

# City of Parma Police Department

## Application for Employment

Date:

<b>Job Title:</b>		
Are You Applying for <input type="checkbox"/> Full Time <input type="checkbox"/> Reserves	What Shifts will You Work? <input type="checkbox"/> Day <input type="checkbox"/> Night <input type="checkbox"/> Any	Notice: During the background check we will be contacting your present employer.
Date Available to Start:		

### Instructions to Applicant

1. This form must be filled out completely using a typewriter or by printing and ink. Improperly completed or incomplete applications will result in the rejection of applicant.
2. Request to refer to previous he submitted applications cannot be honored. This law enforcement application is the only form accepted by the Civil Service Commission. Applicants may attach resume if they desire
3. The information you give on this form will be rated as part of your examination and will affect your final standing. Any information not provided will not be assumed and may result in a lower standing on the final roster.
4. You must advise the City of Parma of any change in address.
5. Applicants will normally be required to pass both the written and oral examination to be placed on the roster.
6. Civil-service rules and regulations, procedures and practices apply to this application.
7. Any violation of these instructions of material reported may result in rejection of this application.
8. Applications must be received by the Police Department on or before the published deadline.
9. Proof of certifications, experience, and education must accompany this application in order to receive credit.
10. The city of Parma Police Department is an **Equal Opportunity Employer**.

### 1: PERSONAL HISTORY

Name (Last, First, Middle)	
, ,	
Mailing Address	
City, State, Zip Code	
, ,	
Home Phone:	Message Phone:
E-mail address	May we use e-mail to contact you? Yes <input type="checkbox"/> No <input type="checkbox"/>
WEB Page:	Social Security Number - -
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Single/Never Married	

Driver's License Number:	State:
Has your driver's license ever been suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details (When, Where, Why)	

# City of Parma Police Department

Other: List all other names you have used including circumstances and time periods you used them.  
 (For example: maiden name, former name(s) and alias(es) or nickname(s)).

Name	Location	Date start	Date End

**I certify that I am in compliance with the provisions of the Selective Service Act (Draft Registration) Yes  No**

**I certify that I am a U.S. Citizen Yes  No**

**If naturalized please provide: Place:**

**Court:**

**Naturalization Number:**

**Do you have or have your ever applied for a Passport?**

Yes Passport # \_\_\_\_\_  No

**Can you pass the POST fitness evaluation?**

Yes  No

**Are you at least 21 years of age?**

Yes  No

**Have you ever committed a Misdemeanor?  Yes  No  Not Sure (If yes or unsure explain in Explanation/ Additional Information)**

**Have you ever committed a felony?  Yes  No  Not Sure (If yes or unsure explain in Explanation/ Additional Information)**

**Have ever been convicted of a crime other than an infraction?  Yes  No**

**Where            When?**

**(list additional in the Explanation/ Additional Information Section)**

**Have you previously been employed by the City of Parma or the Parma Police Department?**

Yes  No **If yes when:**

**If selected will you be available immediately to accept the position?  Yes  No  
 (If no when would you be available to start?)**

**Experience**

**Have you had previous experience as a law enforcement officer?  Yes  No  
 (if yes, please provide name of agency and dates of service, use additional pages as needed)**

**Are you certified by another state's Peace Officer Standards and Training equivalent to basic certification or intermediate certification in the state of Idaho?  Yes  No  
 (if yes please provide state and name of Academy)**

**Date attended: \_\_\_\_\_ Certificate Held:**

# City of Parma Police Department

**Are you a veteran?**  Yes  No **If yes please provide the following;**

**Branch of Military Service:**

**Dates of Service:**

**Serial Number:** \_\_\_\_\_ **Highest Rank or Ranking:**

**Rank or Rating at Separation:**

**Type and Date of Separation:** \_\_\_\_\_/

## 2: EDUCATION/ TRAINING

(Secondary And Post-Secondary Schools Attended)

High School or GED Name/ Address	Attended		Years Completed	Did You Graduate?	Type of Diploma
	From	To			

College/ University Name/ Address	Attended		Credit Hours Earned		Did You Graduate?	Type of Degree
	From	To	Qtr.	Sem		

**Major:**

**Minor:**

# City of Parma Police Department

Other Schools (trade, Vocational, Business or Military)

Name/ Address	Attended		Credit Hours Earned	Area Of Study	Did You graduate?	Type of Degree/ Certificate
	From	To				

### 3. Work History (Most recent employer first)

Job Title				
Address	From	To	Hrs/Wk	Employer
Reason for leaving:	Phone	Supervisor		May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>
Job Title				
Address	From	To	Hrs/Wk	Employer
Reason for leaving:	Phone	Supervisor		May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>
Job Title				
Address	From	To	Hrs/Wk	Employer
Reason for leaving:	Phone	Supervisor		May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>

If you need additional space, please continue on a separate sheet of paper.

# City of Parma Police Department

---

Summarize special skills and qualifications acquired from employment or other experience.  
Include copies of all certifications.

---

---

### Personal References

List three persons, other than family or former employers, who are familiar with your character and qualifications.

Name	Address	Phone	Years Known

Please list your hobbies and special interests:

---

# City of Parma Police Department

---

**Explanation/ Additional Information:**

--

Signature

Date

With the signature above, I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that should an investigation disclose untruthful or misleading answers, my application may be rejected, my name removed from consideration, or my employment with the City of Parma will be terminated.

# City of Parma Police Department

It is very important that you read this section carefully and that you fully understand before you sign it. This section affects your legal rights. If you have any questions please ask the Parma Police Department representative before you sign this application.

Please in the show each statement showing that you have read and understand each statement.

**In exchange for the City of Parma's consideration of this employment application:**

\_\_\_\_ 1. I promise that all information had supplied this application and any other form, oral or written, is true and accurate, and I agree that any misstated, misleading, incomplete, or false information is grounds for rejection, refusal to hire, withdrawal of an offer of employment, or immediate discharge without recourse, whenever and however discovered. I make this promise because I understand that you will rely on my statements to you in making your decision whether to hire me.

\_\_\_\_ 2. I understand and agree that the City of Parma, any agent acting on their behalf, as well as any other person responding to a reference request to this application, can and will seek and/or disclose any and all information about me which said corporation, agent, or person may have. I specifically authorized said disclosure and agree to hold all such corporations, agents, or persons harmless for the same. That is, I will not file a lawsuit, claim or charged against them for such disclosure. Nor will I threaten same or otherwise seek any kind of compensation for such disclosure.

\_\_\_\_ 3. I understand and agree with the fact that the City of Parma maintains a drug-free workplace that maintenance of the same is essential to the safety of the workplace and employees, and that I will be required to undergo a pre-employment drug and/ or alcohol screening and testing, and/or practical exercise designed to ascertain my suitability for employment and/or the job for which I'm being considered. I also understand and agree that I will be subject to such testing during the course of my employment, and specifically agreed not to oppose in any fashion such pre-hire or post hire testing. I understand that, subject to the applicable law, the City of Parma shall be the sole judge of the acceptability of any test results.

\_\_\_\_ 4. I acknowledge that I have been advised that the City of Parma is an equal opportunity employer, that the City of Parma does not discriminate against persons who are physically or mentally disabled, and that the City of Parma administers its employment policies in a nondiscriminatory manner.

\_\_\_\_ 5. I understand that I have an opportunity to review a copy of the City of Parma's employee handbook and that if I so desire I can review said handbook before I submit this employment application. I agree to abide by the terms and conditions of all City of Parma rules and regulations. I also understand personnel policies, programs, and procedures may have necessity change from time to time without prior notification

\_\_\_\_ 6. I understand and agree that, if hired, my employment will be at will, and that I or the City of Parma can terminate this employment relationship at any time, with or without notice, for any reason, good or bad, without recourse by either of us, with the exception of the contract signed stating that I will repay the city for the cost of training should I voluntarily leave in the first three years of employment. I also understand that if I am hired, the City of Parma Police Department has a one-year probationary period during which I'm expected to determine as quickly as possible whether I wish to continue to work for the City of Parma, just as the City of Parma will determine as quickly as possible whether a wants me to continue working for the City of Parma. Nothing about this introductory period, or its completion, changes the fact that, if hired, my employment will be at will. I also understand that no one at the City of Parma, or any City of Parma client, has authority to alter any of the terms and conditions of this application or Parma city employment policies, except those specified in the City of Parma personnel policies.

\_\_\_\_ 7. I understand and agree that work schedules and requirements vary and can be unpredictable, and that, while the city of Parma will make reasonable efforts to accommodate work schedules and employee availability, I may be required to work overtime, weekends, different shifts, or other arrangements. I consent to these requirements is necessary and legitimate conditions of employment.

\_\_\_\_ 8. I understand that this application will be kept on file for 12 months after which the application will be destroyed. I also understand that my application will not be considered for a specific position unless I contact the Parma Police Department and request my application be considered for current position opening. However, if I am employed than this application will become part of my permanent record.

\_\_\_\_ 9. I have read or have had this application read to me, and I understand everything on this application.

APPLICANT	WITNESS
Printed Name:	Printed Name:
Signature:	Signature:
Date:	Date: