



# WEST CARROLLTON POLICE DEPARTMENT

## PERSONAL HISTORY QUESTIONNAIRE

APPLICANT: \_\_\_\_\_  
(Last Name) (First) (Middle)

ADDRESS: \_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City-State) (Zip Code) Cell Phone: (\_\_\_\_) \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_

E-MAIL: \_\_\_\_\_

POSITION APPLIED FOR: ( ) Police Officer  
( ) Other - Specify \_\_\_\_\_

DATE THIS QUESTIONNAIRE COMPLETED: \_\_\_\_\_

### 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 Does Not Apply 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***



**REFERENCES:** 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 Phone (Area Code - Number)
Years Known	Business, Occupation or Profession	Business Address (City, State, Zip-Code)	Business Phone (Area Code - Number)
3. Name		Home Address (City, State, Zip-Code)	Home Phone (Area Code - Number)
Years Known	Business, Occupation or Profession	Business Address (City, State, Zip-Code)	Business Phone (Area Code - Number)
4. 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)
5. 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)

**FINANCIAL RECORD - SECTION III**

- Are you now delinquent in any financial obligation  Yes  No
- Do your monthly bills exceed your take-home pay?  Yes  No

**3. INDEBTEDNESS:** Involving you, your spouse, or your ex-spouses for which you are liable.

To Whom Owed	Address	Date Incurred	Original Amount	Amount Due	Monthly Payment
4.					
5.					
6.					
7.					
8.					
9.					
10. Year, Make, Body Type, & License No. of your present vehicles		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. <input type="checkbox"/> Yes <input type="checkbox"/> No Do you, your spouse, or ex-spouses have any immediate civil action pending against you?
12. <input type="checkbox"/> Yes <input type="checkbox"/> No If employed by the police department, do you anticipate any income other than your police salary?

## WORK HISTORY - SECTION IV

Have you ever applied for a position with any law enforcement or other government agency?  Yes  No

Name of Department or Agency	Date Applied	Accepted	If no, give reason for rejection or declining of appt.
1.		( ) Yes ( ) No	
2.		( ) Yes ( ) No	
3.		( ) Yes ( ) No	
4.		( ) Yes ( ) No	
5.		( ) Yes ( ) No	
6.		( ) Yes ( ) No	
7.		( ) Yes ( ) No	
8.		( ) Yes ( ) No	
9.		( ) Yes ( ) 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 a non-commissioned officer with whom you served. When listing periods of unemployment, indicate dates in space provided. In the block designated "Name of Employer" write-in unemployed. In the block designated "Reason for Leaving" indicate from what source you received income during that period of unemployment. Address information must be complete as possible.

May we contact your present employer?  Yes  No (If no, explain on last page.)

If presently unemployed, indicate so in first block.

Have you ever been discharged or asked to resign from a job? ( ) Yes ( ) No If yes, explain fully on continuation sheet.

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

## 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

If more space is  
needed, attached an 8 1/2 X 11 plain

## MILITARY AND EDUCATIONAL RECORD - SECTION V Military

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	

1. 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.)
2. Have you ever taken a General Educational Development "GED" Test?  Yes  No

### Educational

CIRCLE THE HIGHEST GRADE COMPLETED    1   2   3   4   5   6   7   8   9   10   11   12   13   14   15   16    Other				
List each High School, College, and University, or credentialing school or training (such as O.P.O.T.A.) that you have attended. Start with the most recent school attended.				
Name of School	Location of School (City & State)	Graduate		Degrees or Number of Units
		Yes	No	

## 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 or 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



