



FAIRFIELD POLICE DEPARTMENT
5230 PLEASANT AVENUE
FAIRFIELD, OH 45014
513-867-6015

PERSONAL HISTORY QUESTIONNAIRE

INSTRUCTIONS

This Personal History Questionnaire is intended for the use of the Fairfield Police Department. You must be truthful and complete all answers requested on these forms. Non-disclosure of a material fact must be viewed by the police department as intentionally withheld by you. All information contained herein will be subject to verification, i.e., source documentation, polygraph or computer voice stress analysis, and screening procedures. Information contained herein may be subject to public disclosure under the Ohio Open Records Law. It is the policy of the Fairfield Police Department that the information contained herein will be treated confidentially and will only be disclosed to those with an authorized need to know the information, or upon specific request under R. C. 149.43.

The responses to questions contained in the questionnaire must be typed or printed, in your own hand, 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 circumstances, insert "DNA" in that blank. When answering questions that require dates, insert the full date. Partial month-year responses are unacceptable. You must provide complete address information when requested. Partial address responses are unacceptable.

WARNING

Applicants are cautioned to answer every question truthfully and without evasion. Both the Ohio Revised Code and Administrative Rules of the City of Fairfield provide penalties for making false statement of material fact, or for practicing any fraud or deception in obtaining or attempting to obtain employment. Such penalties include rejection for appointment or discharge after appointment and/or prosecution under Ohio Revised Code Section 2921.13.

**THE FOLLOWING PAGE, TITLED "AUTHORIZATION FOR RELEASE OF INFORMATION AGREEMENT",
MUST BE SIGNED AND DATED IN PERSON, AT THE TIME OF SUBMISSION OF THIS BACKGROUND PACKET.**

AUTHORIZATION FOR RELEASE OF INFORMATION AGREEMENT

TO WHOM IT MAY CONCERN: I am an applicant for employment with the Fairfield Police Department. The department 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 Fairfield Police Department

I hereby authorize any representative of the Fairfield Police Department bearing this release to obtain any information in your files pertaining to my employment 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 Fairfield Police Department, whether said records are of a public, private, or confidential nature. The intent of this authorization is to give 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 Fairfield Police Department to consider in determining my suitability for employment. It is my specific intent to provide access to personnel 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 history, my background and reputation, my military service records, educational records, my financial status, my criminal history record including any arrest records, whether or not convicted, any information contained in investigatory files, efficiency ratings, complaints or grievances, filed by or against me, either criminal or civil, in which I presently have, or have had an interest, attendance records, polygraph or other truth verification examinations, and any internal affairs investigations and discipline, including any files which are deemed to be confidential and/or sealed, notwithstanding any other agreements that I may have signed.

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, including 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 to release information, or any attempt to comply with it. I direct you to release such information upon request of the representative of the Fairfield Police Department regardless of any agreement I may have made with you previously to the contrary. The Fairfield Police Department will discontinue processing my application if you refuse to disclose the information requested.

For and in consideration of the Fairfield Police Department's acceptance and processing my application for employment, I agree to hold the City of Fairfield, the Fairfield Civil Service Commission, and Fairfield Police Department, their 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 Fairfield Police Department. I understand that should information of a serious criminal nature surface as a result of this investigation, the information will 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 to disclosure of records, and I waive those rights with the understanding that information furnished will be used by the Fairfield Police Department in conjunction with employment procedures.

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

This waiver is valid for a period of one year from the date of my signature. Should there be any question as to the validity of this release, you may contact me at the address listed on this form.

I agree to pay any and all charges or fees concerning this request and can be billed for such charges 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 out of or by reason of complying with this request.

I am informed that, with limited exception, the reports, documents, and other information in written form, learned about me will be subject to public disclosure under R.C. 149.43, the Ohio Open Records law.

Full Name (Printed) _____

SSN _____

Address _____

Telephone _____

SECTION 1 – PERSONAL AND FAMILY HISTORY

APPLICANT'S NAME				HEIGHT	WEIGHT	HAIR COLOR	EYE COLOR
PLACE OF BIRTH	CITY	COUNTY	STATE		DATE OF BIRTH		
ADDRESS (NUMBER, STREET, APARTMENT)					BIRTH CERTIFICATE NUMBER		
CITY		COUNTY	STATE		ZIP		
BY WHAT OTHER NAMES HAVE YOU BEEN KNOWN (MAIDEN NAME, FORMER MARRIED NAMES, ALIASES, NICKNAMES, ETC.)					PHONE NUMBER		
OHIO DRIVER'S LICENSE NO.	TYPE	EXPIRATION DATE	OUT OF STATE DRIVER'S LICENSE NO.	TYPE/STATE	EXPIRATION DATE		
PRESENT MARITAL STATUS	CITY, COUNTY, STATE – PRESENT MARRIAGE PERFORMED				DATE PRESENT MARRIAGE PERFORMED		
LIST ANY IDENTIFYING SCARS, TATTOOS, BIRTHMARKS ETC. THAT YOU HAVE							
NAME OF CURRENT SPOUSE (LAST, FIRST, MIDDLE)			MAIDEN NAME (SPOUSE – IF APPLICABLE)			SPOUSE'S SOCIAL SECURITY NUMBER	
DATE OF BIRTH (SPOUSE)	BIRTH PLACE OF SPOUSE		NAME OF SPOUSE'S EMPLOYER			PHONE NUMBER	
FATHER <input type="radio"/> NATURAL <input type="radio"/> STEP <input type="radio"/> FOSTER <input type="radio"/> ADOPTIVE		FATHER'S NAME (LAST, FIRST, MIDDLE)		FATHER'S DATE OF BIRTH		IF DECEASED, DATE OF DEATH	
FATHER'S ADDRESS					PHONE NUMBER		
MOTHER <input type="radio"/> NATURAL <input type="radio"/> STEP <input type="radio"/> FOSTER <input type="radio"/> ADOPTIVE		MOTHER'S NAME (LAST, FIRST, MIDDLE)		MOTHER'S DATE OF BIRTH		IF DECEASED, DATE OF DEATH	
MOTHER'S ADDRESS					PHONE NUMBER		
CHILDREN:							
<input type="radio"/> SON <input type="radio"/> DAUGHTER		LAST NAME	FIRST	MIDDLE	DATE OF BIRTH	PLACE OF BIRTH (CITY, STATE)	
ADDRESS (IF DIFFERENT FROM YOUR'S)							
RELATIONSHIP TO YOU <input type="radio"/> NATURAL <input type="radio"/> STEP <input type="radio"/> FOSTER <input type="radio"/> ADOPTIVE		RELATIONSHIP TO SPOUSE <input type="radio"/> NATURAL <input type="radio"/> STEP <input type="radio"/> FOSTER <input type="radio"/> ADOPTIVE		NAME OF OTHER NATURAL PARENT (IF APPLICABLE)			
<input type="radio"/> SON <input type="radio"/> DAUGHTER		LAST NAME	FIRST	MIDDLE	DATE OF BIRTH	PLACE OF BIRTH (CITY, STATE)	
ADDRESS (IF DIFFERENT FROM YOUR'S)							
RELATIONSHIP TO YOU <input type="radio"/> NATURAL <input type="radio"/> STEP <input type="radio"/> FOSTER <input type="radio"/> ADOPTIVE		RELATIONSHIP TO SPOUSE <input type="radio"/> NATURAL <input type="radio"/> STEP <input type="radio"/> FOSTER <input type="radio"/> ADOPTIVE		NAME OF OTHER NATURAL PARENT (IF APPLICABLE)			

PERSONAL AND FAMILY HISTORY CONTINUED

<input type="radio"/> SON <input type="radio"/> DAUGHTER	LAST NAME	FIRST	MIDDLE	DATE OF BIRTH	PLACE OF BIRTH (CITY, STATE)
ADDRESS (IF DIFFERENT FROM YOUR'S)					
RELATIONSHIP TO YOU <input type="radio"/> NATURAL <input type="radio"/> STEP <input type="radio"/> FOSTER <input type="radio"/> ADOPTIVE		RELATIONSHIP TO SPOUSE <input type="radio"/> NATURAL <input type="radio"/> STEP <input type="radio"/> FOSTER <input type="radio"/> ADOPTIVE		NAME OF OTHER NATURAL PARENT (IF APPLICABLE)	
<input type="radio"/> SON <input type="radio"/> DAUGHTER	LAST NAME	FIRST	MIDDLE	DATE OF BIRTH	PLACE OF BIRTH (CITY, STATE)
ADDRESS (IF DIFFERENT FROM YOUR'S)					
RELATIONSHIP TO YOU <input type="radio"/> NATURAL <input type="radio"/> STEP <input type="radio"/> FOSTER <input type="radio"/> ADOPTIVE		RELATIONSHIP TO SPOUSE <input type="radio"/> NATURAL <input type="radio"/> STEP <input type="radio"/> FOSTER <input type="radio"/> ADOPTIVE		NAME OF OTHER NATURAL PARENT (IF APPLICABLE)	
LIST YOUR RELATIVES IN THE FOLLOWING ORDER:			1. BROTHERS 2. SISTERS 3. STEP BROTHERS 4. STEP SISTERS 5. FATHER-IN-LAW 6. MOTHER-IN-LAW 7. SISTERS-IN-LAW 8. BROTHERS-IN-LAW		
RELATIONSHIP	LAST NAME	FIRST	MIDDLE	AGE	PHONE NUMBER
ADDRESS (NUMBER, STREET, CITY, STATE, ZIP)					
RELATIONSHIP	LAST NAME	FIRST	MIDDLE	AGE	PHONE NUMBER
ADDRESS (NUMBER, STREET, CITY, STATE, ZIP)					
RELATIONSHIP	LAST NAME	FIRST	MIDDLE	AGE	PHONE NUMBER
ADDRESS (NUMBER, STREET, CITY, STATE, ZIP)					
RELATIONSHIP	LAST NAME	FIRST	MIDDLE	AGE	PHONE NUMBER
ADDRESS (NUMBER, STREET, CITY, STATE, ZIP)					
RELATIONSHIP	LAST NAME	FIRST	MIDDLE	AGE	PHONE NUMBER
ADDRESS (NUMBER, STREET, CITY, STATE, ZIP)					
RELATIONSHIP	LAST NAME	FIRST	MIDDLE	AGE	PHONE NUMBER
ADDRESS (NUMBER, STREET, CITY, STATE, ZIP)					
RELATIONSHIP	LAST NAME	FIRST	MIDDLE	AGE	PHONE NUMBER
ADDRESS (NUMBER, STREET, CITY, STATE, ZIP)					

PERSONAL AND FAMILY HISTORY CONTINUED

RELATIONSHIP	LAST NAME	FIRST	MIDDLE	AGE	PHONE NUMBER
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ADDRESS (NUMBER, STREET, CITY, STATE, ZIP)

RELATIONSHIP	LAST NAME	FIRST	MIDDLE	AGE	PHONE NUMBER
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ADDRESS (NUMBER, STREET, CITY, STATE, ZIP)

Yes	No	1. Are you now supporting all dependents that you are required to support? If No, explain in detail on continuation sheets.
Yes	No	2. Are you paying child support or alimony? \$ _____ (amount) per month if applicable
Yes	No	3. Is the amount you pay in child support/alimony in compliance with the court order or an order from a support enforcement agency? If No, explain in detail on continuation sheets.
Yes	No	4. Have you ever been sued for alimony payments, child support, nonpayment of debt, or fraud? If Yes, explain in detail below:
		COURT
		CASE NUMBER
		DATE OF DISPOSITION
		COURT
		CASE NUMBER
		DATE OF DISPOSITION
Yes	No	5. Have you ever been convicted or accused of, or engaged in, physical, emotional, or sexual abuse of a family or household member? If Yes, explain in detail on continuation sheets.
Yes	No	6. Have you ever violated a protection or temporary restraining order? If Yes, explain in detail on continuation sheets.

Previous Marriages – If previously married, provide the following:

DATE MARRIED	WHERE MARRIED (CITY, STATE)	NAME OF EX-SPOUSE (MAIDEN NAME)	IF DIVORCED (CITY, STATE)	DATE FINALIZED
DATE MARRIED	WHERE MARRIED (CITY, STATE)	NAME OF EX-SPOUSE (MAIDEN NAME)	IF DIVORCED (CITY, STATE)	DATE FINALIZED

Yes	No	Are you a U.S. Citizen?
Yes	No	Are you a permanent resident alien? If yes, give port of entry to U.S. and date:
		PORT OF ENTRY
		DATE

SECTION 2 – PREVIOUS RESIDENCES RECORD

List last 9 addresses, excluding current address. List most recent, next most recent, etc. 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 paid rent.

FROM (MONTH – YEAR TO (MONTH-YEAR)	WITH WHOM DID YOU LIVE?	LAST,	FIRST,	MIDDLE	RELATIONSHIP
ADDRESS (NUMBER, STREET, CITY, STATE, ZIP)					PROPERTY MANAGER PHONE (IF APPLICABLE)
FROM (MONTH – YEAR TO (MONTH-YEAR)	WITH WHOM DID YOU LIVE?	LAST,	FIRST,	MIDDLE	RELATIONSHIP
ADDRESS (NUMBER, STREET, CITY, STATE, ZIP)					PROPERTY MANAGER PHONE (IF APPLICABLE)
FROM (MONTH – YEAR TO (MONTH-YEAR)	WITH WHOM DID YOU LIVE?	LAST,	FIRST,	MIDDLE	RELATIONSHIP
ADDRESS (NUMBER, STREET, CITY, STATE, ZIP)					PROPERTY MANAGER PHONE (IF APPLICABLE)
FROM (MONTH – YEAR TO (MONTH-YEAR)	WITH WHOM DID YOU LIVE?	LAST,	FIRST,	MIDDLE	RELATIONSHIP
ADDRESS (NUMBER, STREET, CITY, STATE, ZIP)					PROPERTY MANAGER PHONE (IF APPLICABLE)
FROM (MONTH – YEAR TO (MONTH-YEAR)	WITH WHOM DID YOU LIVE?	LAST,	FIRST,	MIDDLE	RELATIONSHIP
ADDRESS (NUMBER, STREET, CITY, STATE, ZIP)					PROPERTY MANAGER PHONE (IF APPLICABLE)
FROM (MONTH – YEAR TO (MONTH-YEAR)	WITH WHOM DID YOU LIVE?	LAST,	FIRST,	MIDDLE	RELATIONSHIP
ADDRESS (NUMBER, STREET, CITY, STATE, ZIP)					PROPERTY MANAGER PHONE (IF APPLICABLE)
FROM (MONTH – YEAR TO (MONTH-YEAR)	WITH WHOM DID YOU LIVE?	LAST,	FIRST,	MIDDLE	RELATIONSHIP
ADDRESS (NUMBER, STREET, CITY, STATE, ZIP)					PROPERTY MANAGER PHONE (IF APPLICABLE)
FROM (MONTH – YEAR TO (MONTH-YEAR)	WITH WHOM DID YOU LIVE?	LAST,	FIRST,	MIDDLE	RELATIONSHIP
ADDRESS (NUMBER, STREET, CITY, STATE, ZIP)					PROPERTY MANAGER PHONE (IF APPLICABLE)
FROM (MONTH – YEAR TO (MONTH-YEAR)	WITH WHOM DID YOU LIVE?	LAST,	FIRST,	MIDDLE	RELATIONSHIP
ADDRESS (NUMBER, STREET, CITY, STATE, ZIP)					PROPERTY MANAGER PHONE (IF APPLICABLE)

SECTION 3 – Employment History

Yes	No	1. May we contact your current employer? If NO, explain why on continuation page and be prepared to submit copies of performance evaluations or other documentation. If presently unemployed, indicate so in first box.
Yes	No	2. Have you ever received any disciplinary action from any job? If YES, explain on continuation sheets.
Yes	No	3. Have you ever been discharged or asked to resign from any job? If YES, make sure job is listed below
Yes	No	4. Have you ever been discharged or asked to resign from a criminal justice occupation?

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-worker, the name and address of a non-commissioned officer with whom you served. When listing periods of unemployment, indicate dates in space provided. In the box designated as "Name of Employer" write in unemployed. In the block designated as "Reason for Leaving", indicate from what source you received income during that period of unemployment. Address information must be complete – street, apartment or suite, City, State, and zip code. If more than eleven places of employment, add additional to continuation sheet.

FROM (MONTH – YEAR TO (MONTH-YEAR)	NAME OF EMPLOYER	JOB TITLE	PART TIME OR FULL TIME
			Part Time Full Time
ADDRESS OF EMPLOYER (NUMBER, STREET, CITY, STATE, ZIP)		DESCRIPTION OF DUTIES	REASON FOR LEAVING
TOTAL TIME EMPLOYED	FULL NAME OF IMMEDIATE SUPERVISOR		TELEPHONE # OF BUSINESS
SALARY (ANNUAL)	FULL NAME OF CO-WORKER		TELEPHONE # OF CO-WORKER
FROM (MONTH – YEAR TO (MONTH-YEAR)	NAME OF EMPLOYER	JOB TITLE	PART TIME OR FULL TIME
			Part Time Full Time
ADDRESS OF EMPLOYER (NUMBER, STREET, CITY, STATE, ZIP)		DESCRIPTION OF DUTIES	REASON FOR LEAVING
TOTAL TIME EMPLOYED	FULL NAME OF IMMEDIATE SUPERVISOR		TELEPHONE # OF BUSINESS
SALARY (ANNUAL)	FULL NAME OF CO-WORKER		TELEPHONE # OF CO-WORKER
FROM (MONTH – YEAR TO (MONTH-YEAR)	NAME OF EMPLOYER	JOB TITLE	PART TIME OR FULL TIME
			Part Time Full Time
ADDRESS OF EMPLOYER (NUMBER, STREET, CITY, STATE, ZIP)		DESCRIPTION OF DUTIES	REASON FOR LEAVING
TOTAL TIME EMPLOYED	FULL NAME OF IMMEDIATE SUPERVISOR		TELEPHONE # OF BUSINESS
SALARY (ANNUAL)	FULL NAME OF CO-WORKER		TELEPHONE # OF CO-WORKER

Employment History Continued

FROM (MONTH – YEAR TO (MONTH-YEAR))	NAME OF EMPLOYER	JOB TITLE	PART TIME OR FULL TIME Part Time Full Time
ADDRESS OF EMPLOYER (NUMBER, STREET, CITY, STATE, ZIP)		DESCRIPTION OF DUTIES	REASON FOR LEAVING
TOTAL TIME EMPLOYED	FULL NAME OF IMMEDIATE SUPERVISOR		TELEPHONE # OF BUSINESS
SALARY (ANNUAL)	FULL NAME OF CO-WORKER		TELEPHONE # OF CO-WORKER
FROM (MONTH – YEAR TO (MONTH-YEAR))	NAME OF EMPLOYER	JOB TITLE	PART TIME OR FULL TIME Part Time Full Time
ADDRESS OF EMPLOYER (NUMBER, STREET, CITY, STATE, ZIP)		DESCRIPTION OF DUTIES	REASON FOR LEAVING
TOTAL TIME EMPLOYED	FULL NAME OF IMMEDIATE SUPERVISOR		TELEPHONE # OF BUSINESS
SALARY (ANNUAL)	FULL NAME OF CO-WORKER		TELEPHONE # OF CO-WORKER
FROM (MONTH – YEAR TO (MONTH-YEAR))	NAME OF EMPLOYER	JOB TITLE	PART TIME OR FULL TIME Part Time Full Time
ADDRESS OF EMPLOYER (NUMBER, STREET, CITY, STATE, ZIP)		DESCRIPTION OF DUTIES	REASON FOR LEAVING
TOTAL TIME EMPLOYED	FULL NAME OF IMMEDIATE SUPERVISOR		TELEPHONE # OF BUSINESS
SALARY (ANNUAL)	FULL NAME OF CO-WORKER		TELEPHONE # OF CO-WORKER
FROM (MONTH – YEAR TO (MONTH-YEAR))	NAME OF EMPLOYER	JOB TITLE	PART TIME OR FULL TIME Part Time Full Time
ADDRESS OF EMPLOYER (NUMBER, STREET, CITY, STATE, ZIP)		DESCRIPTION OF DUTIES	REASON FOR LEAVING
TOTAL TIME EMPLOYED	FULL NAME OF IMMEDIATE SUPERVISOR		TELEPHONE # OF BUSINESS
SALARY (ANNUAL)	FULL NAME OF CO-WORKER		TELEPHONE # OF CO-WORKER
FROM (MONTH – YEAR TO (MONTH-YEAR))	NAME OF EMPLOYER	JOB TITLE	PART TIME OR FULL TIME Part Time Full Time
ADDRESS OF EMPLOYER (NUMBER, STREET, CITY, STATE, ZIP)		DESCRIPTION OF DUTIES	REASON FOR LEAVING
TOTAL TIME EMPLOYED	FULL NAME OF IMMEDIATE SUPERVISOR		TELEPHONE # OF BUSINESS
SALARY (ANNUAL)	FULL NAME OF CO-WORKER		TELEPHONE # OF CO-WORKER

Employment History Continued

FROM (MONTH – YEAR TO (MONTH-YEAR))	NAME OF EMPLOYER	JOB TITLE	PART TIME OR FULL TIME Part Time Full Time
ADDRESS OF EMPLOYER (NUMBER, STREET, CITY, STATE, ZIP)		DESCRIPTION OF DUTIES	REASON FOR LEAVING
TOTAL TIME EMPLOYED	FULL NAME OF IMMEDIATE SUPERVISOR		TELEPHONE # OF BUSINESS
SALARY (ANNUAL)	FULL NAME OF CO-WORKER		TELEPHONE # OF CO-WORKER
FROM (MONTH – YEAR TO (MONTH-YEAR))	NAME OF EMPLOYER	JOB TITLE	PART TIME OR FULL TIME Part Time Full Time
ADDRESS OF EMPLOYER (NUMBER, STREET, CITY, STATE, ZIP)		DESCRIPTION OF DUTIES	REASON FOR LEAVING
TOTAL TIME EMPLOYED	FULL NAME OF IMMEDIATE SUPERVISOR		TELEPHONE # OF BUSINESS
SALARY (ANNUAL)	FULL NAME OF CO-WORKER		TELEPHONE # OF CO-WORKER
Yes No	5. Have you ever applied for a position with any law enforcement or other governmental agency?		
NAME OF DEPARTMENT OR AGENCY AND COMPLETE ADDRESS			
POSITION APPLIED FOR	DATE APPLIED	ACCEPTED Yes No Pending	
NAME OF DEPARTMENT OR AGENCY AND COMPLETE ADDRESS			
POSITION APPLIED FOR	DATE APPLIED	ACCEPTED Yes No Pending	
NAME OF DEPARTMENT OR AGENCY AND COMPLETE ADDRESS			
POSITION APPLIED FOR	DATE APPLIED	ACCEPTED Yes No Pending	
NAME OF DEPARTMENT OR AGENCY AND COMPLETE ADDRESS			
POSITION APPLIED FOR	DATE APPLIED	ACCEPTED Yes No Pending	
NAME OF DEPARTMENT OR AGENCY AND COMPLETE ADDRESS			
POSITION APPLIED FOR	DATE APPLIED	ACCEPTED Yes No Pending	

SECTION 4 – Military and Education Record

Military Record

Have you ever registered with the Selective Service?		Yes	No	SELECTIVE SERVICE NUMBER
Have you ever been in a Military Service?		Yes	No	Active Reserve
BRANCH OF SERVICE (ARMY, NAVY, ETC)		UNIT (TANK CORPS, ENGINEERS, MEDIC, ETC)		
ACTIVE DUTY DATES (TOURS OF 90 DAYS OR MORE)		HIGHEST MILITARY RANK OR RATE HELD		TYPE OF SEPARATION
TOTAL MONTHS OF COMBAT DUTY	TOTAL MONTHS OF OVERSEAS DUTY	NAME AND ADDRESS OF GUARD / RESERVE UNIT		
Yes	No	Have you ever received a dishonorable discharge? If YES, explain on continuation sheets.		
Yes	No	Have you ever been convicted of any article of the uniform code of military justice? If YES, explain on continuation sheets.		

Educational Record

1. Have you graduated from high school?	Yes	No	HIGHEST GRADE LEVEL COMPLETED
2. Do you have a General Education Development (GED) certificate?	Yes	No	
3. Have you graduated from college?	Yes	No	
4. Have you attended any post high school educational institutions?	Yes	No	

List each high school, trade, part time, night school, business college, and university that you have attended. Start with the most recent school.

NAME OF SCHOOL		LOCATION OF SCHOOL (CITY AND STATE)	FROM DATE – TO DATE
GRADUATE Yes No		DEGREES OR # OF UNITS	
NAME OF SCHOOL		LOCATION OF SCHOOL (CITY AND STATE)	FROM DATE – TO DATE
GRADUATE Yes No		DEGREES OR # OF UNITS	
NAME OF SCHOOL		LOCATION OF SCHOOL (CITY AND STATE)	FROM DATE – TO DATE
GRADUATE Yes No		DEGREES OR # OF UNITS	

SECTION 5 – Traffic Record

Yes	No	1. Have you ever been arrested for operating a motor vehicle under the influence of alcohol or drugs, as an adult or juvenile? If YES, explain on continuation sheets.
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2. List all moving violations you have received.

DATE	OFFENSE	CONVICTED	LOCATION OR CITING AGENCY	AGE AT TIME OF VIOLATION
		YES NO		
		YES NO		
		YES NO		
		YES NO		
		YES NO		
		YES NO		

3. List traffic accidents you have been involved in.

DATE	LOCATION	CITED	AGENCY OF TRAFFIC CITATION
		YES NO	
		YES NO	
		YES NO	
		YES NO	
		YES NO	

Yes	No	4. Do you have automobile insurance? If NO, explain on continuation page.
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INSURANCE AGENCY	POLICY NUMBER	PHONE NUMBER
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Yes	No	5. Has your driver's license ever been revoked or suspended? If YES, explain on continuation page.
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Section 5 - Traffic Record Continued

6. List all out of state driver's licenses you have held and whether they are currently valid.

STATE	LICENSE NUMBER	VALID	YES	NO	DATES VALID (IF NOT CURRENT)
STATE	LICENSE NUMBER	VALID	YES	NO	DATES VALID (IF NOT CURRENT)
STATE	LICENSE NUMBER	VALID	YES	NO	DATES VALID (IF NOT CURRENT)
STATE	LICENSE NUMBER	VALID	YES	NO	DATES VALID (IF NOT CURRENT)
Yes	No	7. Have you ever been convicted of vehicular homicide or vehicular manslaughter? If YES, explain on continuation page.			

SECTION 6 – General Information Inquiry

Yes	No	1. Have you ever stolen anything from your employer? If YES, list items in detail below.			
DATE	ITEM	VALUE	FROM WHOM	AGE AT TIME	
DATE	ITEM	VALUE	FROM WHOM	AGE AT TIME	
DATE	ITEM	VALUE	FROM WHOM	AGE AT TIME	
DATE	ITEM	VALUE	FROM WHOM	AGE AT TIME	
DATE	ITEM	VALUE	FROM WHOM	AGE AT TIME	
Yes	No	2. Other than from your employer, have you ever stolen anything? If YES, list items in detail below.			
DATE	ITEM	VALUE	FROM WHOM	AGE AT TIME	
DATE	ITEM	VALUE	FROM WHOM	AGE AT TIME	
DATE	ITEM	VALUE	FROM WHOM	AGE AT TIME	
DATE	ITEM	VALUE	FROM WHOM	AGE AT TIME	
DATE	ITEM	VALUE	FROM WHOM	AGE AT TIME	

Section 6 - General Information Inquiry Continued

Yes	No	3. Have you ever received Welfare, Workers Compensation, Unemployment Compensation, or other public assistance illegally, or above the amount you were entitled?				
DATE RECEIVED	TYPE OF BENEFIT		AMOUNT RECEIVED			
DATE RECEIVED	TYPE OF BENEFIT		AMOUNT RECEIVED			
DATE RECEIVED	TYPE OF BENEFIT		AMOUNT RECEIVED			
DATE RECEIVED	TYPE OF BENEFIT		AMOUNT RECEIVED			
DATE RECEIVED	TYPE OF BENEFIT		AMOUNT RECEIVED			
Yes		No		4. Have you ever used, tried, or purchased marijuana? If YES, describe below.		
LAST DATE USED		# OF TIMES USED / TRIED		DATE PURCHASED		
LAST DATE USED		# OF TIMES USED / TRIED		DATE PURCHASED		
LAST DATE USED		# OF TIMES USED / TRIED		DATE PURCHASED		
LAST DATE USED		# OF TIMES USED / TRIED		DATE PURCHASED		
LAST DATE USED		# OF TIMES USED / TRIED		DATE PURCHASED		
Yes		No		5. Have you ever used, tried, or purchased illegal drugs other than marijuana? If YES, describe below.		
DRUG		LAST DATE USED / TRIED	# OF TIMES USED	DATE PURCHASED	# OF TIMES PURCHASED	
DRUG		LAST DATE USED / TRIED	# OF TIMES USED	DATE PURCHASED	# OF TIMES PURCHASED	
DRUG		LAST DATE USED / TRIED	# OF TIMES USED	DATE PURCHASED	# OF TIMES PURCHASED	
DRUG		LAST DATE USED / TRIED	# OF TIMES USED	DATE PURCHASED	# OF TIMES PURCHASED	
Yes		No		6. Have you ever sold illegal drugs, prescriptive drugs, or marijuana? If YES, describe below.		
DRUG		DATE OF SALE	QUANTITY	# OF TIMES SOLD		
DRUG		DATE OF SALE	QUANTITY	# OF TIMES SOLD		
DRUG		DATE OF SALE	QUANTITY	# OF TIMES SOLD		
DRUG		DATE OF SALE	QUANTITY	# OF TIMES SOLD		

Section 6 - General Information Inquiry Continued

Yes	No	7. Have you ever abused alcohol, chemical agents / solvents, or prescriptive drugs (including steroids)? If YES, describe below.		
SUBSTANCE		LAST DATE USED		# OF TIMES USED
SUBSTANCE		LAST DATE USED		# OF TIMES USED
SUBSTANCE		LAST DATE USED		# OF TIMES USED
SUBSTANCE		LAST DATE USED		# OF TIMES USED
Yes	No	8. As an adult or a juvenile, other than traffic offenses, have you ever committed or been convicted of a criminal offense? If YES, list items below.		
DATE	OFFENSE	LOCATION		
DATE	OFFENSE	LOCATION		
DATE	OFFENSE	LOCATION		
DATE	OFFENSE	LOCATION		
DATE	OFFENSE	LOCATION		
Yes	No	9. Have you ever been convicted of carrying a concealed weapon? If YES, describe below.		
DATE	LOCATION (CITY AND STATE)		REASON	
DATE	LOCATION (CITY AND STATE)		REASON	
DATE	LOCATION (CITY AND STATE)		REASON	
DATE	LOCATION (CITY AND STATE)		REASON	
DATE	LOCATION (CITY AND STATE)		REASON	
Yes	No	10. Have you ever bought, sold, or received stolen property? If YES, describe below.		
DATE	BOUGHT, SOLD, OR RECEIVED			TYPE OF PROPERTY
	BOUGHT	SOLD	RECEIVED	VALUE
DATE	BOUGHT, SOLD, OR RECEIVED			TYPE OF PROPERTY
	BOUGHT	SOLD	RECEIVED	VALUE
DATE	BOUGHT, SOLD, OR RECEIVED			TYPE OF PROPERTY
	BOUGHT	SOLD	RECEIVED	VALUE
DATE	BOUGHT, SOLD, OR RECEIVED			TYPE OF PROPERTY
	BOUGHT	SOLD	RECEIVED	VALUE

Section 6 - General Information Inquiry Continued

Yes	No	11. Do you have any problems because of gambling? If YES, explain on continuation page.
Yes	No	12. Do you have any problems controlling you temper? If YES, explain on continuation page.
Yes	No	13. Is there anything in your medical or psychological history, that you are aware of, that could disqualify you for this position? If YES, explain on continuation page.
Yes	No	14. If it became necessary in the course of your police duties to take a human life, would you be reluctant to do so, because of religious or other beliefs? (Only police officer applicants need to answer this question.) If YES, explain on continuation page.
Yes	No	15. Have you ever been placed on or served in a criminal diversion type program or applied for and had charges / convictions sealed? If YES, explain on continuation page.
Yes	No	16. Have you ever been in prison / jail due to a felony or misdemeanor conviction? If YES, explain on continuation page.
Yes	No	17. Are you presently under indictment or a defendant in any pending criminal, traffic, or civil actions? If YES, explain on continuation page.
Yes	No	18. Have you ever committed a felony for which you were never arrested? If YES, explain on continuation page.
Yes	No	19. Do you have any hatreds or prejudices towards others because of race, sex, national origin, color, religion, or disability that would be detrimental to your functioning as a police officer? If YES, explain on continuation page.
Yes	No	20. Have you engaged in any grossly unnatural sex acts? If YES, explain on continuation page.
Yes	No	21. Have you engaged in any illegal sexual activities? If YES, explain on continuation page.

SECTION 7 - Financial Record

Yes	No	1. Are you now delinquent in any financial obligation?
Yes	No	2. Do your monthly bills exceed your take-home pay?
Yes	No	3. Do you, your spouse, or ex-spouses have any pending civil actions?
Yes	No	4. If employed by the Police Department, do you anticipate any income other than your salary?
Yes	No	5. Have you ever been garnished, filed for bankruptcy, or been declared bankrupt?

6. Indebtedness: Involving you, your spouse, or your ex-spouses for which you are liable.

TO WHOM OWED	ADDRESS		
DATE OCCURRED	ORIGINAL AMOUNT	AMOUNT DUE	MONTHLY PAYMENT

SECTION 7 – Financial Record Continued

TO WHOM OWED		ADDRESS		
DATE OCCURRED	ORIGINAL AMOUNT	AMOUNT DUE	MONTHLY PAYMENT	
TO WHOM OWED		ADDRESS		
DATE OCCURRED	ORIGINAL AMOUNT	AMOUNT DUE	MONTHLY PAYMENT	
TO WHOM OWED		ADDRESS		
DATE OCCURRED	ORIGINAL AMOUNT	AMOUNT DUE	MONTHLY PAYMENT	
TO WHOM OWED		ADDRESS		
DATE OCCURRED	ORIGINAL AMOUNT	AMOUNT DUE	MONTHLY PAYMENT	
TO WHOM OWED		ADDRESS		
DATE OCCURRED	ORIGINAL AMOUNT	AMOUNT DUE	MONTHLY PAYMENT	
NAME OF YOUR BANK		TYPE OF ACCOUNT		
		CHECKING	SAVINGS	
LOCATION				
NAME OF YOUR BANK		TYPE OF ACCOUNT		
		CHECKING	SAVINGS	
LOCATION				
NAME OF YOUR BANK		TYPE OF ACCOUNT		
		CHECKING	SAVINGS	
LOCATION				
YEAR, MAKE, MODEL OF YOUR PRESENT VEHICLES	LICENSE PLATE NUMBER	DATE PURCHASED	NAME OF LEGAL OWNER	
YEAR, MAKE, MODEL OF YOUR PRESENT VEHICLES	LICENSE PLATE NUMBER	DATE PURCHASED	NAME OF LEGAL OWNER	

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

NAME		ADDRESS		
OCCUPATION OR PROFESSION		YEARS KNOWN	HOME PHONE	BUSINESS OR CELL PHONE
NAME		ADDRESS		
OCCUPATION OR PROFESSION		YEARS KNOWN	HOME PHONE	BUSINESS OR CELL PHONE
NAME		ADDRESS		
OCCUPATION OR PROFESSION		YEARS KNOWN	HOME PHONE	BUSINESS OR CELL PHONE

All applicants must sign the following certificate

I certify that the statements contained in this questionnaire, and any pages I have attached, 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.

APPLICANT'S SIGNATURE	DATE
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CONTINUATION PAGE

SECTION NUMBER	PAGE NUMBER	QUESTION NUMBER	CONTINUATION

CONTINUATION PAGE

SECTION NUMBER	PAGE NUMBER	QUESTION NUMBER	CONTINUATION

CONTINUATION PAGE

SECTION NUMBER	PAGE NUMBER	QUESTION NUMBER	CONTINUATION