

# **EMPLOYMENT APPLICATION AND PERSONAL HISTORY QUESTIONNAIRE**

## Instruction and Reminder

There are moral and legal obligations to complete this Employment Application and Personal History Questionnaire in a truthful, fully informative manner. All questions must be answered. If a question does not apply to your particular circumstance, insert “DNA” (Does not Apply) in the proper blank. You may add additional sheets if more space is needed.

Please be advised that **ALL** information is subject to verification via home visits, source documentation, polygraph (lie detector) examination, etc. Be fully truthful and do not evade questions. The Ohio Revised Code (ORC) provides penalties for making false statements of a material fact or for practicing fraud or deception in obtaining or attempting to obtain employment. Such penalties include rejection for appointment, discharge after appointment, and/or prosecution under Ohio Revised Code Section 2921.13.



6757 Goshen Road \* Goshen, Ohio 41222 (513) 722-3200 \* Fax (513) 722-3201

I, \_\_\_\_\_, permit any authorized representative of the Goshen Township Police Department, Clermont County, Ohio, bearing this release or a copy thereof, within one year of it's date, to obtain any information in your files pertaining to employment, including personal history and disciplinary records. I hereby direct you to release such information upon the request of the bearer. This release is executed with full knowledge and understanding that the information is for official use for the purpose of an employment investigation.

I hereby release you, as the custodian of those records, both individually and collectively, from any and all liability for damages of any kind, which at any time may result to me, my heirs, my family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it.

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_



Today's Date \_\_\_\_\_

Last Name	First Name	M.I.	Social Security Number
<hr/>			
Present address	City	State	Zip Code
<hr/>			
How long have You lived at your Present address? ____Yrs. ____Mos.		Home phone number	Alternate phone number
<hr/>			
Are you a US citizen?    Yes <input type="checkbox"/> No <input type="checkbox"/>			
Are you 21 years of age or older?    Yes <input type="checkbox"/> No <input type="checkbox"/>			
Are you legally eligible for employment in the US?    Yes <input type="checkbox"/> No <input type="checkbox"/>			
<hr/>			
Position applying for:			
<input type="checkbox"/> Sworn Police Officer <input type="checkbox"/> Non-Sworn: <input type="checkbox"/> Dispatcher <input type="checkbox"/> Clerical <input type="checkbox"/> Other _____			

### Education

Type of School	Name and Address of School	Last Grade Completed	Course of Study	Dates	Degree or Diploma
<b>ELEMENTARY</b>			N/A		
<b>HIGH SCHOOL</b>					
<b>COLLEGE</b>					
<b>LAW ENFORCEMENT</b>					

Are you continuing your education?    Yes ☐    No ☐

If yes, please indicate how

Scholastic honors or scholarships received:

## EMPLOYMENT HISTORY

Please list all employment, starting with present or most recent employer. Account for all periods, including all unemployment or time not spent in school or military service.			
<b>1</b>	Name and address of employer		<input type="checkbox"/> Full time <input type="checkbox"/> Part time
Dates of employment		Phone Number	Supervisor name and title
Final salary \$ <input type="checkbox"/> Hour <input type="checkbox"/> Month <input type="checkbox"/> Year		Job Title	Reason for leaving
Describe type of business and duties:			

<b>2</b>	Name and address of employer		<input type="checkbox"/> Full time <input type="checkbox"/> Part time
Dates of employment		Phone Number	Supervisor name and title
Final salary \$ <input type="checkbox"/> Hour <input type="checkbox"/> Month <input type="checkbox"/> Year		Job Title	Reason for leaving
Describe type of business and duties:			

<b>3</b>	Name and address of employer		<input type="checkbox"/> Full time <input type="checkbox"/> Part time
Dates of employment		Phone Number	Supervisor name and title
Final salary \$ <input type="checkbox"/> Hour <input type="checkbox"/> Month <input type="checkbox"/> Year		Job Title	Reason for leaving
Describe type of business and duties:			

<b>4</b>	Name and address of employer		<input type="checkbox"/> Full time <input type="checkbox"/> Part time
Dates of employment		Phone Number	Supervisor name and title
Final salary \$ <input type="checkbox"/> Hour <input type="checkbox"/> Month <input type="checkbox"/> Year		Job Title	Reason for leaving
Describe type of business and duties:			


<b>5</b>	Name and address of employer		<input type="checkbox"/> Full time <input type="checkbox"/> Part time
Dates of employment		Phone Number	Supervisor name and title
Final salary \$ <input type="checkbox"/> Hour <input type="checkbox"/> Month <input type="checkbox"/> Year		Job Title	Reason for leaving
Describe type of business and duties:			

<b>6</b>	Name and address of employer		<input type="checkbox"/> Full time <input type="checkbox"/> Part time
Dates of employment		Phone Number	Supervisor name and title
Final salary \$ <input type="checkbox"/> Hour <input type="checkbox"/> Month <input type="checkbox"/> Year		Job Title	Reason for leaving
Describe type of business and duties:			

<b>7</b>	Name and address of employer		<input type="checkbox"/> Full time <input type="checkbox"/> Part time
Dates of employment		Phone Number	Supervisor name and title
Final salary \$ <input type="checkbox"/> Hour <input type="checkbox"/> Month <input type="checkbox"/> Year		Job Title	Reason for leaving
Describe type of business and duties:			

<b>8</b>	Name and address of employer		<input type="checkbox"/> Full time <input type="checkbox"/> Part time
Dates of employment		Phone Number	Supervisor name and title
Final salary \$ <input type="checkbox"/> Hour <input type="checkbox"/> Month <input type="checkbox"/> Year		Job Title	Reason for leaving
Describe type of business and duties:			


I hereby give my permission to contact the employers I have listed concerning my present and prior work experience.

Signature\_\_\_\_\_Date\_\_\_\_\_

If there is a particular employer(s) you do not wish us to contact, please indicate which one(s) and explain:

---

---

## Previous Address(s)

Starting with your present address, list ALL addresses where you lived for the past ten (10) years. Include our address while in military service.

Dates	Street Address	City	County	State

## Military Service

Have you served In the US Armed Services? <input type="checkbox"/> Yes <input type="checkbox"/> No	Branch of Service	Date Entered	Rank
Date Discharged			

Duties and special training in Service	Present draft status
--	----------------------

I certify that the above information is true to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## REFERENCES

1	Name		Phone Number
	Address	City	State/Zip
	Relationship		

2	Name		Phone Number
	Address	City	State/Zip
	Relationship		

3	Name		Phone Number
	Address	City	State/Zip
	Relationship		

4	Name		Phone Number
	Address	City	State/Zip
	Relationship		

5	Name		Phone Number
	Address	City	State/Zip
	Relationship		

I certify that the above information is true to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_



## PERSONAL HISTORY QUESTIONNAIRE

### Explanation of the Purpose and Use

Thank you for taking the time and thoughtful effort to complete this Personal History Questionnaire. We want you to understand the purpose of this form and the objective, professional manner in which we will treat the information you provide.

We want you to consider the Personal History Questionnaire as an opportunity to organize and present relevant information about yourself. This information will assist us in gaining an accurate picture of your background to be used as one of the bases for our appraisal of the “goodness of fit” between you and the position for which you are applying. Other bases are your physical ability and health, your self-presentation in interviews, a polygraph (lie detector) examination, and a psychological examination.

Additionally, we want you to know that we not only consider the facts presented, but we also consider your explanations surrounding the facts. That is why it is so critically important that you make a special effort to answer all questions completely, truthfully, and thoughtfully. There are many opportunities within the form for you to offer an explanation of facts and/or circumstances.

We will take an overview of the information you provide and treat it in a “profile” manner which enables us to make judgments about your background as well as analyze specific areas. Using a full scope of information, we can evaluate the overall balances of your strengths and limitations so that our conclusions about your eligibility are not unduly influenced by narrow or isolated bits of information.

Our profile approach to your background leads us to look at the balance of factors in the following area;

- I. Financial Status**
- II. Moving Traffic Violations**
- III. Memberships in Organizations Conspiring and/or Advocating Use of Violence or Illegal Activity**
- IV. Use of Narcotics**
- V. Sexual Behavior Patterns**
- VI. Criminal History, Gambling, Arson, etc.**
- VII. Prior Applications for a Position with any Police Department**

In analyzing your background in the various profiled areas we are looking for evidence of your sense of responsibility, self-discipline, emotional maturity, and the ability to exercise good judgment as you meet the demands of living in our contemporary society.

Please feel free to ask any questions you may have about the instructions for completing this Personal History Questionnaire. We have personnel available to insure that you understand the instructions. However, the personnel cannot answer how your responses to the questions will be interpreted.

Please acknowledge your reading and fully understanding of the **Employment Application** and the **Explanation of the Personal History Questionnaire** by signing in the space below.

Signature\_\_\_\_\_Date\_\_\_\_\_

## I. Financial Status

Indebtedness (Check as many as apply today)

- ☐ own                      ☐ rent/lease                      ☐ living with parents  
☐ living with other                      ☐ other

All yes answers require an explanation (use additional sheet if necessary)

**YES**      **NO**

- ☐      ☐ Have you every had your wages attached or garnished?  
If yes, when\_\_\_\_\_
- ☐      ☐ Have you ever been a defendant in small claims court?  
If yes, explain\_\_\_\_\_
- ☐      ☐ Do you have any civil action pending against you?  
If yes, explain\_\_\_\_\_
- ☐      ☐ Have you ever filed for bankruptcy or been declared bankrupt?  
If yes, When\_\_\_\_\_
- ☐      ☐ Have you ever been declared delinquent in child support payments ordered  
by the court?  
If yes, explain\_\_\_\_\_
- ☐      ☐ Have you ever been refused credit?  
If yes, explain\_\_\_\_\_
- ☐      ☐ Have you ever had property repossessed?  
If yes, explain\_\_\_\_\_
- ☐      ☐ Do you owe past taxes?  
If yes, explain\_\_\_\_\_
- ☐      ☐ Have you written checks within the last twelve (12) months that you knew  
would be returned for insufficient funds but wrote them anyway?  
If yes, how many\_\_\_\_\_
- ☐      ☐ Have you skipped paying bills or debts on time?  
If yes, explain all occurrences\_\_\_\_\_
- ☐      ☐ Are any of your bills in the hands of a bill collection agency?  
If yes, explain\_\_\_\_\_

**I certify that the above information is true to the best of my knowledge.**

Signature\_\_\_\_\_Date\_\_\_\_\_

**Financial Status (cont)**

<b>Obligation</b>	<b>Company (name, city, state)</b>	<b>Amount owed/overdue/past due</b>
<b>Home Loan</b>		
<b>Personal Loan</b>		
<b>Auto Loan #1</b>		
<b>Auto Loan #2</b>		
<b>Finance Co.</b>		
<b>Finance Co.</b>		
<b>Mastercard</b>		
<b>VISA</b>		
<b>Department Store</b>		
<b>Department Store</b>		
<b>Credit Union</b>		
<b>Obligation</b>	<b>Court of Jurisdiction</b>	
<b>Child Support</b>		
<b>Child Support</b>		
<b>Chapter 13</b>		
<b>Bankruptcy</b>		
<b>Small Claims</b>		
<b>FRA (traffic)</b>		
<b>Civil Suits</b>		
<b>Alimony</b>		

**YES NO**☐☐

Do you have a personal checking account?

If yes, institution name\_\_\_\_\_

☐☐

Do you have a personal savings account?

If yes, institution name\_\_\_\_\_

**I certify that the above information is true to the best of my knowledge.**

Signature\_\_\_\_\_Date\_\_\_\_\_

## II. Moving Traffic Violations

List the number of Moving Violations you have had since age 16.

Offense	Number	Ohio	Non-Ohio
D.U.I.			
Speed			
Driving w/o License			
Reckless Driving			
Driving Under Suspension			
Other			

I certify that the above information is true to the best of my knowledge.

Signature\_\_\_\_\_Date\_\_\_\_\_

### III. Memberships In Organizations

**YES      NO**

☐

Are you now or have you ever been a member of an organization that advocates or practices violence and/or unlawful acts (including, but not limited to, bombing or burning structures, murder, mayhem, rioting, kidnapping, extortion, or terrorism) to effect political or social change?

If yes, give names and dates of memberships

[illegible]

**I certify that the above information is true to the best of my knowledge.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

#### IV. Narcotics

- |     | YES                      | NO                       |  |
|-----|--------------------------|--------------------------|--|
| 1.  | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever used illegal narcotics?<br>If so, when (month/year)_____   |
| 2.  | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever used marijuana?<br>If so, when (month/year)_____   |
| 3.  | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever sold illegal narcotics?<br>If so, when (month/year)_____   |
| 4.  | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever sold marijuana?<br>If so, when (month/year)_____   |
| 5.  | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever transported illegal narcotics?<br>If so, when (month/year)_____  |
| 6.  | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever transported marijuana?<br>If so, when (month/year)_____  |
| 7.  | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever used any narcotics or prescription drugs, not<br>including marijuana, without a doctor's prescription?           |
| 8.  | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever purchased any narcotics or prescription drugs, not<br>including marijuana, without a doctor's prescription?      |
| 9.  | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever sold narcotics or prescription drugs, not including<br>marijuana, to anyone else?                                |
| 10. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever possessed narcotics or prescription drugs, not<br>including marijuana, that you obtained without a prescription? |
| 11. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever operated a motor vehicle while under the influence<br>of drugs, narcotics, or marijuana?                         |

**I certify that the above information is true to the best of my knowledge.**

Signature\_\_\_\_\_Date\_\_\_\_\_

**Narcotics (cont.)**

For each of the following narcotics listed, fill in the appropriate column(s) to reflect any activity you may have had with that particular drug.

<b>Drug</b>	<b>Largest amount bought</b>	<b>Largest amount used</b>	<b>Largest amount sold</b>	<b>How often</b>	<b>Date most Recent occurrence</b>
<b>Marijuana</b>					
<b>a. Marijuana</b>					
<b>b. Hash</b>					
<b>c. Hash Oil</b>					
<b>Stimulants/ Amphetamines</b>					
<b>a. Bennies</b>					
<b>b. Uppers</b>					
<b>c. Speed</b>					
<b>d. Whitecrosses (caffeine type P/U/)</b>					
<b>e. Other(s)</b> _____ _____					
<b>Cocaine</b>					
<b>a. Crack</b>					
<b>b. Freebase</b>					

**I certify that the above information is true to the best of my knowledge.**

Signature\_\_\_\_\_Date\_\_\_\_\_

### Narcotics (cont)

Drug	Largest amount bought	Largest amount used	Largest amount sold	How often	Date most recent occurrence
<b>Hallucinogens</b>					
a. Micro Dot/Blue Micro					
b. LSD					
c. Blotter Acid					
d. Gelatin Squares					
e. Window Pane					
f. Other (s) _____					
<b>Depressants/Downers</b>					
a. Ludes					
b. Sophors					
c. Morphine					
d. Herion					
e. Talwin					
f. Pyrobens-Zamine/T's & B's					
g. Other (s) _____					

**YES NO**

☐ ☐ Any misuse of prescribed drug?

☐ ☐ Any other illegal drug?

Any explanation of the preceding information on Use of Narcotics may be put on an additional sheet.

**I certify that the above information is true to the best of my knowledge.**

Signature\_\_\_\_\_Date\_\_\_\_\_



## V. Sexual Behavior Patterns

1. Have you ever participated in a sexual act in a public place? \_\_\_\_\_  
Explain the circumstances \_\_\_\_\_  
\_\_\_\_\_

2. Have you ever participated in the following:

Act	YES	NO	Date
Sex with animals	<input type="checkbox"/>	<input type="checkbox"/>	
Soliciting for prostitution	<input type="checkbox"/>	<input type="checkbox"/>	
Voyeurism	<input type="checkbox"/>	<input type="checkbox"/>	
Exposing yourself	<input type="checkbox"/>	<input type="checkbox"/>	

YES NO

- ☐ ☐ Have you ever had sexual contact with another person who was twelve (12) years of age or younger at the time?

Your age at the time \_\_\_\_\_

Partner's age at the time \_\_\_\_\_

- ☐ ☐ Have you ever had sexual contact with another person who was a juvenile and four (4) or more years younger than yourself?

Your age at the time \_\_\_\_\_

Partner's age at the time \_\_\_\_\_

- ☐ ☐ After reaching your eighteenth (18) birthday, have you ever had sexual contact with another person who was fifteen (15) years of age or younger at the time?

Your age at the time \_\_\_\_\_

Partner's age at the time \_\_\_\_\_

**I certify that the above information is true to the best of my knowledge.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

## VI. Criminal History

1. Have you ever been convicted of a criminal offense (misdemeanors and felonies) as a juvenile? \_\_\_\_\_

When	Nature of Offense	Where	Disposition

2. Have you ever been convicted of a criminal offense (misdemeanors and felonies) as an adult? \_\_\_\_\_

When	Nature of Offense	Where	Disposition

**I certify that the above information is true to the best of my knowledge.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**YES**      **NO**

3.    ☐    ☐    Are you currently wanted by the police or courts? (This includes traffic and parking capiases)?  
If yes, explain\_\_\_\_\_

4.    ☐    ☐    Have you been convicted of a crime and been placed on one of the following?

Case Disposition	Yes	No	Date (s)
House Arrest			
Probation			
Parole			
Community service			
Work			
Weekend detention			
other			

5. 

<b>YES</b>	<b>NO</b>
<input type="checkbox"/>	<input type="checkbox"/>

 Have you been convicted of one of the following crimes?

Crime	Yes	No	Date (s)
Felony			
Misdemeanor			
Military Charge			
Drug related			
Non-traffic payout			

6. ☐ **YES** ☐ **NO** Have you committed or been an accomplice to an undetected/  
unprosecuted crime?

[illegible]

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Criminal History (cont)

7.      **YES**   **NO**  
         ☐   ☐      Have you ever committed a crime of violence (assault, assault and battery, rape, criminal damaging, acts involving use of a weapon) for which you were never caught or prosecuted?

When	Nature of Offense	Where	Why

8.      Have you ever stolen from:

**YES**   **NO**

**If yes, explain on attached sheet**

- ☐   ☐      Employer (past)
- ☐   ☐      Employer (present)
- ☐   ☐      Relatives
- ☐   ☐      Co-workers
- ☐   ☐      Customers
- ☐   ☐      Strangers
- ☐   ☐      Neighbors
- ☐   ☐      Government
- ☐   ☐      Military
- ☐   ☐      Friends
- ☐   ☐      Businesses
- ☐   ☐      Other

**I certify that the above information is true to the best of my knowledge.**

Signature\_\_\_\_\_Date\_\_\_\_\_

**Criminal History (cont)**

- |     | <b>YES</b>               | <b>NO</b>                |  |
|-----|--------------------------|--------------------------|--|
| 9.  | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever committed arson?<br>If yes, explain_____   |
| 10. | <input type="checkbox"/> | <input type="checkbox"/> | Have you set or attempted to set a fire with the intent to destroy property or cause injury to another person?<br>If yes, explain_____ |
| 11. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever intentionally turned in a false alarm or caused one to be transmitted?<br>If yes, explain_____                           |
| 12. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever worked an illegal gambling operation or booked any bets?<br>If yes, explain_____   |
| 13. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever used another person's money (money you were not entitled to) to gamble without their knowledge?<br>If yes, explain_____  |

**I certify that the above information is true to the best of my knowledge.**

Signature\_\_\_\_\_Date\_\_\_\_\_

## VII. Prior Applications

**YES**   **NO**

☐☐

Have you ever applied for a police position with any police position  
with any police department in the US?

If yes,

Date	Department	Position	Hired?

**I certify that the above information is true to the best of my knowledge.**

Signature\_\_\_\_\_Date\_\_\_\_\_

## **CERTIFICATION OF AUTHENTICITY**

**I CERTIFY THAT THE STATEMENTS CONTAINED IN THIS QUESTIONNAIRE ARE TRUE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY OMISSIONS OR FALSE STATEMENTS MADE ON 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\_\_\_\_\_