

Michael J. Rizzo  
Chief of Police

**South Russell Village**  
Department of Police  
5205 Chillicothe Road  
South Russell, Ohio  
44022

Office: 440-338-6700  
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**Authorization to Release Information**

I hereby authorize any Police Officer or other authorized representative of the South Russell Police Department bearing this release, or copy thereof, within one (1) year of its date, to obtain any information in your files pertaining to my employment, military service, credit or educational records including, but not limited to academic, achievement, attendance, athletic, personal history, and disciplinary records; medical records and credit cards. I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the South Russell Police Department. Consent is granted for the South Russell 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 records, and any school, college, university, or other educational institution, hospital, or other repository of medical records, 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.

Full Name: \_\_\_\_\_  
Signature

Full Name: \_\_\_\_\_  
Typed or Printed

STATE OF OHIO:

COUNTY OF \_\_\_\_\_

\_\_\_\_\_ being first duly sworn on his/her oath says that the statements made and subscribed by him/her in the foregoing application are true.

\_\_\_\_\_  
Signature of Applicant

Subscribed in my presence by the said affiant and by him/her sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary





6. Work Experience: **List all jobs you have had in the last ten years**, listing your most recent job first. If you need more space, you may attach additional sheets.

|                              |                                    |                     |
|------------------------------|------------------------------------|---------------------|
| Name and Address of Employer | From:                              | Salary per Month:   |
|                              | To:                                | Reason for Leaving: |
|                              | Exact Title or Position:           |                     |
|                              | Name and Title of your Supervisor: |                     |
|                              | Your Duties:                       |                     |
|                              |                                    |                     |
| Telephone:<br>( ) -          |                                    |                     |

|                              |                                    |                     |
|------------------------------|------------------------------------|---------------------|
| Name and Address of Employer | From:                              | Salary per Month:   |
|                              | To:                                | Reason for Leaving: |
|                              | Exact Title or Position:           |                     |
|                              | Name and Title of your Supervisor: |                     |
|                              | Your Duties:                       |                     |
|                              |                                    |                     |
| Telephone:<br>( ) -          |                                    |                     |

|                              |                                    |                     |
|------------------------------|------------------------------------|---------------------|
| Name and Address of Employer | From:                              | Salary per Month:   |
|                              | To:                                | Reason for Leaving: |
|                              | Exact Title or Position:           |                     |
|                              | Name and Title of your Supervisor: |                     |
|                              | Your Duties:                       |                     |
|                              |                                    |                     |
| Telephone:<br>( ) -          |                                    |                     |

|                              |                                    |                     |
|------------------------------|------------------------------------|---------------------|
| Name and Address of Employer | From:                              | Salary per Month:   |
|                              | To:                                | Reason for Leaving: |
|                              | Exact Title or Position:           |                     |
|                              | Name and Title of your Supervisor: |                     |
|                              | Your Duties:                       |                     |
|                              |                                    |                     |
| Telephone:<br>( ) -          |                                    |                     |
|                              |                                    |                     |

|                              |                                    |                     |
|------------------------------|------------------------------------|---------------------|
| Name and Address of Employer | From:                              | Salary per Month:   |
|                              | To:                                | Reason for Leaving: |
|                              | Exact Title or Position:           |                     |
|                              | Name and Title of your Supervisor: |                     |
|                              | Your Duties:                       |                     |
|                              |                                    |                     |
| Telephone:<br>( ) -          |                                    |                     |
|                              |                                    |                     |

|                              |                                    |                     |
|------------------------------|------------------------------------|---------------------|
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|                              | To:                                | Reason for Leaving: |
|                              | Exact Title or Position:           |                     |
|                              | Name and Title of your Supervisor: |                     |
|                              | Your Duties:                       |                     |
|                              |                                    |                     |
| Telephone:<br>( ) -          |                                    |                     |
|                              |                                    |                     |

7. Have you been honorably discharged from the military? ( ) Yes ( ) No  
 If yes, attach a copy of your DD-214

8. Military Service

|                 |                    |
|-----------------|--------------------|
| Date of Service | Branch:            |
| From:           |                    |
| To:             | Rank at Discharge: |

9. Police Academy

|                 |                                     |
|-----------------|-------------------------------------|
| Date of Academy | Location of academy:                |
| From:           | Position in the class at graduation |
| To:             |                                     |

10. Any Special Qualifications?

Special training, experience or abilities that you have which would be of value in the position for which you are applying. If extra space is needed, attach pages.

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11. Were you ever discharged or forced to resign because of misconduct or unsatisfactory performance: ( ) Yes ( ) No

If yes, state circumstances and address of employers

|           |                |
|-----------|----------------|
| Employer: | Circumstances: |
|           |                |
| Employer: | Circumstances: |
|           |                |

12. May we contact your present employer?      ( ) Yes    ( ) No  
If no, please explain why.

13. Do you have a valid Ohio driver's license?      ( ) Yes      ( ) No

14. Were you ever convicted for any traffic violations, excluding parking tickets?  
( ) Yes      ( ) No

If yes, list the date, violation, city, and disposition.

| Date | Nature of Violation | City | Disposition |
|------|---------------------|------|-------------|
|      |                     |      |             |
|      |                     |      |             |
|      |                     |      |             |
|      |                     |      |             |
|      |                     |      |             |
|      |                     |      |             |

15. Have you ever been arrested, charged or convicted of a misdemeanor, other than a traffic violation?      ( ) Yes      ( ) No

If Yes, List the date, violation, city and disposition.

| Date | Nature of Violation | City | Disposition |
|------|---------------------|------|-------------|
|      |                     |      |             |
|      |                     |      |             |
|      |                     |      |             |
|      |                     |      |             |

16. Have you ever been arrested, charged or convicted of any felony?      ( ) Yes    ( ) No

17. Have you ever been involved in civil litigation either as a plaintiff or a defendant?

( ) Yes                      ( ) No

If Yes, List the date, nature of the action, city and disposition

| Date | Nature of Action | City | Disposition |
|------|------------------|------|-------------|
|      |                  |      |             |
|      |                  |      |             |
|      |                  |      |             |
|      |                  |      |             |
|      |                  |      |             |
|      |                  |      |             |

18. Have you ever been in a traffic accident regardless of whether or not the accident was your fault? ( ) Yes      ( ) No

If Yes:

|                             |                                      |
|-----------------------------|--------------------------------------|
| Date:                       | Police Investigation: ( ) Yes ( ) No |
| Location (city and street): |                                      |
| Cause of Accident:          |                                      |
| Injury or Non-Injury:       |                                      |
| Who was legally at fault:   |                                      |

|                             |                                      |
|-----------------------------|--------------------------------------|
| Date:                       | Police Investigation: ( ) Yes ( ) No |
| Location (city and street): |                                      |
| Cause of Accident:          |                                      |
| Injury or Non-Injury:       |                                      |
| Who was legally at fault:   |                                      |



19. Have you ever taken a police examination before?      ( ) Yes      ( ) No

| Agency | Date | Position Applied For | Status |
|--------|------|----------------------|--------|
|        |      |                      |        |
|        |      |                      |        |
|        |      |                      |        |

20. Are you currently on any active Civil Service list?      ( ) Yes      ( ) No

21. Have you ever been bonded?      ( ) Yes      ( ) No

If yes, give name of bonding company or employer and amount of bond.

| Bonding Company or Employer | Bond Amount |
|-----------------------------|-------------|
|                             |             |
|                             |             |

22. List references, both personal and professional that you have known for at least 5 years.

| Name | Address and Phone number |
|------|--------------------------|
|      |                          |
|      |                          |
|      |                          |
|      |                          |
|      |                          |

23. Have you ever used or sold illicit drugs?      ( ) Yes      ( ) No  
 (If yes, list details on a separate sheet)

24. Do you consume alcoholic beverages?      ( ) Yes      ( ) No  
 If yes, how much & how often.

25. Have you ever filled for bankruptcy?      ( ) Yes      ( ) No  
 If yes, please explain on a separate sheet.

Submission of any false information or omitted information will result in disqualification from the application process. If any information presented is found to be false or if it is discovered that information has been omitted from this application after the applicant has received appointment, it is grounds for termination. I certify that the information contained in this application is true and correct to the best of my knowledge.

Full Name: \_\_\_\_\_  
Signature

Full Name: \_\_\_\_\_  
Typed or Printed

STATE OF OHIO:

COUNTY OF \_\_\_\_\_

\_\_\_\_\_ being first duly sworn on his/her oath says that the statements made and subscribed by him/her in the foregoing application are true.

\_\_\_\_\_  
Signature of Applicant

Subscribed in my presence by the said affiant and by him/her sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary

Please return the following items along with your completed application:

1. A copy of your Birth Certificate
2. A copy of your DD214 (If applicable)
3. A copy of your Police Academy Certificate
4. A copy of your Drivers License
5. A copy of your High School Diploma or G.E.D.