

Employment
History

List below present and past employment, beginning with your most recent

Company: _____ Phone: () _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____
From: _____ To: _____ Reason for leaving: _____
May we contact your previous supervisor? Yes ___ No ___

Company: _____ Phone: () _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____
From: _____ To: _____ Reason for leaving: _____
May we contact your previous supervisor? Yes ___ No ___

Company: _____ Phone: () _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____
From: _____ To: _____ Reason for leaving: _____
May we contact your previous supervisor? Yes ___ No ___

Company: _____ Phone: () _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____
From: _____ To: _____ Reason for leaving: _____
May we contact your previous supervisor? Yes ___ No ___

(continue application on next page)

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? Yes ___ No ___ Degree: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? Yes ___ No ___ Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? Yes ___ No ___ Degree: _____

Personal
References
(not former
employers or
relatives)

Full Name: _____ Phone: _____

Address: _____

Full Name: _____ Phone: _____

Address: _____

Full Name: _____ Phone: _____

Address: _____

May we telephone you to follow up on this application at home? Yes ___ No ___

If yes, what is the best time to call? _____

May we telephone you to follow up on this application at work? Yes ___ No ___

If yes, what is the best time to call? _____

What is your business telephone number? _____

PLEASE READ AND SIGN BELOW

The facts set forth in my application for employment are true and complete. I understand that if employed, any false statement on this application may result in my dismissal. I further understand that this application is not and is not intended to be a contract of employment, nor does this application obligate the City of Hillsboro in any way if the City of Hillsboro decides to employ me. I understand and agree that my employment is at-will and can be terminated by either party with or without notice, at any time, for any reason or no reason. No one other than the Mayor and or Safety-Service Director has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing and then only in writing signed by them.

Signature of Applicant

AUTHORITY TO RELEASE INFORMATION

To Whom It May Concern:

I hereby permit any authorized representative of the Hillsboro Police Department bearing this release, or copy thereof, within two years and its date to obtain any information you have concerning my moral and character suitability for the position for which I am apply for with the City of Hillsboro.

I hereby direct you to release to the bearer upon request any information in your files pertaining to my employment, military credit or educational records including, but not limited to, academic achievement, attendance, athletic, personal history, and disciplinary records. This release is executed with full knowledge and understanding that the information is for the official use of the City of Hillsboro regarding employment only. Consent is granted to the Hillsboro Police Department to furnish such information, as is described above, to third parties in the course of fulfilling its official responsibilities.

I hereby release you, as the custodian of such record, and any school, college, university, or other educational institution, credit bureau, lending institution, consumer reporting agency, or retail business establishment including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it.

Signature: _____

Typed or Printed Name: _____

Social Security Number: _____

Date of Birth: _____

Address: _____

City and State, Zip: _____

Phone: _____

Witness: _____

Date: _____

HILLSBORO POLICE DEPARTMENT

108 Governor Trimble Place, Hillsboro, Ohio 45133
Telephone: (937) 393-3411

Nicholas L. Thompson
Chief of Police

RELEASE TO PROVIDE PERSONAL INFORMATION

I, _____, SOCIAL SECURITY NUMBER: _____
(Print Name)

HEREBY GRANT THE _____ PERMISSION TO EXAMINE ALL CRIMINAL RECORDS PERTAINING TO ME FOR THE PURPOSES OF CONSIDERATION OF EMPLOYMENT OR OBTAINING RESIDENTIAL ACCOMODATIONS.

I, HEREBY KNOWINGLY AND WILLINGLY MAKE THIS LIMITED WAIVER OF MY RIGHT OF PRIVACY AND UNDER CHAPTER 1347 OF THE OHIO REVISED CODE.

I, HEREBY RELEASE THE CITY OF HILLSBORO, THE HILLSBORO POLICE DEPARTMENT AND IT'S DESIGNATED EMPLOYEES FROM ANY AND ALL LIABILITY ARISING IN CONNECTION WITH THIS RECORD CHECK.

FOR PURPOSES OF THIS REQUEST, I UNDERSTAND THAT THE ONLY INFORMATION PROVIDED WILL BE THAT WHICH IS ON FILE WITH THE HILLSBORO POLICE DEPARTMENT ARREST FILES AND THIS INFORMATION WILL NOT CONTAIN ANY INFORMATION FROM ANY COURT, THE OHIO BUREAU OF IDENTIFICATION AND INVESTIGATION, THE FEDERAL BUREAU OF INVESTIGATION, THE OHIO BUREAU OF MOTOR VEHICLES, THE NATIONAL CRIME INFORMATION CENTER OR OTHER LAW ENFORCEMENT AGENCY. ALL INFORMATION PROVIDED TO COMPLY WITH THIS REQUEST SHOULD BE VERIFIED BY THE RESPECTIVE COURTS INVOLVED.

SIGNATURE: _____ DATE: _____

WITNESS(ES): _____

Hillsboro Police Department Arrest Records Show the following arrests:

Checked By: _____ Date: _____

EMPLOYMENT ELIGIBILITY VERIFICATION (Form I-9)

1 EMPLOYEE INFORMATION AND VERIFICATION: (To be completed and signed by employee.)

Name: (Print or Type) Last	First	Middle	Birth Name
Address: Street Name and Number	City	State	ZIP Code
Date of Birth (Month/Day/Year)	Social Security Number		

I attest, under penalty of perjury, that I am (check a box):

- 1. A citizen or national of the United States.
- 2. An alien lawfully admitted for permanent residence (Alien Number A _____).
- 3. An alien authorized by the Immigration and Naturalization Service to work in the United States (Alien Number A _____, or Admission Number _____, expiration of employment authorization, if any _____).

I attest, under penalty of perjury, the documents that I have presented as evidence of identity and employment eligibility are genuine and relate to me. I am aware that federal law provides for imprisonment and/or fine for any false statements or use of false documents in connection with this certificate.

Signature	Date (Month/Day/Year)
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PREPARER/TRANSLATOR CERTIFICATION (To be completed if prepared by person other than the employee). I attest, under penalty of perjury, that the above was prepared by me at the request of the named individual and is based on all information of which I have any knowledge.

Signature	Name (Print or Type)
Address (Street Name and Number)	City State Zip Code

2 EMPLOYER REVIEW AND VERIFICATION: (To be completed and signed by employer.)

Instructions:

Examine one document from List A and check the appropriate box, **OR** examine one document from List B **and** one from List C and check the appropriate boxes. Provide the **Document Identification Number** and **Expiration Date** for the document checked.

List A Documents that Establish Identity and Employment Eligibility	List B Documents that Establish Identity	List C Documents that Establish Employment Eligibility
<input type="checkbox"/> 1. United States Passport <input type="checkbox"/> 2. Certificate of United States Citizenship <input type="checkbox"/> 3. Certificate of Naturalization <input type="checkbox"/> 4. Unexpired foreign passport with attached Employment Authorization <input type="checkbox"/> 5. Alien Registration Card with photograph <i>Document Identification</i> # _____ <i>Expiration Date (if any)</i> _____	<input type="checkbox"/> 1. A State-issued driver's license or a State-issued I.D. card with a photograph, or information, including name, sex, date of birth, height, weight, and color of eyes. (Specify State) _____ <input type="checkbox"/> 2. U.S. Military Card <input type="checkbox"/> 3. Other (Specify document and issuing authority) _____ <i>Document Identification</i> # _____ <i>Expiration Date (if any)</i> _____	<input type="checkbox"/> 1. Original Social Security Number Card (other than a card stating it is not valid for employment) <input type="checkbox"/> 2. A birth certificate issued by State, county, or municipal authority bearing a seal or other certification <input type="checkbox"/> 3. Unexpired INS Employment Authorization Specify form # _____ <i>Document Identification</i> # _____ <i>Expiration Date (if any)</i> _____

CERTIFICATION: I attest, under penalty of perjury, that I have examined the documents presented by the above individual, that they appear to be genuine and to relate to the individual named, and that the individual, to the best of my knowledge, is eligible to work in the United States.

Signature	Name (Print or Type)	Title
Employer Name	Address	Date