



**PERSONAL INFORMATION**

\_\_\_\_\_  
FIRST NAME MIDDLE LAST

ADDRESS\_\_\_\_\_

CITY\_\_\_\_\_ STATE\_\_\_\_\_ ZIP\_\_\_\_\_

HOME PHONE\_\_\_\_\_ CELL PHONE\_\_\_\_\_

EMAIL ADDRESS\_\_\_\_\_

How long have you been a resident at the above address?\_\_\_\_\_

If less than four years, give previous address:\_\_\_\_\_

Are you legally authorized in the United States \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you 21 years or older? \_\_\_\_\_ Yes \_\_\_\_\_ No

Name and address of person to notify in an emergency:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you drink intoxicating liquors? \_\_\_\_\_ Yes \_\_\_\_\_ No

To what extent?\_\_\_\_\_

Did you ever serve in any branch of the Armed Forces? \_\_\_\_\_ Yes \_\_\_\_\_ No

Branch\_\_\_\_\_ Length of Service\_\_\_\_\_

Primary Duties

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<b>EDUCATION</b>	<b>SCHOOL NAMES &amp; LOCATIONS</b>	<b>NUMBER OF YEARS ATTENDED</b>	<b>COURSE OF STUDY</b>	<b>GRADUATE</b>	<b>LAST YEAR ATTENDED</b>
<b>Grammar School</b>					
<b>High School</b>					
<b>College Or University</b>					
<b>Night School</b>					
<b>Other Schools</b>					

Have you ever before FILED AN APPLICATION for the position of Patrolman in the City of Shelby? \_\_\_\_\_ Yes \_\_\_\_\_ No If so, state when: \_\_\_\_\_

List below complete work history for the last five years starting with your present position and working back. List periods of unemployment.

<b>Occupation</b>	<b>From – To</b>	<b>Name &amp; Address Of Employer</b>	<b>Reason For Leaving</b>

Give names and addresses of five references, other than relatives of city employees, and the length of time they have known you:

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In the space below, describe any special qualifications in training and experience you have had that in your opinion will qualify you for the position for which this application is filed.

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**RELEASE**

I understand that as an applicant for the position of patrolman, I will be subject to a background investigation that will include a reference and credit check. I hereby give consent and authorize the Employer to conduct any investigation the Employer deems necessary.

I further authorize any past employer and any school I have attended to release my employment and/or education records to the City of Shelby.

STATE OF OHIO            )  
  )ss  
RICHLAND COUNTY        )

Print Name below

\_\_\_\_\_, being first duly sworn, says that the statements in the foregoing application are true, as he/she verily believes.

Signature below **before the notary only**

\_\_\_\_\_

Sworn to before me and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

Seal