



# 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 \_\_\_\_\_

### 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. 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)

### 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
- INCOME TO DEBT:** (Involving you, or anyone else for which you are liable).

**Annual Income Before Taxes** (including non-taxable income): \_\_\_\_\_

**Total Monthly Debt Payment**

(Do not include living expenses such as utility bills, food, or entertainment): \_\_\_\_\_

- Do you have any immediate civil action pending against you?  Yes  No
- If employed, do you anticipate any income other than your police salary?  Yes  No

### EDUCATION

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																		

## 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	

## 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 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.)

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

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