

WEST CARROLLTON POLICE DEPARTMENT

PERSONAL HISTORY QUESTIONNAIRE

APPLICANT:				
	(Last Name)	(First)		(Middle)
ADDRESS:				
		treet Address)		
			Cell Phone:	()
(City-State)		(Zip Code)		
		, ,	Home Phone:	()
			Work Phone:	()
E-MAIL:				
	D FOR: () Police (
	, ,			
DATE THIS QUES	ΓΙΟΝΝΑΙRE COMPLE	TED:		

INSTRUCTIONS

This Personal History Questionnaire is intended for the use of the West Carrollton Police Department and/or Personnel Administrator. 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**, **Polygraph**, and **Screening Procedures**.

Each individual question must be answered. If a question \underline{D} oes \underline{N} ot \underline{A} pply to your particular circumstance, insert "DNA" in that blank. When answering questions that require dates or addresses please be as complete as possible.

WARNING

Applicants are cautioned to answer every question truthfully, completely, and without evasion for omission. Both the Ohio Revised Code and Rules and Regulations of the City of West Carrollton provide penalties for making a false statement of a material fact or for practicing any 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 the Ohio Revised Code Section 2921.13.

EQUAL OPPORTUNITY EMPLOYER

PERSONAL RECORD - SECTION I

Legal Last Name	st Name First			Full Middle Name				
By What Other Names Have You Been Known? (Maiden Name, Former Married Names, Aliases, Nicknames Etc.) Residence Phone and Area Code					hone and Area Code			
Residence Address (Number, Street, Apt., City, County, State and Zip Code)				Social	Security	/ Number		
Height	Weight	Color Hair		Color Eyes		Color Eyes		
Ohio Driver's License. No.	Туре	Expiration Date	ate Out of State Operators License No.		Type	State or Terr.	Expiration Date	
List any Birthmarks, Blemishes, Tattoos, that you may	y have							
Are you now supporting all dependents that you are required to support? () Yes								
2. Have you ever 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 lawsuit. () No								

PREVIOUS RESIDENCES RECORD - SECTION II

List your addresses for the past ten years. Account for all time spans with the most recent address first and descending in order. 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 (paid) rent.

From (Month-Year) to (Month-Year)	Address (NoSpecify N.S.E.WSt-Pl-Dr-City-State-Zip Code)	With whom did you live?	Relationship

FERENCES: List the names of adults not related to you and not former employers, who have known you for a period of preferably more than 5 years.

1. Name		Home Address (City, State, Zip-Code)			Home Phone (Area Code - Number)			
Years 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 Ph	one (Area Code - Numb	eer)
Years Known	Business, Occupation of	or Profession	Business Address (City, State, Zip-Code)			Business	Phone (Area Code - Nu	mber)
3. Name			Home Address (City, State, Zip-Code)			Home Ph	one (Area Code - Numb	er)
Years Known	Business, Occupation	or Profession	Business Address (City, State, Zip-Code)			Business	Phone (Area Code - Nu	mber)
4. Name			Home Address (City, State, Zip-Code)			Home Ph	one (Area Code - Numb	per)
Years Known	Business, Occupation	or Profession	Business Address (City, State, Zip-Code)			Business	Phone (Area Code - Nu	mber)
5. Name			Home Address (City, State, Zip-Code)			Home Ph	one (Area Code - Numb	eer)
Years Known	Business, Occupation	or Profession	Business Address (City, State, Zip-Code)			Business	Phone (Area Code - Nu	mber)
2. Do you	r monthly bills	nt in any financial exceed your take-	_)	ou ar	e liable.	
To Whom Owe 4.		Address	, ,	Date Incurred	Original Amo		Amount Due	Monthly Payment
5.								
6.								
7.								
8.								
9.								
Year, Make, Body Type, & License No. of your present vehicles 10.			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.							
11. 🗆 Y	es □ No Doy	ou, your spouse, or ex	x-spouses have any immediate civi	il action pending aga	ninst you?			
12. 🗆 Y								
		iployed by the police of	department, do you uniterpate uny	meome outer than y	our ponce sarar	ıy:		

WORK HISTORY - SECTION IV

	*			other government agency?	□ No
	Department or Agency	Date Applied	Accepted () Yes	If no, give reason for rejection or	accining of appt.
1.			() No () Yes		
2.			() No		
3.			() No		
4.			() No		
5.			() Yes () No		
6.			() Yes () No		
7.			() Yes () No		
8.			() Yes () No		
9.			() Yes () No		
ommissioned sommissioned of the block designated on what source to be sourced on the block designation what source the block designation was also be sourced on the block designation of the block d	uperior and substitute officer with whom you nated "Name of Emplo	for the name a served. When yer" write-in ue during that per?	nd addi listing inemplo eriod of	of the last commissioned officer who ress of co-worker, the name and address of unemployment, indicate dayed. In the block designated "Reason funemployment. Address information (If no, explain on last page.)	ess of a non- ates in space provided. In a for Leaving" indicate
Have you ev	er been discharged or as	ked to resign fro	om a job	e? () Yes () No If yes, explain f	ully on continuation sheet.
From Date	Name of Employer		Job	Title	Hours Worked/Days Off
To Date	Address of Employer		Desc	scription of Duties	Reason for Leaving
Total Time Exp.	Full Name of Immediate Supervisor		Add	dress of Immediate Supervisor	Telephone of Business
Salary	Full Name of Co-Worker		Add	dress of Co-Worker	Telephone of Co-Worker
From Date	Name of Employer		Job	Title	Hours Worked/Days Off
To Date	Address of Employer		Desc	scription of Duties	Reason for Leaving
Total Time Exp.	Full Name of Immediate Supervisor		Add	dress of Immediate Supervisor	Telephone of Business
Salary	Full Name of Co-Worker		Add	dress of Co-Worker	Telephone of Co-Worker

WORK HISTORY - SECTION IV (Continued)

From Date	Name of Employer Job Title		Hours Worked/Days Off	
To Date	Address of Employer	Description of Duties	Reason for Leaving	
Total Time Exp.	Full Name of Immediate Supervisor	Address of Immediate Supervisor	Telephone of Business	
Salary	Full Name of Co-Worker	Address of Co-Worker	Telephone of Co-Worker	
From Date	Name of Employer	Job Title	Hours Worked/Days Off	
To Date	Address of Employer	Description of Duties	Reason for Leaving	
Total Time Exp.	Full Name of Immediate Supervisor	Address of Immediate Supervisor	Telephone of Business	
Salary	Full Name of Co-Worker	Address of Co-Worker	Telephone of Co-Worker	
From Date	Name of Employer	Job Title	Hours Worked/Days Off	
To Date	Address of Employer	Description of Duties	Reason for Leaving	
Total Time Exp.	Full Name of Immediate Supervisor	Address of Immediate Supervisor	Telephone of Business	
Salary	Full Name of Co-Worker	Address of Co-Worker	Telephone of Co-Worker	
From Date	Name of Employer	Job Title	Hours Worked/Days Off	
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From Date	Name of Employer	Job Title	Hours Worked/Days Off	
To Date	Address of Employer	Description of Duties	Reason for Leaving	
Total Time Exp.	Full Name of Immediate Supervisor	Address of Immediate Supervisor	Telephone of Business	

 $\label{eq:first-space} If more space is needed, attached an 8 ½ X 11 plain$

Present Draft Board Address (Street City, State, Zip-Code	Draft Board No. Present D B Class	
Branch of Service (Army, Navy, etc.)	Unit (Tank Corps, Engineers, Medics, Etc.)	Military Serial No.
Military Active Duty Dates. (Do not include short reserve tours of 90 days or less.) From To	Highest Military Rank or Rate Held	Type of Separation
Total Months of Combat Duty	Total Months of Overseas Duty	Military Reserve Status Ready Standby None

were you ever court-martialed, tried on charges, or subject of a summary court martial, captains mast, article 15, company punishment, or any other disciplinary action while in the armed services? Yes No (If yes, explain on last page.)							
Have you ever taken a General E	Have you ever taken a General Educational Development "GED" Test?						
	Educational						
CIRCLE THE HIGH	HEST GRADE COMPLETED 1 2 3 4 5 6 7 8 9 10 11 12 13	14 15	16	Other			
List each High School, College, attended.	, and University, or credentialing school or training (such as O.P.O.T.A.) that you have attended	. Start wi	th the mo	st recent school			
Name of School	Location of School (City & State)	Grad	luate	Degrees or Number of			
		Yes	No	Units			
			1	L			

GENERAL INFORMATION INQUIRY – SECTION VI

NOTICE: The following questions and answers will be verified through the use of the polygraph. If the answer to any of the following questions 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 do so because of religious or other beliefs?	Yes	No
2.	Have you ever used a date or place of birth different from either listed on your birth certificate?	Yes	No
3.	Have you ever intentionally altered your name, address, or date of birth on any official document?	Yes	No
4.	Have you ever lied about your age, name, or address?	Yes	No
5.	Have you ever used a different social security number?	Yes	No
6.	Have you ever resigned while under investigation or resigned in lieu of being terminated for any reason?	Yes	No
7.	Have you ever been fired from any job of left a job following allegations of misconduct, unsatisfactory work performance, or other reasons of unfavorable circumstances?	Yes	No
8.	Have you ever quit any job without giving notice?	Yes	No
9.	Have you ever been disciplined, reprimanded, or counseled at any job for any reason?	Yes	No
10.	Have you ever called in sick to work when you were not sick?	Yes	No
11.	Have you ever been suspended from employment for any reason?	Yes	No
12.	Have you ever been denied entrance into the armed forces for any reason?	Yes	No
13.	Have you ever intentionally written a bad check?	Yes	No
14.	Have you ever used a credit card that wasn't yours?	Yes	No
15.	Have you ever been delinquent on federal, state, or local income taxes?	Yes	No
16.	Have you ever had anything repossessed or have had your wages garnished?	Yes	No
17.	Have you ever been evicted from a residence or had a lien placed against you?	Yes	No
18.	Have any members of your immediate family (spouse, parents, children, siblings) ever been arrested?	Yes	No
19.	Have you ever been the victim of a crime?	Yes	No
20.	Has the registration for any vehicle that you have owned been refused, cancelled, suspended, or revoked for any reason?	Yes	No
21.	Have you ever provided alcohol to a minor?	Yes	No

22.	Have you ever used a false ID to purchase alcohol?	Yes	No					
23.	23. Have you ever bought an item that you knew was stolen?							
24.	Have you ever used, bought or sold any of the following: (Yes	No					
	a. Marijuana?	Used	Bought	Sold	Yes	No		
	b. Hashish?	Used	Bought	Sold	Yes	No		
	c. Uppers?	Used	Bought	Sold	Yes	No		
	d. Downers?	Used	Bought	Sold	Yes	No		
	e. Cocaine?	Used	Bought	Sold	Yes	No		
	f. Crack?	Used	Bought	Sold	Yes	No		
	g. Heroin?	Used	Bought	Sold	Yes	No		
	h. LSD?	Used	Bought	Sold	Yes	No		
	i. Angel Dust?	Used	Bought	Sold	Yes	No		
	j. Methamphetamine?	Used	Bought	Sold	Yes	No		
	k. Ecstasy?	Used	Bought	Sold	Yes	No		
25.	Have you ever used someone else's prescription drug for a	ny reason?			Yes	No		
26.	Have you ever forged a prescription to obtain a drug?				Yes	No		
27.	Have you ever committed any crime in in which you could	have been arrested for b	ut were not?		Yes	No		
28.	28. Have you ever sent unwanted text or email messages?					No		
29.	29. Do you belong to any organization and/or adhere to any belief which would in any way limit or prohibit your use of weapons or firearms?					No		
30.	30. Do you belong to any organization and/or adhere to any belief which would in any way restrict or prohibit you from working on particular days or hours?					No		
31.	Do you belong to any organization and/or adhere to any be departmental standards for grooming and/or appearance?	lief which would in any	way restrict you from	conforming to	Yes	No		

CONTINUATION SHEET

NOTE: In utilizing this section to explain or further add to answers, make reference to the particular Section #, Page #, and Question #, in the column provided below, before proceeding to answer.

CAUTION: In signing the certificate 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 $8\frac{1}{2} \times 11$ inch sheet of plain paper.

Section #	Page #	Question #	Continuation

S	Section #	Page #	Question #	Continuation	
PERSONAL HISTORY OF:					
(Last Name)				(First)	(Middle)
I certify that the statements in this application are true to the best of my knowledge and that I have provided complete disclosure of all information requested. I further acknowledge that I understand any false statement(s) made in any part of this application 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 Civil Service Commission and/or prosecution under Ohio Revised Code Section 2921.13.					
Signature of Applicant:				Date:	