

# VILLAGE OF PERRY POLICE

3758 CENTER ROAD  
P.O. BOX 100  
PERRY, OHIO 44081

**EDWARD L. MATTY**  
CHIEF OF POLICE

440-259-5004  
FAX 440-259-2778  
EMAIL: CHIEF\_PERRYVILLAGE@ALLTEL.NET

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Dear Applicant;

Thank you for your interest in the Perry Village Police Department.

The Perry Village Police Department is proud of it's history and service we provide to the community.


The department is a 24/7 operation consisting of four Full Time Police Officers and one School Resource Officer and one Canine Unit serving 1,600 residents, patrolling a five square mile area. Perry Village hosts the Perry School District's campus consisting of approximately 2,000 students and staff during the day.

We are seeking candidates that are willing, and able to work all shifts including midnights, weekends, and holidays as well as filling vacations for the full time staff.

If you feel you can commit to such obligations please complete and return this application for immediate processing.

Once again thank you for your interest, I look forward to working with you.

Sincerely,

  
Edward L. Matty  
Chief of Police

**Perry Village Police Department**

**Applicant Pre-Polygraph Examination Release**

Before an applicant can be considered for employment by the **Perry Village Police Department**, he/she must first undergo a polygraph examination. The polygraph measures cardiovascular activity, respiration and the galvanic skin response. While there is no medical evidence that a polygraph examination affects a person's health, you may wish to discuss this with your physician. If an accommodation is needed, you must discuss this with your physician. If an accommodation is needed, you must discuss that with the polygraphist at the time your examination is scheduled.

I, \_\_\_\_\_, voluntarily – without threat, duress, coercion, undue influence, force, promises of immunity or reward – agree and stipulate to submit to a polygraph (truth verification) examination to be conducted by **(officers of the (your agency name) or their designee)**.

I attest that I am in good mental and physical condition and that I know of no mental or physical ailment or treatment plan that may impair or be impaired by the polygraph examination.

X \_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

X \_\_\_\_\_  
WITNESS

\_\_\_\_\_  
DATE

# PERRY VILLAGE POLICE DEPARTMENT

## Employment Questionnaire

APPLICANT NAME: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

POSITION APPLIED FOR: \_\_\_\_\_

DATE GIVEN QUESTIONNAIRE: \_\_\_\_\_ DATE RETURNED: \_\_\_\_\_

### INSTRUCTIONS TO THE APPLICANT

The information provided by the applicant will be considered confidential to the extent that this information is excluded from disclosure under state or federal law. The information provided will be used to assist the **Perry Village Police Department** with determining the applicant's qualifications.

Answer each question as completely as possible. If a question does not apply to your particular circumstance, insert "DNA" (Does Not Apply). Should there not be sufficient space to answer a question, use the additional sheets provided. The applicant must initial each page in the space provided. Use only black ink to complete the questionnaire. Submit only the original copy of this questionnaire. Photocopies will not be accepted.

The answers to this questionnaire will be verified by polygraph (lie detector), interviews, and a complete background investigation. To be accepted, the questionnaire must be notarized on page 13.

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

I WISH TO WITHDRAW FROM CONSIDERATION FOR THE POSITION OF \_\_\_\_\_ WITH  
THE **Perry Village Police Department**.

X \_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE



**EDUCATION**

NAME AND ADDRESS OF HIGH SCHOOL ATTENDED: \_\_\_\_\_

HIGHEST GRADE COMPLETED: \_\_\_\_\_ GRADUATED: \_\_\_\_\_ DATE GRADUATED: \_\_\_\_\_

OTHER EQUIVALENCY CERTIFICATE: \_\_\_\_\_ YEAR OBTAINED: \_\_\_\_\_

COLLEGE/UNIVERSITY: \_\_\_\_\_ ADDRESS: \_\_\_\_\_ DATES ATTENDED: \_\_\_\_\_

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

YEAR GRADUATED: \_\_\_\_\_ CREDIT HOURS: \_\_\_\_\_ DEGREE: \_\_\_\_\_

MAJOR SUBJECT: \_\_\_\_\_

LIST THE NAME AND ADDRESS OF ANY OTHER TYPE OF SCHOOL(S) ATTENDED, e.g., VOCATIONAL SCHOOL, TRADE SCHOOL, BUSINESS SCHOOL.

\_\_\_\_\_  
(NAME) (ADDRESS)

\_\_\_\_\_  
(DATES ATTENDED) (COURSE TYPE) (GRADUATED/YEAR)

ANY OTHER EDUCATION OR SPECIAL SCHOOLING RECEIVED (EXCLUDING MILITARY)

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

**FAMILY HISTORY**

**FATHER:** \_\_\_\_\_ **LIVING:** \_\_\_\_\_ **DECEASED:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**OCCUPATION:** \_\_\_\_\_

**MOTHER:** \_\_\_\_\_ **LIVING:** \_\_\_\_\_ **DECEASED:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**OCCUPATION:** \_\_\_\_\_

**SPOUSE:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**OCCUPATION:** \_\_\_\_\_

LIST THE NAMES AND ADDRESSES OF ALL CHILDREN, BROTHERS AND SISTERS:

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**REFERENCES**

LIST SEVEN PERSONS AS REFERENCES. **DO NOT** INCLUDE RELATIVES OR FORMER EMPLOYERS.

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NAME	ADDRESS
OCCUPATION	TELEPHONE

---

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NAME	ADDRESS
OCCUPATION	TELEPHONE

---

---

NAME	ADDRESS
OCCUPATION	TELEPHONE

---

---

NAME	ADDRESS
OCCUPATION	TELEPHONE

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---

NAME	ADDRESS
OCCUPATION	TELEPHONE

---

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NAME	ADDRESS
OCCUPATION	TELEPHONE

---

---

NAME	ADDRESS
OCCUPATION	TELEPHONE

---

---

NAME	ADDRESS
OCCUPATION	TELEPHONE

---

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**EMPLOYMENT HISTORY**

BEGIN WITH YOUR PRESENT OR LAST EMPLOYMENT AND LIST IN ORDER YOUR COMPLETE WORK HISTORY IN CHRONOLOGICAL ORDER. INCLUDE ALL FULL TIME, PART TIME EMPLOYMENT(S), MILITARY SERVICE, AUXILIARY AND VOLUNTEER. (Use additional sheets of paper, if necessary).

---

(PRESENT EMPLOYER NAME)

(ADDRESS)

---

(DATE HIRED)

(DATE LEFT)

(REASON FOR LEAVING)

---

(IMMEDIATE SUPERVISOR)

(LAST SALARY)

---

(TITLE OR POSITION HELD)

EVER DISCIPLINED FOR ANY REASON?: \_\_\_\_\_ HOW MANY TIMES?: \_\_\_\_\_

TYPE OF DISCIPLINE: \_\_\_\_\_

EXPLAIN: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

LATE FOR WORK: \_\_\_\_\_ HOW MANY TIMES?: \_\_\_\_\_

---

(EMPLOYER NAME)

(ADDRESS)

---

(DATE HIRED)

(DATE LEFT)

(REASON FOR LEAVING)

---

(IMMEDIATE SUPERVISOR)

(LAST SALARY)

---

(TITLE OR POSITION HELD)

EVER DISCIPLINED FOR ANY REASON?: \_\_\_\_\_ HOW MANY TIMES?: \_\_\_\_\_

TYPE OF DISCIPLINE: \_\_\_\_\_

EXPLAIN: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

LATE FOR WORK: \_\_\_\_\_ HOW MANY TIMES?: \_\_\_\_\_

---

(EMPLOYER NAME)

(ADDRESS)

(DATE HIRED)

(DATE LEFT)

(REASON FOR LEAVING)

(IMMEDIATE SUPERVISOR)

(LAST SALARY)

(TITLE OR POSITION HELD)

EVER DISCIPLINED FOR ANY REASON?: \_\_\_\_\_ HOW MANY TIMES?: \_\_\_\_\_

TYPE OF DISCIPLINE: \_\_\_\_\_

EXPLAIN: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

LATE FOR WORK: \_\_\_\_\_ HOW MANY TIMES?: \_\_\_\_\_

---

(EMPLOYER NAME)

(ADDRESS)

(DATE HIRED)

(DATE LEFT)

(REASON FOR LEAVING)

(IMMEDIATE SUPERVISOR)

(LAST SALARY)

(TITLE OR POSITION HELD)

EVER DISCIPLINED FOR ANY REASON?: \_\_\_\_\_ HOW MANY TIMES?: \_\_\_\_\_

TYPE OF DISCIPLINE: \_\_\_\_\_

EXPLAIN: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

LATE FOR WORK: \_\_\_\_\_ HOW MANY TIMES?: \_\_\_\_\_

**EMPLOYMENT HISTORY – MILITARY/PUBLIC SERVICE**

HAVE YOU EVER APPLIED FOR A POSITION WITH ANY GOVERNMENT AGENCY, POLICE, OR FIRE DEPARTMENT? \_\_\_\_\_

DEPARTMENT	POSITION APPLIED FOR	HIRED? YES / NO / PENDING
_____	_____	_____
_____	_____	_____
_____	_____	_____

HAVE YOU EVER BEEN TERMINATED FROM EMPLOYMENT?  
EXPLAIN: \_\_\_\_\_

HAVE YOU EVER SERVED IN THE MILITARY? \_\_\_\_\_ BRANCH: \_\_\_\_\_

DATES SERVED: FROM: \_\_\_\_\_ TO \_\_\_\_\_

HIGHEST RANK HELD: \_\_\_\_\_

SPECIALITY: \_\_\_\_\_

DATE OF DISCHARGE: \_\_\_\_\_ TYPE: \_\_\_\_\_

WERE YOU EVER OVERSEAS? \_\_\_\_\_

WERE YOU EVER AWOL? \_\_\_\_\_ HOW MANY TIMES? \_\_\_\_\_

EVER GIVEN NON-JUDICIAL PUNISHMENT (ARTICLE 15) \_\_\_\_\_

HOW MANY TIMES? \_\_\_\_\_

EVER REDUCED IN RANK? \_\_\_\_\_

EVER RECEIVE A COURT MARTIAL? \_\_\_\_\_

EVER SPEND TIME IN A BRIG OR STOCKADE? \_\_\_\_\_

DID YOU EVER CONVERT OR SELL ANY GOVERNMENT PROPERTY? \_\_\_\_\_

**ATTACH A COPY OF YOUR DD-214**

HAVE YOU EVER BEEN ASKED TO TAKE A POLYGRAPH EXAMINATION? \_\_\_\_\_

REASON: \_\_\_\_\_

HAVE YOU EVER BEEN REJECTED FOR A SECURITY CLEARANCE? \_\_\_\_\_

REASON: \_\_\_\_\_

HAVE YOU EVER BEEN REJECTED FOR BONDING? \_\_\_\_\_

REASON: \_\_\_\_\_

AT THE PLACES YOU HAVE WORKED, WHAT IS THE MOST SERIOUS TROUBLE YOU EVER GOT INTO: \_\_\_\_\_

WHY DO YOU WISH TO BE EMPLOYED BY THE (*your agency name*)? \_\_\_\_\_

**DRIVING RECORD**

DO YOU HAVE A VALID DRIVER'S LICENSE? \_\_\_\_\_ STATE: \_\_\_\_\_

LICENSE NUMBER: \_\_\_\_\_ RESTRICTIONS: \_\_\_\_\_

HOW LONG HAVE YOU BEEN A LICENSED DRIVER? \_\_\_\_\_

APPROXIMATELY HOW MANY MILES DO YOU DRIVE EACH YEAR? \_\_\_\_\_

HAVE YOU EVER HAD YOUR LICENSE SUSPENDED? \_\_\_\_\_

IF SO, EXPLAIN: \_\_\_\_\_

LIST ALL TRAFFIC CRASHES YOU WERE INVOLVED IN AS THE DRIVER. INCLUDE THE DATES; AGENCY THAT INVESTIGATED; IF YOU WERE ISSUED A CITATION; AND IF THERE WERE INJURIES. ALSO LIST UNREPORTED CRASHES.

DATE OF CRASH	INVESTIGATING AGENCY	CITATION	INJURIES
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

LIST ALL TRAFFIC VIOLATIONS, CONVICTIONS AND BOND FORFEITURES:

DATE	PLACE OF ARREST OR CITATION	OFFENSE	ISSUING AGENCY	AMOUNT OWED OR PAID
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

DO YOU HAVE ANY PENDING PARKING TICKETS? \_\_\_\_\_ HOW MANY? \_\_\_\_\_

HAVE YOU EVER HAD AUTOMOBILE INSURANCE DENIED OR CANCELLED? \_\_\_\_\_

REASON: \_\_\_\_\_

DO YOU CURRENTLY HAVE AUTOMOBILE INSURANCE? \_\_\_\_\_

COMPANY: \_\_\_\_\_

HAVE YOU EVER BEEN PLACED ON ASSIGNED RISK OR HIGH RISK INSURANCE? \_\_\_\_\_

**CRIMINAL HISTORY**

HAVE YOU EVER COMMITTED, PARTICIPATED OR CONSPIRED TO COMMIT ANY OF THE FOLLOWING SERIOUS CRIMES:

MURDER	_____	LARCENY	_____
ROBBERY	_____	ARSON	_____
MANSLAUGHTER	_____	BURGLARY	_____
<b>SEX OFFENSES:</b>			
RAPE	_____	SODOMY	_____
ASSAULT	_____	PROSTITUTION	_____
PANDERING OBSCENITY	_____		

EXPLAIN: \_\_\_\_\_

HAVE YOU EVER BEEN ARRESTED OR SENT TO A JUVENILE COURT? \_\_\_\_\_

EXPLAIN: \_\_\_\_\_

AS A JUVENILE, DID YOU EVER REPORT TO A JUVENILE OFFICER? \_\_\_\_\_

WERE YOU EVER EXPELLED OR SUSPENDED FROM SCHOOL? \_\_\_\_\_

REASON: \_\_\_\_\_

HAVE YOU EVER BEEN SUMMONED OR ORDERED TO APPEAR IN ANY COURT AS A WITNESS OR ACCUSED? \_\_\_\_\_

EXPLAIN: \_\_\_\_\_

HAVE YOU EVER PAID ANYONE TO ENGAGE IN SEXUAL ACTIVITY? \_\_\_\_\_

EXPLAIN: \_\_\_\_\_

HAS ANYONE EVER PAID YOU TO ENGAGE IN SEXUAL ACTIVITY? \_\_\_\_\_

EXPLAIN: \_\_\_\_\_

HOW MANY TIMES HAVE YOU BEEN CONVICTED OF A CRIMINAL OFFENSE? INCLUDE MISDEMEANORS, FELONIES, AND MILITARY: \_\_\_\_\_

DO YOU HAVE ANY CIVIL OR CRIMINAL CHARGES PENDING AGAINST YOU? \_\_\_\_\_

NATURE OF OFFENSE	WHEN (MO/YR)	LOCATION	DISPOSITION
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

HAVE YOU EVER WORKED FOR AN ILLEGAL GAMBLING OPERATION? \_\_\_\_\_

EXPLAIN: \_\_\_\_\_

HAVE YOU EVER USED ANOTHER PERSON'S MONEY TO GAMBLE WITHOUT THEIR KNOWLEDGE? \_\_\_\_\_ HOW MUCH? \_\_\_\_\_ WHEN? \_\_\_\_\_

DO YOU HAVE ANY GAMBLING DEBTS AT THIS TIME? \_\_\_\_\_

HAVE YOU EVER BORROWED MONEY TO GAMBLE? \_\_\_\_\_ HOW MUCH? \_\_\_\_\_

HAVE YOU EVER BEEN FINGERPRINTED? \_\_\_\_\_ REASON: \_\_\_\_\_

HAVE YOU EVER BEEN INVOLVED IN ANY TYPE OF SITUATION FOR WHICH SOMEONE COULD BLACKMAIL YOU? \_\_\_\_\_



ANY OTHER DEBTS NOT LISTED ABOVE? \_\_\_\_\_  
\_\_\_\_\_

HAVE YOU EVER HAD A DEBT TURNED OVER TO A COLLECTION AGENCY?  
EXPLAIN: \_\_\_\_\_

ARE ANY CREDITORS PRESSING YOU FOR A PAYMENT? \_\_\_\_\_

HAVE YOU EVER DECLARED OR FILED BANKRUPTCY? \_\_\_\_\_  
WHEN: \_\_\_\_\_ WHERE: \_\_\_\_\_

HAVE YOU HAD ANYTHING REPOSSESSED? \_\_\_\_\_  
WHAT: \_\_\_\_\_  
WHEN: \_\_\_\_\_

HAVE YOUR WAGES EVER BEEN ATTACHED OR GARNISHED? \_\_\_\_\_  
EXPLAIN: \_\_\_\_\_

DO YOU HAVE ANY CIVIL ACTION PENDING? \_\_\_\_\_  
HAVE YOU EVER BEEN THE DEFENDANT IN SMALL CLAIMS COURT, OR OTHER COURT?  
ACTION: \_\_\_\_\_ EXPLAIN: \_\_\_\_\_

HAVE YOU EVER BEEN DECLARED DELINQUENT IN CHILD SUPPORT PAYMENTS? \_\_\_\_\_

HAVE YOU EVER BEEN REFUSED CREDIT? \_\_\_\_\_  
EXPLAIN: \_\_\_\_\_

EVER KNOWINGLY WRITE A CHECK WITH INSUFFICIENT FUNDS? \_\_\_\_\_  
HOW MANY TIMES?: \_\_\_\_\_

DO YOU HAVE A CHECKING ACCOUNT? \_\_\_\_\_ ACCOUNT NUMBER: \_\_\_\_\_  
INSTITUTION: \_\_\_\_\_

DO YOU HAVE A SAVINGS ACCOUNT? \_\_\_\_\_ ACCOUNT NUMBER: \_\_\_\_\_  
INSTITUTION: \_\_\_\_\_

I CERTIFY THAT THE STATEMENTS CONTAINED IN THIS QUESTIONNAIRE ARE TRUE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY OMISSIONS OR FALSE STATEMENTS MADE ON THIS QUESTIONNAIRE MAY BE CAUSE FOR DISAPPROVAL OF MY SELECTION, OR FOR DISCHARGE AFTER APPOINTMENT. I FURTHER REALIZE THAT ANY FALSEHOODS MAY SUBJECT ME TO PROSECUTION UNDER OHIO REVISED CODE SECTION 2921.13.

  X    
SIGNATURE OF APPLICANT

Subscribed and duly sworn before me according to law, by the above-named applicant this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ at \_\_\_\_\_ County of \_\_\_\_\_, State of \_\_\_\_\_

\_\_\_\_\_  
(Notary)

(SEAL)

# **PERRY VILLAGE POLICE DEPARTMENT**

## **APPLICANT RELEASE**

I, \_\_\_\_\_, residing at \_\_\_\_\_

\_\_\_\_\_, for the last \_\_\_\_\_, have applied for employment with the **Perry Village Police Department**. I have been instructed and understand that a representative of the **Perry Village Police Department** will be conducting a thorough investigation of my background to assist in determining my eligibility for this employment. I realize that, in conducting this background investigation, officers will be making inquiries of: officials and record offices at schools which I have attended, physicians or courts with whom I may have an arrest or conviction record; credit bureaus and/or firms who may have information regarding my credit record and/or financial standing; present and previous employers; and other persons who may be able to provide information about me which the **Perry Village Police Department** desires.

I hereby expressly release and waive all provisions of state and federal law which may forbid the disclosure of information from any physician or other person who has treated me, or any school official, court, police agency, credit bureau, employer, firm or person, from disclosing any knowledge or information they have concerning me which is requested by the **Perry Village Police Department**. I further consent that the Chief of the **Perry Village Police Department**, or his representative, be provided with a copy of any such record concerning me upon request.

I further release, discharge and exonerate the **Perry Village Police Department** and the village of **Perry**, it's agents, officers, and representatives, and any person, agency company, organization, or firm furnishing information from any and all liabilities of every nature arising out of the furnishing or inspection of such documents, records and other information, or the investigation made by or on behalf of the **Perry Village Police Department**.

I understand that a Screening Committee, consisting of police and city administrators appointed by the Mayor, will review my completed background investigation and determine my eligibility for appointment to the position of \_\_\_\_\_.

I recognize the right of the **Perry Village Police Department** to treat, at its discretion, certain sources of information as confidential, and its right to withhold from my agent or me the names of such confidential informed sources, and information obtained therefrom.

\_\_\_\_\_  
Signature of Applicant

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Witness

**Perry Village Police Department**

**Applicant Pre-Polygraph Examination Release**

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I, \_\_\_\_\_, voluntarily – without threat, duress, coercion, undue influence, force, promises of immunity or reward – agree and stipulate to submit to a polygraph (truth verification) examination to be conducted by **(officers of the (your agency name) or their designee)**.

I attest that I am in good mental and physical condition and that I know of no mental or physical ailment or treatment plan that may impair or be impaired by the polygraph examination.

X \_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

X \_\_\_\_\_  
WITNESS

\_\_\_\_\_  
DATE