

Garrettsville Police Department

8123 High Street Garrettsville, Ohio 44231 Ph: 330-527-4717 Fax: 330-527-3129



EMPLOYMENT APPLICATION

THE VILLAGE OF GARRETTSVILLE IS AN EQUAL OPPORTUNITY EMPLOYER. ALL APPLICANTS ARE CONSIDERED WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, OR DISABILITY.

Name of Applicant			
	Last Name	First Name	Middle Name

Position applying for:	POLICE	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Reserve
	DISPATCHER	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	
	OTHER POSITION	(Please Specify)		

Date this application was requested:	
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Date this application was submitted to GPD: (To be noted by employee taking application)	
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Do you presently hold a State Law Enforcement Academy Document of Completion: (Police only)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NEED REFRESHER
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If previously held a commission is your certificate current: (Please include a copy of your certificate – Police Only)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NEED REFRESHER
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Name of Police Academy Attended: (Please include a copy of your completion document)	
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Please Include dates attended and year completed → →

INSTRUCTIONS

This personal history questionnaire is intended for the use of the Garrettsville Police Department – Personnel Administration Section. You must be truthful and complete answers requested on this form unless otherwise specified. All information contained herein will be subject to verification, I.E., source documentation, polygraph and screening procedures. Information contained herein will be considered to be STRICTLY CONFIDENTIAL. The confidentiality of this document will be protected within the bounds of the law. All applications that are submitted to this agency will remain on file for a minimum of one year.

The answers to questions contained in this questionnaire must be PRINTED, in your own hand, LEGIBLY IN BLACK INK ONLY. Each individual question must be answered, there can be no blanks. If a question does not apply to your particular circumstance, insert "DNA" in that blank. When answering questions that require dates, insert the FULL DATE; PARTIAL MONTH -YEAR RESPONSES ARE UNACCEPTABLE.

WARNING

Applicants are cautioned to answer every question truthfully and without evasion. The Ohio Revised Code provides penalties for making a false statement of a material fact, or for practicing any fraud or deception in obtaining or attempting to obtain municipal employment. Penalties include rejection for appointment, or discharge after appointment, and/or prosecution under Ohio Revised Code Section 2921.13.

First Interview		Second Interview		Application Expires	
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FOR GPD PERSONNEL USE ONLY

PERSONAL AND MARITAL HISTORY (Section 1)

NAME:			
	Last Name	First Name	Middle Name
Maiden Name:		Other Name:	
Current Address:			
Phone (residence):		Cell Phone:	
Date of Birth:		Age:	SSN:
Place of Birth: (City, County & State)			Birth Certificate No:
Drivers License No:		License Type:	Expires:
Out of State Drivers License #:		Type State/Terr:	Expires:

MARITAL HISTORY		
Marital Status	City, County, State present marriage performed	Date Performed
Name of present spouse (Maiden Name)		Social Security Number of Spouse
Birthplace of Spouse	Name and Address of Spouse's Employer	

FAMILY INFORMATION
NATURAL FATHER: Full Name and Address
NATURAL MOTHER: Full Name, Maiden Name and Address

In the spaces below, please list your relatives in the following order: Brothers, Sisters, Step-Mother, Step-Father, Step-Brothers, Father-in-Law, Mother-in-Law, Sisters-in-Law, Brothers-in-Law.

Relationship	Name – L / F / M	Address

PREVIOUS MARRIAGES		
Where Married (City, County, and State)	Name of Ex-Spouse	Outcome (Dissolved, Divorced, Etc.)
Where Married (City, County, and State)	Name of Ex-Spouse	Outcome (Dissolved, Divorced, Etc.)
Where Married (City, County, and State)	Name of Ex-Spouse	Outcome (Dissolved, Divorced, Etc.)

PREVIOUS RESIDENCES - SECTION 2		
Full Address (Number, Street, Apt, City, State, Zip Code)	With Whom Did You Live?	Relationship
Full Address (Number, Street, Apt, City, State, Zip Code)	With Whom Did You Live?	Relationship
Full Address (Number, Street, Apt, City, State, Zip Code)	With Whom Did You Live?	Relationship
Full Address (Number, Street, Apt, City, State, Zip Code)	With Whom Did You Live?	Relationship
Full Address (Number, Street, Apt, City, State, Zip Code)	With Whom Did You Live?	Relationship
Full Address (Number, Street, Apt, City, State, Zip Code)	With Whom Did You Live?	Relationship
Full Address (Number, Street, Apt, City, State, Zip Code)	With Whom Did You Live?	Relationship

LAW ENFORCEMENT WORK HISTORY - SECTION 3			
Have you ever been previously employed by a Law Enforcement or Governmental Agency? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Name of Agency	Date of Hire	Length of Service	Position Held
Name of Agency	Date of Hire	Length of Service	Position Held
Name of Agency	Date of Hire	Length of Service	Position Held
Name of Agency	Date of Hire	Length of Service	Position Held
Name of Agency	Date of Hire	Length of Service	Position Held

APPLICATION HISTORY (Please list the police agencies at which you have submitted a completed application) - SECTION 4			
Name of Agency	Date Applied	Name of Agency	Date Applied
Name of Agency	Date Applied	Name of Agency	Date Applied
Name of Agency	Date Applied	Name of Agency	Date Applied
Name of Agency	Date Applied	Name of Agency	Date Applied
Name of Agency	Date Applied	Name of Agency	Date Applied

CURRENT EMPLOYMENT - SECTION 5

May we contact your present employer? YES NO
 (If no please explain on continuation form)

Have you ever been discharged or asked to resign from a job? YES NO
 (If yes please explain on continuation form)

If you are currently **unemployed**, please indicate this in the first block.

Name of Employer		Address of Current Employer		
Business Phone	Job Title	Salary	Start or Hire Date	Total Time Employed
Describe Duties	Full Name and Address of Immediate Supervisor			
Full Name and Address of a Co-Worker				Phone of Co-Worker
List Hours Worked and Days Off on Present Job				

EMPLOYMENT HISTORY

Not including your current job, work backwards in chronological order for ten years. Include in sequence all part-time jobs.

Name of Employer		Address of Employer		
Business Phone	Job Title	Salary	Start or Hire Date	Total Time Employed
Describe Duties	Full Name and Address of Immediate Supervisor			
Full Name and Address of a Co-Worker				Phone of Co-Worker
Job Classification		Last Date of Employment		Reason for leaving
<input type="checkbox"/> Full Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Temp <input type="checkbox"/> Other				

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Name of Employer		Address of Employer		
Business Phone	Job Title	Salary	Start or Hire Date	Total Time Employed
Describe Duties	Full Name and Address of Immediate Supervisor			
Full Name and Address of a Co-Worker				Phone of Co-Worker
Job Classification		Last Date of Employment		Reason for leaving
<input type="checkbox"/> Full Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Temp <input type="checkbox"/> Other				

• • • • 3 • • • •

Name of Employer		Address of Employer		
Business Phone	Job Title	Salary	Start or Hire Date	Total Time Employed
Describe Duties	Full Name and Address of Immediate Supervisor			
Full Name and Address of a Co-Worker				Phone of Co-Worker
Job Classification		Last Date of Employment		Reason for leaving
<input type="checkbox"/> Full Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Temp <input type="checkbox"/> Other				

• • • • 4 • • • •

Name of Employer		Address of Employer		
Business Phone	Job Title	Salary	Start or Hire Date	Total Time Employed
Describe Duties	Full Name and Address of Immediate Supervisor			
Full Name and Address of a Co-Worker				Phone of Co-Worker
Job Classification		Last Date of Employment		Reason for leaving
<input type="checkbox"/> Full Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Temp <input type="checkbox"/> Other				

• • • • 5 • • • •

Name of Employer		Address of Employer		
Business Phone	Job Title	Salary	Start or Hire Date	Total Time Employed
Describe Duties	Full Name and Address of Immediate Supervisor			
Full Name and Address of a Co-Worker				Phone of Co-Worker
Job Classification		Last Date of Employment		Reason for leaving
<input type="checkbox"/> Full Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Temp <input type="checkbox"/> Other				

• • • • 6 • • • •

Name of Employer		Address of Employer		
Business Phone	Job Title	Salary	Start or Hire Date	Total Time Employed
Describe Duties	Full Name and Address of Immediate Supervisor			
Full Name and Address of a Co-Worker				Phone of Co-Worker
Job Classification		Last Date of Employment		Reason for leaving
<input type="checkbox"/> Full Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Temp <input type="checkbox"/> Other				

If more space is needed, make copies of this blank page and include. If necessary you can attach an 8 ½ x 11 plain sheet of paper and answer the information in the same format.

JOB REFERENCES - SECTION 6

Fill in below the names of three adults not related to you and not former employers, who have known you for a period of preferably more than five years.

Name of Reference		Address of Reference	
Home Phone	Business Address		
Business / Cell Phone (indicate)	Profession	Years Known	Reference Letter Included
			<input type="checkbox"/> YES <input type="checkbox"/> NO

* * * * *

Name of Reference		Address of Reference	
Home Phone	Business Address		
Business / Cell Phone (indicate)	Profession	Years Known	Reference Letter Included
			<input type="checkbox"/> YES <input type="checkbox"/> NO

* * * * *

Name of Reference		Address of Reference	
Home Phone	Business Address		
Business / Cell Phone (indicate)	Profession	Years Known	Reference Letter Included
			<input type="checkbox"/> YES <input type="checkbox"/> NO

MILITARY RECORD - SECTION 7

Draft Board Number	Present Draft Board Address		Present Draft Board Class
Branch of Service	Unit (Tank Corps, Engineers, Medic, etc.)	Military Serial Number	
Highest Rank / Rate Held	Type of Separation	Total Mos. Combat Duty	Total Mos. Overseas Duty
Military Service Status (Ready, Standby or None)			Current Base Assigned to

1. Have you ever asked for or received deferment from Military Service (If yes, give board number, dates and full details on last page of application)	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. Were you ever Court Martialed, tried on charges, or subject of a summary Court Martial, Captain's Mast, Article 15, Company Punishment, or any other disciplinary Action while in the Armed Service? (If yes explain on the last page)	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. Have you ever received a Government Disability Pension? (If yes explain on the last page)	<input type="checkbox"/> YES <input type="checkbox"/> NO

EDUCATIONAL BACKGROUND - SECTION 8

PLEASE CIRCLE THE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 9 10 11 12

COLLEGE: 1 2 3 4 5 Some

COLLEGE GRADUATE: Assoc. Degree Bachelors Masters PhD Other

QUESTION: Have you ever taken a General Education Development Test (G.E.D.)

YES NO

In the space below, list each Grammar School, Junior High School, High School, Trade School, Part Time, Night School, Business College, and University that you have attended. Start with the most recent school attended.

Name of School	Location of School (City and State – include address if known)
Did you graduate?	List Degree earned, or the credit hours compiled, or the number of units earned.
<input type="checkbox"/> YES <input type="checkbox"/> NO	



Name of School	Location of School (City and State – include address if known)
Did you graduate?	List Degree earned, or the credit hours compiled, or the number of units earned.
<input type="checkbox"/> YES <input type="checkbox"/> NO	



Name of School	Location of School (City and State – include address if known)
Did you graduate?	List Degree earned, or the credit hours compiled, or the number of units earned.
<input type="checkbox"/> YES <input type="checkbox"/> NO	



Name of School	Location of School (City and State – include address if known)
Did you graduate?	List Degree earned, or the credit hours compiled, or the number of units earned.
<input type="checkbox"/> YES <input type="checkbox"/> NO	



Name of School	Location of School (City and State – include address if known)
Did you graduate?	List Degree earned, or the credit hours compiled, or the number of units earned.
<input type="checkbox"/> YES <input type="checkbox"/> NO	



Name of School	Location of School (City and State – include address if known)
Did you graduate?	List Degree earned, or the credit hours compiled, or the number of units earned.
<input type="checkbox"/> YES <input type="checkbox"/> NO	



Name of School	Location of School (City and State – include address if known)
Did you graduate?	List Degree earned, or the credit hours compiled, or the number of units earned.
<input type="checkbox"/> YES <input type="checkbox"/> NO	



Name of School	Location of School (City and State – include address if known)
Did you graduate?	List Degree earned, or the credit hours compiled, or the number of units earned.
<input type="checkbox"/> YES <input type="checkbox"/> NO	

FINANCIAL RECORD - SECTION 9

- | | |
|---|--|
| 1. Are you delinquent in any financial obligation? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 2. Do your monthly bills exceed your take-home pay? | <input type="checkbox"/> YES <input type="checkbox"/> NO |

INDEBTEDNESS: In the space below please list debts involving you, your spouse or your ex-spouse for which you are liable.

To whom owed	Address	Date Incurred
Original Amount	Amount Due	Monthly Payment



To whom owed	Address	Date Incurred
Original Amount	Amount Due	Monthly Payment



To whom owed	Address	Date Incurred
Original Amount	Amount Due	Monthly Payment



To whom owed	Address	Date Incurred
Original Amount	Amount Due	Monthly Payment



To whom owed	Address	Date Incurred
Original Amount	Amount Due	Monthly Payment



To whom owed	Address	Date Incurred
Original Amount	Amount Due	Monthly Payment

In the space below please list the names and locations of your bank(s).

Name of Bank	Location	Checking / Savings

3. Are you now supporting any dependents that you are required to support?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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4. Are you paying alimony or child support?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Amount Per Month:	\$
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5. Have you ever been sued for alimony payments, child support, non payment of debts or fraud? <small>(If yes, give the name of the court in which you were sued and the court case number below)</small>	<input type="checkbox"/> YES <input type="checkbox"/> NO
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Name of Court	Court Case Number

In the space below please list your present vehicle(s).		
Year, Make, Body Type and License Number	Date of Purchase	Legal Owner
Year, Make, Body Type and License Number	Date of Purchase	Legal Owner
Year, Make, Body Type and License Number	Date of Purchase	Legal Owner

When answering the questions below, if there are any "YES" blocks checked, explain fully on the continuation sheets provided. Be complete on all the explanations requested.

6. Do you, your spouse or ex-spouse have any immediate civil action pending against you?	<input type="checkbox"/> YES <input type="checkbox"/> NO
7. If employed by the Police Department, do you anticipate any income other than your police salary?	<input type="checkbox"/> YES <input type="checkbox"/> NO
8. Have you ever been garnished, filed for bankruptcy, or been declared bankrupt?	<input type="checkbox"/> YES <input type="checkbox"/> NO

CITIZENSHIP RECORD - SECTION 10			
Are you a United States Citizen?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If YES, check one:	<input type="checkbox"/> Native Born <input type="checkbox"/> Naturalized
If a Naturalized Citizen, list City and State where naturalized:			
Date Naturalized:		Certificate Number:	
Are you a permanent resident alien?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If YES, give port of entry to U.S.A.	

CLUB OR SOCIAL ORGANIZATIONS - SECTION 11	
List all Organizations, Clubs, and Social groups of which you are now, or have been a member and position held. (Example: Member, associate member, president, secretary, etc.)	
Organization Name	Position Held

Have you ever been a part of an organization that advocated violence or the forceful over-throw of the Government of The United States? (If yes, elaborate below)	<input type="checkbox"/> YES <input type="checkbox"/> NO

GENERAL INFORMATION INQUIRY - SECTION 12

NOTICE: The following questions and answers will be verified through the use of a polygraph examination (lie detector test). If the answer(s) to any of the following questions is YES, it will be necessary for you to explain, in detail, on the continuation sheet provided.

Question	Answer
<p>1. Applicants are put on notice that SUB. HOUSE BILL 56 PASSED BY 131st GENERAL ASSEMBLY (EFFECTIVE 3-23-2016) has banned the inclusion of questions relevant to criminal history, and/or convictions, from being included in the application process. However, Ohio Revised Code Section 737.052 precludes an applicant from being appointed as a Police Officer or Civilian Police Employee, or terminates the employment of a Police Officer or Civilian Police Employee, for FELONY Convictions. You are hereby put on notice that a background check and polygraph examination will be performed and any FELONY convictions may be discovered which could exclude you from employment.</p> <p>Please check "YES" to indicate that you have been made aware of this information.</p>	<p><input type="checkbox"/> YES</p> <p>Initials: _____</p>
2. Is there any reason you would be reluctant to take a human life if it became necessary in the course of your police duties?	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. As an adult, have you ever stolen anything?	<input type="checkbox"/> YES <input type="checkbox"/> NO
4. Have you ever bought or sold any property that you knew was stolen?	<input type="checkbox"/> YES <input type="checkbox"/> NO
5. Do you have a valid driver's license through OHIO or some other state?	<input type="checkbox"/> YES <input type="checkbox"/> NO
6. Has your driver's license ever been suspended or revoked?	<input type="checkbox"/> YES <input type="checkbox"/> NO
7. Are you presently under indictment or a defendant in any pending criminal, traffic or civil actions?	<input type="checkbox"/> YES <input type="checkbox"/> NO
8. Have you ever used any hallucinogens such as MARIJUANA, hashish, mescaline, P.C.P., T.H.C., peyote, P.C.E., T.C.P., Angel Dust, or any other of their derivatives etc.? (If YES, how long ago did you last use this type drug?)	<input type="checkbox"/> YES <input type="checkbox"/> NO
9. Have you ever used any narcotics, such as Opium, Morphine, Codeine, Meperidine, Methadone or any other of their derivatives such as Darvon, Lomotil, etc.? (If YES, how long ago did you last use this type drug?)	<input type="checkbox"/> YES <input type="checkbox"/> NO
10. Have you ever used Cocaine, Heroin or L.S.D.? (If YES, how long ago did you last use this type drug?)	<input type="checkbox"/> YES <input type="checkbox"/> NO
11. Have you ever used any prescription drugs such as Barbiturates, Amphetamines, Valium, Librium, Spoons, Uppers / Downers, etc. without the benefit of a prescription? (If YES, how long ago?)	<input type="checkbox"/> YES <input type="checkbox"/> NO
12. Have you ever used any prescribed medications for purposes other than that for which they were originally prescribed or intended? (If YES, how long ago?)	<input type="checkbox"/> YES <input type="checkbox"/> NO
13. Have you ever used what are described as designer drugs. I.E. substances that are chemically altered in make-up, but which give the same effect as illicit drugs etc.? (If YES, what type of drug(s) and how long ago?)	<input type="checkbox"/> YES <input type="checkbox"/> NO
14. Have you ever sold, been party to the sale, or in any other way been financially rewarded due to the sale of any controlled substances or prescription drugs or any other substance purported to be a controlled substance?	<input type="checkbox"/> YES <input type="checkbox"/> NO
15. Have you ever been involved in glue sniffing or used any other such chemical agents for the purpose of obtaining a state of intoxication?	<input type="checkbox"/> YES <input type="checkbox"/> NO
16. Are you currently addicted to, or use, alcohol excessively, or suffer from any alcohol related problems, or are you currently under alcohol related treatments?	<input type="checkbox"/> YES <input type="checkbox"/> NO
17. Have you ever filed for, or received compensation from, any industrial compensation claim?	<input type="checkbox"/> YES <input type="checkbox"/> NO
18. Have you ever applied for, and received, unemployment compensation, the amounts of which you were not eligible to receive?	<input type="checkbox"/> YES <input type="checkbox"/> NO
19. Are you now, or have you ever, received any type of governmental support such as welfare, ADC, housing subsidy payments, educational loans, or grants that you were not eligible for, received in a fraudulent manner, or after receiving, became ineligible for but continued to receive?	<input type="checkbox"/> YES <input type="checkbox"/> NO
20. Do you have any hatreds or prejudices toward others because of their race, sex, national origin, religion or color, that would be detrimental to you functioning as a police officer?	<input type="checkbox"/> YES <input type="checkbox"/> NO
21. Do you have any problems because of gambling?	<input type="checkbox"/> YES <input type="checkbox"/> NO

GENERAL INFORMATION INQUIRY - SECTION 12 - CONTINUED

Question		Answer	
22.	Have you ever been involved in an automobile accident?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
23.	Have you ever engaged in any grossly unnatural sexual acts?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
24.	Have you ever engaged in any illicit sexual activities?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
25.	Have you ever traveled outside the United States? (If YES, what countries?)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
26.	Do you have any problems controlling your temper?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
27.	Are you willing to submit, upon offer of employment, to a psychological examination?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
28.	Having reviewed the essential functions of the job, is there any physical or mental reason you could not perform those duties with or without accommodation?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
29.	Have you ever been terminated, or asked to resign, from any prior employer?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
30.	Have you ever been labeled "Dishonorably Discharged" from any Military Branch or Service?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
31.		<input type="checkbox"/> YES	<input type="checkbox"/> NO
32.		<input type="checkbox"/> YES	<input type="checkbox"/> NO

CONTINUATION SHEET (Continued)

SECTION #	PAGE #	QUEST #	CONTINUATION OF ANSWER

I certify that the statements in these continuation sheets are true to the best of my knowledge and that I have provided complete disclosure of all information requested. I further re-affirm that I understand that any false statements made in these continuation sheets may be cause for disapproval of my appointment, or for discharge after appointment. I also realize that any falsification may subject me to disqualification by the Garrettsville Police Department and / or prosecution under the Ohio Revised Code – Section 2921.13.

SIGNATURE OF APPLICANT:	DATE:

STATE OF OHIO
 PORTAGE COUNTY SS

_____ BEING FIRST DULY SWORN, ON HIS/HER
 (APPLICANT NAME)

OATH, SAYS THAT THE STATEMENTS MADE AND SUBSCRIBED BY HIM/HER ON HIS/HER FOREGOING
 APPLICATION ARE TRUE.

SUBSCRIBED IN MY PRESENCE BY THE SAID AFFIANT AND BY HIM/HER SWORN TO BEFORE ME THIS

_____ DAY OF _____, 20____ AD.

NOTARY PUBLIC SIGNATURE _____

SEAL

Garrettsville Police Department

8123 High Street Garrettsville, Ohio 44231 Ph: 330-527-4717 Fax: 330-527-3129



WAIVER FOR RELEASE OF INFORMATION

In order to expedite the hiring process, we request that you voluntarily sign the release below. Records will be procured before an offer of employment is made.

I, _____, hereby authorize the release of information to the Garrettsville Police Department for the purpose conducting a pre-employment background investigation. Such information may include, but not limited to, any and all records pertaining to physical and mental health, academics, employment, military service, criminal history, my financial status, character and reputation.

I hereby give permission and waive all provisions of law forbidding any physician or other person who has attended me or any other school official, court, police agency, credit bureau, firm or person, from disclosing any knowledge or information they have concerning me which is required or desired by the Garrettsville Police Department. I further consent that the Chief of Police, or his representative, be provided with a copy of any such record concerning me which they may desire.

I hereby give my consent to the Garrettsville Police Department, or its designee, to perform tests of my blood or urine to determine my physical condition and any usage of a prohibitive substance.

I recognize the right of the Garrettsville Police Department to treat, at its discretion, certain sources as confidential and its right to withhold from me, or my agent, the names of such confidential sources, and information obtained there from.

SIGNATURE OF APPLICANT:	DATE:

SIGNED BEFORE ME ON THE _____ DAY OF _____, 20_____.

EXPIRATION DATE

NOTARY PUBLIC

STREET ADDRESS		

CITY	STATE	ZIP

Garrettsville Police Department

8123 High Street Garrettsville, Ohio 44231 Ph: 330-527-4717 Fax: 330-527-3129



NOTICE OF REQUEST TO SUBMIT TO DRUG TESTING

I, _____, hereby acknowledge and understand that at some point during the application process, I will be required to submit to drug testing as requested by the Garrettsville Police Department. I further acknowledge and understand that I will be required to pass such drug test, or tests, in order to qualify for continued employment with the Garrettsville Police Department.

SIGNATURE OF APPLICANT:	DATE: