



Sheffield Village Police Department

William Visalden Jr.
Chief of Police



4340 Colorado Ave. Sheffield Village, Ohio 44054 • Phone: (440) 949-6155 • Fax: (440) 949-2534

Equal Employment Opportunity

All employees and applicants for employment with the Sheffield Village Police Department shall be dealt with in a fair and equitable manner based solely upon merit, fitness and such bona fide occupational qualifications as each individual might possess. No personnel decision shall be based upon race, color, religion, sex, gender expression, sexual preference, national origin, age, disability or other non-job related criteria.

SHEFFIELD VILLAGE POLICE DEPARTMENT HIRING QUALIFICATIONS

Preliminary hiring qualifications include:

- a.) United States Citizen
- b.) Valid Ohio Driver's License.
- c.) 21 years of age or Older (Police Officer)
- d.) High School Diploma or G.E.D.
- e.) Current valid Certification by Ohio Police Officer Training Academy as a Peace Officer.

APPLICATION FOR EMPLOYMENT

VILLAGE OF SHEFFIELD
4340 COLORADO AVENUE
SHEFFIELD VILLAGE, OH 44054
(440) 949-6325

We consider applications for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, sexual orientation, citizenship status, genetic information or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For		Date of Application	
How Did You Learn About Us?			
☐ Advertisement	☐ Relative	☐ Inquiry	
☐ Employment Agency	☐ Friend	☐ Other _____	
Last Name		First Name	Middle Name
Address	Number	Street	City
		State	Zip Code
Telephone Number(s)		Social Security Number (Voluntary)	

Best time to contact you at home is: _____:_____ AM
PM

If you are under 18 years of age, can you provide required proof of your eligibility to work? ☐ Yes ☐ No

Have you ever filed an application with us before? ☐ Yes ☐ No

..... If Yes, give date _____

Have you ever been employed with us before?..... ☐ Yes ☐ No

If Yes, give date _____

Do any of your friends or relatives, other than spouse, work here? ☐ Yes ☐ No

Are you currently employed? ☐ Yes ☐ No

May we contact your present employer? ☐ Yes ☐ No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?
Proof of citizenship or immigration status will be required upon employment. ☐ Yes ☐ No

Date available for work ____/____/____ What is your desired salary range? _____

Are you available to work: ☐ Full-Time (please indicate 1 2 3 shift)

☐ Part-Time (please indicate Mornings Afternoon Evenings)

☐ Temporary (please indicate dates available ____/____/____ - ____/____/____)

Are you currently on "lay-off" status and subject to recall? ☐ Yes ☐ No

Can you travel if a job requires it? ☐ Yes ☐ No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

	Name and Address of School	Course of Study	Number of Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

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EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1.	Employer		Dates Employed	From	To
	Address		Work Performed		
	Telephone Number(s)				
	Job Title	Supervisor			
	Reason for Leaving				
2.	Employer		Dates Employed	From	To
	Address		Work Performed		
	Telephone Number(s)				
	Job Title	Supervisor			
	Reason for Leaving				
3.	Employer		Dates Employed	From	To
	Address		Work Performed		
	Telephone Number(s)				
	Job Title	Supervisor			
	Reason for Leaving				
4.	Employer		Dates Employed	From	To
	Address		Work Performed		
	Telephone Number(s)				
	Job Title	Supervisor			
	Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

ADDITIONAL INFORMATION

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

SPECIALIZED SKILLS (CHECK SKILLS/EQUIPMENT OPERATED)

☐ Terminal	☐ Spreadsheet	Production/Mobile Machinery (list)	Other (list)
☐ PC/MAC	☐ Word Processing	_____	_____
☐ Typewriter	☐ Shorthand	_____	_____
WPM _____	WPM _____	_____	_____

State any additional information you feel may be helpful to us in considering your application.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Can you perform the essential functions of the job, for which you are applying, either with or without a reasonable accommodation? ☐ YES ☐ NO

REFERENCES

1. _____ (Name) (_____) _____ Phone #

(Address)
2. _____ (Name) (_____) _____ Phone #

(Address)
3. _____ (Name) (_____) _____ Phone #

(Address)

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview ☐ Yes ☐ No

Remarks _____

INTERVIEWER DATE

Employed ☐ Yes ☐ No Date of Employment _____

Job Title _____ Hourly Rate/
Salary _____ Department _____

By _____
NAME AND TITLE DATE

This Application For Employment is sold for general use throughout the United States. Amsterdam Printing assumes no responsibility for the use of said form or any questions which, when asked by the employer of the job applicant, may violate State and/or Federal Law.

