

APPLICATION FOR EMPLOYMENT

MEDWAY DRUG ENFORCEMENT AGENCY

An Equal Opportunity Employer

Applicants for employment with MEDWAY DRUG ENFORCEMENT AGENCY are evaluated and selected on the basis of individual merit and ability with respect to the position being filled. Applicants are selected and hired without discrimination based on race, color, religion, sex, age, national origin, political affiliation, disability or ancestry.

Applicants may request reasonable accomodation in the application/interview process. Attach a recent photograph to this application.

PLEASE PRINT

Name (Last, First, Middle): Phone #: Application Date:

Address: Social Security #:

Are you a citizen of the United States? Are you a Veteran? Branch of Service: Note: If yes, DD214 Form is required upon hire.

PERSONAL DATA

Position(s) Desired: Agent Full time Clerical Part Time Have you previously applied for a job with this department? Yes No When:

Do you have a valid driver's license? Yes No Ohio driver's license number: Has it been suspended or revoked within the last 3 years? Yes No

Have you ever been convicted of a felony? Yes No

If yes, give date, nature and place of each conviction:

Have you been certified under the requirements of the Ohio Peace Officer's Training Council of Ohio? Yes No

If yes, date and type of certification:

Have you ever been employed by the State, County or Local Government service in Ohio? Yes No

If yes, provide place and dates of service:

Have you ever been dismissed from or asked to resign from any employment position? Yes No

If yes, please explain:

EDUCATION DATA

High School: City, State, Zip:

Major/Subject/Degree: Scholastic Average: Did you graduate?

College or University: City, State, Zip:

Major/Subject/Degree: Scholastic Average: Did you graduate?

EDUCATION DATA
(Continued)

Other Schools Attended _____ City, State, Zip: _____

Major/Subject/Degree: _____ Scholastic Average: _____ Did you graduate? _____

Correspondence Courses _____ City, State, Zip: _____

Major/Subject/Degree: _____ Scholastic Average: _____ Did you graduate? _____

EMPLOYMENT DATA

List all previous employment for the last ten years in chronological order - last position first - including U.S. Military. Attach additional sheets if needed and/or resume if desired.

Employer: _____ Address: _____

Telephone: _____ Dates Employed: _____ Final Salary: _____

Position(s) Held: _____ Supervisor: _____

Reason for Leaving: _____

Employer: _____ Address: _____

Telephone: _____ Dates Employed: _____ Final Salary: _____

Position(s) Held: _____ Supervisor: _____

Reason for Leaving: _____

Employer: _____ Address: _____

Telephone: _____ Dates Employed: _____ Final Salary: _____

Position(s) Held: _____ Supervisor: _____

Reason for Leaving: _____

Employer: _____ Address: _____

Telephone: _____ Dates Employed: _____ Final Salary: _____

Position(s) Held: _____ Supervisor: _____

Reason for Leaving: _____

If currently employed, why do you want to leave your present employer?: _____

May we contact your present employer for a reference? Yes No

List any additional information or special qualifications you have for the position you are applying for, including special machines or equipment you operate.

List professional organization memberships and offices held, excluding those which would indicate race, color, religion, sex, age, national origin, political affiliation, disability and/or ancestry:

PERSONAL REFERENCES OTHER THAN FORMER EMPLOYERS AND RELATIVES

Name: _____ Telephone: _____

Address: _____ Occupation: _____

Name: _____ Telephone: _____

Address: _____ Occupation: _____

Name: _____ Telephone: _____

Address: _____ Occupation: _____

Application will not be accepted if this oath is omitted. YOU MUST PERSONALLY APPEAR BEFORE A NOTARY PUBLIC OR OTHER AUTHORIZED OFFICIAL FOR THIS PURPOSE.

My suitability for employment will be the sole decision of the MEDWAY DRUG ENFORCEMENT AGENCY GOVERNING BOARD and I will accept this without reservation and full knowledge that it is final.

I solemnly swear or affirm that the answers I have made to each of the questions in this application are complete and true to the best of my knowledge and belief. I hereby waive all provisions of law forbidding any physician or other person who has attended or examined me or who may hereafter attend or examine me, from disclosing any knowledge or information which he thereby acquire relevant to my employment and I hereby consent that he may disclose such knowlege or information to the MEDWAY DRUG ENFORCEMENT AGENCY. I further understand that any misleading or incorrect statement may render this application void and may be cause for immediate dismissal in the event of employment.

I understand an accept that the reason for rejecting my application is privileged and may not be revealed to me.

SIGNATURE OF APPLICANT _____

Subscribed and duly sworn before me according to law, by the above named applicant this _____ day of _____, at _____, County of _____ and State of _____.

Signature of Officer _____

Official Title _____

(Official Seal of Notary)

I, _____, do hereby authorize the MEDWAY DRUG ENFORCEMENT AGENCY to conduct a full background check on my past activities to determine my fitness to serve in the capacity of an employee of the MEDWAY DRUG ENFORCEMENT AGENCY. This background check will include, but not be limited to, fingerprinting, Federal Bureau of Investigation, and Bureau of Criminal Identification and any outside law enforcement agency check on previous criminal record; local police criminal activity check; interviews with parents, spouse, ex-spouse, offspring, other relatives, associates, employers, ex-employers, acquaintances, neighbors. I specifically authorize any of these persons to allow the MEDWAY DRUG ENFORCEMENT AGENCY or his agents to inspect any and all records in their possession that pertain to my employment record; to check all pertinent records to include birth certificate, operators license, diplomas, degrees, or certificates that verify educational achievements; all documents pertaining to military service; and nationalization papers.

It is also understood and agreed that I completely release and absolve the MEDWAY DRUG ENFORCEMENT AGENCY and his agents for all liability connected in any manner, either directly or indirectly, with the conduct of this examination.

DATE _____

SIGNED _____

This application will be effective for one (1) year from the date signed. After one (1) year, applicants must refile for further consideration.

MEDWAY DRUG ENFORCEMENT AGENCY
P.O. BOX 872
WOOSTER OHIO 44691