

DEPARTMENT OF PUBLIC SAFETY – DIVISION OF POLICE  
VAN WERT, OHIO



THE VAN WERT DIVISION OF POLICE IS AN  
EQUAL OPPORTUNITY EMPLOYER.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Position Sought: \_\_\_\_\_

Date of Written Examination: \_\_\_\_\_

Date this Application Completed: \_\_\_\_\_

Are you at least 18 years of age? Yes: \_\_\_\_\_ No: \_\_\_\_\_

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**INSTRUCTIONS**

THIS PERSONAL HISTORY QUESTIONNAIRE IS INTENDED FOR THE USE OF THE VAN WERT DIVISION OF POLICE. 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, LEGIBLY IN BLACK INK ONLY.** 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 RULES AND REGULATIONS OF THE VAN WERT, OHIO, CIVIL SERVICE COMMISSION 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.

## PERSONAL & MARITAL RECORD – SECTION I

LEGAL NAME: LAST		FIRST		FULL MIDDLE	
BY WHAT OTHER NAMES HAVE YOU BEEN KNOWN? (MAIDEN NAME, FORMER MARRIED NAMES, ALIASES, NICKNAMES ETC.)					RESIDENCE PHONE & 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 DRIVER'S LICENSE 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, STATE) IF DECEASED, DATE OF DEATH		AGE
MOTHER (NATURAL)	(LAST, FIRST, MIDDLE) & DATE OF BIRTH		ADDRESS (NUMBER, STREET, CITY, ZIP, STATE) IF DECEASED, DATE OF DEATH		AGE
LIST ANY SCARS, BIRTHMARKS, BLEMISHES, TATTOOS, DEFORMITIES, ETC., THAT YOU MAY HAVE					
<b>LIST YOUR CHILDREN:</b>					
<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
<b>LIST YOUR RELATIVE IS 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</b>					
RELATIONSHIP	NAME(LAST, FIRST, MIDDLE)		ADDRESS (NUMBER, STREET, CITY, ZIP, STATE)		AGE

1. ARE YOU NOW SUPPORTING ALL DEPENDENTS THAT YOU ARE REQUIRED TO SUPPORT? <input type="checkbox"/> YES <input type="checkbox"/> NO	2. ARE YOU PAYING ALIMONY OR CHILD SUPPORT? <input type="checkbox"/> YES <input type="checkbox"/> NO	AMOUNT PER MONTH \$
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3. 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. <input type="checkbox"/> YES <input type="checkbox"/> NO
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<b>4. PREVIOUS MARRIAGES: IF PREVIOUSLY MARRIED, PROVIDE THE FOLLOWING.</b>				
DATE MARRIED	WHERE MARRIED(CITY, COUNTY, STATE)	NAME OF EX-SPOUSE(MAIDEN NAME)	IF DISSOLVED OR DIVORCED (CITY, COUNTY, STATE)	DATE FINALIZED

5. ARE YOU A U.S. CITIZEN <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES? <input type="checkbox"/> NATTIVE BORN <input type="checkbox"/> NATURALIZED	6. ARE YOU A PERMANENT RESIDENT ALIEN? IF YES. GIVE PORT OF ENTRY TO U.S.A. & DATE <input type="checkbox"/> YES <input type="checkbox"/> NO		
IF A NATURALIZED 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 DID 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 CONTINUATION 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.					
10. NAME AND LOCATION OF YOUR BANK/S				<input type="checkbox"/> CHECKING ACCOUNT <input type="checkbox"/> SAVINGS ACCOUNT	
11. YEAR, MAKE, BODY TYPE & LICENSE NO. OF YOUR PRESENT VEHICLES				DATE PURCHASED	NAME OF LEGAL OWNER
12.					

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

13. DO YOU OR YOUR SPOUSE OR EX-SPOUSES HAVE ANY IMMEDIATE CIVIL ACTION PENDING AGAINST YOU? YES NO

14. IF EMPLOYED BY THE POLICE DEPARTMENT, DO YOU ANTICIPATE ANY INCOME OTHER THAN YOUR POICE SALARY? YES NO

15. HAVE YOU EVER BEEN REFUSED A LIFE, AUTOMOBILE, HEALTH, OR OTHER INSURANCE POLICY? YES NO

16. HAVE YOU EVER BEEN GARNISHEED, FILED FOR BANKRUPTCY, OR BEEN DECLARED BANKRUPT? 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.		<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	

## 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" INDICATED 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?(IF NO, EXPLAIN ON LAST PAGE.)

- YES
- NO

IF PRESENTLY UNEMPLOYED, INDICATE SO IN FIRST BLOCK.

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HAVE YOU EVER BEEN DISCHARGED OR ASKED TO RESIGN FROM A JOB?    YES    NO

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FROM DATE	NAME OF EMPLOYER	JOB TITLE	LIST HOURS WORKED AND DAYS OFF ON PRESENT JOB
TO DATE	ADDRESS OF EMPLOYER	DESCRIPTION OF DUTIES	WHY DO YOU WANT TO LEAVE?
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	LIST HOURS WORKED AND DAYS OFF ON PRESENT JOB
TO DATE	ADDRESS OF EMPLOYER	DESCRIPTION OF DUTIES	WHY DO YOU WANT TO LEAVE?
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	LIST HOURS WORKED AND DAYS OFF ON PRESENT JOB
TO DATE	ADDRESS OF EMPLOYER	DESCRIPTION OF DUTIES	WHY DO YOU WANT TO LEAVE?
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	LIST HOURS WORKED AND DAYS OFF ON PRESENT JOB
TO DATE	ADDRESS OF EMPLOYER	DESCRIPTION OF DUTIES	WHY DO YOU WANT TO LEAVE?
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
TO DATE	ADDRESS OF EMPLOYER	DESCRIPTION OF DUTIES	WHY DO YOU WANT TO LEAVE?
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	LIST HOURS WORKED AND DAYS OFF ON PRESENT JOB
TO DATE	ADDRESS OF EMPLOYER	DESCRIPTION OF DUTIES	WHY DO YOU WANT TO LEAVE?
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	LIST HOURS WORKED AND DAYS OFF ON PRESENT JOB
TO DATE	ADDRESS OF EMPLOYER	DESCRIPTION OF DUTIES	WHY DO YOU WANT TO LEAVE?
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	LIST HOURS WORKED AND DAYS OFF ON PRESENT JOB
TO DATE	ADDRESS OF EMPLOYER	DESCRIPTION OF DUTIES	WHY DO YOU WANT TO LEAVE?
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	LIST HOURS WORKED AND DAYS OFF ON PRESENT JOB
TO DATE	ADDRESS OF EMPLOYER	DESCRIPTION OF DUTIES	WHY DO YOU WANT TO LEAVE?
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	LIST HOURS WORKED AND DAYS OFF ON PRESENT JOB
TO DATE	ADDRESS OF EMPLOYER	DESCRIPTION OF DUTIES	WHY DO YOU WANT TO LEAVE?
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

## 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) FROM _____ TO _____	HIGHEST MILITARY RANK OR RATE HELD	TYPE OF SEPERATION
TOTAL MONTHS OF COMBAT DUTY	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? (IF YES, GIVE BOARD NUMBER, DATES AND FULL DETAILS ON CONTINUATION PAGE OF APPLICATION)
 

YES      NO
  
2. YOU EVER COUR 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 (IF YES, EXPLAIN ON THE CONTINUATION PAGE)
 

YES      NO
  
3. HAVE YOU EVER RECEIVED A GOV'T DISABILITY PENSION (IF YES, EXPLAIN ON CONTINUATION PAGE)
 

YES      NO
  
4. HAVE YOU EVER TAKEN A GENERAL EDUCATIONAL DEVELOPMENT "GED" TEST?
 

YES      NO

### Educational

<b>CIRCLE HIGHEST GRADE COMPLETED 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 OTHER</b>						
LIST EACH GRAMMAR, 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		GRADUATE		DEGREES OR NUMBER OF UNITS
		FROM	TO	YES	NO	

### MISCELLANEOUS

LIST ALL 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? <u>POLICE OFFICER APPLICANTS ONLY NEED ANSWER THIS QUESTION.</u>	YES	NO
2. HAVE YOU EVER COMMITTED A FELONY FOR WHICH YOU WERE NEVER ARRESTED OR CONVICTED?	YES	NO
3. HAVE YOU EVER BEEN PLACED ON OR SERVED IN A CRIMINAL DIVERSION PROGRAM THAT LED TO THE EVENTUAL DISMISSAL OF ANY CRIMINAL CHARGES?	YES	NO
4. HAVE YOU EVER BEEN CONVICTED OF A FELONY?	YES	NO
5. HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR THAT HAD BEEN REDUCED FROM ORIGINAL FELONY CHARGES?	YES	NO
6. HAVE YOU EVER BEEN CONVICTED OF ANY CRIMINAL OFFENSE? I.E., THEFT OFFENSES, ASSAULT AND BATTERY WRONGFUL INFLUENCE OF A MINOR, DISORDERLY CONDUCT, GAMBLING, DRUG OFFENSE, SEX OFFENSES, OFFENSES INVOLVING IMMORAL OR INDECENT CONDUCT, FRAUD, TRESPASSING, CONVERSION OF TRUST, OFFENSE INVOLVING MILITARY JUSTICE, OR ANY OTHER CRIMINAL OFFENSES?	YES	NO
7. HAVE YOU EVER BEEN CONVICTED OF ANY TRAFFIC OFFENSE? I.E., OPERATING A MOTOR VEHICLE WHILE UNDER THE INFLUENCE OF ALCOHOL OR DRUGS, RECKLESS OPERATION, HIT SKIP, VEHICULAR HOMICIDE, SPEEDING, DRAG RACING, WILLFULLY FLEEING OR ELUDING POLICE, OPERATING AN UNSAFE VEHICLE, DRIVING WITHOUT A LICENSE, PASSING A SCHOOL BUS RECEIVING OR DISCHARGING PASSENGERS, OR <b>ANY OTHER TRAFFIC OFFENSE</b> , EXCLUDING PARKING AND EQUIPMENT VIOLATIONS?	YES	NO
8. AS AN ADULT, HAVE YOU EVER STOLEN ANYTHING?	YES	NO
9. HAVE YOU EVER BOUGHT OR SOLD ANY PROPERTY THAT YOU KNEW WAS STOLEN?	YES	NO
10. HAS YOUR DRIVER'S LICENSE EVER BEEN SUSPENDED OR REVOKED?	YES	NO
11. HAVE YOU EVER BEEN COMMITTED TO ANY PENAL INSTITUTION AS A RESULT OF EITHER A FELONY OR MISDEMEANOR CONVICTION?	YES	NO
12. ARE YOU PRESENTLY UNDER INDICTMENT OR A DEFENDANT IN ANY PENDING CRIMINAL, TRAFFIC, OR CIVIL ACTION?	YES	NO
13. HAVE YOU EVER USED ANY HALLUCINOGENS SUCH AS MARIJUANA, HASHISH, MESCALINE, P.C.P., T.H.C., PEYOTE, P.C.E., T.C.P., ANGEL DUST, OR ANY OF THEIR DERIVATIVES ETC.? (IF YES, AGE FIRST USED, AGE LAST USED, TOTAL NUMBER OF USAGES?)	YES	NO
14. HAVE YOU EVER USED ANY NARCOTICS SUCH AS OPIUM, MORPHINE, CODEINE, MEPERIDINE, METHADONE, OR ANY OF THEIR DERIVATIVES SUCH AS DARVON, LOMOTIL ETC.? (IF YES, AGE OF FIRST USAGE, AGE LAST USED, TOTAL NUMBER OF USAGES?)	YES	NO
15. HAVE YOU EVER USED COCAINE, HEROIN OR L.S.D.? (IF YES, AGE FIRST USED, AGE OF LAST USE, AND TOTAL NUMBER OF USAGES?)	YES	NO
16. HAVE YOU EVER USED ANY PRESCRIPTION DRUGS SUCH AS BARBITURATES, AMPHETAMINES, VALIUM, LIBRIUM, SOPORS, UPPERS/DOWNERS ETC. WITHOUT THE BENEFIT OF A PRESCRIPTION? (IF YES, AGE OF FIRST USAGE, AGE OF LAST USAGE, TOTAL NUMBER OF USAGES AND TYPE?)	YES	NO
17. HAVE YOU EVER USED ANY PRESCRIBED MEDICATIONS FOR PURPOSE OTHER THAN THAT FOR WHICH THEY WERE ORIGINALLY PRESCRIBED OR INTENDED? (IF YES, TYPE AND USE?)	YES	NO
18. HAVE YOU EVER USED WHAT ARE DESCRIBED AS DESIGNER DRUGS, I.E., SUBSTANCES THAT ARE CHEMICALLY ALTERED IN MAKE-UP BUT WHICH GIVE THE SAME EFFECT AS ILLICIT DRUGS ETC.? (IF YES, TYPE ETC.?)	YES	NO
19. HAVE YOU EVER SOLD, BEEN PARTY TO THE SALE, OR IN ANY OTHER WAY BEEN FINANCIALLY REWARDED DUE TO THE SALE OF CONTROLLED SUBSTANCES OR PRESCRIPTION DRUGS OR ANY OTHER SUBSTANCE PURPORTED TO BE A CONTROLLED SUBSTANCE?	YES	NO
20. HAVE YOU EVER BEEN INVOLVED IN GLUE SNIFFING OR USED ANY OTHER SUCH CHEMICAL AGENTS FOR THE PURPOSE OF OBTAINING A STATE OF INTOXICATION?	YES	NO
21. ARE YOU ADDICTED TO OR USE ALCOHOL EXCESSIVELY OR SUFFER FROM ANY ALCOHOL RELATED PROBLEMS, OR RECEIVED ANY RELATED TREATMENTS?	YES	NO
22. HAVE YOU EVER FILED FOR, OR RECEIVED, COMPENSATION FROM ANY INDUSTRIAL COMPENSATION CLAIM?	YES	NO
23. HAVE YOU EVER APPLIED FOR AND RECEIVED UNEMPLOYMENT COMPENSATION, THE AMOUNTS OF WHICH YOU WERE NOT ELIGIBLE TO RECEIVE?	YES	NO
24. ARE YOU NOW, OR HAVE YOU EVER, RECEIVED ANY TYPE OF GOVERNMENTAL SUPPORT SUCH AS <b>WELFARE, A.D.C., HOUSING SUBSIDY PAYMENTS, MEDICAL OR EDUCATIONAL LOANS OR GRANTS</b> THAT YOU WERE NOT ELIGIBLE FOR, RECEIVED IN A FRADULENT MANNER OR AFTER RECEIVING BECAME INELIGIBLE FOR BUT CONTINUED RECEIVING?	YES	NO
25. 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?	YES	NO
26. DO YOU HAVE ANY PROBLEMS BECAUSE OF GAMBLING?	YES	NO
27. DO YOU HAVE ANY PROBLEM CONTROLLING YOUR TEMPER?	YES	NO
28. HAVE YOU EVER BEEN INVOLVED IN AN AUTOMOBILE ACCIDENT?	YES	NO
29. HAVE YOU EVER ENGAGED IN ANY GROSSLY UNNATURAL SEXUAL ACTS?	YES	NO
30. HAVE YOU EVER ENGAGED IN ANY ILLICIT SEXUAL ACTIVITIES?	YES	NO
31. HAVE YOU EVER TRAVELED OUTSIDE THE UNITED STATES? (IF YES, WHAT COUNTRIES)	YES	NO
32. IS THERE ANYTHING IN YOUR MEDICAL OR PSYCHOLOGICAL HISTORY, THAT YOU ARE AWARE OF, THAT COULD DISQUALIFY YOU FROM THIS POSITION?	YES	NO
33. HAVE YOU EVER RECEIVED ANY PSYCHIATRIC OR PSYCHOLOGICAL EVALUATIONS, TREATMENTS OR EXAMINATIONS?	YES	NO
34. HAVE YOU EVER BEEN A PATIENT IN ANY STATE OR PRIVATE MENTAL INSTITUTION?	YES	NO
35. DO YOU WEAR PRESCRIPTION LENSES (EYEGASSES) FOR ANY VISION DEFECT?	YES	NO
36. DO YOU WEAR HARD OR SOFT CONTACT LENSES?	YES	NO
37. HAVE YOU EVER UNDERGONE ANY TYPE OF EYE SURGERY, I.E., RADIAL KERATOTOMY ETC.?	YES	NO
38. DO YOU KNOW WHAT YOUR VISION STANDARD IS AT PRESENT, IF SO, WHAT IS IT?	RIGHT	LEFT



**GENERAL INFORMATION SECTION VI (CONTINUED)**

- Do you have any commitments (I.E., second job, school, etc,) which might interfere with, or adversely affect, your employment should we select you for a position?  
Yes: \_\_\_\_ No: \_\_\_\_

If **YES**, please explain: \_\_\_\_\_

- Do you possess a Valid Driver’s License? Yes: \_\_\_\_ No: \_\_\_\_
- If **NO**, can you obtain one prior to employment? Yes: \_\_\_\_ No: \_\_\_\_
- Are you eligible to work in the United States? Yes: \_\_\_\_ No: \_\_\_\_
- Are you a resident of Ohio? Yes: \_\_\_\_ No: \_\_\_\_
- If **NOT**, are you willing to become a resident upon employment? Yes: \_\_\_\_ No: \_\_\_\_

**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: \_\_\_\_\_

**Please read each of the following paragraphs carefully. Indicate your understanding of, and consent to, the contents and conditions of each paragraph by placing your initials at the end of each paragraph. If you have any questions regarding these paragraphs, contact the employer before initialing the paragraph.**

1. *I understand and accept that, if I am selected for employment, my employment may be conditioned upon my passing any medical examination that the employer deems necessary to determine whether I can physically perform the essential functions of the position, with reasonable accommodation when necessary. I understand and accept that this may include drug, alcohol, or substance abuse testing.*

Initials: \_\_\_\_\_

2. *If employed, I understand and accept that, depending on the department in which I am applying for employment, I may be required to work evening shifts or night shifts, including weekends and be on call and work mandatory overtime hours.*

Initials: \_\_\_\_\_

3. *I understand and accept that if any information required in this application is found to be falsified or intentionally excluded, my application may be disqualified from further consideration. I further understand and accept that if I am employed by the employer. I may be subject to disciplinary action, including termination if any information required by this application has been falsified or intentionally excluded.*

Initials: \_\_\_\_\_

4. *I understand and accept that the employer requires a high degree of integrity and confidentiality of its employees. I also understand and accept that the various law enforcement and informational agencies that exchange information and data with the employer require that the employer's employees do not have a past record or unlawful activities. Therefore, I understand and accept that, depending on the department in which I am applying for employment, it may be necessary for the employer to investigate my background for any criminal or unlawful activity.*

Initials: \_\_\_\_\_

5. *I hereby authorize the employers, schools, and personal references named in this application to provide information regarding me to the employer. I further authorize the release of personnel, academic, and other records to the employer.*

Initials: \_\_\_\_\_

**I solemnly swear that all of the information furnished in this employment application is true, accurate and complete to the best of my knowledge. I authorize investigation of all statements contained in this application I understand that any misrepresentation or falsification of the information provided may lead to withdrawal of an employment offer or termination following employment. I recognize that my future employment with the employer will be jeopardized if I engage in substance abuse, illegal drug use, or alcohol abuse.**

**I agree that any claim of lawsuit relating to my service with the City of Van Wert, Ohio must be filed no more than six (6) months after the date of the employment action that is the subject of the claim or lawsuit. I waive any stature of limitation to the contrary. I understand, also, that I am required to abide by all rules and regulations of the employer.**

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(Applicant Signature)

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(Date)

### **CONTINUATION SHEET**

**NOTE:** In utilizing this section to explain or further add to answers, make references 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 8 ½ 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 MY 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: \_\_\_\_\_

**AUTHORIZATION FOR RELEASE OF INFORMATION AGREEMENT**

TO WHOM IT MAY CONCERN: I am an applicant for a position with the City of Van Wert, Ohio. The City needs to thoroughly investigate my employment background and personal history to evaluate my qualification to hold the position for which I have applied. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed to the above potential Employer.

Consent to your release of any and all public and private information that you may have concerning me; my work record; my background; educational records; my financial status; my criminal history record, including any arrest records or recollections of attorneys at law or other counsel, whether representing me or another person in any case either criminal or civil, in which I presently have or have had an interest; attendance records; and any investigation and/or disciplinary actions including any files which are deemed to be confidential.

I hereby release you from liability or damages that may result from furnishing the information requested to a representative of the City of Van Wert, Ohio.

I agree to hold the City of Van Wert, Ohio harmless from any and all claims and liability associated with my application for employment or in connection with the decision whether or not to employ me. I understand that should information of a serious criminal nature surface as a result of the investigation, such information may be turned over to the proper authorities.

A photocopy or FAX copy of the release form will be valid as an original thereof, event though the said photo copy or FAX copy does not contain an original writing of my signature.

Should there be any questions as to the validity of the release, you may contact me at the address listed on this form. I agree to indemnify and hold harmless the person to whom this request is presented, from and against all claims, damages, losses and expenses, arising out of or by reason of complying with this request.

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Name _____		Driver's License # _____
Address _____		Telephone Number _____
City _____	State _____	Zip _____
Witness _____		Applicant's Signature _____
Witness _____		Date _____
Sworn to me and subscribed in my presence this _____ day of _____		
		Notary _____



Douglas J. Weigle, Chief of Police

**Van Wert Police Department**

515 East Main Street, Van Wert, Ohio 45891-0467

As part of the background investigation process, your social media accounts will be reviewed.

Please provide your screen or user name to any accounts that you might have. Examples would be: Facebook, Twitter, Snapchat, Instagram, etc....

Application/Program	Username