

CONFIDENTIALITY & NON-DISCLOSURE AGREEMENT

THIS AGREEMENT is made by and between the Ada Police Department,
headquartered at 115 W. Buckeye Avenue, Ada, Ohio 45810, and

_____, hereinafter "EMPLOYEE", resident address of

_____.

for the consideration of employment with the Ada Police Department as a police officer/police dispatcher.

EMPLOYEE swears or affirms that he/she will keep confidential all information Learned throughout the course of his/her employment with the Ada Police Department, And any information otherwise derived from the scope of EMPLOYEE'S duties as a Police officer/police dispatcher.

Information protected by this agreement includes, but is not limited to: sensitive Information learned form the Law Enforcement Automated Database System (L.E.A.D.S.), information overheard or observed or otherwise learned regarding active criminal investigations, identities of confidential informants working with the police department, sensitive case information learned from other law enforcement agencies, and information contained in accident and incident reports filed at the police department.

Before any information is released by EMPLOYEE there must be prior approval by a supervisor. Such approval shall protect EMPLOYEE from the adverse consequences listed below, unless the release of said information was grossly negligent.

EMPLOYEE agrees that a breach of confidentiality through an act of disclosure of information to a party other than one also employed by the Ada Police Department may result in either (a) termination from employment with the Ada Police Department, (b) disciplinary action at the discretion of the Chief of Police, and/or (c) criminal charges as applicable.

IN WITNESS WHEREOF, the parties hereto have signed and executed this Agreement the

_____ day of the month of _____, 20____.

Alec J Cooper
Chief of Police
Ada Police Department

EMPLOYEE
Title: _____

ADA POLICE DEPARTMENT

115 WEST BUCKEYE
ADA, OHIO 45810-1202
PHONE: 419-634-0010. FAX: 419-634-9570
Alec J Cooper
CHIEF OF POLICE

PERSONAL APPLICATION
THE VILLAGE OF ADA IS AN EQUAL OPPORTUNITY EMPLOYER

NAME _____
LAST FIRST MIDDLE INITIAL

PRESENT ADDRESS _____
STREET CITY/STATE/ZIP

TELEPHONE NO. _____ SOCIAL SECURITY NUMBER _____

HOW LONG HAVE YOU LIVED AT THIS ADDRESS? _____

ARE YOU A UNITED STATES CITIZEN? YES _____ NO _____

IF NOT A CITIZEN, DO YOU HAVE PERMISSION TO REMAIN PERMANENTLY IN THE
UNITED STATES? YES _____ NO _____ N/A _____

ARE YOU EIGHTEEN (18) YEARS OR OLDER? YES _____ NO _____

DRIVERS LICENSE NUMBER _____ STATE _____

EDUCATION: NAME OF SCHOOL (S) ATTENDED AND CITY/STATE

HIGH SCHOOL/ PROOF OF GED - GRADES ATTENDED - DATE GRADUATED

UNIVERSITY/COLLEGE - GRADES ATTENDED - DATE GRADUATED

TECHNICAL/LAW ENFORCEMENT TRAINING - (ATTACH CERTIFICATES)

DID YOU STUDY COMPUTERS? YES ___ NO ___ CAN YOU TYPE? YES ___ NO ___

HAVE YOU EVER BEEN REFUSED BOND? YES ___ NO ___ IF YES, WHY? _____

HAVE YOU EVER BEEN IN THE ARMED SERVICES? YES ___ NO ___

GIVE BRANCH _____ DATE OF FINAL DISCHARGE _____

TYPE OF DISCHARGE _____ RANK AT FINAL DISCHARGE _____

LAST DUTY STATION _____

HAVE YOU WORKED FOR A POLICE DEPARTMENT? YES ___ NO ___

IF YES, LIST DEPARTMENT NAME (S), ADDRESS, PHONE, NUMBER, CHIEF, DATES OF EMPLOYMENT AND POSITION HELD.

FULL OR PART TIME POSITION: _____ HOURS WORKED WEEKLY: _____

HAVE YOU COMPLETED THE OHIO PEACE OFFICERS TRAINING COUNCIL

CERTIFIED LAW ENFORCEMENT SCHOOLING? YES ___ NO ___

IF YES, WHERE? _____ WHEN? _____

OHIO PEACE OFFICER TRAINING COUNCIL CERTIFICATE NUMBER: _____

DO YOU HAVE ANY OTHER FORMAL LAW ENFORCEMENT TRAINING? YES ___ NO ___

IF YES, WHAT TYPE OF TRAINING AND WHERE?

CURRENT AND PREVIOUS EMPLOYMENT

1.) CURRENT EMPLOYER: _____

ADDRESS/PHONE NUMBER _____

EMPLOYED FROM _____ TO _____ RATE OF PAY: START \$ _____ END \$ _____

FULL OR PART TIME: _____ HOURS WORKED PER WEEK: _____

POSITION HELD _____ SUPERVISOR'S NAME _____

MAY WE CONTACT YOUR EMPLOYER: YES _____ NO _____

REASON FOR CHANGE _____

2.) PREVIOUS EMPLOYER: _____

ADDRESS/PHONE NUMBER _____

EMPLOYED FROM _____ TO _____ RATE OF PAY: START \$ _____ END \$ _____

FULL OR PART TIME: _____ HOURS WORKED PER WEEK: _____

POSITION HELD _____ SUPERVISOR'S NAME _____

MAY WE CONTACT YOUR EMPLOYER: YES _____ NO _____

REASON FOR LEAVING _____

3.) PREVIOUS EMPLOYER: _____

ADDRESS/PHONE NUMBER _____

EMPLOYED FROM _____ TO _____ RATE OF PAY: START \$ _____ END \$ _____

FULL OR PART TIME: _____ HOURS WORKED PER WEEK: _____

POSITION HELD _____ SUPERVISOR'S NAME _____

MAY WE CONTACT YOUR EMPLOYER: YES _____ NO _____

REASON FOR LEAVING _____

HAVE YOU EVER BEEN DISCHARGED OR FORCED TO RESIGN FROM EMPLOYMENT BECAUSE OF MISCONDUCT OR UNSATISFACTORY PERFORMANCE? YES ___ NO ___

IF YES, GIVE DETAILS _____

REFERENCES: LIST FOUR (4) PERSONAL REFERENCES (NO RELATIVES)

1.	_____	_____
	NAME	TELEPHONE
	_____	_____
	ADDRESS	CITY/STATE
2.	_____	_____
	NAME	TELEPHONE
	_____	_____
	ADDRESS	CITY/STATE
3.	_____	_____
	NAME	TELEPHONE
	_____	_____
	ADDRESS	CITY/STATE
4.	_____	_____
	NAME	TELEPHONE
	_____	_____
	ADDRESS	CITY/STATE

POSITION APPLIED FOR:

FULL TIME POLICE OFFICER _____

PART TIME POLICE OFFICER _____

WHY DO YOU THINK YOU WOULD MAKE AN EFFECTIVE AND SUCCESSFUL
EMPLOYEE OF THE VILLAGE OF ADA AND THE ADA POLICE DEPARTMENT?

WHEN WOULD YOU BE ABLE TO BEGIN EMPLOYMENT? _____

STATEMENT OF APPLICANT

I CERTIFY THAT THE PREVIOUS STATEMENTS ARE TRUE AND THAT THE MAKING OF FALSE STATEMENTS WILL BE CONSIDERED CAUSE FOR IMMEDIATE DISCHARGE UPON DISCOVERY THEREOF. I UNDERSTAND THAT EMPLOYMENT GIVEN ME WILL BE FOR ONE (1) YEAR PROBATIONARY PERIOD. I AUTHORIZE THE OFFICIALS OF THE VILLAGE OF ADA TO MAKE INQUIRY OF ANY FORMER EMPLOYERS OR REFERENCES AS TO MY EXPERIENCES, SALARY, CHARACTER, HABITS OR REASONS FOR LEAVING FORMER EMPLOYMENT. IF EMPLOYED, I AGREE TO CONFORM TO THE RULES AND REGULATIONS OF THE VILLAGE OF ADA AND THE ADA POLICE DEPARTMENT.

IN ADDITION, I SPECIFICALLY AUTHORIZE THE OFFICIALS OF THE VILLAGE OF ADA AND THE ADA POLICE DEPARTMENT TO MAKE INQUIRIES OF ALL COURTS AND LAW ENFORCEMENT AGENCIES FOR RECORDS OF PENDING CHARGES AND/OR PAST CONVICTIONS.

APPLICANT'S SIGNATURE _____

DATE: _____

APPLICANT WAIVER FORM

NAME: _____
LAST FIRST MIDDLE

MAIDEN NAME OR ALIAS (DESIGNATE): _____

PRESENT ADDRESS: _____
STREET APT. NUMBER CITY ZIP CODE

DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER: _____

TO WHOM IT MAY CONCERN: I am an applicant for a position with the Village of Ada. The Village of Ada needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position, for which I applied. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed to the Village of Ada.

I hereby authorize any representative of the Village of Ada bearing this release to obtain any information in your files pertaining to my employment records and I hereby direct you to release such information upon request of the bearer. I do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the Village of Ada, whether said records are of public, private, or confidential nature. The intent of this authorization is giving my consent for full and complete disclosure. I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life for the specific purpose of pursuing a background investigation that may provide pertinent data for the Village of Ada to consider in determining my suitability for employment with the Village of Ada. It is my specific intent to provide access to personal information however personal or confidential it may appear to be.

I consent to your release of any and all public and private information that you may have concerning me, my work record, my background and reputation, my military records, educational records, my financial status, my driving record, my criminal history record, including any arrest records, any information contained in investigatory files, efficiency ratings, complaints or grievances filed by or against me, the records of recollections of attorneys at law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest, attendance records, polygraph examinations, and any internal affairs investigations and discipline including any files which are deemed to be confidential, and/or sealed.

I hereby release you, your organization, and all others from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I hereby release you, as the custodian of such records of

X _____ 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 compliance with this authorization and request release information, or any attempt to comply with it. I direct you to release such information upon request of the duly accredited representative of the Village of Ada requesting the information pursuant to this release will discontinue processing any application if you refuse to disclose the information requested.

For and in consideration of the Village of Ada's acceptance and processing of my application for employment, I agree to hold the Village of Ada, its agents and employees harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the Village of Ada. I understand that should information of a serious criminal nature surface as a result of this investigation, such information may be turned over to the proper authorities.

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access and disclosure of records, and I waive those rights with the understanding that the information furnished will be used by the Village of Ada in conjunction with employment procedures.

A photocopy or FAX copy of this release form will be valid, as an original thereof, even though the said photocopy or FAX copy does not contain an original writing of my signature.

The waiver is valid for a period of six (6) months from the date of my signature.

Should there be any questions as to the validity of this release, you may contact me at the address listed on this form.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising of or by reason of complying with this request.

Signature of Applicant

Sworn before me this _____ day of _____, 20_____

