VILLAGE OF RUSSELLS POINT, OHIO

APPLICATION FOR EMPLOYMENT — FORM 3

Please submit one application per position to the address indicated on the job posting. Copies are acceptable. Applications lacking sufficient information will be rejected. Please be sure to fill out all pages of this form. Also please note that this completed form will become a public record when submitted to the government agency.

Job Title: _____ Deadline Date: _____

PERSONAL INFORMATION

Last Name: _____ First Name: _____ Middle Initial: _____

Home Address: _____

City: _____ State: _____ County: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Social Security No.: _____

The following information will be used only if it is directly related to the position for which you are applying:

1. Are you willing and able to secure an Ohio Driver's License if a license is required? Yes: _____ No: _____
2. If the position requires travel, can you supply your own transportation? Yes: _____ No: _____
3. Have you ever been employed with the Village of Russells Point before: Yes: _____ No: _____

   If so, when and in what position(s): _____
4. Are you related to anyone that is currently employed by the Village of Russells Point? Yes: _____ No: _____

LICENSES, REGISTRATIONS, AND CERTIFICATES

License/Certification Issued By	Field/Trade/ Specialization	License/Certificate Number	Expires

SOCIAL SECURITY NUMBER NOTICE

Social Security Numbers (SSNs) are used to match individuals with their application file. Disclosure of your SSN is voluntary; however, a nine-digit number is necessary to process your application. Upon appointment and pursuant to certain laws and regulations, a request for a SSN is mandatory. Your SSN may be used for purposes including but not limited to the following: Identification of obligors under child support orders, detection of welfare fraud, processing background checks and tax information or general employee identification.

SUMMARY OF QUALIFICATIONS

In the area below, describe briefly the experience, education, and training and other factors that qualify you for the position for which you are applying. Refer to the minimum qualification and any position-specific qualifications posted for this position. Be sure to provide details of your background in the next section of this applications.

_____

_____

_____

_____

EDUCATION

High School Diploma? Yes: _____ No: _____

Name of High School: _____

Location (City, State, Zip): _____

GED Certificate Number: _____ GED Issued By: _____

POST HIGH SCHOOL EDUCATION

Include technical school, business school, professional school, college and university.

School Name and Location	Major Area(s) of Study	Type Degree or Certification

Please list below the specific course work areas at the high school level or beyond relevant to the position for which you are applying. Also indicate the number of courses you have successfully completed in each area. NOTE: A transcript may not be substituted for this section, although you may be required to submit a transcript.

Course Work Area	No. of Courses	Course Work Area	No. of Courses

TRAINING AND OTHER QUALIFICATIONS

(Do not include course work already described above)

Subject or Title of Training	Organization	Length of Training

List special equipment or machine you can operate: _____

_____

List computer software in which you have skill, including word processing, spreadsheet, and database programs.

Please indicate the name of the specific software: _____

_____

List special clerical skills, including typing and shorthand: _____

_____ Typing Speed: _____

List any additional relevant skills you have: _____

_____

Do you have any commitments (i.e., second job, school, etc.) which might interfere with, or adversely affect your employment should we select you for a position? Yes: _____ No: _____

If yes, please explain: _____

Russells Point Police Department

433 State Route 708
P.O. Box 30
Russells Point, Ohio 43348
Phone (937) 843-2245 • Fax (937) 843-9956

Investigative Request for Law Enforcement Data

Please check reason for records check:

☐ Pre-Employment Investigation ☐ Pre-Housing Investigation

☐ Other _____

Instructions: *One person per form.* All information provided must be consistent with photo identification, and form must be complete. Please print where indicated, and submit to department no more than ten (10) days after date of signature.

I, _____, hereby authorize the Russells Point Police Department to
(full name)

release all information regarding any arrest record I may have with the Village of Russells Point; also, any other information whether personal or otherwise that may or may not be on their records. Furthermore, I hereby release the Russells Point Police Department and all officers, agents and the employees thereof from any and all liability and damage whatsoever which may ensue from furnishing such information. (**Note:** It is recommended all requestors/investigators continue their investigation at the Bellefontaine Municipal Court at 226 West Columbus Avenue, Bellefontaine, Ohio 43311)

Full Name:	Last	First		Middle	
Alias/Other Names:					
Date of Birth	/ /	Social Security Number:		- -	
Current Address:	Number & Street	City	County	State	Zip
Mailing Address:	Number & Street	City	P.O. Box	State	Zip

_____ _____ _____
(Signature of Authorizing Person) (Signature of Requesting Official) (Date)

For Department Use Only

☐ We Have No Records On This Person ☐ Record Information Shown on Reverse Side

_____ _____
(Signature and Title of Reporting Official) (Date of Completion)

Updated 1/16/08

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_____ _____
(Signature and Title of Reporting Official) (Date of Completion)

Updated 11/6/08

Record Information Shown Below

Date	Offense	Disposition and Date	Location of Disposition (Court & City)

Remarks or Additional Information
