

VILLAGE OF WALTON HILLS, OHIO
Division of Police
Auxiliary Police Unit Application for Employment

WALTON HILLS IS AN EQUAL OPPORTUNITY EMPLOYER

The Village is an equal opportunity employer, and is committed to fostering the growth and development of its employees. No employee or applicant will be discriminated against on the basis of race, color, ancestry, religion, national origin, gender, age, veteran status, disability, and/or any other factor protected by federal state or local law.

7595 Walton Road - Walton Hills, Ohio 44146
Ph: 440.232.1313 - Fax: 440.786.2975



Stan Jaworski - Chief of Police

PERSONAL HISTORY QUESTIONNAIRE

Applicant _____
(last name) (first name) (middle)

Address _____ Phone # _____

City _____ State _____ Zip Code _____

Driver's License Number and Issuing State _____ Last 4 of SS# _____

Position: **Auxiliary Police Officer**

Date this questionnaire was completed _____

INSTRUCTIONS:

This personal history questionnaire is intended for the use of the Walton Hills Police Department personnel administration. 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. Information contained herein will be considered to be strictly confidential and will not be disclosed to any unauthorized person(s).

Please print and answer all questions and fill in all blanks.

If a question does not apply to your particular circumstance insert N/A

When answering questions that require dates, insert full dates. Partial month and year responses are not acceptable.

WARNING

Applicants are CAUTIONED to answer every question truthfully and without evasion, both the Ohio Revised Code and rules and regulations of the Walton Hills Police Department provide penalties for making false statements of a material fact, or for practicing any fraud or deception in obtaining or attempting to obtain employment. Such penalties include rejected for appointment or discharge after employment and/or prosecution under Ohio Revised Code Section 2921.13.

FINANCIAL RECORD

If your answer to any of the following questions is "Yes", please explain the matter fully on a blank sheet of paper using the question number to identify your answer.

1. Are you failing now or have you ever failed to meet your financial obligations for child support or alimony? ____ Yes ____ No

2. Are you now delinquent in any financial obligation? ____ Yes ____ No

3. Do your monthly expenses exceed your take home pay? ____ Yes ____ No

4. Do you, your spouse or your ex-spouse have any civil action pending in which you are a litigant or named party? ____ Yes ____ No

5. Have you ever been refused an automobile insurance policy? ____ Yes ____ No

6. Have you ever had an insurance policy cancelled? ____ Yes ____ No

7. Have you ever had your wages garnished, filed for protection from creditors, filed for bankruptcy or been declared bankrupt? ____ Yes ____ No

8. Have you ever been bonded or had a bond refused? ____ Yes ____ No

Record of Indebtedness (list yours, your spouse and your ex-spouse)

Creditor _____

Address _____

Date incurred _____ Original amount _____ Monthly payment _____

Creditor _____

Address _____

Date incurred _____ Original amount _____ Monthly payment _____

Creditor _____

Address _____

Date incurred _____ Original amount _____ Monthly payment _____

FINANCIAL RECORD – Continued

Creditor _____

Address _____

Date incurred _____ Original amount _____ Monthly payment _____

Name of your bank _____

Address _____

_____ Checking _____ Savings _____ Other

Name of your bank _____

Address _____

_____ Checkings _____ Savings _____ Other

VEHICLE INFORMATION – Include spouses' vehicle

Year _____ Make _____ Model _____ Color _____ License # _____

State Issued _____ Registered to _____ Owner _____

Year _____ Make _____ Model _____ Color _____ License # _____

State Issued _____ Registered to _____ Owner _____

Year _____ Make _____ Model _____ Color _____ License # _____

State Issued _____ Registered to _____ Owner _____

List all the states you have held or currently hold a driver's license with.

State _____ License type _____ License Number _____

Date Received _____

State _____ License type _____ License Number _____

Date Received _____

State _____ License type _____ License Number _____

Date Received _____

List all moving traffic violations and accidents with the dates and locations, including arrest for traffic violations within the past TEN years.

Incident/Accident _____

Date _____ Location _____ Disposition _____

Incident/Accident _____

Date _____ Location _____ Disposition _____

Incident/Accident _____

Date _____ Location _____ Disposition _____

CRIMINAL RECORD

Have you ever been convicted of a misdemeanor or felony offense as a juvenile, adult or while in the armed forces? ____ Yes ____ No

If "Yes" note the information for each incident below.

Date _____ Charge/Incident _____

Location _____ Agency _____

Date _____ Charge/Incident _____

Location _____ Agency _____

Date _____ Charge/Incident _____

Location _____ Agency _____

Date _____ Charge/Incident _____

Location _____ Agency _____

Has any member of your immediate family (father, mother, brother, sister, children) ever been convicted of a felony? ____ Yes ____ No

If "Yes" please explain _____

Have any members of your spouse's family been convicted of a felony? ____ Yes ____ No

If "Yes" please explain _____

HEALTH RECORD

Answer each question completely, in each question note every incident that applies giving the type of incident, date and physician of facility that treated you.

Name of your Physician _____

Address _____

Phone number _____

Do you drink alcoholic beverages? ____ Yes ____ No

If "Yes" how much do you consume and how often _____

Do you currently use marijuana, hallucinogenic drugs, narcotics, cocaine, barbiturates or amphetamines?

____ Yes ____ No

If "Yes" please explain _____

FAMILY HISTORY

List your relatives in the following order: Father, Mother, Step-Father, Step-Mother, Children, Step-Children, Brother(s), Sister(s), Father-In-Law, Mother-In-Law, Brother(s)-In-Law, Sister(s)-In-Law, Ex-Spouse(s)

Relationship _____ Name _____

Address _____

Birthdate _____ Phone Number _____ SS# _____

Relationship _____ Name _____

Address _____

Birthdate _____ Phone Number _____ SS# _____

Relationship _____ Name _____

Address _____

Birthdate _____ Phone Number _____ SS# _____

Relationship _____ Name _____

Address _____

Birthdate _____ Phone Number _____ SS# _____

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Relationship _____ Name _____

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Birthdate _____ Phone Number _____ SS# _____

Relationship _____ Name _____

Address _____

Birthdate _____ Phone Number _____ SS# _____

Relationship _____ Name _____

Address _____

Birthdate _____ Phone Number _____ SS# _____

Relationship _____ Name _____

Address _____

Birthdate _____ Phone Number _____ SS# _____

WORK HISTORY

Have you ever applied for a position with any law enforcement or other government agency? ____ Yes ____ No

Name of Department / Agency _____

Date Applied _____ Accepted ____ Yes ____ No, if no give reason

Name of Department / Agency _____

Date Applied _____ Accepted ____ Yes ____ No, if no give reason

Name of Department / Agency _____

Date Applied _____ Accepted ____ Yes ____ No, if no give reason

Name of Department / Agency _____

Date Applied _____ Accepted ____ Yes ____ No, if no give reason

(If you have any additional information continue on a blank sheet of paper)

Have you ever been discharged or asked to resign from a job? ____ Yes ____ No

If "Yes" explain below

Begin with your current or most recent employment 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 the name, address and rank for the commissioned officer that was your immediate superior, for the "name and address of immediate supervisor" and substitute the name, address and rank of a non-commissioned officer with whom you served.

Name of Employer _____

Address _____

Phone Number _____ Job Title _____

Start Date _____ End Date _____ Starting Salary _____ Ending Salary _____

Duties Performed _____

Supervisors Name _____ Phone Number _____

Co-workers Name _____ Phone Number _____

Reason for Leaving _____

Name of Employer _____

Address _____

Phone Number _____ Job Title _____

Start Date _____ End Date _____ Starting Salary _____ Ending Salary _____

Duties Performed _____

Supervisors Name _____ Phone Number _____

Co-workers Name _____ Phone Number _____

Reason for Leaving _____

Name of Employer _____

Address _____

Phone Number _____ Job Title _____

Start Date _____ End Date _____ Starting Salary _____ Ending Salary _____

Duties Performed _____

Supervisors Name _____ Phone Number _____

Co-workers Name _____ Phone Number _____

Reason for Leaving _____

EDUCATION RECORD

High School Graduate / GED? _____ Yes _____ No

Year Graduated/ Completed _____ G.P.A _____

Course of Study (college prep, vocational education, general, etc.) _____

List each high school, trade school, college or university that you have attended.
Start with the most recent school attended.

Name of School _____

Address _____

Dates Attended _____ Graduated _____ Yes _____ No

Primary area of study _____

Primary area of study _____

Name of School _____

Address _____

Dates Attended _____ Graduated _____ Yes _____ No

Primary area of study _____

Name of School _____

Address _____

Dates Attended _____ Graduated _____ Yes _____ No

Primary area of study _____

In what school clubs, extracurricular activities and sports did you participate? _____

MILITARY RECORD

Have you ever served in the U.S. Armed Forces? _____ Yes _____ No

Branch _____ Highest Rank Held _____ Active Duty _____

Start Date _____ End Date _____ Rank at Time of Discharge/Separation _____

Duties, Rate and/or Classification _____

Are you registered with the Selective Service? ____ Yes ____ No

Are you a member of the Armed Forces? ____ Yes ____ No

If "Yes", what Branch, Unit and Location _____

Unit Commander _____ Phone Number _____

Section Supervisor _____ Phone Number _____

Unit Phone Number _____

Are you a member of the Ohio National Guard? ____ Yes ____ No

If "Yes", what Branch, Unit and Location _____

Unit Commander _____ Phone Number _____

Section Supervisor _____ Phone Number _____

Unit Phone Number _____

PERSONAL REFERENCES

List five persons, other than relatives, past employees or immediate neighbors who have known you for a period of more than three years

Name _____

Address _____

Phone number _____ Years known _____ Occupation _____

Business address _____

Name _____

Address _____

Phone number _____ Years known _____ Occupation _____

Business address _____

Name _____

Address _____

Phone number _____ Years known _____ Occupation _____

Business address _____

Name _____

Address _____

Phone number _____ Years known _____ Occupation _____

Business address _____

Name _____

Address _____

Phone number _____ Years known _____ Occupation _____

Business address _____

TO WHOM IT MAY CONCERN:

I hereby permit any authorized representative of the Walton Hills Police Department or any person designated by the Chief of Police or the Mayor of Walton Hills to conduct background checks of applicants, bearing this release, or copy thereof, within two (2) years of this date, to obtain any information you have concerning my moral and character suitability for the position of Auxiliary Police Officer.

I hereby direct you to release to the bearer upon request, any information in your files pertaining to my employment, military, credit or educational records including but not limited to academic achievement, attendance, athletic, personal history and disciplinary records. This release is executed with full knowledge and understanding that the information is for the official use of the Walton Hills Police Department. Consent is granted to the Walton Hills Police Department to furnish such information as described above to third parties in the course of fulfilling its official responsibilities.

I hereby release you as the custodian of records, any schools, college universities or other educational institution, credit bureau, lending institution, consumer reporting agency or related personnel, both individually and collectively, from any and all liability for damages of whatever kind which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information or any attempt to comply with it.

Signature of Applicant _____

Printed Name _____

(Fill in or complete only if investigated or on eligibility list from another agency)

I also request under the Freedom of Information Act and the Ohio Public Records Law that the City or Cities of:

_____, _____, _____

and its police department(s) or person designated by the Mayor of Walton Hills and /or the Chief of Police of Walton Hills for review any and all written documentation in their files and/or records pertaining to me as an applicant with the above named city or Law Enforcement organization. I further request copies of my original application(s), scores, placement on eligibility list, background examinations, physical exams, drug testing, physical agility, stress evaluation and other testing conducted by or on my person be made eligible for review.

Signature of Applicant _____ Date _____

Applicant Name _____

Have you promised to pay or been given any money, material, service or consideration to any person, directly or indirectly, for any recommendation or promise of influence procuring your employment with the Village of Walton Hills? _____ Yes _____ No

If "Yes", please explain _____

CERTIFICATION

I, _____ certify and affirm that all the information and statements made and contained in this application or any part therein are true and accurate to the best of my knowledge. I understand that any false statements made in this application will be cause for denial of appointment with the Village of Walton Hills, or for my discharge at any time after appointment with the Village of Walton Hills.

I further certify and affirm that I understand the position of a Walton Hills Police Officer is considered at-will employment. At-will employment means that I may resign from employment at any time and that the Village of Walton Hills may terminate my employment at any time for any non-discriminatory reason or for no reason at all.

Name (printed) _____ Date _____

Signature _____

NOTARY SIGNATURE AND SEAL

STATE OF OHIO

_____ County

Sworn and subscribed in my presence this _____ day of _____

Notary Name and Signature _____

My Commission Expires _____