

East Palestine Police Department

75 East Main Street ♦ East Palestine ♦ Ohio 44413

James C. Brown III
Chief of Police

Phone (330) 426-4341
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Pre-employee information packet

Purpose:

The information contained in this packet has been deemed necessary by the Village of East Palestine to ensure a candidate meets the qualifications for the position which they have applied. This information is to be used only by the Village of East Palestine for consideration of employment. Only those persons authorized by the Village of East Palestine to conduct the initial investigation and those who select the applicant(s) for employment will have access to the information contained herein. Due to the Public Records Laws of the State of Ohio, most of the information contained in this packet cannot be considered confidential.

Instructions:

Please print or type and complete each form included to the best of your ability. If you are unable to complete a question, entire section or obtain a required document, please indicate in the space provided. This packet contains several duplicate copies of Consent to Release and Criminal and Traffic Record Release forms. This is not a mistake. Each form should be completed appropriately. When you have completed the packet, please date and sign all appropriate forms, including this instruction sheet, return it to the East Palestine Police Department. Your completed packet should be placed in a sealed envelope with your name on the front and directed to the attention of Chief James C. Brown III.

Documents:

Include with your completed packet a copy of any important documents. I.E. copy of Birth Certificate, High School and/or College diplomas as well as any other professional training certificates related to the position for which you have applied.

An incomplete packet will not be processed.

Signature

Date

East Palestine Police Department Application For Employment

The Village of East Palestine is an equal opportunity employer, dedicated to a policy of Non-discrimination in employment on any basis including race, color, age, sex, religion, handicap, or national origin. The Village of East Palestine is a drug and alcohol free workplace. You will be required to submit to and pass a pre-employment drug and alcohol screen.

Date: _____

Full-time Part-time Reserve

What position(s) are you applying for: _____

Personal Information:

Social Security Number: _____ Contact Phone: _____

Name: _____
(Last, First, Middle)

Address: _____
(Street address, City, State, Zip Code)

Are you twenty-one years (21) of age or older? Yes No

Education and Training Information:

Did you complete High School? Yes No

Did you graduate? Yes No

Highest academic level attained: _____

List schools, colleges, universities, or trade schools you attended:

Name of Institution	Address of institution (City & State)	Did you graduate Y/N	Degree received

References: List three (3) persons, not related to you, whom you have known at least three (3) years.

Name	Address;	Phone Number	Years known

Former Employers: List below your last four employers starting with the last one first.

Date: month and year	Name, address and phone number of employer	Highest Salary earned	Position Held	Reason for Leaving:
From:				
To:				
From:				
To:				
From:				
To:				
From:				
To:				

Emergency Information: List the name, address and phone numbers of two (2) persons who knows how to locate you.

Name	Address (Street, City, State, Zip Code)	Telephone Number

Previous Address Information:

Address: _____ City, State, & Zip _____ Date of residence _____

Are you capable of performing in a reasonable manner the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is available upon request. Yes No

Applications will not be accepted if the oath is omitted. You must personally appear before a Notary Public or other authorized official for this purpose.

I solemnly swear or affirm that the answers I have made to each and all of the questions in this application are complete and true to the best of my knowledge and belief. I hereby waive all provisions of law forbidding my physician or other person who has attended or examined me, or who may hereafter attend or examine me, any colleges or universities which I attended, or past employers, from disclosing any knowledge of information which they thereby acquired relevant to my employment and I hereby consent that they may disclose such knowledge of information to the East Palestine Police Department.

The Village of East Palestine is a drug and alcohol free workplace. You will be required to submit to and pass a pre-employment drug and alcohol screen.

Signature of Applicant _____

Subscribed and sworn before me according to law, by the above named applicant this _____ day of _____ 20____ at _____, County of _____ and State of Ohio.
(City)

East Palestine Police Department
Pre-employment Background Investigation
Consent to Release Information Records

Applicants Full Name	
Applicants Address	
Date of Birth	Social Security Number

As an applicant for the East Palestine Police Department, I authorize the East Palestine Police Department to obtain the following information:

- 1) Employment Records—from present and past employers, including evaluations, disciplinary records, etc.
- 2) Educational Records—including academic records, attendance records, etc.
- 3) Financial Records—including credit reports, bank statements, etc.
- 4) Pre-employment Records—including polygraph reports, psychological reports, physical performance results, etc. (including records held by other companies or other law enforcement agencies)
- 5) Medical Records—including records from any health care provider (to be conducted following the offer of employment).
- 6) Military Records—including any records associated with the military service.
- 7) Miscellaneous Records—including any other records needed to conduct the background investigation.

This release is with the understanding that the information and records are for official use by the East Palestine Police Department and the City of East Palestine. I understand that I waive any right or opportunity to read or review any background investigation report prepared by the East Palestine Police Department.

I direct the custodian of the above listed items to release the information and records requested by the East Palestine Police Department. I release the custodian of such records, including the company, agency, and employees from any liability associated with releasing the information or records.

This consent to release information and records is valid for one year following the date of the applicant's signature.

Applicant's Signature	Date
Notary Public's Information	
Sworn to before me this _____ day of _____, 20_____.	
My Commission Expires _____.	
_____ Notary Public's Signature	

East Palestine Police Department Employment Background Check Criminal and Traffic Record Release

Record check request from the following Court/ Law Enforcement Agency

Section I (to be completed by applicant)

Name (include maiden and any married names)	
Complete Address	
Date of Birth	Social Security Number
I give permission to any law enforcement agency to release criminal and traffic related records to the East Palestine, Ohio Police Department	
Signature of applicant	Signature date

Section II (to be completed by an employee of the law enforcement agency.)

Check here if no record found

Please list any criminal or traffic related record concerning the above individual on file with your agency.

Criminal/ Traffic charge or contact	Date of Contact

Signature of person conducting check	Date of record check
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East Palestine Police Department Personal History Questionnaire

Applicant's Name: _____

INSTRUCTIONS

This Personal History Questionnaire is intended for use by the East Palestine Police Department and the City of East Palestine Administration. You must be truthful and you must answer all questions on this questionnaire. Answers are subject to verification through a background investigation and a polygraph test. Answers will be held confidential and they will not be disclosed to unauthorized persons.

Answers must be clearly printed or typed. If a question does not apply, print or type N/A—do not leave answers blank. If additional space is needed to answer a question, use the Continuation Sheets that are provided. When answering questions that require dates, insert the full date. When answering questions that require an address, include the full address.

Applicants must answer every question truthfully and without evasion. Both the Ohio Revised Code and the East Palestine City Code provide penalties for knowingly making a false statement, or for practicing any fraud or deception in obtaining or attempting to obtain employment with the East Palestine Police Department. Penalties for such violations include rejection of appointment or discharge after appointment and/ or criminal prosecution.

SECTION I—Personal and Marital Record

Last Name		First Name		Middle Name	
List Maiden Name, Former Name(s), Alias name(s), and Nicknames					
Present Address—include street address, City, State, Zip Code					
Date of Birth	Social Security Number	Height	Weight	Hair Color	Eye Color
Place of Birth—include City, County, State (attach a copy of your birth certificate)					
Driver's License Number	Driver's License State	List any driver's license you have held in any other State(s)			
List any scars, birthmarks, blemishes, tattoos, or other identifying marks that you have—specify location					
Are you adopted? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, provide names of your natural parents.					
Are you a US Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, are you: <input type="checkbox"/> Native Borne <input type="checkbox"/> Naturalized			
If Naturalized Citizen, List City and State where Naturalized			Date Naturalized	Certificate Number	
Home Phone Number:			Cell Phone Number:		

Section I (Continued)—Personal & Marital Record

Present Marital Status	Location of present marriage, include City, County, & State	Date married
Spouse's Last Name	Spouse's First Name	Spouse's Middle Name
Spouse's Maiden Name	Spouse's Social Security Number	Spouse's place of birth
Spouse's date of birth	Spouse's employer, include address & telephone number	
Applicant's Father's name, address, telephone number (if deceased, please indicate)		
Applicant's Mother's name, address, telephone number (if deceased, please indicate)		

Children's Information

<input type="checkbox"/> Son <input type="checkbox"/> Daughter	Name	Date of birth	Place of birth
Address (if different than yours)		Relationship to You Natural _____ Step _____ Foster _____	Relationship to your Spouse Natural _____ Step _____ Foster _____
<input type="checkbox"/> Son <input type="checkbox"/> Daughter	Name	Date of birth	Place of birth
Address (if different than yours)		Relationship to You Natural _____ Step _____ Foster _____	Relationship to your Spouse Natural _____ Step _____ Foster _____
<input type="checkbox"/> Son <input type="checkbox"/> Daughter	Name	Date of birth	Place of birth
Address (if different than yours)		Relationship to You Natural _____ Step _____ Foster _____	Relationship to your Spouse Natural _____ Step _____ Foster _____
<input type="checkbox"/> Son <input type="checkbox"/> Daughter	Name	Date of birth	Place of birth
Address (if different than yours)		Relationship to You Natural _____ Step _____ Foster _____	Relationship to your Spouse Natural _____ Step _____ Foster _____

Are you now supporting all dependents that you are required to support?

Yes No, if no, specify reason:

Have you ever been sued for alimony payments, child support, nonpayment of debts, or fraud?

Yes No if yes, provide the name of the Court which you were sued and the court number of the lawsuit:

Section IV—Financial Record

Are you currently delinquent in any financial obligations? No _____ Yes _____ If yes, explain:

Debts—List all debts involving you, your spouse, or your ex-spouse(s) for which you are liable.

To whom owed	Address (City, State)	Date Incurred	Original amount	Amount due	Monthly payments

Checking Account _____ Yes _____ No	Name of Financial Institution _____	Address (City, State) _____	Account Number _____
Savings Account _____ Yes _____ No	Name of Financial Institution _____	Address (City, State) _____	Account Number _____

Vehicle owner/ Co-owner _____ Yes _____ No. If yes, give description of vehicle(s)

Vehicle #1 _____

Vehicle #2 _____

Answer the questions below. If an answer is "yes", describe the circumstances on the continuation sheet.

_____ Yes _____ No Do you, your spouse or ex-spouse(s) have any civil action pending?

_____ Yes _____ No If employed by the Police Department, do you anticipate any income other than your police income?

_____ Yes _____ No Have you ever been refused life, automobile, health, or other insurance policy?

_____ Yes _____ No Have you ever been garnished, filed for bankruptcy, or been declared bankrupt?

Section V—Work History

Yes No Have you ever applied for a position with any other criminal justice agency or any other government agency? If yes, list below.

Name of Department of Agency	Date Applied	Status of application (describe your standing)

List other applications you have on file with a company or organization, other than a criminal justice or government agency.

Name of Company	Date Applied	Status of Application (describe your standing)

Employment History—Begin with your most recent job and list your complete work history in chronological order. Include, in sequence, all part-time jobs, periods of employment, and military service. When listing periods of unemployment, indicate dates in the spaces provided (in the "Name of Employer" block, write "Unemployed". In the "Reason for Leaving" block, indicate from what source you received income during that unemployment period. The address information must be complete. Include the street address, City, State, Zip Code, and Telephone number. Indicate both the month and year in the "From" and "To" column.

Yes NO Have you ever been discharged or asked to resign from a job? If yes, explain on the continuation sheet.

From	Employer (include address and telephone number)	Why did you leave	Job Title
To		Description of your duties	
Salary/ Wage	Name of Supervisor	Name of Co-worker	

Section V (Continued)—Work History

From	Employer (include address and telephone number)	Why did you leave	Job Title
To		Description of your duties	
Salary/ Wage	Name of Supervisor	Name of Co-worker	

From	Employer (include address and telephone number)	Why did you leave	Job Title
To		Description of your duties	
Salary/ Wage	Name of Supervisor	Name of Co-worker	

From	Employer (include address and telephone number)	Why did you leave	Job Title
To		Description of your duties	
Salary/ Wage	Name of Supervisor	Name of Co-worker	

From	Employer (include address and telephone number)	Why did you leave	Job Title
To		Description of your duties	
Salary/ Wage	Name of Supervisor	Name of Co-worker	

From	Employer (include address and telephone number)	Why did you leave	Job Title
To		Description of your duties	
Salary/ Wage	Name of Supervisor	Name of Co-worker	

From	Employer (include address and telephone number)	Why did you leave	Job Title
To		Description of your duties	
Salary/ Wage	Name of Supervisor	Name of Co-worker	

Section VI—Military Records

Yes No Have you ever served in the United States Armed Forces? If yes, submit a copy of your discharge or separation papers. (If you have not already done so).

Yes No Have you ever asked for or received deferment from military service? If yes, explain on the continuation sheet.

Yes No Were you ever court martialed, tried on charges, or subject of a summary court martial, Captain's mast, Article 15, company punishment, or any other disciplinary actions? If yes, explain on the continuation sheet.

Yes No Are you currently a member of a US reserve of National or State Guard organization? If yes give details of your obligation on the continuation sheet.

Yes No Are you or have you been a member of the Reserve Officer Training Corps (ROTC)? If yes, give details on the continuation sheet.

Section VII—Education & Miscellaneous Records

List each elementary, high school, college, or trade school you have attended. Start with the most recent school attended.

Name of School	Location of School (City & State)	Course of Study	Dates Attended	Did you graduate

List all organizations, clubs, and social groups of which you are now, or have been a member. Indicate the position held and your current status.

Section VIII—General Information Inquiry

The following questions and answers may be verified through the use of a polygraph (lie detector) test. If the answer to any of the following questions is "yes", then explain the circumstances on the continuation sheet.

- Yes No Have you ever committed a misdemeanor or felony offense for which you were never arrested?
- Yes No Have you ever been charged with any criminal or traffic offenses, including minor misdemeanors?
- Yes No Have you ever had any negative or bad contacts with law enforcement officials?
- Yes No As an adult, have you ever stolen anything?
- Yes No Have you ever bought or sold any property that you know, or had reason to believe was stolen?
- Yes No Has your driver's license ever been suspended, cancelled, or revoked?
- Yes No Are you currently under indictment or are you a defendant in any pending criminal, traffic, or civil action?
- Yes No Have you ever used hallucinogens (marijuana, PCP, LSD, peyote, etc.) or any of their derivatives?
- Yes No Have you ever used cocaine, crack cocaine, heroin, or any other illegal drugs?
- Yes No Have you ever used any prescribed drugs (barbiturates, amphetamines, valium, etc.) without a prescription?
- Yes No Have you ever used any prescribed medications for any purpose other than what they were originally prescribed?
- Yes No Have you ever taken a prescription drug that was prescribed for another person?
- Yes No Have you ever used designer drugs (substances that are chemically altered in make-up, but which give the same effect as an illegal drug)?
- Yes No Have you ever sold or purchased, or been a party to the sale or purchase, or been financially involved in the sale or purchase of any illegal drug?
- Yes No Have you ever been involved in inhaling harmful intoxicants (glue, spray paint, freon, etc.) with the purpose of obtaining a state of intoxication?
- Yes No Have you ever driven a motor vehicle while under the influence of alcohol and/or drugs?
- Yes No Have you ever applied for or received unemployment compensation that you were not entitled to receive?
- Yes No Are you now, or have you ever received any type of governmental support (welfare, ADC, housing subsidies, etc.) that you were not eligible for?
- Yes No Do you have any hatreds or prejudices toward others because of their race, sex, national origin, religion, or color that, as a police officer, would cause you to give unequal or unfair treatment to a person or group?
- Yes No Have you ever had any problems due to gambling?
- Yes No Have you ever had any problems because you "lost your temper"?
- Yes No Have you ever been involved in an automobile accident?
- Yes No Have you ever traveled outside of the United States?
- Yes No Have you ever been involved in any grossly unnatural sexual acts?
- Yes No Have you ever viewed any child pornography?
- Yes No Have you ever engaged in any illicit sexual activity?
- Yes No Are you color blind?
- Yes No Is your vision 20/20 or correctable to 20/20?
- Yes No Are you currently taking ANY medication prescribed by a doctor?

Continued

List any / all social media accounts and user names:

Social Media Account	User Name

Section VIII—General Information Inquiry (Continued)

Applicant's Signature

I certify that the statements contained in this questionnaire are true and accurate to the best of my knowledge. I understand that any false statements made in this questionnaire may be cause for disapproval of my appointment, or for discharge after an appointment. I realize that any false statements may subject me to criminal prosecution under section 2921.13 of the Ohio Revised Code (Falsification).

Signature of Applicant

Date

East Palestine Police Department

Consent & Release Form For Applicants Drug And Alcohol Testing

I, _____, as an applicant for the East Palestine Police Department, hereby acknowledge that I will be required to submit to a pre-employment urine drug and/or alcohol testing as a condition of employment.

I further understand that the purpose of this analysis is to determine or rule out the presence of non-prescribed or prohibited dangerous controlled substance in my system.

I hereby and herewith release the Municipality of East Palestine, the East Palestine Police Department and its employees from any and all liability whatsoever arising from this request for testing, from the actual testing procedures and from decisions made concerning my application based on the results of the analysis.

I agree to cooperate in all aspects of the testing program.

I hereby authorize the release of my drug and/or alcohol test results to the East Palestine Police Department.

Applicant Signature

Date

Witness Signature

Date

Witness Printed Name