

# Application

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Last Name

First Name

Middle Name

## **Important:**

- Please carefully read all of the instructions on this page, & sign it at the bottom, before completing this application.
- Please furnish all requested information. The information you provide will be used to determine your qualifications for work.
- Do not submit a résumé in lieu of completing this application. However, please attach your résumé to this application as an additional factor to be considered.
- So that it is clear that you did not omit an item, please complete all blanks, & write the letters "N/A (not applicable) beside those items that do not apply to you, unless instructions indicate otherwise.
- If insufficient space is allocated to give a complete answer to a question, attach additional paper to this application as needed.

## **Compliance Notice:**

Highway Patrol Retirement System (HPRS) is an equal opportunity employer & strives to select the best qualified individual for the job, regardless of race, color, creed, sex, religion, ancestry, national origin, age, handicap, military status, or any other protected status under state, federal or local laws.

## **I understand & agree to the following:**

1. Any misrepresentation or omission of fact in my application may be justification for rejection of my application. If hired, the foregoing may be justification for termination.
2. HPRS may make a thorough investigation of my entire work history, driving record, & any criminal background, using any methods that it sees fit, as allowed by law. I authorize such investigation & the giving & receiving of any information by HPRS & I release from any liability any person giving or receiving such information. I understand that any information discovered as a result of this investigation may prevent my being hired, or if hired, may subject me to immediate dismissal.
3. I will submit to any type of lawful testing that would enable management to determine my trustworthiness, abilities, & skills for the position for which I have applied or any subsequent positions that may arise now or in any future work with HPRS.
4. If hired by HPRS, I agree to submit my fingerprints to be filed with the appropriate law enforcement agency & to be used in any inquiry or investigation conducted in connection with my work. I also understand & agree that, if I am hired by HPRS, my work is for no definite period of time & can be terminated, with or without cause or notice at any time, at the option of either HPRS or myself. I understand that no representative of HPRS has authority to enter into any agreement for me to work for any specified period of time or to make any agreement with me contrary to the foregoing, except that the Executive Director of the HPRS may do so in writing.
5. By this application, I am not applying for work with the State of Ohio. Accordingly, my working conditions & any benefits for which I am eligible will be only those specifically prescribed by the HPRS.
6. This application is used to evaluate applicants for work, both as employees & independent contractors of HPRS.
7. Subject to the Americans with Disabilities Act, I am not aware of, nor do I suffer from any disability that would prevent me from performing the job duties of the position for which I am applying.

*I have read, & thoroughly understand, & agree to all of the above, agree that all answers to this application are given truthfully, & verify this by my signature below.*

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Signature

Date

## Personal History

Last Name	First	Middle	Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address	City	State	Zip
Home Phone	Business Phone	Have you ever applied for work with HPRS before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, month & year? Location?	
Position Desired	(circle one) Full-Time Part-Time	When will you be available to begin work? For part-time work, what hours are you available?	
How did you learn of HPRS?			
Are any of your relatives or friends working for HPRS? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list their names & relationship:			
Are you prohibited from being lawfully employed because of your immigration status? (Proof of citizenship or immigration status is required by Federal law upon employment.) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:			
Have you ever been bonded? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, with what organization(s)?			
Have you ever been convicted of a felony that has not been annulled, expunged, or sealed by a court? (This information may be confirmed with the appropriate law enforcement agency for all applicants that are hired. A felony record will not necessarily be a bar to your hiring. Factors such as the age & type of offense, the seriousness & nature of the violation, & your rehabilitation will be taken into account.) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe:			
If you are applying for a position that requires driving, please list all accidents & moving violations for driving offenses during the past three (3) years, <b>regardless of fault</b> . (This information may be confirmed with the appropriate State Bureau(s) of Motor Vehicles for insurance purposes.) <input type="checkbox"/> Check here if none.			

## Education

School	Name & location of school	Course of study	# years completed	Did you graduate?
High				
College				
Other				
Other special training or skills (job-related training, computer operation, etc.)				

## Military History (complete this section if you served in the Armed Forces)

Describe your duties & any special training:          	Branch of Service
	Period of active duty (month & year) From _____ To _____
	Date of discharge _____ Rank at discharge _____
	Last duty station & commanding officer

## Employment History

Please list all of the jobs (including full-time, part-time & self-employment) that you have held within the last 10 years (attach additional paper if necessary)

<b>1</b> Name of current or last employer	Type of business	Address	City	State
Starting date (month & year)	Leaving date (month & year)	Starting salary	Final salary	
(circle one) Full-time      Part-time	Job title	Responsibilities		
Name of supervisor (current or last)	Phone number	Reasons for changing or wanting to change job:		

Check here if you would prefer that we not contact your current employer while you are still employed there.

<b>2</b> Name of next previous employer	Type of business	Address	City	State
Starting date (month & year)	Leaving date (month & year)	Starting salary	Final salary	
(circle one) Full-time      Part-time	Job title	Responsibilities		
Name of last supervisor	Phone number	Reasons for changing job:		

<b>3</b> Name of next previous employer	Type of business	Address	City	State
Starting date (month & year)	Leaving date (month & year)	Starting salary	Final salary	
(circle one) Full-time      Part-time	Job title	Responsibilities		
Name of last supervisor	Phone number	Reasons for changing job:		

<b>4</b> Name of next previous employer	Type of business	Address	City	State
Starting date (month & year)	Leaving date (month & year)	Starting salary	Final salary	
(circle one) Full-time      Part-time	Job title	Responsibilities		
Name of last supervisor	Phone number	Reason for changing job:		

**5** Please explain any gaps in employment in the above-listed job history.


## References

Please list four personal references, not related to you by birth or marriage, who have had significant contact with you in the past.

Name	Home phone/address	Work phone/address	How are you acquainted?	Known how long?

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## Employer's Use Only

### Reference Check

Employer	Person contacted & date	Initials	Comments
1.			
2.			
3.			
4.			
Personal Reference	Date	Initials	Comments
1.			
2.			
3.			
4.			

### Interview

Interviewer	Date	Location
Comments		
_____		
_____		
_____		
_____		
_____		