

**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
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

EMPLOYMENT HISTORY

NAME / ADDRESS: _____

EMPLOYER PHONE NUMBER: _____

DATES EMPLOYED: _____ TO _____

POSITION: _____

DUTIES: _____

CONTACT PERSON & PHONE NUMBER: _____

REASON FOR LEAVING _____

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:

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: _____