

**WILLOWICK POLICE DEPARTMENT  
APPLICATION FOR DISPATCH EMPLOYMENT**

***PRE-EMPLOYMENT QUESTIONNAIRE – AN EQUAL OPPORTUNITY EMPLOYER  
(ALL QUESTIONS MUST BE WRITTEN OR PRINTED IN YOUR OWN HAND)***

**PERSONAL INFORMATION**

**DATE OF APPLICATION:** \_\_\_\_\_

**NAME:** \_\_\_\_\_

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

**DATE OF BIRTH:** \_\_\_\_\_ **HOME PHONE:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_ **CELL PHONE:** \_\_\_\_\_

**DRIVERS' LICENSE OR STATE ID NUMBER:** \_\_\_\_\_

**EDUCATION**

**SCHOOL NAME**

**COURSES**

**YEAR GRADUATED**

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## EMPLOYMENT HISTORY

NAME / ADDRESS: \_\_\_\_\_

EMPLOYER PHONE NUMBER: \_\_\_\_\_

DATES EMPLOYED: \_\_\_\_\_ TO \_\_\_\_\_

POSITION: \_\_\_\_\_

DUTIES: \_\_\_\_\_

CONTACT PERSON & PHONE NUMBER: \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

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NAME / ADDRESS: \_\_\_\_\_

EMPLOYER PHONE NUMBER: \_\_\_\_\_

DATES EMPLOYED: \_\_\_\_\_ TO \_\_\_\_\_

POSITION: \_\_\_\_\_

DUTIES: \_\_\_\_\_

CONTACT PERSON & PHONE NUMBER: \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

## REFERENCES

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

TIME KNOWN: \_\_\_\_\_

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

PHONE: \_\_\_\_\_

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

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

TIME KNOWN: \_\_\_\_\_

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

PHONE: \_\_\_\_\_

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

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

TIME KNOWN: \_\_\_\_\_

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

PHONE: \_\_\_\_\_

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

## **DISPATCH TRAINING**

**DO YOU HAVE TRAINING IN THE FOLLOWING AREAS:**

**LEADS** \_\_\_\_\_ **CCH** \_\_\_\_\_

**LOCATION OF TRAINING:** \_\_\_\_\_

**DATES OF TRAINING:** \_\_\_\_\_

**LIST ANY DISPATCH RELATED SCHOOLS/TRAINING ATTENDED:**

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**ARE YOU PROFICIENT WITH ANY PERSONAL COMPUTERS:** \_\_\_\_\_

**LIST:** \_\_\_\_\_

**CAN YOU TYPE:** \_\_\_\_\_ **WPM:** \_\_\_\_\_

**WILLOWICK POLICE DEPARTMENT  
AUTHORITY TO RELEASE INFORMATION**

TO WHOM IT MAY CONCERN:

I hereby permit any authorized representative of the WILLOWICK POLICE DEPARTMENT bearing this release, or copy thereof, within two (2) years of its date, to obtain any information you have concerning my moral and character suitability for the position of Police Dispatcher.

I hereby direct you to release to the bearer upon request any information in your files pertaining to my employment, military credit or educational records including but not limited to, academic, achievement, attendance, athletic, personal history and disciplinary records. This release is executed with full knowledge and understanding that the information is for the official use of the WILLOWICK POLICE DEPARTMENT. Consent is granted to the WILLOWICK 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, credit bureau, lending institution, consumer reporting agency 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 compliance with this authorization and request to release information, or any attempt to comply with it.

SIGNATURE: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_

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

DATE OF BIRTH: \_\_\_\_\_ PHONE: \_\_\_\_\_

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

CITY, STATE AND ZIP: \_\_\_\_\_

WITNESS: \_\_\_\_\_

DATE: \_\_\_\_\_