

WEST CARROLLTON POLICE DEPARTMENT

PERSONAL HISTORY QUESTIONNAIRE

	(Last Name)	(First)	(Middle)
ADDRESS:			
		Street Address)	
			Cell Phone: ()
(City-State)		(Zip Code)	Home Phone: ()
			Work Phone: ()
E-MAIL:			

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

PERSONAL RECORD - SECTION I

Legal Last 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							Phone and Area Code
Residence Address (Number, Street, Apt., City, Co	unty, State and Zi	ip Code)		Social Sec	urity Nu	ımber	
Height	Weight		Color Hair		Col	or Eyes	
Ohio Driver's License. No.	Туре	Expiration Date	Out of State Operators License N		pe S rr.	State or	Expiration Date
List any Birthmarks, Blemishes, Tattoos, that you may have							
1. Are you now supporting all dependents that you are required to support? () Yes () No							
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

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 (Ar	ea Code - N	umber)
Years Known	Business, Occupation or Profession	Business Address (City, State, Zip-Code)		Business Phone (Area Code -	Number)
2. Name	<u> </u>	Home Address (City, State, Zip-Code)		Home Phone (Ar	ea Code - N	umber)
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 (Ar	ea Code - N	umber)
Years Known	Business, Occupation or Profession	Business Address (City, State, Zip-Code)		Business Phone (Area Code -	Number)
	I	FINANCIAL RECORD	SECTION III			
Are yo	ou now delinquent in an	y financial obligation	□ Yes □ No			
Do yo	ur monthly bills exceed	your take-home pay?	□ Yes □ No			
INCO	ME TO DERT: (Involv	ving you, or anyone else for	which you are liable)	1		
11100	WIE TO BEBT. (MIVOI	ving you, or unyone else for	willen you are nable)	,.		
Annua	al Income Before Taxe	s (including non-taxable inc	ome):			
	Monthly Debt Paymer include living expenses such	nt h as utility bills, food, or entertain	ment):			
Do yo	u have any immediate c	ivil action pending against y	ou?		□ \	Yes □ No
If emp	loyed, do you anticipate	e any income other than you	r police salary?			Yes □ No
		EDUCATIO	N			
	CIRCLE THE HIGHEST GRADE	COMPLETED 1 2 3 4 5	6 7 8 9 10 11 12	13 14 15	16	Other
List each H attended.	igh School, College, and University	, or credentialing school or training (such	as O.P.O.T.A.) that you have a	attended. Start w	ith the mo	ost recent school
Nam	e of School	Location of School (City	& State)		duate	Degrees or Number of
				Yes	No	Units

WORK HISTORY - SECTION IV

Have you ever ap	pplied for a position with	any law enfor	cement	or other government agency? \Box Yes	\square No
Name of	Name of Department or Agency Date Applied Accepted If no, give reason for rejection or declining of appt			declining of appt.	
1.			() Yes () No		
2.			() Yes () No		
3.			() Yes () No	,	
4.			() Yes () No		
5.			() Yes	5	
3.			() No		
time jobs, period provided. In the Leaving" indicates be complete as	ods of unemployment as e block designated "Na ate from what source yo	nd military some of Emploou received in	ervice. oyer" w ncome	ork history in chronological order. Inclu When listing periods of unemployment rite-in unemployed. In the block design during that period of unemployment. A (If no, explain on last page.)	, indicate dates in space ated "Reason for
Have you e	ver been discharged or as	ked to resign f	from a jo	ob? () Yes () No If yes, explain f	ully on continuation sheet.
	T				
From Date	Name of Employer		,	Job Title	Hours Worked/Days Off
To Date	Address of Employer		1	Description of Duties	Reason for Leaving
Total Time Exp.	Full Name of Immediate Supervisor		4	Address of Immediate Supervisor	Telephone of Business
Salary	Full Name of Co-Worker		4	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		4	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		ı	Address of Immediate Supervisor	Telephone of Business
Salary	Full Name of Co-Worker		4	Address of Co-Worker	Telephone of Co-Worker
From Date	Name of Employer			Job Title	Hours Worked/Days Off
To Date	Address of Employer		1	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	

MILITARY AND EDUCATIONAL RECORD - SECTION V Military

Present Draft Board Address (Street City, State, Zip-C	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	of a summary	court martial,	captains ma	st, article 15,	company
punishment, or any other disciplinary	action while in the arm	ned services?	\square Yes	□ No (If	yes, explain o	on last page.)

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 Yes No		Graduate		Degrees or Number of
				Units		

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 without permission?	Yes	No

15.	Have you ever been delinquent on federal, state, or local ir	ncome taxes?			Yes	No
16.	Have you ever had anything repossessed or have had your		Yes	No		
17.	Have you ever been evicted from a residence or had a lien	placed against you?			Yes	No
18.	Have you ever been the victim of a crime?				Yes	No
19.	Has the registration for any vehicle that you have owned b	een refused, cancelled, su	spended, or revoked	for any reason?	Yes	No
20.	Have you ever provided alcohol to a minor?				Yes	No
21.	Have you ever used a false ID to purchase alcohol?				Yes	No
22.	Have you ever bought an item that you knew was stolen?				Yes	No
23.	Have you ever used, bought or sold any of the following: (If Yes, indicate which yo	u have done)		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
24.	Have you ever used someone else's prescription drug for a	ny reason?			Yes	No
25.	Have you ever forged a prescription to obtain a drug?				Yes	No
26.	Have you ever sent unwanted text or email messages?	Yes	No			
27.	27. 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
28.	Do you belong to any organization and/or adhere to any be working on particular days or hours?	lief which would in any v	way restrict or prohib	oit you from	Yes	No
29.	Do you belong to any organization and/or adhere to any be departmental standards for grooming and/or appearance?	lief which would in any v	way restrict you from	conforming to	Yes	No

CONTINUATION SHEET

NOTE: Explain or further add to answers by referring to the 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 ½ x 11 inch sheet of plain paper.

Section #	Page #	Question #	Continuation
2001011	ge	Question.	

Continuation Sheet (cont.)

			Continuation Sheet (Cont.)	
Section #	Page #	Question #	Continuation	
				_
				_
PERSONA	L HIST	ORY OF:		
(Last Name))		(First)	(Middle)
provi false or for	ded com statemen r discharg alification	plete disclos nt(s) made in ge after appo	s in this application are true to the best of my know ure of all information requested. I further acknowle any part of this application may be cause for disappent interest. I also realize that any falsification may subil Service Commission and/or prosecution under Objective Commission.	dge that I understand any proval of my appointment oject me to
Signa	ature of A	Applicant:	D	ate: