

# Village of Gates Mills

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*Division of Police  
1470 Chagrin River Road  
Gates Mills, Ohio 44040-9703  
Phone: (440) 423-4405 Fax: (440) 423-2002  
[www.gatesmillsvillage.com](http://www.gatesmillsvillage.com)*

Dear Applicant:

Thank you for your interest in the Gates Mills Police Department. Included in the attached police officer pre-employment packet are the following items:

- Job Description
- Application & Personal History Questionnaire
- Additional Questionnaire
- Waiver for Release of Records

In addition to the above, post-offer police officer candidates may be required to successfully complete the following items:

- Physical fitness testing
- CVSA / Polygraph testing
- Psychological testing
- Drug screening
- Medical exam pursuant to Ohio Police and Fire guidelines
- Final interview

*\*Police applicants must be OPOTC certified or be a graduate of an OPOTC certified basic academy.*

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## **JOB DESCRIPTION**

### **PATROL OFFICER:**

The Patrol Officer works under the direct supervision of a Sergeant or Detective, and is normally assigned to a specific platoon. His/her primary responsibility is to patrol the Village in order to keep the peace and to enforce the laws, ordinances and statutes of the Village of Gates Mills and State of Ohio. The Patrol Officer shall use good judgment and common sense in the performance of his/her duties and must have the ability to work under pressure. The Patrol Officer must be able to analyze and prioritize as circumstances arise, and must be able to multi-task in an effective and efficient manner. His/her interpersonal skills must be at a level that creates a climate of trust and confidence, not only within the agency, but also in the Gates Mills community. The Patrol Officer is also responsible for the following:

- Report writing and initial investigations.
- Investigating citizen complaints, reports of criminal activity or suspicious circumstances, traffic complaints and automobile accidents.
- Executing warrants and summons.
- Testifying at court proceedings.
- Issuing citations or arresting violators of laws or ordinances.
- Responding to any and all emergencies to lend assistance.
- Performing traffic and crowd control duties.
- Community relations and public speaking commitments.
- Performing security checks of homes and businesses.
- Assist paramedics and have the ability to render first-aid and utilize the Automated External Defibrillator, as necessary.
- Any other task that may be assigned by the Chief of Police or any other supervisor.

In addition to the foregoing, at the direction of the Chief of Police and the Mayor, a Patrol Officer may be assigned to serve as one of the Police & Town Hall Coordinators. In such event, the Patrol Officer shall perform the duties of a Police & Town Hall Coordinator and shall be available, at the direction of the Chief of Police, to assist other Patrol Officers in the performance of their duties.

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## Application & Personal History Questionnaire

*The Village of Gates Mills is an Equal Opportunity Employer*

Personal history of: \_\_\_\_\_  
(Last, First, Middle Name)

Date this questionnaire was completed: \_\_\_\_\_

### Instructions

This Personal History Questionnaire is intended for the use of the Village of Gates Mills, Ohio, as part of the hiring process. You must be truthful and complete all answers requested on this form. All information contained herein will be subject to verification (i.e., source, documentation, voice stress analysis (VSA) and other screening procedures). Information contained herein will be considered to be strictly confidential and will not be disclosed to any unauthorized person(s).

The answers to questions contained in the questionnaire must be printed in your own handwriting, legibly in BLACK INK ONLY. Each individual question must be answered, THERE CAN BE NO BLANKS. If a question does not apply to your particular circumstance, insert "DNA" in that blank, and when answering questions that require dates, insert the full date. Partial month/year responses are unacceptable. This document and all documents throughout the review process must be signed where required with your full legal signature, first name, middle name, last name.

### Warning

Applicants are cautioned to answer every question truthfully and without evasion. The Ohio Revised Code provides penalties for making a false statement of a material fact or for practicing fraud or deception in obtaining or attempting to obtain municipal employment. Such penalties include rejection for appointment or discharge after appointment and/or prosecution under Ohio Revised Code Section 2921.13.

## SECTION I – PERSONAL AND MARITAL RECORD

Legal Name Last		First		Full Middle Name	
By What Other Names Have You Been Known? (Maiden Name, Former Married Names, Aliases, Nicknames, Etc.)				Residence Area Code and Phone Number	
Residence Number, Street, Apt.		City		County	State    Zip Code
Social Security Number	Height	Weight	Color Hair		Color Eyes
Place of Birth City	County		State		Birth Certificate No.
Ohio Drivers License No.	Type	Expiration Date	Out-Of-State Operators License No.		Type State or Terr    Expiration Date
List any scars, birthmarks, blemishes, tattoos, deformities, etc. that you may have.					
Present Marital Status		City, County, State Present Marriage Performed		Date Present Marriage Performed	
Name of Present Spouse (First, Middle)		Maiden Name (If Applicable)		Spouse's Social Security Number    Birthplace of Spouse	
Height	Weight	Name and Address of Spouse's Employer			
<b>Father (Natural)</b>					
Last	First	Middle	Date of Birth	Address (Number, Street, City, State & Zip Code)    Age/Date of Death	
<b>Mother (Natural) Maiden Name First, Former Married Names</b>					
Last	First	Middle	Date of Birth	Address (Number, Street, City, State, & Zip Code)    Age/Date of Death	
<b>List Your Children:</b>					
<input type="checkbox"/> Son	Name (Last, First, Middle)		Birth Date	Birth Place (City and State)	
<input type="checkbox"/> Daughter					
Address (If Different From Yours)			Relationship To You <input type="checkbox"/> Natural <input type="checkbox"/> Step <input type="checkbox"/> Foster		Relationship To Your Spouse <input type="checkbox"/> Natural <input type="checkbox"/> Step <input type="checkbox"/> Foster
<input type="checkbox"/> Son	Name (Last, First, Middle)		Birth Date	Birth Place (City and State)	
<input type="checkbox"/> Daughter					
Address (If Different From Yours)			Relationship To You <input type="checkbox"/> Natural <input type="checkbox"/> Step <input type="checkbox"/> Foster		Relationship To Your Spouse <input type="checkbox"/> Natural <input type="checkbox"/> Step <input type="checkbox"/> Foster
<input type="checkbox"/> Son	Name (Last, First, Middle)		Birth Date	Birth Place (City and State)	
<input type="checkbox"/> Daughter					
Address (If Different From Yours)			Relationship To You <input type="checkbox"/> Natural <input type="checkbox"/> Step <input type="checkbox"/> Foster		Relationship To Your Spouse <input type="checkbox"/> Natural <input type="checkbox"/> Step <input type="checkbox"/> Foster
<input type="checkbox"/> Son	Name (Last, First, Middle)		Birth Date	Birth Place (City and State)	
<input type="checkbox"/> Daughter					
Address (If Different From Yours)			Relationship To You <input type="checkbox"/> Natural <input type="checkbox"/> Step <input type="checkbox"/> Foster		Relationship To Your Spouse <input type="checkbox"/> Natural <input type="checkbox"/> Step <input type="checkbox"/> Foster
<b>List Your Relatives in the Following Order:</b>					
1. Brothers    2. Sisters    3. Step-Mother    4. Step-Father    5. Step-Brothers    6. Step-Sisters 7. Father-In-Law    8. Mother-In-Law    9. Sisters-In-Law    10. Brothers-In-Law					
Relationship	Name (Last, First, Middle)		Address (Number, Street, City, State, Zip Code)		Age

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### SECTION I – PERSONAL AND MARITAL SECTION (CONTINUED)

Are You Supporting All Dependents That You Are Required To Support? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are You Paying Alimony Or Child Support? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount Per Month \$
Have You Ever Been Sued For Alimony Payments, Child Support, Non-Payment Of Debts Or Fraud? If Yes, Then Give The Name and The Court In Which You Were Sued and The Court Number of The Lawsuit.			<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Previous Marriages: If previously married, provide the following:</b>				
Date Married	Where Married (City, County, State)	Name of Ex-Spouse (Maiden Name)	If Dissolved or Divorced (City, County, State)	Date Finalized

Are You a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes <input type="checkbox"/> Native Born <input type="checkbox"/> Naturalized	Are You a Permanent Resident Alien? If Yes, Give Port of Entry to U.S.A. and Date <input type="checkbox"/> Yes <input type="checkbox"/> No	Port of Entry: Date:
If A Naturalized Citizen, List City and State Where Naturalized		Date Naturalized	Certificate Number

### SECTION II – PREVIOUS RESIDENCE RECORD

**Addresses since age 15. Account for all time spans with the most recent address first and descending in order therefrom. Include all military addresses, listing the nearest city in proximity to the base if you resided on base. If renting or leasing, include the agent or management company to whom you pay rent.**

From (Month-Year) TO (Month-Year)	Address (No-Specify N.S.E.W.-St-Pl-Dr-City-State & Zip Code)	With Whom Did You Live?	Relationship

**References: Fill in below the names of three adults not related to you & not former employers, who have known you for a period of preferably more than five years.**

1. Name		Home Address, City, State, Zip Code	Home Phone (Area Code- Number)
Yrs Known	Business Occupation Or Profession	Business Address, City, State, & Zip Code	Business Phone (Area Code – Number)
2. Name		Home Address, City, State, Zip Code	Home Phone (Area Code- Number)
Yrs Known	Business Occupation Or Profession	Business Address, City, State, & Zip Code	Business Phone (Area Code – Number)
3. Name		Home Address, City, State, Zip Code	Home Phone (Area Code- Number)

Yrs Known	Business Occupation Or Profession	Business Address, City, State, & Zip Code	Business Phone (Area Code - Number)
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### SECTION III – FINANCIAL RECORD

Are You Now Delinquent On Any Financial Obligation? (If Yes, Explain On Last Page.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do Your Monthly Bills Exceed Your Take-Home Pay?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Indebtedness: Involving you, your spouse, or your ex-spouses for which you are liable.					
To Whom Owed	Address	Date Incurred	Orig. Amt.	Amt. Due	Mo. Payment

Name & Address Of Your Bank(s)	Checking Account(s)	Savings Account(s)
Year, Make, Body Type, & License No. Of Your Present Vehicle	Date Purchased	Name of Legal Owner

**When answering the questions below: If there are any "Yes" blocks checked, explain fully on the continuation sheet, citing the reference and page numbers. Be complete on all explanations requested.**

<input type="checkbox"/> Yes <input type="checkbox"/> No	Do You, Your Spouse, Or Ex-Spouses Have Any Immediate Civil Action Pending Against You?
<input type="checkbox"/> Yes <input type="checkbox"/> No	If employed by the police department; do you anticipate any income other than your police salary?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have You Ever Been Refused A Life, Automobile, Health, Or Other Insurance Policy?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have You Ever Been Garnished, Filed For Bankruptcy, Or Been Declared Bankrupt?

### SECTION IV – WORK HISTORY

<input type="checkbox"/> Yes <input type="checkbox"/> No	Have You Ever Applied For A Position With Any Law Enforcement Or Other Government Agency?		
Name Of Department Or Agency	Date Applied	Accepted	If No, Give Reason For Rejection Or Declining Of Appointment
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

### EMPLOYMENT

Begin with your most recent job and list your complete work history in chronological order. Include in sequence all part-time jobs, periods of unemployment and military service. When listing military service, substitute for the name and address of immediate supervisor, the name, address and rank of the last commissioned officer who was your immediate commissioned superior and substitute for the name and address of co-workers, the name and address of a non-commissioned officer with whom you served. When listing periods of unemployment, indicate dates in space provided. In that block designated "name of employer" write-in unemployed. In that block designated "reason for leaving" indicate from what source you received income during that period of unemployment. **ADDRESS INFORMATION MUST BE COMPLETE – STREET, APT. OR SUITE, CITY STATE AND ZIP CODE.**

May We Contact Your Current Employer?  Yes  No If No, Explain On Last Page.  
 Have You Ever Been Discharged Or Asked To Resign From A Job?  Yes  No If No, Explain On Last Page.  
 If Currently Unemployed, Indicate So In First Block.

From Date	Name Of Employer	Job Title	List Hours Worked And Days Off On Present Job
To Date	Address Of Employer	Description Of Duties	
Total Time Exp	Full Name Of Immediate Supervisor	Address Of Immediate Supervisor	Ph# Of Business
Salary	Full Name Of Co-Worker	Address Of Co-Worker	Ph# Of Co-Worker
From Date	Name Of Employer	Job Title	Reason For Leaving
To Date	Address Of Employer	Description Of Duties	
Total Time Exp	Full Name Of Immediate Supervisor	Address Of Immediate Supervisor	Ph# Of Business
Salary	Full Name Of Co-Worker	Address Of Co-Worker	Ph# Of Co-Worker
From Date	Name Of Employer	Job Title	Reason For Leaving
To Date	Address Of Employer	Description Of Duties	
Total Time Exp	Full Name Of Immediate Supervisor	Address Of Immediate Supervisor	Ph# Of Business
Salary	Full Name Of Co-Worker	Address Of Co-Worker	Ph# Of Co-Worker
From Date	Name Of Employer	Job Title	Reason For Leaving
To Date	Address Of Employer	Description Of Duties	

Total Time Exp	Full Name Of Immediate Supervisor	Address Of Immediate Supervisor	Ph# Of Business
Salary	Full Name Of Co-Worker	Address Of Co-Worker	Ph# Of Co-Worker

**SECTION IV – WORK HISTORY (CONTINUED)**

From Date	Name Of Employer	Job Title	Reason For Leaving
To Date	Address Of Employer	Description Of Duties	
Total Time Exp	Full Name Of Immediate Supervisor	Address Of Immediate Supervisor	Ph# Of Business
Salary	Full Name Of Co-Worker	Address Of Co-Worker	Ph# Of Co-Worker
From Date	Name Of Employer	Job Title	Reason For Leaving
To Date	Address Of Employer	Description Of Duties	
Total Time Exp	Full Name Of Immediate Supervisor	Address Of Immediate Supervisor	Ph# Of Business
Salary	Full Name Of Co-Worker	Address Of Co-Worker	Ph# Of Co-Worker
From Date	Name Of Employer	Job Title	Reason For Leaving
To Date	Address Of Employer	Description Of Duties	
Total Time Exp	Full Name Of Immediate Supervisor	Address Of Immediate Supervisor	Ph# Of Business
Salary	Full Name Of Co-Worker	Address Of Co-Worker	Ph# Of Co-Worker
From Date	Name Of Employer	Job Title	Reason For Leaving
To Date	Address Of Employer	Description Of Duties	
Total Time Exp	Full Name Of Immediate Supervisor	Address Of Immediate Supervisor	Ph# Of Business
Salary	Full Name Of Co-Worker	Address Of Co-Worker	Ph# Of Co-Worker
From Date	Name Of Employer	Job Title	Reason For Leaving
To Date	Address Of Employer	Description Of Duties	
Total Time Exp	Full Name Of Immediate Supervisor	Address Of Immediate Supervisor	Ph# Of Business
Salary	Full Name Of Co-Worker	Address Of Co-Worker	Ph# Of Co-Worker
From Date	Name Of Employer	Job Title	Reason For Leaving
To Date	Address Of Employer	Description Of Duties	
Total Time Exp	Full Name Of Immediate Supervisor	Address Of Immediate Supervisor	Ph# Of Business






## SECTION VI – GENERAL INFORMATION INQUIRY

**NOTICE:** The following questions and answers will be verified through the use of the polygraph (lie detector test). If the answer to any of the following is yes – it will be necessary for you to explain, in detail, on the continuation sheet provided.

1. If it became necessary in the course of your police duties to take a human life, would you have any reluctance to due to religious or other beliefs? (Police officer applicants only need answer this question.)	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. Have you ever committed a felony for which you were never arrested or convicted?	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. Have you ever been placed on or served in a criminal diversion type program that led to the eventual dismissal of any criminal charges?	<input type="checkbox"/> YES <input type="checkbox"/> NO
4. Have you ever been convicted of a felony?	<input type="checkbox"/> YES <input type="checkbox"/> NO
5. Have you ever been convicted of a misdemeanor that had been reduced from original felony charges?	<input type="checkbox"/> YES <input type="checkbox"/> NO
6. Have you ever been convicted of any criminal offense (i.e., theft, assault and battery, wrongful influence of a minor, disorderly conduct, gambling, drug offense, sex offenses, offenses involving immoral or indecent conduct, fraud, trespassing, conversion of trust, offense involving military justice, or any other criminal offenses)?	<input type="checkbox"/> YES <input type="checkbox"/> NO
7. Have you ever been convicted of any traffic offense (i.e., operating a motor vehicle while under the influence of alcohol or drugs, reckless operation, hit skip, vehicle homicide, speeding, drag racing, willfully fleeing or eluding police, operating an unsafe vehicle, driving without a license, passing a school bus receiving or discharging passengers, or any other traffic offense, excluding parking and equipment violations)?	<input type="checkbox"/> YES <input type="checkbox"/> NO
8. As an adult, have you ever stolen anything?	<input type="checkbox"/> YES <input type="checkbox"/> NO
9. Have you ever bought or sold property that you know was stolen?	<input type="checkbox"/> YES <input type="checkbox"/> NO
10. Has your driver's license ever been suspended or revoked?	<input type="checkbox"/> YES <input type="checkbox"/> NO
11. Have you ever been committed to any penal institution as a result of either a felony or misdemeanor conviction?	<input type="checkbox"/> YES <input type="checkbox"/> NO
12. Are you presently under indictment or a defendant in any pending criminal, traffic, or civil citations?	<input type="checkbox"/> YES <input type="checkbox"/> NO
13. Have you ever used any hallucinogens such as marijuana, hashish, mescaline, P.C.P., T.H.C., peyote, P.C.E., T.C.P., angel dust or any of their derivatives, etc.? (If yes, age first used, age last used, total number of usages.)	<input type="checkbox"/> YES <input type="checkbox"/> NO
14. Have you ever used any narcotics such as opium, morphine, codeine, meperidine, methadone, or any of their derivatives such as darvon, lomotil, etc.? (If yes, age first used, age last used, total number of usages.)	<input type="checkbox"/> YES <input type="checkbox"/> NO
15. Have you ever used cocaine, heroin, or L.S.D.? (If yes, age first used, age last used, total number of usages.)	<input type="checkbox"/> YES <input type="checkbox"/> NO
16. Have you ever used any prescription drugs such as barbiturates, amphetamines, valium, librium, sopors, uppers/downers, etc. without the benefit of a prescription? (If yes, age first used, age last used, total number of usages.)	<input type="checkbox"/> YES <input type="checkbox"/> NO
17. Have you ever used any prescribed medications for purposes other than that for which they were originally prescribed or intended? (If yes, then type and use.)	<input type="checkbox"/> YES <input type="checkbox"/> NO
18. Have you ever used what are described as designer drugs, (i.e., substances that are chemically altered in make-up but which give the same effect as illicit drugs, etc.)? (If yes, then type and use.)	<input type="checkbox"/> YES <input type="checkbox"/> NO
19. Have you ever sold, been party to the sale, or in any other way been financially rewarded due to the sale of any controlled substances or prescription drugs or any other substance purported to be a controlled substance?	<input type="checkbox"/> YES <input type="checkbox"/> NO
20. Have you ever been involved in glue sniffing or used any other such chemical agents for the purpose of obtaining a state of intoxication?	<input type="checkbox"/> YES <input type="checkbox"/> NO
21. Are you addicted to or use alcohol excessively or suffer from any alcohol related problems, or received any related treatments?	<input type="checkbox"/> YES <input type="checkbox"/> NO
22. Have you ever filed for or received compensation for any industrial compensation claim?	<input type="checkbox"/> YES <input type="checkbox"/> NO
23. Have you ever applied for and received unemployment compensation, the amounts of which you were not eligible to receive?	<input type="checkbox"/> YES <input type="checkbox"/> NO
24. Are you now, or have you ever, received any type of governmental support such as welfare, A.D.C., housing subsidy payments, medical or educational loans or grants that you were not eligible for, received in a fraudulent manner or after receiving became ineligible for but continued receiving?	<input type="checkbox"/> YES <input type="checkbox"/> NO
25. Do you have any hatreds or prejudices toward others because of their race, sex, national origin, religion or color, which would be detrimental to your functioning as a police officer?	<input type="checkbox"/> YES <input type="checkbox"/> NO
26. Do you have any problems because of gambling?	<input type="checkbox"/> YES <input type="checkbox"/> NO
27. Do you have any problem controlling your temper?	<input type="checkbox"/> YES <input type="checkbox"/> NO
28. Have you ever been involved in an automobile accident?	<input type="checkbox"/> YES <input type="checkbox"/> NO





I certify that the statements contained in this questionnaire are true to the best of my knowledge. I understand that any false statements made in this questionnaire may be cause for disapproval of my appointment, or for discharge after appointment, I further realize that any falsehood may subject me to prosecution under Ohio Revised Code Section 2921.13.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_  
(Full Legal Signature)



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To Whom It May Concern:

I hereby permit any authorized representative of the Gates Mills Police Department bearing this release, or a copy thereof, within two years of its date, to obtain information you have concerning my moral, mental, physical, financial or educational suitability for a position with the Gates Mills Police Department.

I hereby authorize you to release to the bearer, upon request, any information in your files pertaining to my current or former employment including, but not limited to, attendance, job performance, disciplinary records, financial records, and also criminal records check including federal, state and local law enforcement agencies. This release is executed with the full knowledge and understanding that the information is for official use of the Gates Mills Police Department. Consent is granted to the Gates Mills Police Department to furnish such information, as described above, to third parties in the course of fulfilling its official responsibilities.

I hereby release you, as the custodian of any such records, and any officers, employees or related personnel both individually or collectively, from any and all liability for damages of whatever type, which may at times result to me, my heirs, family or associates because of compliance with its authorization and request to release information, or any attempt to comply with it.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (Print): \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**Re: Employment with the Village of Gates Mills**

**Name of Patient:** \_\_\_\_\_  
**Date of Birth:** \_\_\_\_\_  
**Social Security No.:** \_\_\_\_\_

I, \_\_\_\_\_, hereby expressly authorize the health care provider identified below, and/or the custodian or administrator of the records of same, to permit any person from the Village of Gates Mills ("Recipient"), to view, inspect and copy the following:

**PROVIDER NAME:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
**CITY STATE ZIP:** \_\_\_\_\_

**Scope of Disclosure:** any and all records, reports, memoranda, billing information or other written materials, including any and all x-ray films, CT scans, MRIs, ultrasounds, pathology slides, correspondence, referral information or records, reports and/or interpretations, concerning any and all care and treatment including, but not limited to, office, hospital, emergency room, outpatient department, interventional and/or rehabilitation center, HIV-AIDS related, alcohol/drug counseling or psychiatric-related treatment, rendered to the patient at any time by the health care provider listed above.

**Reason for Disclosure:** Pre-employment screening

**Scope of Disclosure and Dates of Treatment/Service:** Any and all records as described above for all dates of treatment/service.

**Recipient** Village of Gates Mills  
c/o Chief Gregg Minichello  
1470 River Road  
Gates Mills, OH 4404

**Right to Revoke:** I understand that I may revoke this authorization at any time by providing written notice to the Director of Medical Records at the address of the facility in which I received my medical care. I understand that my revocation won't have any effect on any actions taken by the organization before they received the revocation. I understand that I have the right to inspect or copy the health information to be disclosed pursuant to this authorization. I further understand that the health care provider(s) named herein will not condition my treatment upon whether or not the authorization is signed.

A photocopy of this Authorization shall have the same force and effect as the original. This authorization shall expire upon termination of litigation through and including exhaustion of any and all appeals or one year from the date of execution, whichever is sooner. By signing this Authorization, I acknowledge that any health care information released pursuant to this Authorization may no longer be protected by law.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**DATE**



## Authorization to Obtain Consumer Credit Report

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I authorize the Village of Gates Mills to obtain a consumer report on me from an external Consumer Reporting Agency.

You have a right to request disclosures of the nature and scope of any investigative consumer report that the Village of Gates Mills obtains about you. You also have other rights under the Fair Credit Reporting Act, a summary of which has been given to you. You can access this summary directly at: <http://www.ftc.gov/bcp/online/pubs/credit/fcrasummary.pdf>

### AUTHORIZATION AND RELEASE:

I, \_\_\_\_\_, hereby authorize the Village of Gates Mills to obtain "consumer reports" or an agent acting on its behalf to procure information from concerning my credit. This report may be compiled with information from but not limited to credit bureaus and any other source required verifying information that I have voluntarily supplied.

I authorize without reservation, any party or agency contacted to furnish the above mentioned information and release all parties involved from liability and responsibility for doing so. This authorization and consent shall be valid in original, facsimile (fax), or copy form.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security Number

## Authorization for Release of Information

The following information is required by law enforcement agencies and other entities for accuracy in identification when checking records. It is confidential and will not be used for any other purpose.

*(Please Print Clearly)*

Last Name	First Name	Middle Name	
Please list any alias you may have:			
Address (include apartment number)	City	State	Zip Code
Driver's License Number	Issuing State		
Other License	Number	Issuing State	
Please list other states in which you have held a license:			
I understand that I must provide my date of birth in order to confirm my identity for purposes of completing an accurate background investigation. It is not provided to the hiring official for any purpose in connection with consideration of your application for employment.	____ / ____ / ____ (MM/DD/YYYY)		

I acknowledge receipt of the FCRA CONSUMER RIGHTS NOTICE, "A Summary of Your Rights under the Fair Credit Reporting Act."

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

## Authorization for Release of Information

### A Summary of Your Rights under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to [www.ftc.gov/credit](http://www.ftc.gov/credit) or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
  - a person has taken adverse action against you because of information in your credit report;
  - you are the victim of identity theft and place a fraud alert in your file;
  - your file contains inaccurate information as a result of fraud;
  - you are on public assistance;
  - you are unemployed but expect to apply for employment within 60 days.

All consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.ftc.gov/credit](http://www.ftc.gov/credit) for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See [www.ftc.gov/credit](http://www.ftc.gov/credit) for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.

## Authorization for Release of Information

- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.ftc.gov/credit](http://www.ftc.gov/credit).
- **You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.ftc.gov/credit](http://www.ftc.gov/credit).

**States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:**

CRA's, creditors and others not listed below

Federal Trade Commission Consumer Response Center  
FCRA Washington, DC 20580 (202) 326-3761

National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)

Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219  
(800) 613-6743

Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)

Federal Reserve Board Division of Consumer & Community Affairs  
Washington, DC 20551 (202) 452-3693

Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)

Office of Thrift Supervision Consumer Programs  
Washington, DC 20552 (800) 842-6929

Federal credit unions (words "Federal Credit Union" appear in institution's name)

National Credit Union Administration 1775 Duke Street  
Alexandria, VA 22314 (703) 518-6360

State-chartered banks that are not members of the Federal Reserve System

Federal Deposit Insurance Corporation Division of Compliance & Consumer Affairs  
Washington, DC 20429 (800) 934-FDIC

Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission

Department of Transportation Office of Financial Management  
Washington, DC 20590 (202) 366-1306

Activities subject to the Packers and Stockyards Act, 1921

Department of Agriculture Office of Deputy Administrator  
GIPSA Washington, DC 20250 (202) 720-7051