



HIRAM POLICE DEPARTMENT
11617 Garfield Rd.
P.O. Box 65
Hiram, Ohio 44234
Phone (330) 569-3236 Fax (330) 569-7128

Date: _____

Last Name: _____ First Name: _____ Middle: _____

Home Address: _____

City: _____ State: _____ County: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Social Security Number: _____ Drivers License Number: _____

Social Security Number Notice:

Social Security Numbers (SSN) are used to match individuals with their application file. Disclosure of your SSN is voluntary; however, a nine -digit number is necessary to process your application. Upon appointment and pursuant to Section 5101.312 of the Ohio Revised code and certain other laws and regulations, a request for a SSN number is mandatory. Your SSN may be used for purposes including but not limited to Background Checks, Tax information or General Employee Identification.

1. Have you ever been employed by the Village of Hiram before? _____ Yes _____ No

2. Have you ever been convicted of a felony? _____ Yes _____ No

Experience/Past Employment

Employer: _____ Telephone: _____

Address: _____

City: _____ State: _____ Zip: _____

Job Title: _____

Job Duties: _____

Dates of Employment: From _____ To _____

Reason for Leaving: _____

Experience/Past Employment

Employer: _____ **Telephone:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Job Title: _____

Job Duties: _____

Dates of Employment: From _____ **To** _____

Reason for Leaving: _____

Employer: _____ **Telephone:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Job Title: _____

Job Duties: _____

Dates of Employment: From _____ **To** _____

Reason for Leaving: _____

Employer: _____ **Telephone:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Job Title: _____

Job Duties: _____

Dates of Employment: From _____ **To** _____

Reason for Leaving: _____

Reference: (Non Family Members Only)

Name: _____ Telephone: _____

Address: _____ Title: _____

Email: _____

Reference: (Non Family Members Only)

Name: _____ Telephone: _____

Address: _____ Title: _____

Email: _____

Reference: (Non Family Members Only)

Name: _____ Telephone: _____

Address: _____ Title: _____

Email: _____

Education:

High School Graduate? _____ Yes _____ No *Name and location of High School (City, State, and Zip Code) _____

GED Certificate Number: _____ GED issued by: _____

Post-High School Education

School Name: _____

Major Area of Studies: _____

Type of Degree or Certification: _____

School Name: _____

Major Area of Studies: _____

Type of Degree or Certification: _____

School Name: _____

Major Area of Studies: _____

Type of Degree or Certification: _____

Additional Special Training Received

Course Taken: _____ Date: _____

Course Taken: _____ Date: _____

Course Taken: _____ Date: _____

Course Taken: _____ Date: _____

Traffic / Criminal Charges and/or Convictions:

Charge: _____ Date: _____

Charge: _____ Date: _____

Charge: _____ Date: _____

Charge: _____ Date: _____

Charge: _____ Date: _____

I certify that the answers I have made to all of the questions in this application are true and complete to the best of my knowledge. I understand that if this application is not completed in its entirety; it will not be processed, and will be automatically disqualified. I understand that I am responsible for the correctness of this application. I also understand that a background check will be required prior to employment, and that, in accordance with a Drug-Free Workplace Program, drug testing may be required. I waive all provisions of law forbidding colleges or universities which I attended, or past employers, from disclosing any information which they acquired relevant to my employment. I consent that they may disclose such information to the Village and/or the department that holds the vacancy for which I am applying and to appropriate officials for recruitment purposes. I understand that any offer of employment is conditional upon proof of legal authorization to work in the United States as required by Immigration Reform and Control Act.

Applicant Name (Print): _____ Date: _____

Applicant Signature: _____ Date: _____

Received by: _____ Reviewed by: _____