

CITY OF PORT CLINTON
APPLICATION FOR EMPLOYMENT
(PRE-EMPLOYMENT QUESTIONNAIRE)(AN EQUAL OPPORTUNITY EMPLOYER)

Application # _____

Today's Date _____

PERSONAL INFORMATION

Name: _____
Last First Middle

Current Address: _____
Street City State Zip

Phone No: (____) _____ Cell: (____) _____ Are you 18 years of age or older? Yes No

EMPLOYMENT DESIRED

Position _____ Date you can start _____ Salary desired _____

Are you employed now? Yes No If so, may we inquire of your present employer? Yes No

Ever applied to the City before? Yes No If so, when? _____

Referred by: _____

EDUCATION AND MILITARY SERVICE

High School Diploma or GED? Yes No Post Secondary Degree? Yes No

Degrees: _____

Certificates: _____

CDL: Yes No _____

US Military Service? Yes No Current Service? Yes No Are you presently a member in Nation Guard or Reserves? _____

WORK EXPERIENCE (List most recent work experience first)

Company Name _____ Immediate Supervisor _____

Complete Address: _____

Job Title: _____ Phone (____) _____

Job Description (duties, skills, equipment used) _____

Dates : From ____/____/____ To: ____/____/____ Salary: _____ Reason for Leaving _____

WORK EXPERIENCE

Company Name _____ Immediate Supervisor _____

Complete Address: _____

Job Title: _____ Phone (____) _____

Job Description (duties, skills, equipment used) _____

Dates : From ____/____/____ To: ____/____/____ Salary: _____ Reason for Leaving _____

WORK EXPERIENCE

Company Name _____ Immediate Supervisor _____

Complete Address: _____

Job Title: _____ Phone (____) _____

Job Description (duties, skills, equipment used) _____

Dates : From ____/____/____ To: ____/____/____ Salary: _____ Reason for Leaving _____

LIST REFERENCES

NAME	ADDRESS	RELATION	PHONE NUMBER
_____	_____	Personal/Professional(____)	_____
_____	_____	Personal/Professional(____)	_____
_____	_____	Personal/Professional(____)	_____

The information that you provide on this application is subject to verification. Falsifications or misrepresentations may disqualify you from consideration for employment of, if hired, may be grounds for termination at a later date.

Do you want to be informed before we contact your present employer? Yes No

With my signature below, I certify that all information on this and all attached pages are true, correct and complete to the best of my knowledge and contains no willful falsifications or misrepresentations. I authorize all former employers to release job-related information they may have about me and I release all persons or companies from any liability or responsibility for providing such information.

Signature: _____ Date: _____

Proudly Protecting and Serving the community since 1898



Chief David M. Scott
Port Clinton Police Department
1868 E. Perry Street
Port Clinton, Ohio 43452
Office: (419) 734-3121
Fax: (419) 734-6510
pcpdchief@cros.net



RECORDS CHECK

I hereby authorize the Port Clinton Police Department, Port Clinton, Ohio, to give any information that it may have or has obtained bearing upon any Criminal or Misdemeanor record that I may have. In signing the authorization, I hereby release the above Law Enforcement Agency of any right, claims, or demands, actions, or causes of any action arising from the release of such information or from any other actions.

PLEASE PRINT

NAME _____

ANY OTHER LAST NAMES _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

DRIVERS LICENSE # _____ STATE OF ISSUE _____

DOB ____/____/____ LAST FOUR DIGITS OF SSN # _____

SIGNATURE _____ DATE ____/____/____

The above named subject has the following record with Port Clinton Police Dept:

M.L. Anderson. Records Clerk, Port Clinton P.D. _____ Date: _____