



Name: _____

Date: _____

Position Applying For: _____

APPLICATION FOR EMPLOYMENT

The Village of Milan is an Equal Opportunity Employer

MILAN POLICE DEPARTMENT
11 S. Main Street, Milan, Ohio 44846
Ph#(419)499-2001 Fax#(419)499-2941

Background Check Release and Authorization

To Whom It May Concern:

I hereby authorize any police office or other authorized representative of the Milan Police Department bearing this release, or copy thereof, within one (1) year of its 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 Milan Police Department. Consent is granted for the Milan Police Department to furnish such information, as described above, to third parties in the course of fulfilling its official responsibilities.

I hereby release to you as the custodian of any such records and any school, college, university or other educational institution, hospital or other repository of medical records, credit bureau, lending institution, consumer reporting agency or retail business establishment including its officers, employees or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, 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 number on a voluntary basis with the understanding such is not required by Federal Statute of Regulation. I have been advised that the Milan Police Department will utilized this number only to facilitate the location of employment, military, credit and education 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 of Applicant: _____

Date: _____

Printed Name: _____

Address: _____

Social Security #: _____

Phone No.: _____

MILAN POLICE DEPARTMENT
11 S. Main Street, Milan, Ohio 44846
Ph#(419)499-2001 Fax#(419)499-2941

State of Ohio)
County of _____) ss:

I, _____, having been duly sworn, states that all statements contained in the foregoing document are honest and true.

Signature

Date

Subscribed to and sworn before me this _____ day of _____, 20____

by (print name) _____.

(Seal)

Notary Public

My Commission Expires: _____

MILAN POLICE DEPARTMENT

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EMPLOYMENT APPLICATION

PLEASE PRINT IN INK OR TYPE

Name: _____
(Last) (First) (Middle)

Aliases: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Alternate Phone: _____ E-mail: _____

Date of Birth: _____ Social Security _____

Are you a citizen of the United States (Circle One) yes or no If no, are you authorized to work in the U.S.?(Circle One) yes or no

Have you ever served in the Armed Forces? (Circle One) Yes or No

Branch: _____ Dates of Service: _____

Type of Discharge: _____

Do you have a valid Ohio Driver's License? (Circle One) Yes or No

License Number: _____ Expiration Date: _____

Please indicate your availability for the following shifts:

Days _____ Evenings _____ Nights _____

Weekends _____ Holidays _____

Name, position and relationship of any relative or in-law employed by any public (government) agency:

Have you ever been convicted of a misdemeanor offense (not including traffic offenses)?

(Circle One) Yes or No If yes, please state the date and location of the offense:

Have you ever been charged with Domestic Violence or any other violent offense?

(Circle One) Yes or No If yes, please explain: _____

Person/Persons to notify in case of an emergency.

Name of Person to notify in case of emergency Phone Number Relationship

Alternate Person to notify in case of emergency Phone Number Relationship

WORK EXPERIENCE

Please give your complete employment history, starting with your most recent or present employer. Please explain any gaps in employment more than one (1) month.

If more space is needed, please use an additional sheet of paper and attach it to the application.

Employer's Name: _____ **Phone:** _____

Address: _____

Name of Supervisor: _____

May we contact them? *(Circle One)* Yes or No

Lenth of Employment: From: _____ To: _____ **Number of years worked:** _____

Rate of Pay: Starting \$ _____ Ending \$ _____

Description of duties: _____

Reason for leaving: _____

Employer's Name: _____ **Phone:** _____

Address: _____

Name of Supervisor: _____

May we contact them? *(Circle One)* Yes or No

Lenth of Employment: From: _____ To: _____ **Number of years worked:** _____

Rate of Pay: Starting \$ _____ Ending \$ _____

Description of duties: _____

Reason for leaving: _____

Employer's Name: _____ **Phone:** _____

Address: _____

Name of Supervisor: _____

May we contact them? (Circle One) Yes or No

Lenth of Employment: From: _____ To: _____ Number of years worked: _____

Rate of Pay: Starting \$ _____ Ending \$ _____

Description of duties: _____

Reason for leaving: _____

Employer's Name: _____ Phone: _____

Address: _____

Name of Supervisor: _____

May we contact them? (Circle One) Yes or No

Lenth of Employment: From: _____ To: _____ Number of years worked: _____

Rate of Pay: Starting \$ _____ Ending \$ _____

Description of duties: _____

Reason for leaving: _____

Employer's Name: _____ Phone: _____

Address: _____

Name of Supervisor: _____

May we contact them? (Circle One) Yes or No

Lenth of Employment: From: _____ To: _____ Number of years worked: _____

Rate of Pay: Starting \$ _____ Ending \$ _____

Description of duties: _____

Reason for leaving: _____

EDUCATIONAL HISTORY

Name of High School: _____

Address: _____

Did you graduate? *(Circle One)* Yes or No
If no, did you receive your GED? *(Circle One)* Yes or No

List any clubs or other extracurricular activities you were involved with: _____

Name of College or University: _____

Address: _____

Did you graduate? *(Circle One)* Yes or No
If yes, please list your degree(s) _____
Your Major: _____ Minor: _____ GPA _____
If you did not graduate, please list the number of semester or quarters completed: _____

Other _____

Address: _____

Did you graduate? *(Circle One)* Yes or No
If yes, please list your degree(s) _____
Your Major: _____ Minor: _____ GPA _____
If you did not graduate, please list the number of semester or quarters completed: _____

In the space below, please list any special training that you think would be useful in your employment with this department. _____

REFERENCES

Please do not use relatives or people you have not known for less than two (2) years.

Name: _____

Phone #: _____

Address: _____

Yrs. Known: _____

Name: _____

Phone #: _____

Address: _____

Yrs. Known: _____

Name: _____

Phone #: _____

Address: _____

Yrs. Known: _____

9. Do you have anything in your past that might publically embarrass you or Milan PD in the future?

10. Do you use social networking sites on the internet?

11. Why have you chosen to apply at Milan PD?

12. How do you deal with stress?

13. If you were doing the hiring, what would make you hesitate to hire yourself?

14. Do you have any debts you have not paid?

CERTIFICATE OF APPLICANT

I certify that all statements made in this application are true and complete to the best of my knowledge.
I understand that any false statements of material facts will subject me to disqualification or dismissal.

Signature: _____

Date: _____

Print name: _____

(Office use only)

To be interviewed: YES or NO

Date of 1st interview: _____

2nd interview: _____

Interviewed by: _____

Comments: _____

Hired: Yes or No

Date of Hire: _____

Signed by: _____