

PARMA CIVIL SERVICE COMMISSION



THE CITY OF PARMA IS AN EQUAL OPPORTUNITY EMPLOYER AND DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, NATIONAL ORIGIN, SEX, RELIGION, AGE OR DISABILITY IN EMPLOYMENT.

PERSONAL HISTORY QUESTIONNAIRE

PERSONAL HISTORY OF: _____
(LAST NAME) (FIRST) (MIDDLE)

ADDRESS: _____

SOCIAL SECURITY #: _____ TELEPHONE #: _____ MESSAGE #: _____

POSITION APPLIED FOR _____ DISPATCHER

_____ CORRECTIONS

DATE THIS QUESTIONNAIRE COMPLETED: _____

INSTRUCTIONS

This personal history questionnaire is intended for the use of the Parma Civil Service Commission and the Parma Department of Public Safety. 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. Information contained herein will be considered to be strictly confidential and will not be disclosed to any unauthorized person(s).

The answers to questions contained in this questionnaire must be printed, in your own hand, legible in black ink only. Each individual question must be answered, there can be no blanks. If a question does not apply to your particular circumstance, insert, "DNA" in that blank. When answering questions that require dates, insert the full date, partial month-year responses are unacceptable. You must provide complete address information when requested. Partial address responses are unacceptable.

WARNING

Applicants are cautioned to answer every question truthfully and without evasion. Both the Ohio Revised Code and Parma, Ohio Codified Ordinances 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 Ohio Revised Code Section 2921.13.

WAIVER

AUTHORITY TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I hereby authorize any investigator or other authorized representative of the Parma Civil Service Commission or member of the Parma Department of Public Safety bearing this release, or copy thereof, to obtain any information in your files pertaining to arrest with conviction records or anything else which may pertain to my person.

This release is executed with full knowledge and understanding that the information is for the official use of the City of Parma. I hereby release any custodian, officer or other employees, both individually and collectively, from any and all liability because of compliance with this authorization and request to release information, or any attempt to comply with it.

Should there be any questions as to the validity of the release, you may contact me as indicated below:

I ACKNOWLEDGE THAT EMPLOYMENT COMMENCES ONLY WHEN THE AUDITOR PLACES MY NAME ON THE PAYROLL OF THE CITY OF PARMA.

Applicant

Signature

Full Name - Typed or Printed

Date

Current Address

Telephone Number

STATE OF OHIO:

COUNTY OF _____:

_____ being first duly sworn on his/her oath says that the statements made and subscribed by him/her in the foregoing application are true.

Signature of Applicant

Subscribed in my presence by the said affiant and by him/her sworn to before me this _____ day of _____, 20____.

Notary

Seal

PERSONAL & MARITAL RECORD — SECTION 1

LEGAL NAME LAST			FIRST			FULL MIDDLE NAME		
BY WHAT OTHER NAMES HAVE YOU BEEN KNOWN? (MAIDEN NAME, FORMER MARRIED NAME S, ALIASES, NICKNAMES, ETC.)						RESIDENCE PHONE AND AREA CODE		
RESIDENCE ADDRESS (NUMBER, STREET, APT., CITY, COUNTY, STATE AND ZIP CODE)						SOCIAL SECURITY NUMBER		
DATE OF BIRTH		AGE	HEIGHT	WEIGHT	COLOR HAIR		COLOR EYES	
PLACE OF BIRTH			CITY	COUNTY	STATE		BIRTH CERTIFICATE #	
OHIO DRIVERS LIC. NO.		TYPE	EXPIRATION DATE	OUT-OF-STATE OPERATORS LIC. NO.		TYPE STATE OR TERR.		EXPIRATION DATE
PRESENT MARITAL STATUS			CITY, COUNTY, STATE — PRESENT MARRIAGE PERFORMED			DATE PRESENT MARRIAGE PERFORMED		
NAME OF PRESENT SPOUSE (FIRST-MIDDLE)			MAIDEN NAME (IF APPLICABLE)			SPOUSES SOCIAL SECURITY NUMBER		
AGE	HGT.	WGT.	D.O.B.	BIRTHPLACE OF SPOUSE	NAME AND ADDRESS OF SPOUSES EMPLOYER			
FATHER (NATURAL)		(LAST, FIRST, MIDDLE) & DATE OF BIRTH			ADDRESS (NUMBER, STREET, CITY, ZIP-CODE, STATE) IF DECEASED, DATE OF DEATH			AGE
MOTHER (NATURAL) (MAIDEN NAME, FIRST, FORMER MARRIED NAMES)		(LAST, FIRST, MIDDLE) & DATE OF BIRTH			ADDRESS (NUMBER, STREET, CITY, ZIP-CODE, STATE) IF DECEASED, DATE OF DEATH			AGE
LIST ANY SCARS, BIRTHMARKS, BLEMISHES, TATTOOS, DEFORMITIES, ETC. THAT YOU MAY HAVE.								
List your children:								
<input type="checkbox"/> SON <input type="checkbox"/> DAUGHTER	NAME (LAST, FIRST, MIDDLE)			BIRTH DATE	BIRTH PLACE (CITY AND STATE)			
ADDRESS (IF DIFFERENT FROM YOURS)				RELATIONSHIP TO YOU <input type="checkbox"/> NATURAL <input type="checkbox"/> STEP <input type="checkbox"/> FOSTER		RELATIONSHIP TO YOUR SPOUSE <input type="checkbox"/> NATURAL <input type="checkbox"/> STEP <input type="checkbox"/> FOSTER		
<input type="checkbox"/> SON <input type="checkbox"/> DAUGHTER	NAME (LAST, FIRST, MIDDLE)			BIRTH DATE	BIRTH PLACE (CITY AND STATE)			
ADDRESS (IF DIFFERENT FROM YOURS)				RELATIONSHIP TO YOU <input type="checkbox"/> NATURAL <input type="checkbox"/> STEP <input type="checkbox"/> FOSTER		RELATIONSHIP TO YOUR SPOUSE <input type="checkbox"/> NATURAL <input type="checkbox"/> STEP <input type="checkbox"/> FOSTER		
<input type="checkbox"/> SON <input type="checkbox"/> DAUGHTER	NAME (LAST, FIRST, MIDDLE)			BIRTH DATE	BIRTH PLACE (CITY AND STATE)			
ADDRESS (IF DIFFERENT FROM YOURS)				RELATIONSHIP TO YOU <input type="checkbox"/> NATURAL <input type="checkbox"/> STEP <input type="checkbox"/> FOSTER		RELATIONSHIP TO YOUR SPOUSE <input type="checkbox"/> NATURAL <input type="checkbox"/> STEP <input type="checkbox"/> FOSTER		
<input type="checkbox"/> SON <input type="checkbox"/> DAUGHTER	NAME (LAST, FIRST, MIDDLE)			BIRTH DATE	BIRTH PLACE (CITY AND STATE)			
ADDRESS (IF DIFFERENT FROM YOURS)				RELATIONSHIP TO YOU <input type="checkbox"/> NATURAL <input type="checkbox"/> STEP <input type="checkbox"/> FOSTER		RELATIONSHIP TO YOUR SPOUSE <input type="checkbox"/> NATURAL <input type="checkbox"/> STEP <input type="checkbox"/> FOSTER		
List your relatives in the following order: 1. BROTHERS 2. SISTERS 3. STEP-MOTHER 4. STEP-FATHER 5. STEP-BROTHERS 6. STEP SISTERS 7. FATHER-IN-LAW 8. MOTHER-IN-LAW 9. SISTERS-IN-LAW 10. BROTHERS-IN-LAW								
RELATIONSHIP	NAME (LAST, FIRST, MIDDLE)			ADDRESS (NUMBER, STREET, CITY, ZIP-CODE)				AGE

PERSONAL & MARITAL RECORD (continued)

1. ARE YOU NOW SUPPORTING ALL DEPENDENTS THAT YOU ARE REQUIRED TO SUPPORT?		2. ARE YOU PAYING ALIMONY OR CHILD SUPPORT? <input type="checkbox"/> YES <input type="checkbox"/> NO	AMOUNT PER MONTH \$
3. PREVIOUS MARRIAGES. If previously married, provide the following:			
DATE MARRIED	WHERE MARRIED (CITY, COUNTY, STATE)	NAME OF EX-SPOUSE (MAIDEN NAME)	IF DISSOLVED OR DIVORCED (CITY, COUNTY, STATE)
4. ARE YOU A U.S. CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES <input type="checkbox"/> NATIVE BORN <input type="checkbox"/> NATURALIZED	5. ARE YOU A PERMANENT ALIEN? IF YES, GIVE PORT OF ENTRY TO U.S. & DATE. <input type="checkbox"/> YES <input type="checkbox"/> NO
IF NATURAL CITIZEN, LIST CITY AND STATE WHERE NATURALIZED?		DATE NATURALIZED	CERTIFICATE #

— PREVIOUS RESIDENCES RECORD — SECTION II —

ADDRESSES, SINCE AGE 15. ACCOUNT FOR ALL TIME SPANS WITH THE MOST RECENT ADDRESS FIRST AND DESCENDING IN ORDER THEREFROM. 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 RENT TO.

FROM (MONTH-YEAR) TO (MONTH-YEAR)	ADDRESS (NO. - SPECIFY N.S.E.W.-ST.-PL.-DR.-CITY-ZIP CODE & STATE)	WITH WHOM DO YOU LIVE?	RELATIONSHIP

REFERENCES: FILL IN BELOW THE NAMES OF THREE ADULTS NOT RELATED TO YOU & NOT FORMER EMPLOYERS, WHO HAVE KNOWN YOU FOR A PERIOD OF PREFERABLY MORE THAN FIVE 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
 (IF YES, EXPLAIN ON LAST PAGE.)

2. 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 INCUR.	ORIG. AMT.	AMT. DUE	MO. PAYMENT
4.					
5.					
6.					
7.					
8.					
9.					

NAME AND LOCATION OF YOUR BANK/S

CHECKING ACCOUNT
 SAVINGS ACCOUNT

10. YEAR, MAKE, BODY TYPE & LICENSE NO. OF YOUR PRESENT VEHICLES	DATE PURCHASED	NAME OF LEGAL OWNER
11.		
12.		

WHEN ANSWERING THE QUESTIONS BELOW: IF THERE ARE ANY "YES" BLOCKS CHECKED, EXPLAIN FULLY ON THE CONTINUATION SHEET, CITING THE REFERENCE AND PAGE NUMBER, BE COMPLETE ON ALL EXPLANATIONS REQUESTED.

13. YES NO DO YOU, YOUR SPOUSE OR EX-SPOUSES HAVE ANY IMMEDIATE CIVIL ACTION PENDING AGAINST YOU?
14. YES NO IF EMPLOYED BY THE POLICE DEPARTMENT, DO YOU ANTICIPATE ANY INCOME OTHER THAN YOUR POLICE SALARY?
15. YES NO HAVE YOU EVER BEEN REFUSED A LIFE, AUTOMOBILE, OR OTHER INSURANCE POLICY?
16. YES NO HAVE YOU EVER BEEN GARNISHED, FILED FOR BANKRUPTCY, OR BEEN DECLARED BANKRUPT?

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 APP'T.
1.		<input type="checkbox"/> YES <input type="checkbox"/> NO	
2.		<input type="checkbox"/> YES <input type="checkbox"/> NO	
3.		<input type="checkbox"/> YES <input type="checkbox"/> NO	
4.		<input type="checkbox"/> YES <input type="checkbox"/> NO	
5.		<input type="checkbox"/> YES <input type="checkbox"/> NO	
6.		<input type="checkbox"/> YES <input type="checkbox"/> NO	
7.		<input type="checkbox"/> YES <input type="checkbox"/> NO	
8.		<input type="checkbox"/> YES <input type="checkbox"/> NO	
9.		<input type="checkbox"/> YES <input type="checkbox"/> 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 THAT BLOCK DESIGNATED "NAME OF EMPLOYER" WRITE-IN UNEMPLOYED. IN THAT BLOCK DESIGNATED "REASON FOR LEAVING" INDICATE FROM WHAT SOURCE YOU RECEIVED INCOME DURING THAT PERIOD OF UNEMPLOYMENT. **ADDRESS INFO MUST BE COMPLETE — STREET, APT. OR SUITE, CITY, STATE AND ZIP-CODE.**

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 LAST PAGE.

FROM DATE	NAME OF EMPLOYER	JOB TITLE	LIST HOURS WORKED AND DAYS OFF ON PRESENT JOB
TO DATE	ADDRESS OF EMPLOYER	DESCRIPTION OF DUTIES	
TOTAL TIME EXP.	FULL NAME OF IMMEDIATE SUPERVISOR	ADDRESS OF IMMEDIATE SUPERVISOR	TELE. OF BUSINESS
SALARY	FULL NAME OF CO-WORKER	ADDRESS OF CO-WORKER	TELE. OF CO-WORKER
FROM DATE	NAME OF EMPLOYER	JOB TITLE	REASON FOR LEAVING
TO DATE	ADDRESS OF EMPLOYER	DESCRIPTION OF DUTIES	
TOTAL TIME EXP.	FULL NAME OF IMMEDIATE SUPERVISOR	ADDRESS OF IMMEDIATE SUPERVISOR	TELE. OF BUSINESS
SALARY	FULL NAME OF CO-WORKER	ADDRESS OF CO-WORKER	TELE. OF CO-WORKER
FROM DATE	NAME OF EMPLOYER	JOB TITLE	REASON FOR LEAVING
TO DATE	ADDRESS OF EMPLOYER	DESCRIPTION OF DUTIES	
TOTAL TIME EXP.	FULL NAME OF IMMEDIATE SUPERVISOR	ADDRESS OF IMMEDIATE SUPERVISOR	TELE. OF BUSINESS
SALARY	FULL NAME OF CO-WORKER	ADDRESS OF CO-WORKER	TELE. OF CO-WORKER
FROM DATE	NAME OF EMPLOYER	JOB TITLE	REASON FOR LEAVING
TO DATE	ADDRESS OF EMPLOYER	DESCRIPTION OF DUTIES	
TOTAL TIME EXP.	FULL NAME OF IMMEDIATE SUPERVISOR	ADDRESS OF IMMEDIATE SUPERVISOR	TELE. OF BUSINESS
SALARY	FULL NAME OF CO-WORKER	ADDRESS OF CO-WORKER	TELE. OF CO-WORKER
FROM DATE	NAME OF EMPLOYER	JOB TITLE	REASON FOR LEAVING
TO DATE	ADDRESS OF EMPLOYER	DESCRIPTION OF DUTIES	
TOTAL TIME EXP.	FULL NAME OF IMMEDIATE SUPERVISOR	ADDRESS OF IMMEDIATE SUPERVISOR	TELE. OF BUSINESS
SALARY	FULL NAME OF CO-WORKER	ADDRESS OF CO-WORKER	TELE. OF CO-WORKER

WORK HISTORY — SECTION IV (continued)

FROM DATE	NAME OF EMPLOYER	JOB TITLE	LIST HOURS WORKED AND DAYS OFF ON PRESENT JOB
FROM DATE	NAME OF EMPLOYER	JOB TITLE	REASON FOR LEAVING
TO DATE	ADDRESS OF EMPLOYER	DESCRIPTION OF DUTIES	
TOTAL TIME EXP.	FULL NAME OF IMMEDIATE SUPERVISOR	ADDRESS OF IMMEDIATE SUPERVISOR	TELE. OF BUSINESS
SALARY	FULL NAME OF CO-WORKER	ADDRESS OF CO-WORKER	TELE. OF CO-WORKER
FROM DATE	NAME OF EMPLOYER	JOB TITLE	REASON FOR LEAVING
TO DATE	ADDRESS OF EMPLOYER	DESCRIPTION OF DUTIES	
TOTAL TIME EXP.	FULL NAME OF IMMEDIATE SUPERVISOR	ADDRESS OF IMMEDIATE SUPERVISOR	TELE. OF BUSINESS
SALARY	FULL NAME OF CO-WORKER	ADDRESS OF CO-WORKER	TELE. OF CO-WORKER
FROM DATE	NAME OF EMPLOYER	JOB TITLE	REASON FOR LEAVING
TO DATE	ADDRESS OF EMPLOYER	DESCRIPTION OF DUTIES	
TOTAL TIME EXP.	FULL NAME OF IMMEDIATE SUPERVISOR	ADDRESS OF IMMEDIATE SUPERVISOR	TELE. OF BUSINESS
SALARY	FULL NAME OF CO-WORKER	ADDRESS OF CO-WORKER	TELE. OF CO-WORKER
FROM DATE	NAME OF EMPLOYER	JOB TITLE	REASON FOR LEAVING
TO DATE	ADDRESS OF EMPLOYER	DESCRIPTION OF DUTIES	
TOTAL TIME EXP.	FULL NAME OF IMMEDIATE SUPERVISOR	ADDRESS OF IMMEDIATE SUPERVISOR	TELE. OF BUSINESS
SALARY	FULL NAME OF CO-WORKER	ADDRESS OF CO-WORKER	TELE. OF CO-WORKER
FROM DATE	NAME OF EMPLOYER	JOB TITLE	REASON FOR LEAVING
TO DATE	ADDRESS OF EMPLOYER	DESCRIPTION OF DUTIES	
TOTAL TIME EXP.	FULL NAME OF IMMEDIATE SUPERVISOR	ADDRESS OF IMMEDIATE SUPERVISOR	TELE. OF BUSINESS
SALARY	FULL NAME OF CO-WORKER	ADDRESS OF CO-WORKER	TELE. OF CO-WORKER
FROM DATE	NAME OF EMPLOYER	JOB TITLE	REASON FOR LEAVING
TO DATE	ADDRESS OF EMPLOYER	DESCRIPTION OF DUTIES	
TOTAL TIME EXP.	FULL NAME OF IMMEDIATE SUPERVISOR	ADDRESS OF IMMEDIATE SUPERVISOR	TELE. OF BUSINESS
SALARY	FULL NAME OF CO-WORKER	ADDRESS OF CO-WORKER	TELE. OF CO-WORKER
FROM DATE	NAME OF EMPLOYER	JOB TITLE	REASON FOR LEAVING
TO DATE	ADDRESS OF EMPLOYER	DESCRIPTION OF DUTIES	
TOTAL TIME EXP.	FULL NAME OF IMMEDIATE SUPERVISOR	ADDRESS OF IMMEDIATE SUPERVISOR	TELE. OF BUSINESS
SALARY	FULL NAME OF CO-WORKER	ADDRESS OF CO-WORKER	TELE. OF CO-WORKER
FROM DATE	NAME OF EMPLOYER	JOB TITLE	REASON FOR LEAVING
TO DATE	ADDRESS OF EMPLOYER	DESCRIPTION OF DUTIES	
TOTAL TIME EXP.	FULL NAME OF IMMEDIATE SUPERVISOR	ADDRESS OF IMMEDIATE SUPERVISOR	TELE. OF BUSINESS
SALARY	FULL NAME OF CO-WORKER	ADDRESS OF CO-WORKER	TELE. OF CO-WORKER

IF MORE SPACE IS NEEDED ATTACH AN 8½ x 11 PLAIN SHEET OF PAPER.

MILITARY AND EDUCATIONAL RECORD — SECTION V

Military

PRESENT DRAFT BOARD ADDRESS (STREET, CITY, ZIP-CODE, STATE)		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)	HIGHEST MILITARY RANK OR RATE HELD	TYPE OF SEPARATION	
FROM _____ TO _____	TOTAL MONTHS OF OVERSEAS DUTY	MILITARY RESERVE STATUS <input type="checkbox"/> READY <input type="checkbox"/> STANDBY <input type="checkbox"/> NONE	

1. HAVE YOU EVER ASKED FOR OR RECEIVED DEFERMENT FROM MILITARY SERVICE? YES NO IF YES, GIVE BOARD NUMBER, DATES AND FULL DETAILS ON LAST PAGE OF APPLICATION.
2. HAVE YOU EVER TAKEN A GENERAL EDUCATIONAL DEVELOPMENT "GED" YES NO

Educational

CIRCLE HIGHEST GRADE COMPLETED 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16											OTHER	
LIST EACH GRAMMER, JR. HIGH, HIGH SCHOOL, TRADE, PART TIME, NIGHT SCHOOL, BUSINESS COLLEGE AND UNIVERSITY THAT YOU HAVE ATTENDED. START WITH THE MOST RECENT SCHOOL ATTENDED.												
NAME OF SCHOOL	LOCATION OF SCHOOL (CITY & STATE)	ATTENDANCE DATES		GRADUTE		DEGREES OR NUMBER OF UNITS						
		FROM	TO	YES	NO							

Miscellaneous

LIST ALL JOB-RELATED ORGANIZATIONS, CLUBS, AND SOCIAL GROUPS OF WHICH YOU ARE NOW, OR HAVE BEEN A MEMBER AND POSITION. I.E., MEMBER, ASSOCIATE MEMBER, PRESIDENT, SECRETARY, ETC.	

GENERAL INFORMATION INQUIRY – SECTION VI

NOTICE: THE FOLLOWING QUESTIONS AND ANSWERS WILL BE VERIFIED THROUGH THE USE OF THE POLYGRAPH (LIE DETECTOR TEST). IF THE ANSWER TO ANY OF THE FOLLOWING IS YES – IT WILL BE NECESSARY FOR YOU TO EXPLAIN, IN DETAIL, ON THE CONTINUATION SHEET PROVIDED. FULL AND COMPREHENSIVE EXPLANATIONS ARE REQUIRED.

- | | | |
|--|------------------------------|-----------------------------|
| 1. IF IT BECAME NECESSARY IN THE COURSE OF YOUR POLICE DUTIES TO TAKE A HUMAN LIFE, WOULD YOU HAVE ANY RELUCTANCE TO DO BECAUSE OF RELIGIOUS OR OTHER BELIEFS? POLICE OFFICER APPLICANTS ONLY NEED ANSWER THIS QUESTION. | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. DO YOU HAVE ANY HATREDS OR PREJUDICES TOWARD OTHERS BECAUSE OF THEIR RACE, SEX, NATIONAL ORIGIN, RELIGION OR COLOR, THAT WOULD BE DETRIMENTAL TO YOUR FUNCTIONING AS A POLICE OFFICER? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. DO YOU HAVE ANY PROBLEM CONTROLLING YOUR TEMPER? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4. HAVE YOU EVER TRAVELED OUTSIDE THE UNITED STATES? (IF YES, WHAT COUNTRIES) | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 5. DO YOU WEAR PRESCRIPTION LENSES (EYEGASSES) FOR ANY VISION DEFECT? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 6. DO YOU WEAR HARD OR SOFT CONTACT LENSES? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 7. DO YOU KNOW WHAT YOUR UNCORRECTED VISION STANDARD IS AT PRESENT, IF SO, WHAT IS IT? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 8. HAVE YOU EVER ATTEMPTED SUICIDE? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

THIS AREA
INTENTIONALLY
LEFT BLANK

ALL APPLICANTS MUST SIGN THE FOLLOWING CERTIFICATE

I CERTIFY THAT THE STATEMENTS CONTAINED IN THIS QUESTIONNAIRE ARE TRUE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY FALSE STATEMENTS MADE IN THIS QUESTIONNAIRE MAY BE CAUSE FOR DISAPPROVAL OF MY APPOINTMENT, OR FOR DISCHARGE AFTER APPOINTMENT. I FURTHER REALIZE THAT ANY FALSEHOODS MAY SUBJECT ME TO PROSECUTION UNDER OHIO REVISED CODE SECTION 2921.13.

SIGNATURE OF APPLICANT: _____ DATE: _____
(FULL LEGAL SIGNATURE)

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. Your answers must be clear in meaning, explain all facets of the particular question. CAUTION: In signing the certificate (above), 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 8½ x 11 inch sheet of plain paper.

SECTION NUMBER	PAGE NUMBER	QUESTION NUMBER	CONTINUATION

SECTION NUMBER	PAGE NUMBER	QUESTION NUMBER	CONTINUATION

I CERTIFY THAT THE STATEMENTS IN THESE CONTINUATION SHEETS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND THAT I HAVE PROVIDED COMPLETE DISCLOSURE OF ALL INFORMATION REQUESTED. I FURTHER REAFFIRM THAT I UNDERSTAND THAT ANY FALSE STATEMENTS MADE IN THESE CONTINUATION SHEETS 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: _____
 (FULL LEGAL SIGNATURE)

Driver's License # _____
Birth Ctf. _____
Diploma _____
Discharge _____
Notarized _____
Waivers _____
Essay _____
Soc. Sec. # _____
EMT-A or EMT-P _____

Name: _____ Security Check _____
Position Sought _____ Pre-Employment _____
Address Check _____ Polygraph _____