# CITY OF PORT CLINTON APPLICATION FOR EMPLOYMENT

(PRE-EMPLOYMENT QUESTIONNAIRE)(AN EQUAL OPPORTUNITY EMPLOYER)
Application #

Today's Date \_\_\_\_\_ PERSONAL INFORMATION Name: First Middle Last Current Address: State City Street 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: CDL: Yes No US Military Service? Yes No Current Service? Yes No Are you presently a member in National 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	s, skills, equipment	used)			
Datas - From /			Paggan for La		
Dates: From/ WORK EXPERIENCE	10:/ S	oalary:	Reason for Le	eaving _	
Company Name			Immediate Supervisor		
Complete Address:					
Job Title:					
Job Description (duties	s, skills, equipment	used)			
Dates : From/	To:/S	Salary:	Reason for Le	eaving _	
LIST REFERENCES NAME	ADDRESS		RELATION	PHO	ONE NUMBER
			Personal/Profess	ional(	_)
	·		Personal/Profess	ional(	)
			Personal/Profess	ional(	)
The information that y misrepresentations may of termination at a later dat	disqualify you from co				
Do you want to be inform	ed before we contact	your pres	sent employer? Yes No		
With my signature below complete to the best of authorize all former empl persons or companies fro	my knowledge and loyers to release job-r	contains elated inf	no willful falsifications ormation they may have	or misre about m	presentations. I
Signature:			Date:		

#### **Proudly Protecting and Serving the community since 1898**



M.L.

#### **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	STATEZIP
DRIVERS LICENSE #	STATE OF ISSUE
DOB/LAST I	FOUR DIGITS OF SSN #
SIGNATURE	DATE/
The above named subject has the following	lowing record with Port Clinton Police Dept:
Anderson. Records Clerk, Port Clinton P.D.	Date: