



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

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	
Residence Address (Number, Street, Apt., City, County, State and Zip Code)						Social Security Number		
Height		Weight		Color Hair			Color Eyes	
Ohio Driver's License. No.		Type	Expiration Date	Out of State Operators License No.		Type	State or Terr.	Expiration Date
List any Birthmarks, Blemishes, Tattoos, that you may have								

<p>1. Are you now supporting all dependents that you are required to support? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>2. Have you ever been sued for alimony payments? Child support? Non-payment of Debts or Fraud? <input type="checkbox"/> Yes If yes, give the name of the court in which you were sued and the court number of the lawsuit. <input type="checkbox"/> No</p>	

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.

[illegible]

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

1. Are you now delinquent in any financial obligation ☐ Yes ☐ No
2. Do your monthly bills exceed your take-home pay? ☐ Yes ☐ No
3. **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): _____

4. Do you have any immediate civil action pending against you? ☐ Yes ☐ No
5. 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

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

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.)

GENERAL INFORMATION INQUIRY – SECTION VI

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 without permission?	Yes No

Continuation Sheet (cont.)

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: _____