



ALEXANDRIA MARSHAL'S OFFICE DIVISION OF POLICE

4 WEST MAIN STREET ~ BOX 96
ALEXANDRIA, OH 43001
740.924.2539



CHIEF OF POLICE
MARSHAL DAN BUNTING

WWW.ALEXANDRIAPD.COM

E-MAIL ADDRESS
DBUNTING@ALEXANDRIAPD.COM

APPLICATION FOR EMPLOYMENT

Date of Application _____

An Equal Opportunity Employer

Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, ancestry, age or marital status or the presence of a non-related condition or disability.

Instructions for Completing Application

Please read all instructions carefully and complete all sections of the application completely and accurately. It is your responsibility to provide sufficient information on this application to indicate that you meet the minimum qualifications for the job for which you are applying. Current employees and volunteers are required to have an application on file and resubmit at the time of applying for a new position within the Village.

EMPLOYMENT INFORMATION

Type of Employment:

- Full time Part time Reserve/Auxiliary

Position Applied for:

- Police Officer

Have you ever been employed by the Village of Alexandria? Yes No If yes, Position(s) _____

Do you have a relative working for the Village of Alexandria? Yes No If yes, Name & Relationship _____

Are you prevented from being employed due to citizenship/immigration issues? Yes No

Do you have a valid Ohio Drivers License? Yes No **CDL** Yes No Ohio License Number _____

Are you able to speak or write any language(s) other than English? Yes No If yes, Specify _____

APPLICANT GENERAL INFORMATION

Date you can start: _____ Social Security Number: _____

Name: _____ Date of Birth: _____
Last First Middle

Current Address: _____
Street City State Zip

Previous Address: _____
Street City State Zip

Telephone: () _____ () _____ Receive Text? Yes No
Home Mobile

Email Address: _____



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SOCIAL MEDIA

- LinkedIn FaceBook Twitter Instagram

User Names: _____

EMERGENCY CONTACT: _____ PHONE () _____ RELATIONSHIP _____

GENERAL INFORMATION FOR ALL APPLICANTS

Please check the box next to each statement to show that you have read it, understand what it means and will comply.

- Interviews will be scheduled for selected applicants. Participation in the interviews for a certain position does not ensure employment for that position or future positions.
- The Village of Alexandria prohibits all forms of smoking, use of tobacco, use of drugs and alcohol in and on its premises and in vehicles owned by the Village of Alexandria.
- Applications containing incomplete and/or non-requested information will not be considered. Disabled applicants may request assistance in completing the application.
- The Village of Alexandria requires criminal background checks of job applicants under final consideration for employment and every five (5) years for essential employees.
- Applicants under final consideration for employment may be required to undergo a drug screening, and for certain positions, a physical examination may be required. The cost is to be paid by the applicant, except if otherwise noted in the O.R.C.
- Immigration Reform and Control Act of 1986: Applicants under final consideration will be required to show proof of U.S. Citizenship or identity and employment eligibility.
- The Fair Credit Reporting Act requires employers to provide potential employees with notice that a criminal records check through a consumer reporting agency will be conducted. Results from the criminal records check may or may not have an adverse affect on the final consideration of employment.
- It is understood that this application and all other pre-employment documents become the property of the Village of Alexandria.

EDUCATIONAL BACKGROUND

Type of School	Name	Address	Diploma/Degree	Graduated
High School	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No



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EMPLOYMENT HISTORY

List your employers, assignments or volunteer activities, starting with the most recent, including recent military experience. Explain any gaps in employment in the Comments Section. Include employers from the last 10 years.

Employer: _____

Dates Employed: Month/Year Month/Year

Address: _____

From _____ To _____

City: _____ State __ Zip _____

Rate of Pay: Start _____ Final _____

Telephone (____) _____

Job Title: _____

Immediate Supervisor: _____

Supervisor's Title: _____

Supervisors' Telephone: (____) _____

May we contact for reference/verification? Yes No Later

Summarize the nature of the work performed: _____

Reason for Leaving: _____

Employer: _____

Dates Employed: Month/Year Month/Year

Address: _____

From _____ To _____

City: _____ State __ Zip _____

Rate of Pay: Start _____ Final _____

Telephone (____) _____

Job Title: _____

Immediate Supervisor: _____

Supervisor's Title: _____

Supervisors' Telephone: (____) _____

May we contact for reference/verification? Yes No

Summarize the nature of the work performed: _____

Reason for Leaving: _____



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Employer: _____

Dates Employed: Month/Year Month/Year

Address: _____

From _____ To _____

City: _____ State__ Zip _____

Rate of Pay: Start _____ Final _____

Telephone (____) _____

Job Title: _____

Immediate Supervisor: _____

Supervisor's Title: _____

Supervisors' Telephone: (____) _____

May we contact for reference/verification? Yes No

Summarize the nature of the work performed: _____

Reason for Leaving: _____

Employer: _____

Dates Employed: Month/Year Month/Year

Address: _____

From _____ To _____

City: _____ State__ Zip _____

Rate of Pay: Start _____ Final _____

Telephone (____) _____

Job Title: _____

Immediate Supervisor: _____

Supervisor's Title: _____

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Employer: _____

Dates Employed: Month/Year Month/Year

Address: _____

From _____ To _____

City: _____ State__ Zip _____

Rate of Pay: Start _____ Final _____

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Job Title: _____

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Supervisor's Title: _____

Supervisors' Telephone: (____) _____

May we contact for reference/verification? Yes No

Summarize the nature of the work performed: _____

Reason for Leaving: _____

Employer: _____

Dates Employed: Month/Year Month/Year

Address: _____

From _____ To _____

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RESIDENTIAL HISTORY

List your residences, starting with the most recent. Include all residences from the last 10 years.

Address	City	County	State	Zip	Dates	Own/Rent
1. _____					-	<input type="checkbox"/> Own <input type="checkbox"/> Rent
2. _____					-	<input type="checkbox"/> Own <input type="checkbox"/> Rent
3. _____					-	<input type="checkbox"/> Own <input type="checkbox"/> Rent
4. _____					-	<input type="checkbox"/> Own <input type="checkbox"/> Rent
5. _____					-	<input type="checkbox"/> Own <input type="checkbox"/> Rent
6. _____					-	<input type="checkbox"/> Own <input type="checkbox"/> Rent
7. _____					-	<input type="checkbox"/> Own <input type="checkbox"/> Rent
8. _____					-	<input type="checkbox"/> Own <input type="checkbox"/> Rent
9. _____					-	<input type="checkbox"/> Own <input type="checkbox"/> Rent
10. _____					-	<input type="checkbox"/> Own <input type="checkbox"/> Rent

COMMENTS

Other certifications and/or qualifications (Attach all certifications): _____

Please explain any gaps in employment: _____



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REFERENCES

List name and telephone number of three business/work references who are not related to you, and who have knowledge of your work ethic, experience and abilities. Referenced individual must have known you for a minimum of 7 years.

Name	Telephone	Years Known	Relationship
_____	() _____	_____	_____
_____	() _____	_____	_____
_____	() _____	_____	_____

MILITARY SERVICE

Have you served in the Armed Forces of the United States? Yes No

Dates Served: (Month/Day/Year) From _____ To _____

What Branch of the Service? _____

Describe Duties while in the service: _____

PERSONAL STATEMENT

What specific qualifications, skills and abilities make you qualified for the position for which you are applying?



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CRIMINAL RECORDS BACKGROUND CHECK

Have you been charged, convicted or plead guilty to a crime (other than minor traffic violation): Yes No

Date	Charge	Court	Felony/Misdemeanor	Disposition
1.				
2.				
3.				
4.				
5.				

"I authorize the unconditional release of all information, including sealed records, police reports, court records, and medical records which may otherwise be considered confidential under Chapter 1347 of the Ohio Revised Code, Personal Information System, Ohio Revised Code, Section 2953.31-2953.36."

Yes No

APPLICANT'S STATEMENT

Please be advised that all information supplied on this application is subject to verification. Be fully truthful and do not evade questions. The Ohio Revised Code provides penalties for making a false statement of a material fact or for practicing fraud or deception in obtaining or attempting to obtain public employment such penalties include rejection for appointment or discharge after appointment and/or prosecution.

I now certify that the facts contained in this application are true and complete. Any misrepresentation or falsification of information or significant omissions will be cause for rejection of my application or subsequent discipline up to and including my dismissal from employment if discovered at a later date. I give the employer and/or its agents, including consumer reporting bureaus, the right to investigate any and all statements made in this application for the purpose of employment and retention of employment. This investigation may include, but is not limited to, credit reports, criminal conviction records, motor vehicle driving records and previous employment history. Further, I hereby release from liability and hold harmless this employer, its representatives, all persons and organizations/companies for furnishing such information. It is understood that this application and all other pre-employment documents become the property of the Village of Alexandria.

Signature of Applicant: _____

Date: ____ / ____ / ____



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Consent & Release Form for Law Enforcement Employee's/Applicants Only

I, _____, as an employee/applicant of the Village of Alexandria Marshal's Office, Division of Police, hereby acknowledge that the Village of Alexandria Marshal's Office, Division of Police policy requires me to submit to drug and or alcohol testing for employment as a Law Enforcement Officer.

I further understand that the purpose of this analysis is to determine or rule out the presence of non-prescribed or prohibited dangerous controlled substances in my system. I hereby freely and voluntarily consent to this request for a designated sample (i.e. Blood Breath or Urine) for drugs and or alcohol, and agree to participate in the testing program.

I hereby and herewith release the Village of Alexandria, Alexandria Marshal's Office, Division of Police, its employees, agents and contractors from any and all liability whatsoever arising from this request for testing, from the actual testing procedures, and from decisions made concerning my application for or continuation of employment based on the results of the analysis. I agree to cooperate in all aspects of the testing program.

I hereby authorize the release of my drug and/or alcohol test results to the contractor's Medical Review Officer (MRO), and/or to the Village of Alexandria, Alexandria Marshal's Office, Division of Police examining physician, as provided by the Village of Alexandria.

I further acknowledge that the Alexandria Marshal's Office, Division of Police has provided me with an opportunity to ask questions related to its drug and alcohol testing program and that all my questions have been answered.

Employee/Applicant Signature: _____

Employee/Applicant Printed Name: _____

Date of Signature: _____

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, do hereby authorize the Veterans Administration, U.S. Navy, Army, Air Force, Marine Corps, Coast Guard, current and/or former employers, Medical and/or Psychological Doctors, Insurance Companies, Schools, Colleges, Universities, State and Federal Tax Bureaus, Credit Bureaus, Municipal, County, State and Federal Law Enforcement, Municipal, County, State and Federal Courts and Private Information Companies to furnish the Alexandria Marshal's Office, Division of Police with any and all available information regarding me, in order for the Village to determine my suitability to work. I authorize the Alexandria Marshal's Office, Division of Police to make inquiries of my present and past employers regarding my character, integrity, and reputation. Exceptions, if any:

Signed: _____

Date: _____



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RELEASE OF INFORMATION

Permission for Release of Information for Background Investigation

I understand that a representative of the Alexandria Division of Police will be conducting a thorough investigation of my background to assist in determining my eligibility for employment. I realize while conducting this investigation that investigators will be making inquiries of the following entities: officials and record offices at schools which I have attended; law enforcement agencies or courts with whom I may have an arrest, conviction, traffic, incident report, or any other record; credit bureaus and/or firms who may have information regarding my credit report, financial standing, and other financial information including, but not limited to, federal, state, city and school district tax returns; present and previous employers; military, government, and other agencies or persons who may be able to provide information about me which the Alexandria Division of Police desires.

I give permission for any person, agency, company, organization, or firm contacted in the course of such investigation to release and waive all provisions of state and federal law which may forbid the disclosure of information from any school official, court, law enforcement agency, government agency, credit bureau, employer, firm or person from disclosing any knowledge or information they have concerning me which is requested by the Alexandria Division of Police. I further consent that the investigator of the Alexandria Division of Police be provided with a copy of any such record concerning me upon request. I hereby release, discharge, and exonerate any person, agency, company, organization, or firm that furnishes such information about me.

I further release, discharge, and exonerate the Alexandria Division of Police and the Village of Alexandria, its agents, officers, and representatives from any and all liabilities of every nature arising out of the inspection and the use of such documents, records, and other information, of the investigation made by or on behalf of the Alexandria Division of Police.

I recognize the right of the Alexandria Division of Police to treat, at its discretion, certain sources as confidential and its right to withhold from my agent or myself the names of such confidential sources and information obtained therefrom. I also understand that some of the information of the records collected may be public records pursuant to Ohio law once within the Village of Alexandria and Alexandria Division of Police files.

A scanned copy, photocopy, or fax copy of this release form will be valid as an original thereof.

Signature:	Date of Birth:	Last 4 of SSN:
Name:	Date:	Applying for: Police Officer

The Village of Alexandria is an Equal Opportunity Employer