



Put-in-Bay Police Department
431 Catawba Ave. • Put-in-Bay, Ohio 43456
(419) 285-4121 Fax: (419) 285-2515
www.pibpolice.com • info@pibpolice.com



EMPLOYMENT APPLICATION

Dear Applicant:

Thank you for your interest in the Put-in-Bay Police Department, an equal opportunity employer. This packet includes the application and an authorization to release information which is required to conduct a background investigation. Please read the instructions for each section carefully. Answer every question completely, honestly, and to the best of your ability and recollection. If a question does not apply to you, please indicate so by writing "N/A" for that question. Incomplete or illegible applications will not be accepted.

Return the completed packet and the items listed below to:

By Mail

Put-in-Bay Police Department
P.O. Box 268
Put-in-Bay, Ohio 43456

By E-mail
(PREFERRED)

applications@pibpolice.com

By Fax

(419) 285-2515

Application Checklist

- ☐ Completed Application Packet
- ☐ Applicant's signature in all appropriate sections
- ☐ Signed Authorization to Release Information
- ☐ Copy of Driver License
- ☐ Copy of Social Security Card
- ☐ Copy of High School Diploma and College Degree(s) (if applicable)
- ☐ Copy of Peace Officer Certification or Academy Completion Letter (if applicable)
- ☐ Copy of Valid Auto Insurance Card

As an equal opportunity employer, the Village of Put-in-Bay will consider only the qualifications of applicants and will not tolerate discrimination in provision of services or employment because of disability, race, color, creed, national origin, sex, age, or other protected class.



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SECTION I: PERSONAL INFORMATION

Name: _____ Date of Birth: ____/____/____

Sex: ☐ Male ☐ Female Social Security Number: _____ - _____ - _____

Mobile Phone No.: (_____) _____ - _____ Alt. Phone No.: (_____) _____ - _____

Home Address: _____
Street

City _____ State _____ Zip _____

Email Address: _____ @ _____

Position(s) Applied For: _____

☐ Full-Time ☐ Seasonal Full-Time ☐ Part-Time ☐ Seasonal Part-Time

Rate of Pay Expected: _____ Currently commissioned Ohio peace officer? ☐ Yes ☐ No

Have you completed an Ohio Basic Peace Officer Training Academy (i.e., Police Academy)?
☐ Yes ☐ No ☐ Currently Enrolled

Police Academy completion date or anticipated completion date? ____/____/____

How did you hear about this job listing? _____

Have you submitted an application with the Put-in-Bay Police Department before? ☐ Yes ☐ No

If so, provide date(s): _____

Are you currently employed? ☐ Yes ☐ No May we contact your current employer? ☐ Yes ☐ No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status? ☐ Yes ☐ No

On what date would you be available to start work? ____/____/____ ☐ Immediately



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Are you currently involved in any court proceeding or any litigation?

☐ Yes ☐ No

If yes, please explain:

List any professional, trade, business, or civic organization to which you belong and public offices you hold or have held (you may exclude those which indicate race, color, sex, or national origin).

Please provide name, address, and telephone number of 3 references who are not related to you and are not past or current employers:

1.

Name and Title

Address

Phone Number E-mail address

2.

Name and Title

Address

Phone Number E-mail address

3.

Name and Title

Address

Phone Number E-mail address



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SECTION II: RESIDENCE HISTORY

List, in order or latest to oldest, all addresses at which you have resided, including temporary residences, within the last 10 years.

Address #1:

Street Address

City

State

Zip

From: ____/____/____ - To: ____/____/____

First and Last Name of all persons with whom you resided at this address:

Address #2:

Street Address

City

State

Zip

From: ____/____/____ - To: ____/____/____

First and Last Name of all persons with whom you resided at this address:



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Address #3:

Street Address

City

State

Zip

From: ____/____/____ - To: ____/____/____

First and Last Name of all persons with whom you resided at this address:

Address #4:

Street Address

City

State

Zip

From: ____/____/____ - To: ____/____/____

First and Last Name of all persons with whom you resided at this address:



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SECTION III: EDUCATION

Elementary School: _____
Name City State

High School: _____
Name City State
Graduated? ☐ Yes ☐ No

Community College: _____
Name City State

Years Completed: ☐ 1 ☐ 2 Diploma / Degree: _____

Course of Study: _____

University: _____
Name City State

Years Completed: ☐ 1 ☐ 2 ☐ 3 ☐ 4 Diploma / Degree: _____

Course of Study: _____

Graduate / Professional: _____
Name City State

Years Completed: ☐ 1 ☐ 2 ☐ 3 ☐ 4 Degree: _____

Course of Study: _____

Specialized Training:



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Licenses, Certifications, and Certificates:

Apprenticeship(s):

Other / Specialized Skills:

Honors Received:

Please provide any additional information regarding your education and skills you think may be helpful to us in considering your application.



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SECTION IV: EMPLOYMENT HISTORY

Start with your present or most recent job. Include military service assignments and volunteer activities.
(You may exclude those which indicate race, color, sex or national origin)

Employer #1:

Name Street Address

City State Zip Phone Number

From: ____/____/____ - To: ____/____/____ Title _____

Supervisor: _____ Pay Rate / Salary: _____

Work Performed

Reason for leaving ☐ Still Employed

Employer #2:

Name Street Address

City State Zip Phone Number

From: ____/____/____ - To: ____/____/____ Title _____

Supervisor: _____ Pay Rate / Salary: _____

Work Performed

Reason for leaving ☐ Still Employed



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Employer #3:

Name Street Address

City State Zip Phone Number

From: ____/____/____ - To: ____/____/____ Title _____

Supervisor: _____ Pay Rate / Salary: _____

Work Performed

Reason for leaving ☐ Still Employed

Employer #4:

Name Street Address

City State Zip Phone Number

From: ____/____/____ - To: ____/____/____ Title _____

Supervisor: _____ Pay Rate / Salary: _____

Work Performed

Reason for leaving ☐ Still Employed



☐ Yes ☐ No

[illegible]

☐ Yes ☐ No

[illegible]



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SECTION V: BACKGROUND INFORMATION

Do you currently have any social media accounts (e.g., Facebook, Twitter, Instagram, YouTube, TikTok, Gettr, Parler, Rumble, Twitch, Vimeo, OnlyFans, etc.)? ☐ Yes ☐ No

If "Yes," provide a list of all social media accounts you currently have, including your used ID:

For the following questions, respond Yes or No. For any "Yes" answers, provide a detailed explanation on the extended response form.

1. Have you ever been charged with any offense involving violence? ☐ Yes ☐ No
2. Have you ever been convicted of any offense involving violence? ☐ Yes ☐ No
3. Have you ever been charged with any offense of domestic violence? ☐ Yes ☐ No
4. Have you ever been convicted of any offense of domestic violence? ☐ Yes ☐ No
5. Have you ever been charged with any serious driving offense (like OVI, Reckless Driving, etc.)? ☐ Yes ☐ No
6. Have you ever been arrested in any country other than the United States for any offense involving violence? ☐ Yes ☐ No



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7. Have you ever been arrested in any country other than the United States for any offense involving violence? ☐ Yes ☐ No
8. Have you ever been denied from purchasing a firearm? ☐ Yes ☐ No
9. Have you ever stolen from an employer? ☐ Yes ☐ No
10. Have you ever used prescription drugs in a manor other than how they were intended / prescribed? ☐ Yes ☐ No
11. Have you ever used an illegal controlled substance or drug (including marijuana)? ☐ Yes ☐ No
12. Have you ever been named as the subject on any type of protection order? ☐ Yes ☐ No
13. Have you ever been the subject of any police investigation (other than for employment purposes)? ☐ Yes ☐ No
14. Have you ever consumed alcohol under the age of 21? ☐ Yes ☐ No
15. Have you ever been disciplined by a past employer (i.e., write up, coaching log entry, verbal counseling, or written counseling)? ☐ Yes ☐ No
16. Have you ever used or gone by any other names or nicknames? ☐ Yes ☐ No
17. Have you ever used opiates (like heroin, opium, or morphine) except as prescribed by a physician? ☐ Yes ☐ No
18. Have you ever used stimulants (like cocaine, crack cocaine, methamphetamine, amphetamines, speed) except as prescribed by a physician? ☐ Yes ☐ No
19. Have you ever used hallucinogens (like LSD, Acid, PCP, Mushrooms, or psilocybin)? ☐ Yes ☐ No
20. Have you ever used depressants / sedatives (like benzodiazepines, GHB, Rohypnol, downers, or barbiturates) except as prescribed by a physician? ☐ Yes ☐ No
21. Have you ever given anyone a date rape drug (like GHB, Rohypnol, etc.)? ☐ Yes ☐ No



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22. Have you ever committed a crime, other than a traffic offense, that went undetected, or for which you were not caught? ☐ Yes ☐ No
23. Have you ever taken something by force? ☐ Yes ☐ No
24. Have you ever gone "joy-riding," or taken a car without permission? ☐ Yes ☐ No
25. Have you ever taken anything from a house or business without permission? ☐ Yes ☐ No
26. Have you ever taken something from a car or off a car without permission? ☐ Yes ☐ No
27. Have you ever taken or used someone's credit card without permission? ☐ Yes ☐ No
28. Have you even struck your spouse, partner, boyfriend/girlfriend, or significant other? ☐ Yes ☐ No
29. Have you ever been charged with or convicted of public intoxication or disorderly conduct? ☐ Yes ☐ No
30. Have you ever had any contact with the police that you have not already mentioned in this application pertaining to a criminal act (excluding a traffic offense)? ☐ Yes ☐ No
31. Have you ever been denied employment because of information learned by the employer as part of a background investigation? ☐ Yes ☐ No
32. Have you ever been denied employment because of information learned by the employer as part of a polygraph or VSA examination? ☐ Yes ☐ No
33. Is there anything in your background that would embarrass the Put-in-Bay Police Department if discovered and published by the media? ☐ Yes ☐ No



Provide a detailed explanation for any questions you answered “Yes” in the Background Information section of this application. Provide the question number for each response. Use additional pages if needed.

Detailed Explanation

[illegible]



Question #

[illegible]



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SECTION VI: DRIVER INFORMATION

Because you may be required to operate a motor vehicle owned by the Village or Township of Put-in-Bay, you must have a current and valid Driver License and an acceptable driving record, which meets the standards of the Village's automobile liability insurer. With this application, you must provide proof of personal auto liability insurance that meets the requirements of the State of Ohio and existing Village minimum requirements.

Do you have a valid motor vehicle operator license (Driver License)? ☐ Yes ☐ No

Driver License #: _____ State: _____

Automobile Insurance Carrier: _____

Policy Number: _____ Expiration Date: ____/____/____

1. Can you perform the requirements of the job, to include driving, if necessary, with reasonable accommodation? ☐ Yes ☐ No

2. What the accommodation you would need, if any, to do the job?

3. Have you had automobile insurance rejected, cancelled, refused, or been in a high-risk insurance program (SR22 Bond)? ☐ Yes ☐ No

4. Have you been involved in any at fault accidents? ☐ Yes ☐ No

5. Have you been arrested for any traffic related offenses? ☐ Yes ☐ No

6. Have you ever had any traffic tickets, violations, or convictions other than overtime parking? ☐ Yes ☐ No

If you answered "Yes" to questions 3-6, provide detailed information on the following page.



Provide a detailed explanation for any questions you answered “Yes” in questions 3-6 of the Driver Information section of this application. Provide the question number for each response. For each traffic ticket, violation, or conviction provide the Date, Location of violation, Court, Disposition, and a detailed explanation of the offense/violation. Use additional pages if needed.

[illegible]



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SECTION VII: APPLICANT'S STATEMENT AND CERTIFICATION

I certify that all answers given as part of this application are true and complete to the best of my knowledge. I understand that by providing false, misleading, or incorrect information or by omitting relevant information, I am falsifying my application and am therefore subject rejection or, if hired, to termination. I further agree that the Village of Put-in-Bay, as my employer may check my driving and criminal records at any time. I further agree to report to my supervisor any accidents, arrests, violations, or cancellation of personal insurance as soon as possible after they occur and prior to driving any vehicle on behalf of the Village of Put-in-Bay.

This application for employment shall be considered active for a period not to exceed 90 days. Any applicant wishing to be considered for employment beyond that time-period should inquire as to whether 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 that the Employer may discharge the Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct, unless such change is specifically acknowledged in writing, by an authorized executive of this organization.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I further authorize all individuals and organizations named or referred to in this application and any law enforcement organization to give the Put-in-Bay Police Department all information relative to such verification and hereby release such individuals, organizations, and the Put-in-Bay Police Department from any liability from any claim or damage resulting therefrom. I understand that this application is not and is not intended to be a contract of employment.

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 that I am required to abide by all rules and regulations of the Village of Put-in-Bay as well as abide by all departmental policies and procedures of the Put-in-Bay Police Department.

Signature of Applicant

____/____/____
Date



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AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize any agent or representative of the Put-in-Bay Police Department, bearing this release, or copy thereof, within one year of this date, to obtain any information in your files pertaining to my employment, credit, or educational records including, but not limited to, academic, achievement, attendance, athletic, personal history, disciplinary records, military records, medical records, and credit records. I hereby direct you to release such information upon request of the bearer.

This request is executed with full knowledge understanding that the information is for official use of the Put-in-Bay Police Department. Consent is granted for the Put-in-Bay 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, military records, credit records, lending place, consumer reporting agency, police departments, 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 my compliance with this authorization and request to release information, or any attempt to comply with it. Should there be any questions as to the validity of the release, you may contact me as indicated below.

Name: _____ Date of Birth: ____/____/____

Social Security Number: _____ - _____ - _____ Phone No.: (____) _____ - _____

Address: _____
Street

City _____ State _____ Zip _____

Driver License #: _____ State: _____

Signature of Applicant _____/____/____
Date