



JAMESTOWN POLICE DEPARTMENT

84 Seaman Drive
Jamestown, OH 45335

EMPLOYMENT APPLICATION

PLEASE TYPE OR PRINT

POSITION APPLIED FOR:		DATE OF APPLICATION:
NAME: (Last, First, Middle)		
ADDRESS: (Number, Street, City, State, Zip Code)		
TELEPHONE NUMBER:	E-MAIL ADDRESS:	
DRIVERS LICENSE NUMBER:	BIRTHDATE:	SOCIAL SECURITY NUMBER:
IF YOU ARE UNDER 18 YEARS OF AGE, CAN YOU PROVIDE REQUIRED PROOF OF YOUR ELIGIBILITY TO WORK?		Check One: <input type="checkbox"/> YES <input type="checkbox"/> NO
ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE UNITED STATES?		<input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU EVER APPLIED FOR EMPLOYMENT WITH JAMESTOWN PD BEFORE?		<input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU EVER BEEN EMPLOYED WITH JAMESTOWN PD?		<input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU EVER BEEN EMPLOYED BY A TOWNSHIP, MUNICIPALITY, COUNTY, VILLAGE, STATE GOVERNMENT, SCHOOL OR ANY OTHER GOVERNMENTAL EMPLOYER?		<input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU EVER SERVED IN THE UNITED STATES ARMED FORCES?		<input type="checkbox"/> YES <input type="checkbox"/> NO

EDUCATION

List the last four schools you attended beginning with the most recent.

COLLEGE/UNIVERSITY NAME & LOCATION:	YEARS COMPLETED: (Check One)	DEGREE/MAJOR:
	1 2 3 4	
	1 2 3 4	
	1 2 3 4	
HIGH SCHOOL NAME:	LOCATION: (City & State)	DID YOU GRADUATE? (Check One) <input type="checkbox"/> YES <input type="checkbox"/> NO

EMPLOYMENT HISTORY

Begin with your current or last job. Include any job-related volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status. If you need additional space, please continue on a separate sheet of paper.

COMPANY/EMPLOYER:	JOB TITLE:	DATES EMPLOYED:
ADDRESS: (Number, Street, City, State, Zip Code)		
PHONE NUMBER:	IMMEDIATE SUPERVISOR:	
HOURLY RATE:	REASON FOR LEAVING:	
DUTIES PERFORMED:		
COMPANY/EMPLOYER:	JOB TITLE:	DATES EMPLOYED:
ADDRESS: (Number, Street, City, State, Zip Code)		
PHONE NUMBER:	IMMEDIATE SUPERVISOR:	
HOURLY RATE:	REASON FOR LEAVING:	
DUTIES PERFORMED:		
COMPANY/EMPLOYER:	JOB TITLE:	DATES EMPLOYED:
ADDRESS: (Number, Street, City, State, Zip Code)		
PHONE NUMBER:	IMMEDIATE SUPERVISOR:	
HOURLY RATE:	REASON FOR LEAVING:	
DUTIES PERFORMED:		

**OTHER JOB-RELATED
EXPERIENCE**

Describe any job-related skills and qualifications acquired from employment or other experience including any military service. You may also state any additional information you feel may be helpful to us in evaluating your application.

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, veteran status or any other legally protected status.

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with the Village of Jamestown is of an "at will" nature, which means that the employee may resign at any time and the Village of Jamestown may terminate employment of the employee at any time for any reason.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in termination of my employment. In consideration of my employment, I agree to conform to the rules, regulations, and policies of the Village of Jamestown and the Jamestown Police Department.

Signature of Applicant

Date