Title: _____

Company_____ Phone: _____Yrs acquainted: _____

2. Name: _____ Title: _____

Company_____ Phone: _____Yrs acquainted: _____

3. Name: _____ Title: _____

Company_____ Phone: _____Yrs acquainted: _____

APPLICANT STATEMENT

The facts set forth above in my application are true and complete. I understand that if employed, or considered for employment, false statements or omissions on this application or during the hiring process shall be considered sufficient cause for removal. The Village of Reminderville is hereby authorized to make any investigation of my personal or employment history, education, criminal background, and financial and credit record (if applicable) through any investigative or credit agencies or bureaus of your choice.

In making this application I also understand that information may be obtained through personal interviews with my neighbors, friends or others with whom I am acquainted. This includes information as to my character, general reputation, personal characteristics and mode of living. I understand that I have the right to submit a written clarification of any adverse or incorrect information in my application file. I do hereby understand and agree that:

1. Any material misrepresentation or deliberate omission of a fact in my application may be justification for refusal of or, if employed, termination from employment.

2. It is my understanding that the Village will make a thorough investigation of my entire work and personal history and may verify all data given in my application for employment, related papers, or oral interviews. I authorize such investigation and the giving and receiving of any information requested by the Village and I release from liability any person giving or receiving any such information. I understand that falsification of data so given or other derogatory information discovered as a result of this investigation may prevent my being hired or, if hired, may subject me to immediate dismissal.

3. I authorize any physician or hospital to release any information which may be necessary to determine my ability to perform the duties of a job that I am hereafter conditionally offered or, in the future, during my employment with the Village.

4. I understand and agree that I will also be required to take and pass a drug test as a condition of hiring and/or continued employment. (Drug testing includes pre-employment, random, for cause and post accident) I agree to consent to take such test(s) at such time as designated by the Village and to release to the Officers, its agents, officers or employees from any claim arising in connection with the use of such test(s).

I am aware that this application is a 'Public Record' and will be handled in accordance with Ohio Public Records law. I further understand that this is an application for employment and that no employment contract is being offered. By signing my name below, I confirm my legal consent and agreement with the above which I have read and understand.

Signature_____ Date _____

CONSUMER REPORT AUTHORIZATION

This serves to advise you that in consideration for employment or continued employment with the Village of Reminderville, a consumer report and/or investigative consumer report may be obtained on you from a consumer reporting agency. This process may include but not be limited to verification of education; credit history; employment history; criminal history; a review of any local, county, state, and federal government agency records; court public records; driving records (MVR); and employment, personal or professional references. References may include information pertaining to your general character and reputation, personal characteristics, mode of living, and work habits.

Information from the report will not be used in violation of any federal or state equal opportunity law or regulation. Before any adverse action is taken, based in whole or in part on the information contained in the consumer report, you will be provided a copy of the report and a summary of your rights under the Fair Credit Reporting Act, as well as additional information on your rights under the law.

By signing or typing your signature below, you hereby authorize the Village of Reminderville to obtain a consumer report and/or investigative consumer report. You further authorize without reservation any party or agency contacted to furnish the above mentioned information. You further authorize ongoing procurement of the above mentioned reports at any time during your employment to the full extent permitted by law. By submitting this form with your name signed below, you are giving your full legal consent to the above.

Signature _____ Date _____

Village of Reminderville Police Department
Reminderville, OHIO

AUTHORITY TO RELEASE INFORMATION

I hereby authorize any Police Officer or other authorized representative of the Village of Reminderville, Ohio Police Department bearing this release, or copy thereof, within two years of it's date, to obtain any information in your possession pertaining to my employment, military service, credit, or education. I hereby direct you to release such information upon the request of the bearer of this document.

This release is executed with full knowledge and understanding that the information is for official use by the Reminderville Police Department. Consent is granted for the Reminderville Police Department to furnish such information, as described above, to third parties in the course of fulfilling it's official responsibilities.

I hereby release you, as the custodian of any such records, and any school, college, university, academy, or other education institution, hospital, or other repository of medical records, credit bureau, lending institution, consumer reporting agency, or retail business establishment including it's officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kinds, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it.

I am furnishing my Social Security account number on a voluntary basis with the understanding such is not required by Federal Statute or Regulation. I have been advised that the Reminderville Police Department will utilize this number only to facilitate the location of employment, military, credit, and educational records concerning me in connection with this application. Should there be any question as to the validity of this release, you may contact me as indicated below.

Signature:_____ Date: ___/___/_____

Name (printed):_____

SSN: _____-_____-_____

Current Address: _____

_____

Telephone Number:_____-_____-_____

BUREAU OF CRIMINAL IDENTIFICATION & INVESTIGATION

I certify that I have given The Reminderville Police Department permission to seek a copy of my arrest/conviction record from the Bureau of Criminal Identification & Investigation, London, OH. I do hereby release the State of Ohio Bureau of Criminal Identification & Investigation and all individuals connected therewith from all liability.

Date:_____/_____/_____ Signature:_____

Record of:_____

Alias/Maiden Name:_____

Present Address:_____

_____

DOB: _____/_____/_____ SSN:_____-_____-_____

Requesting Agency Information

Reminderville Police Department
3602 Glenwood Blvd
Reminderville, OH 44202

Signature of Officer Making Request_____

assumes responsibility for maintaining the confidentiality of this report.