APPLICANT IN	FORMATION	
Last Name	First	M. I.
Street Address		Apartment/Unit #

NORWOOD POLICE DEPARTMENT

Communications Center Dispatcher Employment Application

											#			
City					S	State						ZIP		
Home Phone				ork Phone					Mot	Mobile Phone				
Social Security No	,			te of Birth	ı	Position			ition Applie	d for				
Have you ever Ap	<b>plied</b> for a jo	b with the (	City of Nor	wood?	YES		NO 🗌	(Explain)	)					
Have you ever Wo	orked for the	City of Nor	wood?		YES		NO 🗌	(Explain)	)					
Has the Norwood	Civil Service (	Commission	ever rejec	cted your	applic	ation	?	YES 🗌		NO 🗌				
(If Yes, Why?)														
Are you at least 2 years of age?	<sup>1</sup> YES □	NO 🗌	Do you h valid Driv		′ES 🗌	S D NO I If yes, list state and license #								
Military Veteran's Credit		YES 🗌	NO 🗌	20% Cr	edit	Attach DD214								
Four Year College	Degree	YES 🗌	NO 🗌	10% Cr	edit	it Attach Degree Certificate								
Two Year College Degree		YES	NO 🗌	5% Cr	edit	dit Attach Degree Certificate								
Ohio Certified Police Officer		YES 🗌	NO 🗌	10% Cr	edit	Attach Certification								
Other State Certified Police Officer		YES 🗌	NO 🗌	5% Cr	edit	Attach Certification								
Norwood Police Auxiliary		YES	NO 🗌	5% Cr	edit									

EDUCATION										
High School			Address							
From	То	To Did you gradu		YES 🗌	NO 🗌	G. E. D.?	YES 🗌	NO 🗌		
College				Address						
From	To Did		Did you graduate?	YES 🗌	NO 🗌	Degree	Degree			
Other		·	·			·				
From	To Did you graduate?		YES 🗌	NO 🗌	Degree					
Other				Address						
From	То		Did you graduate?	YES 🗌	NO 🗌	Degree				

AN EQUAL OPPORTUNITY EMPLOYER REASONABLE ACCOMMODATION FOR THE ABLE-DISABLED

Received Date	Time

ΒY



M. I.

EDUCATION	continued											
What were your	r major fields in college?											
List any SPECIA Armed Forces, b	AL COURSES you have con business college, etc., wh	npleted, such as: ni ich would help you	ight school, n to qualify for	nanpo the p	ower traiı position a	ning program	ns, corresponde	nce courses,	courses with the			
	COURSES SCHOOL NUMBER OF CREDIT HOURS (semeste								R OF CREDIT (semester			
CONVICTIONS												
Have you ever been convicted of a local, state, or federal offense? (NOTE: A record of convictions is not an automatic bar to employment) If the answer to this question is a YES, explain in the REMARKS section YES NO												
REMARKS: Use t	this space for any further informa ICTION Records: list when, where	tion that will be helpful in a	evaluating your a	applicat	tion, such as	: job related volu	inteer work and hob	bies. Attach an a	dditional sheet if			
	CTION RECOUS. ISE WHEN, WHEN											
References (Pla	lease list three)											
Full Name	,			Phone	e							
Company												
Address				Relationship								
Full Name				Phone	e							
Company												
Address				Relati	ionship							
Full Name	Phone											
Company												
Address	Relationship											
	US EMPLOYMENT				F							
Company					Phone							
Address	Supervisor											
Job Title	Starting Salary \$ Ending Salary \$											
Responsibil	lities		<u></u>	,			J /					
From	То	Reason for Leaving										
	10		9									
May we co	ntact your previous supe	visor for a reference	e? YES		NO 🗌							

PREVIOUS EMPLOYMENT continued									
Company				Phone					
Address				Supervisor					
Job Title Starting Salary						Ending Salary \$			
Responsibiliti	es					'			
From	Reason for Leaving	)							
		1							
May we cont	act your previous supe	ervisor for a referenc	e? YES 🗌	NO 🗌					
Company				Phone					
Address				Supervisor					
Job Title			Starting Salary	\$		Ending Salary \$			
Responsibiliti	es								
From	То	Reason for Leaving	)						
May we cont	act your previous supe	ervisor for a referenc	e? YES 🗌	NO 🗌					
How did you	find out that the Norw	vood Police Departm	ent was hiring? Pl	ease take a n	ninute to	) let us know.			
APPLICANT'S CERTIFICATE AND RELEASE									
All information provided by me in support of my application for employment is true and correct to the best of my knowledge. I understand that									
misrepresentations or omissions may be cause for rejection, or may be cause for subsequent dismissal if I am hired. I hereby authorize any									
present or former employer, person, firm, corporation, or government agency to answer any and all questions and to release or provide any									
	-	-	to hold any and a	all of them bla	meless	and free of any liability for releasing any truthful			
information that is within their knowledge or records.									
Signature					Date				
Address									



## FAIR CREDIT REPORTING ACT **DISCLOSURE FORM**

Certain amendments to the Fair Credit Reporting Act, effective September 30, 1997, impose upon Employers certain disclosure obligations when it is contemplated that certain consumer reports will be utilized. Therefore, in accordance with the Fair Credit Reporting Act, you are hereby advised of the following:

1. You are hereby advised that a Consumer Report or an Investigative Consumer Report may be requested from a Consumer Reporting Agency about you. An Investigative Consumer Report may include information about your character, general reputation, personal characteristics and mode of living.

2. If an Investigative Consumer Report is requested, you have the right to obtain a complete and accurate statement of the nature and scope of the investigation and to be generally advised of your consumer rights under the Fair Credit Reporting Act.

3. If adverse action is contemplated based upon a Consumer Report of Investigative Consumer Report, you will be provided additional notices and information.

## FAIR CREDIT REPORTING ACT ACKNOWLEDGEMENT AND AUTHORIZATION

I hereby authorize Norwood, Ohio or its authorized agents, to conduct a thorough investigation of me during the course of the Employment Application process including, without limitation, information concerning my prior employment positions, criminal background, educational background, and personal history. This authorization specifically includes Consumer Reports and Investigative Consumer Reports.

I hereby acknowledge receipt of a Fair Credit Reporting Act Disclosure Form which has fully advised me of my rights under the Fair Credit Reporting Act.

Applicant signature: \_\_\_\_\_

Applicant name: \_\_\_\_\_ Date: \_\_\_\_\_