

BELLVILLE OHIO POLICE DEPARTMENT

EMPLOYMENT QUESTIONNAIRE

APPLICANT NAME: _____

SOCIAL SECURITY NUMBER: _____

POSITION APPLIED FOR: Auxiliary Police Officer Part-time Police Officer
 Full Time Officer Commission for Academy Appointment (Police Officer)

DATE GIVEN: _____

DATE RETURNED: _____

INSTRUCTIONS TO THE APPLICANT

The information provided by the applicant will be considered confidential to the extent that his/her information is excluded from disclosure under state or federal law. The information provided will be used to assist the Bellville, Ohio Police Department to determine the qualifications of the applicant.

Each question must be answered as completely as possible. If a question(s) does not apply to your particular circumstance, insert "DNA" (Does Not Apply). Should there not be sufficient space to answer a question, use the back of the page or one of the supplemental pages provided in this application packet or a blank sheet of white typing paper (no lined paper). Every line in the application must have a response and must not be left blank. The applicant should initial each page, in the space provided. The applicant is expected to answer each question completely. Willfully omitting information from the application or failure to provide the requested information could be considered an act of dishonesty and may be considered grounds for dismissal of this application. Answer ALL questions COMPLETELY and HONESTLY. The answers of this questionnaire will be verified by interviews, a complete background investigation and may be verified by a polygraph examination. Please "BLOCK PRINT" your handwritten answers to the questions using black ink. Typewritten or computer generated answers are not acceptable.

NAME: _____
(Last) (First) (Middle)

ADDRESS: _____
(Street Address) (Apt. #)

(City) (State) (Zip Code)

TELEPHONE: _____
(Home) (Cell) (Work)

HOW LONG HAVE YOU LIVED AT THE ABOVE ADDRESS? _____

SECOND ADDRESS, IF APPLICABLE
(e.g., college, military, etc.)

ADDRESS: _____
(Street Address) (Apt. #)

(City) (State) (Zip Code)

HOW LONG HAVE YOU LIVED AT THE ABOVE ADDRESS? _____

PREVIOUS ADDRESSES:

STREET ADDRESS	CITY	STATE	FROM	TO
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

(INITIALS)

EDUCATION

NAME AND ADDRESS OF HIGH SCHOOL ATTENDED: _____

HIGHEST GRADE COMPLETED: _____ GRADUATED: _____ DATE GRADUATED: _____

OTHER EQUIVALENCY CERTIFICATE: _____ YEAR OBTAINED: _____

COLLEGE / UNIVERSITY ADDRESS: DATES ATTENDED:

YEAR GRADUATED: _____ CREDIT HOURS: _____ DEGREE: _____

MAJOR (s): _____

LIST THE NAMES AND ADDRESSES OF ANY OTHER TYPE OF SCHOOL(s) ATTENDED: e.g., VOCATIONAL, TRADE OR BUSINESS SCHOOL.

(NAME) (ADDRESS)

(DATES ATTENDED) (COURSE TYPE) (GRADUATED/YEAR)

ANY OTHER EDUCATION OR SPECIAL SCHOOLING RECEIVED, (EXCLUDING MILITARY):

(INITIALS)

REFERENCES

LIST FIVE PERSONS AS REFERENCES, DO NOT INCLUDE RELATIVES OR FORMER EMPLOYERS:

(NAME) (ADDRESS)

(OCCUPATION) (TELEPHONE NUMBER(S)) (YEARS KNOWN)

(NAME) (ADDRESS)

(OCCUPATION) (TELEPHONE NUMBER(S)) (YEARS KNOWN)

(NAME) (ADDRESS)

(OCCUPATION) (TELEPHONE NUMBER(S)) (YEARS KNOWN)

(NAME) (ADDRESS)

(OCCUPATION) (TELEPHONE NUMBER(S)) (YEARS KNOWN)

(NAME) (ADDRESS)

(OCCUPATION) (TELEPHONE NUMBER(S)) (YEARS KNOWN)

(INITIALS)

EMPLOYMENT

BEGIN WITH YOUR PRESENT OR MOST RECENT EMPLOYMENT AND LIST IN ORDER, YOUR COMPLETE WORK HISTORY IN CHRONOLOGICAL ORDER. INCLUDE ALL FULL-TIME, PART-TIME EMPLOYMENT(s), MILITARY SERVICE, AUXILIARY AND VOLUNTEER, INCLUDING PERIODS OF UNEMPLOYMENT OR COLLEGE. (Use additional sheets of paper, if necessary).

(EMPLOYER NAME) (ADDRESS) (PHONE)

(DATE HIRED) (DATE LEFT) (REASON FOR LEAVING)

(IMMEDIATE SUPERISOR) (LAST SALARY)

(TITLE OR POSITION HELD)

EVER DISCIPLINED FOR ANY REASON: _____ HOW MANY TIMES: _____

TYPE OF DISCIPLINE: _____

EXPLAIN: _____

(EMPLOYER NAME) (ADDRESS) (PHONE)

(DATE HIRED) (DATE LEFT) (REASON FOR LEAVING)

(IMMEDIATE SUPERISOR) (LAST SALARY)

(TITLE OR POSITION HELD)

EVER DISCIPLINED FOR ANY REASON: _____ HOW MANY TIMES: _____

TYPE OF DISCIPLINE: _____

EXPLAIN: _____

(INITIALS)

(EMPLOYER NAME) (ADDRESS) (PHONE)

(DATE HIRED) (DATE LEFT) (REASON FOR LEAVING)

(IMMEDIATE SUPERISOR) (LAST SALARY)

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(DATE HIRED) (DATE LEFT) (REASON FOR LEAVING)

(IMMEDIATE SUPERISOR) (LAST SALARY)

(TITLE OR POSITION HELD)

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TYPE OF DISCIPLINE: _____

EXPLAIN: _____

(EMPLOYER NAME) (ADDRESS) (PHONE)

(DATE HIRED) (DATE LEFT) (REASON FOR LEAVING)

(IMMEDIATE SUPERISOR) (LAST SALARY)

(TITLE OR POSITION HELD)

EVER DISCIPLINED FOR ANY REASON: _____ HOW MANY TIMES: _____

TYPE OF DISCIPLINE: _____

EXPLAIN: _____

(INITIALS)

*****IF ADDITIONAL SPACE IS NECESSARY, THIS PAGE MAY BE DUPLICATED*****

(EMPLOYER NAME) (ADDRESS) (PHONE)

(DATE HIRED) (DATE LEFT) (REASON FOR LEAVING)

(IMMEDIATE SUPERISOR) (LAST SALARY)

(TITLE OR POSITION HELD)

EVER DISCIPLINED FOR ANY REASON: _____ HOW MANY TIMES: _____

TYPE OF DISCIPLINE: _____

EXPLAIN: _____

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(DATE HIRED) (DATE LEFT) (REASON FOR LEAVING)

(IMMEDIATE SUPERISOR) (LAST SALARY)

(TITLE OR POSITION HELD)

EVER DISCIPLINED FOR ANY REASON: _____ HOW MANY TIMES: _____

TYPE OF DISCIPLINE: _____

EXPLAIN: _____

(EMPLOYER NAME) (ADDRESS) (PHONE)

(DATE HIRED) (DATE LEFT) (REASON FOR LEAVING)

(IMMEDIATE SUPERISOR) (LAST SALARY)

(TITLE OR POSITION HELD)

EVER DISCIPLINED FOR ANY REASON: _____ HOW MANY TIMES: _____

TYPE OF DISCIPLINE: _____

EXPLAIN: _____

(INITIALS)

EMPLOYMENT HISTORY

HAVE YOU EVER APPLIED FOR A POSITION WITH ANY GOVERNMENT AGENCY, POLICE OR FIRE DEPARTMENT(S)? _____

DEPARTMENT

POSITION APPLIED FOR

HIRED? YES / NO / PENDING

HAVE YOU EVER BEEN TERMINATED FROM YOUR EMPLOYMENT? _____
EXPLAIN: _____

HAVE YOU EVER SERVED IN THE MILITARY? _____ BRANCH: _____

DATES SERVED: _____

HIGHEST RANK HELD: _____

SPECIALITY: _____

DATE OF DISCHARGE; _____ TYPE OF DISCHARGE: _____

WERE YOU EVER OVERSEAS: _____

WERE YOU EVER AWOL: _____ HOW MANY TIMES: _____

EVER GIVEN NON-JURISDICTIONAL PUNISHMENT (ARTICLE 15): _____

HOW MANY TIMES: _____

EVER REDUCED IN RANK: _____

EVER RECEIVE A COURT MARTIAL: _____

EVER SPEND TIME IN A BRIG OR STOCKADE: _____

DID YOU EVER CONVERT OR SELL ANY GOVERNMENTAL PROPERTY: _____

ATTACH A COPY OF YOUR DD-124

HAVE YOU EVER BEEN ASKED TO TAKE A POLYGRAPH EXAMINATION? _____
REASON: _____

HAVE YOU EVER BEEN REJECTED A SECURITY CLEARANCE? _____
REASON: _____

HAVE YOU EVER BEEN REJECTED FOR BONDING? _____
REASON: _____

(INITIALS)

AT THE PLACES YOU HAVE WORKED, WHAT IS THE MOST SERIOUS TROUBLE YOU HAVE EVER GOT INTO?

WHY DO YOU WISH TO BE EMPLOYED BY THE BELLVILLE POLICE DEPARTMENT?

DRIVING RECORD

DO YOU HAVE A VALID DRIVERS LICENSE: _____ STATE: _____

LICENSE NUMBER: _____ RESTRICTIONS: _____

HOW LONG HAVE YOU BEEN A LICENSED DRIVER: _____

APPROXIMATELY HOW MANY MILES DO YOU DRIVE EACH YEAR: _____

HAVE YOU EVER HAD YOUR LICENSE SUSPENDED? _____

IF SO, PLEASE EXPLAIN: _____

LIST ALL ACCIDENTS YOU WERE INVOLVED IN AS THE DRIVER. INCLUDE THE DATES, AGENCY WHICH INVESTIGATED, IF YOU WERE ISSUED A CITATION AND IF THERE WERE INJURIES. LIST UNREPORTED ACCIDENTS ALSO.

DATE OF ACCIDENT	INVESTIGATING AGENCY	CITATION	INJURIES
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

LIST ALL TRAFFIC VIOLATIONS, CONVICTIONS AND BOND FORFEITURES:

DATE	PLACE OF ARREST OR CITATION	OFFENSE	ISSUING AGENCY	AMOUNT OWED OR FINE PAID AMOUNT
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

DO YOU HAVE ANY PENDING PARKING TICKETS: _____ HOW MANY: _____

HAVE YOU EVER HAD AUTOMOBILE INSURANCE DENIED OR CANCELLED: _____

DO YOU CURRENTLY HAVE AUTOMOBILE INSURANCE: _____

COMPANY NAME: _____

HAVE YOU EVER BEEN PLACED ON ASSIGNED RISK OR HIGH RISK INSURANCE: _____

(INITIALS)

CRIMINAL HISTORY

HAVE YOU EVER BEEN COMMITTED, PARTICIPATED OR CONSPIRED TO COMMIT ANY OF THE FOLLOWING SERIOUS CRIME(S):

MURDER _____

LARCENY _____

ROBBERY _____

ARSON _____

MANSLAUGHTER _____

BURGLARY _____

RAPE _____

SODOMY _____

ASSAULT _____

PROSTITUTION _____

PANDERING OBSCENTITY _____

EXPLAIN:

HAVE YOU EVER BEEN ARRESTED OR SENT TO JUVENILE COURT: _____

EXPLAIN:

AS A JUVENILE, DID YOU EVER REPORT TO A JUVENILE OFFICER: _____

WERE YOU EVER EXPELLED OR SUSPENDED FROM SCHOOL: _____

REASON: _____

HAVE YOU EVER BEEN SUMMONED OR ORDERED TO APPEAR IN COURT AS A WITNESS OR ACCUSED: _____

EXPLAIN:

HAVE YOU EVER PAID ANYONE TO ENAGE IN SEXUAL ACTIVITY: _____

EXPLAIN: _____

HAS ANYONE EVER PAID YOU TO ENGAGE IN SEXUAL ACTIVITY: _____

EXPLAIN: _____

HOW MANY TIMES HAVE YOU BEEN CONVICTED OF A CRIMINAL OFFENSE? Include misdemeanor, felonies and military: _____

NATURE OF OFFENSE	WHEN	LOCATION	DISPOSITION
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(INITIALS)

HAVE YOU EVER TAKEN ANYTHING (STEALING) THAT DID NOT BELONG TO YOU: _____
EXPLAIN: _____

HAVE YOU EVER TAKEN ANYTHING FROM AN EMPLOYER THAT DID NOT BELONG TO YOU: _____
EXPLAIN: _____

WHAT IS THE TOTAL DOLLAR AMOUNT OF THE ITEMS ABOVE YOU HAVE STOLEN IN YOUR LIFETIME: _____

HAVE YOU EVER WORKED FOR AN ILLEGAL GAMBLING OPERATION: _____
EXPLAIN: _____

HAVE YOU EVER USED ANOTHER PERON'S MONEY TO GAMBLE WITHOUT THEIR KNOWLEDGE: _____
EXPLAIN: _____
HOW MUCH: _____ WHEN: _____

DO YOU HAVE ANY GAMBLING DEBTS AT THIS TIME: _____
HOW MUCH: _____

HAVE YOU EVER BORROWED MONEY TO GAMBLE: _____ HOW MUCH: _____

HAVE YOU EVER BEEN FINGERPRINTED: _____
REASON: _____

HAVE YOU EVER BEEN INVOLVED IN ANY TYPE OF SITUATION FOR WHICH SOMEONE COULD BLACKMAIL YOU:

LIST ANY DEBTS NOT LISTED ON THE PREVIOUS PAGE: _____

HAVE YOU EVER HAD A DEBT TURNED OVER TO A COLLECTION AGENCY: _____
EXPLAIN: _____

ARE ANY CREDITORS PRESSING YOU FOR A PAYMENT: _____

HAVE YOU EVER DECLARED OR FILED BANKRUPTCY: _____
WHEN: _____ WHERE: _____

HAVE YO HAD ANYTHING REPOSSESSED: _____
WHAT: _____
WHEN: _____

HAVE YOUR WAGES EVER BEEN ATTACHED OR GARNISHED: _____

DO YOU HAVE ANY CIVIL ACTIONS PENDING: _____

HAVE YOU EVER BEEN THE DEFENDANT IN A SMALL CLAIMS OR OTHER COURT: _____
EXPLAIN: _____

HAVE YOU EVER BEEN DECLARED DELIQUENT IN CHILD SUPPORT PAYMENTS: _____

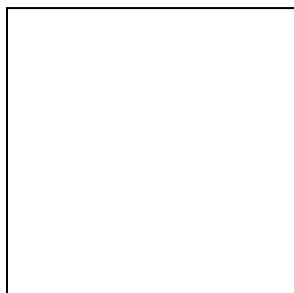
HAVE YOU EVER BEEN REFUSED CREDIT: _____
EXPLAIN: _____

EVER KNOWINGLY WRITTEN A CHECK WITH INSUFFICIENT FUNDS: _____
HOW MANY TIMES: _____

DO YOU HAVE A CHECKING ACCOUNT: _____ ACCOUNT NUMBER: _____
INSTITUTION NAME: _____

DO YOU HAVE A SAVINGS ACCOUNT: _____ ACCOUNT NUMBER: _____
INSTITUTION NAME: _____

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



APPLICANT SIGNATURE

Subscribed and duly sworn before me according to law, by the above named applicant
this _____ day of _____, 20____ State of Ohio, County of
_____.

(Seal)

My commission expires _____

RIGHT THUMB
PRINT

Notary Public



BELLVILLE POLICE DEPARTMENT
142 PARK PLACE
BELLVILLE, OHIO 44813
Phone: 419-886-2245
Fax: 419-886-2144

BUREAU OF CRIMINAL INVESTIGATION AND INVESTIGATION

By my signature below, I hereby certify that I have given the Bellville Ohio Police Department and or its agents, permission to seek a copy of my arrest / conviction record from the Bureau of Criminal Identification and Investigation, London, Ohio. I do hereby release and hold harmless, the State of Ohio Bureau of Criminal Identification and Investigation, Bellville Ohio Police Department, Village of Bellville, Ohio, its appointed representatives and all individuals connected therewith from any and all liability as a result of this inquiry.

 (seal) Applicant Signature Date

Subscribed and duly sworn before me according to law, by the above named applicant this _____ day of _____, 20____ State of Ohio, County of _____.

My commission expires _____

 Notary Public

Record of: _____

Alias/Maiden Name(s): _____

Date of Birth: _____ Race: _____ Sex: _____

Social Security Number: _____

Agency Requesting Record: Bellville Police Department
 Attn. Background Investigator
 142 Park Place
 Bellville, Ohio 44813

 Signature of Agent Making Request Title

_____ assumes responsibility for maintaining the confidentiality of this report.
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BELLVILLE POLICE DEPARTMENT
142 PARK PLACE
BELLVILLE, OHIO 44813
Phone: 419-886-2245
Fax: 419-886-2144

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____, do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the Bellville Ohio Police Department, whether the said records are of public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions, financial or credit institutions (including records of loans), the records of commercial or retail agencies (including credit reports and or ratings), and other financial statements and records wherever filed, medical and psychiatric treatment and or consultations, including hospitals, clinics, private practitioners, and the U.S. Veterans Administration; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me, and the records recollections of attorneys at law, or of 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.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the Bellville Ohio Police Department. I also certify that any person(s) who may furnish such information concerning me shall not be held liable or accountable by giving this information, and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

I also agree to pay for any and all charges or fees concerning this request and can be billed at the below listed address.

A photocopy of this release form will be valid as an original, even though the said photocopy does not contain an original writing of my signature.

Signature of the Applicant: _____

Address: _____

Phone: _____ SSN: _____ DOB: _____

Witness: _____ Witness: _____

Subscribed and duly sworn before me according to law, by the above named applicant this _____ day of _____, 20____ State of Ohio, County of _____.

(seal)

My commission expires: _____

 Notary Public



BELLVILLE POLICE DEPARTMENT
142 PARK PLACE
BELLVILLE, OHIO 44813
Phone: 419-886-2245
Fax: 419-886-2144

REQUEST FOR LOCAL RECORDS CHECK

I, _____ do hereby authorize _____ or its sworn agents to conduct a search of their records and cause their findings to be made known to the Bellville Ohio Police Department and or its sworn agents or those authorized to view same. This approval of my records shall include any and all traffic and criminal history and any record may be reported to the Bellville Ohio Police Department.

Applicant Signature

Date

RECORDS CHECK TO BE CONDUCTED ON:

FULL NAME: _____

ALIAS / MAIDEN NAME(s): _____

ADDRESS: _____

DATE OF BIRTH: _____ SSN: _____

RACE: _____ SEX: _____

I attest a check of the above subject's record was conducted by this agency and the following was found:

_____ NO RECORD FOUND

_____ RECORD FOUND, See Attached

Record Check completed by:

Printed Name

Signature

Date: _____