

Instructions for completing the

## **East Palestine Police Department Application for Employment.**

The application must be filled out in Adobe Acrobat Reader. If you have Acrobat Reader installed on your computer and it is set to be the default application for working with PDF files, the application will open when the link is clicked.

If you don't have Acrobat Reader installed, follow these instructions to install. There is no cost for this software.

1. Go to <https://get.adobe.com/reader>
2. Click the check boxes off under "OPTIONAL OFFERS" in the middle of the page. Leave the check box selected "Install the Acrobat Reader Chrome Extension".
3. Click the "Download Acrobat Reader" button on the right side of the page. Do not click on the "Download Acrobat Reader Pro Trial" Button.
4. A "Save As" window will open, Click Save to save the installation file on your computer.
5. Click on "Open File" or "Run" to install the software.
6. The software will be installed. Click "Finish" when the installation is complete. Leave the selection checked for "Launch Adobe Reader DC".
7. Follow the instructions to set the default application to Adobe Reader.

In Adobe Reader, click "File", "Open", and select the application file from the Documents section at <http://eastpalestine-oh.gov/police-department/>. The file will open in Adobe Reader.

Fill out the fields in the form, then press "SUBMIT" at the top of the page. You will be asked to make a selection between your email application (such as Outlook or Thunderbird), or a webmail account such as Gmail or Yahoo mail. Your application will be emailed directly to the EPPD recruitment officer.

Thank you for your interest.

# 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

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
		<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	

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

Name	Address	Phone	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 employers	Highest Salary earned	Position Held	Reason for Leaving:
From:				
To:				
From:				
To:				
From:				
To:				
From:				
To:				

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.

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 the 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 \_\_\_\_\_

# 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,
- 2) Educational Records- including academic records, attendance records, etc.
- 3) Financial records- including credit reports, bank statements, etc.
- 4) Pre-employment items- 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, employer 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
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# 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 Police Department	
Signature of applicant	Signature date

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

<p>_____ Check here If no record found</p> <p>Please list any criminal or traffic related record concerning the above individual on file with your agency.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin: 10px auto;"> <thead> <tr> <th style="width: 60%;">Criminal/ Traffic charge or contact</th> <th style="width: 40%;">Date of Contact</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>		Criminal/ Traffic charge or contact	Date of Contact										
Criminal/ Traffic charge or contact	Date of Contact												
Signature of person conducting record check	Date of record Check												