



Village of South Russell

Chief of Police
Michael J. Rizzo

Police Department

5205 Chillicothe Road, South Russell, Ohio 44022

Phone: 440.338.6700
Dispatch: 440.247.7321

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

The South Russell Police Department is an equal opportunity employer and does not discriminate on the basis of Race, Color, National Origin, Sex, Religion, Age or Disability in employment.

Personal History of: _____
 (Last) (First) (Mi)

City: _____ State: _____ Zip: _____

Cell: _____ S.S.N.: _____

Date this information was completed: _____

This personal history questionnaire is intended for the use of the South Russell Police Department. You must be truthful and complete on all answers requested on this form. All information contained herein will be subject to verification, i.e., source of documentation, V.S.A. exam and screening procedures.

The answers to questions contained in this questionnaire must be legible. Each individual question must be answered; there can be no blanks. If a question does not apply to your particular circumstance, insert, “DNA” in the blank. When answering questions that require dates, insert the full date, partial month-year responses are unacceptable. You must provide complete address information when requested. Partial address responses are unacceptable. Any incomplete applications will be disqualified.

1. Are you a U.S. Citizen? () Yes () No

2. Have you reached the age of 21? () Yes () No

3. Who should be notified in case of an emergency?

Name: _____ (Relationship)

Address: _____

Telephone Number: _____

4. List all previous Addresses in the past 10 years.

Address	From (month – year)	To (month – year)

5. Education

Did you graduate from High School? () Yes () No

If no, circle the highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12

Name of High School attended: _____

Location: _____

College, Universities, or Trade School Attended	Dates Attended	Total Credit Hours	Degree	Major Subjects

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: () -		

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: () -		

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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: () -		

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:	
To:	Position in the class at graduation

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.

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

If yes, Explain: _____

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 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

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

Agency	Date	Position Applied For	Status

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

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 been bonded? () Yes () No

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

Bonding Company or Employer	Bond Amount

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

Name	Address and Phone number

21. Have you ever used or sold illicit drugs?
(If yes, list details on a separate sheet)

() Yes

() No

22. Do you consume alcoholic beverages?
If yes, how much & how often.

() Yes

() No

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.

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

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of _____, 20____

Notary