

VILLAGE OF WALTON HILLS
DIVISION OF POLICE

BACKGROUND INVESTIGATION

WALTON HILLS IS AN EQUAL OPPORTUNITY EMPLOYER

PERSONAL HISTORY QUESTIONNAIRE

Personal History of: _____
(Last Name) (First Name) (Middle)

Home Address: _____

City _____ State _____ Zip Code _____

Phone Number (____) _____

Position: **Police Officer**

Date this questionnaire was completed: ____/____/____

Drivers License Number and Issuing State: _____

Instructions

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

Please print all answers, 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 the full date, partial month and year responses are not acceptable.

Please include your high school diploma or equivalent, college diploma, all State certifications and certificates. Military discharge and / or separation papers and a copy of your driver's license.

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.

BACKGROUND INFORMATION FORM

FINANCIAL RECORD – Continued

Name of Your Bank	Address	Type
		Checking
		Checking
		Savings
		Savings
		Other
		Other

VEHICLE INFORMATION (include spouse's vehicle) (year, make, model, color, license number, state)	Registered to	Owner
1		
2		
3		
4		
5		
6		

List all moving traffic violations and accidents with the dates and locations, including arrests for traffic violations, within the past TEN years. Also note the disposition of the cases.			
Incident/Accident	Date	Location	Disposition
1			
2			
3			
4			
5			
6			

BACKGROUND INFORMATION FORM

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
1			
2			
3			
4			
5			
6			

Has any member of your immediate family (father, mother, brother, sister, children) ever been convicted of a felony?

___ Yes ___ No

If "YES", please explain.

Has any member of your spouse's family been convicted of a felony?

___ Yes ___ No

If "YES", please explain.

BACKGROUND INFORMATION FORM

FAMILY HISTORY

List your relatives in the following order. Spouse, 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 (Last, First, MI)	Date of Birth	Age
Address			
City			
State		Phone Number	

Relationship	Name (Last, First, MI)	Date of Birth	Age
Address			
City			
State		Phone Number	

Relationship	Name (Last, First, MI)	Date of Birth	Age
Address			
City			
State		Phone Number	

Relationship	Name (Last, First, MI)	Date of Birth	Age
Address			
City			
State		Phone Number	

Relationship	Name (Last, First, MI)	Date of Birth	Age
Address			
City			
State		Phone Number	

BACKGROUND INFORMATION FORM

FAMILY HISTORY – Continued

Relationship	Name (Last, First, MI)	Date of Birth	Age
Address			
City			
State		Phone Number	

Relationship	Name (Last, First, MI)	Date of Birth	Age
Address			
City			
State		Phone Number	

Relationship	Name (Last, First, MI)	Date of Birth	Age
Address			
City			
State		Phone Number	

Relationship	Name (Last, First, MI)	Date of Birth	Age
Address			
City			
State		Phone Number	

Relationship	Name (Last, First, MI)	Date of Birth	Age
Address			
City			
State		Phone Number	

BACKGROUND INFORMATION FORM

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	Hired (Yes or No)	If "NO", give reason
1			
2			
3			
4			

(If you have additional information, continue on the back of this page)

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

If "YES", please explain: _____

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 of 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	
<u>Start Date</u>	<u>End Date</u>	<u>Job Title</u>	<u>Starting Salary</u>	<u>Ending Salary</u>	<u>Total Time Employed</u>	

Duties Performed: _____

Supervisors Name: _____ **Phone Number: ()** _____

Co-Workers Name: _____ **Phone Number: ()** _____

Reason for Leaving: _____

BACKGROUND INFORMATION FORM

Work History - Continued

Name of Employer		Address			Phone Number	
<u>Start Date</u>	<u>End Date</u>	<u>Job Title</u>	<u>Starting Salary</u>	<u>Ending Salary</u>	<u>Total Time Employed</u>	

Duties Performed: _____

Supervisors Name: _____ **Phone Number: (____)** _____

Co-Workers Name: _____ **Phone Number: (____)** _____

Reason for Leaving: _____

Name of Employer		Address			Phone Number	
<u>Start Date</u>	<u>End Date</u>	<u>Job Title</u>	<u>Starting Salary</u>	<u>Ending Salary</u>	<u>Total Time Employed</u>	

Duties Performed: _____

Supervisors Name: _____ **Phone Number: (____)** _____

Co-Workers Name: _____ **Phone Number: (____)** _____

Reason for Leaving: _____

BACKGROUND INFORMATION FORM

Work History - Continued

<u>Name of Employer</u>		<u>Address</u>			<u>Phone Number</u>	
<u>Start Date</u>	<u>End Date</u>	<u>Job Title</u>	<u>Starting Salary</u>	<u>Ending Salary</u>	<u>Total Time Employed</u>	

Duties Performed: _____

Supervisors Name: _____ **Phone Number: (____) _____**

Co-Workers Name: _____ **Phone Number: (____) _____**

Reason for Leaving: _____

<u>Name of Employer</u>		<u>Address</u>			<u>Phone Number</u>	
<u>Start Date</u>	<u>End Date</u>	<u>Job Title</u>	<u>Starting Salary</u>	<u>Ending Salary</u>	<u>Total Time Employed</u>	

Duties Performed: _____

Supervisors Name: _____ **Phone Number: (____) _____**

Co-Workers Name: _____ **Phone Number: (____) _____**

Reason for Leaving: _____

BACKGROUND INFORMATION FORM

Educational Record

High School Graduate/GED _____ Yes _____ No

Year Graduated/Completed: _____

Course of Study (College prep, Vocational Education, General, Etc.) _____

_____ G.P.A. _____

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

Name of School: _____

Address: _____

Primary Area of Study: _____

Dates Attended: _____ Graduated: _____ Yes _____ No

Name of School: _____

Address: _____

Primary Area of Study: _____

Dates Attended: _____ Graduated: _____ Yes _____ No

Name of School: _____

Address: _____

Primary Area of Study: _____

Dates Attended: _____ Graduated: _____ Yes _____ No

Name of School: _____

Address: _____

Primary Area of Study: _____

Dates Attended: _____ Graduated: _____ Yes _____ No

Name of School: _____

Address: _____

Primary Area of Study: _____

Dates Attended: _____ Graduated: _____ Yes _____ No

BACKGROUND INFORMATION FORM

Educational Record – Continued

Highest Degree/Year Attended: _____

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

BACKGROUND INFORMATION FORM

Health Record

Answer each question completely; note every incident that applies to each question, giving the type of incident, date, and physician of facility that treated you. If you require more space, continue on the back of the page, indicating which question your answer applies.

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" explain: _____

BACKGROUND INFORMATION FORM

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 Reserve? _____ Yes _____ No

If "YES", what branch, Unit and Location: _____

Unit Commander and Phone Number: _____

Section Supervisor and Phone Number: _____

Unit Phone Number: _____

Are you a Member of the National Guard? _____ Yes _____ No

If "YES", what Branch, Unit and Location: _____

Unit Commander and Phone Number: _____

Unit Supervisor and Phone Number: _____

Unit Phone Number: _____

BACKGROUND INFORMATION FORM

Personal References

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

Name: _____ Phone Number: _____

Address: _____

Years Known: _____ Occupation: _____

Business Address: _____

Name: _____ Phone Number: _____

Address: _____

Years Known: _____ Occupation: _____

Business Address: _____

Name: _____ Phone Number: _____

Address: _____

Years Known: _____ Occupation: _____

Business Address: _____

Name: _____ Phone Number: _____

Address: _____

Years Known: _____ Occupation: _____

Business Address: _____

Name: _____ Phone Number: _____

Address: _____

Years Known: _____ Occupation: _____

Business Address: _____

**Application for Police Officer
Village of Walton Hills, Ohio**

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 toward 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 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 to and subscribed in my presence this _____ day of _____

Notary Name and Signature _____

My Commission Expires: _____