



## **Fairfield Township Police Department**

*An Equal Opportunity Employer*

### **Personal History Questionnaire**

Personal History of (full name): \_\_\_\_\_

Position Applied For: \_\_\_\_\_

Date this Questionnaire Completed: \_\_\_\_/\_\_\_\_/\_\_\_\_

#### **INSTRUCTIONS:**

This personal history questionnaire is intended for the use of the Fairfield Twp. Administration Section. 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 persons(s).

The answer to questions contained in this questionnaire must be printed, in your own hand, legibly 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.

#### **WARNING**

Applicants are cautioned to answer every question truthfully and without evasion. Both the Ohio Revised Code and Township policy provide penalties for making a false statement of a material fact, or for practicing any fraud or deception in obtaining or attempting to obtain 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 Name	
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 & 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 #	Type	Expiration Date	Out of state driver's license #	Type	State or Territory
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	Height	Weight	Date of birth	Birthplace of spouse	Name & address of spouses employer
Father (Natural)(Last, First, Middle)		Date of birth		Address (number, street, city, state, zip) if deceased date of death	
Mother (Natural) (Maiden Name)		Former married names		Date of birth	
				Address (number, street, city, state, zip) if deceased date of death	
<b>List your children:</b>					
<input type="checkbox"/> Son <input type="checkbox"/> Daughter	Name (last, first, middle)		Address		Date of birth
Birthplace (city and state)		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)		Address		Date of birth
Birthplace (city and state)		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)		Address		Date of birth
Birthplace (city and state)		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)		Address		Date of birth
Birthplace (city and state)		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 relatives in the following order:</b> 1. Brother 2. Sister 3. Stepmother 4. Stepfather 5. Stepbrother 6. Stepsister 7. Father-in-law 8. Mother-in-law 9. Sister-in-law 10. Brother-in-law					
Relationship		Name (last, first, middle)		Address (number, street, city, state, zip code)	

**(continued)**

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 or date.  <input type="checkbox"/> Yes <input type="checkbox"/> No	
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4. 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	Date Final

5. Are you a US citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes: <input type="checkbox"/> Native born <input type="checkbox"/> Naturalized	6. Are you a permanent resident alien? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, port of entry	Date of entry
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If a naturalized citizen, list city & state where naturalized	Date naturalized	Certificate number
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**PREVIOUS RESIDENCES RECORD – Section II**

Addresses since age 15. Account for all times spans with the most recent address first and descending in order from there. Include all military addresses, listing the nearest city in proximity to the base if you resided on. If renting or leasing, include the agent or management company to whom you pay rent.

From (month – year) TO (month – year)	Address (street, city, state & zip code)	With whom did you live	Relationship

References: Fill in below the names of two adults not related to you, not former employers, who have known you for a period of preferably five years or more.

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)
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? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, explain:
2. Do your monthly bills exceed your take-home pay? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, explain:

3. Indebtedness: Involving you, your spouse, or your ex-spouse for which you are liable (list below)

To Whom Owed	Address	Date Incurred	Original Amount	Amount Due	Monthly Payment

4. Name & Location of your banks (name, address, city, state & zip code)	Type Account
	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
	<input type="checkbox"/> Checking <input type="checkbox"/> Savings

5. Make, model, body type, year & license of your present vehicles	Date purchased	Name of Legal Owner

Below: If there are any "YES" blocks checked, explain in detail on the continuation sheet, citing the reference and page numbers. Be complete on all explanations.

6. Do you, your spouse or ex-spouses have any immediate civil actions pending against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. If employed by the Police Dept., do you anticipate any income other than your city salary?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Have you ever been garnisheed, filed bankruptcy, been declared bankrupt?	<input type="checkbox"/> Yes <input type="checkbox"/> No

## WORK HISTORY – Section IV

1. Have you ever applied for a position with any law enforcement agency? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Name of Department or Agency	Date Applied	Accepted	If No, Give Reason
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

## Employment

**CHRONOLOGICAL ORDER:** 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. **MILITARY:** When listing military service, substitute for 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.

**UNEMPLOYMENT:** When listing periods of unemployment, indicate dates in spaces provided. In that block designated "Name of Employer", write the word *Unemployed*. In that block designated "Reason for Leaving", indicate from what source you received income during that period of unemployment. **ADDRESSES:** Address info must be complete – street, apt., or suite, city, state and zip code.

May we contact your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, explain:
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Have you ever been discharged or asked to resign from a job? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, explain:
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If presently unemployed, indicate so in the first block below.

From Date	Name of Employer	Job Title	Reason for Leaving
To Date	Address of Employer	Description of Duties	
Total Year/Month Experience	Full Name of Immediate Supervisor		Telephone No. of Business
Salary	Full Name of Co-Worker		Telephone No. of Co-Worker
From Date	Name of Employer	Job Title	Reason for Leaving
To Date	Address of Employer	Description of Duties	
Total Year/Month Experience	Full Name of Immediate Supervisor		Telephone No. of Business
Salary	Full Name of Co-Worker		Telephone No. of Co-Worker
From Date	Name of Employer	Job Title	Reason for Leaving
To Date	Address of Employer	Description of Duties	
Total Year/Month Experience	Full Name of Immediate Supervisor		Telephone No. of Business
Salary	Full Name of Co-Worker		Telephone No. of Co-Worker
From Date	Name of Employer	Job Title	Reason for Leaving
To Date	Address of Employer	Description of Duties	
Total Year/Month Experience	Full Name of Immediate Supervisor		Telephone No. of Business
Salary	Full Name of Co-Worker		Telephone No. of Co-Worker

From Date	Name of Employer	Job Title	Reason for Leaving
To Date	Address of Employer	Description of Duties	
Total Year/Month Experience	Full Name of Immediate Supervisor		Telephone No. of Business
Salary	Full Name of Co-Worker		Telephone No. of Co-Worker
From Date	Name of Employer	Job Title	Reason for Leaving
To Date	Address of Employer	Description of Duties	
Total Year/Month Experience	Full Name of Immediate Supervisor		Telephone No. of Business
Salary	Full Name of Co-Worker		Telephone No. of Co-Worker
From Date	Name of Employer	Job Title	Reason for Leaving
To Date	Address of Employer	Description of Duties	
Total Year/Month Experience	Full Name of Immediate Supervisor		Telephone No. of Business
Salary	Full Name of Co-Worker		Telephone No. of Co-Worker
From Date	Name of Employer	Job Title	Reason for Leaving
To Date	Address of Employer	Description of Duties	
Total Year/Month Experience	Full Name of Immediate Supervisor		Telephone No. of Business
Salary	Full Name of Co-Worker		Telephone No. of Co-Worker
From Date	Name of Employer	Job Title	Reason for Leaving
To Date	Address of Employer	Description of Duties	
Total Year/Month Experience	Full Name of Immediate Supervisor		Telephone No. of Business
Salary	Full Name of Co-Worker		Telephone No. of Co-Worker
From Date	Name of Employer	Job Title	Reason for Leaving
To Date	Address of Employer	Description of Duties	
Total Year/Month Experience	Full Name of Immediate Supervisor		Telephone No. of Business
Salary	Full Name of Co-Worker		Telephone No. of Co-Worker
From Date	Name of Employer	Job Title	Reason for Leaving
To Date	Address of Employer	Description of Duties	
Total Year/Month Experience	Full Name of Immediate Supervisor		Telephone No. of Business
Salary	Full Name of Co-Worker		Telephone No. of Co-Worker
From Date	Name of Employer	Job Title	Reason for Leaving
To Date	Address of Employer	Description of Duties	
Total Year/Month Experience	Full Name of Immediate Supervisor		Telephone No. of Business
Salary	Full Name of Co-Worker		Telephone No. of Co-Worker

# MILITARY & EDUCATION RECORD – Section V

## MILITARY

Present Draft Board Address (street, city, state, zip code)		Draft Board #	Present D B Class
Branch of Service (Army, Navy, Air Force, etc.)		Unit (tank corps, engineers, medics, etc.)	Military Serial Number
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 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?  Yes  No *If yes, give board number, dates, and full details on last page of application.*
2. 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 continuation page.*

## EDUCATION

List each grammar, junior high, high school, trade, part time, night school, business college and university that you have attended.

	<u>Name &amp; Location of School</u>	<u>Course of Study</u>	<u>Years Attended</u> (e.g. 2010-2014)	<u>Diploma / Degree</u>
High School				
College				
Graduate School				
Other (specify)				
Other (specify)				
Other (specify)				
Other (specify)				
Other (specify)				
Other (specify)				

## MISCELLANEOUS

List all organization, clubs, and social groups of which you are now, or have been a member and the position (e.g., member, associate member, president, secretary, etc.)


# GENERAL INFORMATION INQUIRY – Section VI

**NOTICE:** The following questions and answers will be verified through the use of truth verification. 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 including dates 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 so because of religious or other beliefs?	YES	NO
2. Have you ever committed a felony for which you <u>were not</u> arrested or convicted?	YES	NO
3. Have you ever been placed on or served in a criminal diversion type 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? (e.g., theft offenses, assault, disorderly conduct, gambling, drug offenses, 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? (e.g. operating a motor vehicle while under the influence of alcohol or drugs, reckless operation, hit/skip, vehicular homicide, speeding, drag racing, fleeing or eluding police, operating an unsafe vehicle, driving without a license, passing a school bus receiving or discharging passengers, or any other traffic offense 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 actions?	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.? (In the past 3 years.)	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.?	YES	NO
15. Have you ever used cocaine, heroin or L.S.D.?	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?	YES	NO
17. Have you ever used any prescribed medications for purposes other than that for which they were originally prescribed or intended?	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.?)	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 any 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 presently addicted to or use alcohol excessively or suffer from any alcohol-related problems?	YES	NO
22. Have you ever engaged in any illicit sexual activities?	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 welfare, A.D.C., housing subsidy payments, educational loans or grants that you were not eligible for, received in a fraudulent 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 functions as an employee?	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

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 THE 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 §2921.13.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_

Date: \_\_\_\_\_





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