

Application for Employment

TO APPLICANT: We deeply appreciate your interest in the City of Hillsboro. Thank you for taking the time to complete this application.

"This institution is an equal opportunity provider and employer." The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, sex or national origin. Federal law also prohibits other types of discrimination such as age, citizenship, disability, veteran status, attainment of benefits, and participation in union activities. The laws of most states and many localities also prohibit some or all of the above types of discrimination as well as some additional types including, but not limited to, discrimination based upon ancestry, marital status, sexual orientation, or source of income. The Fair Credit Reporting Act imposes restrictions with respect to information obtained from a consumer reporting agency, including but not limited to information regarding credit data, personal character, general reputation and mode of living. This list, however, is not exhaustive of the grounds on which discrimination is prohibited.

(Please Print Plainly)

PERSONAL

Date _____

Last _____ First _____ Middle _____

Social Security No. _____

Telephone No. _____

Address _____
No. Street City State Zip

Email Address _____

Are you legally eligible for employment in the U.S.A.? Yes ___ No ___
If hired, you are required to submit proof of your eligibility to work in the U.S.A.

Are you over the age of eighteen? Yes ___ No ___
If no, hire is subject to verification that you are of minimum legal age.

Position applied for _____

Were you previously employed by the City of Hillsboro? Yes ___ No ___

If yes, when? _____

If your application is considered favorably, on what date will you be available for work? _____

Are there any other job-related experiences, skills, or qualifications which will be of special benefit in the job for which you are applying? _____

EMPLOYMENT

List below present and past employment, beginning with your *most recent*

Company 1: _____ Phone: () _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for leaving: _____

May we contact your previous supervisor? Yes ___ No ___

Company 2: _____ Phone: () _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for leaving: _____

May we contact your previous supervisor? Yes ___ No ___

Company 3: _____ Phone: () _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for leaving: _____

May we contact your previous supervisor? Yes ___ No ___

Company 4: _____ Phone: () _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for leaving: _____

May we contact your previous supervisor? Yes ___ No ___

HILLSBORO POLICE DEPARTMENT

128 W. Walnut Street, Hillsboro, Ohio 45133
Telephone: (937) 393-3411

Eric Daniels
Chief of Police

RELEASE TO PROVIDE PERSONAL INFORMATION FOR EMPLOYMENT WITH THE CITY OF HILLSBORO

I, _____, SOCIAL SECURITY NUMBER: _____
(Print Name)

HEREBY GRANT THE HILLSBORO POLICE DEPARTMENT AND ITS DESIGNATED AND PROPERLY IDENTIFIED INVESTIGATOR BEARING THE ORIGINAL OR A COPY OF THIS DOCUMENT, PERMISSION TO EXAMINE ALL RECORDS PERTAINING TO ME. THIS WILL INCLUDE EMPLOYMENT AND PERSONNEL RECORDS, FINANCIAL RECORDS, MEDICAL RECORDS, CRIMINAL AND POLICE RECORDS INCLUDING JUVENILE COURT AND/OR EXCUSED RECORDS, FINANCIAL HISTORY AND PERSONAL BACKGROUND, FOR THE PURPOSE OF EMPLOYMENT WITH THE CITY OF HILLSBORO.

I, HEREBY KNOWINGLY AND WILLINGLY MAKE THIS LIMITED WAIVER OF MY RIGHT OF PRIVACY AND UNDER CHAPTER 1347 (PERSONAL INFORMATION SYSTEMS), OF THE OHIO REVISED CODE OF THE OHIO REVISED CODE IN CONSIDERATION OF EMPLOYMENT WITH THE CITY OF HILLSBORO.

I, HEREBY RELEASE THE CITY OF HILLSBORO, THE HILLSBORO POLICE DEPARTMENT AND IT'S DESIGNATED INVESTIGATOR FROM ANY AND ALL LIABILITY ARISING IN CONNECTION WITH THIS INVESTIGATION OF MY PERSONAL HISTORY AND BACKGROUND. I FURTHER RELEASE FROM ANY AND ALL LIABILITY ANY PERSON OR ORGANIZATION RELEASING IN GOOD FAITH ANY INFORMATION PERTAINING TO ME OR MY PERSONAL HISTORY PURSUANT TO THIS DOCUMENT.

A PHOTO COPY OF THIS DOCUMENT, INCLUDING MY PHOTOCOPIED SIGNATURE SHALL BE CONSIDERED TO HAVE THE SAME FORCE AND EFFECT AS THE ORIGINAL.

THIS DOCUMENT SHALL EXPIRE _____ () DAYS FROM THE DATE
HEREOF.

SIGNATURE: _____ DATE: _____

WITNESS(ES): _____

**HILLSBORO POLICE DEPARTMENT
APPLICANT PERSONAL HISTORY QUESTIONNAIRE**

PERSONAL HISTORY OF: _____
(LAST NAME) (FIRST) (MIDDLE)

POSITION APPLIED FOR: LAW ENFORCEMENT OFFICER
 SPECIAL OFFICER (VOLUNTEER)
 COMMUNICATIONS TECHNICIAN
 OTHER (specify) : _____

DATE OF WRITTEN EXAMINATION: _____

DATE THIS QUESTIONNAIRE COMPLETED: _____

INSTRUCTIONS

THIS PERSONAL HISTORY QUESTIONNAIRE IS INTENDED FOR THE USE OF THE CITY OF HILLSBORO, DIVISION OF POLICE. YOU MUST BE TRUTHFUL AND COMPLETE ALL ANSWERS REQUESTED ON THIS FORM. ALL INFORMATION CONTAINED HEREIN WILL BE SUBJECT TO VERIFICATION, (IE, SOURCE DOCUMENTATION, POLYGRAPH AND/OR 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 HAND, LEGIBLY IN BLACK INK ONLY. EACH INDIVIDUAL QUESTION MUST BE ANSWERED, THERE CAN BE NOT BLANKS. IF A QUESTION DOES NOT APPLY TO YOUR PARTICULAR CIRCUMSTANCE, INSERT "DNA" IN THAT BLANK. WHEN ANSWERING QUESTIONS THAT REQUIRE DATES, INSERT THE FULL DATE, PARTIAL MONTH AND 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 DEPARTMENT POLICIES AND PROCEDURES OF THE HILLSBORO POLICE DEPARTMENT 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.

HILLSBORO POLICE DEPARTMENT

PERSONAL & MARITAL RECORDS – SECTION I

PLEASE PRINT USING BLUE INK

LEGAL NAME: LAST		FIRST		FULL MIDDLE NAME	
ARE YOU OVER THE AGE OF 21? <input type="checkbox"/> YES <input type="checkbox"/> NO					
RESIDENCE ADDRESS (NUMBER, STREET, APT., CITY, COUNTY, STATE AND ZIP CODE:				ARE YOU LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES? (PROOF WILL BE REQUIRED) <input type="checkbox"/> YES <input type="checkbox"/> NO	
BY WHAT OTHER NAMES HAVE YOU BEEN KNOWN? (MAIDEN NAMES, FORMER MARRIED NAME/S, ALIASES, NICKNAMES, ETC.)				RESIDENCE PHONE AND AREA CODE	
OHIO DRIVER'S LICENSE NUMBER	TYPE	EXPIRATION DATE	OUT-OF-STATE OPERATOR'S LICENSE NUMBER	TYPE / STATE / TERRITORY	EXPIRATION DATE
PRESENT MARITAL STATUS	CITY, COUNTY, STATE – WHERE PRESENT MARRIAGE WAS PERFORMED				
NAME OF PRESENT SPOUSE			SPOUSE'S MAIDEN NAME (IF APPLICABLE)		
FATHER (NATURAL)	(LAST FIRST MIDDLE)		ADDRESS (NUMBER, STREET, CITY, ZIP CODE, STATE) IF DECEASED STATE SUCH		
MOTHER (NATURAL) (MAIDEN NAME FIRST, FORMER MARRIED NAMES)	(LAST FIRST MIDDLE)		ADDRESS (NUMBER, STREET, CITY, ZIP CODE, STATE) IF DECEASED STATE SUCH		
LIST YOUR CHILDREN:					
<input type="checkbox"/> SON <input type="checkbox"/> DAUGHTER	NAME (LAST, FIRST, MIDDLE)			RELATIONSHIP TO YOU <input type="checkbox"/> NATURAL <input type="checkbox"/> STEP <input type="checkbox"/> FOSTER	
ADDRESS (IF DIFFERENT FROM YOURS)			RELATIONSHIP TO YOUR SPOUSE <input type="checkbox"/> NATURAL <input type="checkbox"/> STEP <input type="checkbox"/> FOSTER		
<input type="checkbox"/> SON <input type="checkbox"/> DAUGHTER	NAME (LAST, FIRST, MIDDLE)			RELATIONSHIP TO YOU <input type="checkbox"/> NATURAL <input type="checkbox"/> STEP <input type="checkbox"/> FOSTER	
ADDRESS (IF DIFFERENT FROM YOURS)			RELATIONSHIP TO YOUR SPOUSE <input type="checkbox"/> NATURAL <input type="checkbox"/> STEP <input type="checkbox"/> FOSTER		

<input type="checkbox"/> SON <input type="checkbox"/> DAUGHTER	NAME (LAST, FIRST, MIDDLE)	RELATIONSHIP TO YOU <input type="checkbox"/> NATURAL <input type="checkbox"/> STEP <input type="checkbox"/> FOSTER
ADDRESS (IF DIFFERENT FROM YOURS)		RELATIONSHIP TO YOUR SPOUSE <input type="checkbox"/> NATURAL <input type="checkbox"/> STEP <input type="checkbox"/> FOSTER
<input type="checkbox"/> SON <input type="checkbox"/> DAUGHTER	NAME (LAST, FIRST, MIDDLE)	RELATIONSHIP TO YOU <input type="checkbox"/> NATURAL <input type="checkbox"/> STEP <input type="checkbox"/> FOSTER
ADDRESS (IF DIFFERENT FROM YOURS)		RELATIONSHIP TO YOUR SPOUSE <input type="checkbox"/> NATURAL <input type="checkbox"/> STEP <input type="checkbox"/> FOSTER
<input type="checkbox"/> SON <input type="checkbox"/> DAUGHTER	NAME (LAST, FIRST, MIDDLE)	RELATIONSHIP TO YOU <input type="checkbox"/> NATURAL <input type="checkbox"/> STEP <input type="checkbox"/> FOSTER
ADDRESS (IF DIFFERENT FROM YOURS)		RELATIONSHIP TO YOUR SPOUSE <input type="checkbox"/> NATURAL <input type="checkbox"/> STEP <input type="checkbox"/> FOSTER
<input type="checkbox"/> SON <input type="checkbox"/> DAUGHTER	NAME (LAST, FIRST, MIDDLE)	RELATIONSHIP TO YOU <input type="checkbox"/> NATURAL <input type="checkbox"/> STEP <input type="checkbox"/> FOSTER
ADDRESS (IF DIFFERENT FROM YOURS)		RELATIONSHIP TO YOUR SPOUSE <input type="checkbox"/> NATURAL <input type="checkbox"/> STEP <input type="checkbox"/> FOSTER
<input type="checkbox"/> SON <input type="checkbox"/> DAUGHTER	NAME (LAST, FIRST, MIDDLE)	RELATIONSHIP TO YOU <input type="checkbox"/> NATURAL <input type="checkbox"/> STEP <input type="checkbox"/> FOSTER
ADDRESS (IF DIFFERENT FROM YOURS)		RELATIONSHIP TO YOUR SPOUSE <input type="checkbox"/> NATURAL <input type="checkbox"/> STEP <input type="checkbox"/> FOSTER

PERSONAL & MARITAL RECORD (CONTINUED)

LIST YOUR RELATIVES IN THE FOLLOWING ORDER: 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. BROTHERS-IN-LAW 10. SISTERS IN-LAW

RELATIONSHIP	NAME: (LAST, FIRST, MIDDLE)	ADDRESS

ARE YOU NOW SUPPORTING ALL DEPENDANTS 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
HAVE YOU EVERY BEEN SUED FOR ALIMONY PAYMENTS, CHILD SUPPORT, NON-PAYMENT OF DEBTS OR FRAUD? IF YES, GIVE THE NAME OF THE COURT IN WHICH YOU WERE SUED AND THE COURT NUMBER OF THE LAW SUIT. <input type="checkbox"/> YES <input type="checkbox"/> NO	COURT NAME / COURT CASE NUMBER
	COURT NAME / COURT CASE NUMBER

PREVIOUS MARRIAGES: IF PREVIOUSLY MARRIED, PROVIDE THE FOLLOWING:		
WHERE MARRIED (CITY, COUNTY, STATE)	NAME OF EX-SPOUSE (MAIDEN NAME)	IF DISSOLVED OR DIVORCED (CITY, COUNTY, STATE)

PREVIOUS RESIDENCES RECORD – SECTION II

ADDRESSES, SINCE AGE 15, ACCOUNT FOR ALL TIME SPANS WITH MOST RECENT ADDRESS FIRST AND DESCENDING IN ORDER THERE FROM. **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 TO.

FROM (MONTH-YEAR) TO (MONTH-YEAR)	ADDRESS (NO. SPECIFY N.E.S.W. – ST-PL-DR CITY-ZIP CODE-STATE	WITH WHOM DID YOU LIVE	RELATIONSHIP?

PREVIOUS RESIDENCES RECORD (Continued)			

REFERENCES – SECTION III

FILL IN BELOW THE NAMES OF THREE ADULTS 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)
YEARS KNOWN	OCCUPATION / 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)
YEARS KNOWN	OCCUPATION / 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)
YEARS KNOWN	OCCUPATION / PROFESSION	BUSINESS ADDRESS (CITY, STATE, ZIP-CODE)	BUSINESS PHONE (AREA CODE-NUMBER)

YEAR MAKE, BODY, TYPE, LICENSE NUMBER OF YOUR PRESENT VEHICLES	DATE PURCHASED	NAME OF LEGAL OWNER
A.		
B.		
C.		

WHEN ANSWERING THE QUESTION BELOW: IF YOU ANSWER "YES", EXPLAIN FULLY ON THE CONTINUATION SHEET, CITING REFERENCE AND PAGE NUMBERS, BE COMPLETE ON ALL EXPLANATION.

DO YOU, YOUR SPOUSE OR EX-SPOUSE HAVE ANY IMMEDIATE CIVIL ACTION PENDING AGAINST YOU? YES NO

WORK HISTORY – SECTION IV

1. HAVE YOU EVER APPLIED FOR A POSITION WITH ANY LAW ENFORCEMENT OR OTHER GOVERNMENT AGENCY?

YES NO IF YES, INDICATE WHERE YOU HAVE APPLIED/OR BEEN APPOINTED IN THE PAST WITH THE MOST RECENT FIRST.

NAME OF DEPARTMENT OR AGENCY	DATE APPLIED	ACCEPTED	IF NO, GIVE REASON FOR REJECTION OR DECLINING OF APPOINTMENT
1.		<input type="checkbox"/> YES <input type="checkbox"/> NO	
2.		<input type="checkbox"/> YES <input type="checkbox"/> NO	
3.		<input type="checkbox"/> YES <input type="checkbox"/> NO	
4.		<input type="checkbox"/> YES <input type="checkbox"/> NO	
5.		<input type="checkbox"/> YES <input type="checkbox"/> NO	
6.		<input type="checkbox"/> YES <input type="checkbox"/> NO	
7.		<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-WORKER, THE NAME AND ADDRESS OF 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 PRESENT EMPLOYER? (IF NO, EXPLAIN ON CONTINUATION SHEET.)

YES NO

HAVE YOU EVERY BEEN DISCHARGED OR ASKED TO RESIGN FROM A JOB?
(IF YES, EXPLAIN FULLY ON CONTINUATION SHEET.)

YES NO

IF PRESENTLY UNEMPLOYED, INDICATE SO IN FIRST BLOCK.

FROM DATE	NAME OF PRESENT EMPLOYER	JOB TITLE	LIST HOURS WORKED AND DAYS OFF ON PRESENT JOB
	ADDRESS OF EMPLOYER	DESCRIPTION OF DUTIES	
TOTAL TIME EMPLOYED	FULL NAME OF IMMEDIATE SUPERVISOR	ADDRESS OF IMMEDIATE SUPERVISOR	BUSINESS TELEPHONE
	FULL NAME OF CO-WORKER	ADDRESS OF CO-WORKER	TELEPHONE OF CO-WORKER
FROM DATE	NAME OF PRESENT EMPLOYER	JOB TITLE	LIST HOURS WORKED AND DAYS OFF ON PRESENT JOB
TO DATE	ADDRESS OF EMPLOYER	DESCRIPTION OF DUTIES	
TOTAL TIME EMPLOYED	FULL NAME OF IMMEDIATE SUPERVISOR	ADDRESS OF IMMEDIATE SUPERVISOR	BUSINESS TELEPHONE
	FULL NAME OF CO-WORKER	ADDRESS OF CO-WORKER	TELEPHONE OF CO-WORKER
FROM DATE	NAME OF PRESENT EMPLOYER	JOB TITLE	LIST HOURS WORKED AND DAYS OFF ON PRESENT JOB
TO DATE	ADDRESS OF EMPLOYER	DESCRIPTION OF DUTIES	
TOTAL TIME EMPLOYED	FULL NAME OF IMMEDIATE SUPERVISOR	ADDRESS OF IMMEDIATE SUPERVISOR	BUSINESS TELEPHONE
	FULL NAME OF CO-WORKER	ADDRESS OF CO-WORKER	TELEPHONE OF CO-WORKER

MILITARY AND EDUCATIONAL RECORD – SECTION V

MILITARY

PRESENT DRAFT BOARD ADDRESS (STREET, CITY, ZIP-CODE, STATE)		DAFT BOARD NO. OR PRESENT DB CLASS
BRANCH OF SERVICE (ARMY, NAVY, ETC.)	UNIT (TANK CORPS, ENGINEERS, MEDIC, ETC.)	MILITARY SERIAL NUMBER
THE NUMBER OF MONTHS OF MILITARY ACTIVE DUTY	HIGHEST MILITARY RANK OR RATE HELD	TYPE OF SEPARATION
TOTAL MONTHS OF COMBAT DUTY	TOTAL MONTHS OF OVERSEAS DUTY	MILITARY RESERVE STATUS

1. HAVE YOU EVER ASKED FOR OR RECEIVED DEFERMENT FROM MILITARY SERVICE?
(IF YES, GIVE BOARD NUMBER, DATES AND FULL DETAILS ON CONTINUATION SHEET)

YES NO

2. WERE YOU EVER COURT MARTIALED, TRIED ON CHARGES, OR SUBJECT OF A SUMMARY COURT
MARTIAL, CAPTAIN'S MAST, OR ARTICLE 15. COMPANY PUNISHMENT OR ANY OTHER DISCIPLINARY
ACTION WHILE IN THE ARMED SERVICES? (IF YES, EXPLAIN FULLY ON CONTINUATION SHEET)

YES NO

MISCELLANEOUS – (SECTION V CONTINUED)

PLEASE LIST YOUR MEMBERSHIP IN ANY GROUPS OR ASSOCIATIONS THAT YOU BELIEVE ARE JOB RELATED (TO YOUR FUNCTIONING IN THE POSITION FOR WHICH YOU APPLIED) OR WILL ENHANCE YOUR ABILITY TO PERFORM IN THE POSITION FOR WHICH YOU APPLIED.

DATES		ORGANIZATION / CLUB / SOCIAL GROUP	POSITION / ASSOCIATION / MEMBERSHIP STATUS
FROM	TO		

GENERAL INFORMATION INQUIRY – SECTION VI

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, FULL AND COMPREHENSIVE EXPLANATIONS ARE REQUIRED.

CIRCLE THE APPROPRIATE ANSWER:

1. EVER BEEN PLACED ON OR SERVED IN A CRIMINAL DIVERSION TYPE PROGRAM THAT LED TO THE EVENTUAL DISMISSAL OF ANY CRIMINAL CHARGES OR APPLIED FOR AND HAD ANY CHARGES / CONVICTIONS SEALED?	YES	NO
2. HAVE YOU EVER BEEN CONVICTED OF A FELONY?	YES	NO
3. HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR THAT HAD BEEN REDUCED FROM ORIGINAL FELONY CHARGES?	YES	NO
4. HAVE YOU EVER BEEN CONVICTED OF ANY CRIMINAL OFFENSE? I.E. THEFT OFFENSES, ASSAULT AND BATTERY, WRONGFUL INFLUENCE OF A MINOR, DISORDERLY CONDUCT, GAMBLING, DRUG OFFENSE, SEX OFFENSES, OFFENSES INVOLVING IMMORAL AND OR INDECENT CONDUCT, FRAUD, TRESPASSING, CONVERSION OF TRUST, OFFENSE INVOLVING MILITARY JUSTICE OR ANY OTHER CRIMINAL OFFENSES?	YES	NO
5. HAVE YOU EVER BEEN CONVICTED OF ANY TRAFFIC OFFENSE? I.E. OPERATING A VEHICLE WHILE UNDER THE INFLUENCE OF ALCOHOL AND/OR DRUGS, RECKLESS OPERATION, LEAVING THE SCENE OF AN ACCIDENT, VEHICULAR HOMICIDE, SPEEDING, DRAG RACING, WILLFULLY FLEEING OR ELUDING LAW ENFORCEMENT, 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.	YES	NO
6. HAVE YOU EVER BEEN ARRESTED FOR ANY VIOLATION OF LAW, FOR WHICH YOU WERE EITHER INVOLVED IN OR THE PERPETRATOR?	YES	NO
7. AS AN ADULT, HAVE YOU EVER STOLEN ANYTHING?	YES	NO
8. HAVE YOU EITHER BOUGHT OR SOLD ANY PROPERTY THAT YOU KNEW WAS STOLEN?	YES	NO
9. HAS YOUR DRIVER'S LICENSE EVER BEEN SUSPENDED OR REVOKED?	YES	NO
10. HAVE YOU EVER BEEN COMMITTED TO ANY PENAL INSTITUTION AS A RESULT OF EITHER A FELONY OR MISDEMEANOR CONVICTION?	YES	NO
11. ARE YOU PRESENTLY UNDER INDICTMENT OR A DEFENDANT IN ANY CRIMINAL, TRAFFIC OR CIVIL ACTION?	YES	NO
12. HAVE YOU EVER USED ANY HALLUCINOGENS SUCH AS MARIHUANA, HASHISH, MESCALINE, P.C.P., T.H.C., PEYOTE, P.C.E., T.C.P., ANGEL DUST, OR ANY OF THEIR DERIVATIVES, ETC.? (OTHER THAN FOR LEGAL MEDICAL PURPOSES?)	YES	NO
13. HAVE YOU EVERY USED ANY NARCOTICS SUCH AS OPIUM, MORPHINE, CODEINE, MEPERIDINE, MEHTADONE OR ANY OF THEIR DERIVATIVES SUCH AS DARVON, LOMOTIL, ETC.? (OTHER THAN FOR LEGAL MEDICAL PURPOSES?)	YES	NO
14. HAVE YOU EVER USED COCAINE, HEROIN OR L.S.D.? (OTHER THAN FOR MEDICAL PURPOSES?)	YES	NO

15. HAVE YOU EVER USED ANY PRESCRIPTION DRUGS SUCH AS BARBITURATES, AMPHETAMINES, VALIUM, LIBRIUM, SOPORS, UPPERS / DOWNERS, ETC. WITHOUT A PROPER PRESCRIPTION? (AND FOR OTHER THAN LEGITIMATE MEDICAL PURPOSES?)	YES	NO
16. HAVE YOU EVER USED ANY PRESCRIBED MEDICATIONS FOR PURPOSES OTHER THAN THAT FOR WHICH THEY WERE ORIGINALLY PRESCRIBED OR INTENDED?	YES	NO
17. HAVE YOU EVER USED WHAT ARE DESCRIBED AS DESIGNER DRUGS, I.E., SUBSTANCES THAT ARE DIRECTLY ALTERED IN MAKE-UP BUT WHICH GIVE THE SAME EFFECT AS ILLICIT DRUGS, ETC.	YES	NO
18. 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 WITHOUT BEING LICENSED TO DO SO?	YES	NO
19. HAVE YOU EVER USED, SOLD OR BEEN PARTY TO THE SALE AND USE OF ANY STEROIDS OR SIMILAR SUBSTANCES WITHOUT A PROPER PRESCRIPTION OR FOR ANY UNDOCUMENTED MEDICAL REASON?	YES	NO
20. HAVE YOU EVER BEEN INVOLVED IN ILLEGAL GAMBLING?	YES	NO
21. HAVE YOU EVER BEEN INVOLVED IN AN AUTO ACCIDENT?	YES	NO
22. HAVE YOU EVER ENGAGED IN ANY ILLICIT SEXUAL ACTIVITIES?	YES	NO
23. HAVE YOU EVER BEEN INVOLVED IN THE MANUFACTURING, DISTILLING, CULTIVATION, OR HARVEST OF ILLEGAL OR ILLICIT DRUGS OR ALCOHOL?	YES	NO
24. HAVE YOU EVER BEEN CONVICTED OF A SEXUAL OFFENSE?	YES	NO
25. AS AN ADULT HAVE YOU EVER HAD SEX WITH A MINOR UNDER THE AGE OF 14 YEARS OF AGE?	YES	NO

ALL APPLICANTS MUST SIGN THE FOLLOWING CERTIFICATE

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 FALSEHOODS MAY SUBJECT ME TO PROSECUTION UNDER OHIO REVISED CODE SECTION 2921.13.

SIGNATURE OF APPLICANT: _____ DATE: _____

CONTINUATION SHEET

NOTE: In utilizing this section to explain or further add to answers, make reference to the particular **SECTION NUMBER, PAGE NUMBER** and **QUESTION NUMBER, IN THE COLUMN PROVIDED BELOW BEFORE PROCEEDING TO ANSWER.** Your answers must be clear in meaning, explaining all facets of the particular question. **CAUTION:** In signing the certificate (previous page), you are attesting to the validity of all answers noted within this continuation, as well as all areas of this **QUESTIONNAIRE.** Should you require further space attach an 8 ½ X 11 inch sheet of plain paper.

SECTION NUMBER	PAGE NUMBER	QUESTION NUMBER	CONTINUATION

SECTION NUMBER	PAGE NUMBER	QUESTION NUMBER	CONTINUATION

SECTION NUMBER	PAGE NUMBER	QUESTION NUMBER	CONTINUATION

SECTION NUMBER	PAGE NUMBER	QUESTION NUMBER	CONTINUATION

SECTION NUMBER	PAGE NUMBER	QUESTION NUMBER	CONTINUATION

I CERTIFY THAT THE STATEMENTS IN THESE CONTINUATION SHEETS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND THAT I HAVE PROVIDED COMPLETE DISCLOSURE OF ALL INFORMATION REQUESTED. I FURTHER REAFFIRM THAT I UNDERSTAND THAT ANY FALSE STATEMENTS MADE IN THESE CONTINUATION SHEETS MAY BE CAUSE FOR DISAPPROVAL OF MY APPOINTMENT, OR FOR DISCHARGE AFTER APPOINTMENT. I ALSO REALIZE THAT ANY FALSIFICATION MAY SUBJECT ME TO DISQUALIFICATION BY THE CITY AND/OR PROSECUTION UNDER OHIO REVISED CODE SECTION 2921.13.

SIGNATURE OF APPLICANT: _____ DATE: _____

Hillsboro Police Department

PRE-EMPLOYMENT TESTING

PRE-EMPLOYMENT POLYGRAPH INTERVIEW

As an applicant for employment with a law enforcement agency, you are required to complete this PERSONAL HISTORY STATEMENT. There is no time limit for this activity. You will be here for about two (2) hours. If you are pressed for time and feel you cannot complete this questionnaire within that time frame, please let me know and I will reschedule your appointment to a later date and time.

During your polygraph examination, you will be asked whether or not you have intentionally lied to questions in your personal History Statement or intentionally omitted information in this statement. We are not expecting you to be perfect. We are expecting you to be truthful.

It is in your best interest to cooperate completely with the polygraph examiner. The examiner will explain the polygraph process to you in detail. If you do not understand any part of the polygraph process or any of the questions reviewed with you, you must ask the examiner questions on the test which have not been reviewed with you. You will have the opportunity to modify any questions which you feel do not fit your particular circumstance. During the actual test, you will not be asked any trick or unreviewed questions.

No one "passes" or "fails" a pre-employment polygraph interview. I report to the requesting agency your statements and opinion of your truthfulness. I will not make any employment recommendations to the requesting agency. That decision rests only with the requesting agency.

My object is to get you through your polygraph interview. With your help and cooperation, together, we can accomplish that objective.

Date: _____

PERSONAL HISTORY STATEMENT

The information you provide in this Personal History Statement will be used in the course of your polygraph examination. Fill out the statement completely and accurately. You will have the opportunity to discuss all of your answers. During the course of your polygraph interview, you will be asked if you have on purpose lied or withheld information on this Personal History Statement.

Your name: _____
Last First Middle

Other than a maiden name, have you ever used any other name? No Yes: _____

Present Address: Street _____
City: _____ State: _____ Zip: _____
Main phone number: _____ Alternate phone number: _____
Date of birth: _____ Place of birth: _____

List all parties residing in the residence with you:

Name: _____	DOB: _____	Relationship: _____
Name: _____	DOB: _____	Relationship: _____
Name: _____	DOB: _____	Relationship: _____
Name: _____	DOB: _____	Relationship: _____
Name: _____	DOB: _____	Relationship: _____

EMPLOYMENT HISTORY

Starting with your present or last employer, list the last four (4) places you have worked, either full-time or part-time. Do not omit any employer. Account for all periods of time. If unemployed for any period, so indicate.

1 - Present or last employer: _____
City: _____ State: _____ Zip: _____
Position held: _____ From: _____ To: _____
If not presently employed, give a detailed reason for leaving: _____
If unemployed - From: _____ To: _____

2 - Present or last employer: _____
City: _____ State: _____ Zip: _____
Position held: _____ From: _____ To: _____
If not presently employed, give a detailed reason for leaving: _____
If unemployed - From: _____ To: _____

3 - Present or last employer: _____
City: _____ State: _____ Zip: _____
Position held: _____ From: _____ To: _____
If not presently employed, give a detailed reason for leaving: _____
If unemployed - From: _____ To: _____

4 - Present or last employer: _____
 City: _____ State: _____ Zip: _____
 Position held: _____ From: _____ To: _____
 If not presently employed, give a detailed reason for leaving: _____

If unemployed - From: _____ To: _____

- No Yes Do you have the legal right to work in the United States?
- No Yes Have you ever used a Social Security Number (SSN) other than your own?
- No Yes Have you ever been employed under someone else's Social Security Number (SSN)?
- No Yes Have you ever been employed outside the United States?

Many employees have taken something from an employer that they did not really have permission to take. This includes the actual taking, illegally giving away merchandise to friends, relatives, or co-workers, borrowing without permission and failing to return merchandise company property or equipment. Please estimate the total dollar value of all such *merchandise, company property, or equipment* you may have taken, if any, and write that amount here: \$ _____

Many people who have held jobs in which they handled money or had expense accounts have probably taken some cash without the permission of their employer. This includes the direct taking of cash, borrowing and not returning money or padding expense accounts. Please estimate the total amount of *cash* you may have taken from all employers and write that amount here: _____

Occasionally peer group pressure will force an employee to help another employee take things from an employer. Please estimate the *total dollar amount of cash and merchandise* you may have received from such acts and write that amount here: \$ _____

Will any prior employer tell your background investigator you have stolen cash, merchandise, or company property? No Yes If yes, which employer(s)? _____

Answer all of the following questions by circling "No" or "Yes" on the line to the left of each question. If any question requires a "Yes" answer, make your explanation on the line following that question.

- No Yes Have you ever been accused of on-the-job misconduct? _____
- No Yes Have you ever been fired from any job? _____
- No Yes Have you ever left a job to avoid being fired? _____
- No Yes Have you ever been formally disciplined by any employer? _____
 If so, for what? _____
- No Yes Within the past year, have you called in sick when in fact you were not sick? _____
- No Yes Have you ever consumed alcohol in violation of company policy? _____
- No Yes Other than for medical reasons, have you been absent from work more than three times in the past year? _____
- No Yes Other than for medical reasons, have you ever been disciplined for violation of any employer's attendance policy? _____
- No Yes Will any employer or supervisor say you have lied to get out of trouble? _____
- No Yes Will any of your references tell us you frequently lie to get out of trouble? _____
- No Yes Will any prior employer give you a poor recommendation? _____
- No Yes Would any previous employer not hire you back? Which employer(s)? _____

EDUCATIONAL BACKGROUND

Answer all of the following questions by circling "no" or "yes" to the left of each question. If any question requires a "yes" response, please explain on the line provided.

- No Yes Do you have a GED?
- No Yes Have you graduated from any high school with a high school diploma?
 If "yes," what was the name of the high school? _____
 Where was the high school located? City: _____ State: _____ County: _____
- No Yes Have you ever been expelled from any high school, community college, college or university for violation of law or school rules?

CRIMINAL HISTORY

Most people have committed "crimes" at some time in their life. Such behavior must be judged within the total circumstances that they have occurred. It is important that you answer all of the following questions truthfully. You will be given the opportunity to explain any answer you may feel is a problem. Answer each item. If yes, please put your age at the time on the line provided.

Have you committed any of the following incidents by yourself, or with another?

- No Yes _____ Arson (burning property of another for money, sexual gratification, spite, or malice)
- No Yes _____ Assaulted the person of another with any weapon or physical object
- No Yes _____ Auto theft (taking the vehicle of another without the owner's consent or knowledge)
- No Yes _____ Bought, sold, traded, or taken pictures of nude children
- No Yes _____ Burglary (going in a home/place of business intending to steal or commit any crime)
- No Yes _____ Carried a concealed weapon without a permit
- No Yes _____ Committed any sex act in any place open to public view
- No Yes _____ Committed any physical sex act with any animal
- No Yes _____ Committed any illegal sex act with any member of your immediate family
- No Yes _____ Committed any physical sex act with any person under the age of sixteen (16)
- No Yes _____ Exposed yourself or masturbated in any public place
- No Yes _____ Filed a false work's compensation insurance claim
- No Yes _____ Forgery (creating a false document or signing the name of another without consent)
- No Yes _____ Impersonated a police officer
- No Yes _____ Intentionally filed or falsified any tax return, state or federal
- No Yes _____ Intentionally filed or falsified any insurance claim
- No Yes _____ Intentionally issued checks knowing there were not sufficient funds in the bank
- No Yes _____ Kidnapping (taking any person from one place to another without his or her consent)
- No Yes _____ Knowingly received or sold stolen property
- No Yes _____ Made obscene or threatening phone calls
- No Yes _____ Murder (taking a human life by premeditation, lying in wait or torture)
- No Yes _____ Paid for the services of a prostitute (male or female)
- No Yes _____ Possessed or detonated any illegal explosive device (bomb)
- No Yes _____ Rape (having sexual intercourse with one who expressly did not wish to do so)
- No Yes _____ Received payment for any physical sex act
- No Yes _____ Robbery (taking money or property from another by force or fear)
- No Yes _____ Shoplifting (intentionally taking merchandise from a merchant without paying for it)
- No Yes _____ Turned in a false fire alarm
- No Yes _____ Vandalism (destroying the property of another)
- No Yes _____ Watched others undress or commit physical sex acts w/o their knowledge/consent
- No Yes _____ Other illegal activity, criminal or traffic:
- No Yes Since your 18th birthday, have you been arrested for any of the above incidents?
- No Yes Since your 18th birthday, has a warrant been issued for your arrest?
- No Yes Are there any warrants out for your arrest at the present time?
- No Yes Since your 18th birthday, have you been named as a suspect in any police report?
- No Yes Since your 18th birthday, have you pled guilty to, been convicted of, or plead "no contest" to any
- No Yes Since your 18th birthday, have you been arrested for any misdemeanor crime(s) which resulted in imprisonment?
- No Yes Have you been convicted, fined or had an expungement or case sealed for any criminal offense?
If yes, please provide charge, court, and year: _____
- No Yes Have you ever engaged in sexual abuse or misconduct in a prison, jail, community confinement? facility or other institution?
- No Yes Have you been accused of sexual harassment, or adjudicated civilly or administratively, as a harasser?
- No Yes Have you been involved in anything that may embarrass you or the Hillsboro Police Department in the future?
If yes, please explain: _____

MILITARY HISTORY

Answer all of the following questions by circling "no" or "yes" to the left of each question. If any question requires a "yes" response, please explain on the line provided.

- No Yes Are you required to be registered for the draft (Selective Service)?
If "yes," are you now registered for the draft? _____
- No Yes Other than for medical reasons, have you ever applied for military service and had your application rejected?
- No Yes Have you ever served in any branch of the armed forces or national guard in either active duty or reserve status? _____
If "yes," please complete the following: Branch: _____ ID#: _____
From: _____ To: _____
- What was the highest rate/rank you attained? _____
- No Yes Were you ever reduced in rate/rank? If "yes," why? _____
- No Yes Were you ever AWOL or did you ever miss movement? If so, how many times? _____
- No Yes Have you been the subject of any non-judicial disciplinary action(s)? If "yes," why? _____
- No Yes Have you been the subject of any court martial? If "yes," for what reason(s)? _____
What was your rate/rank upon discharge? _____ E/O _____
- No Yes Have you ever served in any other branch(s) of the armed forces or national guards in either active duty or reserve status?
What branch? _____ When? _____
What branch? _____ When? _____

LAW ENFORCEMENT HISTORY

Answer all of the following questions by circling "no" or "yes" to the left of each question. If any question requires a "yes" response, please explain on the line provided.

- No Yes Have you ever completed any law enforcement training academy or academics?
Academy Location When?

- No Yes Have you ever been terminated, resigned from, or failed to complete any law enforcement academy?
Academy Location When?

- No Yes Have you ever been employed as a full-time paid peace officer or reserve peace officer, in Ohio, or any other state or territory, of the United States, or by any agency of the federal government?
What Agency/Department Where (City, State) When?

- No Yes Has your employment or appointment as a peace officer ever been terminated by any law enforcement agency or have you ever been asked to resign instead of termination?
What Agency/Department Reason(s) for leaving When?

- No Yes Other than for medical or psychological reasons, have you ever been rejected for employment by any law enforcement agency?
What Agency/Department Reason(s) for rejection When?

No Yes Do you have any active applications with another law enforcement agency?
 What Agency/Department Position? Applied when?

SUBSTANCE EXPERIMENTATION HISTORY

Many people have experimented with marijuana and/or controlled substances in their early life. Such experimentation is generally not a problem. However, any use or experimentation with marijuana and/or controlled substances within the past three (3) years must be fully disclosed. Note: Experimentation includes the ingestion into your body in any manner, including tasting, swallowing, inhaling or injecting. Indicate the month and year within the past three years that you may have experimented with, or used, any of the following:

- | | | | |
|---|--------------------------------------|--|--|
| <input type="checkbox"/> Acid | <input type="checkbox"/> Crosstops | <input type="checkbox"/> Marijuana | <input type="checkbox"/> Rock |
| <input type="checkbox"/> Amphetamines | <input type="checkbox"/> Crystals | <input type="checkbox"/> Mescaline | <input type="checkbox"/> Rush |
| <input type="checkbox"/> Angel Dust | <input type="checkbox"/> Downers | <input type="checkbox"/> Methamphetamine | <input type="checkbox"/> Sherm |
| <input type="checkbox"/> Barbituates | <input type="checkbox"/> Ecstasy | <input type="checkbox"/> Mopers | <input type="checkbox"/> Speed |
| <input type="checkbox"/> Bennies | <input type="checkbox"/> Glue | <input type="checkbox"/> Mushrooms | <input type="checkbox"/> Steroids w/o Rx |
| <input type="checkbox"/> Black Beauties | <input type="checkbox"/> Hashish | <input type="checkbox"/> Opium | <input type="checkbox"/> Thai Stick |
| <input type="checkbox"/> Bombers | <input type="checkbox"/> Hashish Oil | <input type="checkbox"/> PCP | <input type="checkbox"/> Uppers |
| <input type="checkbox"/> Cocaine | <input type="checkbox"/> Heroin | <input type="checkbox"/> Peyote | <input type="checkbox"/> Whites |
| <input type="checkbox"/> Crack | <input type="checkbox"/> Ice | <input type="checkbox"/> Quaaludes | <input type="checkbox"/> Xenos |
| <input type="checkbox"/> Crank | <input type="checkbox"/> LSD | <input type="checkbox"/> Reds | <input type="checkbox"/> Other: _____ |

- No Yes Within the past three (3) years, have you experimented with, or used, any illegal drug(s) or controlled substance(s) not mentioned above? If so, what? _____
- No Yes Have you ever cultivated or manufactured any illegal hard drug or controlled substance?
- No Yes Have you ever sold, traded or transported for sale any illegal hard drug or controlled substance?

- During your background investigation, is anyone likely to report that you have ever been involved in:
- No Yes Cultivation of marijuana for any purpose. If "yes," who? _____
- No Yes Manufacture of illegal hard drugs. If "yes," who? _____
- No Yes Sale of marijuana or illegal hard drugs. If "yes," who? _____
- No Yes Transportation of marijuana or illegal hard drugs. If "yes," who? _____
- No Yes Have you missed work because of drugs (illegal or prescription) or alcohol?
- No Yes Do you have friends that use illegal drugs?
- No Yes Have you ever used any prescription drug which was not prescribed for you? If so, what drug(s)? _____
- No Yes Have you ever bought, sold or traded any prescription drug which was not prescribed for you? If so, what drug(s)? _____
- No Yes Have you ever forged or altered a prescription to obtain any prescription drug(s)? If so, what drug(s)? _____
- No Yes Have you been stopped (not arrested) by a police officer, either as a pedestrian or the driver of a vehicle, when the officer felt you were under the influence of alcohol, prescription drugs or a controlled substance(s)?
- No Yes Have you forged or altered a prescription to obtain any prescription drug(s)? If so, what drug(s)? _____
- No Yes Have you ever been adjudged by any court to be in danger of, or being addicted to, dangerous drugs?

How many times in your life have you used illegal drugs? _____

Which illegal drugs? _____

DOMESTIC CONDUCT HISTORY

Answer all of the following questions by circling "no" or "yes" to the left of each question. If any question requires a "yes" response, please explain on the line provided.

- No Yes During your background investigation, is anyone likely to report that you have been involved in family fights?
- No Yes Have the police ever come to your home to settle a domestic problem between you and any member of your family?
What police agency? _____ When? _____
- No Yes Have you ever caused physical injury to a spouse, ex-spouse, significant other, live-in relative or adult family member?
- No Yes Have you ever caused physical injury to a child family member which required medical attention for the child?
- No Yes Have you ever caused physical injury to an adult family member which required medical attention for the adult?
- No Yes Has any court, in any state, ever issued a restraining order against you for any reason?
- No Yes Are you now required to make child support payments? If "yes," are you current on those payments? _____

FINANCIAL HISTORY

Answer all of the following questions by circling "no" or "yes" to the left of each question. If any question requires a "yes" response, please explain on the line provided.

- No Yes Been more than thirty (30) days late in making any mortgage or rent payment? _____
- No Yes Been more than thirty (30) days late in making any installment payment? _____
- No Yes Been more than thirty (30) days late in making any income tax payment? _____
- No Yes Had debt(s) turned over to a collection agency? _____
- No Yes Filed for protection under the bankruptcy laws? _____
- No Yes Had your wages attached by a judgment? _____
- No Yes Had anything purchased on credit repossessed? _____
- No Yes Failed to make child support payments on time? _____
- No Yes Failed to make alimony payments on time? _____
- No Yes Used another person's credit card to pay a debt? _____
- No Yes Used another person's social security number to pay a debt? _____
- No Yes Lied to a credit agency for the purpose of obtaining credit? _____
- No Yes Failed to return a credit card after it was recalled? _____
- No Yes Has anybody ever sued you in Small Claims court? _____
- No Yes Are there any judgments pending against you now? _____
- No Yes During your background investigation, is anyone likely to report you have financial problems? _____
- No Yes During your background investigation, will any credit reporting agency report you have poor credit? _____

LICENSING HISTORY

Answer all of the following questions by circling "no" or "yes" to the left of each question. If any question requires a "yes" response, please explain on the line provided.

- No Yes Other than a driver license, have you ever held or been issued any license(s) from the federal government or any state agency, or any political subdivision thereof? If so, what license(s)?

- No Yes Other than a driver license, has any license issued to you, including those mentioned above, ever been suspended or revoked for any reason(s)? If so, what license(s)?

DRIVING HISTORY

Answer all of the following questions by circling "no" or "yes" to the left of each question. If any question requires a "yes" response, please explain on the line provided.

What is your present driver license number? _____ State: _____ Expiration: _____

Answer all of the following questions by circling "no" or "yes" to the left of each question. If any question requires a "yes" response, please explain on the line provided.

Have you ever...

- No Yes Been issued a driver license by any state or country other than your present driver license?
What state or jurisdiction? _____ What is/was the number of that license? _____
- No Yes Failed to carry automobile insurance as required by state law or had your auto insurance
canceled for reasons other than failure to pay the premium? _____
- No Yes Had your automobile placed with an assigned risk insurer? _____
- No Yes Been taken into custody or arrested after being stopped by a police officer while you were
operating a motor vehicle? _____
- No Yes Left the scene of a motor vehicle collision, in which you were the driver of one of the involved
vehicle, without exchanging information with other (driver) or reporting it to a law enforcement
agency? (Hit and Run) _____
- No Yes Had your driver license suspended? _____
- No Yes Had your driver license revoked? _____
- No Yes Driven a motor vehicle while under the influence of controlled substances or illegal hard drugs?

- No Yes Had your vehicle removed by a tow truck from the scene of a vehicle collision?

- No Yes Been the driver of a vehicle that caused personal injury to another person? _____
- No Yes Been a passenger in a vehicle that caused personal injury to another person?

- No Yes Will any of your references tell us you have driven a motor vehicle while under the influence of
marijuana or any illegal hard drug? _____

How many traffic citations or moving violations have you received within the past three (3) years? _____
Issuing Agency For what violation? Year

- No Yes Are there now (as of today) any traffic warrants out for your arrest?
- No Yes Will any law enforcement agency report you have been involved in a motor vehicle collision or
received a traffic citation, which you have not disclosed above? If so, what agency?

GROUP AFFILIATION HISTORY

Answer all of the following questions by circling "no" or "yes" to the left of each question. If any question requires a "yes" response, please explain on the line provided.

- No Yes Have you ever belonged to any group or gang which engages in unlawful activities?
- No Yes Have you ever belonged to a street gang or taken part in street gang activities?
- No Yes Do you have any gang-related tattoos on your body?

- No Yes Do you now or have you ever, belonged to worked with or for any group which advocates or advocated the violent overthrow of the United States government, any state government or any political subdivision thereof?
- No Yes Do you now, or have you ever, belonged to, worked with or for any group which advocates or advocated acts of violence against persons because of their race, color, religious creed, sex, age, national origin, physical handicap or sexual preference?
- No Yes During the course of your background investigation, will anybody say you belong, or have belonged, to any such group(s)? If so, who? _____
- No Yes During your background investigation, is anyone likely to report you have prejudices which might affect either your on-the-job conduct, or your off-the-job conduct? If so, who? _____
- No Yes Within the past three (3) years, have you carried a concealed weapon without a permit?
- No Yes During your background investigation, is anyone likely to report you have carried a concealed weapon without a permit? If so, who? _____
- No Yes During your background investigation, is anyone likely to report you are unfit for the position for which you are applying? If so, who? _____

YOUR AREAS OF CONCERN

Answer all of the following questions by circling "no" or "yes" to the left of each question. If any question requires a "yes" response, please explain on the line provided.

No Yes Is there anything in your background that you have not been asked in this Personal History Statement that might adversely affect your application for employment? If so, what?

No Yes Is there anything in your background that you have not been asked in this Personal History Statement that you would like to discuss with the polygraph examiner? If so, what?

END OF PERSONAL HISTORY

I CERTIFY THE ANSWERS CONTAINED IN THIS EIGHT-PAGE QUESTIONNAIRE ARE TRUE AND ACCURATE. I FURTHER UNDERSTAND THAT ANY DELIBERATE INACCURACIES OR INCOMPLETE STATEMENTS ON THIS PERSONAL HISTORY STATEMENT MAY BAR ME FROM EMPLOYMENT.

Signature: _____

Date: _____

Pre-Employment Essay Question #1

Name: _____

Using an essay-style format, please explain why you should be the next employee of the Hillsboro Police Department.

A large rectangular area with horizontal dashed lines for writing an essay response.

Use the reverse side of this sheet if you require additional room to respond.

Pre-Employment Essay Question #2

Name: _____

Using an essay-style format, please describe your professional career path with the Hillsboro Police Department over the next ten years, and how you intend to get there.

A large rectangular area with horizontal dashed lines for writing an essay.

Use the reverse side of this sheet if you require additional room to respond.

Pre-Employment Essay Question #3

Name: _____

You are an employee of the Hillsboro Police Department. You learn of an immediate family member who is taking prescription pain killers illegally due to an addiction. Using an essay-style format, please advise how you would handle the situation.

Handwriting practice lines for the essay response.

Use the reverse side of this sheet if you require additional room to respond.