



**WORK EXPERIENCE**

Company Name \_\_\_\_\_ Immediate Supervisor \_\_\_\_\_

Complete Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Job Description (duties, skills, equipment used) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dates : From \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_ Salary: \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

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**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: \_\_\_\_\_