



LaGrange Police Department
355 South Center Street, LaGrange, OH 44050
Phone: (440) 355-4469 Fax: (440) 355-5556

Employment Application

Position Applying For: _____

PERSONAL DATA

Name: _____ Social Security Number: _____
 First Middle Last

Current Address: _____
 Number City State Zip

Home Phone: _____ Business Phone: _____

Drivers License # and State: _____ CDL# and Class: _____

Birth Date: _____ Birthplace: _____
 MM / DD / YYYY City State

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Have you ever been convicted of a crime other than a minor traffic violation?

Yes No

If yes, please give date, court charge and disposition: _____

Has your driver license ever been revoked or suspended? Yes No

List all traffic convictions in the past (5) five years, excluding parking tickets.

Date & Place	Offense	Disposition
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please use supplemental sheet if additional space is required.

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Do you use alcoholic beverages, drugs, or narcotics? Yes No

If yes, to what extent? _____

Current Marital Status? Married Single Divorced

Do you own or rent a home? Own Rent Vehicle? Own Lease

Have you had experience operating short wave radios? Yes No

If yes, give details: _____

Have you had any first aid training? Yes No If yes, what type? _____

Do you have a valid first aid card? Yes No If so, what type? _____

Expiration Date: _____

EDUCATIONAL DATA

Education	Name and Location	Number of years completed	Did you Graduate?	Diploma or Degree	Major Course of Study
High School					
Business/Trade/ Technical School					
College					
Graduate School					
Other					

SPECIAL SKILLS

List any special skills or qualifications you have (including certifications, licenses, etc.) _____

WORK HISTORY

1	Company: _____ Address: _____
	Starting Date: _____ Entry Job Title: _____ Salary: _____ per _____ MM/YYYY
	Ending Date: _____ Ending Job Title: _____ Salary: _____ per _____ MM/YYYY
	Detailed Description of Duties: _____ _____ _____
	Name and Title of Supervisor: _____
	May we contact this employer? _____ Telephone Number _____
Reason for leaving? _____	
2	Company: _____ Address: _____
	Starting Date: _____ Entry Job Title: _____ Salary: _____ per _____ MM/YYYY
	Ending Date: _____ Ending Job Title: _____ Salary: _____ per _____ MM/YYYY
	Detailed Description of Duties: _____ _____ _____
	Name and Title of Supervisor: _____
	May we contact this employer? _____ Telephone Number _____
Reason for leaving? _____	

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3	<p>Company: _____ Address: _____</p> <p>Starting Date: _____ Entry Job Title: _____ Salary: _____ per _____ MM/YYYY</p> <p>Ending Date: _____ Ending Job Title: _____ Salary: _____ per _____ MM/YYYY</p> <p>Detailed Description of Duties: _____ _____ _____</p> <p>Name and Title of Supervisor: _____</p> <p>May we contact this employer? _____ Telephone Number _____</p> <p>Reason for leaving? _____</p>
4	<p>Company: _____ Address: _____</p> <p>Starting Date: _____ Entry Job Title: _____ Salary: _____ per _____ MM/YYYY</p> <p>Ending Date: _____ Ending Job Title: _____ Salary: _____ per _____ MM/YYYY</p> <p>Detailed Description of Duties: _____ _____ _____</p> <p>Name and Title of Supervisor: _____</p> <p>May we contact this employer? _____ Telephone Number _____</p> <p>Reason for leaving? _____</p>
5	<p>Company: _____ Address: _____</p> <p>Starting Date: _____ Entry Job Title: _____ Salary: _____ per _____ MM/YYYY</p> <p>Ending Date: _____ Ending Job Title: _____ Salary: _____ per _____ MM/YYYY</p> <p>Detailed Description of Duties: _____ _____ _____</p> <p>Name and Title of Supervisor: _____</p> <p>May we contact this employer? _____ Telephone Number _____</p> <p>Reason for leaving? _____</p>

REFERENCES

List Five (5) character references not related to you:

Name	Address	Occupation	Phone Number

Are you now, or have you ever been, affiliated with any organization, which advocates the overthrow of the United States Government? Yes No

If yes, give full particulars on a supplemental sheet.

I certify that the foregoing answers are true and complete and that no pertinent information has been withheld to the best of my knowledge and belief.

I hereby waive all of my right to civil redress, should I be injured or killed as a result of performing duties assigned to me by my superiors, and do hereby, for myself, my heirs, and assignees, absolve the village of LaGrange and the LaGrange Police Department of all civil liability.

Signed: _____

Date: _____

Seal

Notary Public

Sworn to and subscribed before me at _____

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Drivers License Number

State of Issuance